

Script for vaccination centre and police collaboration

Visit objective is for the police to arrest persons committing crime and conduct a search under **Section 32 of the Police and Criminal Evidence Act 1984** for evidence relating to the offence and to seize that evidence for forensic testing. The arrested person may be de-arrested once the need to search and seize is no longer relevant to investigate at a later time.

Metropolitan Police Case Number - 6029679/21

There is an ongoing criminal investigation by the Metropolitan police. The covid vaccinations (gene therapies) which are being distributed at this vaccination centre are dangerous. The vaccination vials are evidence for the above ongoing criminal investigation, they are causing injury, maiming and killing people, not just in the United Kingdom, but around the world. Governments and pharmaceutical companies are complicit in the injury and murder caused by these vaccines. This evidence must be seized by the police as part of this criminal investigation, and it is incumbent to do that without fail in all police jurisdictions throughout the United Kingdom. If you do go to a vaccination centre to close it down you do so under **section 3 of the criminal law act 1967**, which gives any man or woman the authority and the power to prevent crime. You also have the ability to use force as is reasonable, necessary and proportionate in order to prevent that crime from happening.

Liaise with local police. The police will be resistant to this for now, but as there is now a live investigation, they have a duty and that duty is to the people. They are public servants who we pay with public taxes, they work for us. If crime, injury, harm and death is being committed, it is incumbent upon them in their office of constable, an oath they swore to protect the people from said harm. If the police are in attendance it is up to them to seize that evidence, to seize those vials and book them into the police detained property as evidence to be independently forensically tested at a later date.

I'm not telling the police how to do their job I am merely pointing out fact in law, not just for the police but for us. the law is the same whether you're a police constable in uniform or whether you're a citizen; a man or woman that is sovereign. So the police have a duty, that duty is once that uniform is placed on their back they have to respond and act accordingly. **If the police fail to do their job, they are committing an offence of misconduct in public office, perverting the course of justice and if they know offenders are responsible for these crimes and they do anything to assist the offenders or prevent the crimes from being detected or they deliberately frustrate that criminal investigation, they are also guilty of assisting a known offender.** All three offences are serious, and these offences must be pointed out to the constables politely, calmly and respectfully.

The police work for the people, they do not work for the governments. It is the government ministers, the civil servants and the media bosses who are committing these disgusting heinous atrocities against us in this country.

For the police to tell us to speak to our MP is a ridiculous comment, the fact that these are the people committing the crimes. We do not go and speak to the offenders: That is the job of the police and these people must be arrested. This is a live criminal investigation. so therefore the police have a duty and part of this duty is to gather evidence. The vaccines (AKA gene therapies) are what is being used to cause this harm, thus that is the weapon. The police have to seize those weapons and bring them into protective custody and detain them in property stores as a matter of urgency. The police have to do their job! Ensure you have provided the police with the details that enable them to make a decision. **Stay factual - do not bring opinion into it.** If in doubt about what you need to say hand over the ICC document and the statement regarding Met Police case and make sure that they read it at the time.

If the police decline to assist. Stay calm and ensure you have the details of each officer, their shoulder number, which station they are attached to so that you can then report them for the above offences at a later time (at the police station).

Take details of what information you provided them, details of the crime report from the Met police which you should provide so they are able to view at the time and make a decision. The police may want to ask a senior officer for advice prior to making their decision on whether to assist. **Also take details of who is at the vaccine centre** - if you do not have the details then a detailed description - date time place, descriptions of who is working there (skin colour, sex, approximate age, approximate height, hair, marks, scars - eg: white male approximate age 30-40, approximately 6' tall, short brown hair, wearing glasses, tattoo of bird on wrist, scar above right eyebrow) and how long you were there, what you witnessed, how long you observed the person. This will be useful information if you need it in court. Record from the very beginning, if possible, **have witnesses also recording from the very beginning**, preferably before attendance and until after leaving - incomplete video is not useful.

You cannot make a citizens-arrest if the police are dealing with the incident. If the police refuse to arrest, then you can remind them of your power under **24a Police and Criminal Evidence Act 1984** to enact a citizen arrest. Remember that the police are also there to prevent a breach of the peace so **remain polite, calm and reasonable.**

You can always go to the police station later to report misconduct for not carrying out their duty if you need to. **Do not become angry or disruptive to the vaccination centre / staff if the police do not assist. Just use the evidence to make a later report of misconduct.**

Instructions for service of Notice

1. Write your name and address in the top left hand corner of the notice on page one. Date the document underneath the address.
2. Print the notice and the evidence pack.
3. Insert the name of who you are serving the notice on. For example, "Dear John Brown". This might be the nurse, vaccine center manager, Headteacher, or the Head of the Board of Governors.
4. Take a witness if possible to the school to serve, or recording equipment (eg a mobile phone) or preferable both. If challenged rest assured you are allowed to film in public places. You can advise that you are gathering evidence for a later date or if there is a subsequent tragedy.
5. When serving the notice state your action with words like "I am here to serve notice on you John Brown. This lawful document is signed sealed and delivered. It is supported by an pack of evidence which I advise you to read. The documents lay out your liability in your personal capacity. In the event that there is reason to pursue this matter it will be against you not the organization that you work for. If you ignore the contents of this Liability Order further orders may be issued in seven days"
6. Don't engage in argument or dialogue, you are there to serve a notice.
7. Retain all your video evidence
8. Once served please email noticeserving@guardians300.com Please detail the name of the school, man or woman that you served and the date. This allows us to monitor who has been served in the event of tragedy, so that we might pursue it.
9. If you have any questions please email us at noticeserving@guardians300.com

NOTICE-OF-LIABILITY

High Priority – COVID-19 experimental vaccines

Dear

Notice of Liability: Your personal responsibilities/liabilities for conducting experimental medical trials on the general public.

Personal Liability

This legal and lawful notice of liability may be used as evidence in court if needed and intends to enlighten you and protect you from attracting civil and criminal liability whether domestic or international and whether in an existing court or one to be convened under Natural Law principles in relation to your action(s) and all your omissions in relation to the alleged SARS-CoV-2 pandemic and the measures that have been/are being taken within the United Kingdom and world-wide to control its alleged spread and effect(s) including, but not limited to, the administration of experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines (and or viral vector injections/vaccines) and the harm and death caused.

You may be held personally liable for and/or privately liable for and/or civilly and/or criminally liable for participating in unlawful, illegal and/or criminal activity and/or for supporting crimes against humanity, genocide, bio-warfare and/or failing to prevent acts so defined, including but not limited to acts that are purposely committed as part of a widespread and/or systematic policy, directed against living men and women, and children.

The Covid-19 vaccinations are all currently in phase 3 of clinical trials which are due to end at various points throughout 2023 dependent on the vaccine concerned, understandable given that some of the vaccines are using for the first time in humans mRNA (messenger RNA) technology. Notwithstanding the emergency use authorisation for the administration of these experimental medications, it is our understanding that the Government is only underwriting the manufactures of these experimental medications against any liability arising from their administration; we do not believe that the same applies to vaccination centre staff in advising men, women and children to take these experimental medications.

The efficacy of the vaccines have been exaggerated by the pharmaceutical companies, as reported in the medical journal, The Lancet²;

“Vaccine efficacy is generally reported as a relative risk reduction (RRR). It uses the relative risk (RR)—ie, the ratio of attack rates with and without a vaccine—which is expressed as $1-RR$. Ranking by reported efficacy gives relative risk reductions of 95% for the Pfizer–BioNTech, 94% for the Moderna–NIH, 90% for the Gamaleya, 67% for the J&J, and 67% for the AstraZeneca–Oxford vaccines. However, RRR should be seen against the background risk of being infected and becoming ill with COVID-19, which varies between populations and over time. Although the RRR considers only participants who could benefit from the vaccine, the absolute risk reduction (ARR), which is the difference between attack rates with and without a vaccine, considers the whole population. ARRs tend to be ignored because they give a much less impressive effect size than RRRs: 1.3% for the AstraZeneca–Oxford, 1.2% for the Moderna–NIH, 1.2% for the J&J, 0.93% for the Gamaleya, and 0.84% for the Pfizer–BioNTech vaccines.”

The Nuremberg Code³ first principle provides that medical experiments or trials require voluntary and informed consent of all participants. **All school age children** must be excluded from medical experiments since they have not got the capacity for making informed consent decisions until they reach the age of consent particularly as there is very limited information provided at the point of administration of vaccine injections regarding short term and long term effects from the experimental vaccinations, regarding those at risk of covid-19 generally and more likely to need a vaccine, no information

about alternative treatments for those who contract Covid-19 and require treatment and no information as regards boosting the immune system in order to avoid contracting it altogether or otherwise minimizing its effect, is wholly inadequate for adults let alone children.

Of relevance to the issue of informed consent is the Yellow Card System⁴ which the UK Government have established. This System shows that death has been listed as an outcome related to COVID-19 vaccines as of 05/01/22, at least 1932 times. It follows that the rates of increase of death and significant harm (excluding blood clotting/strokes/heart attacks) are increasing as the vaccination programme is rolled out. As at January 5th 2022, the System shows nearly one and a half million adverse reactions to the experimental vaccines (1,414,293). It is a failing as regards informed consent not to make available this information in relation to making informed consent.

In addition, the VAERS⁵ USA (Vaccine Adverse Events Reporting System) Death has been listed as an outcome related to COVID-19 vaccines at least 21,745 times as of January 7, 2022 and 38,000 permanently disabled and on the EurdraViligance European database Death has been listed as an outcome related to COVID-19 vaccines at least 34,337 times as of December 18, 2021. 3.1 Million injuries have also been reported.

Without the emergency authorization which is being used by the UK Government and others around the world to roll out the experimental vaccines, these medications would have to be withdrawn from the “market”. In the USA, for example, deaths in relation to other vaccines numbering as few as 50 (in a country with a population in excess of 360 million) would cause withdrawal of the relevant medication. Comparable provisions apply in the UK and in Europe. This too is something directly relevant to informed consent as is the data which shows that children who participated in the Pfizer covid vaccine clinical trials have had an adverse reaction rate at 86% (<https://www.afinalwarning.com/522797.html>).

NHS Guidance limits the advice to be provided in relation to “informed consent” to communication of “the anticipated benefits of vaccination in the simplest of terms”, “the likely side effects from vaccination and any individual risks they may run should be addressed”, and “the disbenefits of not consenting to the vaccination”. It will be noted then that the stance of the NHS as regards the issue of consent is inadequate when compared with provision of informed consent attached herewith is a document which sets out the law relating to informed consent which should be gone through with every person in order to enable them to provide informed consent [see attached COVID-19 VACCINATION CONSENT FORM].

Principle 5 of the Nuremberg Code³ states that no medical experiments or trials should be conducted where there is an a priori (theoretical) reason to believe that death or disabling injury will occur. You will appreciate that these medical experiments (the trials for which conclude in 2023) are not theoretical as regards death or disabling injury: there is clear evidence of both arising.

Receipt of this document shows you have been made aware death or other serious injuries are possible outcomes for people taking the COVID-19 experimental vaccinations.

In conclusion, given the clear evidence that serious harm (or worse) can and does arise as a consequence of these experimental vaccines, anyone involved in the process of administration of covid-19 vaccinations renders themselves liable to criminal prosecution for assault/wounding or worse if death results before the domestic courts, in addition to liability for prosecution before the International Criminal Court for breaches of the Nuremberg Code. This is quite separate to any civil liability that arises, or any prosecution for offences contrary to common law.

Receipt of this document shows you have been made aware death or other serious injuries are possible outcomes for anyone taking the COVID-19 experimental vaccinations. Receipt of this document also shows that you have been made aware of the FACT that you are ultimately responsible for any injuries or deaths from vaccines administered in your vaccination centre. Receipt of this document also shows that you have been made aware of the FACT that you are responsible that every person is given the informed consent information in the Informed Consent Form attached to this Notice of Liability.

Cited References;

1. Coronavirus: Why won't children get the vaccine? - <https://www.bbc.co.uk/newsround/55192468>
2. COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room - [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)
3. The ten points of the Nuremberg Code
The ten points of the code were given in the section of the judges' verdict entitled "Permissible Medical Experiments"
 1. The voluntary consent of the human subject is absolutely essential.
 2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
 3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
 4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
 5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
 6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
 7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
 8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
 10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.
https://en.wikipedia.org/wiki/Nuremberg_Code
4. YELLOW CARD SYSTEM REPORTS (UK)
- a. Website of vaccine reported adverse events - <https://coronavirus-yellowcard.mhra.gov.uk>
 - b. Sample of Pfizer reported adverse events -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986035/DAP_Pfizer_050521.pdf
 - c. Sample of Astra Zeneca reported adverse events -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986033/DAP_AstraZeneca_050521.pdf
 - d. Sample of Moderna reported adverse events -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986034/DAP_Moderna_050521.pdf
 - e. Sample of unspecified reported adverse events -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986036/DAP_Unspecified_050521.pdf
5. VAERS REPORT (USA)
- Run your own report to check results here by clicking link below and follow instructions:
<https://wonder.cdc.gov/vaers.html>
- Instructions for use**
- Click 'I agree'
 - Click 'Data Report'
 - Choose from section 1. 'Group results by - Vaccine manufacturer'
 - Choose from section 3. 'Vaccine products - Covid 19 vaccines'
 - Choose from section 5. 'Event category - Death'
 - Scroll to bottom of page and press 'Send'
 - View latest data for deaths reported from Covid Vaccines grouped by Vaccine manufacturer
6. Gillick Competence will not apply to COVID 19 experimental vaccines -
<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

OTHER SUPPORTING REFERENCES

“NHS England draws up plan to give Covid jabs to children 12 and over; Contingency planning in place to vaccinate secondary school pupils at start of new academic year”
<https://www.theguardian.com/world/2021/may/02/nhs-england-draws-up-plan-to-give-covid-jabs-to-children-12-and-over>

“The ongoing phase III trials for covid-19 vaccines are some of the most consequential randomised trials ever done.”.....“The covid-19 vaccine protocols should be scrutinised by the widest possible readership, to open a critical discussion of many questions about their design and conduct. These include why children,

immunocompromised people, and pregnant women have been excluded from most trials; whether the right primary endpoint has been chosen; whether safety is being adequately evaluated; and whether gaps in our understanding of the clinical implications of pre-existing Tcell responses to SARS-CoV-2 are being addressed.11”

<https://www.bmj.com/content/371/bmj.m4058>

“Following extensive pre-clinical testing, this next phase of the trial will allow us to refine our innovative, self-amplifying RNA vaccine for the first time in humans.”

<https://www.imperial.ac.uk/covid-19-vaccine-trial/>

COVID-19 VACCINATION CONSENT FORM

Purpose:

This form has been designed to support the Informed Consent process for Covid-19 vaccinations.

FOR THE LEGAL ADMINISTRATION OF ANY CV19 VACCINE, BOTH PARTIES MUST READ AND SIGN THIS. As you can see, if you read this consent form, a vulnerable adult/child is incapable of making informed consent so this needs to be signed by the person responsible for their decisions. Whoever makes this decision will be made personally responsible for anything that happens to them as a result of them taking an experimental, unauthorized, gene therapy with no long-term safety data.

DOCUMENT

Audience:

- Doctors (or their delegated Health Care Professionals)
- Patients receiving Covid-19 Vaccine

Background:

This document is based on the Montgomery Judgement and GMC Guidelines.

The Montgomery Judgement and Informed Consent

<https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent>

This Supreme Court judgement of Montgomery v Lanarkshire (2015) changed the standards of consent. The key

passages from Montgomery Judgement state:

“...The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments....”

“The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.”

Before Montgomery, a doctor's duty to warn patients of risks was based on whether they had acted in line with a responsible body of medical opinion - known as the "Bolam test". Now, doctors must provide information about all material risks to which a reasonable person in the patient's position would attach significance. This puts the patient at the centre of consent process, as their understanding of material risk must be considered. Both patient and doctor need to sign this document. If doctors fail to properly discuss the risks and alternative treatments with the patient, this renders them personally responsible for damages. This document therefore protects the patient and the doctor.

General Medical Council Guidance - Decision Making and Consent (2020)

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>)

This states that doctors MUST attempt to find out what matters to patients, so they can share information about the benefits and harms of proposed options and reasonable alternatives. Note the word MUST makes this a legally binding directive. GMC Guidance states doctors MUST address the following information:

- a) Recognise risks of harm that you believe anyone in the patient's position would want to know. You'll know these already from your professional knowledge and experience.
- b) The effect of the patient's individual clinical circumstances on the probability of a benefit or harm occurring. If you know the patient's medical history, you'll know some of what you need to share already, but the dialogue could reveal more.
- c) Risks of harm and potential benefits that the patient would consider significant for any reason. These will be revealed during your discussion with the patient about what matters to them.
- d) Any risk of serious harm, however unlikely it is to occur.
- e) Expected harms, including common side effects and what to do if they occur.

References

| Vitamin D | Vitamin C | Iodine |
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| 1. https://www.researchsquare.com/article/rs-21211/v1 | 1. http://orthomolecular.org/resources/omn/s/v16n25.s Html | 1. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3563092 |
| 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7513835 | 2. https://orthomolecular.activehosted.com/index.php | 2. https://www.medrxiv.org/content/10.1101/2020.05.25.20110239v1 |
| 3. https://www.grassrootshealth.net/wp- | 3. https://ccforum.biomedcentral.com/articles/10.1186 | |

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| content/uploads/2020/04/Grant-GRH-Covid-paper-2020.pdf | /s13054-020-03249-y | 3. https://www.researchgate.net/publication/34076984 |
| 4. https://www.bmj.com/content/356/bmj.i6583 | 4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7592143/ | 4_Iodine_Intake_to_Reduce_Covid-19_Transmission_and_Mortality https://www.medrxiv.org/content/10.1101/2020.09.07.20180448v1 |

Iodine

Vaccine development & testing timeframes:

“The discovery and research phase is normally two-to-five years, according to the Wellcome Trust. In total, a vaccine can take more than 10 years to fully develop”

<https://www.weforum.org/agenda/2020/06/vaccine-development-barriers-coronavirus/>

Vaccines trigger post viral syndromes:

“We present epidemiological, clinical and experimental evidence that ME/CFS constitutes a major type of adverse effect of vaccines” (2019 paper)

<https://www.sciencedirect.com/science/article/abs/pii/S1568997219301090>

Allergy and autoimmunity effects of vaccines:

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| 1. Shoenfeld Y et al - Vaccination and autoimmunity - Vaccinosis: A dangerous liaison? J Autoimmun 2000;14:1-10. | 9. Grasland A et al - Adult-onset Still's disease after hepatitis A and B vaccination (article in French). Rev Med Interne 1998;19:134-136. | 16. Howson CP et al - Chronic arthritis after rubella vaccination. Clin Infect Dis 1992;15:307-312. |
| 2. Nossal GJV - Vaccination and autoimmunity. JAI 2000;14:15-22. | 10. Pope JE et al - The development of rheumatoid arthritis after recombinant hepatitis B vaccination. J Rheumatol 1998;25:1687-1693. | 17. Mitchell LA et al - HLA-DR class II associations with rubella vaccine-induced joint manifestations. J Infect Dis 1998;177:5-12. |
| 3. Shoenfeld Y et al - Vaccination as an additional player in the mosaic of autoimmunity. Clin Exp Rheumatol 2000;18 | 11. Guiseriz J - Systemic lupus erythematosus following hepatitis B vaccine. Nephron 1996;74:441. | 18. Nussinovitch M, Harel L, Varsano I. Arthritis after mumps and measles vaccination. Arch Dis Child 1995;72:348-349. |
| 4. Rogerson SJ, Nye FJ - Hepatitis B vaccine associated with erythema nodosum and polyarthritis. BMJ 1990;301:345. | 12. Grezard P et al - Lupus erythematosus and buccal aphthosis after hepatitis B vaccination in a 6-year-old child. Ann Dermatol Vener 1996;123:657-659. | 19. Thurairajan G et al Polyarthropathy, orbital myositis and posterior scleritis: an unusual adverse reaction to influenza vaccine. Br J Rheumatol 1997;36:120-123. |
| 5. Haschulla E et al - Reactive arthritis after hepatitis B vaccination. J Rheumatol 1990;17:1250-1251. | 13. Weibel RE et al - Chronic arthropathy and musculoskeletal symptoms associated with rubella vaccines. A review of 124 claims submitted to the National Vaccine Injury Compensation Program. Arthritis Rheum 1996;39:1529-1534. | 20. Maillefert JF et al - Arthritis following combined vaccine against diphtheria, polyomyelitis and tetanus toxoid. Clin Exp Rheumatol 2000;18:255-256. |
| 6. Biasi D et al - A new case of reactive arthritis after hepatitis B vaccination. Clin Exp Rheumatol 1993;11:215. | | 21. Adachi JA et al - Reactive arthritis associated with typhoid vaccination in travelers: report of two cases with |
| 7. Gross K et al - Arthritis after hepatitis B vaccination. Report of three cases. Scand J Rheumatol 1995;24:50-52. | | |

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| 8. Maillfert JF et al - Rheumatic disorders developed after hepatitis B vaccination. Rheumatology (Oxford) 1999;38:978-983 | 14. Ray P et al - Risk of chronic arthropathy among women after rubella vaccination. Vaccine Safety Datalink Team. JAMA 1997;278:551-556. 15. Howson CP et al - Adverse events following pertussis and rubella vaccines. Summary of a report of the Institute of Medicine. JAMA 1992;267:392-396. | negative HLA-B27. J Travel Med 2000;7:35-36. 22. Older SA et al - Can immunization precipitate connective tissue disease? Report of five cases of systemic lupus erythematosus and review of the literature. Sem Arthritis Rheum 1999;29:131-139 |
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References

With Respect to the new COVID-19 vaccinations the Doctor MUST inform the patient of the following and tick the box to indicate such:

| Montgomery Judgement & GMC Guidance | Facts | Notes | Discussed |
|---|---|---|------------------|
| 2015 Montgomery Judgement on Informed Consent | The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any reasonable alternative or variant treatments. | Vitamin D, 5,000iu daily has proven benefit to prevent and treat Covid-19 Vitamin C, 5 grams daily has proven benefit to prevent and treat Covid-19 Topical antiseptics (such as iodine) are of proven benefit to reduce the loading dose, and hence disease severity, of Covid-19 | Yes/no |
| GMC Guidelines to Doctors | Facts | Notes | Discussed |
| Recognised risks of harm that you believe anyone in the patient's position would want to know. You'll know these already from your professional knowledge and experience. | Limited short-term safety data: NO long-term safety data available on current CV-19 vaccines, including potential impacts on fertility. mRNA vaccines are a completely novel technology - essentially experimental, with the possibility of unanticipated/unpredictable longterm/late onset health effects Risk of Antibody Dependent Enhancement causing more severe Covid-19 illness on exposure to virus post-vaccination | CV-19 vaccine development accelerated. Vaccine safety testing normally c.10 years. Current CV-19 vaccines trialled for a few months with little/no animal testing. PHASE 3 trials won't complete for 2 years https://www.bmj.com/content/370/bmj.m3096/rr https://www.bulatlant.com/2020/08/21/hazards-of-the-covid-19-vaccine/ CV-19 vaccines may sensitise recipients to more severe disease https://doi.org/10.1111/ijcp.13795 Potential cross-reactivity of vaccine-induced antibodies to virus spike protein, with the placental protein syncytin-1, could cause infertility https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-allcorona-vaccination-studies-and-call-for-co-signing-the-p | Yes/no |
| continued | There have been reports of some serious sideeffects including 2 cases of transverse myelitis | Astra Zeneca Transverse Myelitis report https://www.nature.com/articles/d41586-020-02594-w https://www.nytimes.com/2020/09/19/health/astrazeneca-vaccinesafety-blueprints.html?auth=login-email&login=email | Yes/no |

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| | and neurological conditions in the Astra Zeneca vaccine trial. | | |
| continued | The CDC identified 6 case reports of anaphylaxis following Pfizer-BioNtech vaccine meeting Brighton Collaboration criteria for anaphylaxis CDC updated advice on equipment necessary at all vaccination sites to deal with anaphylaxis | Anaphylaxis reports: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf Preparations to manage anaphylaxis vaccine recipients: https://www.cdc.gov/vaccines/covid-19/info-byproduct/pfizer/anaphylaxis-management.html | Yes/no |

| GMC Guidelines to Doctors | Facts | Notes | Discussed |
|---|---|--|-----------|
| b. The effect of the patient's individual clinical circumstances on the probability of a benefit or harm occurring. If you know the patient's medical history, you'll know some of what you need to share already, but the dialogue could reveal more. | <p>It is known that vaccines can switch on allergy and autoimmunity.</p> <p>May be contraindicated with pre-existing autoimmune conditions or CFS/ME, or previous vaccine injury/reactions.</p> <p>MHRA 09 December 2020: Any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine.</p> <p>A second dose should not be given to anyone who has experienced anaphylaxis following administration of the first dose</p> | <p>Any patient with a history or strong family history of allergies or autoimmune conditions may choose to refuse a CV-19 vaccine. Doctors working with CFS/ME patients already advise them to avoid vaccination as this may trigger a relapse.</p> <p>https://www.gov.uk/government/news/confirmation-of-guidance-to-vaccination-centres-on-managing-allergic-reactions-following-covid-19-vaccination-with-the-pfizer-biontech-vaccine</p> | Yes/no |
| c. Risks of harm and potential benefits that the patient would consider significant for any reason. These will be revealed during your discussion with the patient about what matters to them. | Patient's individual risk from Covid-19 MUST be discussed – IFR <0.05% for <70 years to weigh up against risk from vaccine. Patient expectation of vaccine benefit i.e. reducing risk of severe illness, hospitalisation and preventing infection with and transmission of SARS-Cov-2 Patients MUST be made aware of the full list of vaccine ingredients | <p>Covid-19 IFR estimate by age (Table 2): https://spiral.imperial.ac.uk:8443/bitstream/10044/1/83545/8/2020-10-29-COVID19-Report-34.pdf Make patient aware that current trials are not designed to show if CV-19 vaccine will reduce their risk of hospitalisation or death or will prevent infection and transmission of virus as may affect risk v benefit profile https://www.bmj.com/content/371/bmj.m4037</p> <p>Ethical/religious considerations e.g. animal products - vegetarianism/veganism, WI-38 human diploid cells (aborted fetus source) - pro-life/religious belief</p> | Yes/no |

| | | | |
|--|--|---|----------------------|
| <p>d. Any risk of serious harm, however unlikely it is to occur.</p> | <p>The Doctor MUST consider the significance that the Patient may place on risk of material harm.</p> <p>Patient MUST be made aware that the vaccine manufacturers have demanded and been granted immunity from liability for injury or death caused by the vaccines</p> | <p>One example may be if a patient has first-hand knowledge of a relative who has suffered serious harm following vaccination.</p> <p>https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu/outcome/government-response-consultation-on-changes-to-the-human-medicines-regulations-to-support-the-rollout-of-covid-19-vaccines#extending-immunity-from-civil-liability</p> | <p>Yes/no</p> |
| <p>e. Expected harms, including common side effects and what to do if they occur.</p> | <p>Full list of adverse reactions in insert to be shared. Common side-effects include chills, fever, myalgia, fatigue, arthralgia, headache, and pain at the injection site.</p> <p>A reaction to the first dose increases risk of a major reaction to a second dose</p> | <p>Moderna vaccine -100% of high-dose participants report systemic side effects after second dose, some severe</p> <p>https://www.nejm.org/doi/full/10.1056/NEJMoa2022483</p> <p>Before a second dose, the patient must be asked about their reaction to the first dose.</p> | <p>Yes/no</p> |

To be signed by both parties and a copy held by both parties for at least 7 years.

Doctor confirmation:

I confirm that I have discussed the above issues at length with the patient below, in accordance with the 2015 Montgomery Judgement and GMC Guidelines.

I understand that failure to correctly and fully inform my patient renders me personally and legally responsible for any damages.

| | |
|--|--|
| <p>Date and Time</p> | |
| <p>Name of doctor or Nurse administrating</p> | |
| <p>Professional number of doctor (GMC) or nurse (GNC</p> | |
| <p>Name of vaccine, batch number and date of administration</p> | |
| <p>Signature</p> | |

Patient consent:

I confirm that I have discussed the above issues at length with the doctor or health professional above. I accept that I have been correctly informed of possible side effects of the Covid-19 vaccine and the alternatives to vaccination. I choose and consent to receive the Covid-19 vaccination.

| | |
|--|--|
| Date and Time | |
| Name of Patient | |
| Name of parent or guardian if consenting on behalf of a child | |
| Contact phone number or email | |
| Signature | |



DECLARATION, CEASE AND DESIST AND NOTICE OF LIABILITY

WORLD COUNCIL FOR HEALTH CALLS FOR AN IMMEDIATE STOP TO THE COVID-19 EXPERIMENTAL "VACCINES"

A. CONSENSUS OF WORLD'S FOREMOST EXPERTS

Globally renowned experts, including Dr. Paul Alexander, Dr. Byram Bridle, Dr. Geert Vanden Bossche, Prof. Dolores Cahill, and Drs. Sucharit Bhakdi, Ryan Cole, Richard Fleming, Robert W. Malone, Peter McCullough, Mark Trozzi, Michael Yeadon, Wolfgang Wodarg, and Vladimir Zelenko, among many others, consistently warn the world about the adverse effects resulting from Covid-19 experimental injections; they also warn about their long-term effects, which cannot be known at this time since most clinical trials will be not completed until 2023, and some as late as 2025.

In June 2021, Dr. Tess Lawrie, co-founder of the World Council for Health and member of the Council's Steering Committee, courageously described the global crisis and called for urgent action: *"There is now more than enough evidence on the [UK] Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects."*

B. DECLARATION

The World Council for Health declares that it is time to put an end to this humanitarian crisis. Further, the Council also declares that any direct or indirect involvement in the manufacturing, distribution, administration and promotion of these injections violates basic principles of common law, constitutional law and natural justice, as well as the Nuremberg Code, the Helsinki Declaration, and other international treaties.

C. UNCENSORED FACTS

We now know that children are over one hundred times more likely to die from these experimental injections than Covid-19. Injected athletes, globally, are collapsing before our very eyes. In spite of the fact that reporting systems are limited and passive, millions of adverse effects have been recorded, which include death, paralysis, blood clots, strokes,

29th November 2021

www.worldcouncilforhealth.org

myocarditis, pericarditis, heart attacks, spontaneous miscarriage, chronic fatigue and extreme depression.

See: <https://coronavirus-yellowcard.mhra.gov.uk/>

See: <https://vaers.hhs.gov/>

See: <https://www.ema.europa.eu/en/human-regulatory/research-development/pharmacovigilance/eudravigilance>

See: <http://www.vigiaccess.org/> (search covid-19 vaccine)

D. VICTIM TESTIMONIES

The World Council for Health acknowledges and respects the experiences and testimony of the victims of this worldwide medical experiment. We also declare and confirm that safe, effective and affordable treatments for Covid-19 exist and should be made available to all who need them.

See: <https://www.wewanttobeheard.com/>

See: <https://nomoresilence.world/>

See: <https://www.vaxtestimonies.org/en/>

E. NOT SAFE, NOT EFFECTIVE

Recent studies confirm the risks associated with Covid-19 experimental injections. Emerging research establishes that the injections are neither safe nor effective, and, in fact, are toxic. While some of the known ingredients of the injections cause biological harm, it is even more concerning that the unknown and undisclosed ingredients may present an even greater threat to human health.

F. CEASE AND DESIST

The World Council for Health is ethically and lawfully bound to issue this Declaration, demanding that governments and corporations cease and desist from direct or indirect participation in the manufacturing, distribution, administration or promotion of Covid-19 experimental injections.

The Council declares that every living man and woman has a moral and legal duty to take immediate and decisive action to halt this unprecedented medical experiment, which continues to cause unnecessary and immeasurable harm.

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G. NOTICE OF LIABILITY

The right of bodily integrity and the right to informed consent are inalienable and universal human rights, which have been trampled by government mandates and corporate imperatives. Thus, the World Council for Health declares that any person or organization directly or indirectly participating in the manufacturing, distribution, administration or promotion of Covid-19 experimental biologics will be held liable for the violation of principles of justice grounded in civil, criminal, constitutional and natural law, as well as international treaties.

Signed:

Charles Kovess

DocuSigned by:
Charles Kovess
D8A916FA81614AC...

Dr. Jennifer Hibberd

DocuSigned by:
Jennifer Hibberd
A20BBB97878B4DA...

Dr. Mark Trozzi

DocuSigned by:
Mark Trozzi
A2446313F57A4EA...

Dr. Naseeba Kathrada

DocuSigned by:
Naseeba Kathrada
2F87AC848A0F4FB...

Dr. Robert J McLeod

DocuSigned by:
Robert J McLeod
AA3E8497DE4B434...

Dr. Tess Lawrie

DocuSigned by:
Dr. Tess Lawrie
1E6A84D734574A3...

Dr. Vince Vicente

DocuSigned by:
Vince Vicente
523DFFB4CFA446E...

Karen McKenna, MBA

DocuSigned by:
Karen McKenna, MBA
D45032D3EDDE486...

Maria Hubmer Mogg

DocuSigned by:
Maria Hubmer Mogg
C5083D558A6343A...

Michael Alexander

DocuSigned by:
Michael Alexander
619B2F88B43F47A...

Rob Verkerk PhD

DocuSigned by:
Rob Verkerk
4ACCA37A59A7420...

Shabnam Palesa Mohamed

DocuSigned by:
Shabnam Palesa Mohamed

Tracy Chandler

DocuSigned by:
Tracy Chandler
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Zac Cox

DocuSigned by:
Zac Cox
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Stephan Becker

DocuSigned by:
Stephan Becker
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Steering Committee, Law Committee, Scientific and Medical Committee - **World Council for Health**

SERVED TO:

DATE:

WITNESS:

IMPORTANT PUBLIC ANNOUNCEMENT

COVID-19 SCANDAL

METROPOLITAN POLICE LAUNCH MAJOR INVESTIGATION

METROPOLITAN POLICE CRIME NUMBER REF: 6029679/21

Hugely significant allegations have been made of serious crimes being committed by a number of UK Government ministers, civil servants, heads of news networks, etc.

Crimes cited are misfeasance and misconduct in public office, conspiracy to commit grievous bodily harm, conspiracy to administer a poisonous and noxious substance to cause serious harm and death, gross negligence manslaughter, corporate manslaughter, corruption, fraud, blackmail, murder, conspiracy to commit murder, terrorism, genocide, torture, crimes against humanity, false imprisonment, multiple breaches of human rights, war crimes, multiple breaches of The Nuremberg Code 1947, multiple breaches of The Human Rights Act 1998, treason will also be added.

The UK's biggest criminal investigation is now live. **Hammersmith CID** and **The Metropolitan Police** have accepted and are reviewing 1000's of pages of evidence and have agreed there is enough to proceed. All UK police forces have been made aware of this investigation.

The case was lodged on 20th December 2021 by a group including **Dr Sam White**, lawyer **Philip Hyland** (PJH Law), Lawyer **Lois Bayliss** (Broad Yorkshire Law) and retired policeman **Mark Sexton**. Requests for assistance have been made to international lawyer **Robert F Kennedy Jnr** (nephew of J F Kennedy), **Dr Reiner Fuellmich** (German lawyer who exposed the Volkswagen Audi emissions scandal), **Dr. Michael Yeadon** (Former Pfizer Vice President), plus countless other doctors, professors, virologists, NHS whistleblowers, biologists, data experts and lawyers nationally and internationally; some of whom have already made direct contact with the UK police and were acknowledged by Superintendent Simpson (Assistant to Cressida Dick, Head of The Metropolitan Police).

Mark Sexton says: "The evidence submitted by Philip Hyland and Dr Sam White against the UK's **Medicines and Healthcare products Regulatory Agency** (MHRA) is damning and shows they did not carry out due diligence surrounding the vaccine data, trials and studies; and that they continued to ignore the death, harm and injury that the covid vaccines cause. This is now a live criminal investigation. We were forced to act due to the complacency of the UK Government, despite them being fully aware of the catastrophic death and injury figures to adults and children alike".

"This is nothing short of genocide; once again it seems that profit over people is the overriding motive. There has been and still is a deliberate blanket campaign of misinformation. Many don't even realise that the **covid vaccine is still an experimental product**. This is the most far-reaching criminal inquiry ever undertaken. A national scandal that threatens the lives and the livelihoods of every person in the UK. **The demand to stop the vaccination program remains a priority and the police are reminded on a daily basis**".

Can you help?

"We have to act on a united front to get the truth out to the public and stop the unsafe Covid vaccine rollout. We have several thousand pieces of evidence to discredit the safety and efficacy of this vaccine, but we are still encouraging members of the public to contact us and the police to fully support the criminal investigation. We therefore appeal to anyone who has suffered the death of a loved one following a covid vaccine and anyone who has been injured by it, e.g. blindness, heart issues, blood clots, stroke, myocarditis, miscarriages and still-births, etc".

"We'd also like to hear from those illegally threatened with 'No job, no job'".

"We must act now. If you have information to assist the police inquiry, please contact Lois Bayliss of Broad Yorkshire Law: loisbayliss@broadyorkshirelaw.co.uk or call the police on 101. If you believe you are the victim of a crime, a crime report must be accepted".



Please share this announcement everywhere hashtag [#6029679/21](https://twitter.com/6029679/21)

IN ADDITION:

A separate filing has also been made to The International Criminal Court in The Hague. File number: OTP-CR-473/21. That case is not listed on the ICC website but you can read about that here, or scan the QR code:

<https://www.docdroid.com/WUjv6iw/icc-complaint-7-1-pdf>



Dr Sam White also wrote a powerful letter to the Chair of UK's Medicines and Healthcare products Regulatory Agency (MHRA) - 'Request for Undertakings for breaches of legal obligations and breaches of duties of care'.

<https://pjhlaw.co.uk/wp-content/uploads/2021/12/letterMHRA.pdf>

There are numerous other covid scandal investigations and court cases happening worldwide.



If you want unassailable evidence, there are many online resources too numerous to mention. Please take all reasonable steps to protect your device when browsing online. Here is one example:

<https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/>

Stephen Lightfoot
Chair
MHRA

014/PH/2477
17 December 2021

Dear Mr Lightfoot

Re: Request for Undertakings for breaches of legal obligations and breaches of duties of care.

Summary of statements of evidence prepared for an Injunction Application.

Claimants: Dr Sam White, Andrew Doyle and Debbie Webb:

I am instructed by the following claimants: Dr Sam White, Andrew Doyle and Debbie Webb in connection with your organisation's role in authorising the SARS-CoV-2 injections in the United Kingdom.

These injections are unsafe, still in clinical trial, and should be withdrawn immediately. Your failure to investigate known concerns amounts to gross negligence in office, and renders you and the executive board liable for serious misconduct in office, mal or misfeasance in public office and, or, rendering all the office holders potentially liable for corporate manslaughter in that you have been wilfully blind to the known harms of the SARS-CoV-2 injections. You have taken no action. You have a lawful duty to protect the public, and you have wilfully failed in that duty.

The claimants are:

Dr Sam White, herein after referred to as "Dr White". Dr White has evidenced concerns of the lack of safety regarding the vaccine and the suppression of safe and effective therapeutics. Dr White is unable to give his patients effective advice because the MHRA has failed to authorise safe and effective treatments other than Budesonide for use by the over 50s which was recommended as a treatment in or around April 2021¹

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¹ [https://www.thelancet.com/article/S2213-2600\(21\)00160-0/fulltext](https://www.thelancet.com/article/S2213-2600(21)00160-0/fulltext)

Andrew Doyle, and Debbie Webb are both students at Southampton University, who are unable to go on placements by reason of the fact that they have declined consent to be injected.

Andrew Doyle, who is a second year medicine student, is facing a Fitness to Practice Hearing at Southampton University on 7 January 2022 for alleged “serious professional misconduct” for declining the injection for SARS-CoV-2. He will fail his year if he does not consent to injection. The university has given him the option of changing course and vocation.

All the claimants are owed a duty of care by you not to misconduct yourself in office.
All the claimants are owed a duty of care by you to act on concerns raised.

All the claimants are owed a duty of care by you to ensure safe and effective medicines are authorised.

All the claimants are owed a duty of care by you to suspend authorisation of the SARS-CoV-2 injections and their clinical trials on evidence of material risk.

By failing in your duty of care you have committed a tort.

All of the claimants have suffered, and are about to suffer, immediate losses as a consequence of your tortious acts.

Damages are an inadequate remedy for loss of the ability to give patients a full range of options on therapeutics.

Damages are an inadequate remedy for the loss of a vocation and career in medicine, and in Ms Webb’s case a career and vocation in podiatry.

You are in breach of your duty as you have knowingly omitted to take action to avoid the preventable, and avoidable harms of SARS-CoV-2 injections.

The known facts of the SARS-CoV-2 injections are as follows:

- 1. According to expert evidence relied on by the claimants the US data shows that the SARS-CoV-2 injections are 91 times deadlier than a flu injection.**
- 2. According to expert evidence relied on by the claimants 10 batches of Pfizer SARS-CoV-2 injections are responsible for over 7% of all Vaccine Adverse Event Reporting System [VAERS] reported deaths.**
- 3. According to expert evidence relied on by the claimants the true level of adverse events for SARS-CoV-2 injections is likely 11 times higher than that reported by the MHRA.**
- 4. According to expert evidence relied on by the claimants nine months is insufficient time to obtain approval of a regulated injection, such injections usually take twelve years from proof of concept to use. The same expert concludes that the Conditional Marketing Authorisation (CMA) used by MHRA to approve SARS-CoV-2 vaccines in the UK does not sufficiently protect patients from harm, or even death.ⁱ Furthermore, multiples of injections, covering a large percentage of the UK population is still ongoing and the risk could involve thousands if not millions of people.**
- 5. According to expert evidence relied on by the claimants there is an abundant evidence base to support the approval of Ivermectin in early treatment protocols as set out in expert witness Doctor Peter McCullough's, Doctor Pierre Kory and Doctor Tess Lawrie's witness statement.**
- 6. According to expert evidence relied on the excess deaths in young males are more likely than not to be vaccine induced.**
- 7. According to expert evidence relied on the PCR tests were approved by the WHO in reliance on an academic paper written by Professor Drosten**

which was peer reviewed and found to be academic fraud. The WHO is itself in receipt of substantial funding by the Gates' Foundation.

I note the following:

- a. The normal number of fatal adverse vaccine reports on Yellow Cards is 20, [so 1,822 for Covid vaccines for 51 weeks](#) is sufficient to show avoidable harm, given the known and agreed issue of under-reporting of adverse events..
- b. The MHRA has an estimate that actual reports are made [at the rate of 10%](#).

It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported. Under-reporting coupled with a decline in reporting makes it especially important to report all suspicions of adverse drug reactions to the Yellow Card Scheme.

- c. The MHRA has not published any FOI replies to the internet [since the end of June](#) (several hundred are now pending). This is an egregious breach of your legal duty to provide accurate and up to date data on safety.
- d. The MHRA's statement from [the weekly bulletin acknowledges](#) that the three injections in use have quite different profiles in relation to inflammatory heart disease.

Based on reports of suspected ADRs in the UK, the overall reporting rate across all age groups for suspected myocarditis (including viral myocarditis), after both first and second dose, is 10 reports per million doses of COVID-19 Pfizer/BioNTech Vaccine and for suspected pericarditis (including viral pericarditis and infective pericarditis) the overall reporting rate is 8 reports per million doses. For COVID-19 Vaccine Moderna, the overall reporting rate for suspected myocarditis is 38 per million doses and for suspected pericarditis is 22 per million

doses. For COVID-19 Vaccine AstraZeneca the overall reporting rate for suspected myocarditis (including viral myocarditis and infectious myocarditis) is 3 per million doses and for suspected pericarditis (including viral pericarditis) is 4 per million doses. It should be noted that more than one event can be included in each report.

I write to you to request that you will confirm in writing on or before 24 December 2021 that you undertake to do the following:

1. Stop all clinical trials of the SARS-CoV-2 injections immediately.
2. Suspend the conditional marketing authorisation [CMA] for all SARS-CoV-2 injections.
3. Suspend June Raine MBE from her post and require her to disclose all her direct and indirect financial interests in all of the products she is regulating.
4. During the suspension of the CMA require all CMA holders for SARS-CoV-2 injections to disclose the following:
 - a. The isolated SARS-CoV-2 purified virus sample for independent analysis with gold standards chain of custody of the evidence.
 - b. All safety and efficacy raw data from the start of the clinical trials to present.
 - c. Disclose any bio-distribution studies undertaken.
 - d. Publish all the ingredients of the injections.
 - e. Have the ingredients checked by independent researchers for toxicity with criminal standards of evidence gathering regarding chain of custody of the evidence.
5. Suspend the CMA for LFT and PCR tests.
6. During the CMA suspension authorise the use of Ivermectin and other protocols shown to be safe and effective for SARS-CoV-2.
7. Take steps to bring to the attention of NICE and all NHS Trusts concerns over any treatment protocols involving the use of Remdesivir and Midazolam in treating UK patients for SARS-CoV-2.

Should you fail to give an undertaking on the above terms in writing, I am instructed to apply to the High Court to obtain an injunction to order you to do so. Such an

undertaking should be in writing to arrive at my offices within 7 days of the date of this letter. Such an undertaking should also be announced at a special Christmas evening television broadcast by you as Chair of the MHRA, accompanied by an announcement published on your website and press-released to all media.

The legal basis for this request for an undertaking and any application to the High Court is straightforward.

1. The Chief Executive Officer, June Raine, holds public office.
2. As CEO of the MHRA she commands a substantial salary package of £250,000.00 per annum.
3. The public office she holds requires the MHRA to intervene where material risks of a regulated product are present and investigation is warranted.²
4. The public expects the CEO to address concerns notified to her by the public and take immediate action.
5. All the SARS-CoV-2 injections are still in clinical trial under the Clinical Trial Regulations 2002.
6. It is gross misconduct not to bring to the board's attention and/or take action on concerns on safety and efficacy of the SARS-CoV-2 injections notified by the public to the MHRA.
7. You may be liable for corporate manslaughter and/or other criminal offences for omitting to rectify concerns when they were brought to your attention.
8. It is gross misconduct not to take any action when those concerns are brought to MHRA's attention.
9. Ms Raine misconducts herself in public office as she has failed to take any action when she is on notice that preventable harm is occurring. She has been on notice throughout 2021. One such example is concern over SARS-CoV-2 injection induced deaths of unborn children brought to her organisation's attention in August 2021. We note subsequent reports of increases in still births in Scotland³.

2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/949131/Pharmacovigilance_how_the_MHRA_monitors_the_safety_of_medicines.pdf

3 <https://www.heraldscotland.com/news/19726487.investigation-launched-abnormal-spike-newborn-baby-deaths-scotland/>

10. The MHRA and Ms Raine's legal duty is to apply the precautionary principle and investigate and prevent any avoidable harm.⁴
11. Under her contract of employment Ms Raine is required to take immediate steps to rectify any situation that is brought to her attention that causes harm.
12. A failure to act on information of avoidable harms amounts to gross negligence.
13. Throughout 2021 June Raine has been notified of serious concerns involving regulated products and has taken no action.
14. A gross dereliction of duty amounts to gross negligence which is a form of gross misconduct.
15. *Adesokan v Sainsburys Supermarkets Limited* in the Court of Appeal is clear on the duties of senior personnel to avoid harm and loss when brought to their attention via email or other media.⁵
16. Misconduct in public office and or gross negligence in public office amounts to a tort as well as potentially a criminal offence, and a Police report will be made on 20 December 2021.
17. The particulars of the gross negligence and or misconduct in public office are:
 - a. June Raine and/or the MHRA "conditional market authorised" SARS-CoV-2 injections without:
 - i. Seeing evidence of an isolated virus,
 - ii. Without doing a proper consideration of safe and effective treatments which could be re-purposed such as Ivermectin. Ivermectin used with great success by Doctor Peter McCullough, world renowned physician and world leader in the practice of evidence based medicine and standards of clinical and academic research excellence. His brilliance at communicating the truth makes him a historic and heroic figure and an unimpeachable witness of truth.
 - iii. Critically examining the raw safety and efficacy and quality Chemistry, Manufacturing and Controls (CMC) data.
 - iv. Considering whether the use of PCR tests or equivalent Nucleic Acid Amplification Test [NAAT] to determine who participated on

⁴ *Regina v Dytham* CACD ([1979] 1 QBD 722, (1979) 69 Crim App R 722)

⁵ <https://www.bailii.org/ew/cases/EWCA/Civ/2017/22.html>

the clinical trial was appropriate and reliable. Failing to take and action following publication of the Corman Drosten review which described the Drosten paper and subsequent use of PCR tests as academic fraud. We have expert witness evidence from Doctor Lidya Angelova, one of the authors of the review. It should be noted that the Portuguese Court of Appeal, in upholding the fundamental human rights of their citizens, found the use of PCR tests without a Doctor overseeing the process was and is unlawful as causing harm and breaching human rights.

- v. Failing to rigorously examine the toxicity tests supplied with CMA authorisation documents for all of the ingredients of the injections.
- vi. Failing to publish to the public a full list of ingredients. Without information on the constituent components and or ingredients of the injections means patients do not have sufficient information on which to give informed consent. A Doctor's Hippocratic Oath includes doing no harm and not administering toxins. This point has been made by Doctor Stephen Frost. Doctor Stephen Frost also observes that post-mortems and inquests have reduced as a result of the Coronavirus Act becoming law in 2020. The rules on certifying death certificates were eased meaning certifying Doctors may have had limited knowledge of the deceased and or were relying on the results of a PCR test without further diagnosis. The increase in cremations has meant post-mortems and evidence and knowledge from pathological samples has also decreased. Mr John O'Looney, undertaker, has written to the Chief Coroner requesting that full inquests and post-mortems are immediately resumed as he has observed an increased number of deaths amongst young, previously fit and healthy, young men. We note Dr Clare Craig's expert opinion on this point. We also observe in passing the number of elite, professional athletes who have had recent publicised heart issues. Humans have an inalienable right to life and inalienable rights to bodily integrity and autonomy.

- b. Ms Raine and/or the MHRA did not suspend the clinical trials and or CMA when the following avoidable harms from the CMA SARS-CoV-2 injections were brought to her attention:
- i. Death.
 - ii. Serious injury including myocarditis.
 - iii. Vaccine induced deaths of babies in utero.
 - iv. Issues with the clinical trial data were raised by a whistle blower on 2 November 2021 from a Clinical Research Organisation.⁶
 - v. Issues with batches were known from March 2021⁷ and a failure to act later caused disproportionate harms.
 - vi. Awareness that other jurisdictions had withdrawn authorisation of the SARS-CoV-2 injections from the market for some, if not all cohorts.
- c. Ms Raine and or the MHRA continued with CMA of SARS-CoV-2 injections when she was aware of:
- i. Safe and effective alternatives.
 - ii. The avoidable harms referred to at 2 (b).
- d. Ms Raine and/or the MHRA gave CMA to PCR and LFT tests despite:
- i. The known unreliability of the tests.
 - ii. The finding of the Corman Drosten review that found the paper to support the use of PCR tests was academic fraud, implicating the WHO and leading politicians.
 - iii. A court in Portugal in December 2020 finding the tests unlawful and in breach of human rights when used without a clinical diagnosis.
 - iv. Other jurisdictions withdrawing the products from market as unsafe and ineffective.
- e. Failing to refer the following to NICE and or other regulators for investigation despite being aware of known issues in the treatment of SARS-CoV-2 with:
- i. Remdesivir.
 - ii. Midazolam.

⁶ <https://www.bmj.com/content/375/bmj.n2635>

⁷ <https://www.independent.co.uk/news/science/covid-pfizer-vaccine-doses-uk-latest-b1815398.html>

18. The claimants are suffering loss as a result of Ms Raine's torts and her failure to prevent avoidable harms of loss including injury or death. Their statements detail the loss.
19. Dr White is suffering the loss of being unable to prescribe alternative safe and effective medicines which puts Dr White's patients at risk. Dr White has had his human rights curtailed as an individual who has not been injected. It should be noted that Dr White was subject to conditions imposed on his practice following an investigation conducted by the GMC. The High Court found the conditions unlawful, in breach of Dr White's human rights. Part of the alleged disinformation which was key to the GMC's investigation was the point made by Dr White that non-clinical masks in non-clinical settings are more than likely to cause harm. Dr White saw no robust evidence to support the policy adopted. Nor could Dr White see any benign motive for the government making face coverings a requirement unless one had a reasonable excuse when no evidence existed for face coverings making any material difference to infection rates. Dr White noted the harms face coverings caused, the lack of safety data for the gene therapy injections and the ability of those injections to manipulate DNA and urged the use of the precautionary principle. These evidence based statements earned Dr White a suspension from the NHS and investigation and prosecution by the GMC with Dr White banned from speaking on social media about the pandemic. Dr White applauds the judgement of HHJ Dove upholding Doctor White's human rights. Dr White deplores the conduct of the GMC who sought to pay no regard to patient safety and too much regard for political policy which may have been influenced by commercial interests, or worse charitable interests funded by businessmen who made system bugs a feature of their business model. Dr White was cancelled by social media for holding evidence based concerns about patient safety. For example we understand that neither the Cabinet Office or the HSE hold any risk assessments for face coverings. Dr White had censorship imposed by the GMC, his regulator, who have responsibility for regulating Doctors in accordance with their lawful duty to protect patients from unsafe Doctors. Dr White was silenced for pointing out that there was clinical data to support the use of safe and effective therapeutics for early treatment of symptoms associated with SARS-CoV2. Dr White now faces discrimination for withholding consent from one of the CMA authorised

injections, the injections that carry a material risk of death or serious injury. Dr White faces discrimination for the HMRA's unconscionable failure to authorise Ivermectin and Zinc as shown to be safe and effective by Doctor Tess Lawrie, a champion of independent scientific research and evidence based medicine and as detailed extensively in Doctor Peter McCullough's witness statement. The unlawful suppression of safe and effective alternatives to injections was a point Dr White made in his letter dated 2 July 2021 blowing the whistle on alleged criminal conduct by those leading the pandemic response, including Boris Johnson. One of the allegations made was that commercial interests were likely to be influencing public health policy and the interests of big business are not always aligned with the health interests of the public. The MHRA are paid to keep the public safe from harmful medicines. Damages are an inadequate remedy in the circumstances.

20. The other claimants are at the point of being asked to leave their clinical courses at Southampton University because they are unvaccinated. Medical student Andrew Doyle has been told by his university Southampton University that he will fail his course if he does not agree to take a SARS-CoV-2 injection which is still in clinical trial. Mr Doyle is up before a Fitness to Practice Hearing for Serious Professional Misconduct on 7 January 2022 for refusing to be injected. Podiatry student, Debbie Webb, has not been given clinical placements to enable her to pass her course. We note, in passing, Southampton University's links with the Gates Foundation.⁸

21. Damages are an inadequate remedy for all the claimants.

22. Other potential claimants from the dental profession and the NHS have asked to be joined to this action. Their statements are being prepared and attest to individuals losing a hard earned career and being forced out of a vocation and profession for upholding their fundamental human right to decline an injection, an injection authorised by your organisation despite the known harms and material risks. No individual should have to run the material risk of death or serious injury from an injection authorised by you where safer and more effective treatments are available.

⁸ <https://www.gatesfoundation.org/about/committed-grants/2020/04/inv016631>

23. Should an injunction be granted, a group litigation order will be sought from the court to accommodate the substantial number of individuals suffering losses as a result of the breaches of your legal obligations.

The statements which support this request and a court application are as follows:

1. Statement from principal claimant **Dr White** detailing the existence of safe and effective therapeutics including the immune system. Dr White's statement refers to his historic high court judgment lifting the restrictions imposed on his social media use. One of the points made by Doctor White is the potential for grant and sponsorship money to conflict with public health. There is clear evidence that scientific output has been tailored to meet what sponsors or governments want from the science. There is evidence that the science relied on has had errors in either the assumptions on which the computer models were based or inherent unreliability of the PCR tests used as a key data input. Data from PCR tests should only be relied on if accompanied by a clinical diagnosis. Any policy based on data drawn from PCR test data alone has been found to be unlawful by the Portuguese Appeal courts and in breach of their citizen's human rights.
2. Statements from claimants **Andrew Doyle and Debbie Webb** detailing the pressure they are under from Southampton University to take the injection or lose their university place and or vocation or career.
3. Expert statement for **Professor Sucharit Bhakdi** detailing the harms of the SARS-CoV-2 injections. In particular Professor Bhakdi states with great clarity the design of the SARS-CoV-2 injections are such that they cannot work and cause harm.
4. Expert statement from **Professor Dr Arne Burkehardt**, a pathologist, which details findings from the post mortems of 15 deceased but injected. The statement reads:

...Histopathological findings of similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto's Thyroiditis, 2 cases), salivary glands (Sjögren's Syndrome; 2 cases) and brain (2 cases).

8. *A number of salient aspects dominated in all affected tissues of all cases:*

- *inflammatory events in small blood vessels (endothelitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;*
- *the extensive perivascular accumulation of T-lymphocytes;*
- *a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes,*

9. *Lymphocytic infiltration was occasionally with signs of intense lymphocytic activation and follicle formation. If present, this was regularly accompanied by tissue destruction (9 cases).*

10. *This combination of multifocal, T-lymphocyte dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.*

5. Expert statement from **Dr Pierre Kory** detailing the safe and effective clinical use of Ivermectin as well as alleged corruption of Liverpool University and or Professor Hill regarding their failure to recommend Ivermectin. Professor Hill is alleged to have agreed in a video call with Doctor Tess Lawrie that it would be difficult for Professor Hill to recommend Ivermectin as his employer and department were in receipt of funding from the Gates Foundation. A common link between the foundation and Moderna, one of the SARS-CoV-2 injections CMA injections approved by your organisation. We also observe in passing that the MHRA was itself in receipt of Gates' money. Money which can be shown to influence the academic output of Professor Hill who put the commercial pressures applied by his sponsors above what the evidence suggested was the safe and effective alternative. Dr Lawrie is alleged to have drily observed she did not know how Professor Hill could sleep.at night.
6. Expert statement from **Dr Tess Lawrie** detailing her letter to you regarding authorising Ivermectin and your failure to take any action on that letter. In that letter Dr Lawrie referred you to the meta study showing the safety and effectiveness of Ivermectin.
7. Expert statement from **Dr Peter McCullough** detailing the use of Ivermectin in clinic.

8. Expert statement from **Dr Urso** detailing the risk from the SARS-CoV-2 injection of ADE subsequently borne out by clinical data from the PHE. We observe the excess deaths in homes noted by Professor Heneghan.
9. Expert statement from **Dr Bryan Ardis** detailing the issues around Remdesivir in treatment of SARS-CoV-2 and in particular whether any symptoms previously attributed to SARS-CoV-2 are in fact attributable in full or in part to the use of Remdesivir.
10. Expert statement from **Dr Clare Craig** opining that the excess deaths seen in young adults is likely due to Pfizer SARS-CoV-2 injections.
11. Expert statement from **Professor Dolores Cahill** describing the harm, injury, adverse events and deaths reported following the SARS-CoV-2 injections in the clinical trials including those due to Immune related Adverse Events and Antibody Dependent Enhancement. Professor Cahill's opinion is that under the 'First do no Harm' and the Precautionary Principle, because of the evidence of harm, loss, adverse events, injury and death reported to men, women and children on the SARS-CoV-2 clinical trials, Professor Dolores Cahill has evoked the 'First do no Harm' and the Precautionary Principle to ask for the immediate halt to the SARS-CoV-2 injections /clinical trials.
12. Expert statement from witness identified as **Marek Pawlewski MSc** (data analytics expert) showing the SARS-CoV-2 injection is 91 times more deadly than the Flu injection in a year-on-year analysis based on reports of adverse events.
13. Expert statement from witness identified as **Jason Morphett PhD** (data analytics expert) showing that there are some Pfizer batches that account for a disproportionate number of deaths and adverse events. That in fact, 10 Lots of Pfizer/BioNTech injections account for 628 deaths. That the likelihood is that adverse events are 11 times under-reported in the UK.
14. Statement from **Professor Roger Hodgkinson** detailing his research into virulence of SARS-CoV-2.
15. Statement from **Dr Kevin Corbett** on the use of PCR both for SARS-CoV-2 and HIV.
16. Statement from **Christina Massey** on the failure to isolate the virus. Christine has submitted over 140 freedom of information requests to over 125 institutions and has no record of an isolated virus, including from Imperial College.

17. A statement from **Doctor Julian Harris** giving evidence relating to the inadequate and unsafe protocols in place at a PCR testing facility with multiple points of process where cross contamination of PCR swabs is a material risk.
18. A statement from one of the authors of peer review of the Corman Drosten review, **Dr Lidiya Angelova**. The conclusion of the review was that the PCR test and the academic paper it relied on was academic fraud implicating the WHO and other international politicians. ⁹
19. A statement from two nurses employed by the NHS detailing a lack of training on serious adverse event reporting as well as giving evidence on the increases in number of admitted patients with suspected vaccine induced injuries.
20. A statement from Nick Hunt former Civil Servant on FOIs to MHRA related to his reporting to MHRA in April and August 2021 reports of alleged vaccine induced spontaneous abortion and hearing loss. The MHRA took no action.
21. A statement from a member of the public confirming that she informed the MHRA of the risk the spike protein may go beyond the injection site. The MHRA took no action.
22. A statement from a vaccine injured witness who attests to partial paralysis following a SARS-CoV2 injections, with a condition related to the spinal cord.
23. Expert Statement from **Hedley Rees** detailing the average timescale for vaccine development is 12 years. 9 months is inadequate time to obtain full safety and efficacy data including manufacturing processes involved in biologics and the need for constant vigilance to ensure quality is controlled and maintained. There is no published data by the MHRA relating to QC audits, and random testing of finished products.

9

<https://www.researchgate.net/publication/346483715> External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level consequences for false positive results

24. A statement from **Philip Hyland** summarising the evidence before the court including those not referred to above. All of the above statements are available by download and you should email me for a link.
25. Evidence from members of the public is still arriving in related to your organisation's failure to respond to concerns highlighted. These statements will be taken and presented to the court.
26. Evidence is being gathered from a specialist detailing coercive propaganda techniques methodology and language deployed by the MHRA website particularly aimed at school children and pregnant women. This expert has analysed the website against the seven Hawking Foundation Materials used to coerce children to take the vaccine in schools. The same methodology has been deployed by the MHRA in their guidance to pregnant women.
27. Evidence is being gathered from a chartered safety specialist on the usual risk analysis which should be deployed by a regulator in these circumstances, in particular regarding pregnancies and miscarriages.
28. It is possible that other expert witnesses will give statements to any hearing. Robert Malone, Mike Yeadon and Richard Fleming have been approached.
29. Statements will be taken from Doctors David Halpin and Stephen Frost as well as funeral director, John O'Looney in advance of the application for an injunction.
30. Ex-England Footballer Matt Le-Tissier has been approached for evidence of his knowledge of cardiac related issues in professional sports people and footballers in particular and any surrounding transparency issues relating to the professional football associations.
31. Statements have been prepared and substantially agreed, most are signed and some are pending signature. Please contact me for a link to the statements.

I look forward to hearing from you within 7 days and on or before 24 December 2021 at the latest, confirming you will be doing the following:

1. Suspending the CMA for all SARS-CoV-2 injections and immediately stop all clinical trials.
2. During the suspension requiring all CMA holders for SARS-CoV-2 injections to disclose the following:
 - a. The isolated virus sample to allow independent analysis and approved chain of custody.
 - b. All safety and efficacy raw data as well as CMC data from the start of the clinical trials to present.
 - c. Disclose any bio-distribution studies undertaken.
 - d. Disclosure of a full list of ingredients in the injections.
3. Suspending the CMA for LFT and PCR tests.
4. During the suspension authorising the use of Ivermectin and other protocols proven to be safe and effective.
5. Taking steps to bring to the attention of NICE and all NHS Trusts concerns over any treatment protocols involving the use of Remdesivir and Midazolam in treating UK patients for SARS-CoV-2.
6. Ensure that the withdrawal of the injections is announced via broadcast and print media and published on the MHRA's website on or before 24 December 2021.

You have an opportunity to take decisive and immediate action and prevent avoidable harm under the precautionary principle and in accordance with your legal obligations.

I look forward to receiving the written undertakings by return.

This letter will be a public letter given the importance of the issues at stake.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Philip Hyland', with a short horizontal line underneath.

**Philip Hyland
Principal
PJH Law
Solicitors
18a Maiden Lane
Stamford
Lincolnshire
PE9 2AZ**

COVID-19 VACCINE ADVERSE DRUG REACTIONS TO 05/01/22

| Type of Condition (System of Care) | Reactions | Deaths |
|------------------------------------|----------------|-------------|
| Blood disorders | 26074 | 21 |
| Cardiac disorders | 23960 | 319 |
| Congenital disorders | 210 | 2 |
| Ear disorders | 17600 | 1 |
| Endocrine disorders | 802 | 0 |
| Eye disorders | 23309 | 0 |
| Gastrointestinal disorders | 130174 | 31 |
| General disorders | 400803 | 660 |
| Hepatic disorders | 777 | 10 |
| Immune system disorders | 5993 | 6 |
| Infections | 32244 | 220 |
| Injuries | 18256 | 3 |
| Investigations | 18526 | 4 |
| Metabolic disorders | 12037 | 5 |
| Muscle & tissue disorders | 167542 | 2 |
| Neoplasms | 858 | 20 |
| Nervous system disorders | 274402 | 295 |
| Pregnancy conditions | 1054 | 16 |
| Product Issues | 330 | 1 |
| Psychiatric disorders | 29603 | 7 |
| Renal & urinary disorders | 4250 | 14 |
| Reproductive & breast disorders | 52322 | 1 |
| Respiratory disorders | 52518 | 202 |
| Skin disorders | 96088 | 3 |
| Social circumstances | 740 | 0 |
| Surgical & medical procedures | 2139 | 1 |
| Vascular disorders | 21682 | 88 |
| TOTALS | 1414293 | 1932 |

Source: coronavirus-yellowcard.mhra.gov.uk

 **Yellow Card**

UK Freedom Project

COVID-19 VACCINE ADVERSE DRUG REACTIONS TO 05/01/22

GYNAECOLOGICAL REACTIONS

| Type of Condition | Reactions | Deaths |
|---|--------------|-----------|
| Foetal complications | 2123 | 3 |
| Exposures associated with pregnancy, delivery and lactation | 4172 | 0 |
| Spontaneous Abortions and Stillbirths | 735 | 13 |
| Menstrual and Ovarian Issues | 44037 | 0 |
| Total | 51067 | 16 |

Total Adverse Reactions: 1,414,293 (31,447 this week) Total Deaths: 1,932 (19 this week)

 **Yellow Card**

Source: coronavirus-yellowcard.mhra.gov.uk

UK Freedom Project

UKcitizen2021

for the people...by the people

Date: December 2021

To: All UK Chief Constables

This is an urgent message to all Chief Constables.

Dear Chief Constables,

On Monday the 20th of December 2021 at Hammersmith Police Station in London a criminal complaint was made.

The complaint of Gross Negligent Manslaughter and Serious Misconduct in public office were accepted and a crime number issued accordingly.

The Complainants are, lawyer Philip Hyland of PJH law, lawyer Lois Bayliss of Broad Yorkshire law, Medical Doctor Sam White and retired Police Constable Mark Sexton. There are a significant amount of victims to these crimes, some have already come forward and hundreds of thousands will identify themselves in due course.

The significant amount of irrefutable and damning evidence shows and proves the current vaccine program is causing harm, injury and death on a massive scale. The scale of these harms is being deliberately suppressed by The Government and the media.

We are in possession of a vast amount of evidence to show and prove vitamin C, vitamin D, Ivermectin, Hydroxychloroquine and zinc are all proven and safe treatments for the virus, COVID-19 SARS Cov 2. They have all been deliberately suppressed and the public refused access to said medications in place of a vaccine that has been rushed, still in their trial stages, using emergency legislation and the unnecessary introduction of the Coronavirus Act 2020.

There is also evidence that scientific recommendations and advice have been influenced by commercial and private interests rather than public health and that those direct or indirect interests have not been transparently declared. Further there is also evidence that the public health response has been based on unreliable data generated from PCR and LFT tests which are inaccurate and unfit for purpose and withdrawn from use in other jurisdictions as a health hazard. There is no evidence of an isolated virus. There is also evidence that Midazolam and Remdesivir has been used inappropriately and has caused death and injury which has later been ascribed as caused by SARS COV2.

Notwithstanding this we have also supplied The Metropolitan Police a list of forty world renowned experts from a list of approximately twelve thousand, Doctors, Professors, Immunologists, Virologists, Lawyers, Barristers and data analytical experts all available to fully support the assertions made, provide their expertise and credibility to assist The Metropolitan police and any other UK police force with this very serious criminal investigation.

1 of 3

Please also be aware an application has been made and acknowledged by the International Criminal Court in The Hague. Acknowledgment was received on the 6th of December 2021, some of those named in the ICC complaint are also named responsible in the criminal complaint lodged at the Metropolitan Police.

The complaint is against a number of UK Government Ministers, C.E.O's of all Covid vaccine manufacturers, Dr Anthony Fauci, Bill and Melinda Gates Foundation, Klaus Schwab World Economic Forum, Tedros Adhanom W.H.O, Peter Daszack President of the Heath alliance, June Raine of the MHRA and Dr Rajiv Shah of the Rockefeller foundation.

The victims are the people of the United Kingdom.

This accepted application now places a duty on The Metropolitan Police and all forty three Police forces in England and Wales to carry out a full and competent criminal investigation.

The Metropolitan Police are now aware of the ICC application and the ICC are also aware of The Metropolitan Police and their criminal investigation, they've also been made aware we have notified all forty three Chief Constables of the same.

It is now incumbent upon you all to treat this as a national emergency. To individually and collectively notify the general public to stop taking the vaccines, to make contact with all Healthcare establishments in the United Kingdom and advise them to withdraw all vaccines and stop administering them straight away. The vaccines must be seized as evidence in a criminal investigation and placed into secure detained property to be independently forensically examined.

You have been contacted for one reason and one reason only and that is to protect the British public from serious harm, injury and death.

This is a genuine cause for concern and be reassured this is not vexatious or frivolous in any way.

Superintendent Jon P Simpson assistant to Commissioner Cressida Dick is aware of this criminal complaint and acknowledged same by email to one of the original informants on the 23rd of December 2021.

Metropolitan Police crime number
6029679/21
Hammersmith Police Station
Officers allocated,
DS Mallett
PC Irvine.

International Criminal Court, The Hague, Netherlands, case reference number,
OTP-CR-473/21
Submitting Lawyer Hannah Rose.

We respectfully request as a matter of public safety to halt all Covid 19 vaccines to prevent any more unnecessary harm, injury and death being caused.

We ask for acknowledgment of receipt of this email without delay and thank you in anticipation of same.

Yours sincerely.

Philip Hyland
Lois Bayliss
Dr Sam White
Hannah Rose
Mark Sexton



It's Safer To Wait...

**Safer to Wait**
Protecting Children's Health

“This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects.”

(Ruud Dobber, AstraZeneca senior executive, discussing why pharmaceutical companies have been granted zero liability – source: Reuters, 30 July 2020)

Dear Parent / Carer,

You may be aware that the Government is planning to roll out the COVID-19 vaccines to our children soon. This is already happening with over-16s in Manchester, despite safety and efficacy trials being incomplete.

There has been a lot of coverage of this in the media, and your child's school or local health authority may already have given you some information.

As parents, we have a very big decision to make, with and on behalf of our children. There are many things to consider.

As we know, the standard childhood vaccines are safe and effective. However, the current UK COVID-19 vaccines use brand new, gene-based, technology and ingredients that have not been used in traditional vaccines. In addition, the clinical trials to confirm short, medium and long-term safety are not yet complete.

Until the end of these safety trials (2023), the COVID-19 vaccines remain unlicensed and experimental.

The risk to children from natural infection with the virus is almost zero, and over 99.99% of children who catch the virus will make a full recovery. While it may make sense for those few children at serious risk from COVID-19 to be vaccinated this year, the risks from the vaccines far outweigh any potential benefits for the vast majority of children.

This leaflet aims to help you weigh up the risks and benefits for your child, by sharing some information about the vaccines. Please take a few minutes to read and consider the points overleaf.

From a group of concerned parents, teachers, doctors, and lawyers.

- **Children have an extremely low risk of serious illness or death from COVID-19**

Even long-term effects, such as Long Covid or PIMs (a temporary condition, from which all children identified are recovering), are extremely rare in children. The vaccines have not been studied to establish whether they reduce the risk of PIMS or Long Covid, so there is no data to support that as a reason to vaccinate.

- **The COVID-19 vaccines use new, gene-based technologies (mRNA) and ingredients (lipid nanoparticles)**

They are materially different from the vaccines we all know and trust. They are only authorised for temporary, emergency use in the UK (as reported by the BBC on 7th Jan 2021) and are not fully licensed. Clinical trials to establish medium and long-term safety and efficacy are ongoing until 2023. The initial data published has not proven that they prevent infection with, or transmission of, the virus, although they may help to reduce symptoms. Therefore, they will not prevent others from becoming infected. As children's symptoms are already very mild or non-existent, any benefit to them would be negligible.

- **Most children have strong, innate immune systems**

Their immune systems can easily overcome the virus and have been shown to produce a more robust, comprehensive and lasting immunity than vaccination, which is expected to require booster shots every 6-12 months to maintain immunity. Also, there is good evidence to suggest that we may be at, or very close to, herd immunity.

- **Children are not key drivers of transmission**

They both catch and transmit the virus less than adults. Most at-risk adults are already vaccinated. Therefore, there is currently no justification for vaccinating children. Indeed, children may have a protective effect on adults around them as studies have shown those over 65 living with children are less likely to be hospitalised from COVID-19 than those who are not.

- **Little is known about the vaccines' short and long-term side effects**

Some of the side-effects now being widely reported by adults were not seen in the initial safety trials, including serious and life-changing conditions such as clots, bleeding disorders and neurological conditions such as Guillain-Barre syndrome and Transverse Myelitis. Adverse reactions to the vaccines are being reported to Government monitoring schemes (such as UK Yellow Card and US VAERS) at a much higher rate than is usual with vaccines. Due to the short time that these vaccines have been in use there is NO long-term safety data, so possible late-onset effects relating to fertility, autoimmunity, cancer, and enhanced immunity causing worse disease, have not yet been ruled out.

When the chances of harm to children from COVID-19 are so incredibly low, are any risks worth taking with the vaccine?

It is safer to wait at least a year or two, to allow trials to collect three years of safety data (the average length of vaccine trials is 8-10 years). Then we'll see more data from adults receiving the vaccines, which will help us better judge their safety and necessity for use in children. At this stage, when the vast majority of children have no risk from COVID-19, is it ethical to inject them with experimental products that have no long-term safety data?

We have found the following websites to be reliable sources of evidence-based information if you would like to research for yourself:

[Hartgroup.org](https://www.hartgroup.org) [Pandata.org](https://www.pandata.org) [LawyersForLiberty.uk](https://www.lawyersforliberty.uk) [UKMedFreedom.org](https://www.ukmedfreedom.org)

We will shortly be launching SaferToWait.com with helpful references and links to substantiate all of the above statements, plus much more information, should you wish to get into the detail.

To: UK Police Force Control Room Personnel
Date: 14th January 2022



UKcitizen2021.org
Info@ukcitizen2021.org

Dear Sir/Ma'am

As you may well be aware the Metropolitan Police Service is currently investigating an ongoing case regards the UK governments handling of the Covid crisis as well as the use of emergency vaccines and vaccine injuries/deaths. This was instigated by a large team of experts in medicine and law and to date has already submitted hundreds of pages of expert evidence.

The crime number they have raised for this is 6029679/21 the matter is also lodged with the International Criminal Court at The Hague case reference OTP-CR-473/21 The Met did disseminate this information to all forces in England and Wales at the time of the crime number being raised.

The reason for this communication is we are finding that members of the public are having problems regards the reporting and investigation of such reports of injuries and deaths by call handlers who are uncertain about what is required and the need to collate evidence countrywide on behalf of the Met.

We would respectfully ask that front line call takers and supervisors in your Force Control Room be briefed on the ongoing investigation and a protocol put in place to assist them and the public in both raising and dealing with such a sensitive and serious matter.

Whilst we appreciate the pressure Force Control Rooms come under as a matter of course I am sure you would agree that this matter is of national importance and the scrutiny of such reports will intensify in the coming weeks/months

Officers can find pro forma statements at www.ukcitizen2021.org/injury which should assist with the process, I am also aware that many forces now have Home Based Investigation Teams due to Covid which may be a way forward with recording such statements. We would also ask that coroners officers are made aware of this also to enable them to better identify possible cases.

The issue surrounding vaccine injuries and deaths is a lack of informed consent in particular around possible side effects. There have been several high profile deaths attributed to the vaccine being taken and a look at the governments yellow card adverse reaction reporting scheme reflects the true scale of this in particular given it is acknowledged that the scheme accounts for between only 1% and 10% of the true figure due to a lack of awareness which creates under reporting.

Finally, please note that we have more that 250 people deployed nationwide, who are in a position to assist police forces with the taking of statements too.

Respectfully submitted for your attention and consideration in this matter.

For and on behalf of Ukcitizen2021

NATIONAL EMERGENCY



**METROPOLITAN
POLICE**

**CRIME NUMBER
6029679/21**

CRIMINAL INVESTIGATION

**Related crimes and threats to the public health,
gross negligent manslaughter and misconduct in
the public office.**

**A further 18 offences have also been cited including
murder, fraud, GBH and multiple breaches of the
Nuremburg Code**

www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal

Do you have any information to help?

THIS IS NOT TO MAKE FINANCIAL CLAIMS FOR INJURY FROM THE COVID-19 VACCINE

**Have you lost a loved one due to the Covid
Vaccine? Do you suffer headaches, blood clots,
blindness, heart issues, strokes or myocarditis
since the Covid Vaccine?**

**We would also like to hear from those illegally
threatened with 'No Jab, No Job'**

Bayliss of Broad Yorkshire Law

loisbayliss@broadyorkshirelaw.co.uk

**PLEASE IMMEDIATELY REPORT ANY COVID-19 VACCINE INJURIES &
DEATHS INCLUDING ANY UNDUE INFLUENCE TO TAKE THE INJECTION
INCLUDING 'NO JAB / NO JOB'**

THE TRUTH IS OUT

URGENT PUBLIC NOTICE

11th January 2022

Covid-19 Vaccines are now under Criminal Investigation with Hammersmith CID Police Station

Case Number: 6029679/21

Your local Chief Constable is aware of this Case and substantial evidence has been provided from injured victims, scientific studies, global experts and NHS whistleblowers to Hammersmith CID.

Confused why this is the first time you're hearing about this?

You're not being told about this case because the UK Government controls the mainstream media and Senior Government Ministers, Civil Servants and the Media are implicated in the alleged Crimes.

The Case has also been acknowledged by the International Criminal Court at the Hague.

Scan these QR Codes for critical case information

