NOTICE-OF-LIABILITY

High Priority – COVID-19 experimental vaccines

Dear **Butler County, Ohio Health Department**

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 Lancet[2];

"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 Code[3] 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 it's effect, is wholly inadequate for adults let alone children.

Of relevance to the issue of informed consent is the Yellow Card System[4] 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 (1,414293). It is a failing as regards informed consent not to make available this information in relation to making informed consent.

In addition, the VAERS[5] 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 Code[3] 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
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**
1. https://www.researchsquare.com/article/rs-21211/v1 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7513835 3. https://www.grassrootshealth.net/wp-	1. http://orthomolecular.org/resources/omns/v16n25.shtml 2. https://orthomolecular.activehosted.com/index.php 3. https://ccforum.biomedcentral.com/articles/10.1186	1. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3563092 2. https://www.medrxiv.org/content/10.1101/2020.05.25.20110239v1

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

1. Shoenfeld Y et al - Vaccination and autoimmunity - Vaccinosis: A dangerous liaison? J Autoimun 2000;14:1-10. 2. Nossal GJV - Vaccination and autoimmunity. JAI 2000;14:15-22. 3. Shoenfeld Y et al - Vaccination as an additional player in the mosaic of autoimmunity. Clin Exp Rheumatol 2000;18 4. Rogerson SJ. Nye FJ - Hepatitis B vaccine associated with erythema nodosum and polyarthritis. BMJ 1990;301:345. 5. Haschulla E et al - Reactive arthritis after hepatitis B vaccination. J Rheumatol 1990;17:1250-1251. 6. Biasi D et al - A new case of reactive arthritis after hepatitis B vaccination. Clin Exp Rheumatol 1993;11:215. 7. Gross K et al - Arthritis after hepatitis B vaccination. Report of three cases. Scand J Rheumatol 1995;24:50-52.	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. 10. Pope JE et al - The development of rheumatoid arthritis after recombinant hepatitis B vaccination. J Rheumatol 1998;25:1687-1693. 11. Guiseriz J - Systemic lupus erythematosus following hepatitis B vaccine. Nephron 1996;74:441. 12. Grezard P et al - Lupus erythematosus and buccal aphthosis after hepatitis B vaccination in a 6-yearold child. Ann Dermatol Vener 1996;123:657-659. 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.	16. Howson CP et al - Chronic arthritis after rubella vaccination. Clin Infect Dis 1992;15:307-312. 17. Mitchell LA et al - HLA-DR class II associations with rubella vaccine-induced joint manifestations. J Infect Dis 1998;177:5-12. 18. Nussinovitch M, Harel L, Varsano I. Arthritis after mumps and measles vaccination. Arch Dis Child 1995;72:348-349. 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. 20. Maillefert JF et al - Arthritis following combined vaccine against diphtheria, polyomyelitis and tetanus toxoid. Clin Exp Rheumatol 2000;18:255-256. 21. Adachi JA et al - Reactive arthritis associated with typhoid vaccination in travelers: report of two cases with

8. Maillefert 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.bulatlat.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-yeadon-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

	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.	It is known that vaccines can switch on allergy and autoimmunity. May be contraindicated with pre-existing autoimmune conditions or CFS/ME, or previous vaccine injury/reactions. MHRA 09 December 2020: Any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine. A second dose should not be given to anyone who has experienced anaphylaxis following administration of the first dose	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. https://www.gov.uk/government/news/confirmation-of-guidance-tovaccination-centres-on-managing-allergic-reactions-following-covid-19-vaccination-with-the-pfizer-biontech-vaccine	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**	**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 Ethical/religious considerations e.g. animal products - vegetarianism/veganism, WI-38 human diploid cells (aborted fetus source) - pro-life/religious belief	**Yes/no**

d. Any risk of serious harm, however unlikely it is to occur.	The Doctor MUST consider the significance that the Patient may place on risk of material harm. 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	One example may be if a patient has first-hand knowledge of a relative who has suffered serious harm following vaccination. 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	**Yes/no**
e. Expected harms, including common side effects and what to do if they occur.	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. A reaction to the first dose increases risk of a major reaction to a second dose	Moderna vaccine -100% of high-dose participants report systemic side effects after second dose, some severe https://www.nejm.org/doi/full/10.1056/NEJMoa2022483 Before a second dose, the patient must be asked about their reaction to the first dose.	**Yes/no**

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.

Date and Time	
Name of doctor or Nurse administrating	
Professional number of doctor (GMC) or nurse (GNC	
Name of vaccine, batch number and date of administration	
Signature	

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	

World Council For Health

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,

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.

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: D8A916FA81614AC...

Dr. Jennifer Hibberd — DocuSigned by: A20BBB97878B4DA...

Dr. Mark Trozzi — DocuSigned by: A2446313F57A4EA...

Dr. Naseeba Kathrada — DocuSigned by: 2F87AC848A0F4FB...

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

Dr. Vince Vicente — DocuSigned by: 523DFFB4CFA446E...

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Steering Committee, Law Committee, Scientific and Medical Committee - **World Council for Health**

SERVED TO:

DATE:

WITNESS:

Friday 07 January 2022

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 jab, 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".

SCAN ME

SCAN ME

SCAN ME

Please share this announcement everywhere hashtag #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/

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.

Did You Know...

Safer to Wait
Protecting Children's Health

- **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 Pandata.org LawyersForLiberty.uk 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.