

Fit-For-Purpose

[NAME]

Address:

[ADDRESS]

NOTICE-OF-LIABILITY-FOR-HARM-AND-DEATH

SILENCE-IS-ACQUIESCENCE,-AGREEMENT-AND-DISHONOUR

Time Sensitive Document

Estoppel Conditions Apply Upon Default

NOTICE-TO-PRINCIPAL-IS-NOTICE-TO-AGENT; NOTICE-TO-AGENT-IS-NOTICE-TO-PRINCIPAL

Applicable to All Successors and Assigns

To:

1. [name eg Jane Brown] acting as [job title eg HEAD TEACHER] of the [SCHOOL NAME and ADDRESS, UNITED KINGDOM] as the living man/woman

Copy to whom it may concern

2. [name] acting as [job title] of [organisation eg school or DEPARTMENT-OF-HEALTH/EDUCATION etc] as the living man/woman

3. [OTHER? - ADD IN ANY OTHERS HERE]

Hereinafter: Respondents and collectively “you” or “your”.

I, [NAME], as the Claimant hereinafter “I” or “my”

Purpose of this Notice of Liability

This legal and lawful Notice of Liability for Harm and/or Death intends to enlighten and inform you of the law and evidence on which you will be held liable for any harm and or suffering and or disability and or death that arises from the implementation by you of Non-Pharmaceutical and Pharmaceutical measures on your school premises. It is not intended to cause you distress or harm.

It also intends to protect you from attracting civil and criminal liability whether domestic or international and whether in existing court or one to be convened under Natural Law principles in relation to your action(s) and or your omission(s) to act to prevent harm 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 and in your school to allegedly control its spread and effect including, but not limited to, the administration and or implementation of policies on wearing face-mask medical devices, requiring individuals to be tested using COVID-19 testing

equipment/medical devices such as the RT-PCR and lateral flow tests and the administration of the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/medical devices/vaccines and or viral vector injections/vaccines.

Furthermore, you may be held personally, privately, civilly and or criminally liable for participating in unlawful, illegal and or criminal activity including **assault, battery, grievous bodily harm and or murder** and or for supporting **crimes against humanity, genocide**, and or **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 or systematic policy, directed against living men and women including, but not limited to new and expectant mothers, breast feeding women, babies, offspring, unborn offspring and young adults committed in furtherance of state/government/school policy.

This Notice of Liability may be relied upon and used as evidence in court proceedings.

The Rule of Law

WHEREAS, you have a lawful, legal, moral, ethical and constitutional **DUTY to uphold the Rule of Law.**; and

"First Do No Harm" - "Primum Non Nocere" - a fundamental duty of medical ethics and law.

WHEREAS, the State, the Government and Government actors, public authorities, NHS Trusts and other state actors such as Schools and Universities as well as private corporations and an individual's primary common law **DUTY** is to **"FIRST, Do No Harm" - Primum Non Nocere**. It is a fundamental principle of medical ethics and a maxim of common law, domestic and international laws and God's laws that binds you. "Do No Harm" means that **you must not act to cause harm, nor must you omit to act to prevent harm from happening;** and

WHEREAS, Omitting to act to prevent harm is as culpable as acting to cause harm. From Black's law dictionary :

"What is **OMISSION**?

Failure to complete a duty or task, usually as a result of apathy, complacency or neglect."

<https://thelawdictionary.org/omission/#:~:text=Failure%20to%20complete%20a%20duty,of%20apathy%2C%20complacency%20or%20neglect.>; and

The Rule of Law - Human Civil, Spiritual and other Rights and Liberties

We are each Sovereign Human Beings

WHEREAS, it is a fundamental principle of the Rule of Law that **human beings are born free and equal in dignity and rights. We are each and every one of us Sovereign human beings with inalienable, fundamental, natural Human Civil, Spiritual and other Rights and Liberties** which cannot be derogated from. (see below).; and

We are each Equal under the Rule of Law and No One is above the Law

WHEREAS, a core principle of the Rule of Law is equality i.e. **We are all equal in the eyes of God and are equal under God's laws. We are all equal under the Rule of Law and no one is above the law**, including the Crown - "Rex Debet Esse Sub Lege, Quia Lex Facit Regem" - "The king should be subject to the law for the law makes the king."

<https://www.duhaime.org/Legal-Dictionary/Term/RexDebetEsseSubLegeQuiaLexFacitRegem>; and

Non-derogable rights

WHEREAS, inalienable, fundamental, natural Human Civil, Spiritual and other Rights and Liberties are **enshrined in the Rule of Law and binding on the Crown and its Successors in perpetuity and cannot be derogated from - even in a public health emergency threatening the life of the nation or in warfare - other than in lawful acts of war** - (see the following **current law** including, but not limited to: the Charter of Liberties (1100), the Magna Carta (1297), the Confirmation of the Charters (1297), the Confirmation of the Charters and Statutes (1416), Confirmation of Liberties (1423), the Liberty of the Subject Act (1354), the Habeus Corpus Act (1679), the Bill of Rights/Act (1688), the Human Rights Act (1998), the Equality Act (2010), the Health & Safety at Work Act (1974) the Universal Declaration of Human Rights (1948), the European Convention on Human Rights (1950), the International Covenant on Civil and Political Rights (1966), and paragraph 58 of the Siracusa Principles, the International Covenant on Cultural, Social and Economic Rights (1966), the Oviedo Convention (1997), the International Covenant on Human Rights and Bioethics (2005), the Rome Statute of the International Criminal Court, the International Criminal Court Act (2001), the Offences Against the Person Act (1861), the war Conventions.

There are other limits placed on the claimed right to derogate from these fundamental inalienable natural human rights in various legal instruments (see below)).

<https://www.icj.org/wp-content/uploads/1984/07/Siracusa-principles-ICCPR-legal-submission-1985-eng.pdf>; and

The Charter of Liberties (1100) - Liberties granted by the Crown, binding the Crown and the Crown's Heirs "in perpetuity" i.e. for ever.

WHEREAS, the Charter of Liberties (1100) was issued by King Henry I on his ascension to the throne of England, at London on his Coronation. Henry I swore a Coronation Oath to We the People at his Coronation to uphold the law (including, therefore, the Charter of Liberties (1100)). The fact of its existence and the wording thereof of the Charter of Liberties (1100) was confirmed by King Edward I in paragraph 1 of the Great Charter of the Liberties of England, and of the Liberties of the Forest (1297) CHAPTER 9 25 Edw 1 cc 1 9 29.- (short title: Magna Carta (1297) which states that King Edward I had "seen the Great Charter of the Lord Henry sometimes King of England" of the "Liberties of England" as follows:

"EDWARD by the Grace of God King of England, Lord of Ireland, and Duke of Guyan, [to all Archbishops, Bishops, &c.] We have seen the Great Charter of the Lord Henry [1100] sometimes King of England, our Father, of the Liberties of England in these words:..."

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/paragraph/p1;>

WHEREAS, the wording of the Charter of Liberties (1100) is cited in paragraph 2 of the Magna Carta (1297), which enshrines the Charter of Liberties (1100) into Statute law and remains current. **The Charter enshrines the binding Covenant made by King Henry I (and his heirs and successors i.e. the Royal line - the Crown) to We the People to "give and grant" to "all Freemen of this our Realm" "these Liberties" to be "kept in our Kingdom of England" "for ever" i.e. in perpetuity.** The Covenant was made **"unto the honour of Almighty God" and "for the salvation of our souls" and "the souls of our Progenitors and Successors"** i.e. the Royal line. The wording of the Charter of Liberties (1100) is as follows:

"HENRY by the Grace of God King of England, Lord of Ireland,
Duke of Normandy and Guyan, and Earl of Anjou, to all Archbishops, Bishops,
Abbots, Priors, Earls, Barons, Sheriffs, Provosts, Officers, and to all Bailiffs, and
other **our faithful** **Subjects, which shall see this present Charter,**
Greeting:

Know Ye, that We, unto the honour of Almighty God, and for the
salvation of [our souls and] the souls of our Progenitors and Successors [Kings of
England,] to the advancement of Holy Church and amendment of our Realm, of
our meer and free will, have given and granted to all Archbishops,
Bishops, Abbots, Priors, Earls, Barons, and to all [Freemen] of
this our Realm, these Liberties following, to be kept in our Kingdom of England
for ever."

(emphasis added)

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/paragraph/p2;> and

WHEREAS, in the Charter of Liberties (1100), King Henry I **restores the law of King Edward**, subject to "amendments made to it by my father with the advice of his barons" and swears to **"take away all the bad customs by which the kingdom of England was unjustly oppressed"**, and **imposes a "strict peace" and commands that the strict peace be "maintained henceforth"**:

"Know that ... I, through fear of God and the love which I have toward you all"
and "because the kingdom had been oppressed by unjust exactions"

"..I take away all the bad customs by which the kingdom of England was
unjustly oppressed"

"12. I impose a strict peace upon my whole kingdom and command
that it be maintained henceforth."

13. **I restore to you the law of King Edward** with those
amendments introduced into it by my father with the advice of
his barons."; and

[https://archive.org/stream/pdfy-uS6dgJSBYfcMp3x_/The%20Charter%20Of%20Liberties%20Of%20King%20Henry%20I%20%281100%29_djvu.txt;](https://archive.org/stream/pdfy-uS6dgJSBYfcMp3x_/The%20Charter%20Of%20Liberties%20Of%20King%20Henry%20I%20%281100%29_djvu.txt) and

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/paragraph/p1>, and

The Carta Libertatum (1215) - (also known as the Magna Carta (1215))

WHEREAS, the “Carta Libertatum” (1215) or “The Charter of Liberties” (also known as “the Magna Carta (1215)”), was a Charter of Liberties made between King John I and the Barons of England on behalf of We the People, signed by King John I at Runnymede, England on 15th June 1215. The Carta Libertatum (1215) **set out the laws which the king and everyone else had to follow.** Chapter 29, reads:

“NO free man shall be taken or imprisoned, or be disseised of his Freehold, or Liberties, or free Customs, or be outlawed, or exiled, or any other wise destroyed;

nor will We not pass upon him, nor [condemn him,] but by lawful judgment of his Peers, or by the Law of the Land.

We will sell to no man, we will not deny or defer to any man either Justice or Right.”

(emphasis added)

(translated from the original Latin)

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009>; and

WHEREAS, the Carta Libertatum (1215) was annulled by the Pope shortly after it was signed but was reissued in (1216), (1217) by the King's regent and reissued in (1225) under the King's own Great Seal, thereby confirming the King's freely given consent to the Charter. The **Magna Carta (1297) was enshrined in Statute law - including chapter 29 from the Carta Libertatum (1215) and remains current Statute law.**; and

Habeus Corpus Act (1679)

WHEREAS, chapter 29 of the Magna Carta (1215) is enshrined further in current UK Statute law in the Habeus Corpus Act 1679 CHAPTER 2 31 Cha 2 **which** binds the crown to obeying the law and provided further security for the “Liberty of the Subject”, The introductory text states that it is:

“An Act for the better securing the Liberty of the Subject and for Prevention of Imprisonments beyond the Seas.”

<https://www.legislation.gov.uk/aep/Cha2/31/2/contents>; and

The Magna Carta (1217)

WHEREAS, in the speech of Justice Stephen Rares of the Australian Judiciary “**Why Magna Carta Still Matters**”, from the Judicial Conference of Australia Colloquium, Adelaide, 9 October 2015, Justice Rares states that the story of the Magna Carta is “beautifully told” by the former Lord Chief Justice of England and Wales, Lord Igor Judge and Anthony Arlidge QC in

their book published in 2014 - "Magna Carta Uncovered". (2014) Hart Publishing, Oxford and Portland. This source cites the fact that **three subsequent charters were issued following the Magna Carta of 1215** as follows:

"[5] *Pope Innocent III issued a papal bull, as King John always intended would happen, annulling Magna Carta less than 10 weeks after it had been granted on 15 June 1215.*

[6] *In essence, much, but not all of the 1215 Charter was used as the foundation for three subsequent charters issued in the nine years after King John's unlamented death from dysentery in October 1216."*

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009>; and

Magna Carta (1216)

WHEREAS, King John I's son, Henry III ascended to the throne as an infant on his father's death in October 1216. The Earl of Pembroke, William Marshal, was appointed regent pending Henry III's Coronation. Marshal and the Papal legate reissued an amended Magna Carta in November 1216.

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> - para [7] ; and

Magna Carta (1217) and the Charter of the Forests (1217)

WHEREAS, the regent and papal legate sealed two charters issued under the name of the infant king Henry III - the Magna Carta (1217) and the Charter of the Forests (1217). The historical significance of the 1217 charters is that, unlike those of the two previous years, these were issued without the king, or his regent, being under duress or threat. They, therefore, gave the King's promises and concessions freely

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> - para [9] and [10]; and

The Magna Carta (1225)

WHEREAS, upon becoming an adult in February 1225, King Henry III reissued the Magna Carta (1225) under his seal - the Great Seal of Henry III - binding himself and his heirs "in perpetuity". The authentication with the Great Seal of Henry III removed, once and for all, any suggestion that the Magna Carta's liberties were the product of coercion. **In exchange**, the People agreed to a "tax on moveables" to fund the King's campaign to defend his lands in Gascony, France. The **Magna Carta (1225) is a legally binding contract between the Crown and We the People, with financial consideration paid by We the People for the benefit of the Rights and Liberties granted under the contract. This legal position is confirmed in the Magna Carta (1297)** which is current statute law (see below).

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009>

[20151009](#) - paragraph [10]; and

<https://www.bl.uk/collection-items/magna-carta-1225>; and

WHEREAS, the UK Government states that the "**Magna Carta set out the laws which the king and everyone else had to follow**" and that "Copies of Magna Carta were sent out to be read out in each county of England so that everyone knew of its existence."

<https://www.parliament.uk/about/living-heritage/evolutionofparliament/originsofparliament/birthofparliament/overview/magnacarta/magnacartaclauses/>; and

WHEREAS, chapter 1 of "The Great Charter of the Liberties of England" - Magna Carta - (1225) provided that the King had:

"granted to all free-men of our kingdom ... for ever, all the liberties written out below ...".

This Covenant was incorporated into chapter 1 with the King's Covenant that the Church of England should be free and **"shall have all her whole Rights and Liberties inviolable."**

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> ; and

WHEREAS, under the Magna Carta (1225), all merchants, unless publicly prohibited beforehand, could safely and securely enter, leave and travel through England by land and water to buy and sell, without any unjust exactions, except in time of war- an early recognition of the importance of, relatively, free trade and movement.

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> ; and

WHEREAS, chapter 9 of the Magna Carta (1225) **granted, first, the City of London all its old liberties and customs and, secondly, gave the same to all of the cities, boroughs, towns and the Barons of the Five [or Cinque] Ports.** This is current law, as enshrined in current Statute law under section IX of the Magna Carta (1297) as follows:

"IX Liberties of London, &c.

THE City of London shall have all the old Liberties and Customs [which it hath been used to have]. Moreover We will and grant, that all other Cities, Boroughs, Towns, and the Barons of the Five Ports, and all other Ports, **shall have all their Liberties and free Customs.**"

(emphasis added)

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> -para [17]

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/section/IX>; and

WHEREAS, the concluding saving clause of the Magna Carta (1225) provided that:

“[A]nd if anything be procured by any person contrary to the premises, it shall be had of no force or effect”.

Thus, the King himself ensured, that by his own promise he would obey the law. **This clause also provides that no law or action taken to derogate from the provisions of the Magna Carta (1225) would be legal and would have no legal effect.**

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> - para [22] ; and

The Magna Carta (1297) - THE GREAT CHARTER OF THE LIBERTIES OF ENGLAND, AND OF THE LIBERTIES OF THE FOREST

The Magna Carta (1297) is a legally binding contract between the Crown and We the People, with financial consideration paid by We the People of a "fifteenth part of their moveables" for the legally enforceable benefit of the Rights and Liberties granted under the contract.

The Magna Carta (1297) was granted "for ever" ie in perpetuity, thereby binding the Crown and its Heirs and Successors for ever.

It remains current Statute law.

WHEREAS, after 1225, monarchs regularly confirmed the Magna Carta, and Edward I confirmed the Magna Carta again in 1297 in the Confirmation of the Charters (1297) - in exchange for another tax on moveables provided by the People, thereby creating a legally binding contract "for ever" i.e. in perpetuity. The Magna Carta (1297) CHAPTER 9 25 Edw 1 cc 1 9 29 was entered on to England's statute roll book, where it remains as current Statute law.

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/contents>
<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009> - para [22]
<https://www.bloomsbury.com/uk/search/?q=Magna%20Carta%20uncovered>; and

WHEREAS, King Edward I at Westminster confirmed and granted the Charter of Liberties i.e. the "free Liberties" and "free Custom" which "they have had in time passed" to "all Persons"- entitled "THE GREAT CHARTER OF THE LIBERTIES OF ENGLAND, AND OF THE LIBERTIES OF THE FOREST" on the twenty-eighth day of March in the twenty-eighth year of his Reign - the "Magna Carta (1297)". It is current UK Statute law.

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/contents>; and

WHEREAS, paragraphs 1 and 2 of the Magna Carta (1297) cite the Charter of Liberties (1100) inter alia:

"Know Ye, that We, unto the honour of Almighty God, and for the salvation of [our souls and] the souls of our Progenitors and Successors [Kings of England,] to the advancement of Holy Church and amendment of our Realm, of

our meer and free will, **have given and granted to all Archbishops, Bishops, Abbots, Priors, Earls, Barons, and to all [Freemen] of this our Realm, these Liberties following, to be kept in our Kingdom of England for ever.**"
(emphasis added)

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/paragraph/p1>,
<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/paragraph/p2>

; and

WHEREAS, section 1 of the Magna Carta (1297) states that King Edward I has "**granted and given**" to "**all the Freemen of our Realm**" thereby binding him and his heirs "**for ever**" i.e. in perpetuity these "**Liberties**" "for ever" - i.e. in perpetuity - as cited:

I Confirmation of Liberties.

FIRST, We have granted to God, and by this our present Charter have confirmed, for Us and our Heirs for ever, that the Church of England shall be free, and shall have all her whole Rights and Liberties inviolable.

We have granted also, and given to all the Freemen of our Realm, for Us and our Heirs *for ever*, these Liberties under-written, to have and to hold to them and their Heirs, of Us and our Heirs *for ever*.
(emphasis added)

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/section/I>; and

WHEREAS, section 29 of the Magna Carta (1297) states:

" XXIX Imprisonment, &c. contrary to Law. Administration of Justice.

NO Freeman shall be taken or imprisoned, or **be disseised of his** Freehold, or Liberties, or free Customs, or **be outlawed, or exiled,** or any other wise destroyed;

nor will We not pass upon him, nor [condemn him,] but by lawful judgment of his Peers, or by the Law of the Land. We will sell to no man, **we will not deny or defer to any man either Justice or Right.**"
(emphasis added)

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/section/XXIX>; and

General Saving provisions of the Magna Carta (1297) - no right for the Crown or any person to derogate from a Person's "free Liberties" and "free Customs" which are "holden within this Realm".

- any such derogation to be null and void and of no effect

WHEREAS, the following "General Saving" provisions and the "Observance of these Liberties" remain as current UK Statute law. King Edward I "**reserved to**" "all Persons" their

"free Liberties" and "free Customs" which the Crown had granted to be "holden within this our Realm". Edward I promised that he and his heirs will **"observe the same against all Persons, in like wise."** i.e. **all persons are equal under the law.** " In return, Edward I received consideration from the people a "Fifteenth Part of all their Moveables" thereby forming a legally binding contract. These provisions are found under the "wrapper" provisions of the Magna Carta (1297) inter alia:

"General Saving. Observance of these Liberties. Subsidy, in respect of this Charter and Charter of the Forest.

Reserving to all Archbishops, Bishops, Abbots, Priors, Templars, Hospitallers, Earls, Barons, and **all Persons**, as well Spiritual as Temporal, **all their [free Liberties] and free Customs, which they have had in time passed.**

And all these Customs and Liberties aforesaid, which We have granted to be holden within this our Realm, [as much as appertaineth to Us and our Heirs, **we shall observe; and] all Men of this our Realm, as well Spiritual as Temporal,** [as much as in them is, **shall observe the same against all Persons, in like wise.]**

And for this **our Gift and Grant of these Liberties, and of other contained in our Charter of Liberties of our Forest,** the Archbishops, Bishops, Abbots, Priors, Earls, Barons, Knights, Freeholders, and other **our Subjects,** have given unto Us the Fifteenth Part of all their Moveables.

And We have granted unto them on the other part, that neither We nor our Heirs shall procure or do any thing whereby the Liberties in this Charter contained shall be infringed or broken.

And if any thing be procured by any person contrary to the premises, it shall be had of no force nor effect."

.....

We, Ratifying and approving these Gifts and Grants aforesaid, confirm and make strong all the same for Us and our Heirs perpetually, and by the Tenor of these Presents do renew the same:

Willing and granting for Us and our Heirs, that [this Charter and] all and singular his Articles for ever shall be steadfastly, firmly, and inviolably observed;

[and if] any Article in the same Charter contained yet hitherto peradventure hath not been kept [**We will and by authority royal command from henceforth firmly they be observed].**

In Witness whereof **We have caused these our Letters Patents to be made.**

[Edward our son at Westminster, the twenty-eighth day of March in the twenty-eighth year of our Reign.]"
(emphasis added)

<https://www.legislation.gov.uk/aep/Edw1cc1929/25/9/section/wrapper1>; and

Confirmation of the Charters (1297)

WHEREAS, King Edward confirmed the Charter of Liberties in the Confirmation of the Charters Act (1297) CHAPTER 6 25 Edw 1 cc 1 6. It is current Statute law. Section 1 states:

"I Confirmation of the Charters. Publication thereof.

EDWARD, by the Grace of God, King of England, Lord of Ireland, and Duke of Guyan, To All those that these present Letters shall hear or see, Greeting. Know Ye that We, to the honour of God, and of Holy Church, and to the Profit of our Realm, **have granted for us and our Heirs, that the Charter of Liberties, . . . which were made by Common Assent of all the Realm**, in the time of King Henry our Father, **shall be kept in every point without breach.**

And We will that . . . our Justices, Sheriffs, Mayors, and other Ministers, which under Us have the Laws of our Land to guide, [shall allow the said Charters pleaded before them in Judgment in all their points;] that is to wit, the Great Charter as the Common Law, . . . "

<https://www.legislation.gov.uk/aep/Edw1cc16/25/6/section/I>; and

The Statute the Fifth (1351)

WHEREAS, the Statute of the Fifth was passed by King Edward III at London on 10th October 1351. Section IV of the Statute the Fifth (1351) is current UK Statute law. It states:

"IV None shall be taken upon Suggestion without lawful Presentment; nor disfranchised, but by Course of Law.

"Whereas it is contained in the Great Charter of the Franchises of England, [the Magna Carta (1297)] that **none shall be imprisoned nor put out of his Freehold, nor of his Franchises nor free Custom, unless it be by the Law of the Land;**

It is accorded assented, and stablished, That from henceforth none shall be taken by Petition or Suggestion made to our Lord the King, or to his Council, unless it be by Indictment or Presentment of good and lawful People of the same neighbourhood where such Deeds be done, in due Manner, or **by Process made by Writ original at the Common Law**; nor that none be out of his Franchises, nor of his Freeholds, unless he be duly brought into answer, and forejudged of the same by the Course of the Law;

and if any thing be done against the same, it shall be redressed and holden for none."

(emphasis added)

<https://www.legislation.gov.uk/aep/Edw3Stat5/25/4/section/IV>; and

WHEREAS, section VI of the Confirmation of the Charters Act (1297) is current Statute law and states:

"VI No Aids or Prises shall be taken but by Consent of the Realm.

MOREOVER **we have granted for Us and our Heirs as well to** Archbishops, Bishops, Abbots, Priors, and other Folk of Holy Church, as also to Earls, Barons, and to **all the Communalty of the Land**, that for no business from henceforth we shall take such manner of Aids, Tasks, nor Prises, **but by the common assent of the Realm, and for the common profit thereof**, saving the ancient Aids and Prises due and accustomed."

<https://www.legislation.gov.uk/aep/Edw1cc16/25/6/section/VI>; and

WHEREAS, section XI of the Confirmation of the Charters Act (1297) is current Statute law and states:

"XI And **Be it Remembered this same Charter, in the same Terms, word for word, was sealed in Flanders under the King's Great Seal**, that is to say, at Ghent the fifth day of November in the twenty-fifth year of the Reign of our aforesaid Lord the King, and sent into England."

<https://www.legislation.gov.uk/aep/Edw1cc16/25/6/section/wrapper1>; and

The Liberty of Subject Act (1354)

WHEREAS, the Liberty of Subject Act (1354) 28 Edw III c 3 was passed in the reign of King Edward III and is current Statute law. Section III provides that:

"III None shall be condemned without due Process of Law.

"no **Man** of what Estate or Condition that he be, **shall be put out of Land or Tenement, nor taken, nor imprisoned, nor disinherited, nor put to Death**, without being brought in Answer by due Process of the Law."
(emphasis added)

<https://www.legislation.gov.uk/aep/Edw3/28/3>

https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j-20151009#_ftn4- para [25] ; and

Confirmation of the Charters and Statutes (1416)

WHEREAS, Confirmation of the Charters and Statutes (1416) 1416 CHAPTER 1 4 Hen 5 Stat 2 confirms that the "Great Charter" and "all other Statutes and Ordinances made in his Time" and "in the Times of his noble Progenitors Kings of England" and "not repealed" **"shall be firmly held and kept in all Points"** - at section 1:

"I Charters and Statutes confirmed.

FIRST, That the Great Charter, . . . F1, and all other Statutes and Ordinances made in his Time, and in the Times of his noble

Progenitors Kings of England, and not repealed, shall be firmly holden and kept in all Points."

<https://www.legislation.gov.uk/aep/Hen5Stat2/4/1/section/I>

Confirmation of Liberties (1423)

WHEREAS, King Henry VI confirmed to "**all..the King's People**" and also "**all the Cities and Boroughs**" that they shall "**have and enjoy**" all their "**Liberties and Franchises**" "**well used**". The King also confirmed that these "Liberties and Franchises well used" "**shallnot be repealed, nor by the Common Law are repealable**". This Confirmation was enshrined in the Confirmation of Liberties Act (1423) CHAPTER 1 2 Hen 6 and is current Statute law. Section 1 of the Confirmation of Liberties Act (1423) states:

"I **Liberties confirmed.**

FIRST, That Holy Church, and all the Lords Spiritual and Temporal, and **all other the King's People, having Liberties and Franchises, and also all the Cities and Boroughs shall have and enjoy all their Liberties and Franchises well used, and not repealed, nor by the Common Law repealable.**"
(emphasis added)

<https://www.legislation.gov.uk/aep/Hen6/2/1/section/I>; and

"Rex Debet Esse Sub Lege, Quia Lex Facit Regem" - "The king should be subject to the law for the law makes the king."

<https://www.duhaime.org/Legal-Dictionary/Term/RexDebetEsseSubLegeQuiaLexFacitRegem>

WHEREAS, Sir Edward Coke, the then Lord Chief Justice, wrote in "Prohibitions del Roy", that in 1607, he had told King James I that:

"...His Majesty was not learned in the laws of his realm of England, and causes which concern the life, or inheritance, or goods, or fortunes of his subjects, are not to be decided by natural reason but by the artificial reason and judgment of law... and: that the law was the golden met-wand and measure to try the causes of the subjects; and which protected his Majesty in safety and peace:

with which the King was greatly offended, and said, that then he should be under the law, which was treason to affirm, as he said ; to which I said, that Bracton saith, **quod Rex non debet esse sub homine, sed sub Deo et lege.**"

Translation:

"The king is under no man, yet he is under God and the law, for the law makes the king."

<https://www.fedcourt.gov.au/digital-law-library/judges-speeches/justice-rares/rares-j->

[20151009#_ftn4-](#)

Bracton was an English Judge who died in 1258.

<https://www.jstor.org/stable/25721291>

; and

The Petition of Right [1627]

WHEREAS, the Petition of Right [1627] 1627 CHAPTER 1 3 Cha 1 concerns the "Rights and Liberties" of the individual. It is current Statute law. Section VIII contains We the People's Petition of our Rights and Liberties to the Crown seeking redress.

<https://www.legislation.gov.uk/aep/Cha1/3/1/section/VIII>; and

WHEREAS, the Bill of Rights [1688] is an Act of Parliament declaring the "**Rights and Liberties**" of the "Subject" as at that date. The Bill of Rights (1688) is an Act of Parliament and is current Statute law, despite being called a "Bill". The Bill of Rights (1688) recites previous Human Rights and Liberties confirmed and enshrined in Usages, Customs, Common law, Statutes and previous Charters of Liberties prior to 1688 (see above). The Bill of Rights 1688 states, inter alia:

"An Act **declaring the Rights and Liberties of the Subject** and Settling the Succession of the Crowne."

(17th Century English) (emphasis added).

WHEREAS, the introduction to the Bill of Rights [1688] confirms that "**the Subject**" has "**antient Rights and Liberties**" under the title "**The Subject's Rights**".

https://archive.org/stream/pdfy-uS6dgJSBYfcMp3x_/The%20Charter%20Of%20Liberties%20Of%20King%20Henry%20I%20%281100%29_djvu.txt

<https://www.legislation.gov.uk/aep/WillandMarSess2/1/2/introduction>; and

WHEREAS, the Bill of Rights 1688 sets out that "**Subjects' Liberties to be allowed**" and that "**Ministers hereafter to serve according to the same**".

https://archive.org/stream/pdfy-uS6dgJSBYfcMp3x_/The%20Charter%20Of%20Liberties%20Of%20King%20Henry%20I%20%281100%29_djvu.txt

<https://www.legislation.gov.uk/aep/WillandMarSess2/1/2/introduction>; ; and

WHEREAS, the Bill of Rights 1688 places limits on the powers of the Crown. Section I of the Bill of Rights requires that the **King and or Queen swears a Declaration according to the wording of 30 Car. II. [1678]** ie Charles II, 1678: (Stat. 2.) "An Act for the more effectual preserving the Kings Person and Government by disabling Papists from sitting in either House of Parlyament.' i.e. that the King and or Queen and or Ministers and others must swear under Oath that they are a Protestant and will Declare that they will uphold our Protestant religion as established by law. (see the Declaration sworn, made and signed by Queen Elizabeth II in

accordance with the wording enshrined in the Accession Declaration Act 1910 on 4th November 1952 (below).

- in Statutes of the Realm: Volume 5, 1628-80, ed. John Raithby (s.l, 1819), pp. 894-896. British History Online <http://www.british-history.ac.uk/statutes-realm/vol5/pp894-896> [accessed 8 November 2021].; and

WHEREAS, our monarchs must uphold the Rule of Law by swearing to do so in their **Coronation Oath** as set out in the Coronation Oath Act 1688 - still applicable law as it has not been repealed. See also the Coronation Oath of Queen Elizabeth II (1953) (below). The Kings and Queens of this Realm have sworn a "Solemn Oath" to We the People to maintain the **"Statutes, Laws and Customs"** of this Realm and all the People and inhabitants thereof in their **"Spiritual and Civil Rights and Properties"** - as confirmed in the Introduction of the Coronation Oath Act 1688 which states, inter alia:

"Whereas by the Law and Ancient Usage of this Realme the Kings and Queens thereof have taken a Solemn Oath upon the Evangelists at Their respective Coronations to maintaine the Statutes Laws and Customs of the said Realme and all the People and Inhabitants thereof in their Spirituall and Civill Rights and Properties."
(emphasis added)

<https://www.legislation.gov.uk/aep/WillandMar/1/6/introduction>; and

Coronation Oath to uphold our Rule of Law

WHEREAS, section III of the Coronation Oath Act 1688 stipulates that the King and or Queen of this Realm must swear a "Solemn Oath" to We the People to **"Govern the People of this Kingdome of England and the Dominions thereto belonging"** according to the **"Statutes in Parliament agreed on and the Laws and Customs of the same"**. The Coronation Oath also stipulates that the King and or Queen must **"Maintaine the Laws of God the true Profession of the Gospell and the Protestant Reformed Religion Established by Law"**. Section III of the Coronation Oath Act 1688 states as follows:

"III Form of Oath and Administration thereof.

"The Arch-Bishop or Bishop shall say,

Will You solemnly Promise and Sweare to Governe the People of this Kingdome of England and the Dominions thereto belonging according to the Statutes in Parlyament Agreed on and the Laws and Customs of the same?

The King and Queene shall say,

I solemnly Promise soe to doe.

Arch Bishop or Bishop,

Will You to Your power cause Law and Justice in Mercy to be Executed in all Your Judgements.

King and Queene,

I will.

Arch Bishop or Bishop.

Will You to the utmost of Your power Maintaine the Laws of God the true Profession of the Gospell and the Protestant Reformed Religion Established by Law?

And **will You Preserve unto the Bishops and Clergy of this Realme and to the Churches** committed to their Charge **all such Rights and Privileges as by Law** doe or shall appertaine unto them or any of them.

King and Queene.

All this I Promise to doe.

After this the King and Queene laying His and Her Hand upon the Holy Gospels, shall say,

King and Queene

The things which I have here before promised I will performe and Keepe Soe help me God.

Then the King and Queene shall kisse the Booke."

(emphasis added)

<https://www.legislation.gov.uk/aep/WillandMar/1/6/contents>
<https://www.legislation.gov.uk/aep/WillandMar/1/6/section/III>; and

WHEREAS, every King or Queen who claims the right to succeed to the Imperial Crown of this Realme must swear a "**Solemne Oath**" to **We the People** at their Coronation, as per section IV of the Coronation Oath Act 1688 which states:

"IV Oath to be administered to all future Kings and Queens.

And the said **Oath shall be in like manner Administered to every King or Queene who shall Succeede to the Imperiall Crowne of this Realme at their respective Coronations** by one of the Archbishops or Bishops of this Realme of England for the time being to be thereunto appointed by such King or Queene respectively and in the Presence of all Persons that shall be Attending Assisting or otherwise present at such their respective Coronations **Any Law Statute or Usage to the contrary notwithstanding."**

(emphasis added)

<https://www.legislation.gov.uk/aep/WillandMar/1/6/section/IV>; and

WHEREAS, the Act of Settlement (1700) CHAPTER 2 12 and 13 Will 3 placed further limits on the Crown and further enshrined the "**Rights and Liberties of the Subject**". The introductory text states that it is:

"An Act for the further Limitation of the Crown and better securing the **Rights and Liberties of the Subject**".
(emphasis added)

The Act of Settlement (1700) is still current law and has not been repealed.

WHEREAS, the Act of Settlement (1700) states, inter alia:

".And Your Majesties said Subjects having Daily Experience of Your **Royall Care and Concern** for the present and future **Welfare of these Kingdoms** and particularly recommending from Your Throne a further **Provision** to be made for the Succession of the Crown **in the Protestant Line** for the **Happiness of the Nation** and the **Security of our Religion** And

it being absolutely necessary for the **Safety Peace and Quiet of this Realm** to obviate all Doubts and Contentions in the same by reason of **any pretended Titles** to the Crown and to **maintain a Certainty in the Succession thereof to which Your Subjects may safely have Recourse for their Protection** in case the Limitations in the said recited Act should determine...."

(emphasis added) (see also s61 Magna Carter)

<https://www.legislation.gov.uk/aep/Will3/12-13/2/contents>; and

WHEREAS, the Act of Declaration 1910 states that it is an "Act to alter the form of the Declaration required to be made by the Sovereign on Accession."
[3rd August 1910]. Section 1 states:

"1 Alteration of form of accession declaration.

The declaration to be made, subscribed, and audibly repeated by the Sovereign under section one of the Bill of Rights and section two of the Act of Settlement shall be that set out in the Schedule to this Act instead of that referred to in the said sections."

<https://www.legislation.gov.uk/ukpga/Edw7and1Geo5/10/29?wrap=true>; and

WHEREAS, the Act of Declaration 1910 states that the Declaration to be made, subscribed, and audibly repeated by the Sovereign under section one of the Bill of Rights 1688 and section two of the Act of Settlement shall be that set out in the Schedule to the Act of Declaration 1910.

"I [here insert the name of the Sovereign] do solemnly and sincerely in the presence of God profess, testify, and declare that I am a faithful **Protestant**, and that **I will, according to the true intent of the enactments which secure the Protestant succession to the Throne of my Realm, uphold and maintain the said enactments to the best of**

my powers according to law."

(emphasis added)

<https://www.legislation.gov.uk/ukpga/Edw7and1Geo5/10/29?wrap=true> ; and

WHEREAS, Elizabeth II attended her first State Opening of Parliament on Tuesday 4 November 1952 where she read, made and signed the **Accession Declaration** in accordance with section one of the Bill of Rights 1688 and section two of the Act of Settlement the presence of the two Houses of Parliament, declaring as follows:

"I, Elizabeth, do solemnly and sincerely in the presence of God profess, testify and declare that I am a faithful Protestant and I will, according to the true intent of the enactments which secure the Protestant succession to the Throne, uphold and maintain the said enactments to the best of my powers according to law."

https://www.parliament.uk/contentassets/0e72bc2437124245b718929e0dba9cbf/filename_u2_zkcbhq8mdebxb0b5et.jpg; and

WHEREAS, the living Monarch of this Realm - Queen Elizabeth II - swore a "Solemn Oath" under the Coronation Oath Act 1688 to We the People on 2nd June 1953 on the occasion of her Coronation to the Imperial Crown - as confirmed on the Royal website as follows:

"In the Coronation ceremony of 2 June 1953, one of the highlights was when The Queen made her Coronation Oath (taken from the Order of Service for the Coronation).

The Queen having returned to her Chair, (her Majesty having already on Tuesday, the 4th day of November, 1952, in the presence of the two Houses of Parliament, made and signed the Declaration prescribed by Act of Parliament), the Archbishop standing before her shall administer the Coronation Oath, first asking the Queen,

Madam, is your Majesty willing to take the Oath?

And the Queen answering,

I am willing.

The Archbishop shall minister these questions; and The Queen, having a book in her hands, shall answer each question severally as follows:

Archbishop. **Will you solemnly promise and swear to govern the Peoples of the United Kingdom of Great Britain and Northern Ireland, Canada, Australia, New Zealand, the Union of South Africa, Pakistan, and Ceylon, and of your Possessions and the other Territories to any of them belonging or pertaining, according to their respective laws and customs?**

Queen. **I solemnly promise so to do.**

Archbishop. **Will you to your power cause Law and Justice, in Mercy, to be**

executed in all your judgements?

Queen. I will.

Archbishop. Will you to the utmost of your power maintain the Laws of God and the true profession of the Gospel? Will you to the utmost of your power maintain in the United Kingdom the Protestant Reformed Religion established by law? Will you maintain and preserve inviolably the settlement of the Church of England, and the doctrine, worship, discipline, and government thereof, as by law established in England? And will you preserve unto the Bishops and Clergy of England, and to the Churches there committed to their charge, all such rights and privileges, as by law do or shall appertain to them or any of them?

Queen. All this I promise to do.

Then the Queen arising out of her Chair, supported as before, the Sword of State being carried before her, shall go to the Altar, and make her solemn Oath in the sight of all the people to observe the premisses: laying her right hand upon the Holy Gospel in the great Bible (which was before carried in the procession and is now brought from the Altar by the Archbishop, and tendered to her as she kneels upon the steps), and saying these words:

The things which I have here before promised, I will perform and keep. So help me God.

Then the Queen shall kiss the Book and sign the Oath.

The Queen having thus taken her Oath shall return again to her Chair, and the Bible shall be delivered to the Dean of Westminster."

<https://www.royal.uk/coronation-oath-2-june-1953>; and

The Universal Declaration of Human Rights [1948]

WHEREAS, on 10 December 1948, after the horrors of two world wars and tyrannical regimes that had blighted human freedom, the General Assembly of the United Nations adopted the Universal Declaration of Human Rights. That was that body's first step in the formulation of an international bill of human rights. The Declaration included provisions that reflected what had been promised over 700 years earlier in Magna Carta, such as the **rights not to be subjected to cruel, inhuman or degrading treatment or punishment, arbitrary arrest, detention or deprivation of one's property, the rights to equal recognition before, and protection of, the law, and a fair and public hearing by an impartial tribunal in civil and criminal matters, and freedom of movement**. International Law confirms that the individual has inalienable, fundamental human rights, as they are **born free and equal in dignity and rights** - as enshrined in Article 1 of the Universal Declaration on Human Rights [1948] which confirms this:

"All humans are born free and equal in dignity and rights.

They are endowed with reason and conscience and should act towards each other

in the spirit of brotherhood."

https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf; and

WHEREAS, every individual is entitled to the rights and freedoms set out in the International Declaration - without distinction of any kind. Article 2 of the Universal Declaration on Human Rights confirms this:

"Everyone is entitled to all the rights and freedoms set out in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."(emphasis added)

https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf; and

The Right not to be discriminated against - the absolute Prohibition of discrimination

WHEREAS, it is a fundamental principle of law that equality before the law includes the **prohibition of discrimination** i.e. any discrimination is prohibited, for example, in access to education, to work, to medical care and so on, as well as in means and entitlements for achieving this access. **The legal and lawful principles of non-discrimination and equality requires you, every individual, the school and every organisation, including the Government, to address discrimination in guidance, policies, and practices.** Discrimination is prohibited on the basis of race, colour, sex, language, religion, political or other opinion (including opinions on medical or pharmaceutical or non-pharmaceutical interventions), national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS or vaccinated/unvaccinated or masked/unmasked or tested/untested), sexual orientation and civil, political, social or other status, which has the intention or effect of impairing the equal enjoyment or exercise of human rights - including the right to education, the right to life, the right to health and other rights. Article 7 of the Universal Declaration of Human Rights confirms this, as it declares:

"All are equal before the law and are entitled without discrimination to equal protection of the law.

All are entitled to **equal protection against any discrimination** in violation of this Declaration and **against any incitement** to such discrimination." (emphasis added)

https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf; and

WHEREAS, article 7 of the Universal Declaration of Human Rights [1948] is enshrined in Article 26 of the International Covenant on Civil and Political Rights (1996) which declares

"All persons are equal before the law and entitled without any discrimination to the equal protection of the law.

In this respect, the law shall **prohibit any discrimination** and **guarantee to all persons equal and effective protection against discrimination** on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status." (emphasis added)

<https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx#:~:text=Article%2026>
HYPERLINK "https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx"&
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"https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx" text=In%20this%20respect%
2C%20the%20law,property%2C%20birth%20or%20other%20status. ; and

The Convention for the Protection of Human Rights and Fundamental Freedoms - the European Convention on Human Rights [1950]

WHEREAS, the European Convention on Human Rights (the "ECHR") agreed by the Council of Europe at Rome on 4th November 1950 (see below) enshrines the Universal Declaration on Human Rights into European law; and

Human Rights Act 1998

WHEREAS, the ECHR is enshrined in Statute law Human Rights Act 1998 CHAPTER 42. The introduction to the Act states that it is "**An Act to give further effect to rights and freedoms guaranteed under the European Convention on Human Rights**" - the "Convention". The "Convention" is defined under section 21 of the Human Rights Act as the Convention for the Protection of Human Rights and Fundamental Freedoms, agreed by the Council of Europe at Rome on 4th November 1950 as it has effect for the time being in relation to the United Kingdom

<https://www.legislation.gov.uk/ukpga/1998/42/section/21>;

WHEREAS, section 22 (5) of the Human Rights Act, states that the Crown is bound by the Act:

"22 (5) **This Act binds the Crown.**"

(emphasis added)

<https://www.legislation.gov.uk/ukpga/1998/42/section/22>; and

WHEREAS, under section 6 of the Human Rights Act 1998, **public authorities must not act in contravention of the Rights set out in the ECHR**. Section 6 states, inter alia:

"6 Acts of public authorities.

(1) It is unlawful for a public authority to act in a way which is incompatible with a Convention right."

A "public authority" is defined in section 6 (3) as "public authority" includes—

"6 (b) any person certain of whose functions are functions of a public nature."

Under section 6 (6) "an act" includes "a failure to act" to prevent Convention rights being derogated from.

<https://www.legislation.gov.uk/ukpga/1998/42/section/6>; and

WHEREAS, Section 3 of the Human Rights Act 1998 requires that primary and subordinate legislation must be interpreted in a way which is compatible with the Rights set out in the ECHR:

"3 Interpretation of legislation.

(1) So far as it is possible to do so, primary legislation and subordinate legislation must be read and given effect in a way which is compatible with the Convention rights."

You are therefore required to interpret the current legislation in a way which is compatible with the human rights as set out in the European Convention on Human Rights.

<https://www.legislation.gov.uk/ukpga/1998/42/introduction>; and

WHEREAS, under section 7 of the Human Rights Act 1998, a victim of an unlawful act under section 6 (1) can bring proceedings against the authority, or rely on the ECHR Rights:

"7 Proceedings.

(1) A person who claims that a public authority has acted (or proposes to act) in a way which is made unlawful by section 6(1) may—

- (a) bring proceedings against the authority under this Act in the appropriate court or tribunal, or
- (b) rely on the Convention right or rights concerned in any legal proceedings, but only if he is (or would be) a victim of the unlawful act.

(7) For the purposes of this section, a person is a victim of an unlawful act only if he would be a victim for the purposes of Article 34 of the Convention if proceedings were brought in the European Court of Human Rights in respect of that act."

<https://www.legislation.gov.uk/ukpga/1998/42/section/7>; and

WHEREAS, section 8 of the Human Rights Act 1998 states:

"8 Judicial remedies.

(1) In relation to any act (or proposed act) of a public authority which the court finds is (or would be) unlawful, it may grant such relief or remedy, or make such order, within its powers as it considers just and appropriate."

<https://www.legislation.gov.uk/ukpga/1998/42/section/8>; and

Safeguard for existing human rights

WHEREAS, section 11 of the Human Rights Act 1998 provides a further safeguard for existing human rights conferred on him "by or under any law having effect in any part of the United Kingdom" as follows:

"11 Safeguard for existing human rights.

A person's reliance on a Convention right does not restrict—

- (a) **any other right or freedom conferred on him by or under any law having effect in any part of the United Kingdom; or**
- (b) his right to make any claim or bring any proceedings which he could make or bring apart from sections 7 to 9."
(emphasis added)

<https://www.legislation.gov.uk/ukpga/1998/42/section/11>; and

Duty of Care - "loco parentis"

WHEREAS, the common law **duty of care**, is of course, for you, the teachers and the School and others to look after the health and safety of its children as if it were the parent "**loco parentis**".

<https://legal-dictionary.thefreedictionary.com/in+loco+parentis>; and

Duty to ascertain whether the Non-Pharmaceutical Interventions and Pharmaceutical Interventions are safe and do not cause more harm than good

WHEREAS, you have a **duty of care**, as well as a **lawful, moral and ethical duty in your public and private capacity and in your current position and as a source of authority** to ascertain whether the Non-Pharmaceutical Interventions ("NPIs") - such as social distancing, isolation, quarantining and "locking down" of living men women and children - , and the Pharmaceutical Interventions ("PIs") - such as the use of face masks, COVID-19 testing, hand sanitising and the use of the so-called "COVID-19 vaccines" - that you are employing to manage the spread of the SARS-CoV-2 virus on your school premises **are causing more harm than good to the individuals** concerned - (see also Health & Safety laws cited below); and

WHEREAS, you have a legal **duty of care** to understand the experimental nature of the NPIs and the PIs including the experimental use of face masks , the experimental COVID-19 tests, and the experimental novel emergency use temporary licensed so-called COVID-19 vaccines for children and others in your school. You have a legal **duty of care** to acknowledge the lack of long-term safety data and/or fertility data and/or health risks including disability and death associated with these medical interventions. ; and

Duty to inform the individual of the experimental nature and of the material risks of the NPIs and PIs being used

WHEREAS, furthermore, **you have a duty of care to inform** each living man and woman and child **of the experimental nature of these NPIs and PIs and of the material risks** attributed to these measures; and

Duty to ensure measures are Necessary, Proportionate, Rational, Safe, the least restrictive measures, the least dangerous measures, and based on sound scientific evidence and on the Rule of Law, including, inter alia, Health & Safety Laws

***Take note that "safe" is defined by Black's Law Dictionary as *"the amount of exposure that will cause no harm or no damage after exposure."*

<https://thelawdictionary.org/safe/>; and ;

WHEREAS, actors, such as you, who are acting in your capacity, and who are authorising and/or administering experimental so called COVID-19 vaccines, the experimental use of face masks, the experimental use of testing and the experimental use of social distancing, quarantining and locking down of healthy individuals are exposing men, women and children, populations and patients to serious, unnecessary and avoidable risks. The available evidence and science indicate that the experimental so-called COVID-19 vaccines and other experimental measures listed **are not necessary, are not proportionate, are not rational, are not based on sound scientific evidence, are not the least restrictive measures and are not safe. As such, these NPIs and PIs do not meet the standard required of "safe" measures.** (see below for Health & Safety laws relating to the legal statutory duty to ensure that such measures are safe).

Duty to ensure measures are Justifiable

WHEREAS, requiring COVID-19 vaccines and other experimental measures listed cannot be justified in almost every workplace or school in the UK. While there are numerous reasons for this, the main ones are, inter alia:

- (a) the **legal, lawful, moral and ethical requirement for freely given and informed consent for medical procedures**; and
- (b) denying an unvaccinated person the ability to work or go to school/college/university on health and safety grounds, whether at the initiation of an employer, school or part of a public health order amounts to **prima facie breach of the human rights laws** such as an individual's right not to be discriminated against, as well as a prima facie breach of an individual's right to work or to gain an education; and
- (c) **the requirements to comply with the disability discrimination laws**, both domestic, European and International as many individuals with disabilities cannot comply with these NPIs and PIs without exacerbating their pre-existing disability. ; and

UK Health & Safety at Work legislation

WHEREAS, you and other teachers and health and social care professionals and others, **have a duty and a responsibility to keep yourselves informed of professional standards relevant**

to obtaining an individual's informed consent in their practice. Likewise, the employer or service provider has a responsibility to staff to provide access to legal information which may have a bearing on the service provided - National Consent Policy, Health & Safety Executive ("the HSE"), <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf>; and

The legal duty to conduct a "Suitable and Sufficient" Individual Risk Assessment - reg. 3 of the Health & Safety at Work Management Regulations 1999

WHEREAS, you have a **legal statutory duty** under the Health & Safety at Work Act 1974 and the Health & Safety at Work Management Regulations 1999 to conduct a **"suitable and sufficient" Health & Safety at Work Risk Assessment** on the individual living man woman or child to determine whether there is a risk of harm to their health and safety from the NPIs and the PIs that you are employing in your school and whether the risk of harm outweighs the benefit to them as an individual i.e. an Individual Health & Safety Risk Assessment. Regulation 3 of The Management of Health & Safety at Work Regulations 1999 states:

"Risk assessment

3.—(1) **Every employer shall make a suitable and sufficient assessment of—**

- (a) **the risks to the health and safety of his employees** to which they are exposed whilst they are at work; and
- (b) **the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking**, for the purpose of identifying the measures he needs to take **to comply with the requirements and prohibitions imposed upon him** by or under the relevant statutory provisions..
- (5) In making or reviewing the assessment, an employer who employs or is to employ a young person shall take particular account of—
 - (a) **the inexperience, lack of awareness of risks and immaturity of young persons;**" (emphasis added)

<https://www.legislation.gov.uk/ukSI/1999/3242/regulation/3/made>; and

WHEREAS, section 4 of the Health & Safety at Work Management Regulations 1999 entitled **"Principles of prevention to be applied"** states that:

"4. Where an employer implements any preventive and protective measures **he shall do so on the basis of the principles specified in Schedule 1 to these Regulations.**" (emphasis added); and

Statutory Duty to Avoid Risks, Evaluate the Risks, Combat Risks at source, Replace the dangerous by the non-dangerous or the less dangerous

WHEREAS, Schedule 1 of The Management of Health & Safety at Work Regulations 1999

sets out the "General Principles of Prevention" as follows:

"SCHEDULE 1
GENERAL PRINCIPLES OF PREVENTION

(This Schedule specifies the general principles of prevention set out in Article 6(2) of Council Directive 89/391/EEC)(1)

- (a) **avoiding risks;**
- (b) **evaluating the risks** which cannot be avoided;
- (c) combating the **risks at source;**
- (f) **replacing the dangerous by the non-dangerous or the less dangerous;"**

<https://www.legislation.gov.uk/ukxi/1999/3242/schedule/1/made>; and

Statutory duty to keep the health of your employees under surveillance

WHEREAS, you have a **statutory legal duty to keep the health of your employees under surveillance "as is appropriate having regard to the risks to their health and safety"** which is identified by the Health & Safety at Work Individual Risk Assessment conducted under regulation 3 of the Health & Safety at Work Management Regulations 1999, according to regulation 6 which states:

"Health surveillance

6. **Every employer shall ensure** that his employees are provided with such **health surveillance as is appropriate having regard to the risks to their health and safety** which are identified by the assessment." (emphasis added)

<https://www.legislation.gov.uk/ukxi/1999/3242/regulation/6/made>; and

Statutory legal duty to offer particular protection to young persons

WHEREAS, you have a **statutory legal duty to offer particular protection to young persons** under regulation 19 of the Health & Safety at Work Management Regulations 1999 which states:

"Protection of young persons

- 19.—(1) **Every employer shall ensure** that young persons employed by him are protected at work from any risks to their health or safety which are a consequence of their **lack of experience, or absence of awareness of existing or potential risks or the fact that young persons have not yet fully matured."**

<https://www.legislation.gov.uk/ukxi/1999/3242/regulation/19/made>; and

Statutory duty to immediately "CEASE and DESIST" from employing harmful measures

WHEREAS, should the Health & Safety at Work individual Risk Assessment conducted in accordance with the Health & Safety at work laws provide evidence that these NPI's and PI's are causing harm and or the risks outweigh the potential benefits, you have a **legal statutory duty** to communicate and take actions to stop the administration of these NPIs and PIs **immediately - i.e. to "CEASE AND DESIST"**; and

Lawful, legal, moral, ethical and Statutory duty to obtain Informed Consent, freely given, from the individual PRIOR to the administration of NPIs and PIs

WHEREAS, you have a legal, lawful, moral, ethical and statutory duty to obtain the **Informed Consent - freely given - of the individual living man woman or child *prior*** to the administration and or policy and or mandate of the NPIs and PIs that you are employing in your school- including the experimental face masks, tests, hand sanitisers and the so-called COVID-19 vaccines - to living men, women and children. ; and

Failure to obtain Informed Consent - freely given - is a prima facie breach of civil and criminal laws

WHEREAS, administering, mandating or requiring or facilitating, promoting, encouraging a living man woman or child **who is not individually risk assessed and who is not fully informed of the risks and safety hazards** of wearing face masks, taking a test, using hand sanitisers or taking experimental so-called COVID-19 vaccines and or who is not provided with the opportunity to provide their fully informed consent freely given **is unlawful, illegal, immoral and unethical and a breach of their inalienable freedoms and their inalienable rights as well as a prima facie criminal breach of the Health & Safety at Work laws and criminal law.** ; and

Criminal liability for breach of Health & Safety laws

WHEREAS, you are **accountable and liable as an employer in any criminal proceedings for a contravention of the Health & Safety provisions** - see under regulation 21 of the Health & Safety at Work Management Regulations 1999 which states:

"Provisions as to liability

21. Nothing in the relevant statutory provisions shall operate so as to afford an employer **a defence in any criminal proceedings** for a contravention of those provisions by reason of any act or default of—
- (a) an employee of his, or
 - (b) a person appointed by him under regulation 7."

<https://www.legislation.gov.uk/ukxi/1999/3242/regulation/21/made>; and

The law governing clinical trials involving "live human subjects" i.e. "live human experiments"

WHEREAS, the use of face masks, testing equipment, and the so-called COVID-19 vaccines for children are entirely experimental and amount to a "live human experiment" on "live human

subjects." The so-called COVID-19 vaccines are still in clinical trial stage until 2023 and is a "live human experiment" as is using the RT-PCR test and the wearing of face masks by children in school to combat the SARS-CoV-2 virus. As such, **conducting such a live human experiment using children as the live human subjects in these clinical trials, constitutes a prima facie breach** of International, European and UK civil and criminal laws and codes of medical ethics - **unless lawful, legal, moral and ethical informed consent - freely given - is provided by the individual child who has the competence and the capacity to provide their consent to be experimented upon**, having been informed of all the **material risks** of the experiment, including the material risk of **DEATH, SERIOUS INJURY, INJURY, HARM, INCONVENIENCE and the LONG TERM CONSEQUENCES to their health, fertility, immune system, heart, nervous system and major organs and to their well being**.; and

WHEREAS, you have a **duty of care and a legal statutory duty**, and a **moral and ethical duty to avoid all harm, loss, injury, suffering and death and all adverse events** associated with these NPIs and PIs.; and

The legal, lawful, ethical and moral requirement for Informed Consent - freely given - by the individual to medical treatment or procedures or live human experiments

WHEREAS, other than in exceptional circumstances, conducting a live human experiment on a living man, woman or child or conducting medical procedures or treatment on an individual living man, woman or child without obtaining their **informed consent - freely given** - to taking part in the live human experiment or to receiving medical treatment or procedures is a violation of their fundamental, inalienable lawful, legal and constitutional rights. Voluntary consent for any medical treatment is a fundamental part of the laws of the UK and international laws. **It is legally, lawfully, ethically, and morally wrong to coerce, threaten, intimidate, sanction, fine, punish, guilt-trip, shame, pressurise, or use any other form of means to obtain consent from a living man, woman or child to participate in a clinical trial or to receive medical treatment and or medical procedures** - see below; and

WHEREAS, the **duty to obtain an individual's informed consent freely given** to taking part in a live human experiment and or medical treatment or medical procedure is a **lawful, legal, moral and ethical duty, necessity and requirement** because individual living men, women and children have a **fundamental inalienable human right to bodily integrity**, that being autonomy and self - determination over their own body without unconsented physical or mental intrusion - "**Voluntas Aegroti Suprema Lex**" - "**Over his or her own mind and body, the individual is Sovereign**"- (John Stuart Mill, On Liberty, 1859).

- <https://thegreatthinkers.org/mill/major-works/liberty-2/>; and

WHEREAS, "**Over his or her own mind or body the individual is sovereign**" - Voluntas Aegroti Suprema Lex- is a **fundamental principle of law that binds you**. An individual has sovereignty over their own mind and body i.e. they have the right to bodily integrity. This fundamental right cannot be limited or derogated from, other than in accordance with the law. **Salus populi suprema lex esto** (Latin: "**The health (welfare, good, salvation, felicity) of the people should be the supreme law**", "**Let the good (or safety) of the people be the supreme (or highest) law**", or "**The welfare of the people shall be the supreme law**") is a maxim or principle found in Cicero's De Legibus (book III, part III, sub. VIII). - <http://www.thelatinlibrary.com/cicero/leg3.shtml>. Cicero (3 January 106 - 7 December 43 BC) was a Roman statesman, lawyer, scholar, philosopher. This evidences that this principle of law has been enshrined in our common law system and in our codes of medical ethics since at least

pre-ancient and Roman times; and

WHEREAS, this right to bodily integrity includes the individual's **right to life**, and **the right not to be tortured or given inhumane, cruel or degrading treatment or punishment**, which includes **the right not to be experimented upon or to be given medical or other treatment without providing their informed consent - freely given**, (see below) and **the right not to have their psychiatric integrity breached** through psychological techniques or methods such as psychological warfare (see below), **the right to self determination** and **the right to privacy** (see below) ; and

The Right to Life, Liberty and Security of Person

WHEREAS, the Universal Declaration of Human Rights [1948] confirms the "right to life, liberty and security of person" in Article 3 which states:

"Everyone has the **right to life, liberty and security of person**". (emphasis added)

https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf;

The inherent Right to Life

WHEREAS, Article 6 of the International Covenant on Civil and Political Rights (1966) also enshrines the "right to life" as follows:

"1. **Every human being has the inherent right to life.**
This right shall be protected by law.
No one shall be arbitrarily deprived of his life.

3. When **deprivation of life constitutes the crime of genocide**, it is understood that nothing in this article shall authorise any State Party to the present Covenant to derogate in any way from any obligation assumed under the provisions of this Convention and on the Prevention and Punishment of the Crime of Genocide." (emphasis added) of

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>

<https://www.un.org/en/genocideprevention/genocide-convention.shtml#:~:text=The%20Convention%20on%20the%20Prevention%20and%20Punishment%20of,for%20the%20first%20time%20the%20crime%20of%20genocide.;> and

The Right to Life shall be protected by law.

WHEREAS, Article 3 of the Universal Declaration of Human Rights [1948] is enshrined in Article 2 of the European Convention on Human Rights which confirms the "right to life" as follows:

"Everyone's **right to life shall be protected by law.**

No one shall be deprived of his life intentionally save in the execution of a

sentence of court following his conviction for a crime for which this penalty is provided by law." (emphasis added)

https://www.echr.coe.int/Documents/Convention_ENG.pdf
https://echr.coe.int/Documents/Guide_Art_2_ENG.pdf

; and

The Right not to be subject to Torture, or to Cruel, Inhumane or Degrading treatment or punishment

WHEREAS, the inherent, inalienable, fundamental, "right to life" includes the "right not to be subject to torture or to cruel, inhumane or degrading treatment or punishment". This is enshrined in Article 5 of the Universal Declaration of Human Rights [1948] which states:

"No one shall be subject to torture or to cruel, inhumane or degrading treatment or punishment." (emphasis added)

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>; and

WHEREAS, Article 5 of the Universal Declaration of Human Rights [1948] is enshrined in Article 3 of the European Convention on Human Rights which states:

"No one shall be subjected to torture or to inhumane or degrading treatment". (emphasis added)

https://www.echr.coe.int/Documents/Convention_ENG.pdf

The Right not to be subjected - without his or her free consent - to medical or scientific experimentation

WHEREAS, Article 5 of the Universal Declaration of Human Rights [1948] is enshrined in Article 7 of the International Covenant on Civil and Political Rights (1966), which states:

"No one shall be subjected to torture or to cruel, inhumane or degrading treatment or punishment.

In particular, **no one shall be subjected without his free consent to medical or scientific experimentation.**" (emphasis added)

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>; and

Non - Derogable Rights

WHEREAS, paragraph 58 of the Siracusa Principles under the heading of "Non-Derogable Rights" provides that the rights set out in the International Convention on Civil and Political Rights cannot be derogated from - even "in time of emergency threatening the life of the nation.":

"No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to life; freedom from torture, cruel, inhumane or degrading treatment or punishment, and from medical or

scientific experimentation without free consent.....the right to recognition everywhere before the law; and freedom of thought, conscience and religion.

These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation." (emphasis added)

<https://www.icj.org/wp-content/uploads/1984/07/Siracusa-principles-ICCPR-legal-submission-1985-eng.pdf>; and

Informed Consent - the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine

WHEREAS, Article 7 of the International Covenant on Civil and Political Rights (1966) is enshrined in Article 5 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No 164) (1997), Oviedo, Spain (the "Oviedo Convention"). **The Oviedo Convention is a legally binding international legal instrument on the protection of human rights in the medical field.** It sets out fundamental principles applicable to daily medical practice and is regarded as such in the European Treaty on patient's rights. Chapter II - Consent, Article 5 - General Rule states:

"Chapter II – Consent
Article 5 – General rule

An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it.

This person shall beforehand **be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks.**

The person concerned may **freely withdraw consent at any time."**
(emphasis added)

<https://rm.coe.int/168007cf98>; and

THE RIGHT to accept or refuse medical treatment and or medical procedures

WHEREAS, the right to bodily integrity includes the **long-established common law right** of the individual to choose to accept or refuse medical treatment or interventions, as confirmed in the case of Re T (Adult - Refusal of Treatment) (1993) Fam 95 at 107, Lord Donaldson stated:

*"An adult patient who...suffers from no mental incapacity has an **absolute right to choose whether to consent to medical treatment, to refuse it or to choose one rather than another of the treatments being offered.** This right of choice is not limited to decisions which others might regard as sensible. It exists notwithstanding that the reasons for making the choice are rational, irrational, known, unknown or even non-existent.*

*This position reflects the value that society places on **personal autonomy** in matters of medical treatment and the very long established right of the patient to choose*

to accept or refuse medical treatment from his or her own doctor (*voluntas aegroti suprema lex- Over his or her own body and mind, the individual is sovereign*) (John Stuart Mill, *On Liberty*, 1859).";

<https://www.globalhealthrights.org/wp-content/uploads/2013/03/EWCA-1992-In-re-T-adult-refusal-of-medical-treatment.pdf>; and

The law of Negligence applies with respect to a breach of the Right to bodily integrity - Informed consent - freely given - must be obtained prior to medical procedures and or medical treatments and or participation in a live human experiment

WHEREAS, the law of negligence is engaged when a person's physical and psychiatric integrity is breached. In UK case law, in the judgement in the Supreme Court decision in the case of Montgomery v Lanarkshire Health Board [2015] UKSC 11 Lady Hale stated inter alia:

"It is now well recognised that the interest which the law of negligence protects is a person's interest in their own physical and psychiatric integrity, an important feature of which is their autonomy, their freedom to decide what shall and shall not be done with their body.

An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken."

"..it could now be stated with a reasonable degree of confidence that the need for informed consent was firmly part of English law." -

<https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf>

<https://www.supremecourt.uk/cases/uksc-2013-0136.html>; and

The legal Duty to obtain Informed Consent by BEFORE treatment with bodily integrity is undertaken

WHEREAS, in the Supreme Court judgment in the UK case of Montgomery v Lanarkshire Health Board [2015] UKSC 11 (the "Montgomery case") was cited in the UK High Court (Queen's Bench) case of Thefaut v Johnston 2017] EWHC 497 (QB) in the Judgment of the court at paras [52] and [53] entitled "Informed consent", which states, inter alia:

"52. In Montgomery v Lanarkshire Health Board [2015] UKSC 11 ("Montgomery") in the joint judgment of Lord Reed and Lord Kerr (with whom Lord Neuberger, Lord Clarke, Lord Wilson and Lord Hodge agreed) it was stated at paragraphs [87]..."

"87. An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken." ;
(emphasis added) and

The legal Duty of Care to ensure the patient is aware of any Material Risks involved in any medical treatment and of any reasonable alternative or variant treatments - the test of Materiality of Risks

WHEREAS, in the UK case of Montgomery v Lanarkshire Health Board [2015] UKSC 11 in the Judgment of Lord Reed and Lord Kerr (with whom Lord Neuberger, Lord Clarke, Lord Wilson and Lord Hodge agreed) it was stated at paragraphs [87], inter alia:

"87. (cont.) 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."; and

WHEREAS, in the UK case of Thefault v Johnson, at paragraph [53] and [56] of the judgment, the court clarifies how "Materiality" of risks is measured.

53. "... "Materiality" is measured according to that which the patient would attach significance to, i.e. in the context of the decision to be taken."; and

56. Paragraph [89] suggests that the subjective element could extend quite far.....:

"89. Three further points should be made. First, it follows from this approach that the assessment of whether a risk is material cannot be reduced to percentages. The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives."

The assessment is therefore fact-sensitive, and sensitive also to the characteristics of the patient.";
(emphasis added) and

The requirement to ensure that "adequate time and space" is provided to the individual to have a "dialogue" regarding the Material Risks involved and the need to "de-jargonise communications"

WHEREAS, in the UK case of Thefault v Johnston 2017] EWHC 497 (QB) in the Judgment of the court at paras [58] and [59] under the sub heading "Informed consent", the Judgment

states, inter alia:

"58. Paragraph [90] of Montgomery is significant in shedding light on the *modus operandi* of communication. Two points emerge.

First the centrality of "dialogue" is stressed.The issue is *not* so much the means of communication but its adequacy. Mr Peacock used the apt expression **"adequate time and space"** to describe the characteristics of a "dialogue" that satisfied the test in law.;

59. The **second point** arising from paragraph [90] is **the need to de-jargonise communications to ensure that the message is conveyed in a comprehensible manner....**this can include caution in the use of percentages. There is the risk that they can convey false degrees of certainty where, in truth, none really exists. ... Paragraph [90] states:

"90. Secondly, the **doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is comprehensible.**

The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form." (emphasis added)

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para58>

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para59>; and

NHS CONSTITUTION

WHEREAS, the NHS Constitution for England (last updated 2015) states under the heading "Respect, consent and confidentiality" that every person has the right to:

"(a) **be treated with dignity and respect, in accordance with their human rights;**

(b) **accept or refuse treatment** that is offered, and **not be given any physical examination or treatment unless they have given valid consent;**

(c) **be given information about the test and treatment options available, what they involve and their risks and benefits;**

(d) be involved in planning and making decisions about their health and care with their care provider or providers." (emphasis added)

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>; and

The General Medical Council - Doctors are expected to keep up to date with and practise in line with GMC guidance and the law

WHEREAS, the General Medical Council's (the "GMC") factsheet entitled "Key legislation and case law relating to decision making and consent", states that

"This factsheet sets out some of the key legislation and case law relating to **medical decision making and consent** in the UK. It is not intended to be a comprehensive list, nor is it a substitute for independent, up-to-date legal advice.

We expect doctors to keep up to date with and practise in line with our guidance and the law."; (emphasis added)

<https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf>; and

WHEREAS, the right to refuse medical treatment includes the **right to refuse life saving treatment** as per the UK Court of Protection's decision in the case of King's College NHS Foundation Trust v C [2015] EWCOP 80 in which the Judgment states, inter alia:

"A capacious individual is entitled to decide whether or not to accept medical treatment. The right to refuse treatment extends to declining treatment that would, if administered, save the life of the patient."

<https://www.familylawweek.co.uk/site.aspx?i=ed151871>; and

WHEREAS, the GMC factseet cites the following in relation to the case of King's College NHS Foundation Trust v C [2015] EWCOP 80:

"Assessing a patient's capacity when they make a decision that is considered unwise:

The Court of Protection held the following.

A person with capacity is entitled to decide whether or not to accept medical treatment. The right to refuse treatment extends to declining treatment that would save the life of the patient.

A person must not be judged to lack capacity to make a decision solely because they make a decision that is considered to be unwise."

<https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf>

The Mental Capacity Act 2005 - the legal framework for assessing an individual's mental capacity to provide informed consent to medical treatment

WHEREAS, the GMC factsheet cites the following in relation to the law applicable to individual's aged 16 and over and their individual capacity to consent to medical treatment in England and Wales as follows:

"Mental Capacity Act 2005

This Act provides a legal framework for making decisions on behalf of people **aged 16 or over who lack capacity to make decisions themselves**. It clarifies:

- who can make decisions, including decisions about medical care and treatment, for people who are unable to decide for themselves
- how those decisions should be made.

Doctors and other healthcare professionals must refer to the Mental Capacity Act Code of Practice, which explains how the Act should work on a daily basis and sets out the steps that those using and interpreting it should follow when:

- assessing a person's capacity
- reaching a decision in the best interests of a person who does not have capacity."

<https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf>

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

<https://www.bma.org.uk/advice-and-support/ethics/adults-who-lack-capacity/mental-capacity-act-toolkit>; and

Patients lacking capacity but who previously objected to vaccination could not be forcibly treated with a COVID-19 vaccine

WHEREAS, In a recent ruling by the Court of Protection, SS v Richmond [2021] EWCOP 31, it was found that a dementia patient who lacked capacity but who previously objected to vaccination could not be forcibly treated with a COVID-19 vaccine.

<https://www.courtofprotectionhub.uk/cases/ss-v-london-borough-of-richmond-upon-thames-anor-2021-ewcop-31>

<https://www.bailii.org/ew/cases/EWCOP/2021/31.html>; and

The imposition of medical treatment without consent constitutes an interference with article 8 of the European Convention on Human Rights

WHEREAS, the case law of the European Court of Human Rights establishes that the provision of medical treatment without consent constitutes an interference with article 8 of the European Convention on Human Rights ("the ECHR"). The imposition of medical treatment without the consent of a mentally competent patient, would interfere with a person's physical and or mental integrity in a manner capable of engaging the rights protected under article 8 (1) of the Convention as held in the case of Pretty v United Kingdom (2002) 35 EHRR 1 (EctHR), in which the court held, inter alia:

*"the imposition of medical treatment, **without the consent of a mentally competent adult patient, would interfere with a person's physical integrity** in a manner capable of engaging the rights protected under article 8 (1) of the Convention [the ECHR]."*

(emphasis added)

<https://www.globalhealthrights.org/wp-content/uploads/2013/10/ECtHR-2002-Pretty-v-United-Kingdom.pdf>

- https://www.echr.coe.int/Documents/Guide_Art_8_ENG.pdf; and

Live human experiments

WHEREAS, there are extensive lawful, moral, ethical and legal obligations governing the participation of a live human subject in a live human experimental clinical trial, including the **duty to obtain fully informed consent, freely given** from the live human subject to participate in the live human experiment in accordance with the Rule of Law - **Informed Consent, freely given, is a legal, lawful, moral and ethical requirement for all individuals participating in a clinical trial.** It is unlawful to enrol anyone in a clinical trial without full and informed consent, freely given - see below and see Exhibit: Nuremburg Code [1947] which sets down 10 principles which must be followed by researchers in a clinical trial involving live human subjects. The British Medical Journal states the following in relation to the Nuremburg Code:

*"The judgment by the war crimes tribunal at Nuremberg laid down **10 standards to which physicians must conform when carrying out experiments on human subjects** in a new code that is now accepted worldwide.*

*This judgment established a new standard of ethical medical behaviour for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of **voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body.***

*This code also recognizes that the **risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.***

*This code recognizes that **doctors should avoid actions that injure human patients.***

*The principles established by this code for medical practice now **have been extended into general codes of medical ethics.**"* (emphasis added) ; and

<http://www.cirp.org/library/ethics/nuremberg/>

<https://famous-trials.com/nuremberg/1903-doctortrial>

https://crimeofaggression.info/documents/6/1946_Nuremberg_Judgement.pdf; and

WHEREAS, clinical trials involving live human subjects are defined as a "live human experiment" with "live human participants". Therefore the International obligations to protect the live human participants in a live human experiment must be upheld including those set out in, inter alia, the Nuremberg Code [1947], the Helsinki Declaration [1964], the Oviedo Convention [1997], the Universal Declaration on Bioethics and Human Rights [2005], applies. Under UK Statute law, clinical trials involving "medicines for human use" engage the Medicines for Human Use (Clinical Trials) Regulations 2004. All these governing codes, conventions, declarations and statutes require the **"informed consent, freely given"** of the live human subject to participate in a live human experiment and or clinical trial; and

WHEREAS, the Declaration of Helsinki [1964] is defined in Part 1 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 as follows:

"SCHEDULE 1

CONDITIONS AND PRINCIPLES OF GOOD CLINICAL PRACTICE AND FOR
THE PROTECTION OF CLINICAL TRIAL SUBJECTS

PART 1

APPLICATION AND INTERPRETATION

"2. In this Schedule—

"Declaration of Helsinki" means the Declaration of Helsinki adopted by the World Medical Assembly in June 1964, as amended by the General Assembly of the Association in October 1975, October 1983, September 1989 and October 1996."

<https://www.legislation.gov.uk/uksi/2004/1031/schedule/1/made>; and

WHEREAS, the Declaration of Helsinki [1964] is incorporated into PART 2 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 as follows:

"PART 2

CONDITIONS AND PRINCIPLES WHICH APPLY TO ALL CLINICAL TRIALS

Principles based on International Conference on Harmonisation GCP Guideline

1. Clinical trials shall be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with good clinical practice and the requirements of these Regulations."

<https://www.legislation.gov.uk/uksi/2004/1031/schedule/1/made>; and

Legal Statutory duty to apply the conditions and principles specified in Part 2 of the 2004 Regulations

WHEREAS, section 1 of PART 1 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 states as follows:

- "1.— (1) **The conditions and principles specified in Part 2 apply to all clinical trials.**
- (2) If any subject of a clinical trial is—
- (a) an adult able to give informed consent, or
 - (b) an adult who has given informed consent to taking part in the clinical trial prior to the onset of incapacity,
- the conditions and principles specified in Part 3 apply in relation to that subject.
- (3) **If any subject of a clinical trial is a minor, the conditions and principles specified in Part 4 apply in relation to that subject.**
(emphasis added)
- (4) If any subject—
- (a) is an adult unable by virtue of physical or mental incapacity to give informed consent, and
 - (b) did not, prior to the onset of incapacity, give or refuse to give informed consent to taking part in the clinical trial,
- the conditions and principles specified in Part 5 apply in relation to that subject.
- (5) **If any person—**
- (a) is an adult unable by virtue of physical or mental incapacity to give informed consent, and
 - (b) **has, prior to the onset of incapacity, refused to give informed consent to taking part in the clinical trial, that person cannot be included as a subject in the clinical trial."**

<https://www.legislation.gov.uk/uksi/2004/1031/schedule/1/made>; and

Legal statutory definition of Informed Consent which must be provided by an individual participant in a clinical trial

WHEREAS, the definition of "**informed consent**" which must be provided by the individual participant in a clinical trial in the UK is defined in the definitions section of Part 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 as follows:

“informed consent” shall be construed in accordance with paragraph 3 of Part 1 of Schedule 1”.

<https://www.legislation.gov.uk/ukxi/2004/1031/part/1/made>; and

Legal statutory requirements for informed consent to participate in a clinical trial under the Medicines for Human Use (Clinical Trials) Regulations 2004

A person gives informed consent to take part in a clinical trial ONLY if his/her decision is

- (a) given freely after that person is informed of**
 - (i) the nature,**
 - (ii) the implications, and**
 - (iii) the risks****of the trial; and**
- (b) has either:**
 - (i) provided evidence of their written consent, dated and signed, or**
 - (ii) provided their consent orally in the presence of at least one witness and recorded in writing.**

WHEREAS, paragraph 3 of Part 1 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 provides the definition of "informed consent" as follows:

- "3.—(1) For the purposes of this Schedule, a person gives **informed consent** to take part, or that a subject is to take part, in a clinical trial only if his decision—**
 - (a) is given **freely after that person is informed of the nature, significance, implications and risks of the trial**; and**
 - (b) either—**
 - (i) is **evidenced in writing**, dated and signed, or otherwise marked, by that person so as to indicate his consent, or**
 - (ii) if the person is unable to sign or to mark a document so as to indicate his consent, is given orally in the presence of at least one witness and recorded in writing.**
- (2) For the purposes of this Schedule, references to informed consent—**
 - (a) shall be construed in accordance with paragraph (1); and**

- (b) include references to informed consent given or refused by an adult unable by virtue of physical or mental incapacity to give informed consent, prior to the onset of that incapacity."

<https://www.legislation.gov.uk/uksi/2004/1031/schedule/1/made> ; and

The legal statutory duty to conduct clinical trials in accordance with "Good Clinical Practice and Protection of Clinical Trial Subjects" - section 28 of Part 4 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004.

WHEREAS, Section 28, entitled "Good clinical practice and protection of clinical trial subjects" states:

"Good clinical practice and protection of clinical trial subjects
28.—(1) No person shall—

- (a) conduct a clinical trial; or
 - (b) perform the functions of the sponsor of a clinical trial (whether that person is the sponsor or is acting under arrangements made with that sponsor), otherwise than in **accordance with the conditions and principles of good clinical practice.**
- (2) Subject to paragraph (5), the sponsor of a clinical trial shall put and keep in place arrangements for the purpose of ensuring that with regard to that trial **the conditions and principles of good clinical practice are satisfied or adhered to.**" (emphasis added)

- <https://www.legislation.gov.uk/uksi/2004/1031/part/4/made>; and

WHEREAS, Part 2 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 engages the conditions and principles which apply to all clinical trials, including ethics requirements for an ethics committee, as set out in the Declaration of Helsinki [1964] - <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/doh-jun1964/>- for all subjects participating in clinical trials as follows:

"PART 2

CONDITIONS AND PRINCIPLES WHICH APPLY TO ALL CLINICAL TRIALS

Principles based on International Conference on Harmonisation GCP Guideline - <https://ichgcp.net/>

1. **Clinical trials shall be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with good clinical practice and the requirements of these Regulations.**

2. Before the trial is initiated, **foreseeable risks and inconveniences have been weighed against the anticipated benefit for the individual trial subject and other present and future patients.**

A trial should be initiated and continued only if the anticipated benefits justify the risks.

3. The **rights, safety, and well-being of the trial subjects are the most important considerations and shall prevail over interests of science and society .**

4. The available non-clinical and clinical information on an investigational medicinal product shall be adequate to support the clinical trial.

5. Clinical trials shall be scientifically sound, and described in a clear, detailed protocol.

6. **A trial shall be conducted in compliance with the protocol that has a favourable opinion from an ethics committee.**

7. The medical care given to, and medical decisions made on behalf of, subjects shall always be the **responsibility of an appropriately qualified doctor** or, when appropriate, of a qualified dentist.

8. **Each individual involved in conducting a trial shall be qualified by education, training, and experience to perform** his or her respective task(s).

9. Subject to the other provisions of this Schedule relating to consent, **freely given informed consent shall be obtained every subject prior to clinical trial participation.** from

10. All clinical trial information shall be recorded, handled, and stored in a way that allows its accurate reporting, interpretation and verification.

11. The confidentiality of records that could identify subjects shall be protected, **respecting the privacy and confidentiality rules in accordance with the requirements of the Data Protection Act 1998 and the law relating to confidentiality.**

12. Investigational medicinal products used in the trial shall be—

- (a) manufactured or imported, and handled and stored, in accordance with the principles and guidelines of good manufacturing practice, and

- (b) used in accordance with the approved protocol.
13. Systems with procedures that assure the quality of every aspect of the trial shall be implemented." (emphasis added)

<https://www.legislation.gov.uk/uksi/2004/1031/schedule/1/made>; and

Legal statutory duties in relation to conditions and principles which apply in relation to a Minor participating in a clinical trial and to obtain Parental Consent for a Child under 16 years old -

WHEREAS, Part 4 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 which sets the minimum of providing a more exacting test of informed consent for minors, which must apply to emergency approval treatments that have not completed clinical trials, and sets the minimum of **requiring parental consent for a minor aged under 16 - in accordance with "Good clinical practice"** - see Condition number 4 in Part 4 of the 2004 Regulations (below). ; and

WHEREAS, under Schedule 1, Part 4 of the Medicines for Human Use (Clinical Trials) Regulations 2004, it states, inter alia:

"PART 4

CONDITIONS AND PRINCIPLES WHICH APPLY IN RELATION TO A MINOR

Conditions

1. Subject to paragraph 6, **a person with parental responsibility for the minor** or, if by reason of the emergency nature of the treatment provided as part of the trial no such person can be contacted prior to the proposed inclusion of the subject in the trial, a legal representative for the minor has had an interview with the investigator, or another member of the investigating team, in which he **has been given the opportunity to understand the objectives, risks and inconveniences of the trial and the conditions under which it is to be conducted.**
2. That person or legal representative has been **provided with a contact point where he may obtain further information** about the trial.
3. That person or legal representative has been **informed of the right to withdraw the minor from the trial** at any time.
4. That person or legal representative has **given his informed consent to the minor taking part in the trial.**
5. That person with parental responsibility or the legal representative **may, without the minor being subject to any**

resulting detriment, withdraw the minor from the trial at any time by revoking his informed consent.

6. **The minor has received information according to his capacity of understanding, from staff with experience with minors, regarding the trial, its risks and its benefits.**

7. **The explicit wish of a minor who is capable of forming an opinion and assessing the information referred to in the previous paragraph to refuse participation in, or to be withdrawn from, the clinical trial at any time** is considered by the investigator.

8. **No incentives or financial inducements are given—**

- (a) to the minor; or
- (b) to a person with parental responsibility for that minor or, as the case may be, the minor's legal representative, except provision for compensation in the event of injury or loss.

9. The clinical trial relates directly to a clinical condition from which the minor suffers or is of such a nature that it can only be carried out on minors.

10. Some direct benefit for the group of patients involved in the clinical trial is to be obtained from that trial.

11. The clinical trial is necessary to validate data obtained—

- (a) in other clinical trials involving persons able to give informed consent, or
- (b) by other research methods.

12. The corresponding scientific guidelines of the European Medicines Agency are followed.

Principles

13. **Informed consent given by a person with parental responsibility or a legal representative to a minor taking part in a clinical trial shall represent the minor's presumed will.**

14. The clinical trial has been designed to **minimise pain, discomfort, fear and any other foreseeable risk** in relation to the disease and the minor's stage of development.

15. **The risk threshold and the degree of distress have to be specially defined and constantly monitored.**

16. The **interests of the patient always prevail over those of science and society**. (emphasis added).

<https://www.legislation.gov.uk/ukxi/2004/1031/schedule/1/made>; and

WHEREAS, no other person such as a family member, friend or carer and no organisation can give or refuse consent to a health or social care service on behalf of an individual living man, woman or child **who lacks capacity to consent** unless they have specific legal authority to do so - <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf>; and

Legal statutory definition of "Parental Responsibility"

WHEREAS, "parental responsibility" is defined in PART 1 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 as follows:

- "(a) in relation to England and Wales, has **the same meaning as in the Children Act 1989**,
- (b) in relation to Scotland, has the same meaning as in the Children (Scotland) Act 1985, and
- (c) in relation to Northern Ireland, has the same meaning as in the Children (Northern Ireland) Order 1995"

<https://www.legislation.gov.uk/ukxi/2004/1031/schedule/1/made>; and

WHEREAS, the legal statutory definition of "parental responsibility" is defined in section 3 of the Children Act 1989, which states:

- "3 Meaning of "parental responsibility".
 - (1) In this Act "**parental responsibility**" means **all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.**
 - (2) It also includes the rights, powers and duties which a guardian of the child's estate (appointed, before the commencement of section 5, to act generally) would have had in relation to the child and his property.
 - (3) The rights referred to in subsection (2) include, in particular, the right of the guardian to receive or recover in his own name, for the benefit of the child, property of whatever description and wherever situated which the child is entitled to receive or recover.
 - (4) The fact that a person has, or does not have, parental

responsibility for a child shall not affect—

(a) any obligation which he may have in relation to the child (such as a statutory duty to maintain the child);

or

(b) any rights which, in the event of the child's death, he (or any other person) may have in relation to the child's property.

(5) A person who—

(a) does not have parental responsibility for a particular child; but

(b) has care of the child, may (subject to the provisions of this Act) do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare."

<https://www.legislation.gov.uk/ukpga/1989/41/section/3>; and

Competence and Capacity to provide Informed Consent

WHEREAS, consent to medical treatment or to participation in a live human experiment **cannot be provided** by a living man, woman or child who **lacks the competence or the capacity to provide their informed consent, freely given** to such medical treatment or participation in a live human experiment.; and

WHEREAS, **capacity and competency** of an adult or child to consent to or refuse medical treatment is **decision-specific, child-specific and made on the specific factual context in mind, and based on the available evidence.**; and

WHEREAS, the law in the UK, states that a "minor" is a child under the age of 18 for the purposes of capacity to consent to or to refuse medical treatment. A "minor" is deemed to lack the capacity to consent to or refuse medical treatment unless the child is found to be "Gillick competent" in accordance with the "Fraser Guidelines" set out in the UK case of Gillick v West Norfolk and Wisbech Health Authority [1986]

<https://www.casemine.com/judgement/uk/5a8ff8c960d03e7f57ecd66a>; and

WHEREAS, a child's competence and capacity to consent **MUST** be formally assessed **PRIOR** to the medical treatment and **PRIOR** to their participation in a live human experiment- as required by the law - see the UK case law of the House of Lords in the case of Gillick v West Norfolk and Wisbech AHA (1986). This test for a child's competence to consent to medical treatment is known as "Gillick competence" after the case of Gillick cited.

- <https://www.casemine.com/judgement/uk/5a8ff8c960d03e7f57ecd66a>; and

WHEREAS, the General Medical Council (the "GMC"), and Department of Health and Social Care (the "DHSC") provide guidance on informed consent. The government's Green Book on

vaccination opines that **Gillick Competency is not automatic**. It states in Chapter 2 that

"Where immunisations are routinely offered in the school setting, consent differs depending on the age and competence of the individual child or young person."; and

Legal requirement for authorisation and ethics committee opinion

WHEREAS, under Part 3 of the Medicines for Human Use (Clinical Trials) Regulations 2004, it states, inter alia:

"Requirement for authorisation and ethics committee opinion

12.— (1) **No person shall—**

- (a) **start a clinical trial or cause a clinical trial to be started; or**
- (b) **conduct a clinical trial, unless the conditions specified in paragraph (3) are satisfied.**

(2) **No person shall—**

- (a) **recruit an individual to be a subject in a trial;**
- (b) **issue an advertisement for the purpose of recruiting individuals to be subjects in a trial, unless the condition specified in paragraph (3)(a) has been satisfied.**

(3) The conditions referred to in paragraphs (1) and (2) are—

- (a) **an ethics committee or an appeal panel appointed under Schedule 4 has given a favourable opinion in relation to the clinical trial; and**
- (b) the clinical trial has been authorised by the licensing authority." (emphasis added)

- <https://www.legislation.gov.uk/ukxi/2004/1031/part/3/made>; and

Legal requirement for "urgent safety measures" to be taken to protect the subjects of a clinical trial against any "immediate hazard to their health or safety".

WHEREAS, section 30 of PART 4 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 entitled "Urgent safety measures" states that:

"30.—(1) The sponsor and investigator may take appropriate urgent safety measures in order to **protect the subjects of a clinical trial against any immediate hazard to their health or safety.** (emphasis added)

(2) If measures are taken pursuant to paragraph (1), the sponsor shall immediately, and in any event no later than 3 days from

the date the measures are taken, give written notice to the licensing authority and the relevant ethics committee of the measures taken and the circumstances giving rise to those measures."

<https://www.legislation.gov.uk/ukxi/2004/1031/part/4/made>; ; and

Legal requirement to notify/report any "serious adverse event" which occurs in a subject at a trial site.

WHEREAS, PART 5 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 entitled "PHARMACOVIGILANCE", section 32 requires reporting any "serious adverse event" as stated:

"Notification of adverse events

- 32.—(1) An investigator shall report any serious adverse event which occurs in a subject at a trial site at which he is responsible for the conduct of a clinical trial immediately to the sponsor.
- (2) An immediate report under paragraph (1) may be made orally or in writing.
- (3) Following the immediate report of a serious adverse event, the investigator shall make a detailed written report on the event."

<https://www.legislation.gov.uk/ukxi/2004/1031/part/5/made>; and

Legal requirement to record and notify/report "suspected unexpected serious adverse reactions" which is "fatal or life-threatening"

WHEREAS, PART 5 of Schedule 1 of the Medicines for Human Use (Clinical Trials) Regulations 2004 entitled "PHARMACOVIGILANCE", section 33 requires "Notification of suspected unexpected serious adverse reactions" as stated:

"Notification of suspected unexpected serious adverse reactions"

- 33.—(1) A sponsor shall ensure that **all relevant information about a suspected unexpected serious adverse reaction** which occurs during the course of a clinical trial in the United Kingdom and is fatal or life-threatening is—
- (a) **recorded**; and
- (b) **reported as soon as possible** to—
- (i) the licensing authority,
- (ii) the competent authorities of any EEA State, other than the United Kingdom, in which the

- trial is being conducted, and
- (iii) the relevant ethics committee, and in any event not later than 7 days after the sponsor was first aware of the reaction." (emphasis added)

<https://www.legislation.gov.uk/uksi/2004/1031/part/5/made>; and

Allegation that the informed consent laws and processes are not being followed in the UK

WHEREAS, it appears that there is an agenda to avoid true informed and voluntary consent in breach of UK case law, including but not limited to the UK Supreme Court Judgment in the leading case on the law relating to informed consent for medical treatment in the UK - *Montgomery v Lancashire Health Board* (2015). The Supreme Court Judgment held that an individual cannot provide their fully informed consent to being medically treated if they are fully informed of the "material risks" of the treatment. If they are not fully informed of these material risks prior to providing their consent to treatment, their informed consent has not been given for treatment and any such treatment provided without fully informed consent is unlawful, illegal, immoral and unethical and, as such, vitiates a patient's consent resulting in the tort of battery and trespass to the person and a criminal act of harm against the person (see below) - <https://www.supremecourt.uk/cases/uksc-2013-0136.html>; and

WHEREAS, the GMC Factsheet entitled "Key legislation and case law relating to decision making and consent states the following in relation to the UK Supreme Court case of *Montgomery v Lanarkshire Health Board* [2015] stating, inter alia:

"The Supreme Court held the following.

1. An adult with capacity is entitled to decide which, if any, of the available forms of treatment to undergo.
2. Doctors are under a duty to take reasonable care to make sure that the patient is aware of any **material risks** involved in any recommended treatment, and of any **reasonable alternative or variant treatments**.
3. The test for materiality was whether, in the circumstances, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor was or should have been reasonably aware that the particular patient would be likely to attach significance to it.
4. A doctor's advisory role involves making sure that the patient understands the seriousness of their condition, and the anticipated **benefits and risks of the proposed treatment and any reasonable alternatives, so that they can make an informed decision**.
5. Doctors are entitled to withhold information about risk from a patient if they reasonably consider that its disclosure would be seriously detrimental to the patient's health. This is a limited exception and doctors must not withhold information because they think it might cause the patient to opt for treatment that the doctor does not consider is in the patient's best interests."

- <https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf>; and

WHEREAS, the GMC Factsheet entitled "Key legislation and case law relating to decision making and consent states the following in relation to the UK case of Thefaut v Johnston [2017] EWHC 497 (QB), inter alia:

"The duty to give patients accurate information and adequate time and space to make decisions

The High Court held the following.

- The informed consent process fell below the required standard, as Mrs Thefaut was presented with information that understated the risks, overstated the chances of success, and did not set out the option of not having surgery.
- A patient should be given 'adequate time and space' in which to make decisions.
- A doctor's advisory role includes the need to remove or minimise jargon, so that the information given to patients is clear and can be understood."

<https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf>

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html>; and

WHEREAS, in relation to Hospital consent forms, in the Judgment of the UK case of Thefaut v Johnston [2017] EWHC 497 (QB), the court stated at para [70] :

"70. *Hospital consent forms: It is accepted that the simple fact that Mrs Thefaut signed the hospital consent form is not to be taken as an indication of acceptance of risk. In my view the document is of no real significance on the present facts. (It would have greater significance in emergency cases involving no prior contact between patient and clinician).*"

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para70>; and

WHEREAS, in relation to the "sufficiency" of the discussion on risks and the place and occasion on which the individual is warned of the risks of the medical treatment or procedure, in the Judgment of the UK case of Thefaut v Johnston [2017] EWHC 497 (QB), the court stated at para [78], inter alia:

"78. *It is also accepted that the brief discussion between Mr Johnston and Mrs Thefaut on 17th May 2012 immediately prior to surgery was not, by itself, sufficient to warn Mrs Thefaut of the risks and benefits. I would make one general observations about this. It is routine for a surgeon immediately prior to surgery to see the patient and to*

ensure that they remain

wedded to the procedure.

But this is neither the place nor the occasion for a surgeon for the first time to explain to a patient undergoing elective surgery the relevant risks and benefits. At this point, on the very cusp of the procedure itself, the surgeon is likely to be under considerable pressure of time (to see all patients on the list and to surgery) and the patient is psychologically committed to going ahead. There is a mutual momentum towards surgery which is hard to halt. There is no "adequate time and space" for a sensible dialogue to occur and for free choice to be exercised."

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para78>; and

WHEREAS, in the Judgment of the UK case of Thefaut v Johnston [2017]EWHC 497 (QB), , the court stated at paras [79] to [82] , inter alia:

"79. In my judgment a reasonable patient with the same symptoms as Mrs Thefaut, being fully and properly advised, would have either rejected the option of surgery altogether or at least deferred the option until she had received a second opinion. This is for the following reasons.

80. First, it is important to place the advice about the risks and benefits of surgery into the context of the advice given as to recovery absent the procedure. As to this the hypothetical patient is, in substance, deciding upon surgery as a means of achieving accelerated pain relief. Absent the surgery a full recovery and a dimming of the pain over time is expected. The counterfactual is hence one where the patient is measuring the risks of surgery and the chances of rapid pain relief against an alternative of a steady reduction in pain ending in full recovery in a period where the outer limit is about 12 months.

For this reason, logically, any increase in the risks of surgery and/or a reduction in the prospect of pain reduction assume an enhanced significance. Any worsening of the odds in relation to either or both of those two matters makes it intrinsically less likely that a reasonable patient would opt for surgery and more likely that he/she would either elect to avoid surgery or at the very least seek a second opinion.

81. Second, it is also important to take into account precisely which of the risks and benefits in practical terms meant most in practice to the patient.

My prima facie conclusion is that a reasonable patient with Mrs Thefaut's condition would have declined surgery or at least deferred it pending a second opinion."

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para79>; and

WHEREAS, as Laws LJ said in Rahman -v- Arearose Limited [2001] CA 351 at 366G:

'... it does not seem to me to be established as a rule of law that later negligence always extinguishes the causative potency of an earlier tort. Nor should it be.

The law is that every tortfeasor should compensate the injured claimant in respect of that loss and damage for which he should justly be held responsible.'

<https://www.brownejacobson.com/insurance/training-and-resources/legal-updates/2000/06/rahman-v-arearose-ltd-and-another/>; and

WHEREAS, the UK House of Lords case of Bolitho v. City and Hackney Health Authority [1997] UKHL 46; [1998] AC 232; [1997] 4 All ER 771; [1997] 3 WLR 1151 (13th November, 1997) addresses two questions relating to the issue of liability for medical negligence: causation and professional negligence. Lord Browne-Wilkinson in the Judgment states, inter alia:

"My Lords,

This appeal raises two questions relating to liability for medical negligence.

The first, which I believe to be more apparent than real, relates to the proof of causation when the negligent act is one of omission.

The second concerns the approach to professional negligence laid down in Bolam v. Friern Hospital Management Committee [1957] 1 W.L.R. 583.

The Bolam test and causation

The locus classicus of the test for the standard of care required of a doctor or any other person professing some skill or competence is the direction to the jury given by McNair J. in Bolam v. Friern Hospital Management Committee [1957] 1 W.L.R. 583, 587:

"I myself would prefer to put it this way, that he is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art . . .

Putting it the other way round, a man is not negligent, if he is acting in accordance with such a practice, merely because there is a body of opinion who would take a contrary view." "

<https://www.bailii.org/uk/cases/UKHL/1997/46.html>
<https://ipsaloquitur.com/tort-law/cases/bolam-v-friern-hospital/>; and

WHEREAS, the GMC Factsheet entitled "Key legislation and case law relating to decision making and consent" states the following in relation to the UK Supreme Court case of Re MB (Medical Treatment) [1997] 38 BMLR 175 CA, inter alia:

"Factors that may affect a patient's capacity to refuse treatment

MB needed a caesarean section but withdrew consent at the last moment because of her phobia of needles.

The Court of Appeal held the following.

- An individual's capacity to make particular decisions may be temporarily affected by factors such as fear, confusion, shock, fatigue, pain or drugs. Doctors must be satisfied that such factors are operating to such a degree that the individual is unable to make the decision. "

<https://www.gmc-uk.org/-/media/documents/factsheet---key-legislation-and-case-law-relating-to-decision-making-and-consent-84176182.pdf> and <https://www.bailii.org/ew/cases/EWCA/Civ/1997/3093.html>; and

WHEREAS, in the UK Supreme Court case of Re MB (Medical Treatment) [1997] 38 BMLR 175 CA, Lady Justice Butler-Sloss states at para [17] of the Judgment:

"General Principles

We start by setting out the basic principles which underpin the proper approach to the issues raised on this appeal.

(1). *Subject to (3) below, in general it is a criminal and tortious assault to perform physically invasive medical treatment, however minimal the invasion might be, without the patient's consent, see Collins v Wilcock [1984] 1 WLR 1172 per Goff LJ at page 1177, cited with approval in Re F (Mental Patient: Sterilisation) [1990] 2 AC 1.*

(2). *A mentally competent patient has an absolute right to refuse to consent to medical treatment for any reason, rational or irrational, or for no reason at all, even where that decision may lead to his or her own death, see Sidaway v Board of Governors of the Bethlem Royal Hospital [1985] AC 871 per Lord Templeman at pages 904-905; see also Re T (An Adult) (Consent to Medical Treatment) [1993] Fam 95 per Lord Donaldson MR at page 102.*

(3). *Medical treatment can be undertaken in an emergency even if, through a lack of capacity, no consent had been competently given, provided the treatment was a necessity and did no more than was reasonably required in the best interests of the patient: Re F (supra).*"

<https://www.bailii.org/ew/cases/EWCA/Civ/1997/3093.html> and <https://ipsalokuirur.com/criminal-law/cases/collins-v-wilcock/>; and

WHEREAS, in the UK case of Collins v Wilcock [1984] 1 WLR 1172 per Goff LJ at page 1177, Goff LJ set out the general definition for assault and battery:

"An assault is an act which causes another person to apprehend the infliction of immediate, unlawful, force on his person; a battery is the actual infliction of unlawful force on another person."

<https://ipsaloquitur.com/criminal-law/cases/collins-v-wilcock/>; ; and

WHEREAS, section 20 of the Offences against the Person Act 1861 states:

"Inflicting bodily injury, with or without weapon.

Whosoever shall **unlawfully and maliciously wound or inflict any grievous bodily harm upon any other person, either with or without any weapon or instrument, shall be guilty of a misdemeanour, and being convicted thereof shall be liable . . . to be kept in penal servitude ."**

<https://www.legislation.gov.uk/ukpga/Vict/24-25/100/section/20>; and

WHEREAS, the Crown Prosecution Service (the "CPS") states the following in relation to Common Assault contained in section 39 of the Criminal Justice Act 1988, as follows:

" s.39 Criminal Justice Act 1988:

An assault is any act (and not mere omission to act) by which a person intentionally or recklessly causes another to suffer or apprehend immediate unlawful violence.

The term assault is often used to include a battery, which is committed by the intentional or reckless application of unlawful force to another person. Where there is a battery, the defendant should be charged with 'assault by beating': DPP v Little [1992] QB 645.

Provided there has been an intentional or reckless application of unlawful force the offence will have been committed, however slight the force.

Assault, as distinct from battery, can be committed by an act indicating an intention to use unlawful violence against the person of another – for example, an aimed punch that fails to connect. In Misalati [2017] EWCA 2226 the appellant spat towards the complainant. The appeal court confirmed that although there was no actual violence, spitting is an assault whether it makes contact with the victim or causes fear of immediate unlawful physical contact."
(emphasis added)

<https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard> and <https://www.legislation.gov.uk/ukpga/1988/33/section/39>; and

WHEREAS, s39 of the Criminal Justice Act 1988 states:

"Common assault and battery to be summary offences.

Common assault and battery shall be summary offences and a person guilty of either of them shall be **liable to a fine not exceeding level 5 on the standard scale, to imprisonment for a term not exceeding six months, or to both.**"

<https://www.legislation.gov.uk/ukpga/1988/33/section/39>; and

WHEREAS, the CPS guidance on Assault states, inter alia:

"Common assault is a summary offence. However, if the requirements of section 40 of the Criminal Justice Act 1988 are met **it can be included as a count on an indictment."**

<https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard> ; and

WHEREAS, section 40 of the Criminal Justice Act 1988 states:

"40 Power to join in indictment count for common assault etc.

(1) A count charging a person with a summary offence to which this section applies may be included in an indictment if the charge—

(a) is founded on the same facts or evidence as a count charging an indictable offence; or

(b) is part of a series of offences of the same or similar character as an indictable offence which is also charged, but only if (in either case) the facts or evidence relating to the offence are disclosed by material which, in pursuance of regulations made under paragraph 1 of Schedule 3 to the Crime and Disorder Act 1998 (procedure where person sent for trial under section 51 [F3or 51A]), has been served on the person charged].

(2) Where a count charging an offence to which this section applies is included in an indictment, the offence shall be tried in the same manner as if it were an indictable offence; but the Crown Court may only deal with the offender in respect of it in a manner in which a magistrates' court could have dealt with him.

(3) The offences to which this section applies are—
(a) common assault; "

<https://www.legislation.gov.uk/ukpga/1988/33/section/40>; and

WHEREAS, the CPS guidance on Assault states, inter alia:

"An element of the offence of common assault is lack of consent so that the

prosecution may (where it is a live issue) have to establish that the offence was committed without consent. However, a lack of consent can be inferred from evidence other than the direct evidence of the victim – CPS v Shabbir [2009] EWHC 2754 (Admin). "

(emphasis added)

<https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard> ; <https://www.bailii.org/ew/cases/EWHC/Admin/2009/2754.html> ; and

WHEREAS, CPS guidance on Assault states the following in relation to section 47 - Assault occasioning Actual Bodily Harm (ABH) of the Offences Against the Person Act 1861 , inter alia:

"Assault occasioning Actual Bodily Harm (ABH) – s.47 OAPA 1861

The offence is committed when a person intentionally or recklessly assaults another, thereby causing Actual Bodily Harm. It must be proved that the assault (which includes "battery") "occasioned" or caused the bodily harm.

Bodily harm has its ordinary meaning and includes any hurt calculated to interfere with the health or comfort of the victim: such hurt need not be permanent, but must be more than transient and trifling: (R v Donovan [1934] 2 KB 498).

The House of Lords in DPP v Parmenter [1992] 1 AC 699 held that the mens rea of this offence is the same as that for battery; all that need be proved further is that actual bodily harm in fact followed."

<https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard> ; and

WHEREAS, section 47 - Assault occasioning bodily harm - of the Offences Against the Person Act 1861 states:

"47 Assault occasioning bodily harm.

Whosoever shall be convicted upon an indictment of any assault occasioning actual bodily harm shall be **liable . . to be kept in penal servitude.**"

<https://www.legislation.gov.uk/ukpga/Vict/24-25/100/section/47>; and

WHEREAS, in the Law Commission's Consultation paper No 134 entitled "Criminal Law - CONSENT AND OFFENCES AGAINST THE PERSON - A Consultation Paper", the Law Commissioners state, inter alia:

1.1. In the course of preparing our recent report on Offences against the Person [Legislating the Criminal Code: Offences against the Person and General Principles, Law Com No 218, November 1993: hereafter "Law Com No 218"] we had to consider the effect of the consent of the victim on liability for the infliction of physical hurt or injury

1.2 That law has two, distinct, features. (The clearest and most authoritative source for this statement, before the very recent judgments in the House of Lords in Brown [1993] 2 WLR 556, is the judgment delivered by Lord Lane CJ in Attorney-General's Reference (No 6 of 1980) [1981] QB 715, in particular at p 719C-F.)

First, in the case of assault, but not of more serious offences against the person, **no offence is committed if the victim consented to what was done, and the act done was not intended or likely to cause actual bodily harm.** That is a matter of common law; but we felt able to express this general rule in clause 6(1) of the Criminal Law Bill that forms part of Law Com No 218 in these terms:

[Definition of the offence of assault]

A person is guilty of the offence of assault if-

- (a) he intentionally or recklessly applies force to or causes an impact on the body of another**
 - (i) without the consent of the other, or**
 - (ii) where the act is intended or likely to cause injury, with or without the consent of the other.**

(This formulation was cited with approval, as a statement of the present law, by Lord Lowry in Brown [1993] 2 WLR 556 at p 578B-C.)

1.3.There are certain situations in which conduct that would normally be an assault under the above rubric, or a more serious offence, is not criminal because of the circumstances in which it takes place. These exceptions from the general rule of liability were summarised in Attorney-General's Reference (No 6 of 1980) as follows:

"Nothing which we have said is intended to cast doubt upon the accepted legality of properly conducted games and sports, lawful chastisement or correction, reasonable surgical interference, dangerous exhibitions, etc.

These apparent exceptions can be justified as involving the exercise of a legal right, in the case of chastisement or correction, or as needed in the public interest, in the other cases." ([1981] QB 715 at p 719D-E.).

The present law

4.2 The terms of the general rule were before Brown [1993] 2 WLR 556, and in the event still are, clear: that, outside the special categories, a person cannot effectively consent to the intended or actual infliction on him of "actual bodily harm" or, in the more modern language that we adopt in Law Com No 218, injury.

5.1. The main authorities in the field before Brown were Coney [(1882) 8 QBD 534] ; Donovan [Donovan [1934] 2 KB 498] ; and Attorney General's Reference (No 6 of

1980).[1981] QB 715]

[The case of Coney [1882] 8 QBD 534]

5.2. Coney...The actual issue in the case was the **liability of a number of spectators at a prize-fight for common assault, on the basis that they were secondary participants, as aiders and abettors of whatever offence was inherent in the fight.**

5.3. It was held by all eleven judges that prize-fights were illegal, and that consent to the interchange of blows during the fight did not afford any answer to the criminal charge of assault.

Matthew J:

"no consent can render that innocent which is in fact dangerous .."

Stephen J:

"When one person is indicted for inflicting personal injury upon another, the consent of the person who sustains the injury is no defence to the person who inflicts the injury, if the injury is of such a nature, or is inflicted under such circumstances, that its infliction is injurious to the public, as well as to the person injured....but in all cases the question whether consent does or does not take from the application of force to another its illegal character, is a question of degree depending upon circumstances."

Hawkins J:

"As a general proposition it is undoubtedly true that there can be no assault unless the act charged as such be done without consent ... for want of consent is an essential element in every assault ... it is not in the power of any man to give an effectual consent to that which amounts to, or has a direct tendency to create, a breach of the peace; so as to bar a criminal prosecution."

5.4 It is possible to reconstruct out of these and other observations the proposition that even in respect of a charge of common assault **the consent of the victim is no defence if the acts of the assaulter are dangerous, in the sense of being likely or intended to cause harm.**On this view, because of the inherently unlawful nature of prize-fighting all the participants, and spectators, were acting unlawfully, and therefore no consent to any injury could be effective in law.

[The case of Donovan [1934] 2 KB 498.]

5.5. Donovan [1934] 2 KB 498.].....The Court of Criminal AppealThe question should have first been put to the jury of whether the blows struck were likely or intended to do bodily harm. The Court continued :

"If an act is unlawful in the sense of being in itself a criminal act, it is

plain that it cannot be rendered lawful because the person to whose detriment it is done consents to it.

No person can license another to commit a crime.

So far as the criminal law is concerned, therefore, where the act charged is in itself unlawful, it can never be necessary to prove absence of consent."
(emphasis added)

5.6 ... the ratio is clear enough: as a general rule, it is not possible to consent to the infliction, or the likelihood, of bodily harm.

5.7 The judgment in *Donovan* recognised the existence of various exceptions to that general rule that an act likely or intended to cause bodily harm is an unlawful act..

[The case of *Attorney-General's Reference (no. 6 of 1980)*][1981] QB 715]

5.8 *Attorney-General's Reference (no. 6 of 1980)*. It was held in this case, the main authority before Brown, that where two persons fight (otherwise than in the course of properly conducted games and sports) intending or causing actual bodily harm, it is not a defence for one of those persons to a charge of assault arising out the fight that the other consented to the fight, whether the fight occurs in private or in public. It was not in the public interest that people should try to cause or should cause each other actual bodily harm for no good reason. Lord Lane CJ's succinct restatement of these principles deserves fairly full citation:

*"We think that it can be taken as a starting point that **it is an essential element of an assault that the act is done contrary to the will and without the consent of the victim**; and it is doubtless for this reason that the burden lies on the prosecution to negative consent.*

Ordinarily, then, if the victim consents, the assailant is not guilty.

*But the cases show that **the courts will make an exception to this principle where the public interest requires**... starting with the proposition that ordinarily an act consented to will not constitute an assault, the question is: at what point does the public interest require the court to hold otherwise?*

...

*The answer to this question, in our judgment, is that **it is not in the public interest that people should try to cause, or should cause, each other actual bodily harm for no good reason ...***

Nothing which we have said is intended to cast doubt on the accepted

legality of properly conducted games and sports, lawful chastisement or correction, reasonable surgical interference, dangerous exhibitions, etc.

These apparent exceptions can be justified as involving the exercise of a legal right, in the case of chastisement or correction, or as needed in the public interest, in the other cases."

5.9 The basic proposition established by Attorney-General's Reference (No 6 of 1980), was therefore that **where an action was intended or likely to cause injury, consent was no defence unless there was a good reason to allow consent to the activity in question.**

6.6 We therefore now set out the various considerations relied on in Brown in the step-by-step manner by which the majority of the judges approach the question.

(i) A line can be drawn above which consent is no defence

7.1 The first stage in this analysis is to accept that **whilst consent is a defence to common assault, consent will not provide a defence in all cases.** It is widely recognised that **consent to being killed is ineffective** and, below this, a line must be drawn somewhere along the continuum from minor touching to death. Above this line consent will ordinarily not be a defence. This form of analysis was clearly adopted by Lords Jauncey, Lowry and Slynn.

Lord Jauncey:

*"All the appellants recognised... that **there must be some limitation upon the harm which an individual could consent to receive at the hand of another.** The line between injuries to the infliction of which an individual could consent and injuries to whose infliction he could not consent must be drawn it was argued where the public interest required." (at p 567C-E.)*

Lord Lowry:

*"Everyone agrees that consent remains a complete defence to a charge of common assault and **nearly everyone agrees that consent of the victim is not a defence to a charge of inflicting really serious personal injury (or 'grievous bodily harm').** The disagreement concerns offences which occasion actual bodily harm... "*

Lord Slynn:

*"Three propositions seem to me to be clear. It is **'inherent in the conception of assault and battery that the victim does consent'** Glanville Williams 'Consent and Public Policy' **not** [1962] Crim LR 74, 75.*

Secondly, *consent must be full and free and must be as to the actual level of force used or pain inflicted.*

Thirdly, *there exist areas where the law disregards the victim's consent even where that consent is freely and fully given. These areas may relate to the person (e.g. a child); they may relate to the place (e.g. in public) ; they may relate to the nature of the harm done. It is the latter which is in issue in the present case. I accept that consent cannot be said simply to be a defence to any act which one person does to another.*

A line has to be drawn as to what can and cannot be the subject of consent."

(ii) The line should be drawn at actual bodily harm

7.2. The majority, having recognised that such a line can be drawn, then held that **the cut off point was to be actual bodily harm**. They therefore recognised that, 'in the absence of special circumstances, public policy dictates that consent will provide no defence to charges under section 47 or 20 [of the Offences against the Person Act 1861] both these charges requiring at least actual bodily harm.

7.3 Lord Lowry gained support for this view from the structure of the 1861 Act as well as from the cases.he went on to consider the Act in some detail:

*"I consider that [the Act of 1861] contains fairly clear signs that, with regard to the relevance of the victim's consent as a defence, **assault occasioning actual bodily harm and wounding which results in actual bodily harm are not 'offences below the line', to be ranked with common assault as offences in connection with which the victim's consent provides a defence, but offences 'above the line', to be ranked with inflicting grievous bodily harm and the other serious offences in connection with which the victim's consent does not provide a defence.**"*

Lord Lowry noted the following points about the structure of the [Offences against the Person] Act:

1. Section 18 offences were felonies, while section 47 and section 20 offences were misdemeanours. Therefore, section 20 was not associated with section 18 and separated from section 47 by categorisation.
2. Although section 47 appears to describe a less serious offence than section 20, the maximum penalty was the same.
3. The **wounding in sections 18 and 20 may occasion actual bodily harm or grievous bodily harm. Any rule based on serious bodily harm would, therefore, require the line to be**

drawn somewhere down the middle of section 20.

4. Section 20 does not envisage the jury having to find out whether anything more than actual bodily harm was occasioned

5. That consent is a defence to a charge of common assault is a common law doctrine which the Act of 1861 has done nothing to change.

7.5 Lord Jauncey noted that in *Donovan, Attorney-General's Reference* (No 6 of 1980) and *Boyce* **the infliction of actual bodily harm was considered to be sufficient to negative any consent.** Cave J in *Coney* also appeared to take the same view. On the other hand, Stephen J in *Coney* appeared to consider that it required serious danger to life and limb to negative consent. As to that, Lord Jauncey concluded:

"I prefer the reasoning of Cave J in Coney and of the Court of Appeal in the later three English cases which I consider to have been correctly decided. In my view the line falls properly to be drawn between assault at common law and the offence of assault occasioning actual bodily harm created by section 47 of the Offences against the Person Act 1861, with the result that consent of the victim is no answer to anyone charged with the latter offence or with a contravention of section 20 unless the circumstances fall within one of the well known exceptions such as organised sporting contests or games, parental chastisement or reasonable surgery... . If consent is to answer a charge under section 47 but not one under section 20, considerable practical problems would arise."

(iii) *The line should be drawn at serious bodily harm*

7.9. Apart from the limited reference to unlawfulness under other provisions, therefore, the majority espoused as the **basic rule that consent provides no defence for any action that is intended or likely to cause actual bodily harm.** Lord Slynn, however, differed from the majority on the question of where that line should be drawn above which consent will ordinarily provide no defence.

7.11 Lord Slynn concluded that it was possible to draw the line, and that the line should be drawn between really serious injury on the one hand and less serious injuries on the other. The range of injuries encompassed by actual bodily harm and wounding was wide, and there was no significant reason for refusing consent as a defence for the lesser of these cases." Accordingly:

"My conclusion is on the basis of what I consider existing law to be. I do not consider that it is necessary for the House in its judicial capacity to give what is called 'a new ruling' based on freedom of expression, public opinion, and the consequences of a negative ruling on those whom it is said can only get satisfaction through these acts... .

All these are essentially matters, in my view, to be balanced by

the legislature if it is thought to be necessary to consider the making criminal of sado-masochistic acts per se."

THE GENERAL EFFECT OF CONSENT

The question

13.1. There is no doubt that in the present law effective consent can be given to some general level of physical interference. Commonsense, and the need to prevent the criminal law making life in society impossible, indicate that such a rule should continue. **The present rule is that confirmed in Brown, that consent provides no defence to any act that is intended or likely to cause actual bodily harm** or, in the more modern language adopted in the Criminal Law Bill in Law Com No 218, that is intended or likely to cause injury." (emphasis added)

<http://www.lawcom.gov.uk/app/uploads/2016/08/No.134-Criminal-Law-Consent-and-Offences-Against-the-Person-A-Consultation-Paper.pdf>; and

WHEREAS, the evidence in the UK is that the informed consent laws and processes are not being followed in that live human subjects/participants of this clinical trial are not being informed of the fact that they are being inducted into a live human experiment in a clinical trial of the so-called COVID-19 Vaccinations, and other experimental PIs and NPIs; and

WHEREAS, the UK population, including children, are not being informed of any health benefits of refusing the treatment being offered to them and or the risks, including material risks of serious adverse events including death regarding the said so-called COVID-19 vaccines which are in fact experimental, novel mRNA gene therapies/injections/medical devices and or viral vector injections/vaccines (see below); and

WHEREAS, given the large number of adverse events, including serious adverse events such as death and serious disabilities, that have been reported after the administration of the experimental, novel, so-called COVID-19 vaccines, in living men and women and tragically in children, babies and unborn babies, it is in the interests of all those authorising, sanctioning, encouraging, enforcing, and/or administering the so-called COVID-19 vaccines to fully understand the evidence regarding the risks of these mRNA, DNA gene therapies/vaccines/injections, since liability for harm, injury, suffering, loss and/or death from these medical interventions will fall directly on those who authorise, sanction, encourage, enforce and/or administer these so-called COVID-19 vaccines. An individual who is not fully informed of such risks, is not "informed" and therefore is not able to provide their informed consent, thereby making any consent provided by them unlawful, illegal, immoral and unethical; and

Providing misleading information is unlawful and could vitiate consent

WHEREAS, if the information provided to the individual to obtain consent is misleading, this could vitiate consent as the individual has not been informed with accurate information.

"Misleading. If a complication is listed, but the risk level is not accurate, it could be construed as misleading. A patient may accept a risk of internal bleeding at less than 1%

but not if 10% of patients experience this complication. Major risks like brain damage, death, paralysis, and other life-changing complications should be outlined specifically, along with common complications."

- UK Medical Freedom Alliance "Informed consent and Covid-19 vaccines - <https://www.ukmedfreedom.org/>; and

Providing incomplete information is unlawful and could vitiate consent

WHEREAS, if the information provided to the individual is incomplete, this could vitiate consent.

"Incomplete information. Sometimes risks or complications that have occurred, but only rarely, are not listed on the consent form.

If it can be proven that another physician would have disclosed the risk, but your doctor did not tell you about it, and then the complication occurred,, there may be a possibility to pursue a medical malpractice claim."

- UK Medical Freedom Alliance "Informed consent and Covid-19 vaccines."; and

WHEREAS, the UK Medical Freedom Alliance has provided the following information on informed consent and other relevant information. The UK Medical Freedom Alliance is an alliance of Doctors, scientists and lawyers. The following letters are in the public domain and you should refer to them. The UK medical freedom alliance website also contains further open letters that have been sent regarding the covid19 vaccines and expert analysis of the covid vaccines for the information of patients, including, but not limited to the following letters:

1. <https://www.ukmedfreedom.org/open-letters/ukmfa-open-letter-to-gps-vaccinators-re-obtaining-informed-consent-for-covid-19-vaccines>; and
2. Vaccine consent form
https://uploadssl.webflow.com/5fa586942937a4d73918723/5ff46d3fa0a18f0c8e0cbc2_UKMFA_CV19_vaccine_consent_form_v3.pdf
3. UK medical freedom alliance, Open letter to the JCVI re advice that Covid19 vaccines should be offered to all pregnant women:
<https://www.ukmedfreedom.org/open-letters/ukmfa-open-letter-to-the-jcvi-re-advice-that-covid-19-vaccines-should-be-offered-to-all-pregnant-women>;
4. UK MFA- Open letter re Vaccination Mandates by Employers for Employees or potential Employees:
https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/6034d75d99ca064068db36c5_UKMFA_L4L_Workers_Union-Employers_Vaccine_Open_Letter.pdf; and

The function of the law is to enable rights to be vindicated and to provide remedies when duties have been breached.

WHEREAS, in the UK case of Thefaut v Johnson [2017] EWHC 497 (QB) at para [63], the Court cited the judgments of the House of Lords in the UK case of Chester v Ashfar [2004]

UKHL 41, stating, inter alia:

"63. Finally, I would refer to the judgments of the House of Lords in *Chester* (ibid) where the Judicial Committee held (by a majority) that where in breach of duty a patient was not warned of a small risk of damage, which damage then eventuated, and the patient would otherwise have sought advice on alternatives and would not have undergone surgery at the time and in the circumstances that she in fact underwent surgery, the surgeon should nonetheless be regarded as having caused the entirety of the damage. Lord Hope stated:

"86. I start with the proposition that the law which imposed the duty to warn on the doctor has at its heart the right of the patient to make an informed choice as to whether, and if so when and by whom, to be operated on. Patients may have, and are entitled to have, different views about these matters. All sorts of factors may be at work here - the patient's hopes and fears and personal circumstances, the nature of the condition that has to be treated and, above all, the patient's own views about whether the risk is worth running for the benefits that may come if the operation is carried out. For some the choice may be easy - simply to agree to or to decline the operation. But for many the choice will be a difficult one, requiring time to think, to take advice and to weigh up the alternatives. The duty is owed as much to the patient who, if warned, would find the decision difficult as to the patient who would find it simple and could give a clear answer to the doctor one way or the other immediately.

87. ...**The function of the law is to enable rights to be vindicated and to provide remedies when duties have been breached.**

Unless this is done the duty is a hollow one, stripped of all practical force and devoid of all content. It will have lost its ability to protect the patient and thus to fulfil the only purpose which brought it into existence. On policy grounds therefore I would hold that the test of causation is satisfied in this case.

The injury was intimately involved with the duty to warn."

<https://www.bailii.org/ew/cases/EWHC/QB/2017/497.html#para51> and <https://www.bailii.org/uk/cases/UKHL/2004/41.html>; and

Civil and Criminal actions may proceed immediately for damages

WHEREAS, a breach of the informed consent laws, codes and ethics and a breach of the Health & Safety laws, and a breach of the human rights laws and a breach of the criminal laws

may result in civil and or criminal proceedings being taken by the individual man, woman or child, their families and or other interested parties (see below); and

WHEREAS, therefore, administrative actions and/or civil actions and/or criminal actions may proceed immediately for damages caused by your administration and/or instruction to others to administer the NPI's and PI's including the face masks, tests and the so-called COVID-19 vaccines without having obtained the free, full, and informed consent from the living men, women and child to whom the face masks, tests and the so-called COVID-19 vaccines have been, or are being, administered; and

WHEREAS, offences committed in breach of the Medicines for Human Use (Clinical Trials) Regulations 2004 are set out in PART 8 of the 2004 Regulations entitled "ENFORCEMENT AND RELATED PROVISIONS". Under section 52 entitled "Penalties", it states:

"52. A person guilty of an offence under these Regulations shall be liable—

- (a) on summary conviction to a fine not exceeding the statutory maximum or to imprisonment for a term not exceeding three months or to both;
- (b) on conviction on indictment to a fine or to imprisonment for a term not exceeding two years or to both."

<https://www.legislation.gov.uk/uksi/2004/1031/part/8/made>; and

Violations of human rights

WHEREAS, administering, mandating, promoting and or encouraging experimental medical and or PIs and/or NPIs without obtaining lawful fully informed consent from the individual, freely given in accordance with International, European and UK laws and UK case law, is a prima facie breach of fundamental, inalienable human rights, including, but not limited to the following:

- the right to life,
- the right to bodily integrity,
- the right not to be tortured, degraded or given inhumane treatment and
- the right to provide informed consent freely given in accordance with the rule of law and medical ethics,
- the right to privacy
- the right to a family life

It is unlawful, illegal, immoral and unethical - see, inter alia, Montgomery v Lanarkshire Health Board (2015) (above); and

WHEREAS, violations of human rights not only contribute to and exacerbate poor health, but for many (including children, individuals with disabilities and other vulnerable individuals) the health care and education settings presents a risk of heightened exposure to human rights abuses - including coercive or forced medical treatment and procedures, pharmaceutical and non-pharmaceutical interventions - in breach of the Rule of Law; and

International, European and UK Human Rights laws

WHEREAS, the international law regarding human rights is set out in a number of International laws. The preamble to the Universal Declaration of Human Rights (1948) (the "UDHR") states, inter alia:

"WHEREAS recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the **foundation of freedom, justice and peace in the world**,

WHEREAS **disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind**, and the advent of a world in which human beings shall enjoy freedom of speech, and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common purpose,

WHEREAS, **it is essential, if man is not compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law**,

WHEREAS, the peoples of the United Nations have in the Charter affirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the **equal rights of men and women** and have determined to promote social progress and better standards of life in larger freedom,

WHEREAS Member States have pledged themselves to achieve, in co-operation with the United Nations, the **promotion of universal respect for and observance of human rights and fundamental freedoms**,

WHEREAS **a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge**,

Now, Therefore, THE GENERAL ASSEMBLY proclaims this **UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations**, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction."

<https://www.un.org/en/universal-declaration-human-rights/index.html> ; and

Human Rights - All humans are born free and equal in dignity and rights.

WHEREAS, Article 1 of the UDHR states:

"All humans are born free and equal in dignity and rights.

They are endowed with reason and conscience and should act towards each other

in the spirit of brotherhood."; and

Human Rights - the Right to Self-Determination.

WHEREAS, Article 1 of the International Covenant on Civil and Political Rights (1966) (the "ICCPR") states:

"All peoples have the right to self-determination.

By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development."

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>; and

Human Rights - Everyone is entitled to ALL the rights and freedoms set out in International law.

WHEREAS, Article 2 of the UDHR states:

"Everyone is entitled to all the rights and freedoms set out in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

"Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty."

This includes the UK.; and

Human Rights - the Right to Life, Liberty and Security of Person.

WHEREAS, Article 3 of the UDHR states:

"Everyone has the right to life, liberty and security of person."

The right to life and the right to security of person includes the right not to be experimented upon without providing informed consent, freely given. Medical treatment and procedures includes face masks, testing, vaccines/medical devices, isolation/quarantining/social distancing measures. The right to liberty includes the rights of the freedom to refuse to consent to be experimented upon or to receive medical treatments or procedures, freedom of movement, of association, of speech and of beliefs, and of other liberties. The current school mandates for masks, testing and the policy of vaccinations at schools, the propaganda, teaching materials, coercive and other psychological and emotional techniques being used to obtain consent, is a prima facie breach of Article 3 of the UDHR. The provision of medical treatment or medical procedures without obtaining informed consent, freely given amounts to a prima facie breach of Article 3 of the UDHR.; and

Human Rights - the Right to Life shall be protected by law.

WHEREAS, Article 3 of the UDHR, is enshrined in the European Convention on Human

Rights ("ECHR") in Article 2. the "Right to Life" :

"Everyone's right to life shall be protected by law.

No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction for a crime for which this penalty is provided by law."

The right to life cannot be derogated from under the UDHR - save in the execution of a sentence of a court following his/her conviction for a crime for which this penalty is provided by law. Under Article 15 of the ECHR, there is no right to derogate from the Right to Life - other than in lawful acts of war. NOTE: there is no right to derogate from the Right to Life during a public health emergency

https://www.echr.coe.int/Documents/Convention_ENG.pdf; and

Human rights - the Right not to be arbitrarily deprived of the Right to Life.

WHEREAS, Article 3 of the UDHR and Article 2 of the ECHR, are enshrined in Article 6 of the International Covenant on Civil and Political Rights (1966) which states, inter alia:

"Article 6.

1. Every human being has the inherent right to life.
This right shall be protected by law.
No one shall be arbitrarily deprived of his life.

3. When deprivation of life constitutes the crime of genocide, it is understood that nothing in this article shall authorise any State Party to the present Covenant to derogate in any way from any obligation assumed under provisions of the Convention on the Prevention and Punishment of the Crime of Genocide."; and

Human Rights - the Right not to be subject to Torture, Cruel, Inhumane or Degrading treatment or punishment.

WHEREAS, Article 5 of the UDHR states:

"No one shall be subject to torture or to cruel, inhumane or degrading treatment or punishment."; and

Human Rights - the Right not to be subjected to medical or scientific experimentation without his or her free consent.

WHEREAS, Article 5 of the UDHR is enshrined in Article 7 of the International Covenant on Civil and Political Rights (1966) (the "ICCPR"), which states:

"Article 7.

"No one shall be subjected to torture or to cruel, inhumane or

degrading treatment or punishment.

In particular, **no one shall be subjected without his free consent to medical or scientific experimentation."**

No right to derogate even "in time of public emergency which threatens the life of the nation."

Under Article 4 of the ICCPR, there is no right to derogate from Article 7 - even "in time of public emergency which threatens the life of the nation".

"Article 4.2.

"No derogation from articles7...."

Article 5 of the ICCPR states:

"Article 5.

1. Nothing in this present Covenant may be interpreted as implying for any State, group or person any right to engage in any activity or perform any act aimed at the destruction of any of the rights and freedoms recognized herein or at their limitation to a greater extent than is provided for in the present Covenant.

2. There shall be no restriction upon or derogation from any of the fundamental human rights recognized or existing in any State Party to the present Covenant pursuant to law, conventions, regulations or customs to the pretext that the present Covenant does not recognize such rights or that it recognizes them to a lesser extent." ; and

The Siracusa Principles - limitation and derogation provisions of the International Covenant on Civil and Political Rights

WHEREAS, in 1984, the American Association for the International Commission of Jurists (AAICJ) held an international colloquium in Siracusa, Italy, which was co-sponsored by the International Commission of Jurists. The focus of the colloquium was the limitation and derogation provisions of the International Covenant on Civil and Political Rights, and the outcome is a document that is referred to as the Siracusa Principles. The introductory note to the Siracusa Principles commences in the following terms:

"It has long been observed by the American Association for the International Commission of Jurists (AAICJ) that one of the main instruments employed by governments to repress and deny the fundamental rights and freedoms of peoples has been the illegal and unwarranted Declaration of Martial Law or a State of Emergency. Very often these measures are taken under the pretext of the existence of a "public emergency which threatens the life of a nation" or "threats to national security".

The abuse of applicable provisions allowing governments to limit or derogate from certain rights contained in the International Covenant on Civil and Political Rights has resulted in the need for a closer examination of the conditions and grounds for permissible limitations and derogations in order to achieve an effective implementation of the rule of law.

The United Nations General Assembly has frequently emphasised the importance of a uniform interpretation of limitations on rights enunciated in the Covenant."

<https://www.icj.org/wp-content/uploads/1984/07/Siracusa-principles-ICCPR-legal-submission-1985-eng.pdf>

Paragraph 58 of the Siracusa Principles - Non-Derogable Rights - These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation.

WHEREAS, Paragraph 58 of the Siracusa Principles under the heading of Non-Derogable Rights provides:

"No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to life; freedom from torture, cruel, inhumane or degrading treatment or punishment, and from medical or scientific experimentation without free consent; freedom from slavery or involuntary servitude; the right not to be imprisoned for contractual debt; the right not to be convicted or sentenced to a heavier penalty by virtue of retroactive criminal legislation; the right to recognition everywhere as a person before the law; and freedom of thought, conscience and religion.

These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation." (emphasis added)."; and

WHEREAS, in the case of Kimber, the Court held that paragraph 58 of the Siracusa Principles is consistent with Article 4 of the International Covenant on Civil and Political Rights (the "ICCPR"), stating, inter alia:

[127] This is consistent with Article 4 of the International Covenant on Civil and Political Rights."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ; and

Human Rights - the Right not to be forced to undergo a medical intervention without his or her consent.

WHEREAS, Article 7 of the ICCPR is enshrined in the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No 164) (1997), Oviedo, Spain (the "Oviedo Convention"). The Oviedo Convention is a legally internationally binding instrument on the protection of human rights in the medical field. It sets out fundamental principles applicable to daily medical practice and is regarded as such at the European treaty

on patient's rights. Chapter II - Consent, Article 5 - General rule states, inter alia:

"Article 5. General rule

34. This article deals with consent and affirms at the international level an already well-established rule, that is that no one may in principle be forced to undergo an intervention without his or her consent.

Human beings must therefore be able freely to give or refuse their consent to any intervention involving their person.

This rule makes clear patient's autonomy in their relationship with health care professionals and restrains the paternalistic approaches which might ignore the wish of the patient.

The word "intervention" is understood in its widest sense, as in Article 4 - that is to say, it covers all medical acts, in particular interventions performed for the purpose of preventative care, diagnosis, treatment, rehabilitation or research."

35. "The patient's consent is considered to be free and informed if it is given on the basis of objective information from the responsible health care professional as to the nature and the potential consequences of the planned intervention or of its alternatives, in the absence of any pressure from anyone.

In order for their consent to be valid the persons in question must have been informed about the relevant facts regarding the intervention being contemplated.

This information must include the purpose, nature and consequence of the intervention and the risks involved

Information on the risks involved in the intervention or in the alternative courses of action must cover not only the risks inherent in the type of intervention contemplated, but also any risks related to the individual characteristics of each patient, such as age or the existence of other pathologies.

Requests for additional information made by patients must be adequately answered.

36. Moreover, this information must be sufficiently clear and suitably worded for the person who is to undergo the intervention.

The patient must be put in a position, through the use of terms he or she can understand, to weigh up the necessary or usefulness of the aim and methods of the intervention against its risks and the discomfort or pain it will case.

37. In some cases, however, for example invasive diagnostic acts or treatments, express consent may be required.

Moreover, the patient's express, specific consent must be obtained for participation in research.

38. Freedom of consent implies the consent may be withdrawn at any time and that the decision of the person concerned shall be respected once he or she has been fully informed of the consequences."

<https://rm.coe.int/168007cf98>; and

WHEREAS, Article 5 of the UDHR is enshrined in the ECHR in Article 3. the "Right to Prohibition of torture or to inhuman or degrading treatment":

"Article 3.

"No one shall be subjected to torture or to inhuman or degrading treatment."; and

This includes the right not to be experimented upon without providing informed consent, freely given. (see, for example, Article 7 of the International Covenant on Civil and Political Rights (1966) above). The provision of medical treatment or medical procedures and/or conducting psychological manipulation/warfare, without obtaining informed consent freely given, amounts to a prima facie breach of Article 5 of the UDHR and Article 3 of the ECHR, and under Article 7 of the International Covenant on Civil and Political Rights (1966). Under Article 15 of the ECHR, there is no right to derogate from the prohibition of torture or to inhumane or degrading treatment - not even in acts of war as such act would be unlawful under the War Conventions, nor in a public health emergency, even if it's threatening the life of the nation.; and

WHEREAS, the ECHR, Article 15 - "**Derogation in time of emergency**" - states:

"1. In time of war or other public health emergency threatening the life of the nation, any High Contracting Party may take measures derogating from its obligations under this Convention to the extent strictly required by the exigencies of the situation, **provided** that such measures are not inconsistent with its other obligations under international law.

2. No derogation from Article 2 [the "Right to Life"], except in respect of deaths resulting from lawful acts of war, or from

Articles 3 ["Prohibition of torture or inhumane or degrading treatment", 4 (paragraph 1) and 7 shall be made under this provision."

This means that the right to life [Article 2 of the ECHR, Article 3 of the UDHR], cannot be derogated from in a so-called public health emergency. Even in times of war, the right to derogate is limited to "lawful acts of war", not unlawful ones.

This also means that the right to "Prohibition of torture or inhumane or degrading treatment" [Article 3 of the ECHR, Article 5 of the UDHR], cannot be derogated from under a public health emergency - even if it is threatening the life of a nation.

In respect of other rights listed in the ECHR, the right to derogate is limited to those measures that are STRICTLY required. However, the measures taken must not be inconsistent with other obligations under international [and European and UK] law. Any act/omission by you, the school, its employees, agents, or others which derogates from the child/child's, parent/s, grandparent/s, or others right to life, is a prima facie breach of Article 2 of the ECHR, in addition to Article 3 of the UDHR; and

Human Rights - the Right to be recognised everywhere as a person before the law.

WHEREAS, Article 6 of the UDHR states:

"Everyone has the right to recognition everywhere as a person before the law."

Refusing to recognise an individual's fundamental, inalienable human rights, whether set out in the UDHR or in other laws, is a prima facie breach of Article 6 of the UDHR; and

WHEREAS, Article 6 of the UDHR is enshrined in Article 16 of the ICCPR, which states:

"Everyone shall have the right to recognition everywhere as a person before the law."; and

Human Rights - the Right to Equal Protection of the law against any discrimination in violation of international law.

WHEREAS, Article 7 of the UDHR states:

"All are equal before the law and are entitled without discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination."

This Article enshrines the legal maxim that "all are equal before the law" and no one is above the Rule of law. As such, discrimination - including incitement to discrimination - in violation of the UDHR, is a prima facie breach of Article 7 ; and

WHEREAS, Article 7 of the UDHR is enshrined in Part II of the ICCPR, which states:

"Part II

1. Each State Party to the present Convention undertakes to

respect and to ensure to all individuals within its territory and
subject to its jurisdiction the rights recognized in the present
Covenant, without distinction of any kind such as race, colour, sex,
language, religious, political or other opinions, national or
social origin, property, birth or other status."

Article 7 of the UDHR is also enshrined in Article 3 of the ICCPR, which states:

"Article 3.

"The States Parties to the present Covenant undertake to
ensure the equal right of men and women to the enjoyment of all
civil and political rights set forth in the present Covenant."; and

WHEREAS, Article 7 of the UDHR is enshrined in Article 26 of the ICCPR, which states:

"Article 26.

"All persons are equal before the law and entitled without any
discrimination to the equal protection of the law.

In this respect, the law shall prohibit any discrimination and
guarantee to all persons equal and effective protection against
discrimination on any ground such as race, colour, sex,
language, religion, political or other opinion, national or social
origin, property, birth or other status."; and

Human Rights - the Right of the Child not to be discriminated against.

WHEREAS, Article 7 of the UDHR is enshrined in Article 24 of the ICCPR, which states:

"Article 24.

1. "Every child shall have, without any discrimination as to race,
colour, sex, language, religion, national or social origin, property or
birth right to such measures of protection as are required by his status
as a minor, on the part of his family, society and the State."; and

WHEREAS, Article 7 of the UDHR is enshrined in the ECHR in Article 14. the "Prohibition
of discrimination":

"Article 14.

The enjoyment of the rights and freedoms set forth in this
Convention shall be secured without discrimination on any
ground such as sex, race, colour, language, religion, political or other
opinion, national or social origin, association with a national
minority, property, birth or other status."

Discriminating against an individual on the basis that they cannot or will not wear a mask, take

a test or take an experimental COVID-19 vaccine by treating them differently to those who do wear a mask, take a test or take an experimental COVID-19 vaccine, is a prima facie breach of Article 14 of the ECHR in addition to Article 7 of the UDHR. Any form of medical apartheid is in prima facie breach of these Articles.; and

WHEREAS, the Fair Work Commission in Australia in the case of Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676), stated that all Australians should "*vigorously oppose the introduction of a system of medical apartheid and segregation in Australia*", and held it to be an "*abhorrent concept*" which is "*morally and ethically wrong*" and that such a system of medical apartheid is an "*antithesis of our democratic way of life and everything we value.*", inter alia:

[182] All Australians should vigorously oppose the introduction of a system of medical apartheid and segregation in Australia. It is an abhorrent concept and is morally and ethically wrong, and the antithesis of our democratic way of life and everything we value."

Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

Human Rights - the prohibition by law of advocacy of hatred that constitutes incitement to discrimination, hostility or violence.

WHEREAS, Article 7 of the UDHR is enshrined in Article 20.2 of the ICCPR, which states:

"Article 20.2.

"Any advocacy of national, racial or religious hatred that constitutes incitement to discrimination, hostility or violence shall be prohibited by law. ; and

WHEREAS, the Fair Work Commission in Australia in the case of Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676), 27th September 2021 states, inter alia:

"[180] The statements by politicians that those who are not vaccinated are a threat to public health and should be "locked out of society" and denied the ability to work are not measures to protect public health.

They are not about public health and not justified because they do not address the actual risk of COVID.

These measures can only be about punishing those who choose not to be vaccinated.

If the purpose of the Public Health Orders is genuinely to reduce the spread of COVID, there is no basis for locking out people who do not have COVID, which is easily established by a rapid antigen test.

Conversely, a vaccinated person who contracts COVID should be required to isolate until such time as they have recovered."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and;

Human Rights - the Right not to be subjected to arbitrary interference with an individual's privacy, family or correspondence, nor to attacks upon his honour and reputation.

WHEREAS, Article 12 of the UDHR states:

"No one shall be subjected to arbitrary interference with his privacy, family or correspondence, nor to attacks upon his honour and reputation."

This includes the right not to have live human medical treatments or medical procedures or experiments conducted on a person without their fully informed consent, freely given. This also includes the right to privacy including the right not to be required to provide medical information to another without consent. This also includes the right not to have an individual's honour or reputation to be attacked in any way e.g. by calling them "anti-vaxxers" or "anti-maskers" or "conspiracy theorists" or other such derogatory, inappropriate and discriminatory terms.

Human Rights - the Right to be protected by law from such interference or attacks.

WHEREAS, Article 12 continues:

"Everyone has the right to the protection of the law against such interference or attacks."

Requiring/encouraging/mandating that an individual wear a mask, take a test or take an experimental COVID-19 vaccine or provide vaccine certificates, test results or exemption certificates or mandating isolation, social distancing and quarantining of a person amounts to an "arbitrary interference" with a person's privacy, family and correspondence in prima facie breach of Article 12 of the UDHR. These measures are "arbitrary" as they are not based on the available scientific evidence which show that these measures are unscientific, irrational, unreasonable, disproportionate and unnecessary and are causing significant harm, loss, suffering, disability and/or death. ; and

WHEREAS, Article 12 of the UDHR is enshrined in Article 17 of the ICCPR, which states:

"Article 17.

1. No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour or reputation.

2. Everyone has the right to the protection of the law against such interference or attacks."; and

Human Rights - the Right to respect for Private and Family Life shall not be interfered

with by a public authority.

WHEREAS, Article 12 of the UDHR is enshrined in Article 8 of the European Convention on Human Rights ("the ECHR"). Article 8 of the ECHR states:

"Article 8. the "Right to respect for private and family life":

"Everyone has the right to respect for his private and family life,
his home and his correspondence.

There shall be no interference by a public authority with the
exercise of this right except upon such as is in accordance with
the law and is necessary in a democratic society in the interests of
national security, public safety or the economic well-being of the
country, for the prevention of disorder or crime, for the protection
of healths or morals, or for the protection of the rights and freedoms of
others."

WHEREAS, the case law of the European Court of Human Rights establishes that the
provision of medical treatment without consent constitutes an interference with article 8 of the
ECHR as held in the case of *Pretty v United Kingdom* (2002) 35 EHRR 1 (EctHR), in which
the court held, inter alia:

*"the imposition of medical treatment, without the consent of a mentally
competent adult patient, would interfere with a person's physical integrity in a
manner capable of engaging the rights protected under article 8 (1) of the
Convention [the ECHR]."*

[https://www.hr-
dp.org/files/2013/09/11/CASE_OF_PRETTY_v._THE_UNITED_KINGDOM_.pdf](https://www.hrdp.org/files/2013/09/11/CASE_OF_PRETTY_v._THE_UNITED_KINGDOM_.pdf) ; and

Human Rights - the Right to freedom of Thought, Conscience and Religion.

WHEREAS, Article 18 of the UDHR states:

"Everyone has the right to freedom of thought, conscience and religion; this right
includes freedom to change his religion or belief, and freedom, either alone or in
community with others and in public or private, to manifest his religion or belief in
teaching, practice, worship and observance."

This includes the right to refuse consent for medical or pharmaceutical and non-pharmaceutical
interventions either based on thought/opinion, conscience or religion. Refusing to permit
freedom of thought, conscience or religion is a prima facie breach of Article 18 of the UDHR;
and

**Human Rights - the Right to respect for the Liberty of Parents and Legal Guardians to
ensure the religious and moral education of their children in conformity with their own
convictions.**

WHEREAS, Article 18 of the UDHR is enshrined in Article 18 of the ICCPR, which states:

"Article 18.

1. Everyone shall have the right to freedom of thought, conscience and religion.
2. The States Parties to the present Convention undertake to have respect for the liberty of parents, and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions." ; and

WHEREAS, Article 18 of the UDHR is enshrined in the ECHR in Article 9 " the right to freedom of thought, conscience and religion", as follows:

Article 9. the "Right to Freedom of thought, conscience and religion":

"Everyone has the right to freedom of thought, conscience or religion; this right includes freedom to change his religion or belief and freedom, either alone or in a community with others and in public or in private, to manifest his religion or belief, in worship, teaching, practice and observance."

"Freedom to manifest one's religions or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others."

This includes the right to refuse to consent to wearing a mask, taking a test, isolating, quarantining, socially distance and receiving medical treatment or medical procedures, or providing their personal or medical information to others, whether this refusal to consent to these measures be on the basis of the person's opinion, their conscience or their religious beliefs and doctrines. Refusing to permit freedom of thought, conscience or religion is a prima facie breach of Article 9 of the ECHR and Article 18 of the UDHR; and

Human Rights - the Right to uphold Opinions without interference and to seek, receive and impart Information and Ideas through any media and regardless of frontiers.

WHEREAS, Article 19 of the UDHR states:

"Everyone has the right to freedom of opinion and expression; this right includes freedoms to uphold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers."; and

WHEREAS, Article 19 of the UDHR is enshrined in Article 19 of the ICCPR, which states:

"Article 19.

1. Everyone shall have the right to hold opinions without

interference.";

WHEREAS, Article 19 of the UDHR is enshrined in the ECHR in Article 10. the "Right of Freedom of Expression":

"Article 10.

Everyone has the right to freedom of expression.

This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers.

This includes the right to express opinions, verbally or in writing or by protesting or through art or music or other such forms of expression without interference from teachers and the school's employees and agents. This also includes the right to receive ALL the information about the alleged benefits, efficacy, risks, harms and funding sources and conflicts of interests surrounding the so-called COVID-19 pandemic measures, both domestically and internationally without interference, censorship, reputational attacks, blocking of information and other such measures. Any information provided by the teachers, the school and its' employees and agents which does NOT provide both sides of the debate of the risk/benefit analysis of such COVID-19 pandemic measures, will likely amount to an "interference" and will be a prima facie breach of Article 19 of the UDHR and Article 10 of the ECHR;

WHEREAS, in the case of Kimber, the court held that all Australians, including those who hold or are suspected of holding "anti-vaccination sentiments" are entitled to the protection of the rule of law, stating inter alia:

"[184] Finally, all Australians, including those who hold or are suspected of holding "anti vaccination sentiments", are entitled to the protection of our laws..."; and

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, the Rome Declaration contains allegations by Physicians that they are being discouraged from engaging in open professional discourse and the exchange of ideas about new and emerging diseases - endangering the essence of the medical profession and the lives of Patients. The Rome Declaration contains the following Declaration, inter alia:

"WHEREAS, physicians are increasingly being discouraged from engaging in open professional discourse and the exchange of ideas about new and emerging diseases, not only endangering the essence of the medical profession, but more importantly, more tragically, the lives of our patients." -<https://stateofthenation.co/?p=86476>

Such censorship is a prima facie breach of Article 19 and Article 10 of the ECHR. The same applies to a child/children, their parents/grandparents, teachers or staff or others who are being discouraged from engaging in open professional discourse and the exchange of ideas and information.; and

WHEREAS, in the case of Kimber, the court held that Australians should "*vigorously oppose*"

the "ongoing censorship of any views that question the current policies regarding COVID-19", stating, inter alia:

["183] Australians should also vigorously oppose the ongoing censorship of any views that question the current policies regarding COVID. Science is no longer science if a person is not allowed to question it."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, Article 10 of the ECHR provides for a *limited* right to derogate from the right to freedom of expression as follows:

"The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties **as are prescribed by law** and are **necessary in a democratic society**, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary."; and

Human Rights - the Right to Freedom of peaceful Assembly and Association.

WHEREAS, Article 20 (1) of the UDHR states:

"Everyone has the right to freedom of peaceful assembly and association."

This includes the right to socialise with others, to peacefully gather with others and to peacefully protest, including peacefully protesting outside schools. Any restriction placed on this right, is a prima facie breach of Article 20 (1) of the UDHR. ; and

Human Rights - the Right to take part in the government of an individual's country.

WHEREAS, Article 21 of the UDHR states:

"(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives."

This includes the right to challenge you personally, as well as the school, its employees and agents regarding the decision to employ the COVID-19 measures of masking, testing, vaccinating, isolating, quarantine, socially distancing, compliance techniques on the child/children, parent/s and grandparent/s and others on your school premises. ; and

Human Rights - the Right of Equal Access to Public Services in an individual's country.

WHEREAS, Article 21 of the UDHR continues:

"(2) Everyone has the right of equal access to public services in his country."

This includes the right of the child/children, parent/s, grandparent/s and others to access the school premises for the purposes of facilitating the right of the child/children to an education. This right is enshrined regardless of masking/testing/vaccination or other status. Refusal to provide the right of equal access to the school and to education is a prima facie breach of Article 21 of the UDHR; and

Human Rights - the Right to Work, the Right to free Choice of Employment, the Right to Just and Favourable conditions of work, the Right to Protection against unemployment.

WHEREAS, Article 23 of the UDHR states:

"(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment."

This includes the right for the teachers and staff at the school to work with "just and favourable" conditions of work, which includes the right not to be harmed whilst at work. The Health and Safety at Work Management Regulations 1999, Regulation 3 requires the employer to provide an individual risk assessment to their employees and others on their premises, PRIOR to implementing any measures which may place the employee and others at risk of harm e.g. face masks, invasive testing, invasive vaccinations, isolation, social distancing, quarantining, psychological and emotional compliance methods and other such measures used by the employer to manage the spread of a virus in the workplace. Failure to conduct an individual risk assessment is a prima facie civil and potentially criminal breach of the Health & Safety at Work legislation, as well as a prima facie breach of Article 23 of the UDHR, as well as other civil and criminal laws outlined below. ; and

Human Rights - the Right to Equal Pay.

WHEREAS, Article 23 of the UDHR continues:

"(2) Everyone, without discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration for ensuring for himself and his family an existence worthy of human dignity, and supplemented if necessary, by other means of social protection."

This includes the right to equal pay regardless of masking, testing, or vaccination or other status. A failure to provide equal pay is a prima facie breach of Article 23 of the UDHR ; and

Human Rights - the Right to an "adequate" Standard of Living for the health and well-being of the individual and family.

WHEREAS, Article 25 of the UDHR states:

"(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social

services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

This includes the right to medical care that includes the right to provide consent or to refuse consent to medical treatment and procedures. It also includes the right to education and school and other services necessary for the child and his/her family. Failure to provide adequate medical care and educational services for the child/children and his/her/their family is a prima facie breach of Article 25 of the UDHR. Failing to provide adequate medical care includes failing to ensure that the child/children provides his/her/their fully informed consent, freely given, to wearing a mask, taking a test, taking a vaccine, isolating, socially distancing, quarantining and other such measures. Any such failure is a prima facie breach of Article 25 of the UDHR; and

Human Rights - the Right of the Mother and of the Child to Special Care and Assistance.

WHEREAS, Article 25 of the UDHR states that:

"(2) Motherhood and childhood are entitled to *special care and assistance*."

This includes the "Welfare of the Child" and "Paramountcy" principles i.e. that the welfare of the child should be paramount in any decision, policy, programme involving a child. A failure to ensure that the welfare of the child/children is paramount over the welfare of others, is a prima facie breach of Article 25 of the UDHR. A failure to ensure that a mothers' welfare is prioritised over the welfare of others, is also a prima facie breach of Article 25 of the UDHR; and

Human Rights - the Right of the Child to be protected before Adults.

WHEREAS, children have legal, lawful, ethical and moral rights enshrined in International, European and domestic, UK laws;

WHEREAS, there is a legal and ethical obligation to protect children before adults - Article 7(a) and Article 7(b) of the Universal Declaration on Bioethics and Human Rights [2005]. http://portal.unesco.org/en/ev.php-URL_ID%3D31058%26URL_DO%3DDO_TOPIC%26URL_SECTION%3D201.html ; and

WHEREAS, Article 10 of the International Covenant on Economic, Social and Cultural Rights 1966 ("the ICESR") stipulates, inter alia, that special measures of protection and assistance should be taken for children and young persons without discrimination. <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>; and

WHEREAS, Article 12.2(a) of the ICESR stipulates that the State must take measures to reduce infant mortality and promote the healthy development of infants and children. Subsequent human rights instruments recognise that children and adolescents have the right to the enjoyment of the highest standard of health and access to facilities for the treatment of illness - paragraph 22, General Comment No.14: "The Right to the Highest Attainable Standard of Health (Article 12), 11th August, Doc E/C.12/2000/4." <https://www.refworld.org/pdfid/4538838d0.pdf>; and

WHEREAS, in all policies and programmes aimed at guaranteeing the right to health of children and adolescents, their best interests shall be a primary consideration - paragraph 19, General Comment No.14: "The Right to the Highest Attainable Standard of Health (Article 12), 11th August, Doc E/C.12/2000/4."

- <https://www.refworld.org/pdfid/4538838d0.pdf>; and

WHEREAS, the Convention on the Rights of the Child (1989) provides further details on the rights of minors, stating, inter alia:

"This Convention directs States to ensure access to essential health services for the child and his or her family."

The Convention on the Rights of the Child (1989) links these goals with ensuring access to child-friendly information about preventative and health-promoting behaviour and support to families and communities in implementing these practices.

The right to health of a child is recognized further in article 24 of the Convention.

- <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>; and

WHEREAS, a Safeguarding Officer has compiled the "Safeguarding Children and Young People During the Covid-Pandemic" paper. In it, he/she provides information that satisfies an **"Emergency Raising of Serious Concerns."** All those in a position of influence who do not read and act upon this document, are likely to become directly accountable, as well as personally liable, for any injuries (including deaths) of children and young adults within their Safeguarding remit.

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/children>; and

Human Rights - the Right to Education, to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms.

WHEREAS, Article 26 of the UDHR states:

"(1) Everyone has the right to education.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms.

It shall promote understanding, tolerance and friendship among nations, racial or religious groups, and shall further the activities of the UN for the maintenance of peace."

Implementing the COVID-19 measures listed previously, is in prima facie breach of Article 26 as the child/children have been prevented from the "full development" of their personalities having been denied the ability to read and interact with other people's faces and facial expressions due to the wearing of face masks, having been isolated at home doing online learning, having been socially distanced from their friends at school and elsewhere, having

been denied access to sports, arts, music and other such clubs and events. Implementing the COVID-19 measures is not respecting human rights and fundamental freedoms and is therefore a prima facie breach of Article 26 of the UDHR. ; and;

Human Rights - the Right of the Parent to choose the kind of education that shall be given to their child.

WHEREAS, Article 26 of the UDHR states:

"(3) Parents have a prior right to choose the kind of education that shall be given to their children."; and

WHEREAS, Section 13 of the Education Act 1996 imposes the general responsibility of the Local Authority for education. It reads:

"13. A local authority shall ...contribute towards the spiritual, moral, mental and physical development of the community by securing that efficient primary education, and secondary education, and, in the case of a local authority in England, further education, are available to meet the needs of the population in their area." -

<https://www.legislation.gov.uk/ukpga/1996/56/section/13>.

The responsibility to secure efficient education for children is not diminished by policy or requests from Government which the government has not written into law.; and

WHEREAS, accordingly, and as has always been the case, the Schools have always retained the ability to:

- refuse to arrange, encourage or mandate testing of children or staff for SARS-CoV-2;
- refuse to arrange, encourage or mandate wearing of face-coverings by children or staff;
- refuse to close;
- refuse to arrange, encourage or mandate online or remote learning;
- to provide education at the Schools in a traditional way;
- to take only such steps to mitigate the spread of SARS-CoV-2 as are proportionate and necessary; and

WHEREAS, any and all of the Non-Pharmaceutical Interventions (NPIs) and Pharmaceutical Interventions (PIs) being applied in Schools which significantly interfere with the duty to secure efficient education are unlawful, illegal, immoral and unethical. The exception is if the NPI is shown, based on evidence, not media reports, to be both proportionate and necessary in avoiding risks to the health and safety of those to whom it owes a duty of care; and

Allegation of breach of section 175 of the Education Act 2002.

WHEREAS, the wearing of face masks, isolating, quarantining, testing and injecting children in schools with COVID-19 vaccinations amounts to a prima facie breach of section 175 of the Education Act 2002, under which all schools and staff have the responsibility to have

arrangements in place to Safeguard and promote the welfare of children

[-https://www.legislation.gov.uk/ukpga/2002/32/section/175/enacted](https://www.legislation.gov.uk/ukpga/2002/32/section/175/enacted).; and

Human Rights - the Right to Participate in Cultural life of the community, the Right to Enjoy the Arts and the Right to Share in Scientific advancement and its benefits.

WHEREAS, Article 27 of the UDHR states:

"(1) Everyone has the right to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits."

The school has denied access to sports, arts, music and other such clubs and events over the so-called COVID-19 pandemic measures. The school has not shared the scientific advancement and its benefits with the child/children, parent/s, grandparent/s and others as they have failed to share the following scientific advancements and its benefits, inter alia:

1. The scientific and medical discovery that both Ivermectin and Hydroxychloroquine, Vitamin D, C and Zinc and Quercetin are being used globally to successfully treat the symptoms of COVID-19, making the requirement to take an experimental COVID-19 vaccine unnecessary; and
2. The scientific and medical evidence that face masks do not prevent the transmission of a virus particle the tiny size of SARS-CoV-2, that they increase the risk of transmission of virus particles due to turning droplets into aerosols which carry further the air current and they pose a risk to the wearer of multiple damage; and on organ
3. The scientific and medical and legal evidence that the PCR-test and the lateral flow tests are not fit for purpose, provide a 97% false positive result rate and cause multiple harms; and
4. The scientific and medical evidence that socially distancing, quarantining healthy people and isolation is causing harm, injury and death; and

a failure to disclose such scientific advancements is a prima facie breach of Article 27 of the UDHR; and

Human Rights - the Right to a Social and International Order in which their Rights and Freedoms can be fully realized.

WHEREAS, Article 28 of the UDHR states:

"Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized."

A failure to provide a social order in which the rights and freedoms set forth in the UDHR, will be a prima facie breach of Article 28 of the UDHR. ; and

Human Rights - the Right to Exercise Rights and Freedoms - subject only to such limitations as are determined by law.

WHEREAS, Article 29 of the UDHR states:

"(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society."

The limitations do NOT include a right for anyone else to harm another or to breach another's human rights, other than in accordance with the law. Any limitations/restrictions to the rights of individuals set out in the UDHR, can only be imposed if they are "determined by law" and SOLELY for the purpose of "securing due recognition and respect for the rights and freedoms of others" AND of meeting the "just requirements" of "morality", "public order" AND the "general welfare" in a "democratic society". In other words, the limitations must be lawful, legal, moral and SOLELY for the purposes set out. It is not legal, lawful or moral to limit an individual's human rights other than as prescribed. Any limitation/restriction that is not in accordance with these provisions, is a prima facie breach of the UDHR; and

Human Rights - the Right not to have Rights and Freedoms destroyed by any activity or act by a State, group or persons.

WHEREAS, Article 30 of the UDHR states:

"Nothing in this Declaration may be interpreted as implying for any State, group or persons any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein."

This enshrines the statutory interpretation that should be applied to the UDHR when considering the right to derogate/limit/restrict any of the human rights set out therein. ; and

WHEREAS, Article 17 - Limitations on use and restrictions of rights, states:

"The restrictions permitted under this Convention to the said rights and freedoms shall not be applied for any purpose other than those for which they have been prescribed."; and

WHEREAS, Article 15 - "Derogation in time of emergency" - ECHR states:

"1. In time of war or other public health emergency threatening the life of the nation, any High Contracting Party may take measures derogating from

its obligations under this Convention to the extent strictly required by the exigencies of the situation, **provided that such measures are not inconsistent with its other** obligations under international law.

2. No derogation from Article 2 [the "Right to Life"], except in respect of deaths resulting from lawful acts of war, or from Articles 3 ["Prohibition of torture or inhumane or degrading treatment", 4 (paragraph 1) and 7 shall be made under this provision.

3. Any High Contracting Party availing itself of this right of derogation shall keep the Secretary General of the Council of Europe fully informed of the measures which it has taken and the reasons therefore.

It shall also inform the Secretary General of the Council of Europe when such measures have ceased to operate and the provisions of the Convention are again being fully executed."

Given that you, the school, its employees and others are availing yourselves of the right to derogate from Article 2 and Article 3 and other Articles of the ECHR, and the requirement to keep the Secretary General of the Council of Europe "fully informed" of the measures which it has taken and the reasons therefore, you are required to provide evidence to the person whose rights you seek to derogate from. The evidence sought is listed in this Notice ; and

Acts of Parliament and the Common Law cannot be changed by the executive.

WHEREAS, the ECHR has been incorporated into UK domestic law in the Human Rights Act 1998. There are no emergency derogations to the Human Rights Act for any purpose relating to an emergency in the UK and the right at common law to valid consent has no emergency derogations. You, the school, its employees and others, including the courts, cannot therefore lawfully use the pandemic to claim that any of the human rights engaged should be derogated for the purposes of the pandemic emergency.

"The executive (government) cannot change law made by Act of Parliament, nor the common law"

- R Miller v DExEU [2017] UKSC 5.

<https://www.supremecourt.uk/cases/uksc-2016-0196.html>; and

WHEREAS, the ECHR ensures the need for interventions taken by the Government and State to remain "evidence-based" as well as "necessary" and "proportionate". "Proportionate" means balancing the competing interests with "evidence-based" facts: in this case, to determine whether the UK has a "Public Health Emergency" under which the Government and the State, you, the School and others are claiming their right to derogate from their obligations to uphold human rights; whether the implementation of both Non-Pharmaceutical Interventions (such as Lockdowns, Social distancing, "bubbles", quarantining of healthy individuals) and Pharmaceutical Interventions (such as the so-called "COVID-19 vaccines", the face masks, the PCR or lateral flow tests) are strictly "necessary" in a democratic society in the interests of public safety, for the maintenance of public order, for the protection of health or morals, or for the protection of the rights and freedoms of others; and

Allegation of infringement of inalienable, fundamental human rights.

WHEREAS, infringements and violations of living men, women and children's inalienable, fundamental rights, civil liberties and freedoms by so-called "pandemic" laws are unnecessary, unfounded, disproportionate, unreasonable, irrational, unethical, immoral, unconstitutional, undemocratic, unlawful, illegal under domestic, European and International civil law and criminal law;

United Nations Office for the High Commissioner for Human Rights for introducing COVID public health response measures.

WHEREAS, In an article published by Monash University's Castan Centre for Human Rights Law, the author, Professor the Hon Ken Bell AM QC, considered the COVID guidance issued by the United Nations Office for the High Commissioner for Human Rights for introducing COVID response measures consistent with human rights. He provided the following summary:

[Requirement for emergency measures that restrict human rights to be "**proportionate**", "**necessary**" and "**non-discriminatory**"]:

- International law allows emergency measures in response to significant threats - but measures that restrict human rights should be **proportionate** to the evaluated risk, **necessary** and applied in a **non-discriminatory** way. This means having a specific focus and duration, and taking the least intrusive approach possible to protect public health.

[Requirement for emergency powers to only be used for "**legitimate**" public health goals]:

- With regard to COVID-19, emergency powers must only be used for legitimate public health goals, not used as a basis to quash dissent, silence the work of human rights defenders or journalists, deny other human rights or take any other steps that are not strictly necessary to address the health situation.

[Requirement for Governments to **inform the public** of what the emergency measures are, where they apply, for how long and provide updated information, widely available]:

- Governments should inform the affected population of what the emergency measures are, where they apply and for how long they are intended to remain in effect, and should update this information regularly and make it widely available.

[Requirement for Governments to **ensure a return to life "as normal"** and NOT use emergency powers to "indefinitely" regulate day-to-day life]:

- As soon as feasible, it will be important for Governments to ensure a return to life as normal and not use emergency powers to indefinitely regulate day-to-day life, recognising that the response must match the needs of different phases of the crisis."

https://www.ohchr.org/Documents/HRBodies/SP/COVID/Academics/Castan_Centre_and_Prof_Joe.pdf; and

Legal opinion re unlawfulness of Public Health Orders and re right to suspend human rights during states of emergency or disaster.

WHEREAS, in the case of Kimber, the court held that, inter alia:

"[173] In summary, the powers to make Public Health Orders (PHOs) cannot lawfully be used in a way that is punitive, and human rights are not suspended during states of emergency or disaster.

PHOs, by their nature, are designed and intended for short term use in the event of an emergency or crisis. They are not intended to be an ongoing vehicle to enforce significant deprivations of our civil liberties.

The COVID pandemic started over 20 months ago. The time is fast approaching where the reliance on PHO's will no longer be justified on public health grounds, particularly where there is such a significant intrusion on civil liberties"

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021.

Legal opinion re the "necessity" and "reasonableness" of the denial or restrictions on basic liberties

WHEREAS, in the case of Kimber, the court stated that, inter alia:

"[160].. the necessity and reasonableness of the denial or restrictions on basic liberties must be weighed against a variety of other serious flow on consequences such as the significant increase in mental health issues and domestic violence, and against the serious economic damage that has been caused and will continue to be caused by the existing measures found in the Public Health Orders."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021.

Legal opinion re "far less restrictive" and "less intrusive" ways to ensure public health.

WHEREAS, in the case of Kimber, the court stated that, inter alia:

"[164] It should be abundantly clear that there are other, far less restrictive and less intrusive ways in which we can ensure public health and appropriately address the risk of COVID without resorting to the extreme measures currently in place."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021.; and

Legal opinion re "proportionality" of COVID-19 public health measure.

WHEREAS, in the case of Kimber, the court stated that:

"[172] The initial predictions of a 60% infection rate from COVID with a 1% death rate thankfully did not materialise.

It is now time to ask whether the "cure" is proportionate to the risk, and the answer should be a resounding no.

When deciding now what is reasonable, necessary and proportionate in terms of any response to COVID, governments and employers should actively avoid the hysteria and fear-mongering that is now so prevalent in the public discourse, and which will cloud rational, fact-based decision making."

[173] The current PHOs have moved well past the minimum necessary to achieve public health aims, and into the realm of depravation.

It is not proportionate, reasonable or necessary to "lock out" those who are unvaccinated and remove their ability to work or otherwise contribute to society."; and

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021.; and

Legal opinion that mandating or blanket rules regarding vaccines for everyone FAILS the test of "proportionality", "necessity" and "reasonableness"

WHEREAS, in the case of Kimber, the court stated, held that, inter alia:

"[181] Blanket rules, such as mandating vaccinations for everyone across a whole profession or industry, regardless of the actual risk, fail the test of proportionality, necessity and reasonableness.

It is more than the absolute minimum necessary to combat the crisis and cannot be justified on health grounds.

It is a lazy and fundamentally flawed approach to risk management and should be soundly rejected by courts when challenged."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, in the case of Kimber, the court held that, inter alia:

"[146] Finally, it should be clearly understood that employers who mandate vaccinations will be liable for any adverse reactions their workers may experience, given this is a foreseeable outcome for some people,";

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ; and

Expert legal opinion on requirement to be "particularly vigilant to protect civil liberties and human rights"

WHEREAS, in an article recently published by two Senior Lecturers from the Faculty of Law at Monash University entitled "Wars, Pandemics and Emergencies What can history tell us about executive power and surveillance in times of Crisis", the authors concluded that **"in an**

emergency, we must be particularly vigilant to protect civil liberties and human rights against incursions that are more than the absolute minimum necessary to combat the crisis..."; <https://www.unswlawjournal.unsw.edu.au/wp-content/uploads/2021/04/07-Ng-Gray.pdf>; and

Human Rights - the Right to an Effective Remedy.

WHEREAS, the European Convention on Human Rights ("the ECHR"), contains the following human rights, inter alia:

Article 13. the "Right to an effective remedy":

"Everyone whose rights and freedoms set forth in this Convention are violated shall have an effective remedy before a national authority notwithstanding that the violation has been committed by persons acting in an official capacity."
(emphasis added).

https://www.echr.coe.int/Documents/Convention_ENG.pdf; and

WHEREAS, you are therefore required to provide evidence that the measures you have employed are "necessary" "legitimate" "reasonable" and "proportionate", "evidence-based" and "least restrictive" as weighed against the harm that is being caused by these measures such as:

- a. the increase in mental health issues ;
- b. the increase in domestic violence issues ;
- c. the increase in financial and economic loss;
- d. the increase in suicides - "deaths of despair";
- e. the increase in learning and other difficulties;

and issues of the child/children, the family of the child/children, employees and others affected by your measures; and

WHEREAS, infringement of human rights may incur liabilities on the enforcers, promoters and/or administrators of such infringements for harm, loss, suffering, injury and/or death caused by actions and/or omissions;

Sanctions for breach of Human Rights - the Global Human Rights Sanctions Regulations 2020 No.680

WHEREAS, the Explanatory Memorandum to the Global Human Rights Sanctions Regulations 2020 No. 680, states, inter alia:

"6.2. The Sanctions Act establishes a legal framework which enables Her Majesty's Government (HMG) to continue to give effect to those sanction regimes and to introduce other new sanctions regimes. Section 1 of the Sanctions Act enables sanctions regulations to be made for the purposes of compliance with United Nations obligations and other international obligations, as well as for a number of other purposes which include: **promoting compliance with international human rights law and respect for human rights...or promoting respect for democracy, the rule of law**

and good governance."

"What is being done and why?"

7.1. HMG seeks to champion human rights, good governance and the rule of law. Serious human rights violations by State actors, and similar conduct by non-State actors, leads to unstable and less prosperous societies. Such conduct perpetuates violent conflict, creates a world where terrorism flourishes and where democratic institutions are weakened. It has a devastating impact on individuals and places the safety of individuals and societies at risk.

Successfully deterring such conduct would help create fairer and more just societies, which support the long-term global conditions most conducive to security, economic growth and the safety of all.

7.2 This instrument will enable HMG to designate persons who are involved in certain activities which, had they been carried out by or on behalf of a State within the territory of that State, would amount to a serious violation by that State of certain human rights.

These are:

an individual's right to life;

an individual's right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment; and

an individual's right to be free from slavery, not to be held in servitude or required to perform forced or compulsory labour.

Such persons are able to be designated for the purpose of a travel ban or an asset freeze. The designation of such persons is intended to deter, and provide accountability for, such activities. The activities could be carried out by a State or a non-State actor. "

(emphasis added)

https://www.legislation.gov.uk/ukxi/2020/680/pdfs/ukxiem_20200680_en.pdf; and

The Sanctions and Anti-Money Laundering Act 2018

WHEREAS, section 1 of the Sanctions and Anti-Money Laundering Act 2018 states, inter alia:

"(1) An appropriate Minister may make sanctions regulations where that Minister considers that it is appropriate to make the regulations -

(c) for a purpose within subsection (2).

(2) A purpose is within this subsection if the appropriate Minister making the regulations considers that carrying out that purpose

would -

- (f) **provide accountability for or be a deterrent to gross violations of human rights, or otherwise promote-**
 - (i) **compliance with international human rights law, or**
 - (ii) **respect for human rights,**
- (g) **promote compliance with international humanitarian law,**
 - (i) **promote respect for democracy, the rule of law and good governance."** (emphasis added)

-<https://www.legislation.gov.uk/ukpga/2018/13/section/1> ; and

Allegation of an agenda of false information as to the necessity, effectiveness, reasonableness, safe, proportionate or use of non-pharmaceutical and pharmaceutical measures

WHEREAS, there is an agenda of false information as to the necessity, effectiveness, reasonableness, safe, proportionate or use of non-pharmaceutical and pharmaceutical measures such as so-called "lockdowns", "social distancing", "quarantining" testing equipment and wearing of face coverings/masks and of the use of so-called "COVID-19 vaccines" to manage the spread of the so-called "SARS-CoV-2 virus"; and

Allegation that no Public Health Emergency exists in the UK.

WHEREAS, no such Public Health Emergency exists in the UK. For example, the Euromomo evidence has consistently shown no medical emergency at any time from January 2020 to May 2021.

- <https://www.euromomo.eu/graphs-and-maps/>; and

Allegation of an agenda of false information as to there being a true "Pandemic".

WHEREAS, there is an agenda of false information as to there being a true "pandemic" requiring emergency safety measures and legislation of any kind involving any kind of restrictions on liberty and or free movements; and

Allegation that there is a lack of proof that a disease called "COVID-19" exists.

WHEREAS, there is lack of evidence that a disease called COVID-19 exists. According to the World Health Organisation ("WHO"), *"Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus"*. However, the genome sequence for SARS-CoV-2, released in January 2020, proved that the test to identify its presence was created in the absence of virus samples. -See Eurosurveillance - "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR- <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.3.2000045>"; and

Allegation of lack of proof of existence of a virus called "SARS-CoV-2".

WHEREAS, there is no virus isolate of SARS-CoV-2 which exists. The genome sequence

for SARS-CoV-2, released in January 2020, proved that the test to identify its presence was created in the absence of virus samples. It is therefore contended that no virus isolate of SARS CoV 2 exists, and that a disease called COVID-19 has not caused excess deaths in the UK. ; and

Evidence of lack of proof of existence of a virus called "SARS-CoV-2"

WHEREAS, Freedom of Information requests both here in the UK and globally have revealed that healthcare institutions and governments and science institutions confirm that they have no evidence that a pure isolate of the virus exists.

- "FOIs reveal that health/science institutions around the world have no record of SARS-COV-2 isolation/purification,anywhere,ever" - Fluoride Free Peel- <https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>; and

WHEREAS, the CDC, the WHO, the Doherty Institute, John Hopkins University and Public Health England, Boris Johnson, UK Prime Minister, have accepted that they are unable to provide a sample of an isolated SARS-CoV-2 virus.

- "COVID-19 Evidence of a Global Fraud, Nov 2020, Iain Davis - <https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/>; and ; and

WHEREAS, Dr Anthony Molloy, reports, inter alia:

"as a virus has not been isolated and the genetic sequence that they have generated, is a 100% sequence identity match to human chromosomes.

Then there is no target or gold standard for detection of a novel virus which they do not have or even proven to be the cause of the symptoms of the disease "Covid 19".

- "Scientific evidence based document, in relation to SARS-Cov2, its testing, method and treatment. by Dr Anthony Molloy, 2nd August 2021; and

Evidence that the RT-PCR test is not designed to be used as a diagnostic test:

WHEREAS, the inventor of the RT-PCR test, Kary Mullis stated,

"you can find anything in anything. This is not to be used as diagnostic test, but only for academic purposes". ; and

WHEREAS, Dr Anthony Molloy, reports, inter alia:

"The RT-PCR test used, only looks for a sequence match of only one of the (human chromosomes) gene sequences, not all four.

A positive test only requires the test to find one of the sequences.

Data shows a 0% possibility of a patient been found to have all four sequences at once.

So, the target of the test is flawed with no gold standard. "

"Scientific evidence based document, in relation to SARS-Cov2, its testing, method and treatment. by Dr Anthony Molloy, 2nd August 2021 ; and

Evidence that the PCR test is abused via cycles of amplification producing false positive results.

WHEREAS, additionally, tests can come out positive or negative, simply on the number of cycles of amplification is being run for.

"All samples will come out positive if ran for over 45 cycles.

There is not a world wide standard threshold and it has been open to abuse from the start of the pandemic to make cases go up or down as desired, driven by the cycle threshold."

"Scientific evidence based document, in relation to SARS-Cov2, its testing, method and treatment. by Dr Anthony Molloy, 2nd August 2021 ; and

Evidence that the RT-PCR test is "not fit for purpose."

WHEREAS, Dr Anthony Molloy, reports, inter alia:

As such, a landmark legal ruling in Portugal upheld a decision from a lower court, to find that the Covid RT-PCR test are not fit for purpose."

"Scientific evidence based document, in relation to SARS-Cov2, its testing, method and treatment. by Dr Anthony Molloy, 2nd August 2021 and "Landmark legal ruling finds that Covid tests are not fit for purpose. So what do the MSM do? They ignore it." RT, Nov.2020, Peter Andrews - <https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>; and

Evidence that the PCR test is withdrawn by the WHO and the CDC for producing "meaningless" results.

WHEREAS, the WHO and CDC are withdrawing all PCR testing tools for SARS-CoV-2, due to the fact that the results from these devices are meaningless.

- "The Who Confirms that the Covid-19 PCR test is Flawed: Estimates of "Positive Cases" are meaningless. The lockdown has no scientific basis" Global Research Canada, July 2021, Professor Michel Chossudovsky. <https://www.globalresearch.ca/nucleic-acid-testing-technologies-use-polymerase-chain-reaction-pcr-detection-sars-cov-2/5739959>.

WHEREAS, see also: "Lab Alert: Stop Using Innova SARS-COV-2 Antigen Rapid Qualitative test." 11th June 2021 from the CDC.

- https://www.cdc.gov/csels/dls/locs/2021/06-11-2021-lab-alert-Innova_SARS-CoV-2_Antigen_Test.html.; and

Evidence of lack of proof that a disease called "COVID-19" is fatal/highly dangerous

WHEREAS, on 3rd March 2020, the UK Government scientific advisor echoed the Prime Minister, when he said:

"Let me be absolutely clear that for the overwhelming majority of people who contract the "virus", this will be a mild disease from which they will speedily and fully recover as we've already seen."

The World Health Organisation has stated that most people diagnosed with COVID-19 will recover without the need for any medical treatment; and

Evidence that the "threat" from the "virus" was officially downgraded from a HCID to a NOID by the UK Government on 13th March 2020.

WHEREAS, in line with the advice of the UK Government scientific advisor cited above, on 13/03/2020, the threat from the virus was officially downgraded from a HCID to a NOID by the UK Government and the details on the same published on the UK Government website - High consequence infectious diseases (HCID) - Gov.uk (www.gov.uk); and

WHEREAS, it is highly significant that COVID-19 is not a High Consequence Infectious Disease (HCID) in the UK according to UK Government's official guidance issued on 19 March 2020 and accessed 24 May 2021 by <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>. ;and

Allegation of false information against alternative treatments for COVID-19 symptoms

WHEREAS, it appears that there is an agenda of false information against alternative treatments for COVID-19 type symptoms including, for example Ivermectin. by deliberate suppression of the effectiveness of Ivermectin as prophylaxis and treatment of SARS-CoV-2, despite the existence of large amounts of clinical data compiled and presented by esteemed, highly qualified, experienced medical doctors and scientists, including Dr Tess Lawrie and BIRD in the UK. The Indian Bar Association referenced the peer-reviewed publications and evidence compiled by the ten-member Front Line COVID-19 Critical Care Alliance (FLCCC) group and the 65-member British Ivermectin Recommendation Development (BIRD) panel headed by WHO consultant and meta-analysis expert, Dr. Tess Lawrie, UK in their Notice of Liability to the WHO - <https://indianbarassociation.in/press-releases/> ; and

WHEREAS, issuing statements in social media and mainstream media, thereby influencing the public against the use of Ivermectin and attacking the credibility of acclaimed bodies/institutes and individuals advocating for the use of Ivermectin is causing unnecessary suffering, harm, loss, injury and or death; and

Duty of care to inform the public and individuals that severe illness and death as a result of SARS-CoV-2 are rare and preventable and are treatable in the vast majority of men, women and children

WHEREAS, you have a duty to inform each living man, woman and child that severe illness and death as a result of SARS-CoV-2 are rare and preventable and are treatable in the vast majority of men, women and children including pregnant women, new mothers, breastfeeding women, children and young adults, by the administration of an array of safe and repurposed drugs such as Ivermectin and Hydroxychloroquine; and

Allegation that the UK population are being denied the use and availability of alternative treatments for COVID-19 symptoms.

WHEREAS, the UK population are being denied the use and availability of alternative treatments for Covid-19 type symptoms. Denying the use and availability of alternative treatments is in breach of an individual's fundamental Right to Health as set out in the International treaties ; and

Evidence that Ivermectin and Hydroxychloroquine are effective for prevention, treatment and cure of illness and of COVID-19 symptoms.

WHEREAS much scientific peer-reviewed literature is available and which shows the benefits of using such drugs as Ivermectin and Hydroxychloroquine for prevention, treatment, and cure of illness and symptoms associated with COVID-19/SARS-CoV-2 infection.

Please see <https://c19ivermectin.com/> and <https://c19hcq.com/>, <https://c19study.com>, <https://metahcq.com>, <https://hcqtrial.com>, <https://covexit.com>, <https://aapsonline.org>, <https://americasfrontlinedoctors.com> ; and

WHEREAS, a 70% reduction in mortality has been demonstrated in a comparative study between countries allowed access to Hydroxychloroquine and countries that have denied Hydroxychloroquine access to their citizens - <https://hcqtrial.com/>; and

WHEREAS, where Ivermectin was used in India, the most prominent examples include the areas of Delhi, Uttar Pradesh, Uttarakhand, and Goa where cases dropped 98%, 97%, 94%, and 86%, respectively. By contrast, Tamil Nadu opted out of Ivermectin. As a result, their cases skyrocketed and rose to the highest in India. Tamil Nadu deaths increased ten-fold.

https://thedesertreview.com/news/national/invermectin-obliterates-97-percent-of-delhi-cases/article_6a3be6b2-c31f-11eb-836d-2722d2325a08.html; and

WHEREAS, Tamil Nadu opted out of Ivermectin. As a result, their cases skyrocketed and rose to the highest in India. Tamil Nadu deaths increased ten-fold.

https://thedesertreview.com/news/national/invermectin-obliterates-97-percent-of-delhi-cases/article_6a3be6b2-c31f-11eb-836d-2722d2325a08.html;

Evidence of Early Treatment protocols for COVID-19 symptoms

WHEREAS, Professor Peter A. McCullough, M.D., M.P.H. Vice Chief of Internal Medicine, Baylor University Medical Centre is a world expert in the early treatment of Covid-19 illness. Prof McCullough's peer-reviewed protocol on the early treatments for Covid-19 illness was published in the American Medical Journal on 7th August 2020, entitled "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection".
.-<https://www.amjmed.com/action/showPdf?pii=S0002-9343%2820%2930673-2>. His booklet on "Early Outpatient Treatments of Covid-19" can be read here: <https://aapsonline.org/covidpatientguide/>; and

WHEREAS, Professor Peter A. McCullough, M.D., M.P.H. Vice Chief of Internal Medicine,

Baylor University Medical Centre was a lead witnesses at a US Homeland Security Senate Hearing on 19th November, 2020, entitled: "Early Outpatient Treatment: An Essential Part of a Covid-19 Solution.

[-https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution](https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution).

-Professor McCollough's testimony can be read here:
<https://www.hsgac.senate.gov/imo/media/doc/Testimony-McCullough-2020-11-19.pdf>.

WHEREAS, Professor Harvey Risch, M.D., PH.D, Professor of Epidemiology, Yale University was a lead witness at a US Homeland Security Senate Hearing on 19th November, 2020, entitled: "Early Outpatient Treatment: An Essential Part of a Covid-19 Solution".

[-https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution](https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution).

- Professor Risch's testimony can be read here:
<https://www.hsgac.senate.gov/imo/media/doc/Testimony-Risch-2020-11-19.pdf>,

WHEREAS, George C. Fareed, M.D.Medical Director and Family Medicine Specialist Pioneers Medical Center, also gave evidence to the Sentate.

[-https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution](https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution).

-Dr Fareed's testimony can be read here:
<https://www.hsgac.senate.gov/imo/media/doc/Testimony-Fareed-2020-11-19.pdf>.

WHEREAS, Ashish K. Jha, M.D., M.P.H.Dean of the School of Public Health Brown University also gave evidence to the Senate.

[-https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution](https://www.hsgac.senate.gov/hearings/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution).

Dr Jha'sTestimony can be read here -
<https://www.hsgac.senate.gov/imo/media/doc/Testimony-Jha-2020-11-19.pdf>:

WHEREAS, a transcript of the Hearing can be accessed here: <https://www.c-span.org/video/?478169-1/senate-hearing-covid-19-outpatient-treatment> **HYPERLINK** ; and

WHEREAS, Dr Vladimir Zelenko, M.D. has created the highly effective and successful "Zelenko protocol" for the treatment of Covid-19 illness. Dr Zelenko's study, the first to include risk stratification, can be found here:
<https://www.sciencedirect.com/science/article/pii/S0924857920304258>; and

Evidence of COVID-19 Medical Network Limited's concerns

WHEREAS, the Covid-19 Medical Network Limited, sent a letter to Adjunct Professor John Skerritt, Deputy Secretary, Health Products Regulation Group, in Australia stating, inter alia:

"We are writing to express our concerns regarding the role of the Therapeutics and Goods Administration (TGA) in banning Hydroxychloroquine (HCQ) for the use in Covid-19 illness presentations and thereby criminalising its use by doctors in this setting.

1. The Unwarranted Banning of an Effective Therapeutic

We contend that the decision to specifically ban Hydroxychloroquine (HCQ) as a therapy used in combination with other agents, effectively making it unavailable for doctors to utilise to treat early Covid-19 illness, was unwarranted and did not reflect an adequate appraisal of the available medical literature regarding the safety and efficacy of HCQ.

2. Excessive and Inappropriate Sanctions and Criminal consequences for the Use of HCQ in the treatment of Early Covid Illness.

The risk of serious sanctions or criminal convictions for doctors now legislated for in various legislatures for the use of HCQ in the setting of early covid illness are the result of decisions made by the TGA... This is a serious encroachment on the rights of citizens and an unnecessary interference in the doctor-patient relationship by governments. The result of these excessive provisions has resulted in undue consequences on many patients as well as doctors.

3. A failure to review the available evidence regarding the effectiveness and safety of Hydroxychloroquine for use in Early Covid Illness.

We contend that the decision to ban Hydroxychloroquine, and thereby deny access to well-evidenced and effective treatments for early covid illness, were based on an inadequate review of the medical literature and an inaccurate and erroneous reading of the available evidence.

4. We contend, based on international evidence and experience, that the consequences of the decisions by the TGA to ban HCQ have had serious negative consequences on the health and well-being of many Australian citizens and may have directly contributed to the deaths of patients." ; and

Evidence of Notice of Liability issued to the WHO Chief Scientist, accusing her of causing deaths of Indian citizens by misleading them about Ivermectin

WHEREAS, the Indian Bar Association ("IBA") sued WHO Chief Scientist Dr. Soumya Swaminathan on 25th May 2021, accusing her in a 71-point Notice of Liability of causing the deaths of Indian citizens by misleading them about Ivermectin. Point 56 states:

"that your misleading tweet on May 10, 2021, against the use of Ivermectin had the effect of the State of Tamil Nadu withdrawing Ivermectin from the protocol on May 11, 2021, just a day after the Tamil Nadu government had indicated the same for the treatment of COVID-19 patients."

<https://science.thewire.in/health/tn-revises-protocols-leaves-out-Ivermectin-for-covid-patients/>. - <https://indianbarassociation.in/press-releases/> ; and

WHEREAS, Dr Swaminathan was called out for her malfeasance in discrediting Ivermectin to preserve the EUA for the vaccine and pharmaceutical industry. Point 52 reads

"It seems you have deliberately opted for deaths of people to achieve your ulterior goals, and this is sufficient grounds for criminal prosecution against you."

- <https://indianbarassociation.in/press-releases/> ;and

WHEREAS, Advocate Dipali Ohja, lead attorney for the Indian Bar Association, threatened criminal prosecution against Dr. Swaminathan "for each death" caused by her acts of commission and omission. ; and

WHEREAS, Advocate Dipali Ojha clarified the nature of the planned action by stating:

"The Indian Bar Association has warned action under section 302 etc. of the Indian Penal Code against Dr. Soumya Swaminathan and others, for murder of each person dying due to obstruction in treatment of COVID-19 patient effectively by Ivermectin."

Punishment under section 302 of the Indian Penal Code is death penalty or life imprisonment."

- <https://indianbarassociation.in/press-releases/> ; and

WHEREAS, Advocate Dipali Ohja, lead attorney for the Indian Bar Association accused Swaminathan of misconduct by using her position as a health authority to further the agenda of special interests to maintain an EUA for the lucrative vaccine industry. The brief accused the WHO of being complicit in a vast disinformation campaign. Point 61 states

"The FLCCC and BIRD have shown exemplary courage in building a formidable force to tackle the challenge of disinformation, resistance and rebuke from pharm lobbies and powerful health interests like WHO, NIH, CDC, and regulators like the US FDA." and

- <https://indianbarassociation.in/press-releases/>

Allegations by experts that there is a lack of scientific evidence supporting face coverings and lockdowns.

WHEREAS, many experts highlight the lack of science supporting face coverings and lockdowns. The following are merely examples of over 200,000 scientists, doctors and medical practitioners raising concerns:

- America's Children's Health Defence Fund
- America's Frontline Doctors
- Association of American Physicians and Surgeons
- Australia Covid-19 Medical Network
- British Ivermectin Recommendation Development (BIRD) panel
- Canadian Covid Care Alliance
- Canadian Physicians for Science and Truth
- Doctors for Truth in the Netherlands - 3500 doctors and 87,000 nurses
- Doctors4CovidEthics - 160 doctors - Open Letter to Physicians

- Doctors for Truth in Spain - 2562 doctors
- Doctors for Truth in the UK
- Front Line COVID-19 Critical Care Alliance - 1283 doctors
- Germany's Doctors for Information - over 500 doctors
- Great Barrington Declaration signatories - 57, 000 medics/scientists
- Indian Bar Association
- Israeli People's Committee
- Kenya Catholic Doctors Association
- Lawyers for Liberty, UK
- New Zealand Doctors
- Additional doctors and nurses coalitions from France, Ireland, Italy, Brazil ; and

Case law on "focused protection" - an approach sanctioned in the Kimber case, 27th September 2021.

WHEREAS, in the case of Kimber, the court referred to the Great Barrington Declaration's "Focused Protection" approach and held that:

"Those who are not vulnerable should immediately be allowed to resume life as normal.

Schools and universities should be open for in-person teaching.

Extracurricular activities, such as sports, should be resumed. Young low- risk adults should work normally, rather than from home. Restaurants and other business should open. Arts, music, sport and other cultural activities should resume."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, preventing asymptomatic infection is not a viable rationale for promoting, authorising, coercing or administering the so-called COVID-19 vaccines to living men and women, women who are pregnant or new mothers, breastfeeding women, children, unborn children and babies;

- see Doctors for Covid Ethics [https://odysee.com/@Doctors4CovidEthics:d/Vaccine_Risk-Benefit.](https://odysee.com/@Doctors4CovidEthics:d/Vaccine_Risk-Benefit;); and

WHEREAS, preventing asymptomatic infection is not a viable rationale for the wearing of face masks, testing, quarantining or "locking down" of asymptomatic, healthy individuals.; and

WHEREAS, a comprehensive study of 9,899,828 people in China found that asymptomatic individuals testing positive for COVID-19 never infected others.; and

WHEREAS, in the case of Kimber, the court stated, inter alia:

"[158] There have now been many studies around the world that have looked at the rate of transmission of COVID in schools.

One of the largest studies on COVID transmission in schools in the United

States, undertaken by Duke Clinical Research Institute, looked at more than 90,000 students and teachers in North Carolina over a 9 week period.

Given the rate of transmission in the community at that time, it was expected that there would be around 900 cases in the schools, however when researchers conducted contact tracing to identify school-related transmissions, they identified only 32 cases.

This is one of many publicly available studies that have found similar results, that being that transmission in schools is lower than community transmission in the community in which the school is based";

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, in contrast, the papers cited by the Centre for Disease Control and Prevention ("the CDC") in the USA to justify claims of asymptomatic transmission are based on hypothetical models, presenting assumptions and estimates rather than evidence. ; and

WHEREAS, In the case of Kimber v the court stated, inter alia:

"[132] The risk of spreading COVID only arises with a person who has COVID. This should be apparent and obvious.

There is no risk associated with a person who is unvaccinated and does not have COVID, notwithstanding the misleading statements made by politicians that the unvaccinated are a significant threat to the vaccinated, supposedly justifying "locking out the unvaccinated from society" and denying them the ability to work".

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

Evidence that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young.

WHEREAS, the Great Barrington Declaration states, inter alia:

"..We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young.

Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza."; and

WHEREAS, the science is clear in that COVID-19 is less serious for those who are young and otherwise healthy compared to those who are elderly and/or who have co-morbidities. In other words, the risk of COVID-19 is far greater for those who are elderly or have co-morbidities.; and

Evidence that Natural Immunity confers longer-lasting and stronger protection than PfizerBioNTech's Covid-19 vaccine.

WHEREAS, the expert evidence shows that natural immunity to SARS-CoV-2 virus appears to confer longer-lasting and stronger protection against COVID-19/SARS-CoV-2 infection, symptomatic disease and hospitalisation from the Delta variant when compared to PfizerBioNTech's two-dose "vaccine"-induced immunity. The general public are NOT being informed of this evidence; and

WHEREAS, in the case of Kimber, the court stated, inter alia:

"[143] In a scientific brief prepared by the World Health Organisation (WHO) dated 10 May 2021 on COVID natural immunity, the WHO found that

"within four weeks following infection, 90-100% of individuals infected with [COVID] virus develop detectable neutralising antibodies."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

WHEREAS, in the case of Kimber, the court stated, inter alia:

"[144] The science is clear that those who have recovered from COVID have at least the same level of protection from COVID as a person who has been vaccinated.

There can be absolutely no legitimate basis, then, for mandating vaccination for this group of people"

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021

WHEREAS, the NHS and the UK Government, its actors, including schools, teachers and others are telling the general public that the COVID-19 vaccines offer the "best" protection against COVID-19 symptoms. This is clearly blatantly untrue and not evidence-based or supported with the scientific research conducted in this field. Unlike many other vaccinations such as those used to stop the spread of tetanus, yellow fever and smallpox, COVID vaccinations are not designed to stop COVID-19. They are designed to reduce the symptoms of the virus for the individual's benefit only - not for the benefit of any other person. However, a fully vaccinated person can contract and transmit COVID-19; and

WHEREAS, it is accepted by the UK Government that the so-called COVID-19 vaccines do not prevent transmission of COVID-19 nor do they prevent catching SARS-CoV-2 virus. Notwithstanding this, the UK Government, the NHS and others are telling the general public that the COVID-19 vaccines "prevent transmission" and are introducing so-called Vaccine passports based on the concept that someone who has been vaccinated poses no risk to those around them, which is clearly untrue; and

Evidence of Relative Risk Reduction and Absolute Risk Reduction

WHEREAS, the population of the UK are being informed by the UK Government, its agents and assigns that the so-called COVID-19 vaccines reduce the risk of spreading SARS-CoV-2.

In fact, the relative risk reduction ("the RRR") of the PfizerBioNTech BN16b26 is 95.1% (CI 90.0%-97.6%, p=0.016) and the absolute risk reduction ("the ARR") is only 0.7% (CI 0.59% - 0.83%, p<0.001); and

WHEREAS, the COVID-19 vaccines do not eliminate the risk of COVID-19 disease, given that those who are vaccinated can catch and transmit COVID-19. What is clear, however, is that the vaccine is not an effective control measure to deal with transmission of COVID-19 by itself.; and

WHEREAS, the report from Public Health England dated 3rd September 2021, shows that 67% of inpatient COVID-19 deaths were in double-jabbed, fully "vaccinated" people. The report shows that the "vaccinated" people account for 56% of COVID-19 cases, 61% of hospitalisations, and 77% of deaths which are 11 times higher than in September 2020 when there were no people treated with the so-called COVID-19 vaccinations; and

WHEREAS, the recent report from the Israeli Ministry of Health shows that the number of individuals in hospital with SARS-CoV-2 symptoms is higher in the vaccinated patients than in the unvaccinated patients; and

WHEREAS, in the case of Kimber, the court stated, inter alia:

"[134] There is nothing controversial in stating that vaccines do not eliminate the risk of COVID, given that those who are vaccinated can catch and transmit COVID.

By way of one example, a report issued by the Centres for Disease Control and Prevention (CDC) in the United States on 6b August 2021, looked at an outbreak of COVID in Massachusetts during July 2021.

Of the 469 COVID cases identified, 74% were fully vaccinated.

Of this group, 79% were symptomatic.

In total, 5 people required hospitalisation and of these, 4 were fully vaccinated.

This is not an anomaly - the data from many countries and other parts of the United States provides a similar picture, although obtaining similar data from the United States will now be problematic given the decision by the CDC on 1 May 2021 to cease monitoring and recording breakthrough case information unless the person is hospitalised or dies.

What is clear, however, is that the vaccine is not an effective control measure to deal with transmission of COVID by itself.";

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676) Australian Fair Work Commission, Sydney, 27th September 2021; and

Evidence of the Number of people needed to be treated in order to prevent one infection

WHEREAS, the UK population are not being informed that the number of people that need to

be treated with the so-called COVID-19 vaccines in order to prevent one infection is 142 people (CI 122-170).; and

Allegation that COVID-19 vaccines do not meet the legal definition of "Human Medicine" under the Human Medicines Regulations 2012 nor are they "vaccines" but are "Medical Devices" which should be regulated under the Medical Devices Regulations

WHEREAS, the so-called COVID 19 vaccines as a "Human Medicine" under the Human Medicines Regulations 2012. They do not meet the legal definition as set out therein; and

WHEREAS, the so-called "COVID-19 vaccines" are incorrectly described as "vaccines". A conventional "vaccine" works as follows:

"Typically, a conventional vaccine injects a very small dose of the isolated viral component or bacterium into the body, which then elicits an immune response.

The bacterium or virus is then dissolved and disposed of by the immune system, programming it how to trigger if it sees the same threat in the future."

- Dr Anthony Molloy "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021. The so-called "COVID-19 vaccines" are not a "conventional vaccine" on this definition; and

WHEREAS, the mRNA vaccines does not send in a live protein, but only a code (message) to the ribosomes to produce the SARS-COV2 spike protein, based upon the "generated" gene sequence code as detailed above. Dr Anthony Molloy states, inter alia

"[the mRNA vaccines] are not conventional vaccines (as in the definition above),

these are genetic experiments, rolled out over mass populations, without any long term safety data.

The body can only produce proteins in the ribosomes, based on its DNA code via the mRNA communications system; however, this new mRNA "vaccine" does not send in a live protein, but only a code

(message) to the ribosomes to produce the SARS-COV2 spike protein, based upon the "generated" gene sequence code as detailed above."

- Dr Anthony Molloy "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the mRNA vaccines are more correctly and accurately described as experimental nucleoside-modified messenger RNA (mRNA) gene therapies/injections and or viral vector injections which are legally definable as a "Medical Device" and not a "vaccine" or a "Human Medicine".; and

WHEREAS, the Pfizer BioNTech and Moderna so-called "COVID-19 vaccines" are, in fact, legally defined as "Medical Devices" and not legally definable as a "Vaccine". It is the expert opinion of a number of world experts in the field of nanotechnology that these experimental

gene treatments are in fact a nanotechnological device of nanomedicine. It appears that all the tests for a medical device were not made in accordance with EC 2017/746 and EC 2017/745, ISO 10993 and ISO 13485; and

WHEREAS, medical devices should be regulated under the Medical Devices Regulations instead of being regulated as a "human medicine" under the Human Medicines Regulations [2012]; and

Allegation that the general public are not being informed that that so-called "COVID-19 vaccines" employ novel and experimental nanotechnology - genetic engineering of the human cells

WHEREAS, the UK Government, the NHS, the media and others are not informing the UK public that the Pfizer BioNTech and Moderna so-called "COVID-19 vaccines" employs novel and experimental nanotechnology in the form of a piece of synthetic mRNA code which genetically engineers the cells in the human body to manufacture the "spike protein" of the so-called SARS-CoV-2 virus, permanently altering the genetic composition of a human cell; and that the synthetic mRNA code is encased in a lipid nanoparticle envelope to ensure that the typically unstable mRNA nanotechnology is delivered to the cell of the human body without disintegrating, but that this is not guaranteed; and

Evidence that the mRNA "vaccines" are synthetic mRNA codes manufacturing the spike protein of the SARS-CoV-2 virus

WHEREAS, the UK Government's Green Book, Chapter 14a states that the mRNA vaccines are "nucleoside-modified messenger RNA" as follows:

"The Pfizer BioNTech and Moderna COVID-19 vaccines are nucleoside-modified messenger RNA (mRNA) vaccines."; and

WHEREAS, the UK Government's Green Book, Chapter 14a states that the mechanism of the mRNA vaccines is to "use the pathogen's genetic code". This then "exploits" the host cells to translate the code and make the target spike protein, as follows:

"mRNA vaccines use the pathogen's genetic code as the vaccine: this then exploits the host cells to translate the code and make the target spike protein.

This protein then acts as an intracellular antigen to stimulate the immune response. (Amanet et al, 2020)."; and

WHEREAS, Dr Anthony Molloy states:

"a single injection consists of 40 trillion mRNA messages, which will continually instruct the ribosomes to produce a foreign spike protein (this is subsequently found to be a toxin to the body).

Each mRNA gene can produce numerous spike proteins."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

Allegation of the dangers of the spike protein to the human body

WHEREAS, the lipid nano-particles (LNP)s cause human cells to manufacture synthetic spike proteins throughout the body that are more dangerously pathogenetic than the original SARS-COV-2 spike protein, more quickly spread in greater numbers inside the body than a natural infection; causing, often, a large bump in excess mortality concomitant with vaccination rollouts.; and

WHEREAS, the spike protein may invade and lives in neural/brain tissue, infecting neurons and causing neurotropism. The S1 sub-unit of the spike protein enters the parenchymal tissue of the brain in murine models. The brain's endothelial cells attempt to hide the spike protein in the brain capillary glycocalyx, which can lead to degradation of the glycocalyx, dysfunction of the blood-brain barrier (BBB) and cerebral edema <http://www.kathydopp.info/COVIDinfo/Vaccines/VaccineADE> .; and

WHEREAS, the UK Government's Green Book, Chapter 14a states that:

"Both the Moderna mRNA-1273 and the Pfizer BioNTech COVID-19 BNT162b2 vaccines have been generated entirely in vitro." ; and

WHEREAS, the UK Government's Green Book, Chapter 14a states that the mRNA vaccines are formulated in lipid nanoparticles - which are taken up by the host cells as follows:

"Both the Moderna mRNA-1273 and the Pfizer BioNTech COVID-19 BNT162b2 vaccines and are formulated in lipid nanoparticles which are taken up by the host cells. (Vogel et al, 2020, Jackson et al, 2020)." ;and

WHEREAS, Dr Anthony Molloy states:

"It is still unknown how long the production of foreign proteins will last for, or how it can be eliminated from the body.

No empirical data is available on how it will affect the body long term."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, Dr Anthony Molloy states, inter alia:

"the same mRNA technology used in the previous animal trials in the 1990s, found that all the animals died from Antibody Dependent Enhancement ("ADE") in the following season or two, when challenged with the wild type Coronavirus.

The immune system is trained to attack anything with a similar profile to the Coronavirus protein, including all of the organs and tissues producing this spike protein from the mRNA code.

This is also known as Autoimmune Disease, Immune super priming, viral interference, cytokine storm. See clinical trial paper - [13]".

- "Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS virus." Chien-Te Tseng et al. 2012 PLOS ONE.-
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421>

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

Allegation of false information regarding the biodistribution of the contents of the so-called "COVID-19 vaccines." and the failure of the MHRA to conduct a biodistribution study, as required

WHEREAS, the UK Government's Green Book, Chapter 14a states that

"mRNA is then normally degraded within a few days."; and

WHEREAS, the MHRA failed in its obligation/duty to conduct a biodistribution study on those who have been treated with the so-called COVID-19 vaccines and or has failed to publish the findings of such a bio-distribution study. A biodistribution study is a study of what happens to the vaccine after it is injected into the body.; and

WHEREAS, however, the Japanese Regulators conducted a bio-distribution study on those who have been treated with the so-called COVID-19 vaccines and found the spike proteins manufactured by the vaccinated individual in every organ of the individual's body - particularly concentrated in the ovaries and testes, raising deep concerns by world experts that this will lead to infertility and sterility; and

Evidence of harm caused by biodistribution of the so-called "COVID-19 vaccines"

WHEREAS, a study in February 2021 found that only 25% of the lipid nanoparticles remains in the shoulder muscle, with the remaining passing the lymphatics into the blood circulation and capillary system.

- SARS-COV2 mRNA Vaccine (BNT 162, PF-07302048) Pfizer (Confidential Study) Feb 2021
https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf; and

Emergency temporary licence and authorisation only.

WHEREAS, the so-called COVID 19 Vaccines have been granted emergency temporary licensing and authorisation under the emergency provisions of regulation 174 of the Human Medicines Regulations 2012; and

Allegation of incorrect use of regulation 174 of the Human Medicines Regulations 2012.

WHEREAS, the so-called COVID 19 Vaccines have been granted emergency temporary licensing and authorisation under the emergency provisions of regulation 174 of the Human Medicines Regulations 2012, on the basis that there is a Public Health Emergency; and

WHEREAS, the so-called COVID 19 Vaccines have been granted emergency temporary licensing and authorisation under the emergency provisions of regulation 174 of the Human

Medicines Regulations 2012, on the basis that there are no "*available alternative treatments*" despite the evidence clearly demonstrating that there are indeed such "*available alternative treatments*" (see below); and

WHEREAS, without the temporary, emergency use authorisation granted in respect of these so-called COVID-19 vaccines, these products 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 relates to informed consent; and

WHEREAS, Dr Lawrie's Response Summary states, inter alia:

"The MHRA has a responsibility to report the safety of vaccines through a transparent process, which summarises safety data for the public.

The agency should rapidly detect new side-effects to the vaccines, and take any necessary action to minimise risk to the individual through adding warnings, restricting or suspending use of a product.

Dr Lawrie and her team would like to see the UK's Yellow Card Reporting System be fully transparent through providing age- and gender-stratified safety information, and data reporting deaths or reactions occurring within specific timeframes.

Without this data, the public cannot give fully informed consent to taking the Covid-19 vaccines if they are not fully aware of the risks.

Dr Lawrie is requesting alternative treatments to be used instead of vaccines such as Ivermectin, whilst also calling for a complete overhaul of the Yellow Card System."

<https://theexpose.uk/2021/08/16/dr-tess-lawrie-responds-to-mhra-be-transparent-about-vaccine-deaths-and-suspend-the-covid-19-vaccination-programme/>; and

Duty on the Secretary of State for Health in England to implement the advice of the ethics committee - the Joint Committee on Vaccines and Immunisations (the "JCVI")

WHEREAS, the Health Protection (Vaccination) Regulations 2009 place a duty on the Secretary of State for Health in England to ensure, so far as reasonably practical, that the recommendations of JCVI are implemented.; and

Allegation of failure of the UK government to uphold its obligations to comply with the Health Protection (Vaccination) Regulations 2009.

WHEREAS, the government is failing in its obligations to comply with these Regulations by overturning the JCVI's advice; and

Evidence of "grave concerns" about the emergency authorisation of so-called COVID-19 vaccines by the UK Medical Freedom Alliance.

WHEREAS, the UKMFA has sent an Open Letter to the MHRA in which they raise grave concerns about this emergency authorisation, citing evidence of known and potential harms to children that may result and the serious ethical issues this decision raises. They state, inter alia:

"Given that these vaccines will have virtually no benefit to themselves, it is profoundly unethical and indefensible to vaccinate children, especially with an experimental vaccine using novel technology, in what to be a misguided attempt to protect adults and achieve herd immunity.

We call on the MHRA to exercise caution and immediately reverse their decision:

<https://www.ukmedfreedom.org/open-letters/ukmfa-urgent-open-letter-to-the-mhra-re-emergency-authorisation-of-the-pfizer-covid-19-vaccine-for-children>." - UK Medical Freedom Alliance "Informed consent and Covid19 vaccines." ; and

Call to the MHRA to halt the rollout of the COVID-19 vaccines due to Adverse Reactions.

WHEREAS, Dr Tess Lawrie, director at Evidence-based Medicine Consultancy Limited and EbMC Squared CiC has written an updated report of the UK Yellow Card data for Covid-19 vaccines in a letter sent to CEO of the MHRA, Dr June Raine, dated 16th August 2021, urging the agency to halt the rollout of the Covid-19 vaccines due to the continued increase in adverse reactions and deaths. Dr Lawrie wrote:

"As of 14th July, there have been 1,490 deaths reported post-vaccination with the COVID-19 vaccines. This constitutes 237 more deaths since our last report when we requested a halt to the rollout. We are aware Yellow Card reports do not necessarily imply causality, as indicated in our previous report.

The MHRA itself, however, states that the purpose of the Yellow Card system is to be an early warning system that a medicine's safety may need further investigation and when urging doctors to report side-effects, you have been quoted as indicating that "There is no need to prove that the medicine caused the adverse reaction, just the suspicion is good enough".

"With 1,490 deaths now reported post-vaccination with the COVID-19 vaccines, these vaccines are clearly less safe than vaccines we have hitherto known."

Death reports per dose of Covid-19 vaccines are approx. 29 times higher than for influenza vaccines.

The Covid-19 vaccines may be responsible for the Covid-labelled mortality this past winter (at least 24,000 deaths) in England.

The vaccines are ineffective at reducing mortality.

Dr Lawrie urges the MHRA to suspend the Covid vaccine rollout in all children and adults and halt all booster vaccines, including suspending further trials in the UK. "

<https://theexpose.uk/2021/08/16/dr-tess-lawrie-responds-to-mhra-be-transparent-about->

[vaccine-deaths-and-suspend-the-covid-19-vaccination-programme](#)

Evidence that vaccines are "unavoidably safe products."

WHEREAS, the Supreme Court of the United States decided that vaccine manufacturers would be exempt from strict liability as vaccines are "*unavoidably unsafe products*" in Bruesewitz v Wyeth (2010), <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>; and

Evidence that the so-called COVID-19 vaccines are experimental and still in phase 2/3 clinical trials

WHEREAS, the so-called COVID-19 vaccines are experimental mRNA gene therapies/injections and or viral vector therapies/injections which are still in Phase 2/3 Clinical trials which are not yet completed. The PfizerBioNTech so-called "COVID-19 vaccine" is still in phase 2/3 clinical trials, due to complete by the 27th January 2023 - Pfizer Clinical Trial - <https://clinicaltrials.gov/ct2/show/NCT04368728>; The Moderna so-called "COVID-19 vaccine" is still in clinical trial phase, due to complete by December 2023 - Moderna Clinical Trial - <https://clinicaltrials.gov/ct2/show/NCT03897881>. The Astra Zeneca "Covid-19 vaccine" is still in clinical trial phase, due to complete by February 2023 - Astra Zeneca Trial - <https://clinicaltrials.gov/ct2/show/NCT04516746>; and

WHEREAS, the following information and "material risks" are not being provided to the general public in order for them to be able to make a "fully informed" decision to be injected with a COVID-19 Vaccine, including, but not limited to the following necessary information:

- (a) the numbers of people with existing antibody immunity or memorised T cell response to SARS-CoV-2 infection; and
- (b) the material risk of being infected with SARS-CoV-2; and
- (c) the material risk of having an asymptomatic infection with SARS-CoV-2; and
- (d) the material risk of having a mild, or moderate, infection with SARS-CoV-2; and
- (e) the material risk, if infected, of not being hospitalised with SARS-CoV-2; and
- (f) the material risk, if infected, of being hospitalised with SARS-CoV-2; and
- (g) the material risk of recovering from the SARS-CoV-2 infection; and
- (h) the material risk of dying from the SARS-CoV-2 infection; and
- (i) the material risk of suffering an adverse or serious adverse reaction/event to the so-called "COVID-19 vaccines", including the material risk of disability, life-limiting disability, life-threatening events and death; and

WHEREAS, the COVID-19 vaccines were not tested on certain age groups in phase 1 clinical trials. As such, these age groups are being tested on for the first time in the ongoing phase 2/3 clinical trials. The UK Government's Green Book, Chapter 14a states: "*The Pfizer vaccine was tested in healthy adults between the ages of 18-55 and 65-85 years in phase 1 studies.*" The

phase 1 trials did not therefore include children under the age of 18, adults between the ages of 55 and 65 and anyone over the age of 85 years of age; and

WHEREAS, the UK Government's Green Book, Chapter 14a states: *"The Moderna mRNA-1273 vaccine was tested..in those aged 18-55..."*. The Moderna trial did therefore not include children under the age of 18 or adults over the age of 55; and

WHEREAS, the phase 1 clinical trial of the PfizerBioNTech so-called "COVID-19 vaccine" was concerningly underpowered with only 1,131 12-15 year olds included in the study, over a 2 month clinical trial study period; and

WHEREAS, the 2 month clinical trial study period is insufficient time in which to monitor short-, medium-, and long-term safety data and outcomes. Therefore no-one knows the outcomes of concern such as severe disease, hospitalisation and death as these were not assessed in the clinical trials; and

WHEREAS, the COVID-19 vaccines phase 1 trials did not include adults who were deemed to be "not healthy". Therefore, individuals with certain health conditions were not tested in phase 1 trials and are therefore "live human subjects" for the purpose of the ongoing phase 2/3 clinical trials; and

WHEREAS, the UK Government's Green Book, Chapter 14a states:

"the BNT162b2 product [the Pfizer BioNTech so-called "COVID-19 vaccine"] at a 30 ug dose was chosen by Pfizer as the lead candidate in phase 2/3 trials. (Walsh et al, 2020)". ; and

WHEREAS, the UK Government's Green Book, Chapter 14a states:

"the Moderna mRNA-1273 vaccine was tested at three dose levels in those aged 18-55 and the 100 ug dose chosen for phase 3 study. (Jackson et al, 2020)". ; and

WHEREAS, however, the evidence shows that the NHS is offering varying doses of the PfizerBioNTech and Moderna COVID-19 Vaccine as well as mixing doses from different COVID-19 vaccines, which is in direct contravention of the phase 2/3 clinical trial protocol and constitutes a further "live human experiment" as mixing doses was not part of the phase 1, 2 or 3 clinical trials. Informed consent is not being obtained to consent to mixing of doses and mixing of COVID-19 vaccines; and

WHEREAS, neither Pfizer BioNTech or Moderna are required as standard to evaluate their products' impact on fertility and have not done so with the so-called COVID-19 vaccines. However, the general public are not being informed of this fact nor of the serious risk of infertility and sterility posed by the so-called COVID-19 vaccines; and

WHEREAS, the evidence shows that there are potential cross-reactivity of vaccine-induced antibodies to virus spike protein, with the placental protein syncytin-1, which could cause infertility, spontaneous abortions, menstrual problems.; and

WHEREAS, there are a number of reports globally and in the UK of women who have been treated with the so-called COVID-19 vaccines, as well as those who have not been treated but

have been in close proximity to those who have been treated, experiencing and developing immediate and dramatic changes in their menstrual cycle upon treatment with the so-called COVID-19 vaccinations; and

WHEREAS, there are a number of reports globally and in the UK of pregnant women experiencing a spontaneous abortion following treatment with the so-called COVID-19 vaccinations, as well as breast-feeding infants dying following the treatment of their mother with the so-called COVID-19 vaccinations; and

WHEREAS, Dr Anthony Molloy states, inter alia:

"Current D-dimer tests have shown evidence of irreversible heart damage through micro-clotting of 62% of test subjects within a week of "vaccination".

These platelet blood clot formations are microscopic and huge in number through all of the capillaries.

They are so small that they will not appear in any MRI, Angiogram, or CT scans. Vessels in the heart, brain, spinal cord, and lungs can't regenerate and are irreversibly damaged from these blocked capillaries.."

- Dr Anthony Molloy, Molloy "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the damage being produced as result of an individual being treated with the experimental so-called "COVID-19 vaccines" is causing more severe COVID-19 illness on exposure to SARS-CoV-2, other viruses and pathogens, post-vaccination. COVID-19 victims die due to a cytokine storm, the body's immune system attacking the body's organs. ; and

WHEREAS, Vaccines can cause antibody dependent enhancement (ADE) resulting in a quicker cytokine storm, i.e., more severe illness, when a vaccinated person is next exposed to the wild virus. Biologist Josh Mitteldorf explains ADE or pathogenic priming.

- <http://www.kathydopp.info/COVIDinfo/Vaccines/JMitteldorf>; and

WHEREAS, prior attempts to develop coronavirus vaccines killed most test animals or made them severely ill when subsequently encountering the wild virus. Biologist Josh Mitteldorf explains ADE or pathogenic priming.

- <http://www.kathydopp.info/COVIDinfo/Vaccines/JMitteldorf>; and

WHEREAS, ADE occurs more in elderly or high-risk persons, in persons who had previous influenza vaccines or were previously infected and recovered from the SARS-COV-2 virus. Informed consent requires disclosing the risk of ADE

- <http://www.kathydopp.info/COVIDinfo/Vaccines/VaccineADE>; and

WHEREAS, the following experts have demanded that this clinical trial be shut down with immediate effect and have warned that there is no reversing or detoxing from these "vaccines". Experts have warned that all recipients are expected to die from one of the following potential

issues within 1-9 years of "vaccine" delivery:

- a) ADE (Antibody Dependent Enhancement)
- b) Right sided heart failure within three years, through Pulmonary Artery Hypertension, caused from blood clotting in the capillaries, arteries and veins
- c) Blood clotting and coagulation from graphene oxidative stress
- d) Compromised immune system via an increase of specific antibodies and reduction of non-specific antibodies
- (e) The body will create the new viral variants due to vaccination damage
- (f) Sterilisation of between 60-70% of the population";

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021;and .

WHEREAS, the following specialists are announcing these issues:

- 1) Luc Montagnier
- 2) Dr Sukarit Bhakti
- 3) Professor Dolores Cahill
- 4) Dr Geert Vanden Bossche
- 5) Dr Mike Yeadon
- 6) Dr Charles Hoffe
- 7) Dr Louise Legendijk
- 8) Dr Patrick Flynn
- 9) Sir Professor John Bell
- 10) Dr Judy Mikowitz;

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021;and

WHEREAS, the risk of Antibody Dependent Enhancement is confirmed in various UK Government publications; and

WHEREAS, the risk of Myocarditis is explored in a Report on "Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products"

Authors Jessica Rose PhD, MSc, BSc, Peter A.McCullough MD, MPH. The Abstract states, inter alia:

"Abstract:

Following the global rollout and administration of the Pfizer Inc./BioNTech BNT162b2 and Moderna mRNA-1273 vaccines on December 17, 2020, in the United States, and of the Janssen Ad26.COV2.S product on April 1st, 2021, in an unprecedented manner, hundreds of thousands of individuals have reported adverse events (AEs) using the Vaccine Adverse Events Reports System (VAERS).

We used VAERS data to examine cardiac AEs, primarily myocarditis, reported following injection of the first or second dose of the COVID-19 injectable products.

Myocarditis rates reported in VAERS were significantly higher in youths between the ages of 13 to 23 ($p < 0.0001$) with ~80% occurring in males.

Within 8 weeks of the public offering of COVID-19 products to the 12-15-year-old age group, we found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group.

In addition, a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males.

A total of 67% of all cases occurred with BNT162b2. Of the total myocarditis AE reports, 6 individuals died (1.1%) and of these, 2 were under 20 years of age - 1 was 13.

These findings suggest a markedly higher risk for myocarditis subsequent to COVID-19 injectable product use than for other known vaccines, and this is well above known background rates for myocarditis.

COVID-19 injectable products are novel and have a genetic, pathogenic mechanism of action causing uncontrolled expression of SARS-CoV-2 spike protein within human cells.

When you combine this fact with the temporal relationship of AE occurrence and reporting, biological plausibility of cause and effect, and the fact that these data are internally and externally consistent with emerging sources of clinical data, it supports a conclusion that the COVID-19 biological products are deterministic for the myocarditis cases observed after injection."

- <https://www.sciencedirect.com/science/article/pii/S0146280621002267>.; and

WHEREAS, Dr Nathan Thompson, has tested the immune system after the 2nd mRNA Vaccine. He found that his patients' immune systems were badly damaged following injection with an mRNA COVID-19 vaccine.

- "My Jaw DROPPED when I Tested Someone's Immune System After the 2nd mRNA Jab. By Dr. Nathan Thompson What does the mRNA COVID vaccine do to the human immune system? Sep 28, 2021" "<https://www.youtube.com/watch?v=ZwR7natWqLk> HYPERLINK "<https://www.youtube.com/watch?v=ZwR7natWqLk> and

WHEREAS, multiple studies have now been conducted on the contents of the vials of the so-called "COVID-19 vaccines". These studies reveal that there are ingredients in the COVID-19 vaccines that are not being listed by the manufacturer's on their Patient Information Leaflets.; and

WHEREAS, these ingredients include those found in the following resources: <https://t.me/HolgerFischerRA/1742> "https://t.me/HolgerFischerRA/1742(21/8/21)" HYPERLINK "[https://t.me/HolgerFischerRA/1742\(21/8/21\)](https://t.me/HolgerFischerRA/1742(21/8/21))"HYPERLINK <https://t.me/HolgerFischerRA/1915>, <https://t.me/HolgerFishcerRA/1913>, "New Microscope Analysis of Vaccines and Effect on Blood - Vaccine & Blood Analysis Under Microscope Presented by Independent Researchers, Lawyers & Doctor (an 18 minute video by Barbel

Ghitalla, Dr.Med. Axel Bolland, Holger Fisher, German lawyer, and Elmar Becker, German lawyer) - <https://odysee.com/@TimTruth:b/microscope-vaccine-blood:9>.

WHEREAS, Holger Fisher, German lawyer states:

"The Japanese have withdrawn Moderna from the market because they found impurities of a few millimetres (!) in size.

They will investigate, so will we here in Germany.

In the meantime, people get their 3rd shot of contamination, children get their first or second, the latter being driven by the school system." -

<https://t.me/HolgerFisherRA/1834> (27/8/21) ; and

WHEREAS, Dr Sucharit Bhakdi, University Professor, former Chair of Medical Microbiology at the University of Mainz, Germany has raised concerns about the risks of the COVID-19 vaccines. Dr Bhakdi's interview plus comments by German lawyer, Elmar Becker can be found here

- <https://t.me/SucharitBhakdi/120>, <https://t.me/SucharitBhakdi/123>; and

WHEREAS, Charles Hoffe, GP (Lytton, BC, Canada), who has given the Covid vaccine to more than 900 patients has reported that 62% of those patients are positive for blood clots. The core problem he has seen are microscopic clots in his patient's tiniest capillaries. Hoffe said:

"the blood clots are occurring at a capillary level. This has never before been seen. This is not a rare disease. This is an absolutely new phenomenon."

- <https://www.worldtribune.com/doctor-who-vaccinated-900-calls-blood-clots-at-capillary-level-an-absolutely-new-phenomenon>. ; and

WHEREAS, the micro-clots are too small to show up on CT scans, MRI, and other conventional tests, such as angiograms. They can only be detected using the D-dimer blood test, Charles Hoffe said. Using the D-dimer test, Hoffe said that he found that 62% of his patients injected with an mRNA shot were positive for blood clotting..

"The most alarming part of this is that there are some parts of the body like the brain, spinal cord, heart and lungs which cannot re-generate.

When those tissues are damaged by blood clots they are permanently damaged.

Blood vessels in the lungs are now blocked up.

In turn, this causes the heart to need to work harder to try and keep up against a much greater resistance trying to get the blood through your lungs.

This is called pulmonary artery hypertension - high blood pressure in the lungs because the blood simply cannot get through effectively.

People with this condition usually die of heart failure within a few short years"

- <https://www.worldtribune.com/doctor-who-vaccinated-900-calls-blood-clots-at-capillary-level-an-absolutely-new-phenomenon>.

WHEREAS, see also "Visual Display on How mRNA Vaccine Affects Cells"

- <https://media.mercola.com/ImageServer/Public/2021/August/PDF/how-mrna-vaccine-affects-cells-pdf.pdf>.

WHEREAS, see also "From shots to clots: considerable medical evidence of COVID vaccine-induced blood clots"

- <https://lifesitenews.com/opinion/from-shots-to-clots-covid-vaccine-induced-blood-clots/> ;
- and

WHEREAS, Dr Wolfgang Wodarg, Germany states:

"Manifestations of all three risks. On blood tests, it can be seen by a drop in platelet count and the appearance of D-dimers (fibrin degradation products) in the blood.

Clinically, there can be innumerable damages as a result of circulatory disorders throughout the body, including the brain, spinal cord and heart.

Because of such consumption of clotting factors and platelets, haemorrhage can also occur in various organs and have fatal consequences, for example, in the brain.

Importantly, for all of the above possibilities that can lead to disseminated intravascular coagulation (DIC), all three vaccines lack evidence that those risks have been excluded by the EMA prior to their approval for use in humans."

- <https://wodarg.com/english>; and

WHEREAS, a Declaration was made by Professor Bhakdi, Hockertz, Palmer and Wodarg

- <https://americasfrontlinedoctors.org/wp-content/uploads/2021/07/Declaration-of-Bhakdi-Hockertz-Palmer-and-Wodarg-unabridged.pdf>. ; and

WHEREAS, Doctors for COVID Ethics have written "Vaccine Immune Interactions and the Booster Shots - How and why Covid-19 vaccines incite immunological attack on blood vessel walls." By now, most people know COVID-19 vaccines can cause blood clotting and bleeding. Some readers may be aware that reports of death following COVID-19 vaccination outnumber those for all vaccines combined since records began, 31 years ago, in the official US database VAERS.; and

WHEREAS, eminent independent scientists and researchers in the fields of immunology and microbiology have been writing to medical regulators since early 2021, warning of vaccine-related blood clotting and bleeding, including that the official data on blood abnormalities post-vaccination likely represent "just the tip of a huge iceberg".

"Those scientists' warnings pre-dated vaccine suspensions around the world due

to acute disease from aberrant blood clotting post- vaccination.

The warnings were based on established immunological science, applied to the novel mechanism of action of the gene-based COVID 19 vaccines.

Now, more than six months later, new discoveries in the immunology of SARS-CoV-2 [5] have caught up with the rushed vaccination schedule, confirming and extending the experts' prior warnings.

The good news is that we are more comprehensively protected against COVID-19 by our own pre-existing immunity than was previously understood.

On the other hand, this pre-existing immunity aggravates the risk that COVID-19 vaccines will induce blood clotting and/or leaky blood vessels.

This risk must be expected to escalate with each revaccination. Vaccine-induced harm to our blood vessels is unlikely to be rare" -

<https://doctors4covidethics.org/boosting-blood-clots-and-leaky-vessels-the-dangers-of-covid-19-vaccines-and-booster-shots/> - ; and

WHEREAS, an Open Letter was sent by the UK Medical Freedom Alliance to Professor Calum Semple re his comments made on a BBC podcast for children re Covid-19 vaccines. Formal complaint to Prof Semple (Consultant Paediatrician) re comments made on a BBC Podcast, released on 15 September 2021 where he answered children's questions about the Covid-19 jab. The UKMFA state, inter alia:

"We set out our grave concerns regarding some of his statements, mainly related to his gross misrepresentation of the Covid-19 vaccine safety profile and his contribution to the propagandization of Covid-19 vaccines for children.

UKMFA has submitted a formal complaint to Prof Semple (Consultant Paediatrician) concerning his comments made on a BBC Podcast, released on 15th September 2021, where he answered children's questions about the Covid-19 jab.

We set out our grave concerns regarding some of his statements, mainly related to his gross misrepresentation of the Covid-19 vaccine safety profile and his contribution to the propagandisation of Covid-19 vaccines for children.

We argue that all medical doctors bear the responsibility to convey information 'comprehensively and based on all available evidence', and that his privileged and influential position of reaching a large audience via the BBC Podcast means it is imperative that he is held to the 'highest standards of ethical medicine', based on scientific evidence.

We argue that the simplified, one-sided and propagandised tone and content of his contribution falls far below the bar set by 'good medical practice', disregarding readily accessible safety data and communicating a lack of respect for anyone questioning the narrative.

We request that Prof Semple immediately reviews and retracts his statements and issue a more balanced response to the questions asked, including comprehensive and scientifically validated information regarding the available evidence on safety concerns in teenagers."

<https://www.ukmedfreedom.org/open-letters/open-letter-to-professor-calum-semples-re-his-comments-made-on-a-bbc-podcast-for-children-re-covid-19-vaccines>; www.ukmedfreedom.org ; and

WHEREAS, the UK Medical Freedom Alliance has submitted a formal complaint to Dr Michael Fitzpatrick and the Telegraph newspaper concerning his comments published in the Telegraph on the 23th August 2021, discussing the process of administering Covid-19 vaccinations to teenagers.

"We set out our serious concerns regarding some of his statements. These are mainly related to his misrepresentation of the Covid-19 vaccine safety profile and his trivialisation of the informed consent process.

We argue that the simplified, one-sided, patronising, and propagandised tone and content of this article falls far below 'good medical practice', disregarding readily accessible safety data and communicating a lack of respect for the right of every individual to be comprehensively informed before giving consent as well as their right to refuse treatment without coercion, penalty or restriction being applied.

We ask for an immediate retraction of the original article and the publishing of a more balanced comment."

- <https://www.ukmedfreedom.org/open-letters/open-letter-to-dr-michael-fitzpatrick-re-telegraph-comment-article-on-covid-19-vaccination-of-teenagers>; www.ukmedfreedom.org ; and

WHEREAS, Beate Bahner, a medical lawyer and fundamental rights advocate, Germany, has written a book "Corona vaccination: What doctors and patients should know!" In it, the author states, inter alia:

"Never before have vaccines been approved so quickly and so little tested. Never before have gene-based, experimental substances been administered to so many healthy people.

Never before have there been so many deaths and side effects related to vaccination.

And that's only the tip of the iceberg, because the long-term consequences could be even more serious.

The Paul Ehrlich Institute, responsible for recording side effects in the event of vaccine damage, is already completely overloaded with processing the reported suspected cases.

The medical risks for those who get vaccinated are immense.

Are the vaccinations really safe?

Do the benefits outweigh the risks?

Nobody can say that.

The studies are still ongoing and the vaccines only provisionally approved.

Anyone who, as a doctor, withholds the existing risks is not only violating the fundamental rules of science, medics and ethics.

He may even be liable for prosecution for bodily harm and risk substantial claims for damages. Doctors can only avoid this consequence if they inform and advise their patients comprehensively and truthfully."

<https://www.buchkomplizen.de/buecher-mehr/buecher/corona-buecher/corona-impfung-oxid.html>, https://t.me/rechtswaeltin_beate_bahner/2064; and

WHEREAS, more than 23,000 doctors get out of the Vaccine Campaign in Germany

- <https://www.welt.de/wirtschaft/article233146801/Impfkampagne-Mehr-als-23-000-Aerzte-sind-ausgestiegen.html>; and

WHEREAS, Medical specialist, Dr. Weiffenbach stops Covid-19 vaccinations, stating "I cannot reconcile my conscience to continue vaccinating"

- <https://corona-blog.net/2021/08/14/facharzt-dr-weiffenbach-stoppt-corona-impfungen-ich-kann-es-mit-meinem-gewissen-nicht-vereinbaren-weiter-zu-impfen/>.

WHEREAS, Dr Matthias Parpart decided against vaccination in his practice due to the conditional approval of the vaccines.

- <https://corona-blog.net/2021/08/18/hausarzt-entscheidet-sich-dagegen-patienten-in-seiner-praxis-zu-impfen/> ; and

WHEREAS, lawyers protest against STIKO vaccination recommendation for young people.

- <https://www.kla.tv/19658>, <https://t.me/KlagemauerTV/1509>; and

WHEREAS, see also the interview with Dr. Maria Hubmer-Mogg, Australian doctor "DOCTORS and LAWYERS are the game changers!"

- <https://auf1.tv/aufrecht-auf1/interview-mit-dr-maria-hubmer-mogg-aerzte-und-anwaelte-sind-die-game-changer/>, <https://t.me/auf1tv/373>; and

WHEREAS, the issue of the safety of COVID-19 Vaccinations are discussed in the article "The Safety of COVID-19 Vaccinations- Should We Rethink the Policy?" Science, Public Health Policy, and the Law (Aug 2021); 3:87-99.

- <https://cf5e727d-d02d-4d71-89ff->

9fe2d3ad957f.filesusr.com/ugd/adf864_8c97b2396c2842b3b05975bfbfd8254cb.pdf; and

WHEREAS, in an interview with Stew Peters, Dr Jane Ruby provides evidence on patient's blood that has been examined following injection with the so-called Covid-19 vaccines in "VAXXED Patients' Blood Examined, Horrific Findings Revealed by German Physicians".

- <https://rumble.com/vidaex-vaxxed-patients-blood-examined-horrific-findings-revealed-by-german-physici.html>; and

WHEREAS, many adverse effects of the COVID-19 vaccines are discussed in the Stew Peters Show, US - "Stew Peters Show: Biotech Analyst, Former Pfizer Employee DESTROYS Big Pharma - "Checkmate. Game Over. We WIN" (25/8/21)

- <https://www.redvoicemedia.com/2021/08/stew-peters-show-biotech-analyst-former-pfizer-employee-destroys-big-pharma-checkmate-game-over-we-win/>.

WHEREAS, see also "Vaccine Side Effects from Australia - Death, Paralysis all after people got their injections" - https://t.me/The_Knowledge_Channel/1174 ; and

WHEREAS, see also "A young and formerly healthy woman's journey to despair following her Covid-19 vaccine"

- <https://t.me/bgalvinjabjourney/76>; and

WHEREAS, see also "More Vaccine Bloodwork: Blood Cells Reportedly Clotting After Vax - <https://odysee.com/@TimTruth:b/Blood-clotting-analysis:f> and "Corona vaccines - The effect and

WHEREAS, see also "A Visual Display of How mRNA Vaccine Affects Cells and More - Interviews with Dr. Hoffe, Ghitalia, Dr. Med.Bolland and others

- <https://www.bitchute.com/video/eHmG22CVPQSQ/> (See Dr. Hoffe to 23 minutes. Then see Ghitalia et al from 23-35 minutes); and

WHEREAS, see the article "Heidelberg pathologist insists on more autopsies of vaccinated people (2/8/21) [Heidelberger Pathologe pocht auf mehr Obduktionen von Geimpften]

- <https://www.aerzteblatt.de/nachrichten/126061/Heidelberger-Pathologe-pocht-auf-mehr-Obduktionen-von-Geimpften>;

WHEREAS, see the article "Unusual formations in vaccinated blood" - by Dr Philippe van Welbergen, UK

- <https://www.heartpublications.co.uk/unusual-formations-in-vaccinated-blood/>; and

WHEREAS, see the article "Vaxxed Blood Shows "Stacking", Typical of Blood Cancer"

- <https://www.europereloaded.com/vaxxed-blood-shows-stacking-typical-of-blood-cancer>; and

WHEREAS, see the article "Aggregation of Red Blood Cells: From Rouleaux to Clot

Formation" (2013), Wagner et al

- <https://www.sciencedirect.com/science/article/pii/S1631070513000741>; and

WHEREAS, see the article "Magnetic Particles in Vials Cause Japan to Suspend Moderna Vaccine" (27/8/21) - Quoting: *"Japan has suspended use of the Moderna Vaccine pulling 1.6 million doses after visible particulates were found in vials. Particles that reacted to magnets... particle related to magnets...suspected to be a metal..."* - <https://www.notonthebeeb.co.uk/post/japan-magnetic>; and

WHEREAS, see the article "Contaminated Moderna vaccines to have little impact on Japan's rollout" - Quoting: "Japan halts use of 1.63 million Moderna vaccine doses over contamination - vaccine have been found to contain foreign materials." - <https://www.japantimes.co.jp/news/2021/08/26/national/science-health/moderna-vaccinations-suspended/?s=09>; and

WHEREAS, see the article "Japan has discovered what is probably 3 different variants of the Pfizer shot"

- <https://tapnewswire.com/2021/08/japan-has-discovered-what-is-probably-3-different-variants-of-the-pfizer-shot/>; and

WHEREAS, Graphene Oxide is recognized as a superconductor and a large absorber of electromagnetic fields. It is a very toxic solution to the human body, leading to slow blood deterioration and death over time; and

WHEREAS, the evidence shows that there is Graphene Oxide in the Pfizer "Covid-19 Vaccine" - see, for example, the Stew Peters Show - "Doctor Warns Graphene in Pfizer 'COVID' Vaccine Could Be Causing Widespread Blood Clots"

- <https://www.redvoicemedia.com/2021/07/doctor-warns-graphene-in-pfizer-covid-vaccine-could-be-causing-widespread-blood-clots/>; and

WHEREAS, the evidence shows that there are Magnetic Particles found in the COVID-19 Vaccination vials. See, for example, Mark Playne "Magnetic Particles Found in Vials Cause Japan to Suspend Moderna Vaccine" (27/8/21)

- <https://www.notonthebeeb.co.uk/post/japan-magnetic>; and

WHEREAS, the PfizerBioNTech "Covid-19 Vaccine" contains a substance called "4-Hydroxybutyl"//Molecular formula: c_4H_9O .

"No data or study can be found on what this substance will do to the human body."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021;and

WHEREAS, the PfizerBioNTech "Covid-19 Vaccine" contains a substance called "Benzodiazepin" - used as an antidepressant medicine. *"Benzodiazepines - side effects:*

Shakes, tremors, insomnia, confusion, anxiety, hallucinations, seizures, delirium tremens, sleep disturbances, fatigue, restlessness, difficulty concentrating, muscle tension, irritability, muscle relaxant, rapid heartbeat, trembling, tingling, flushing, redness, perspiration, shortness of breath, fear and heightened awareness of surroundings, even though there is no evidence of danger at hand, worry over death, losing control, agrophobia (fear of open spaces and crowds), hypotension, cardiac arrhythmias (irregular heartbeat), bradycardia (slow heartbeat), apnea, nausea, vomiting, blurred vision, double vision, skin rashes."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the PfizerBioNTech "Covid-19 Vaccine" contains a substance called "bis 2-Hexyldecanoate".

"..is the messenger RNA, which converts once healthy cells to antigens, forming foreign spike proteins on the cell membrane. These antigens cause antibody immune response (as only markers on the antigens) for CD4 or CD8 cells to destroy and dispose of the antigen cell.

These spike proteins, have been found from recent studies, to cause micro blood clots from platelet clustering and ADE. The expectation is pulmonary artery hypertension over time, as vessels start to block."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the polyethylene glycol, PEG, encasing the lipid nano-particles in the Pfizer mRNA vaccine, causes severe allergic reactions and anaphylaxis in some persons

- <https://www.wsj.com/articles/scientists-eye-potential-culprit-for-covid-19-vaccine-allergic-reactions-11608901200Qa22A3>.

WHEREAS, "Polyethylene glycol (PEG) - 2000, is widely considered in the medical literature as a toxin to the human body."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the PfizerBioNTech "Covid-19 Vaccine" contains an ingredient called N, N-Ditetradecylacetamide - a muscle relaxant. It also contains 1, 2 -Distearal - snglycero - Alkaline. Also 3 - Phosphocholine - phosphates (certain phosphates are used as fertilizers on the land), Cholesterol - fatty lipids, Potassium Chloride - Salt (used in 3 drug protocols of felons), Monobasic potassium phosphate - inorganic compound - Molecular formula KH_2PO_4 - used as a fertilizer and food additive, Sodium Chloride - Salt, Diabasic sodium phosphate dihydrate - molecular formula - Na_2HPO_4 - hydrogen and Salt, Sucrose - sugar. "

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021;

WHEREAS, the Oxford Astra Zeneca "Covid 19 Vaccine" contains ChAdOx1 - Chimpanzee Adenovirus Oxford 1; an adenovirus (monkey cold virus) cultivated on a chimpanzee kidney cell in vitro, spliced together with a SARS-CoV-2 coronavirus spike Glycoprotein S; Histidine - precursor to histamine (water, runny nose, congested lungs, etc).

"When introduced into the body, it aggravates the histamine receptors, which in turn flood the body with histamine, usually in the nasopharyngeal orifices and the lungs, but could extend to other parts of the body."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the AZ Covid-19 contains an ingredient called Histidine monohydrochloride - again, another histamine antagonist. Magnesium chloride - molecular formula $MgCl_2$ - mineral salt. Polysorbate 80 - generally used in cosmetics, lotions, potions and vaccines, this is also known to allow chemicals to cross the blood brain barrier. Alcohol - ethanol and is used in alcoholic beverages and general medicines. Sucrose - sugar. Sodium chloride- salt (table salt), Edetate disodium - chelating agent (usually removes heavy metals from body and lowers calcium in the blood), Water..."

- Dr Anthony Molloy, "Scientific evidence based document, in relation to SARS-COV2, its testing method and treatment", 2nd August 2021; and

WHEREAS, the UK population are not being informed of the "material risks" of being treated with the so-called COVID-19 vaccinations. The "material risks" include those serious adverse events that are being reported by the MHRA's Yellow Card Reporting system in the UK - <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>, by the Vaccine Adverse Events Reporting System ("VAERS") in the US - <https://wonder.cdc.gov/vaers.html> and by the European Medicines Agency's Eurovigilance reporting system in Europe - <https://www.adrreports.eu/en/>; and

WHEREAS, on the US VAERS system, DEATH has been listed as an outcome related to the so-called COVID-19 vaccines at least 13,627 times as of August 20, 2021; and

WHEREAS, on the European Eurovigilance system, DEATH has been listed as an outcome related to the so-called COVID-19 vaccines at least 23,252 times as of August 28, 2021 ; and

WHEREAS, the so-called COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 - a period of 15.5 years. And people affected worse are between 18 and 64 years old - the cohort which was not in the Covid statistics as being at particular risk from death from infection with SARS-CoV-2. Note that the 55-64 age group were NOT tested in the phase 1 clinical trials so these deaths are of individuals being experimented on for the first time in the phase 2/3 ongoing clinical trials; and

WHEREAS, Dr Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology being used in the PfizerBioNTech and Moderna so-called COVID-19 vaccines warns against the use of this experimental, novel technology in adults and particularly in children, citing numerous harms, including irreversible and irreparable harms. Dr Malone believes that children and young adults up to age 30 or 35 should not be vaccinated because the risks outweigh the benefits in this population.

"Malone was also disturbed that it is considered OK by the government to entice children to get vaccinated by offering them free ice cream or doughnuts, and even allowing children to get vaccinated without their parents' consent.

He soon ventured into the bioethics of the emergency use authorization (EUA) granted to COVID-19 vaccines.

Experimentation without proper informed consent violates the Nuremberg Code, which spells out a set of research ethics principles for human experimentation.

This set of principles was developed to ensure the medical horrors discovered during the Nuremberg trials at the end of World War II would never take place again, but in the current climate of extreme censorship, people are not being informed about the full risks of the vaccines — which are only beginning to be uncovered.

Further, due to the EUA, adults aren't required to sign informed consent documents and, at the same time, aren't being given a full disclosure of the risks that would normally be given during a clinical trial — and, at this point, anyone who receives the vaccine is participating as a research subject."

- <https://toknow.uk/mercola-mrna-expert-speaks-out-on-the-covid-crisis/>; and

WHEREAS, Geert Vanden Bossche, DMV, PhD, independent virologist and vaccine expert, formerly employed at GAVI and The Bill & Melinda Gates Foundation, wrote an Open Letter "To all authorities, scientists and experts around the world, to whom this concerns: the entire world population" stating inter alia:

"The present extremely critical situation forces me to spread this emergency call.

As the unprecedented extent of human intervention in the Covid-19-pandemic is now at risk of resulting in a global catastrophe without equal, this call cannot sound loudly and strongly enough.

this type of prophylactic vaccines are completely inappropriate, and even highly dangerous, when used in mass vaccination campaigns during a viral pandemic. Vaccinologists, scientists and clinicians are blinded by the positive short-term effects in individual patients, but don't seem to bother about the disastrous consequences for global health. Unless I am scientifically proven wrong, it is difficult to understand how current human interventions will prevent circulating variants from turning into a wild monster.

I provided international health organizations, including the WHO, with my analysis of the current pandemic as based on scientifically informed insights in the immune biology of Covid-19. Given the level of emergency, I urged them to consider my concerns and to initiate a debate on the detrimental consequences of further 'viral immune escape'.

..it's becoming increasingly difficult to imagine how the consequences of the extensive and erroneous human intervention in this pandemic are not going to wipe out

large parts of our human population.

One could only think of very few other strategies to achieve the same level of efficiency in turning a relatively harmless virus into a bioweapon of mass destruction.

If we, human beings, are committed to perpetuating our species, we have no choice left but to eradicate these highly infectious viral variants. This will, indeed, require large vaccination campaigns. However, NK cell-based vaccines will primarily enable our natural immunity to be better prepared (memory!) and to induce herd immunity (which is exactly the opposite of what current Covid-19 vaccines do as those increasingly turn vaccine recipients into asymptomatic carriers who are shedding virus). So, there is not one second left for gears to be switched and to replace the current killer vaccines by life-saving vaccines.

I am appealing to the WHO and all stakeholders involved, no matter their conviction, to immediately declare such action as THE SINGLE MOST IMPORTANT public health emergency of international concern."

<https://www.geertvandenbossche.org/post/opencall>; and

WHEREAS, French Virologist and Nobel Prize Winner, Professor Luc Montagnier contends that *"it is the vaccination that is creating the variants."* In April 2020, Prof. Montagnier claimed that the alleged novel coronavirus was created in a lab. Dr Montagnier refers to the Covid vaccination programme as an *"unacceptable mistake"*.

"Mass vaccinations are a scientific error as well as a medical error," he said.

"It is an unacceptable mistake. The history books will show that, because it is the vaccination that is creating the variants."

The prominent virologist explained that *"there are antibodies, created by the vaccine," forcing the virus to "find another solution" or die.*

"This is where the variants are created. It is the variants that "are a production and result from the vaccination."

Prof. Montagnier explained that the trend is happening in "each country" where *"the curve of vaccination is followed by the curve of deaths."*

- <https://theexpose.uk/2021/05/24/nobel-prize-winner-says-covid-vaccines-are-an-unacceptable-mistake/>; and

WHEREAS, Professor Montagnier's point is emphasised by information revealed in an open letter from a long list of medical doctors to the European Medicines Agency. The letter stated in part that:

"We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines.. there have been numerous media reports from around the world of care homes being struck with "Covid" within days of vaccination of residents".

"In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA)".

"There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code." - <https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-f6e17c311595>"; and

WHEREAS, numerous pressure groups such as the Guardians of the Children and Lawyers for Liberty have written template Notices of Liability for parents to send to the Headteachers and Boards of Governors of children's schools, calling for a halt on the rollout of the so-called COVID-19 vaccines to children, Various groups have served these Notices of Liability on schools around the UK; and

WHEREAS, the following open letters have been sent out by experts and lawyers and are in the public domain for your information and reading:

- letter from the Workers of England Union, dated 06/06/21, sent to all Headteachers of Secondary <https://www.workersofengland.co.uk/latest-news-2/>
- UKMFA Open Letter to Headteachers and Teachers re: Covid-19 Vaccination of Children in Schools, dated 08/07/21 - www.ukmedfreedom.org/campaigns
- Open letter from UK doctors to MHRA - www.hartgroup.org/open-letter-child-vaccination
- Open letter from Evidence-based Medicine Consultancy Ltd to MHRA - <https://bit.ly/3jt?Yne0>
- Open letter from GP Whistleblower Doctor Sam White to NHS England - <https://bit.ly/2WEtE4M>; and
- Letter from PJH Law dated 2nd July 2021 on behalf of GP Dr Sam White to the NHS CEO, raised in line with NHS whistleblowing guidelines, which "raises allegations of alleged criminal conduct and breach of legal obligations by those leading the covid response" - <https://bit.ly/3zuB8GI>
- Open letter from concerned doctors, nurses, and other allied healthcare professionals to Boris Johnson, Nicola Sturgeon, Mark Drakeford, Paul Givan, Sajid Javid, Chris Witty and Patrick Vallance setting out "Our grave concerns about the handling of the COVID pandemic by Governments and Nations of the UK" - <https://bit.ly/3mL8ZXP>;
- "COVID-19 child vaccination: safety and ethical concerns." - www.hartgroup.org/open-letter-child-vaccination/
- Open letter from Evidence-based Medicine Consultancy to MHRA- URGENT Report - COVID-19 vaccines unsafe for use in humans - <https://bit.ly/3mPH6hl>;
- Lawyer template letter re: Mass- testing - <https://bit.ly/3znGe7a>;
- 65 Studies Reveals Face Masks DO Cause Physical Harm - <https://bit.ly/3yyinFe>;
- <https://bit.ly/3jr4m3e>;
- UKMFA Notice of the refusal of consent to receive the covid-19 vaccination - <https://bit.ly/38gZlyf>; and
- The infection fatality rate of COVID-19 inferred from seroprevalence

data - John P.A. Ioannidis - www.who.int/bulletin/volumes/99/1/20-265892.pdf;
and

WHEREAS, the NHS also states that valid informed consent comprises the following elements:

- **Voluntary** - the decision to either consent or not to consent to treatment must be made by the person, and must not be influenced by pressure from medical staff, friends or family (or employer)
- **Informed** - the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead.
- **Capacity** - the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision; and

WHEREAS, the commonly accepted definition of "voluntary" includes acting out of one's own free will, optional or non-compulsory. This is the opposite of the definition of "mandatory", which is something that is compulsory, obligatory or required. Therefore, any "mandates" imposed on any live human subject to participate in a live human experiment, vitiates "voluntary" consent and is unlawful, illegal, unethical and immoral and a breach of the Rule of Law; and

WHEREAS, the evidence shows that the UK and global population are not providing their fully informed consent "voluntarily" or "freely given" in that they are being subjected to the coercive and other methods in order to obtain their consent to being treated with the so-called "COVID-19 vaccines", to being tested, to being made to wear face coverings/masks, to being placed under so-called "lockdowns" and "quarantines" and subjected to demands to maintain social distancing measures. The measures being employed on the UK and global population to obtain their consent to such public health interventions include, but are not limited to the following methods of obtaining compliance:

- (a) threats;
- (b) coercion;
- (c) intimidation;
- (d) sanctions;
- (e) penalties, including financial penalties, threats of imprisonment and imprisonment;
- (f) bullying;
- (g) harassment;
- (h) shaming;
- (i) guilt-tripping;
- (j) deceit;
- (k) lies; and/or
- (l) fraud;

WHEREAS, coercion is not consent The court in the case of Kimber stated, inter alia:

. "Coercion is not consent. . *Coercion is the practice of persuading someone to do something using forces or threats.*

Some have suggested that there is no coercion in threatening a person with dismissal and withdrawing their ability to participate in society if that person does not have the COVID vaccine.

However, nothing could be further from the truth."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ; and

WHEREAS, in the case of Kimber, the court held that:

"[117] the requirement for consent in this context [that of clinical trials] is not new and should never be controversial. The Nuremburg Code (the Code), formulated in 1947 in response to Nazi doctors performing medical experiments on people during WWII, is one of the most important documents in the history of the ethics of medical research."

"The first principle of the Code is that "The voluntary consent of the human subject is absolutely essential."

The Code goes on to say "This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ; and

WHEREAS, in the case of Kimber, the court held that, inter ali:

"[119] Informed and freely given consent is at the heart of the Code and is rightly viewed as a protection of a person's human rights."

[120] The United Nations, including through the Universal Declaration of Human Rights, first proclaimed in 1948, has long recognised the right to bodily integrity."

[121], The Declaration of Helsinki (the Declaration), made in 1964 by the World Medical Association, is also a statement of ethical principles for medical research involving human subjects.

Under the heading of "Informed Consent", the Declaration starts with the acknowledgement that "Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ;

WHEREAS, in the case of Kimber, the court held that, inter alia:

"[129] Freely given consent to any medical treatment, particularly in the context of a clinical trial, is not optional.

Coercion is completely incompatible with consent, and denying a person the ability to work and participate in society if the person does not have a COVID vaccine will unquestionably breach this fundamental and internationally recognised human right."

- Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2672) Australian Fair Work Commission, Sydney, 27th September 2021. ; and

WHEREAS. Coercion vitiates consent making the medical procedure unlawful.

Coercion a crime under the law. Actors, such as you, who are acting in the capacity of public office, cannot participate in coercion under the law, including in coercion related to men and women and children being coerced into enrolling into a Clinical Trial and/or coerced into any medical intervention without full, free and informed consent, such as in order to work, in order to travel, in order to engage in education, social events and exercising their inalienable freedoms and rights of bodily integrity and of sovereignty, of freedom of assembly, of speech, of religious beliefs, of travel, of association, of protest and of free will in their everyday lives and activities; and

WHEREAS, any of the above coercive methods used to obtain a person's consent/compliance is unlawful, illegal, unethical and immoral and in violation of fundamental principles of the Rule of law, including, but not limited to, God's laws, common law, customs & practices, International and European Conventions, Declarations, Treaties, statutes, codes of ethics, regulations and UK laws. As such, consent obtained by using such coercive measures is vitiated and cannot be relied upon as valid consent; and

WHEREAS, the UK Government has employed the advice and assistance of applied psychologists and behavioural psychologists, including, but not limited to, the so-called "SPI-B" group of psychologists on the SAGE panel to devise a psychological warfare strategy on the UK population to obtain their compliance and consent to the so-called public health measures listed herein and have published a document entitled "Mindspace" in which such methods and techniques to be employed by the UK Government against the UK population - <https://www.instituteforgovernment.org.uk/publications/mindspace>; and

WHEREAS, an open letter from circa 47 psychologists to the British Psychological Society , dated 6th January 2021 was sent entitled "Re: Ethical issues arising from the role of psychologists in the development of the Government's communication campaign in regards to coronavirus." <https://covidmedicalnetwork.com/open-letters/The-ethics-of-using-covert-strategies.pdf>. It states that the authors are

"raising ethical concerns about the activities of the government- employed psychologists working in the Behavioural Insights Team ("BIT") in their mission to gain the public's mass compliance with ongoing coronavirus restrictions."

Their view is that *"the use of covert psychological strategies - that operate below the level of people's awareness - to "nudge" citizens to conform to a contentious and unprecedented public health policy raise profound ethical questions."*

They state *"A major contributor to the obedience of British citizens is likely to have been the*

activities of the government-employed psychologists working as part of BIT."; and

WHEREAS, a comprehensive account of the psychological approaches deployed by BIT is provided in the document "MINDSPACE: Influencing behaviour through public policy (Dolan et al, 2004). <https://www.instituteforgovernment.org.uk/publications/mindspace>; The authors of MINDSPACE describe how their behavioural strategies provide "low cost, low pain ways of "nudging" citizens...into new ways of acting by going with the grain of how we think and act." ; and

WHEREAS, the letter to the BPS continues:

"...many of the nudges developed and put forward by the BIT psychologists are...acting upon us automatically, below the level of conscious thought and reason.".. "it is apparent that the BIT psychologists have promoted a range of covert psychological interventions."..."Another example has been the use of peer pressure ("norms") on the non-compliers by casting these supposed miscreants in the uncomfortable bracket of a deviant minority".; and

WHEREAS, the letter to the BPS also states:

"But the most potent, and most ethically dubious, strategy has been the inflation of fear ("affect") as a means of coercing people into obedience."

"The decision to inflate fear levels of the British public was a strategic one, as indicated by the minutes of the meeting of the Government's expert advisors (SAGE) on the 22nd March 2020. <https://www.gov.uk/government/publications/options-for-increasing-adherence-to-social-distancing-measures-22-march-2020>.

Clearly, the BIT psychologists recommend scaring people as an effective way of maximising compliance with the coronavirus restrictions, as indicated in the minutes:

"A substantial number of people do not feel sufficiently personally threatened."

"The perceived level of personal threat needs to be increased among those who are complacent using hard-hitting emotional messaging."

"Use media to increase sense of personal threat.""; and

WHEREAS, the letter to the BPS also states:

"Consequently, the general population has had to endure media onslaught primarily aimed at inflating perceived threat levels that has included: the daily announcement of coronavirus-death statistics, displayed without context (such as the fact that 1600 people die in the UK each day under ordinary circumstances); repeated footage of people dying in Intensive Care Units; scary slogans, such as "IF YOU GO OUT, YOU CAN SPREAD IT. PEOPLE WILL DIE."; and the promotion of face coverings - a potent symbol of danger - despite their being little evidence for their effectiveness in reducing viral spread."; and

WHEREAS, the letter to the BPS continues:

"The strategic decision to inflate fear levels has unintended consequences, resulting in many people being too scared to leave their houses or let anybody in, thereby exacerbating loneliness and isolation which - in turn - have detrimental impacts on physical and mental health.

Persistent fear compromises the immune system and works against the objective of keeping us safe and healthy. ...the population remain in a state of heightened anxiety; surveys show that, by July, UK citizens believed that the coronavirus had killed 7% of the population, a total - of true - of 4,500,000 people (the official figure at the time was around 45,000).

Tragically, there is accumulating evidence that inflated fear levels will be responsible for the "collateral" deaths of many thousands of people with non-COVID illnesses who, too frightened to attend hospital, are dying in their own homes at a rate of around 100 each day.

There is also evidence that parents are too scared to take their ill children to Accident & Emergency departments. Furthermore, the damage inflicted on the mental health of the nation, particularly on our young people is as yet difficult to quantify but is likely to be substantial."; and

WHEREAS, the letter to the BPS continues:

"..the authors of the MINDSPACE document recognised the significant ethical dilemmas arising from the use of influencing strategies that impact subconsciously on the country's citizens. They acknowledged that the deployment of covert methods to change behaviour "has implications for consent and freedom of choice" and offers people "little opportunity to opt out" (p66-67).

Furthermore, it conceded that "policy makers wishing to use these tools...need the approval of the public to do so." (p74).

So have the British public been consulted about whether they agree to the Government using covert psychological techniques to promote compliance with contentious public health policies? We suspect not. It seems the BIT psychologists are operating in ethically-murky waters in implementing their nudges, without our consent, to promote mass acceptance of infringements on basic human freedoms."; and

WHEREAS, in the British Psychological Code of Ethics & Conduct (2018), - <https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>

- one of the "Statement of Values" is:

"3.1. Psychologists value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over persons and peoples with particular regard to people's rights.

In applying these values, Psychologists should consider: ...consent... self-determination.

3.3. Psychologists value their responsibilities..to the general public...including **the avoidance of harm and the prevention of misuse or abuse of their contribution to society.**" ;and

WHEREAS, the letter to the BPS continues:

"We believe that the BIT psychologists - in their deployment of covert strategies to achieve compliance with unprecedented lockdowns, travel restrictions and mask mandates - have blatantly failed to practice in a way that is consistent with your [the BPS] stated ethical values"; and

WHEREAS, on 6th January 2021, the team of psychologists, led by Gary Sidley, Psychologist, from HART (Health Advisory Research Team), wrote to the BPS as stated above. On 5th February 2021, Dr Debra Malpass (Director of Knowledge and Insight) at the BPS, replied failing to address any of the ethical concerns raised. On 9th February 2021, Gary Sidley emailed a Dr Lisa Morrison Coultard (Head of Research and Impact) at the BPS, believed to be the chair of their ethics committee, with the following message: *"Would you kindly clarify whether or not our letter was considered by your ethics committee and, if it was, can we assume that the reply from Dr Malpass indicates that the BPS reached the view that the use of covert psychological strategies in this context - including fear elevation, shaming and peer pressure - does not raise any valid ethical concerns that are worthy of open debate?"*. On 16 February 2021, Dr Malpass replied by email to Gary Sidley stating *"Your letter will be considered at the next meeting of the BPS's Ethics Committee on 1 March. I will update you on the outcome of their discussion following the meeting."* On 12th March 2021, Gary Sidley had not heard anything further from the BPS, so emailed Dr Malpass again to ask if she was in a position to provide feedback. On 23rd March 2021, Gary Sidley received an email from Dr Malpass, headed *"Sent on behalf of Dr Roger Paxton, Chair of the BPS Ethics Committee, stating: Dear Dr Sidley, My intention was that the Ethics Committee on 1 March would consider the wider ethical issues raised in your letter. I'm sorry that, owing to a very full agenda and an oversight on my part, this discussion did not take place. I apologise for this. I plan now to take your letter with a short introductory paper to the June meeting...."*. This exchange clearly shows that the BPS do not construe the ethical questions posed to them as of sufficient import to warrant prompt consideration. Meanwhile, the same morally dubious strategies are increasingly employed to "nudge" people into accepting the COVID-19 vaccines. For example, the tactic of fear inflation is apparent in a recent NHS document (yet another advisory paper informed by the behaviour scientists on the BIT team that encourages healthcare staff to "leverage anticipated regret" on the over 65s by telling them they are "three times more likely to die" and to follow-up with "Think how you will feel if you do not get vaccinated and end up with Covid-19?" Shame is the weapon targeted at young people who are to be told, "Normality can only return, for you and others, with your vaccination"; and

WHEREAS, the letter continues:

"the use of covert psychological strategies to increase people's compliance with coronavirus restrictions and the COVID-19 vaccination programme raise ethical concerns in three areas.

First, should a civilised society knowingly increase the emotional discomfort of its citizens as a means of changing their behaviour?

This question becomes more pressing when one considers the widespread collateral damage associated with these methods, such as people dying in their homes because they are too scared to attend hospital with serious non-COVID illnesses. Second, it is highly questionable as to whether covert "nudges" - that act subconsciously on their human targets - should be deployed for the purpose of promoting compliance with unprecedented and untested coronavirus restrictions that both infringe basic human rights and inflict substantial damage on our physical and mental well being.

Third, a vital precursor to acceptable psychological or medical practice is the acquisition of informed consent from the recipients.

Covert influencers to gain people's compliance with both coronavirus restrictions and vaccination, in the absence of informed consent, fail to meet this fundamental ethical requirement."

-Dr Gary Sidley, Psychologist, <https://www.coronababble.com/post/the-delayed-response-of-the-bps-to-ethical-questions-about-covert-nudging>; and

WHEREAS, it is Dr Gary Sidley's view that, inter alia:

"Clearly, the activities of the Government's behavioural scientists fall well below the expected ethical standards.

If a psychology student proposed a piece of research that involved the infliction of emotional pain on the participants, and without their informed consent, it would be rejected by every university ethics committee in the country.

Why should the public health psychologists be treated any differently?

The BPS must let the British public know their position on this important matter, without any further procrastination."

- Dr Gary Sidley, Psychologist, <https://www.coronababble.com/post/the-delayed-response-of-the-bps-to-ethical-questions-about-covert-nudging>; and

WHEREAS, the UK Medical Freedom Alliance, states, inter alia:

"Bribery, coercion and manipulation are also being used in the media and by government and their agencies, in that liberties have been withheld until vaccinated, and the public have been informed that vaccination or the lack of it, will influence their ability to travel, attend events, see family and live a normal life".

"Multiple resources are being made available that appear to be aimed at modifying behaviour to reduce "vaccine hesitancy".

These appear to rely NOT on the strength of scientific arguments but on

techniques of persuasion."

"Many have been influenced and coerced by the government message that EVERYONE getting the vaccine and its safe and effective.

The UK's high and successful vaccination numbers are regularly announced and promoted, giving the impression that everyone is getting vaccinated unless they are ANTI VAXXERS or vaccine hesitant.

In addition the ANTI VAXXERS are regularly vilified as if a public nuisance and the cause of harm.

The government and NHS vaccination campaigns, inform us that we should get vaccinated to help others and some people even think it's their civic duty to get vaccinated or that they must follow the rules and do what the NHS tells them.

Recent reports, suggesting that the use of peer pressure to increase uptake of the vaccine in children has been condoned by some school leaders, were very disturbing.

This is not consistent with ethical and lawful practice of medicine and indeed constitutes a violation of Informed Consent, as required by the GMC, the NHS Constitution and the Montgomery ruling [Montgomery v Lanarkshire Health Board [2015]."

- UK medical freedom alliance "Informed consent and COVID-19 vaccines"- https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf ; and

WHEREAS, 'the UK Medical Freedom Alliance, states the following in relation to voluntary, informed consent, freely given, inter alia:

"Informed CONSENT, also relies on voluntariness and the consent must be freely given. It also requires respect for the patient's autonomy and their right to self determination.

Voluntariness requires that the patient's consent to treatment be free of coercion, duress, or undue influence.

This means that the person involved should have the legal capacity to give consent: should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision."

[-https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf](https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf) - UK medical freedom alliance "Informed consent and COVID-19 vaccines"; and

WHEREAS, the words of the NHS vaccination campaign as example 1: The campaign TV

advert features random people telling others to get the vaccine, including Thor Porter, 32, a drummer and graphic designer from Salisbury who says "I feel the vaccine roll out is key to regaining some sort of normality. As a musician, it will hopefully enable venues to reopen and ensure a future in my career." This is a clear form of duress/sanctions/other form of ulterior motive to gain compliance and consent.

[-https://www.gov.uk/news/new-campaign-launches-urging-the-public-to-get-covid-19-vaccine](https://www.gov.uk/news/new-campaign-launches-urging-the-public-to-get-covid-19-vaccine). - ; and

WHEREAS, the UK Medical Freedom alliance points to an example of an NHS promotional video, featuring celebrities making false statements to gain consent to the COVID-19 vaccine, stating, inter alia:

"This NHS promotional video, features celebrities making false statements such as "the covid19 vaccines have gone through the same strict testing as all vaccines" which gives the impression that this is not a serious decision of high consequence.

The video does not inform that the covid19 vaccines need serious consideration, that they are experimental, and only have TEMPORARY emergency use authorisation and that they can result in death, disability and severe harm.

The video gives false and misleading covid19 vaccine information through the words spoken by celebrities":

[-https://www.bing.com/videos/search?q=\(699\)+COVID-19+vaccine+auditions+%7c+NHS+YouTube](https://www.bing.com/videos/search?q=(699)+COVID-19+vaccine+auditions+%7c+NHS+YouTube) - UK medical freedom alliance "Informed consent and COVID-19 vaccines" ; and

WHEREAS, the UK Medical Freedom Alliance provides the example from the NHS website, providing false information, stating, inter alia:

"The NHS website states that the COVID-19 vaccines are the BEST way to protect yourself and OTHERS: Coronavirus (COVID-19) vaccines - NHS (www.nhs.uk)."; and

WHEREAS, the UK Medical Freedom Alliance provides the example from Public Health England that their poster campaign provides false and misleading information, stating, inter alia:

"The PHE (Public Health England) poster/campaign which states: THE VACCINE REDUCES HOSPITALISATIONS by 85% EVERY VACCINATION GIVES US HOPE."
<https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/social-statics-join-millions/>.

This poster is encouraging vaccine uptake in order to bring HOPE, and says the vaccine reduces hospitalisations by 85%. #

This is false and misleading, and this information is provided by the very organisation that is responsible for public health and public health information.

It gives the false impression that the vaccine is safe and does not in itself produce/or lead hospitalisation (For adverse reactions).

Additionally it is incorrect that people are NOT being hospitalised BECAUSE of the vaccine...

This poster and campaign is also misleading as the risk of developing covid19 is individual and linked to previous exposure/natural immunity, age and general health.

The vast majority of people have no or low risk of hospitalisation and its likely that many people are already immune.";

https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf - UK medical freedom alliance "Informed consent and COVID-19 vaccines" ; and

WHEREAS, the UK Medical Freedom Alliance states that the person signing a consent form must be considered competent and not under duress and or pressure, stating, inter alia:

"Patients state of mind. For any legal form to hold up in court, the person signing it must be considered competent and not under duress.

If the patient was sedated, mentally ill, or not in his right state of mind when he signed the consent form, it could be argued that informed consent was not given.

The same is true if the patient feels pressured or under duress when he is asked to sign the form."

- UK medical freedom alliance "Informed consent and COVID-19 vaccines".

https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fd9fe45bcece3d0481412af_UKMFA_CV19_vaccine_consent_form_v3.pdf ; and

WHEREAS, the expert evidence of a number of consultant psychiatrists, psychologists, hypnotherapists, therapists, counsellors and other mental health professionals is that the psychological warfare that has been, and continues to be, inflicted on the UK population vitiates any consent that an individual in the UK may have been assumed to provide. This is particularly so in relation to children who are more susceptible to such psychological warfare techniques being employed against them to obtain their compliance and consent; and

WHEREAS, the UK Government, its agents such as Teaching Unions, the NHS, Care Commissioning Groups ("the CCGs"), and others have produced publications and material containing disturbing language, emotionally loaded and potentially coercive statements/material specifically designed to manipulate the UK children using various psychological and behavioural methods, including the use of "peer pressure" into compliance and consent to the public health measures. This material includes, but is not limited to material; and

WHEREAS, publications provided to children in nurseries, schools, colleges, on TV, in games, songs, theatre, adverts and other publications and material which exerts such social pressure as to vitiate compliance/consent; and

WHEREAS, "peer pressure" for children is a greater social pressure than for adults, according to expert evidence. The UK children are therefore even less likely to be able to give their consent "freely given" than the UK adult population. Those children who are vulnerable will be even less likely to provide their informed consent, freely given whilst experiencing "peer pressure" being used to obtain their compliance/consent; and

WHEREAS, this social pressure/psychological techniques/warfare could be found to cause a person to lack capacity if it were found to cause duress, the threshold for which will be lower for impressionable children. This is because "*Duress, whatever form it takes, is a coercion of the will so as to vitiate consent.*"

- Hirani v Harani [1982] EWCA Civ 1. <https://lawcarenigeria.com/hirani-v-hirani-1982-ewca-civ-1-05-may-1982/> ; and

WHEREAS, the evidence shows that children are being coerced and persuaded to take this experimental injection. For example, advertisements are encouraging vaccine take up for reasons unrelated to an individual's health but to "protect others" and vaccine passports are being proposed and implemented for access to basic rights and liberties such as international travel and large events and nightclubs, festivals and gigs, thereby placing unlawful pressure on individuals; and

WHEREAS, a school is less likely to be an appropriate setting to conduct vaccination in this respect due to the school's role in educating children about the pandemic and as a result of peer pressure. A more appropriate setting for a vaccination can be a GP's surgery where the GP has a knowledge of the child, where medical records are to hand and where the advice is given in the privacy of a GP's office, potentially with a person with parental responsibility present, to provide information to the child and parent to obtain their "informed" consent and without teacher influence or peer pressure; and

WHEREAS, with this kind of information and pressure being applied directly to children and young adults, bypassing parents and guardians, the ability of a child to provide "Gillick competent" informed consent, freely given is highly questionable; and

WHEREAS, the leading cases on consent by a minor for medical treatment and parental responsibility in that respect to be applied in this matter are Gillick v West Norfolk and Wisbech Health Authority [1986] AC 112 and Bell v Tavistock [2021] EWCA Civ 1363. ; and

WHEREAS, the following excerpt from the Tavistock judgment at paragraph 92 states:

"Clinicians will inevitably take great care before recommending treatment to a child and be astute to ensure that the consent obtained from both child and parents is properly informed by the advantages and disadvantages of the proposed course of treatment and in the light of evolving research and understanding of the implications and long-term consequences of such treatment.

Great care is needed to ensure that the necessary consents are properly obtained.

As Gillick itself made clear, clinicians will be alive to the possibility of regulatory or civil action where, in individual cases, the issue can be tested."; and

WHEREAS, a person with parental responsibility for the child is responsible for providing valid informed consent when a child is not Gillick Competent for a medical treatment.; and

WHEREAS, the judgment in Bell v Tavistock [2021] EWCA Civ 1363 also states at paragraph 93:

"Those clinicians must satisfy themselves that the child and parents appreciate the short and long-term implications of the treatment upon which the child is embarking.

So much is uncontroversial.

But it is for the clinicians to exercise their judgment knowing how important it is that consent is properly obtained according to the particular individual circumstances, as envisaged by Gillick itself, and by reference to developing understanding in this difficult and controversial area.

The clinicians are subject to professional regulation and oversight." ; and

WHEREAS, the Tavistock ruling objected to rigid rules on age regarding competency, reinforcing the government's Green Book on vaccination, which opines that Gillick Competency is not automatic. It states in Chapter 2 that *"Where immunisations are routinely offered in the school setting, consent differs depending on the age and competence of the individual child or young person."*; and

WHEREAS, however, in AB v Tavistock, et al. [2021] EWHC 741 (Fam) the High Court held that a child could nonetheless be competent to withdraw consent despite parental consent. This is because there is need to give proper weight to the wishes, feelings, beliefs and values of patients lacking capacity.; and

WHEREAS, it appears that the UK Government, including Public Health England, have published a negligent mistake of law that Gillick Competency" can occur for an experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines on emergency approval that have not completed clinical trials, for minors under the age of 16. Also, the negligent suggestion that the statutory capacity of young adults above the age of 16 and under the age of 18 vitiates parental responsibility; and

WHEREAS, even if Gillick Competency is unlawfully assumed in light of ongoing clinical trials or, even if a child is over 15 with statutory competency, I nonetheless have parental responsibility and the right to be involved in the informed consent process, save for lawful reasons that vitiate trespass to the person. This is because the informed consent process has the potential of creating civil and criminal liability that a child under the age of 18 is not competent to litigate. I therefore have parental responsibility and right to oversee the informed consent process and consent to it if I have reason to believe that informed consent will not or cannot be obtained. This parental right is caused by my parental responsibility to be my child's litigant friend should they wish to make a claim and as a result of my right to nonetheless bring a claim on their behalf; and

WHEREAS, if my child is injected with experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines without my parental consent, I will consider that the civil tort and or the potential summary criminal offence of assault by intentionally, recklessly or negligently causing me, a person with parental responsibility for the child, to apprehend unlawful violence against my child; in the form of medical treatment without valid informed consent that may constitute trespass to the person and by doing so causing the tort of negligent application of law. This Notice of Liability requires you to cease and desist from these torts and the potential criminal offence; and

WHEREAS, medical treatment and testing without valid informed consent causes trespass to the person, causes the civil tort and summary criminal offence of battery. The indictable offences of actual or grievous bodily harm, civil tort of wrongful death or indictable offence of manslaughter may also occur if vaccine injury occurs. You can be held responsible for these torts and offences by inducing them to occur. Financial damages in the form of vaccine injury can be recovered if a tort is confirmed by the courts; and

WHEREAS, in R Wilkinson v Broadmoor [2001] EWCA Civ 1545, the court warned of negligent mistake of law as to the extent of the legal authority conferred by a Statute. She stated with regards to medical intervention where valid informed consent had not been obtained, in this case forcibly injecting the sectioned plaintiff with anti-psychotic drugs, that:

"The people who carry out such assaults, and in particular the responsible medical officer who requires it to be done, may be sued in the ordinary way for the tort of battery.

The fact that those responsible are exercising statutory powers makes no difference."; and

WHEREAS, Lord Keith of Kinkel stated in Airedale NHS Trust v Bland [1993] AC 789, citing F. (Mental Patient: Sterilisation) [1990] 2 AC 1 that:

"it is unlawful, so as to constitute both a tort and the crime of battery, to administer medical treatment to an adult, who is conscious and sound of mind, without his consent.

Such a person is completely at liberty to decline to undergo medical treatment, even if the result of doing so will cause death"; and

WHEREAS, Article 6(1) of the Human Rights Act (1998) provides that:

"it is unlawful for a public authority to act in a way which is incompatible with a Convention right."

The articles which are engaged are 2, 3, 8, 9, 12 and 14.; and

WHEREAS, there are also no derogations or reservations for any emergency in the UK because Article 15 ECHR was not incorporated into the 1998 Human Rights Act; and

WHEREAS, Article 2 "Right to life" is engaged because as at 01/09/21, 1625 deaths have been reported to the MHRA's Yellow Card Scheme as being associated with COVID-19

vaccinations. There have been 357,956 total reports and 1,186,837 total reactions reported; and

WHEREAS, Article 3 "Prohibition of torture or to inhuman or degrading treatment or punishment" is engaged because the injection of an unwilling patient or a patient that has not provided valid informed consent must constitute at the very least degrading treatment.; and

WHEREAS, in the Wilkinson Court of Appeal ruling, Lady Justice Hale reaffirmed this principle at common law, ruling that, inter alia:

"forcible measures inflicted upon an incapacitated patient which are not a medical necessity may indeed be inhuman or degrading. The same must apply to forcible measures inflicted upon a capacitated patient."; and

WHEREAS, Article 8 "Right to respect for private and family life" is engaged if a person with parental responsibility is wilfully obstructed from engaging in the informed consent process.; and

WHEREAS, there is also no sufficient justification under article 8.2 for so fundamental an invasion of autonomy and body inviolability regarding valid informed consent which is a basic ingredient of the right to privacy and to the civil right to valid informed consent; and

WHEREAS, Article 12 "Right to marry and start a family" is engaged. Whereas the official position of the NHS is presently that there is no evidence that the COVID-19 vaccines have any effect on chances of becoming pregnant, MHRA's Yellow Card scheme is recording an alarming number of pregnancy conditions. As at 01/09/2021 the Yellow Card scheme has reported 537 spontaneous abortions and 12 fatalities. It is therefore right for children and parents to be concerned about future fertility issues; and

WHEREAS, Article 9 "Freedom of thought, conscience and religion" and Article 14 "Prohibition of discrimination" are also engaged; and

WHEREAS, the Equality Act 2010 is being breached due to the disability discrimination occurring throughout the UK; and

WHEREAS, I will at a minimum sue on behalf of my child for a declaration as to legal rights and or for an injunction that will seek conditional prohibition of any vaccination and for recovery of my legal costs were permitted; and

WHEREAS, I reserve the right to take action against the school authority under vicarious liability. Having a third party carry out the vaccination is no defence. The Supreme Court held in Woodland v Essex County Council [2013] UKSC 66 that a school authority (a local authority, board of governors or trust) is responsible in situations where a duty is provided through a third party, whether on or off-site. It remains the authority's obligation because the external agent contracted to provide the service does this on behalf of the school authority, therefore duty of care remains with the school authority and cannot be delegated. The court stated, inter alia:

"The work required to perform such a duty may well be delegable...But the duty itself remains the defendant's."

Its delegation makes no difference to his legal responsibility for the proper performance of a duty which is in law his own."; and

WHEREAS, other parents who may not be aware of their children's rights regarding trespass against the person may nonetheless take similar action within the six-year statute of limitation, with negligence claims having a three-year limitation; and

WHEREAS, I reserve the right to apply to a County Court with or without notice for a declaration or an injunction in the event that the written assurances that I have requested from my child's school are not given; and

WHEREAS, it appears that implementation of the so-named vaccine agenda and or some of its components do in fact cause harm of various kinds; and

WHEREAS, it appears that some or all of the various forms of harm caused by the implementation of the so-called vaccine agenda and or its various components can be considered a tort and a crime and are compensable by law; and

WHEREAS, direct and indirect censorship regarding the risks of the so-called COVID-19 vaccines, whether under the guise of "fact checking", misrepresentation, false or misleading advertising and/or marketing, omissions, fabrications and/or outright lies and propaganda from you and/or anyone under your authority are to **cease immediately** or accept full liability and culpability for negligence, harm, loss, suffering, injury and/or death caused to living men and women including but not limited to, new and expectant mothers, breast feeding women, children, unborn children, young adults and babies by your administration of the so-called COVID-19 vaccines; and

WHEREAS, it appears that there is no bond of record in existence, nor any source of indemnification regarding the so-named vaccine agenda and its various effects that may be considered as causing harm of various kinds; and

WHEREAS, a man, woman, or person with knowledge of a potential harm, whether caused directly by the man, woman, or person or not, and that man, woman, or person endowed with the ability and or duty to act upon the said knowledge in a way to avoid or otherwise mitigate the potential harm, and fails to do said actions, is liable for the inevitable harm caused, and or may be found negligent and or criminally liable where there is a **duty of care**; and

WHEREAS, it is a fundamental principle of law that no one is above the law, including but not limited to, all government actors. Any government immunity clause only applies to government actors when they are performing their actions of their office in good faith and that there is a ruling regarding public officials being held liable for actions done or failure to perform required actions, as in the case of Rex v Bembridge (1783); and

THEREFORE I, [NAME], Claimant, do hereby issue, and serve by delivery, this instant contractual **NOTICE OF LIABILITY FOR HARM AND DEATH** to the above named and unnamed Respondents as the situation requires.

This instant contractual notice is on behalf of all living men and women affected by the said agenda being implemented in the archipelago landmass, including but not limited to submerged areas, commonly known as the "British Isles" and the United Kingdom of Great Britain and

Northern Island and is intended to be binding between the Respondents and the Claimant, his successors, agents in perpetuity and all living men and women aforementioned.

SITUS

Governing Law

This instant Contract (hereinafter the “Contract”) initiated by the Respondents (See Exhibit A), is created pursuant to the signatory’s right of contract. The terms “you” “your” and “yours” refers to each Respondent names and additional Respondents yet to be named in the Contract individually and collectively. You agree that no claim of interest in the contract shall be assumed other than as expressly represented hereunder, and that the Contract shall be governed by and construed exclusively in accordance with the agreement of the parties as expressly stated hereunder. You agree that all words in this Contract are as the Claimant understands them.

Restriction of Jurisdiction

Other than as expressly represented herein, you agree that no section of the Contract shall be assumed to constitute a voluntary election by any of the parties thereto to submit the Contract or the said parties to any venue of law, jurisdiction, court or tribunal, other than by the agreement of the parties as stated hereunder. You agree that the Contract shall not be deemed to be subject to the laws of the Government, any State, political subdivision thereof, or any legal fiction, procedural phantom, political construct, or any other jurisdiction, real or imagined, unless such election is voluntarily made in writing by the Claimant or his/her agent. You agree that no person(s) shall have any authority to control any decision regarding the Contract; no powers, interest or authority to amend, alter, modify or terminate the Contract are granted to any part, person, individual, agency, Court or entity, real or imagined other than as expressly represented hereunder, and no such powers, interest or authority shall be assumed; all such powers, interest and authority being expressly prohibited hereunder. You agree that any representation by any party, person, individual, agency, court or entity, real or imaged, that any such powers, interest or authority exists shall be deemed a confession by the representing party/ entity to joining the contract pursuant to the terms herein (see *Joining the Contract*) for which the Joinder Fee has been established herein at Ten Million United States Dollars per each such event.

Joining the Contract

It is agreed that a joinder fee shall be established in the amount of Ten Million United States Dollars per each action, of a party not named herein, which attempts to impair this Contract or stultify any of the parties thereto; and this fee shall be due from said party. It is agreed that any party that fails to timely pay a *true bill* agrees to a right of lien having be created and perfected against that party.

Evidence and Personal Liability

This legal and lawful notice of liability is also designed to 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 (alleged) pandemic and the measures that have been/are being taken within the United Kingdom and world-wide to allegedly control its spread and effect 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.

Furthermore, 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 including, but not limited to, new and expectant mothers, breast feeding women, babies, offspring, unborn offspring and young adults committed in furtherance of state/government policy.

Your Oath of Office

If you and or any of the Respondents have sworn an oath of office, I have the reasonable expectation that you will act in accordance with the Rule of Law, Natural Law, Common Law, Treaty Law, Articles 6 and 7 of the International Criminal Court Act 2001, the Nuremberg Code (see Exhibit B), the Geneva Conventions and the United Nations Declaration of Human Rights, the Helsinki Declaration, the Universal Declaration of Human Rights and Bioethics, the Oviedo Convention, and all other applicable domestic and or international law.

Primum non nocere-First do no Harm

First do no harm. It is your lawful and legal duty, moral and ethical duty to uphold the law and to cause no harm, loss or injury and to prevent harm, loss and injury. As a Maxim in Law, 'He who does not prevent what he is able to prevent, is considered as committing the thing' Black's Law Dictionary 2nd Edition.

QUI-NON-OBSTAT-QUOD-OBSTARE-POTEST-FACERE-VIDETUR

The code of ethics to do no harm or injustice underpins our societies, including in law and medicine. The Hippocratic Oath attributed to Hippocrates (460 B.C. to 375 B.C) states to do no harm or injustice, *'I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman.'*

Duty of Care

You have a duty of care and a duty to do no harm and to prevent harm. Since preventions and treatments are available and approved for years by regulatory authorities in the United Kingdom and world-wide as safe and effective, for influenza like illness, including for Covid-19 symptoms, you have a duty to ensure, in your current role, that life saving prevention and treatment is made available to prevent illness, suffering and death.

Prevention and treatments are available for influenza-like illness, symptoms, including SARS-CoV-2 and COVID-19. Severe illness and death in the vast majority of men and woman including pregnant woman, new mothers, breastfeeding woman, offspring and young adults proven to be caused by SARS-CoV-2 is rare and is preventable and treatable. It remains to be

proven the measures introduced are clinically beneficial and or scientifically valid.

A person with full knowledge of a potential harm, whether caused directly by the person or not, and that person is endowed with the ability and or duty to act upon the said knowledge in a way to avoid or otherwise mitigate the potential harm, and fails to do said actions, is liable for the inevitable harm caused, and or may be found negligent and or criminally liable where there is a duty of care.

These include, but are not limited to, your duty of care, negligence, nonfeasance, misfeasance, malfeasance in office, misprision, and by your actions, and or your omissions, any failure of you to prevent and/or stop measures causing harm to living men and women including, but not limited to adverse events, severe adverse events and or deaths due to the Covid-19/SARS-CoV-2 measures including vaccine agenda which are harming men and women in the United Kingdom, including but not limited to new and expectant mothers, offspring, unborn offspring, young adults, patients and the elderly, including those in care homes, hospitals and institutions.

The Seven Principles of Public Life - the "Nolan Principles".

As a public office holder, you are required to apply and uphold the Seven Principles of Public Life i.e. the "Nolan Principles". Note: **ALL public office-holders are both servants of the public and stewards of public resources.**

"1. The Seven Principles of Public Life

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services.

1.1 Selflessness

Holders of public office should **act solely in terms of the public interest.**

1.2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

1.3 Objectivity

Holders of public office **must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.**

1.4 Accountability

Holders of public office are **accountable to the public** for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

1.5 Openness

Holders of public office should **act and take decisions in an open and transparent manner. Information should not be withheld from the public** unless there are clear and lawful reasons for so doing.

1.6 Honesty

Holders of public office should be truthful.

1.7 Leadership

Holders of public office should exhibit these principles in their own behaviour. They should **actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs."**

<https://www.gov.uk/government/publications/the-7-principles-of-public-life>

Your Private and Public Liability

Such harm loss and/or injury and death from the measures and actions taken by you, and/or supported by you and/or by your omissions not stopped by you, to respond to Covid-19/SARS-CoV-2, you are liable as an individual for these measures and actions, in your private and public capacity.

See Principle 1.4 of the Seven Principles of Public Life which states:

"1.4 Accountability

Holders of public office are **accountable to the public** for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this."

Take note *"An officer may be held liable in damages to any person injured in consequence of a breach of any of the duties connected with his office. The liability for nonfeasance, misfeasance, and for malfeasance in office is in his 'individual', not his official capacity"* Redfield v Fisher, 292 P 813, at 819 [1930]

"There is no question that a police officer, like anyone else, may be liable in tort to a person who is injured as a direct result of his acts or omissions." Lord Keith of Kinkel observed [at 59B-59I] regarding Hill v Chief Constable of West Yorkshire [1988] 2 WLR 1049.

Furthermore, you may be held privately and publicly liable for your actions and your omissions causing harm, loss, injury and death to men and women, including but not limited to new and expectant mothers, offspring, unborn offspring, young adults, patients and the elderly, including those in care homes, hospitals and institutions

Severe illness and death reported due to the Covid-19/SARS-CoV-2 measures and or the

vaccine agenda

Severe illness and death is being reported due to the Covid-19/SARS-CoV-2 measures and or the vaccine agenda including but not limited to the experimental measures being carried out in relation to SARS-CoV-2, including the clinical trials, in United Kingdom alone (See reports of adverse events, injuries and deaths below of those actually reported and recorded as at October 2021 1,000,000 serious adverse events/ injuries/disabilities reported and over 1,600 deaths reported on the MHRA's Yellow Card scheme in relation to the administration of the experimental SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines. In addition, many more serious injuries and deaths are being reported but are not included in these figures (for various reasons of delay and difficulties reporting the same) and many more are going unreported (for various reasons).

As you are aware, there is no long term safety data or fertility data on these experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccinations and or viral vector injections/vaccines.

SARS-CoV-2 measures causing more harm than good

I have assessed the harm-benefit calculus, and I have determined it is clear, the continuation of experimental SARS-CoV-2 mRNA gene therapies/injections/vaccinations and or viral vector injections/vaccines is not justified based on the evidence, is not safe and the experimental mRNA gene therapies/vaccines/injections and or viral vector injections/vaccines in clinical trials are causing more harm than good and should be stopped immediately.

Take note "Safe" is defined by Black's Law Dictionary as **"the amount of exposure that will cause no harm or no damage after exposure"**. The Supreme Court of the United States decided that vaccine manufacturers would be exempt from strict liability as vaccines are "unavoidably unsafe products" in *Bruesewitz versus Wyeth* 2010

<https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>


COVID-19 Vaccine Analysis Overview

Report run date: 01/11/2021

Data lock date: 27/10/2021

Manufacturer	Total reports	Total reactions
AstraZeneca	235,875	836,950
Moderna	17,187	55,000
Pfizer	126,603	357,000
Unspecified	1,185	3,500
Totals	380,850	1,252,650

From <https://yellowcard.ukcolumn.org/yellow-card-reports>



EudraVigilance - European database of suspected adverse drug reaction reports


The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

COVID-19 Vaccine Adverse Drug Reactions


28,103 DEAD

2,637,525 Injuries Through Oct 19, 2021

COVID-19 MRNA VACCINE MODERNA (CX-024414)
COVID-19 MRNA VACCINE PFIZER-BIONTECH
COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)
COVID-19 VACCINE JANSSEN (AD26.COV2.S)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EudraVigilance 

<https://vaccineimpact.com/2021/28103-deaths-2637525-injuries-following-covid-shots-in-european-database-of-adverse-reactions-european-members-of-parliament-speak-out/>

Covid-19 VACCINE DAMAGE – NOV 2021			
	Deaths	Injuries	Date
UK	1,739	1,252,679	01-Nov
EU	28,103	2,637,525	19-Oct
USA	18,461	970,409	14-Nov
TOTAL	48,303	4,860,613	

US figures: <https://wonder.cdc.gov> (VAERS)

You are Accountable

You are a principal and a source of authority in relation to the SARS-CoV-2 response measures including the vaccine agenda in the United Kingdom in your current position of responsibility in this position you have accepted, including if you have taken an oath. On your shoulders rests the responsibility of the SARS-CoV-2 measures including the vaccine agenda in the United Kingdom and you are accountable in your private and public capacity for your actions and omissions, the accountability and responsibility is applicable to you and to all successors and assigns.

For evil to succeed, it is enough for good men (and women) to do nothing

You are named here as a Respondent because of your current role:

Nuremberg Code

Under the Nuremberg Code (1947) and its 10 basic principles (Exhibit B), ‘it is a personal duty and responsibility’ to ensure that measures taken, including the experimental clinical trials being carried out in the United Kingdom, involving men and women, meet all the requirement of the Nuremberg Code, including importantly they are safe and necessary.

Informed Consent

The decision in *Montgomery v Lancashire Health Board* (2015) redefined the standard of

informed consent and disclosure. This case established a duty of care to warn of material risks. The test of materiality was whether “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” (Exhibit C).

General Medical Council guidance: Decision making and consent 19th November 2020

Under GMC guidance principle 4 of “the seven principles of decision making and consent” doctors must try to find out what matters to patients so they can share relevant information about the benefits and harms of proposed options and reasonable alternatives, including the option to take no action.

Under GMC guidance for the prescribing of unlicensed medicines a doctor is required to advise patients of the fact that the recommended treatment involves an unlicensed product “*if you intend to prescribe unlicensed medicines where that is not routine or if there are suitably licensed alternatives available, you should explain this to the patient, and your reasons for doing so*”.

GMC guidance also states that doctors MUST address the following information:

- (a) The/any risk of harm that a doctor believes (or should believe) that anyone in the patient's position would want to know.
- (b) The effect of the individual patient's (personal) clinical circumstances on the probability of a benefit or harm occurring. If a patient's medical history is known, you will know some of what you need to share already, but the dialogue could reveal more. If you do not know the patient's medical history, the dialogue is critical.
- (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 (i.e. as regards seeking appropriate medical intervention and signposting the Government's "Yellow Card" scheme (with which any medical practitioner administering an experimental vaccine is, or should be, cognizant of).

You are under a duty to tell the patient that there is limited short-term safety data and absolutely NO long-term safety data. There is simply no evidence as to the potential long term adverse health effects.

You are under a duty to inform the patient about the reported deaths, harms and side effects: of relevance to the issue of informed consent is the Yellow Card Scheme. Overall, 1 in 136 people experience a "Yellow Card" adverse event.

Nursing and Midwifery Council Code; 2015

Members of the NMC must act in line with this code (it is not negotiable or discretionary);

principle 1 is to treat people as individuals and uphold their dignity and to achieve this, you must 1.5 respect and uphold people's human rights; principle 4 is to act in the best interests of people at all times and to achieve this, you must 4.2 make sure that you get properly informed consent and document it before carrying out any action; principle 14 is to be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place and to achieve this, you must 14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm, 14.3. document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly; principle 16 is to act without delay if you believe that there is a risk to patient safety or public protection and to achieve this, you must 16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, all the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices.

GUARANTEES-&-WAIVER-OF-BENEFITS

Guarantees for this instant action are, inter alia, the 1611 King James Bible, the Coronation Oath of Elizabeth Alexandra Mary: Windsor, the Bill of Rights 1689, Constitutional Oaths of Office, the Common Law and Law Merchant, the Uniform Commercial Code, the Coronation Oath Act 1567, the Coronation Oath Act 1688, the Fraud Act 2006, the Criminal Law 1967, the Treason Act 1945, the Parliamentary Oaths Act 1866, the Promissory Oaths Act 1868, the Oaths Act 1978, the General Data Protection Regulations and case law.

I, the Claimant, do not claim any benefit of said Guarantees which are included solely as a reference to the law and conduct of named and unnamed Respondents. Bible references are exclusively from 1611 King James Bible and are used due to Oaths being sworn on it specifically rather than the so called authorised version which reads the same but is technically different when written due to the spellings. The use of bible references in this instant action/**NOTICE-OF-LIABILITY-FOR-HARM-AND-DEATH** are for jurisdictional purposes, and no adherence or non adherence to any organised religious group, including but not limited to registered corporate organisations, on the part of the Claimant may be assumed.

PLAIN STATEMENT OF FACTS

- The Common Law is the highest jurisdiction of man made law and jurisprudence for the men and women sojourning on the archipelago land mass, including but not limited to submerged areas commonly referred to as the "British Isles" and or the United Kingdom of Great Britain and Northern Ireland.

- The Law Merchant is tied to the Common Law and is the highest jurisdiction of man made law for the men and women sojourning on the archipelago land mass, including but not limited to submerged areas, commonly referred to as the "British Isles" and or the United Kingdom of Great Britain and Northern Ireland concerning commerce and associated contracts, bills, commercial instruments, jurisprudence et al.

- The Uniform Commercial Code is a code accepted or partially accepted by agreements of the various jurisdictions regarding Commercial Contracts, commercial instruments, transactions, et

al.

- LONDON FINANCE & INVESTMENT GROUP PLC/ADR/ is registered with the United States Securities and Exchange Commission as a “foreign government” under the number 0000356049.
- JOHNSON MATTHEY PLC/ADR is registered with the United States Securities and Exchange Commission as a “foreign government” under the number 00001061194.
- The Common Law reflects the Laws as recorded in the group of books commonly referred to as the Holy Bible and is verified by Sir William Blackstone in his published *Commentaries* which were instrumental in the framing and establishing of the United Kingdom of Great Britain and Northern Ireland’s jurisprudence.
- The past and present so-called Monarchs of the United Kingdom of Great Britain and Northern Ireland must swear a corporeal oath and thereby do enter a contract to uphold and defend the laws as recorded in the letters patent 1611 King James Bible as well as the Common Law, to wit:

CORONATION-OATH-1953

Archbishop. Will you solemnly promise and swear to govern the Peoples of the United Kingdom of Great Britain and Northern Ireland, Canada, Australia, New Zealand, the union of South Africa, Pakistan, and Ceylon, and of your Possessions and other Territories to any of them belonging or pertaining, according to their respective laws and customs?

Queen. I solemnly promise so to do.

Archbishop. Will you to your power cause Law and Justice, in Mercy, to be executed in all your judgments?

Queen. I will.

Archbishop. Will you to the utmost of your power maintain the Laws of God and the true profession of the gospel? Will you to the utmost of your power maintain in the United Kingdom the Protestant Reformed Religion established by law? Will you maintain and preserve inviolably the settlement of the Church of England, and the doctrine, worship, discipline, and government thereof, as by law established in England? Will you preserve unto the Bishops and Clergy of England, and to the Churches there committed to their charge, all such rights and privileges, as by law do or shall appertain to them or any of them?

Queen. All this I promise to do.

Then the Queen arising out of her Chair, supported as before, the Sword of State being carried before her, shall go to the Altar, and make her solemn Oath in the sight of all of the people to observe the premises: laying her right hand upon the Holy Gospel in the great Bible (which was before carried in the procession and is now brought from the Altar by the Archbishop (The Bible to be brought) and tendered to her as she kneels upon the steps) and saying these words: The things which I have here before promised,

I will perform, and keep. So help me God.

Then the Queen shall kiss the Book and sign the Oath. The Queens having thus taken her Oath shall return again to her Chair and the Bible shall be delivered to the Dean of Westminster. When the Queen is again seated, the Archbishop shall go to her Chair; and the Moderator of the General Assembly of the Church of Scotland, receiving the Bible from the Dean of Westminster, shall bring it to the Queen and presented to her, the Archbishop saying these words: Our gracious Queen: to keep your Majesty ever mindful of the law and the Gospel of God as the Rule of the whole life and government of Christian Princes, we present you with the Book, the most valuable thing that this world affords. And the Moderator shall continue: Here is Wisdom; This is the royal Law; These are the lively Oracles of God. Then shall the Queen deliver back the Bible to the Moderator, who shall bring it to the Dean of Westminster, to be reverently placed again upon the Altar. This done, the Archbishop shall return to the Altar.

- The Oaths of Office are clear regarding the adherence to the Laws of the United Kingdom and Northern Ireland. The wording of the oath is prescribed by the Parliamentary Oaths Act 1866 and the Promissory Oaths Act 1868. The form and manner of administering the oath are set out in the Oaths Act 1978.

- For any Respondent who has sworn an oath of office to true allegiance to her Majesty Queen Elizabeth II, Her Heirs and Successors, the Claimant hereby accepts that oath of office, and any action on the part of the Respondent that are contrawise to the Coronation Oath 1953, does in fact, render the Queen's oath in jeopardy.

Numbers Chap. XXX

1.And Moses spoke Vnto the heads of the tribes concerning the children of Israel, saying, This *is* the thing which the LORD hath commanded.

2.If a man vowe a vow Vunto the LORD, all sweare an oathe to bind his soule with a bond: he shall not breake his word, he shall doe according to all that proceedeth out of his mouth.

Leuiticus Chap. V

3.Or if he touch the vncleannesse of man, whatsoeuer vnvleannesse it be that a man shalbe defiled withal, and *it* be hid from him, when he knoweth *of it*, then he shall be guilty.

4.Or if a soule sweare pronouncing with his lips to do euill, or to do good, whatsoeuer it be that a man shall pronounce with an oath, and *it* be hid from him when he knoweth *of it*, then he shalbe guilty in one of these.

5.And it shalbe when he shalbe guiltie in one of these things, that he shall confesse that hee hath sinned in that thing.

- The United Kingdom Criminal Law Act 1967 Chapter 58 Part 1 Section 3, states:
Use of force in making arrest, etc.

3.- (1) A person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large.

(2) Subsection (1) above shall replace the rules of common law on the question

when force used for a purpose mentioned in the subsection is justified by that purpose.

- Anyone or any one promoting any false information, manufacturing articles or medical devices, or participating in any manner regarding the so-called vaccine agenda is in prime facie in breach of the Fraud Act 2006.

- When it is proven by tacit agreement or otherwise that the so-called “vaccines” and related medical devices and medications/toxins being implemented worldwide originate from outside the United Kingdom of Great Britain and Northern Ireland; and or proven tacitly or otherwise that the so-named vaccine agenda is an assault on the men, women and offspring sojourning on the archipelago landmass, including but not limited to submerged areas, commonly known as the “British Isles”, and or the United Kingdom of Great Britain and Northern Ireland, their real properties, wild and domestic livestock, pollinating insects which affect agriculture/food supply, right to life, right of privacy, well-being, liberty, or right to equitable contracts; and or proven tacitly or otherwise that any of so-called “vaccines” and related medical devices and medications/toxins or the various “legal” actions and or corporate, public and regulatory guidance, policies and measures used to implement these so-called “vaccines” and related medical devices and medications/toxins are contrary to and a collateral or direct attack upon the Coronation Oath 1953, there may be grounds for the indictment for treason, Treason Act 1945 CH 44.

Deuteronomie Chap XVII.

6. At the mouth of two witnesses, or three witnesses, shall he that is worthy of death, be put to death: *but* at the mouth of one witness he shall not be put to death.

Deuteronomie Chap XIX.

15. One witness shall not rise up against a man for any iniquity, or for any sin, in any sin that he sinneth: at the mouth of two witnesses, or at the mouth of three witnesses, shall the matter be established.

S.Matthew Chap XVIII.

16. But if he will not hear thee, then take with thee one or two more, that in the mouth of two or three witnesses, every word may be established.

II. Corinthians Chap XIII.

1. This is the third time I am coming to you: in the mouth of two or three witnesses shall every word be established.

To the Hebrewes Chap X.

28. He that despised Moses Lawe, died without mercy, under two or three witnesses.

CONDITIONAL ACCEPTANCE OF OFFERS TO CONTRACT

Point of Law

All contracts commence with an offer and only become binding upon acceptance. See Farnsworth on Contracts, 2004 by E. Allen Farnsworth, Third Edition, Aspen Publishers. ISBN: 9780735541429, volume 1.

Binding Contract

This *international Commercial Claim/Lien Within the Admiralty Private Agreement and Disclosures, Notice of Liability* with all attachments comprises a binding contract between Respondents and the Claimant for the purpose of establishing the honourable terms of the contract that **you** proposed, and eliminating faulty assumptions. It is referred to herein as the “Contract” although it is an inland claim which, when perfected, will constitute a lien against the parties as described hereunder. This Contract supersedes any and all previous agreements, whether expressed or tacit, between the parties.

Agreement & Waiver if Rights

If you agree with all the terms of the Contract, you need not reply. Your silence will constitute your agreement and acceptance of the terms, statements and provisions hereunder as your complete understanding and agreement with the Claimant and your waiver of any and all rights, remedies and defences of protest, objection, rebuttal, argument, appeal and controversy for all time. You agree that your agreement, having been granted knowingly, voluntarily and with full disclosure, settles all matters finally and forever, and cannot be withdrawn.

Disagreement & Failure to Reply

You may disagree with any of the terms of the Contract by stating a verified claim with particularity (see *Offer of Immunity – Stating a Claim* below). You and the Claimant agree that a reply which is not verified, or a reply from a third-party agent lacking first-hand knowledge of the facts, will constitute your “failure to reply” as defined herein. **If you fail to reply or state a claim by the indicated *Effective Date*, the Contract will become binding and fully enforceable in the admiralty venue as a maritime lien subject to levy, distraint, distress, certificate of exigency, impound, execution and all other lawful and or commercial remedies.**

Offer of Immunity – Stating a Claim

You may avoid all civil liability and obligations under this Contract by replying no later than the *Effective Date* with a point-by-point rebuttal of the attached Affidavit, sworn to be true under penalty of perjury, to which you attach certified factual evidence and verified proof.

In the event you decline this good faith Offer of Immunity, you agree with all terms, facts, statements and provisions in this Contract and your obligations hereunder.

Administrative Remedy Under Verified Seal

The Contract constitutes the Claimant’s administrative remedy pursuant to your offer to have a Covid-19 Vaccine which will protect me and those around me when my Covid-19 vaccine is ready for me. If you fail to reply or fail to state a verified superior claim by the *Effective Date* as described, you agree that the Claimant has exhausted his administrative remedy (his procedure to negotiate a satisfactory mutual settlement) and has stated a claim upon which relief can be granted.

Opportunity to Exhaust Your Administrative Remedy

If you fail to state a verified claim by the *Effective Date* as described, you agree that you have failed to, and are forever barred from (“estoppel”), exhausting your

administrative remedy, and therefore can never seek judicial intervention regarding the Contract now or at any time in the future.

Joining the Contract

You and the Claimant agree that the joinder fee for any party not currently named on the Contract, seeking the privilege of joining the Contract, is hereby established at Ten Million United States Dollars per each attempt/event of impairment.

Terms of Reply

As with any administrative process, you may rebut the statements and claims in the Affidavit by executing a verified reply, point-by-point with evidence that is certified to be true and in affidavit form, correct and complete, to be received by Claimant no later than 5pm on the *Effective Date*.

Non-performance

The terms “non- performance” and “failure to perform” are defined to mean failure to perform any obligation under this Contract on or before the *Effective Date* including, but not limited to, “failure to reply” to this Contract as that term is defined herein, failure to exhibit evidence of a superior claim upon request, purporting an unverified statement to be a claim, failure to verify a claim within twenty-four (24) hours of demand, failure to honour a pre-existing and or superior claim, and any other failure to perform an obligation under the terms and provisions of the Contract.

Failure to Reply

The term “failure to reply” means your failure by the *Effective Date* to reply to this Contract (silence) or “insufficiency of reply” as that term is defined herein. You agree that failure to reply conveys your agreement with all the terms and provisions of the Contract.

Insufficiency of Reply

The terms “insufficiency of reply” and “insufficient reply” are defined to mean a response which is received by the *Effective Date*, but which fails to rebut any of the established terms, provisions, statements or claims in the Contract, or offers blanket denials, unsupported rebuttals, inapposite rebuttals such as “not applicable” or equivalent statements, declarations of counsel and or other third parties who lack first-hand material factual knowledge, and or any rebuttal which lacks verification, or fails to exhibit supportive evidence certified to be true, correct, complete and certain and full commercial liability. You agree that any such response is deemed to be legally and lawfully insufficient to rebut the established statements in the Contract, thereby conveying your agreement with all of the terms and provisions of the Contract.

Tacit Agreement

You may admit to all statements and claims in the Contract by simply remaining silent. The parties herein agree that failure to reply or insufficiency of reply as defined herein constitutes agreement with all terms, provisions, statements, facts and claims in the Contract.

Qui tacet consentire videtur

“Silence can only be equated with fraud where there is a legal or moral duty to speak, or where an inquiry left unanswered would be intentionally misleading...”

U.S v Tweel, 550 F.2d 297, 299 (1977), quoting U.S. v Prudden, 424 F.2d 1021, 1032 (1970).

“when circumstances impose duty to speak and one deliberately remains silent, silence is equivalent to false representation.”

Fisher Controls International, inc v Gibbons, 911 S.W. 2d 135 (1995).

“when a person sustains to another a position of trust and confidence, his failure to disclose facts that he has a duty to disclose is as much a fraud as an actual misrepresentation.”

Blanton v Sherman Compress co., 256 S.W. 2d 884 (1953).

Silence activates estoppel, pursuant to Carmine v Bowen, 64 A. 932.

Comprehensive and Complete Evidence Required

You have a duty of care, as well as a lawful, moral and ethical duty in your public and private capacity and in your current principal position and as a source of authority to ascertain whether the SARS-CoV-2 measures and the vaccine agenda, including the experimental clinical trials are causing more harm than good. If these measures, including the experimental clinical trials are causing more harm than good, you have a duty to communicate and take actions to stop these clinical trials immediately.

To ensure harm is avoided, complete and comprehensive evidence is required to be made publicly available for independent analysis, assessment and validation, for the SARS-CoV-2 measures including the vaccine agenda being undertaken and continued, including but not limited to:

- You are required to provide evidence of preventions and treatments for SARS-CoV-2 symptoms and illness being made available to prevent illness, suffering and to save lives
- You are required to provide evidence that SARS-CoV-2 has been isolated and validated by independent groups in United Kingdom or world-wide
- You are required to provide evidence that SARS-CoV-2 testing within United Kingdom is specific for SARS-CoV-2
- You are required to provide evidence that there are no undeclared ingredients in the vials used in the experimental clinical trials for SARS-CoV-2 within the United Kingdom
- **You are required to provide evidence of the vials themselves used in the experimental clinical trials for Covid-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and viral vector injections/vaccines used within United Kingdom for SARS-CoV-2 so that they can be independently examined.**
- You are required to provide evidence that ‘SARS-CoV-2’ is actually a medical emergency and for the claims made by you and other men and women acting as senior officers within the Government and Medical establishment, that “having regard to the immediate, exceptional and manifest risk posed to human life and public health by the spread of Covid-19...” from Statutory Instrument legislation link accessed 24 May 2021. For example, the Euromomo

evidence has also consistently shown no medical emergency at any time from January 2020 to May 2021 <https://www.euromomo.eu/graphs-and-maps/> It is highly significant that Covid-19 is not a High Consequence Infectious Disease (HCID) in the UK according to UK GOV's official guidance issued on 19 March 2020 and accessed 24 May 2021 by <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

- You are required to provide evidence of a “pandemic” with reference to actual death figures (cremations and burials) in the UK since the alleged emergency and justification as to why restrictions on liberty, including but not limited to those enabled by the UK Coronavirus Act 2020, and justification as to why a vaccine agenda has been necessary at all.
- You are required to prove that this vaccine agenda and the related harm caused to living men and women and offspring was not premeditated, planned and has not been dishonestly used as a way to cause depopulation and harm to living men and women.

WHEREAS, to ensure each living man, woman and child to whom the so-called COVID-19 vaccines are administered, provides their free and full and informed consent to experimental medical interventions, you are required to provide complete and comprehensive evidence including, but not limited to, the following:

- (a) Evidence that most, if not all, of the so-called COVID-19 vaccines are in clinical trials and therefore experimental; and
- (b) Evidence that SARS-CoV-2 has been isolated and validated by independent groups in the UK and or world-wide; and
- (c) Evidence that SARS-CoV-2 testing within the UK is specific for SARS-CoV-2; and
- (d) Evidence that there are no undeclared ingredients in the vials used in the experimental clinical trials for so-called COVID-19 vaccines; and
- (e) Evidence that SARS-CoV-2 is actually a medical emergency and for the claims made by you and other men and women acting as senior officers with the UK Government and medical establishment, that "having regard to the immediate, exceptional and manifest risk posed to human life and public health by the spread of Covid-19..".

For example, the Euromomo evidence has consistently shown no medical emergency at any time from January 2020 to May 2021 - <https://www.euromomo.eu/graphs-and-maps/> ; and

- (f) Evidence that Health(Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020; S.I. No. 121/2020 - Health Act 1947 (Section 31A- Temporary Restrictions) (Covid-19) Regulations 2020; Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 and other purported Acts are compliant to the Constitution; and

- (g) Evidence that the so-called COVID-19 vaccines have been thoroughly tested to ensure safety to all recipients; and
- (h) Evidence that the so-called COVID-19 vaccines protect recipients from infection with SARS-CoV-2 virus; and
- (i) Evidence showing that the so-called COVID-19 vaccines are not causing significant adverse events, are not causing severe adverse events and are not causing death to recipients; and
- (j) Evidence showing that the so-called COVID-19 vaccines are

necessary, especially in light that the US Centres for Disease Control and Prevention ("the CDC") will withdraw its request to the U.S. Food and Drug Administration ("the FDA") for Emergency Use Authorisation ("EUA") of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel due to its inability to correctly diagnose for COVID-19/SARS-CoV-2 infection - https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR~SARS-CoV-2_Testing_1.html

I have more than reasonable cause to believe that these experimental Covid-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines can and do cause harm, injury, suffering and death.

I anticipate this Notice clarifies my disposition to your various mRNA gene therapy/injection/vaccination and or viral vector injections/vaccines programs and agendas. You are required to respond in writing to this **NOTICE-OF-LIABILITY-FOR-HARM-AND-DEATH** within fourteen (14) days with a sufficient, complete and full response see *Terms of Conditional Acceptance*.

Conditional Acceptance

The offer from the Respondents to the Claimant to have a "Covid-19 Vaccine" which will protect the Claimant and those around the Claimant when his Covid-19 vaccine is ready for him is the commencement of a contract negotiation, or meeting of the minds. The Contract becomes binding upon unconditional acceptance or performance.

Performance and Acceptance of Offer to Contract under Reservation of Rights

The Claimant reserves the right not to be compelled to perform under any contractual agreement that has not been **fully disclosed** in the prescribed form as herein claimed.

Terms of Conditional Acceptance

I, [NAME], Claimant, hereby notices Respondents that your offer to contract is formally conditionally accepted under reservation of all immutable and natural rights nunc pro tunc without prejudice, whether expressed or not, and upon full disclosure of any and all perils involved with the so-named experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines and the vaccine agenda and any of its components, and upon a point-by-point rebuttal of the attached Affidavit, to which you attach certified factual evidence sworn to be true.

If the Respondent should fail to meet the requirements as defined in the section *Insufficiency of Reply*, it shall constitute your full agreement with the following contractual terms in all jurisdictions:

- Respondents accept full liability for any and all harm and loss caused by the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector

injections/vaccines as well as the vaccine agenda and for the false information as to there being a true “pandemic” requiring emergency safety measures and legislation of any kind involving any kind of restrictions on liberty and or free movements and or use of testing equipment and wearing of masks which are capable of and are causing harm.

- Respondents to provide a full Safety assessment of the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines as well as for all components of the vaccine agenda to include testing, masks and all other measures said to be related confirming that the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines will protect the Claimant and those around the Claimant and that the vaccine and vaccine agenda components are safe and do not cause harm.

- Respondents do respond in full to the 8 requests for evidence in ***Comprehensive and Complete Evidence Required*** above.

- A fee schedule of One Million United States Dollars **per day for any continued false advertising suggesting that** the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines are necessary and or protect individuals including but not limited to healthy living men and women and offspring.

- In the case of failure to pay any fees within thirty days of presentment of a True Bill, you agree to a lien against you, subject to levy, distraint, distress, certificate of exigency, impound, execution and all other lawful and or commercial remedies.

- Aiding and abetting the implementation of the so-named the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines and vaccine agenda is an act of Treason for those under oath.

Take Notice you have been fairly and equitably fore-noticed and fore-warned.

All replies must be received by the *Effective Date*, which is fourteen (14) days from the postmark date of this Contract. All replies must be verified. See *Terms of Reply* under **CONDITIONAL ACCEPTANCE OF OFFERS TO CONTRACT**.

REPLY RECIPIENT

All replies must be sent to the claimant at the c/o address at the top of this document, by Registered or Certified Mail.

ABATEMENT OF ERRORS AND OMISSIONS

If the Respondents discover any errors and omissions or defects, legal or otherwise, in or related to this instrument, Respondents are required to notice the Claimant at the required postal location, by Registered or Certified Mail, with a point-by-point description of any such errors and omissions or defects for correction within three (3) days of receiving this Notice, or forever agree to the lawful execution of this Notice as a matter of the public record.

If additional time is required for replying, a request must be received by the Claimant in the prescribed form at the postal locations herein within the three (3) days allotted or be forever barred from contest under the doctrine or maxim of Collateral Estoppel.

All terms in this instant contract are to be construed and interpreted as that intended by the Claimant.

TRESPASS UPON PRIVATE CONTRACT

Any collateral attack on this Contract is in bad faith and is a criminal trespass.

AGREEMENT AND WAIVER OF RIGHTS

If the Respondents agree with all of the statements herein, a reply is not necessary.

If Respondents choose to remain silent, Respondents agree and accept all of the terms, statements and provisions herein as their complete understanding and agreement with the Claimant and their waiver of any and all immunities, rights, remedies and defences of protest, objection, rebuttal, argument, appeal and controversy for all time.

Tacit Agreement

Respondents may admit to all statements and claims in this Notice, which comprises a binding contract, by simply remaining silent.

Statute Staple

This Contract is instantly self-executing upon issuance due to the failure by Respondents to reply to perform as defined above. Respondents agree to be bound by all terms of the Contract commencing on the date of default.

Confession of Judgment – Binding Administrative Judgment

The Respondents are entitled to a Notice of default. In consideration Respondents agree to accept a Notice of Default as Binding Administrative Judgment (herein after “Judgment”) certifying Respondents agreement with all terms, statements, facts and provisions in the Contract. Since Judgment is issued when a party waives the right to reply, all parties to this Agreement agree to be bound in perpetuity by any and all such Judgments which may be issued regarding the Contract.

The Respondents cannot directly or indirectly seek recoupment of losses incurred, due to any terms of this Contract, from their customers or constituents. **Any Respondent will be absolved of all liability, including all outstanding amounts billed, when they provide a full risk assessment which demonstrates that no harm is caused in relation to the so-named experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines as well as for all components of the vaccine agenda to include testing, masks and all other measures said to be related to the “covid-19 pandemic” and or vaccine agenda.**

CONCLUSION

The Respondents have been served this Notice, including but not limited to the enclosed Exhibits, Affidavit and Bill of Lading, all of which constitute full disclosure of the so-named Covid-19 vaccine agenda as of the date of this Notice. This Notice in full will be made available to anyone who chooses to use it in a subsequent claim regarding the Covid-19 vaccine

agenda and any effect thereof, directly or indirectly causing harm of any kind to anyone or anything.

Respectfully, govern yourself accordingly.

Notice to Agent is Notice to Principal; Notice to Principal is Notice to Agent

As above so below

It is written,

“If they refuse to take the cup at thine hand to drinke, then shalt thou say vnto them,

Thus saith the Lord of hosts, Yee shall certainly drinke”

“Thy kingdome come. Thy will be done, in earth, as it is in heauen.”

I, [NAME], do herewith affirm and declare under my unlimited commercial liability that I am competent and of lawful age to state the matters set forth herein, that they are true, correct, complete and not intended to be misleading. They are admissible as evidence, and in accordance with my best firsthand knowledge, understanding and belief.

It is not my intention to harass, intimidate, offend, conspire, blackmail, coerce or cause anxiety, alarm or distress. This Notice of Liability and the enclosed information are presented with honourable and peaceful intentions and are expressly for your benefit to provide you with due process, due diligence and an opportunity to remedy this most serious matter and claim.

Qui non obstat quod obstare potest fasere videtur

Executed on this the twentieth day of the [tenth] month in the year of our Lord, Two Thousand and Twenty-One.

Without ill will, vexation or frivolity
With sincerity and honour,

Only Authorised Representative of/for [NAME] and any/all Derivatives thereof
All Rights Reserved

IN WITNESS WHEREOF, on this [second] day of the [eleventh] month in the year of our Lord, Two Thousand and Twenty-One.

Witness One

Witness two

Supported by:

Exhibit A

**The vaccine
protects you
and those
around you**

We'll let you know when your
Covid-19 vaccine is ready for you.

EVERY VACCINATION
GIVES US

HOPE

Exhibit B

The Nuremberg Code (1947)

BRITISH MEDICAL JOURNAL No 7070 Volume 313: Page 1448, 7 December 1996.

Introduction The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.

This judgment established a new standard of ethical medical behaviour for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body. This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided. This code recognizes that doctors should avoid actions that injure human patients. The principles established by this code for medical practice now have been extended into general codes of medical ethics.

The Nuremberg Code (1947) Permissible Medical Experiments

The great weight of the evidence before us to effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

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 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.

Exhibit C

Montgomery v Lancashire Health Board (2015).

An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. 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”

“...it could now be stated “with a reasonable degree of confidence” that the need for informed consent was firmly part of English law.

“It is now well recognised that the interest which the law of negligence protects is a person’s interest in their own physical and psychiatric integrity, an important feature of which is their autonomy, their freedom to decide what shall and shall not be done with their body.

“An important consequence of this is that it is not possible to consider a particular medical procedure in isolation from its alternatives. Most decisions about medical care are not simple yes/no answers. There are choices to be made, arguments for and against

each of the options to be considered, and sufficient information must be given so that this can be done: see the approach of the General Medical Council in Consent: patients and doctors making decisions together (2008), para 5, quoted by Lord Kerr and Lord Reed at para 77 and approved by them at paras 83 to 85”

Exhibit D

Exhibit D is the Affidavit of Annamarie Harvey de Buisseret, UK lawyer on the legal issues surrounding the proposed immunisation programme for 12-18 year-old minors/children.

Exhibit E

Template legal letter prepared by PHJ Law Solicitors on behalf of parents to send out to their children's schools entitled: "Re: Civil Procedure Rules: COVID-19 Gillick Competency, Pre-Action letter of claim:"

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Exhibit D

AFFIDAVIT

I, [NAME], hereinafter “Affirmant”, do solemnly affirm, declare and state as follows:

- Affirmant is competent to state the matters set forth herein.
- Affirmant has knowledge of the facts stated herein.
- All the facts herein are true, correct, complete and admissible as evidence, and if called upon as a witness, Affirmant will testify to their veracity.

‘Woe to you, teachers of law and pharisees you hypocrites! You are like whitewashed tombs, which look beautiful on the outside but on the inside are full of dead men’s bones and everything unclean. In the same way on the outside you appear to people as righteous but on the inside you are full of hypocrisy and wickedness.’

Jesus the Christ, Mathew 23:27

Plain Statement of Facts

- The government of the United Kingdom is providing, promoting and allowing so-named experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines to be administered to the general public now including pregnant women, breast-feeding mothers and children.

- These experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines are part of a global agenda which is being implemented.

- These experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines have received emergency authorisation and are in trial periods until 2022/2023 and beyond.

- These experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines have caused death and harm to numerous living men and women and children and unborn children receiving them.

- Informed consent is not being obtained from those receiving the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines, living men and women and children are not being told of alternative treatments, the risks involved and any true benefits, if any, to them.

- There is an agenda of false information regarding safety, informed consent and necessity and or any health benefits and or risks of the experimental COVID-19/SARS-CoV-2 mRNA gene therapies/injections/vaccines and or viral vector injections/vaccines and or availability of alternative treatments for covid-19 type symptoms.

- There is an agenda of false information as to there being a true “pandemic” requiring vaccines, emergency safety measures and legislation of any kind involving any kind of restrictions on liberty and or free movements and or use of testing equipment and wearing of masks and or social distancing and or lockdowns and or closure of essential health care NHS services which are capable of, have caused and are causing harm, including injury and death.

- Many elderly and vulnerable living men and women including in care homes have been exposed to risk and harm and many killed by exposure to covid-19 type symptoms unnecessarily, having been prevented from having and or refused life-saving treatments and some having been given

treatments which have assisted to end their life, often unlawfully and unnecessarily.

- Furthermore, many living men and women and children have been denied essential and necessary treatments and surgeries during the alleged “pandemic” period due to the halting of normal NHS (and some private) treatments and surgeries for mainly vulnerable living men and women.

- We have tried and tested cures and preventatives and we do not need a vaccination programme nor any restrictions on our liberties. There is an agenda of false information against alternative treatments for covid- 19 type symptoms including, (for example Ivermectin; Vitamins C and D by deliberate suppression of the effectiveness of established alternative medications, and public attacks upon the findings and integrity of esteemed, highly qualified, experienced medical doctors and scientists (including Dr Tess Lawrie and BIRD in UK) who present legitimate alternatives to the experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines (if such alternatives are required).

- **The administration, promotion or provision of these experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines is hereby refused and prohibited by the Affirmant. Informed consent is legally required for administration of such experimental medications/treatments/gene therapies/injections.**

- The administration, promotion or provision of these experimental Covid-19/SARS 2 mRNA gene therapies/injections and or viral vector injections/vaccines and the vaccine agenda (promoting vaccines, requiring emergency safety measures and legislation involving restrictions on liberty and or free movements and promoting use of testing equipment and wearing of masks etc) violates many of the Affirmant’s inalienable rights and “human rights”, such as those laid out by the Universal Declaration of Human Rights, the International Covenant on Social, Economic and Cultural Rights, the European Convention on Human Rights, Article 1 Obligation to respect Human Rights, 2 Right to Life, 3 Prohibition of torture, 5 Right to liberty and security and 8 Right to respect for private and family life, the Human Rights Act, the Oviedo Convention and other human rights Conventions, Treaties, Statutes and laws, including the common law right to bodily integrity - "Voluntas Aegroti Suprema Lex" - Over his or her own mind or body the individual is Sovereign." and the common law "Prima Non Nocere" - "Do no harm" and God's laws of "Do no harm".

Please note that terms not otherwise defined herein shall have the meanings ascribed to such terms in the Notice of Liability to which this Affidavit is attached.

I, [NAME], Affirmant, a [living man/woman], upon my full unlimited commercial liability, do affirm and say that I have read the above Affidavit and do know the contents to the very best of my knowledge to be true, correct, complete and not misleading; the truth, the whole truth, and nothing but the truth.

IN WITNESS WHEREOF, autographed at
..... on the [second] day of [November] in
the Year Two Thousand and Twenty-one.

....., All Rights
Reserved.....

Claimant/Affirmant [print] [autograph]

[ADDRESS]

.....

.....

Witness [autograph]

Witness [autograph]

Before me, the undersigned Commissioner for Oaths, appeared [NAME], known to me to be the one whose name is subscribed above, and acknowledged execution of the same for the purposes therein contained.

Witness my hand and official seal this [DAY] day of [MONTH], 2021.

.....

COMMISSIONER FOR OATHS