

## To our Medical Practitioners

5<sup>th</sup> February 2021

### **Subject: COVID-19 VACCINES -WHAT EVERY GP AND MEDICAL PRACTITIONER SHOULD KNOW - How to protect our GPs and the NHS**

Dear Sir/Madam,

I hope that this letter finds you and your staff in good health. This is an unusually lengthy but important e-mail, so please grab a cup of your favourite beverage and a comfy seat and read it in its entirety. If it saves but one life it will have been worth it. Please keep an open and critical mind as you read through. Also, please share it with your staff members and openly discuss its implications before considering any action or inaction.

It is imperative that you take your time to thoroughly evaluate what is in this letter before passing judgment. Please do not take any statement made here personally or as directly aimed at you.

**NB: A link is provided at the end to download the attachments referred to throughout the document.**

### **Introduction**

When a government tells its people, in the middle of a “health crisis”, to act as though they are sick (<https://www.bbc.co.uk/news/av/uk-55384162>), and the people are expected to (and do) follow these instructions, then something is seriously wrong with that society. Especially, if there is no resistance or criticism of the order from the medical and/or scientific community. We are living in very strange times.

Having exhausted all avenues available by directly contacting our MPs and members of the House of Lords for action (attached), I am now turning my attention to our medical practitioners to make some sense of this madness.

As GPs, with whom the public has always had a special relationship of trust and confidence regardless of their political stance and without interference from the government, you are now in the most unenviable and unfair position of being responsible for delivery of a new vaccine declared “safe” for delivery by emergency order of the government. At the same time, you are in an enviable position of having the power and responsibility to correct the narrative.

While you have been fully occupied with following government guidelines and orders over the coronavirus emergency, my colleagues and I and many others have been extremely busy vigorously researching the matter over the last 10 months. It has become abundantly clear that our Medical Practitioners have been consistently (and continue to be) misled (perhaps not intentionally) by the government.

Physicians will be fully aware of the Hippocratic Oath of “do no Harm”, as would be the nurses of the Royal College of Nursing Code ethics. However, it now seems that our government has succeeded in putting a chasm between the GPs and medical professionals and their patients without either party being conscious of this. I/We urge you to please consider the following before making delivery of any vaccine.

1. At the end of January 2020, covid-19 was classified by PHE and MHRA as an HCID (High Consequence Infectious disease) The definition of HCID being (<https://www.gov.uk/guidance/high-consequence-infectious-diseaseshcid#definition-of-hcid>)
2. On the 19th of March covid-19 was downgraded by PHE to flu level status (<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#status-of-covid-19>). Only days later Matt Hancock, the Secretary of State for Health, misled parliament when he made the following statement to the House of Commons that “Coronavirus is the most serious public health emergency that has faced the world in a century.” At the time of the statement, Matt Hancock (and the PM) would have been aware that on the 19th of March, only 4 days earlier, the Status of COVID-19 had been downgraded to no longer be considered a High Consequence Infectious Disease (HCID) in the UK. This has not changed since (<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#status-of-covid-19>). **How many GPs are aware of this?** This, of course, was followed

by a draconian lockdown resulting in unnecessary removal of patients from the safety of hospital wards to care homes culminating in a situation leading to tens of thousands of unnecessary deaths. GPs were further instructed to withdraw visits and available and proven treatments to patients, including basic treatments like nutrients and fluids. So, many must have starved to death and many would, undoubtedly, have died from loneliness and despair. It would appear, however, that neither GPs nor other medical staff protested against this nor questioned the government's intention, as they were, presumably, acting under emergency orders and extreme duress (<https://www.bitchute.com/video/VkMrRYVTqRdg/>).

3. In many countries, including the UK, doctors were ordered not to admit the elderly into ICUs and to withdraw all health care and national health systems stopped providing health care other than that for "covid-19", abandoning the sick to die. This resulted in at least 20K care homes deaths in the UK alone while driving up the covid-19 death figures. These figures continue being included as "covid-19 death" figures.
4. In the UK, the death rate rose only after the general lockdown was implemented. This being attributed mainly due to withdrawal of available NHS treatment for non-covid patients.
5. Top economists have been warning that the UK government is "killing more people than it could possibly save" through lockdowns. The Daily Mail carried out audit of 130 studies on the devastation caused by lockdowns (<https://www.dailymail.co.uk/news/article-8856959/Lockdowns-lethal-toll-NHS-vulnerable-patients-laidbare.html>)
6. Why did the government's change its reporting focus from "deaths" to "cases" during the summer soon after the "flattening" of the curve (given that cases do not necessarily translate into infection and/or death)? Whether intentional or not this has had the effect of raising the fear factor among the population and overall acceptance of the draconian rules that followed.
7. Why does the government continue combining the covid-19 and flu figures and why is there no reporting of the covid case-fatality figures which are more appropriate for keeping a check on the lethality of a given disease? Two numbers must be known if the deadliness of a virus is to be assessed, the number of infections and the number of deaths.
8. Meanwhile, the Flu appears to have disappeared this year, according to the WHO. World Health Organisation Flu Monitoring: (<https://apps.who.int/flumart/Default?ReportNo=6>). Could it be that the flu virus has suddenly shape-shifted into the covid-19 virus or perhaps they are "accidentally" conflating the two ([https://static.wixstatic.com/media/a27d24\\_c5bac76b83854e24999ae3408ed680e9~mv2.png](https://static.wixstatic.com/media/a27d24_c5bac76b83854e24999ae3408ed680e9~mv2.png))? And, an Irish GP claimed, on RTE radio, on the 19 January, that "Covid is the ONLY circulating virus in the country at the moment" (<https://richieallen.co.uk/irish-gp-says-covid-is-only-circulating-virus-in-country-at-the-moment/>)
9. Why have doctors been ordered to attribute most deaths to covid-19? This is fraudulent but seems to meet no resistance from our doctors and medical professionals (Reference document 3 attached at end) ([https://brandnewtube.com/watch/government-admit-they-put-covid-19-on-every-death-certificate\\_hSDqa5y1rfsTvtC.html](https://brandnewtube.com/watch/government-admit-they-put-covid-19-on-every-death-certificate_hSDqa5y1rfsTvtC.html)).
10. Following from the previous point, reference is made here to the **Perjury Act 1911 (attached) - Section 4 False statements, &c. as to births or deaths. (1) If any person— (d) makes any false statement with intent to have the same inserted in any register of births or deaths: he shall be guilty of a misdemeanour and shall be liable— (i) on conviction thereof on indictment to penal servitude for a term not exceeding seven years, or to imprisonment . . . F1 for a term not exceeding two years.** Would it not be unfair that our GPs and medical practitioners should be left liable to prosecution?
11. Why are covid-19 death numbers being exaggerated by assuming death **with covid-19** as death **of covid-19** so that anybody who dies within 28 days of having tested positive will be recorded as to have died of covid-19? Therefore, if a person, having been tested positive for covid-19, were to fall ill and die of a heart attack or some other illness within 28 days, he/she will be recorded as having died from covid-19. This is fraudulent. Previously, there was no 28-day cut off, so all figures up to that point (sometime in August) are questionable. The government subsequently revised the total deaths down by 5K without explaining how they came up with this figure. (<https://www.bbc.co.uk/news/health-53722711>). The 28-day rule remains unchallenged to this day and neither is there an adjusting mechanism applied on a regular basis to accurately monitor and correct the actual death count.
12. Why are figures of recovered cases not being reported?
13. Why are Death Certificates being changed to prevent relatives from questioning the cause of death? (Removal of Cremation Form 5 – copy attached). Doctors would be fully aware of this. This is fraudulent. There was never any

necessity or obligation or benefit for removing this, previously essential, document for recording deaths. After all, what is more important than being able to carry out autopsies, especially during a “pandemic”, where knowledge of actual causes of death is paramount in establishing the deadliness of a disease? Why is/was there no resistance from our medical practitioners on this issue?

14. Have our GPs been made aware that Covid-19 was described as an illness no more lethal than the normal flu, by the government’s own Chief Scientific Advisor, Chris Whitty (May 11 covid-19 briefing <https://www.youtube.com/watch?v=BkFNeKLPTOE> @51:38-59:55) and Dr Anthony Fauci (American medical advisor to Donald Trump) in the New England Journal of Medicine in March 2020, where he described Covid-19 akin to a severe seasonal flu, or Dr Stoian Alexov’s (president of the Bulgarian Pathology Association) assessment of covid-19 (<https://off-guardian.org/2020/07/02/no-one-has-died-from-the-coronavirus-president-of-the-bulgarian-pathology-association/>) or that more people die of the flu on a yearly basis than have so far died of Covid-19?
15. Please take 30 min of your time to hear what your peers in the UK and around the world have to say about covid-19 (<https://humansarefree.com/2021/01/doctors-around-the-world-issue-warnings-against-the-covid-19-vaccine.html>)
16. If we are to believe the government, we now have a virus that has never been shown to exist (see attached FOI document), that the tests are not testing for and if the virus were to exist, then the numbers, even by the manipulated figures we are given, do not justify the response and neither justifies the need to vaccinate every man, woman and child in the UK and, indeed, on the planet, with a vaccine that appears to have been cobbled together in a few short months, bypassing safety protocols.
17. Given that there has never been a successful coronavirus vaccine over the last 40 years of trying and that it takes an average of 10-15+ years to produce a reasonably safe vaccine, why are we indemnifying the vaccine producers? According to AstraZeneca, here’s why, **“This is a unique situation where we, as a company, simply cannot take the risk if in ... four years the vaccine is showing side effects,”** Ruud Dobber, a member of Astra’s senior executive team, told Reuters (<https://uk.reuters.com/article/us-astrazeneca-results-vaccine-liability/astrazeneca-to-be-exempt-from-coronavirus-vaccine-liability-claims-in-most-countries-idUKKCN24V2EN>). These are the same manufacturers whom, over the last 20 years, have had to pay out billions in compensation for damages (including deaths) and fines for corruption and misleading the public ([https://en.wikipedia.org/wiki/List\\_of\\_largest\\_pharmaceutical\\_settlements](https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements)). Furthermore, this is a new type of vaccine (mRNA/DNA -gene-based) which will permanently alter genetic material/DNA of the recipient. And to think that the government refuses to rule-out mandatory vaccination is rather worrying. This is what happened the last time a vaccine was rushed (2009) <http://orthomolecular.org/resources/omns/v08n10.shtml>
18. Have the GPs responsible for delivery of these vaccines been made aware that animal testing was skipped before human trials began?
19. As recently as mid-November, it was discovered that the government put out a contract award for medical AI software for recording and monitoring results from the coming vaccination program **“The MHRA urgently seeks an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction (ADRs) and ensure that no details from the ADRs’ reaction text are missed.”** because their current systems would not be able to cope. The public has not been informed of this: (<https://archive.is/2JXqO#selection-1053.0-1065.14>) See also (<https://www.ukcolumn.org/ukcolumn-news/uk-column-news-16th-november-2020>) @17:45 but have been repeatedly reminded of how safe the vaccine is.
20. These experimental vaccines are not known to stop transmission but expected to only reduce symptoms – Sir Patrick Vallance **“We don’t know yet how good all the vaccines are going to be at preventing the transmission of coronavirus”** (<https://www.telegraph.co.uk/news/2020/12/08/v-day-watershed-moment-may-have-wear-masks-another-year/>) – What then is the advantage of taking the vaccine? What is true, is that the vaccinated, with reduced symptoms, are likely to end up becoming “secret spreaders”. Obviously, not a desirable outcome, so, why are we pushing this vaccine? Are our GPs aware of this?
21. The PfizerBioNTech Covid-19 was approved under **“emergency regulations”**. However, what is unsettling is that it states clearly that Animal reproductive toxicity studies have not been completed and that **“it is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility”**. Neither of these facts are provided to the recipient when obtaining informed consent (<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>) and this from Head of Pfizer Research(

[com.cdn.ampproject.org/v/s/healthandmoneynews.wordpress.com/2020/12/02/head-of-pfizer-research-covid-vaccine-is-female-sterilization/amp/?usqp=mq331AQHKAFAQrABIA%3D%3D&js\\_v=0.1#aoh=16072004864296&referrer=https%3A%2F%2Fwww.google.com&tf=From%20%251%24s&share=https%3A%2F%2Fhealthandmoneynews.wordpress.com%2F2020%2F12%2F02%2Fhead-of-pfizer-research-covid-vaccine-is-female-sterilization%2F](https://com.cdn.ampproject.org/v/s/healthandmoneynews.wordpress.com/2020/12/02/head-of-pfizer-research-covid-vaccine-is-female-sterilization/amp/?usqp=mq331AQHKAFAQrABIA%3D%3D&js_v=0.1#aoh=16072004864296&referrer=https%3A%2F%2Fwww.google.com&tf=From%20%251%24s&share=https%3A%2F%2Fhealthandmoneynews.wordpress.com%2F2020%2F12%2F02%2Fhead-of-pfizer-research-covid-vaccine-is-female-sterilization%2F) and the Oxford designer of the Covid Vaccine admits: **"Vaccine will only sterilise 70% of the population"**

(<https://healthandmoneynews.wordpress.com/2020/12/03/oxford-designer-of-covid-vaccine-admits-vaccine-will-only-sterilize-70-per-cent-of-the-population/>) and significant safety concerns

(<https://worlddoctorsalliance.com/blog/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-call-to-sign-the-petition/>) and **Vaccine 60-70% sterilisation**

John Snow interviews Prof Sir John Bell from Oxford, SAGE (<https://youtu.be/IMAKFKprzRQ>). Will our GPs or those administering the vaccine be liable for any such injury as a result?

22. Note.... Oxford is where one of the vaccines originate. I would like to draw your attention to the fact that Professor Sir John Bell, professor of medicine at Oxford University, and a part of the GAVI team – Sir John is a member of SAGE (Scientific Advisory Group for Emergencies) and sits on the government's vaccine task force that has negotiated the purchase of a handful of proposed vaccines to combat coronavirus – developing AstraZeneca's coronavirus vaccine, said in an interview with Jon Snow that **"These vaccines are unlikely to completely sterilize a population. They are very likely to have an effect which works in a %, say 60 or 70%."** **Believe him, someone who has these levels of credentials doesn't misspeak without correcting himself.** Will any infertility be blamed on the virus?
23. As part of their covid-19 related training, have GPs been encouraged to see typical injuries sustained as a result of this experimental vaccine? Here are a couple of short video clips that every GP must see before continuing with delivery of covid-19 vaccines (<https://humansarefree.com/2021/01/woman-convulsing-after-getting-the-moderna-covid-19-vaccine.html>) and (<https://humansarefree.com/2021/01/uncontrolled-convulsions-after-receiving-covid-19-vaccine.html>). Doctors say they can give NO advice on treating this condition. Is it not unfair and unethical to expect our GPs to be obliged to deliver these untested vaccines? Who will be eventually liable for these injuries, given that **all the manufacturers have been fully indemnified**?
24. On the 19<sup>th</sup> November 2020, a request (attached) was made to ALL MPs for confirmation on the completion status of animal studies and of the latest condition of two volunteers who experienced serious side effects from the AstraZeneca trials in September, both suffering from the Transverse Myelitis condition. Only a single response was received (from Mark Logan, MP for Bolton North East - attached) indicating that the animal studies were being done in parallel with the human trials. Obviously, this is rather disturbing. Any information as to the state of recovery of the two injured volunteers has not yet been received. However, this did not deter the government from rolling-out this vaccine. Were GPs given any information on this or how to manage these injuries before being ordered to continue with the program? Did any GPs request the same as a matter of due diligence?
25. The government is now talking about a new strain/variant/mutation of the virus but insists that the current vaccine regime will still be effective. This is very unusual, given that we are told, every year, with the flu jab, that a new vaccine is required for every variant/mutation. Why are the medical practitioners not questioning this?
26. As a lay person, it strikes me as very odd that the allergic reaction to the vaccine experienced by the nurses with already existing allergies was an obvious group that should have been excluded. However, this was not identified as a group for exclusion from receiving the vaccine, which begs the question as to what else may have been overlooked.
27. Why would anyone of sound mind take or be offered an experimental, potentially deadly, vaccine for a disease that has a 99.97% survival rate. Should doctors not consider this argument when advising patients on the vaccine?
28. Bill Gates has openly stated that 700,000 will be harmed (or killed) with the new vaccines (<https://www.armstrongeconomics.com/world-news/corruption/gates-admits-700000-people-may-die-from-his-vaccine/>) and that the flu jab is now known NOT to be effective for the elderly. Is that why we rush our elderly to take their flu vaccine every winter?
29. I personally know of a lady, 85 years of age, suffering from dementia and with an already weakened immune system who, three years ago, was given, against family instructions, the flu jab. She died three days later. Her doctor conceded that she, given her condition, should not have been given the flu jab, but passed all blame to the incompetence of the nurses. No inquest was heard. This raises the question, does the government know

how many elderly people have had their lives cut short every year as a result of taking the flu jab? Are doctors aware of this? Is this information available to the public?

30. If the government is so confident in the safety of the vaccine, is it not incumbent upon the MPs, starting with the PM and his cabinet to be the first in line for the vaccine followed by members of SAGE, MHRA and all the scientists and others involved in the development and promotion of the vaccine (including the MSM), followed by members of the house of lords (many of whom would already qualify in the high-risk category by virtue of their age), and including all the families of the above mentioned to re-affirm confidence in the vaccine.
31. The public is not aware of the number of GPs (as frontline high-risk individuals) that have been vaccinated to date and whether there have been any resulting injuries. Similarly, the government is not publicising the same for the elderly who have been vaccinated to compare with those not vaccinated. Why is there no placebo/control group of non-vaccinated individuals? Meanwhile, the government and health chiefs continue to shamelessly exploit vulnerable patients by televising those with severe conditions in hospital beds and on ventilators whose unfortunate condition is then cruelly and blatantly used as emotional blackmail psychology to further lock down the public and promote vaccines.

### Red Flags

1. Why would anyone, in their right mind, take or prescribe and administer a (potentially deadly vaccine) for a disease that has a 99.97% survival rate (95% for the over 70's) (<https://humansarefree.com/2020/11/stanford-professor-of-medicine-covid-19-has-a-99-95-survival-rate-for-people-under-70.html>) and Prof Bhakdi @53:30-54:50 (<https://www.ukcolumn.org/ukcolumn-news/uk-column-news-11th-december-2020>) or @55:30-56:30 (<https://youtu.be/ZnnpBYqGARE>).
2. Despite our elderly having suffered the most (and continue to do so) due to the obvious incompetence of the government, we are now allowing these same government scientists to roll-out experimental vaccines for these same victims without any trials having previously been done for those same age groups (70yrs+, 75yrs+, 80yrs+, etc) in the guise of "protecting the most vulnerable". This just DOES NOT MAKE ANY SENSE from the point of view of a lay person, a medical practitioner or, indeed, any reasonable scientist. These vaccines have been authorised under "Emergency Regulations" and are, therefore, still in experimental stages. Are the elderly and front-line staff serving as guinea pigs? Lest we forget the Nuremberg Code.
3. Change of vaccine exemptions to include those with existing allergies only after recipients suffered life-threatening reactions following vaccination. From a lay person's perspective, this can be classed as a typical "school-boy error" and should have been identified and stipulated long before roll-out. This gives us some measure as to the questionable level of due diligence applied by the vaccine manufacturers, PHE and MHRA. What else could they have missed
4. From 3, above, does this mean that this group will be exempt from the need for "Health Passports"? However, they will remain covid "transmitters". In the UK alone there are 2 million living people with food allergies and 600K suffering with coeliac disease. What will become of them? Will they be banned from travel and socialising?
5. Health Secretary Matt Hancock told Sky News today (2<sup>nd</sup> Dec 2020) that the approval of the Pfizer vaccine was "fantastic news". He added: "The MHRA - the **fiercely independent** regulator - has clinically authorised the vaccine for rollout. This while it (MHRA) has been working hand in glove with B&MGF, having received \$360K in 2019 in funding from them (<https://www.gov.uk/government/news/mhra-and-the-bill-melinda-gates-foundation-to-look-at-the-safer-effective-use-of-medicines-during-pregnancy>) and, in December 2017 received £980,000 (<https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation>) Hardly "independent". If anything, nothing short of disgraceful and scandalous. Whatever happened to conflicts of interest? This has never been challenged by any MP or medical professional or MSM.
6. On the 12 of April, Easter Sunday, Charlie Stayt interviewed Bill Gates on the BBC One prime time Breakfast show (<https://www.bbc.co.uk/programmes/p0896rpg>). The following is what disturbs me most as Bill Gates was never challenged neither during the interview by the presenter nor since by anyone from the media or, indeed, from the government, or any medical expert.
  - a. During the interview, Bill Gates claimed to be an expert on these matters. These are decisions that could potentially affect every man woman and child in the UK, and, indeed, in the whole world. Since when was Bill Gates, with nothing more than a questionable background in IT and without any medical credentials (the last time I looked), become an expert in such matters?

- b. When asked about a vaccine, Bill Gates indicated it would take a minimum of 18 months before one could be made available to the public. However, he also suggested that there was a possibility of having a vaccine available sooner (by the autumn) provided the government would indemnify the vaccine producers (in other words, that it would NOT be fully tested and would therefore carry high risk of very serious injury) – again, no challenge from the interviewer.
  - c. Following point b. (above), on the 23 April, just 11 days after the interview, we were told that human trials had begun (<http://www.ox.ac.uk/news/2020-04-23-oxford-covid-19-vaccine-begins-human-trial-stage#>) Note that there was no explanation as to why an inert placebo was not used. This begs the question, whatever happened to the 18 months and/or autumn earliest date for the vaccine as indicated by Bill gates during the interview? Was the vaccine already available at the time of the interview? Was a new vaccine just “rushed out” to appease the public? (Obviously inappropriate and highly dangerous). Was normal protocol followed in preparing this new vaccine or was there political pressure with disregard to human safety? No challenge from the government or media or medical experts. Historically, vaccine development is a long and complex process often lasting 10-15+ years.
  - d. NO challenge whatsoever from the interviewer, Mr Charlie Stayat, neither to test his credentials nor question his chequered history with regards to failed vaccination attempts in the, so-called, third world countries resulting in millions of vaccine injuries and deaths. The 1m+ Kenyan women unwittingly sterilised through his Tetanus vaccines or the 460,000 Indian children paralysed by his polio vaccines, or scores of African children being paralysed by a deadly strain of the pathogen derived from the LIVE polio vaccine – causing a virulent of polio to spread in a **pharma-induced** current polio pandemic | <https://www.zerohedge.com/markets/un-forced-admit-gates-funded-vaccine-causing-polio-outbreak-africa>), or the illegal vaccination of local tribal Indian girls without proper consultation, or with his DTP vaccine, causing more deaths than the disease itself (<https://humansarefree.com/2021/01/bill-gates-dtp-vaccine-killed-10-times-more-african-girls-than-disease-itself.html>), or with his sterilising GMOs designed by Monsanto “generously donated” to needy populations, to name but a few (<https://youtu.be/Vn3EE7EMfXc>) and (<https://twitter.com/ernestmichael19/status/1300920632306171904>)? How can this one man with NO medical credentials and a devastating track record be permitted to dictate the health of the human population while thousands of qualified medical doctors and scientists with decades of experience remain silenced?
  - e. Was the PM, Boris Johnson on the level when boasting over claims that the development of the vaccine was completed in the record the time of 10 months on 1<sup>st</sup> December 2020 or had the vaccine been sitting on the shelf prior to March 2020?
7. Why were the animal trials scrapped and why was the public not made aware of this or the reason for doing so, neither at the beginning of the trials nor before the emergency roll-out nor highlighted in the “Right to Consent” documentation for recipients of (<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>)
  8. Why did the WHO and governments suppress successful therapeutic treatments and why did MSM fail to report the retraction of the Lancet debunking of Hydroxychloroquine (HCQ), in use for 70 years (<https://www.ukcolumn.org/article/the-hydroxychloroquine-scandal>)? Most GPs would be aware of this treatment for various illnesses and should easily validate its authenticity.
    - a. (<https://www.forbes.com/sites/alexledsom/2020/05/27/france-bans-hydroxychloroquine-to-treat-covid-19/?sh=60a9735021ab>)
    - b. (<https://www.politico.eu/article/france-bans-use-of-hydroxychloroquine-to-cure-coronavirus/>)
    - c. (<https://www.businessinsider.com/france-bans-hydroxychloroquine-for-treating-covid-19-2020-5?r=US&IR=T>)
    - d. (<https://www.smh.com.au/national/dentists-banned-from-prescribing-potential-covid-19-drug-to-self-family-20200324-p54db2.html>)
    - e. (<https://www.tga.gov.au/alert/amendments-new-restrictions-prescribing-hydroxychloroquine-covid-19>)
    - f. **Only a one in 17 billion chance hydroxychloroquine doesn't work': medical professor** (<https://www.skynews.com.au/details/6212859932001>)
    - g. **Facebook Admits "made a mistake" Censoring hydroxychloroquine saves lives** (<http://hefkervelt.blogspot.com/2021/01/facebook-admits-made-mistake-censoring.html>)

9. Due to delivery issues, the government recently decided to delay the administration of the 2<sup>nd</sup> or booster vaccination from 3 weeks to 12 weeks. Three months is a massive change to regime protocol mid testing. Matt Hancock, only recently, publicly pronounced that the vaccine only works after the 2<sup>nd</sup> vaccine. Were there any volunteer trials with the booster vaccine given after 12 weeks of the first, given that these trials only started 6 months ago? Was PHE and MHRA and the public provided the data to show this? No explanation has been forthcoming nor demanded by MPs, our GPs or by the MSM.
10. Why is there no provision in place to monitor and confirm causes of death for all deaths of the vaccinated? This being an experimental vaccine autopsies should be deemed an absolute requirement.
11. Here is the definition of a vaccine according to the CDC (<https://www.cdc.gov/healthyschools/bam/diseases/vaccine-basics.htm>) where it clearly describes a vaccine as ***“A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease”***. This is the official definition of what a vaccine is. Here we have a vaccine that is NOT even claimed by its makers to stimulate a person’s immune system to produce immunity or that it will reduce the transmission (<https://www.telegraph.co.uk/news/2020/12/08/v-day-watershed-moment-may-have-wear-masks-another-year/>) except that it ***might*** reduce the symptoms “a bit”, although, this is the impression being given to the general public. This is NOT a vaccine, according to some scientists. It is mRNA packaged in a fat envelope that is delivered to a cell. It is a medical “device” designed to stimulate the human cell into becoming a pathogen creator (<https://humansarefree.com/2021/01/dr-david-martin-on-experimental-mrna-technology-this-is-not-a-vaccine-it-is-a-medical-device.html>). Why is there no open discussion on this by our government and scientists? However, this does not change the fact that the public are unlawfully being used as subjects in a very dangerous experiment.
12. **GOVERNMENT FALSE NARRATIVE DEATH NUMBERS:** (<https://www.statista.com/statistics/281488/number-of-deaths-in-the-united-kingdom-uk/>) **SO WHY ARE WE IN LOCKDOWN?**
  - a. There were just over 616 thousand deaths in the United Kingdom in 2018, compared with 607 thousand in 2017. Between 2003 and 2011, the annual number of deaths in the UK fell from 612 thousand to just over 552 thousand. Since 2011 however, the annual number of annual deaths in the United Kingdom has steadily grown, with the number recorded in 2018 a high for the provided time-period.
  - b. In 2019, there were 530,841 deaths registered in England and Wales and 529,928 in 2020.
  - c. Why are GPs being told to “Stand Down” routine care to deliver the vaccine, given that the actual number of overall (including “covid”) deaths are consistent to that of the last 5 years? (<https://www.telegraph.co.uk/politics/2021/01/06/exclusivegps-told-stand-routine-patients-focus-covid-vaccinations/>)

## THE NUMREMBERG CODE – If we are to protect the NHS, we should be protecting our GPs and medical staff

As the government rolls out these experimental vaccines, it seems to be oblivious of the Nuremberg Code and the serious consequences for violating its articles. If we are not careful and continue down this route, sooner or later there will be no more patients (victims) to keep our doctors in active employment.

I attach a copy of the Nuremberg Code. Of the 10 principles of the code, I find ALL but one (number 9, debateable) being violated in the roll-out of these vaccines. With or without any legal background, one would be hard pressed to assume that our GPs would be exempt from prosecution under the code. Perhaps, this is something that the GPs and other medical practitioners would be minded to explore before delivering any of the vaccines. Below are listed the 10 principles with current violation highlighted in green.

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 (**all of the above- precisely what the government has been doing to the public**); 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 (**none of the above provided**); the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected (**not fully advised**); and the effects upon his health or person which may possibly come from his participation in the experiment (**bare minimum given**). The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment (**are ALL medical staff aware of this?**). It is a **personal duty** and responsibility which may **not** be delegated to another (**nurses, doctors, all medical staff or temporary trained staff ultimately responsible**).
2. The experiment should be such as to yield fruitful results for the good of society (**not proven**), unprocurable by other methods (**HCQ, Ivermectin, and other therapeutics like vitamins D, C, Zinc, etc**) or means of study, and not random and unnecessary in nature (**definitely random and unnecessary**).
3. The experiment should be so designed and based on the results of animal experimentation (**animal trials bypassed for covid-19**) and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment (**clearly unjustified**).
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury (**see injuries, deaths and side effects**).
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur (**see injuries, death and side effects**); except, perhaps, in those experiments where the experimental physicians (**NONE**) also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian (**destruction of whole economies**) 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 (**non-existent where temporary mass clinics like proposed shopping centres, car parks, pharmacies, Salisbury Cathedral, instore-pharmacies, leisure centres, mosques, football clubs, etc with no or limited hospital or emergency facilities**).
8. The experiment should be conducted only by scientifically qualified persons (**proposal to use non-professional or semi-skilled individuals like military and volunteers**). 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 (**proposal to use non-professional or semi-skilled individuals**).
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 (**difficult to be determined as patients not qualified or aware of risks**).
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 (**ongoing with no halt called regardless of reported injuries and deaths**).

## Have GPs been awarded any financial incentives for delivering the vaccines?

On the 4 of January 2021, Michael McConville, an Irish doctor, reported on social media that he had “received the offer of a Covid Grant” of €3450 from HSE (<https://twitter.com/reasonoverfear/status/1346157033205211137>). Did any other doctors in Ireland and/or UK and/or European receive an incentive for “Covid” related treatment? If so, what was the purpose and amount and who would have funded this?

## What GPs and Medical Practitioners delivering the vaccines need to know

1. What Vaccine Trials? (<https://alethonews.com/2021/01/02/what-vaccine-trials/>)
2. Swiss medical regulator rejects Oxford/AstraZeneca Covid vaccine (<https://www.ft.com/content/a6a6d64c-a337-4af4-9525-d194571c7887>)
3. Covid: France restricts AstraZeneca vaccine to under-65s (<https://www.bbc.co.uk/news/amp/world-europe-55901957>)
4. Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed (<https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/>)
5. Doctors Around the World Issue Warnings Against the COVID-19 Vaccine (<https://humansarefree.com/2021/01/doctors-around-the-world-issue-warnings-against-the-covid-19-vaccine.html>)
6. Professor Dolores Cahill on vaccines (<https://video.wakkeren.nl/videos/watch/9bd9f602-e5e9-47e0-b35d-8f1bfd78f0f4>)
7. Sixty-Six GPs Urge Hancock to Do No (More) Harm (<https://thewallwillfall.org/2020/10/05/sixty-six-gps-urge-hancock-to-do-no-more-harm/>)
8. PCR/Masks/Social Distancing and Vaccines Dr Stephen Malthouse (<https://rumble.com/vcesav-brave-reporter-goes-off-script-on-air.html>)
9. Vaccine Death by Coincidence? By Robert F. Kennedy, Jr. ([https://childrenshealthdefense.org/defender/death-by-coincidence/?utm\\_source=salsa&eType=EmailBlastContent&eld=761dac27-c56c-48fd-956d-34abe8722c44](https://childrenshealthdefense.org/defender/death-by-coincidence/?utm_source=salsa&eType=EmailBlastContent&eld=761dac27-c56c-48fd-956d-34abe8722c44))
10. America’s Frontline Doctors-The truth about the CV19 vaccine" (<https://youtu.be/xFntHpk1uok>) or (<https://www.bitchute.com/video/K6ej5jzrIT2N/>) by Dr Simone Gold.
11. Olive branch offered to medical professionals and politicians (<https://youtu.be/kr04gHbP5MQ>) or (<https://www.bitchute.com/video/jRqm59cpSoyN/>) by Dr Reiner Fuellmich.
12. Professor Dolores Cahill interview 17.11.2020 (<https://www.bitchute.com/video/jhdPsZLFuPdG/>) No one should have died.
13. Book: Corona False Alarm by Dr Karina Reiss and Dr Sucharit Bhakdi. Interview on the 29<sup>th</sup> September ([https://www.youtube.com/watch?v=xluOoKat1\\_M](https://www.youtube.com/watch?v=xluOoKat1_M)) or ([https://brandnewtube.com/watch/dr-sucharit-bhakdi-on-the-richie-allen-show\\_kO7U3DIBEDv6qCa.html](https://brandnewtube.com/watch/dr-sucharit-bhakdi-on-the-richie-allen-show_kO7U3DIBEDv6qCa.html))
14. Update on class action Fuellmich lawsuit (<http://enformtk.u-aizu.ac.jp/howard/fuellmich/>)
15. Prof Sucharit Bhakdi on the coronavirus “pandemic” (<https://www.bitchute.com/video/Qb2tGqM530Kp/>).
16. Merck claims natural immunity superior and scraps covid vaccine development (<https://summit.news/2021/01/26/merck-scraps-covid-vaccines-says-its-more-effective-to-get-the-virus-and-recover/>)
17. Total Deaths In 2020 Are NO DIFFERENT Than Prior Years (<https://humansarefree.com/2020/12/pandemic-total-deaths-in-2020-are-no-different-than-prior-years.html>). Where is the Pandemic?
18. Latest hospital occupancy levels in England from NHS figures of 10.01.2021 compared to 01.2020 (pre-pandemic): East of England (87% / 94.8%), London (89.2% / 95.8), Midlands (86.1% / 95.4%), North and East Yorkshire (85.2% / 93.0), North West (86.8 % / 94.3%), South East (88.5% / 95.9%), South West (87.5% / 94.6%). So, where is the MSM and our politicians getting their figures?
19. Recently, Boris Johnson appeared before the House of Common Liaison Committee to say that 75% of people must have the vaccine for the vaccine to be successful (this in terms of building immunity for it to work). However, the manufacturers of the “vaccine” are NOT claiming it gives immunity. Where are our “scientist” and MSM questioning this nonsense? Sir Bernard Jenkins, chair of the committee followed with

the question “How long before people can be ‘let out’ and stop spreading the virus by having the vaccine?” There is, again, NO claim by the manufacturers that the vaccine will stop transmission. These are the people making the decisions that keep us holed up inside our homes for months on end, extraordinary. The only claim by the manufacturers is that the vaccine “might” reduce symptoms. Again, no challenge from any quarter. What do our GPs and medical practitioners have to say about this?

20. Dr David Martin takes apart the phony story that Moderna and Pfizer are... (<https://youtu.be/bOLuPLUrrYY>)
21. Letter from Frank Shallenberger MD, HMD regarding the Covid 19 Vaccine - Chiropractor in St. Augustine (<https://www.hartleychiropracticssaintaugustine.com/letter-from-frank-shallenberger-md-hmd-regarding-the-covid-19-vaccine/>)
22. <https://www.sofmag.com/dr-mike-yeardon-challenges-the-uk-and-the-eu-on-covid/> (<https://www.sofmag.com/dr-mike-yeardon-challenges-the-uk-and-the-eu-on-covid/>)
23. Dr. Wodarg and Dr. Yeadon request a stop of all corona vaccination studies (<https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/>)
24. ZERO Evidence That ‘New Strain’ In UK Is More Contagious (<https://humansarefree.com/2020/12/endless-baseless-covid-propaganda-zero-evidence-that-new-strain-in-uk-is-more-contagious-panic-driven-by-the-fake-media.html>)
25. CDC: Number Of Americans Who Died ‘From’ COVID-19 Is Only Around 20k – The Others Died ‘With’ It (<https://humansarefree.com/2020/12/cdc-americans-died-from-virus-20k.html>)
26. Experimental COVID Vaccines: Largest Propaganda Campaign Ever Launched on The Public? (<https://humansarefree.com/2021/01/experimental-covid-vaccines-propaganda.html>).
27. COVID19 – Evidence of Global Fraud (<https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/>)
28. Ethical Guidance - Informed Consent. This is primarily aimed at nurses and other medical assistants and less experienced personnel trained to support the vaccine roll-out. GPs will already be familiar with this. (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>) Also attached. Below is a summary of the main points provided by a, now retired, Medical Consultant (Information that must be given to patients):
  - a. You must give patients the information they want or need to make a decision. This will usually include:
  - b. A diagnosis and prognosis
  - c. Uncertainties about the diagnosis or prognosis, including options for further investigation.
  - d. See also paragraphs 25–26 on Dealing with uncertainties.
  - e. Options for treating or managing the condition, including the option to take no action.
  - f. The nature of each option, what would be involved, and the desired outcome.
  - g. Decision making and consent. The dialogue leading to a decision. The potential benefits, risks of harm, uncertainties about and likelihood of success for each option, including the option to take no action.
  - h. By ‘harm’ we mean any potential negative outcome, including a side effect or complication. See also paragraphs 21–24.
  - i. You must try to make sure the information you share with patients about the options is objective. You should be aware of how your own preferences might influence the advice you give and the language you use. When recommending an option for treatment or care to a patient you must explain your reasons for doing so, and share information about reasonable alternatives, including the option to take no action. You must not put pressure on a patient to accept your advice.

### **Covid Vaccine Side-effects recently reported.**

Given that the GPs have been put on the frontline with the task of delivering these vaccines, as a matter of ethical responsibility and conscience, they should be made fully aware of the following before embarking on or continuing with the roll-out:

1. 19 Year Old In ICU With Myocarditis Five Days After Pfizer COVID-19 Vaccine Shot (<https://humansarefree.com/2021/02/19-year-old-in-icu-with-myocarditis-five-days-after-pfizer-covid-19-vaccine-shot.html>)
2. Seven Dead And ALL Residents Infected In Spanish Nursing Home After The Experimental Pfizer mRNA Shots (<https://humansarefree.com/2021/02/7-dead-and-all-residents-infected-in-spanish-nursing-home-after-the-experimental-pfizer-mrna-shots.html>)
3. CDC: 329 Deaths + 9,516 Injuries Reported Following COVID Vaccine (<https://humansarefree.com/2021/02/cdc-329-deaths-9516-injuries-reported-following-covid-vaccine.html>) as of 22 Jan 2021.
4. 181 Americans Died From COVID-19 Vaccines In Just 2 Weeks (<https://humansarefree.com/2021/01/181-americans-died-from-covid-19-vaccines-in-just-2-weeks-including-unborn-baby-after-mother-took-jab.html>) including one unborn baby.
5. Reports of 33 suspected adverse drug reactions with fatal outcomes after administration of the Pfizer and BioNTech vaccine (<https://www.bmj.com/content/372/bmj.n167>)
6. Ten Dead In Germany Within four Days Of Covid-19 Vaccine Inoculation; Probe Ordered (<https://www.republicworld.com/world-news/europe/10-dead-in-germany-within-4-days-of-covid-19-vaccine-inoculation-probe-ordered.html>)
7. Chinese health experts call to suspend Pfizer's mRNA vaccine for elderly after 23 Norwegian deaths (<https://www.globaltimes.cn/page/202101/1212915.shtml>) and Covid-19: Norway investigates 23 deaths in frail elderly patients after vaccination (<https://www.bmj.com/content/372/bmj.n149>)
8. From the CDC (US Center of Disease Control): 3,150 people vaccinated in ONE DAY were "unable to perform normal daily activities, unable to work" after vaccination. Why is our government not providing similar updates on reactions to the vaccine? This is a massive 2.7% of people who can no longer work after having the Pfizer vaccine. (see attached document) (<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>)
9. Between Dec 15 and Dec 31 2020, a total of 6,478 adverse events from Covid injections in the USA were recorded by VAERS (Vaccine Adverse Event Reporting System). This is despite the fact that fewer than 1% of vaccine adverse events are actually reported, according to the Harvard Pilgrim Study from 2010. Then, starting on Jan 1 2021, the VAERS website throttled back the adverse event data, before disabling the system entirely on Jan 15. (Attached)
10. Two women post videos of convulsion after COVID-19 Vaccine (<https://humansarefree.com/2021/01/woman-convulsing-after-getting-the-moderna-covid-19-vaccine.html>) and (<https://humansarefree.com/2021/01/uncontrolled-convulsions-after-receiving-covid-19-vaccine.html>). Doctors say they can give NO advice.
11. Portuguese health worker, 41, dies two days after getting the Pfizer covid vaccine as her father says he "wants answers" (<https://trib.al/eEWi66p>)
12. Mexican doctor hospitalized after receiving COVID-19 vaccine (<https://www.reuters.com/article/health-coronavirus-mexico-vaccines-idUSKBN2970H3>)
13. Hundreds of Israelis get infected with Covid-19 after receiving Pfizer/BioNTech vaccine. (<https://www.rt.com/news/511332-israel-vaccination-coronavirus-pfizer/>)
14. Wife of 'perfectly healthy' Miami doctor, 56, who died of a blood disorder 16 days after getting Pfizer Covid-19 vaccine is certain it was triggered by the jab, as drug giant investigates first death with a suspected link to shot. (<https://www.dailymail.co.uk/news/article-9119431/Miami-doctor-58-dies-three-weeks-receiving-Pfizer-Covid-19-vaccine.html>) and (<https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>)
15. 75-year-old Israeli man dies two hours after getting Covid-19 vaccine. (<https://www.israelnationalnews.com/News/News.aspx/293865>)
16. Death of Swiss man after Pfizer vaccine. (<https://www.reuters.com/article/us-health-coronavirus-swiss-death-idUSKBN29413Y>)
17. 88-year-old collapses and dies several hours after being vaccinated. (<https://www.israelnationalnews.com/News/News.aspx/293952>)

18. Thousands negatively affected after getting Covid-19 vaccine. ([https://m.theepochtimes.com/thousands-negatively-affected-after-getting-covid-19-vaccine\\_3625914.html](https://m.theepochtimes.com/thousands-negatively-affected-after-getting-covid-19-vaccine_3625914.html))
19. Hospital worker with no prior allergies in intensive care with severe reaction after Pfizer Covid vaccine. (<https://metro.co.uk/2020/12/16/hospital-worker-in-intensive-care-after-suffering-severe-allergic-reaction-to-covid-vaccine-13763695/>)
20. Fifty-one adverse reactions reported and one person hospitalized in Delhi as India begins world's largest Covid-19 vaccination program (<https://www.rt.com/news/512774-india-adverse-effects-covid-vaccine/>)
21. Four volunteers develop FACIAL PARALYSIS after taking Pfizer Covid-19 jab, prompting FDA to recommend 'surveillance for cases' (<https://www.rt.com/usa/509081-pfizer-vaccine-fda-bells-palsy-covid/>).
22. Investigation launched as two people die in Norway nursing home days after receiving Pfizer's Covid-19 vaccine. (<https://www.rt.com/news/511623-norway-covid-19-vaccine-deaths/> )
23. Hundreds Sent to Emergency Room After Getting COVID-19 Vaccines ([https://m.theepochtimes.com/hundreds-sent-to-emergency-room-after-getting-covid-19-vaccines\\_3644148.html](https://m.theepochtimes.com/hundreds-sent-to-emergency-room-after-getting-covid-19-vaccines_3644148.html))
24. U.S. officials report more severe allergic reactions to COVID-19 vaccines. (<https://www.google.com/amp/s/mobile.reuters.com/article/amp/idUSKBN29B2GS>)
25. NHS told not to give Covid vaccine to those with history of allergic reactions, but only after nurses react to vaccine (<https://www.google.com/amp/s/amp.theguardian.com/world/2020/dec/09/pfizer-covid-vaccine-nhs-extreme-allergy-sufferers-regulators-reaction> ) Is this not negligence by PHE and MHRA for not identifying this from the trials data? Or was there insufficient trials data?
26. COVID-19: Single vaccine dose leads to 'greater risk' from new coronavirus variants, South African experts warn ([news.sky.com/story/amp/covid-19-single-vaccine-dose-leads-to-greater-risk-from-new-coronavirus-variants-south-african-experts-warn-12180837](https://news.sky.com/story/amp/covid-19-single-vaccine-dose-leads-to-greater-risk-from-new-coronavirus-variants-south-african-experts-warn-12180837))
27. CDC reveals at least 21 Americans have suffered life threatening allergic reactions to Pfizer's COVID vaccine ([www.dailymail.co.uk/health/article-9119029/amp/At-21-Americans-life-threatening-anaphylaxis-receiving-Pfizers-vaccine-CDC-reveals.html](https://www.dailymail.co.uk/health/article-9119029/amp/At-21-Americans-life-threatening-anaphylaxis-receiving-Pfizers-vaccine-CDC-reveals.html))
28. Woman experiences side effects of COVID-19 vaccine ([www.everythinglubbock.com/news/local-news/woman-experiences-side-effects-of-covid-19-vaccine/amp/](https://www.everythinglubbock.com/news/local-news/woman-experiences-side-effects-of-covid-19-vaccine/amp/))
29. COVID Vaccine Side Effects More Common After 2nd Dose. ([www.boston.cbslocal.com/2021/01/05/covid-vaccine-side-effects-fever-reaction/amp/](https://www.boston.cbslocal.com/2021/01/05/covid-vaccine-side-effects-fever-reaction/amp/))
30. Bulgaria Reports four Cases Of Side Effects From Pfizer Covid Vaccine. ([www.ndtv.com/world-news/bulgaria-reports-4-cases-of-side-effects-from-pfizer-covid-vaccine-2347667%3famp=1&akamai-rum=off](https://www.ndtv.com/world-news/bulgaria-reports-4-cases-of-side-effects-from-pfizer-covid-vaccine-2347667%3famp=1&akamai-rum=off))
31. Two NHS workers suffer allergic reaction to Pfizer vaccine. (<https://www.google.com/amp/s/www.telegraph.co.uk/global-health/science-and-disease/coronavirus-news-vaccine-pfizer-nhs-oxford-covid-uk-cases/amp/>)
32. Hospital Halts COVID-19 Vaccinations After 4 Workers Have Adverse Reactions ([https://www.theepochtimes.com/hospital-halts-covid-19-vaccinations-after-4-workers-have-adverse-reactions\\_3625380.html](https://www.theepochtimes.com/hospital-halts-covid-19-vaccinations-after-4-workers-have-adverse-reactions_3625380.html))
33. Two Health Care Workers Experience Adverse Reactions After COVID-19 Vaccine ([https://www.theepochtimes.com/two-health-care-workers-had-adverse-reactions-after-covid-19-vaccine\\_3621848.html](https://www.theepochtimes.com/two-health-care-workers-had-adverse-reactions-after-covid-19-vaccine_3621848.html))
34. Twenty-four Dead and 137 Infected in Nursing Home After COVID-19 Vaccination – Previously, They Had ZERO Deaths from Covid (<https://humansarefree.com/2021/01/24-dead-and-137-infected-in-nursing-home-after-covid-19-vaccination-previously-they-had-zero-deaths-from-covid.html>)
35. Australian scientists cast doubt on Oxford/AstraZeneca vaccine (<https://www.ft.com/content/8def3a81-9b80-46a1-9742-f64b80bfc74f>)
36. In the week beginning 11 January 2021, an elderly lady was rushed to hospital from home her home in Yorkshire after receiving the covid vaccine. How many of these incidents are occurring and why is the government not providing a daily/weekly figure of occurrences of vaccine injury? Sooner or later these data will become public. How can the public trust the government if it cannot be transparent and honest and yet is very quick to propagandise soaring "case" numbers and deaths or displaying sick patients on ventilators.

Are our medical professionals privy to this information, as they should be, being frontline workers and directly responsible for the administration of these vaccines?

37. 13 Israelis Suffer FACIAL PARALYSIS After Taking Pfizer's Experimental Covid-19 Jab (<https://humansarefree.com/2021/01/13-israelis-suffer-facial-paralysis-after-taking-pfizers-experimental-covid-19-jab.html>)
38. 55 People Have Died in US After Receiving COVID-19 Vaccines: (VAERS) Reporting System ([https://www.theepochtimes.com/55-people-died-in-us-after-receiving-covid-19-vaccines-reporting-system\\_3659152.html](https://www.theepochtimes.com/55-people-died-in-us-after-receiving-covid-19-vaccines-reporting-system_3659152.html))
39. As of Jan. 15, 181 deaths have been reported to the U.S. Government's Vaccine Adverse Events Reporting System (VAERS) as possibly being related to COVID vaccines (<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes>).
40. Israel: 4 Dead, Hundreds Infected With COVID-19, And Dozens Needed Medical Attention After Receiving The Pfizer MRNA Vaccine (<https://humansarefree.com/2021/01/israel-4-dead-covid-19-pfizer-vaccine.html>)
41. Covid-19 Vaccine Side Effects World Map (<https://hvp-vaccine-side-effects.com/covid-19-vaccine-side-effects-world-map>)

### **Risk of mRNA Vaccines leading to Autoimmune disease and cytokine storms as in Animal Trials.**

1. Professor Dolores Cahill: WHY PEOPLE WILL START DYING A FEW MONTHS AFTER THE FIRST MRNA "VACCINATIONS" (<https://video.wakkeren.nl/videos/watch/9bd9f602-e5e9-47e0-b35d-8f1bfd78f0f4>)  
"Pathogenic Priming" / Autoimmune Disease Paper - PMC3335060.pdf (attached). **Conclusions: These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.**

Clearly, the conclusion leaves no room for interpretation of the risk of ADE (Antibody Dependent Enhancement). This should have been and should be prominently and independently disclosed to the research subjects currently in vaccine trials as well as those being recruited and current and future patients in order to meet the medical ethics standards of patient comprehension for informed consent.

2. Pfizer COVID Vaccine Trial Shows Alarming Evidence of Pathogenic Priming in Older Adults (<https://www.greenmedinfo.com/blog/pfizer-covid-vaccine-trial-shows-alarming-evidence-pathogenic-priming-older-adult>) In the development of vaccines against coronaviruses like SARS-COV-1 and MERS in the early 2000's, researchers found evidence of a serious problem. Teams of U.S. and foreign scientists vaccinated animals with the four most promising vaccines. At first, the experiment seemed successful as all the animals developed a robust antibody response to coronavirus. **However, when the scientists exposed the vaccinated animals to the wild virus, the results were horrifying. Vaccinated animals suffered hyper-immune responses including inflammation throughout their bodies, especially in their lungs.**

This issue is well known. Early in the **COVID-19** scenario, Dr. Peter Hotez, of Baylor College of Medicine, testified before Congress about the dangers of accelerating coronavirus vaccine development, saying "(The unique safety problem of coronavirus vaccines" was discovered 50 years ago while developing the Respiratory Syncytial Virus (RSV) vaccine." **He went to register that this "'paradoxical immune enhancement phenomenon' means vaccinated people may still develop the disease, get sicker and die."**

**The Vaccines and Related Biological Products Advisory Committee Briefing Document on the Pfizer-BioNTech COVID-19 vaccine contains disturbing indications that might be a safety signal on pathogenic priming, especially in older adults.**

3. **Moderna And Pfizer Skipped Animal Trials On mRNA COVID Vaccines Because They Already Knew The Animals Would Sicken And Die** (<https://fromthetrenchesworldreport.com/moderna-and-pfizer-skipped->

[animal-trials-on-mrna-covid-vaccines-because-they-already-knew-the-animals-would-sicken-and-die/277581\)](#)

4. In Animal Studies, After Being Injected With mRNA Technology, All Animals Died Upon Reinfection (<https://humansarefree.com/2021/01/dr-lee-merritt-animal-studies-mrna-technology-all-animals-died.html>) According to Dr. Lee Merritt **"Let me just point out. We have never made it through an animal study successfully for this type of virus."** Could this explain why animal studies were terminated before human trials begun? Was the public warned about this before roll-out of the vaccine began?

### **SO HOW DID THIS GLARING SAFETY ISSUE GET PAST THE MHRA?**

5. Weekly Covid deaths in care homes nearly TRIPLED in a fortnight with 1,705 residents dying in England and Wales the week ending January 22 (<https://www.dailymail.co.uk/news/article-9188551/Coronavirus-UK-Weekly-care-home-death-toll-triples-fortnight.html>) That was up from 661 a fortnight ago and 1,292 in week ending January 15. Care home residents account for almost third of all Covid fatalities, ONS says. **Matt Hancock needs to ANSWER THIS SIMPLE QUESTION!** How many of the people who have died of the virus in Care Homes over the 2 weeks in question had received the covid vaccine?
6. Since the roll-out of the vaccines, the government is yet to provide any data on the number of deaths of vaccinated people, but yet claims that due to the upsurge of various new "strains and variants" there has been a significant increase of "cases" and deaths.

**OUR EXPERIENCED PATHOLOGISTS CAN EASILY IDENTIFY THE ROOT CAUSE OF DEATH TO VALIDATE ANY LINK BETWEEN THE VACCINE AND INCREASED DEATHS, SO ALL DEATHS POST VACCINATION MUST BE MADE SUBJECT TO FULL AUTOPSIES IF WE ARE TO SUCCEED IN COMBATING THIS VIRUS.**

### **Data for Target Group 80+ as of 1<sup>st</sup> February 2021**

(<https://www.ukcolumn.org/ukcolumn-news/uk-column-news-1st-february-2021>)@2:22 & @9:00min

- Average daily death rate 1 month before vaccine = 158.6
- Average daily death rate 1 month after vaccine = 214.8
- Average daily death rate after vaccine up to 21 Jan 2021 = 287
- Increase in average daily death rate post vaccine = 35%

### **PCR Testing**

**Topping the list of deceptive strategies is the use of a test that falsely labels healthy individuals as sick and infectious. This allows mass testing to drive the narrative that we are in a lethal pandemic. Doctors will be aware of the inaccuracy in reporting of covid deaths, given what is required of them when completing death certificates.**

- 1> Here is what Dr Anthony Fauci, Director of NIAID and adviser to the US President had to say about PCR testing using 35 Cycles amplification (<https://twitter.com/vegsource/status/1322285840291147776>) and Dr Reiner Fuellmich (45 Cycles routinely used) (<https://www.bitchute.com/video/jRqm59cpSoyN/>) @25:00-29:00; NHS (45 Cycles used) also, judges recent ruling in Portuguese case (<https://www.theportugalnews.com/news/2020-11-27/covid-pcr-test-reliability-doubtful-portugal-judges/56962>)
- 2> Court rules PCR testing worthless (<https://humansarefree.com/2020/12/court-rules-covid-19-tests-worthless-mainstream-media-rejects-science.html>)
- 3> Prof Sucharit Bhakdi explains why PCR tests not fit for purpose (<https://youtu.be/oZreyzYo0Bs>)
- 4> If the PCR tests are flawed and every action, decision and judgement is being based on these tests, what does that mean? All conclusions/results/actions are random and meaningless. However, lockdown continues based on these same flawed "cases" causing destruction of businesses, livelihoods, mental health plummeting, suicides and depression escalating, schooling suffering, domestic abuse escalating, non-covid

treatments put on hold, preventable deaths at home due to suspended and postponed hospital treatments and referrals. The list is never ending. Has anyone considered what would happen if, say, 20%-30% of the front-line staff go down with the vaccine and/or are tested as false positive? How will the NHS cope if their critical staff is suddenly reduced by 25%?

- 5> Fearmongering Success Hinges on Incorrect Use of PCR Test ([https://www.greenmedinfo.com/blog/astonishing-covid-19-testing-fraud-revealed?utm\\_campaign=Daily%20Newsletter%3A%20Astonishing%20COVID-19%20Testing%20Fraud%20Revealed%20%28VTyHuV%29&utm\\_medium=email&utm\\_source=Daily%20Newsletter&\\_ke=eyJrbF9jb21wYW55X2lkijogklsydlhBeSIsIjRbF9lbWFpbCI6ICJtaWtlZ2VvcmlbGluQGdtYWIsLmNvbS9J](https://www.greenmedinfo.com/blog/astonishing-covid-19-testing-fraud-revealed?utm_campaign=Daily%20Newsletter%3A%20Astonishing%20COVID-19%20Testing%20Fraud%20Revealed%20%28VTyHuV%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9jb21wYW55X2lkijogklsydlhBeSIsIjRbF9lbWFpbCI6ICJtaWtlZ2VvcmlbGluQGdtYWIsLmNvbS9J)) NHS using threshold of 45cycles (useless)
- 6> PCR-Based Covid-19-Testing Has Failed <https://lockdownsceptics.org/pcr-based-covid-testing-has-failed-us/>
- 7> COVID-19 PCR Tests Scientifically Meaningless (<https://bpa-pathology.com/covid-19-pcr-tests-are-scientifically-meaningless/>)
- 8> WHO Calls Into Question Ability Of PCR Test To Detect COVID-19 (False Positives) – (<https://humansarefree.com/2021/01/who-calls-into-question-ability-of-pcr-test-to-detect-covid-19-false-positives.html>)
- 9> WHO Finally Admits COVID-19 PCR Test Has a ‘Problem’ -The WHO’s new guidance, which includes lower PCR thresholds, almost guarantees COVID “case” numbers will automatically drop dramatically around the world (<https://childrenshealthdefense.org/defender/who-admits-covid-pcr-test-has-a-problem/>).
- 10> Astonishing COVID-19 Testing Fraud Revealed (<https://humansarefree.com/2021/01/covid-19-testing-fraud-revealed.html>)
- 11> About mid-January, the Health Secretary, Matt Hancock was ordered to self-isolate for the next 6 days by the track and trace NHS Covid-19 App for having been in close contact with someone who had tested positive. However, this does not seem to apply to front-line medical staff who are constantly in contact with covid positive patients. If the same rules were applied, it would render the whole ward and potentially the whole hospital unit to shut down with a full shift of replacement doctors and/or nurses required to replace them in order to continue the service. Neither would this work if a single individual were to test positive from a given shift of, say, construction workers, or general utility maintenance teams or police officers from the same precinct, leaving the whole country paralysed overnight. Together with their respective families.
- 12> Why is the government not following the new PCR testing guidelines of the WHO? This would include re-testing of asymptomatic persons and use of threshold cycles lower than 30. Until now, the NHS has been using threshold cycles upward of 40 (45 for the majority of cases). It’s no wonder the number of cases skyrocketed since testing began. This would, subsequently, exaggerate the number of “covid” deaths.

### **Covid-19 The most intelligent virus ever known to mankind**

1. On the 12<sup>th</sup> of November 2020, 1000 Irish football fans were allowed into the stadium to watch a match only after they had be “decontaminated” by passing through a “cleansing” pod/tunnel where they were sprayed with anti-Covid-19 disinfectant. (<https://www.belfastlive.co.uk/sport/football/football-news/northern-ireland-fans-go-through-19276974>) (<https://www.dailymail.co.uk/news/article-8943693/1-000-fans-disinfection-pods-allowed-watch-Northern-Ireland-play-football.html>)
2. During the first few matches permitted after the initial lockdown in the UK, goal posts and netting were disinfected during the break periods during a match but the practice was abandoned within a week or two. Does this mean that the goal posts and netting had suddenly become covid-19 resistant? Let’s not forget the “intelligence” of this virus that does not attack seated diners while immediately attacking those same diners who decide to visit the men’s room or ladies powder room without first putting on a mask.
3. Only as recently as January 12<sup>th</sup> 2021, the government began to warn footballers about not social distancing during matches, like celebrating, hugging and shaking hands, notwithstanding the fact that team members share the same dressing and shower rooms and ride on the same enclosed buses between engagements.
4. Why are our GPs acting on orders from the government who, in turn, makes its health policies based on the advice on the “science” from their SAGE team comprising a handful of scientists while the exact opposite claims are being made, proved, and supported by thousands of scientists and tens-of thousands of medical practitioners from the UK and abroad (<https://gbdeclaration.org/view-signatures/>)? We also need to bear in mind, the woeful predictions made by our scientists (including disgraced Neil Ferguson now re-instated into the

flock) in March, and previously over the bird-flu in 2005 (<https://www.thetimes.co.uk/article/professors-model-for-coronavirus-predictions-should-not-have-been-used-z7dqrkzzd>) and the foot and mouth predictions in 2001.

Dear Sir/Madam,

I/we urge you, as doctors and medical professionals being the only ones with the knowledge and authority to deliver these experimental vaccines to their final destination and with the lives and health of those who depend and trust on your judgement (not that of the government), to please stop the process (if only temporarily) and take time to **look at the data and look at the facts** that are being presented. The figures being constantly changed to suit the government narrative, speak for themselves. One does not have to be specially or scientifically trained to understand these figures.

As a result of this crisis, many of you, understandably, may be fearful of losing our jobs if you speak out but soon there will be no more patients if logic and clear thinking is not applied. If we do not have courage for ourselves, we should, at least, stand up for those that depend on us or that our oaths bind us to.

\*\*\*\*\*

### **BREAKING NEWS - Chloroquine is a potent inhibitor of the SARS coronavirus infection and spread**

This article (<https://nw-connection.com/opinion-fauci-knew-about-hcq-in-2005-nobody-needed-to-die>) was brought to my attention on the 24 November 2020 leading me to this document

(<https://doi.org/10.1186/1743-422X-2-69>)

HCQ\_Vincent2005\_Article\_ChloroquinelsAPotentInhibitorO.pdf attached.

***So, Hydroxychloroquine (HCQ), potentially, functions as both, a cure, and a vaccine.***

**Why was it and why is it still being ignored by the US, the UK, the EU and other Governments around the world?**

This **BREAKING NEWS** message is more than sufficient for you to take this government to task tomorrow. **If you have the will**

Here we are, rolling out a (potentially deadly) vaccine, still in experimental stages, to the whole planet, when **this** information comes to light but is held back and hidden from an unsuspecting public cowering in fear of a flu virus they have been living with as long as they can remember. What kind of people are behind this? Whatever they are, they would be pure evil.

Why this obsession with a new vaccine when we already have a prophylactic ("vaccine") and cure in HCQ? **This treatment worked in August 2005 and was reported in April 2020 so why is it not being used today?** Are we heading into or have we already turned into a police state with talk of "Health Passports", forced tracking and tracing and only being allowed into public spaces if we have been vaccinated? Quantas Airlines soon requiring proof of vaccination for international travel (<https://www.bbc.co.uk/news/world-australia-55048438>) and exemptions from quarantine available to 'High-value' executives (<https://www.ft.com/content/fbde2448-006f-41a6-906a-f8a757050ab0>) and business and tour groups (<https://www.thetimes.co.uk/article/coronavirus-business-travellers-and-tour-groups-set-for-quarantine-exemption-j0gwlv70h>) and SAGA Holidays accepting only vaccinated customers (<https://archive.is/vwPE6>)

If you have had the patience to get this far into this document, I thank you. It will be clear that something is amiss and action must be taken immediately to stop this foolishness.

Unfortunately, many have already been vaccinated and, sadly, many continue to get injured, and many have died, so we should be concentrating on putting that right rather than inflicting any more damage.

**Are we to just rollover and accept what we are being told to do or take into our bodies regardless of the consequences?** Besides, this new vaccine (if it is a vaccine), we are being told, will only prevent symptoms but not necessarily stop the virus or infection. ([https://uk-finance-yahoo-com.cdn.ampproject.org/v/s/uk.finance.yahoo.com/amphtml/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html?amp\\_js\\_v=a6&amp\\_gsa=1&usqp=mcq331AQHKAFQArABIA%3D%3D#aoh=16081325099713&referrer=https%3A%2F%2Fwww.google.com&amp\\_tf=From%20%251%24s&ampshare=https%3A%2F%2Fuk.finance.yahoo.com%2Fnews%2Ffauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html](https://uk-finance-yahoo-com.cdn.ampproject.org/v/s/uk.finance.yahoo.com/amphtml/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html?amp_js_v=a6&amp_gsa=1&usqp=mcq331AQHKAFQArABIA%3D%3D#aoh=16081325099713&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s&ampshare=https%3A%2F%2Fuk.finance.yahoo.com%2Fnews%2Ffauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html)) and (<https://www.independent.co.uk/news/health/uk-coronavirus-vaccine-news-update-latest-symptoms-trials-b593059.html>). So where lies the benefit? In fact, by suppressing symptoms only, we are likely to become **secret spreaders**.

Indeed, they claim and boast that this vaccine has been created in record time, but, obviously, it has **NOT** yet been time-tested. So **WHY WOULD ANYONE, OF SOUND MIND, TAKE or PRESCRIBE A VACCINE (still in experimental stages) FOR A DISEASE THAT HAS A 99.97% SURVIVAL RATE (95% for 70+ age group) AND NO MORE LETHAL THAN THE FLU ACCORDING TO CHRIS WHITTY, THE GOVERNMENT'S OWN CHIEF SCIENTIST (May 11 briefing <https://www.youtube.com/watch?v=BkFNeKLPTOE@51:38-59:55>)? EVEN THE MOST VULNERABLE CAN BE PROTECTED USING EXISTING THERAPEUTICS LIKE HCQ (with 100% efficacy if administered early) BEARING IN MIND THAT THE MANUFACTURERS OF THIS "VACCINE" DO NOT CLAIM THAT IT WILL STOP THE VIRUS OR ITS TRANSMISSION BUT, MAY ONLY REDUCE SYMPTOMS.** (<https://www.independent.co.uk/news/health/uk-coronavirus-vaccine-news-update-latest-symptoms-trials-b593059.html>) and **Vaccinated people may spread virus, says Van-Tam, England's deputy chief medical officer** (<https://www.bbc.co.uk/news/uk-55784199>) and PHE admitting that vax won't stop spread ([https://twitter.com/PHE\\_uk/status/1349332702344982530](https://twitter.com/PHE_uk/status/1349332702344982530)). To sit back and say nothing while these "scientists" continue testing their deadly vaccines on the public would make us complicit to say the least, especially, given that alternatives do exist (easily verifiable by most doctors). (<https://www.ukcolumn.org/article/the-hydroxychloroquine-scandal>) and **British Legislator Calls For Widespread Vitamin D Rollout Following 82% Reduction In COVID-19 Deaths In Spain** (<https://humansarefree.com/2021/01/british-vitamin-d-covid-19-spain.html>) and **IVERMECTIN -Watch "Message to Mr Johnson from Dr Tess Lawrie" on YouTube**(<https://youtu.be/M8RMBa1UfsE>)

You and your medical team could put many of these things right and lead the way into reversing this so called "pandemic" with reason, logic and good science, in a matter of weeks, and start rebuilding our lives and livelihoods whilst ensuring that this never happens again.

If you want to **SAVE THE NHS**, say **NO** to these experimental Vaccines (at least until they have been fully tested), protect your oath, and save the children who have been held hostage by the same government that continues to destroy their education, families and livelihoods. You are the physicians and responsible for the sick, not the politicians. Unfortunately, in the final analysis, it is the doctors and vaccine administrators who will be largely blamed for "following orders (to harm)". Politicians never take the blame. There will be judges who will declare that **"you knew enough not to do what you have been doing"**.

## Conclusions

1. **GPs have the power and future of the NHS and country in their hands.**
2. GPs can change everything for the better overnight and take us forward to a **NEW and BETTER NORMAL** while retaining their trust and credibility with the public by simply saying **NO!**
3. **There will be no letting up even with a vaccine** (<https://humansarefree.com/2020/11/who-director-goes-full-communist-dictator-covid-restrictions-will-continue-even-after-vaccine.html>) This is what the government's deputy chief medical officer, Professor Jonathan Van Tam, said, on the 3<sup>rd</sup> December, when asked He said: *"Do I think there will come a big moment where we have a massive party and throw our masks and hand sanitiser and say, 'That's it, it's behind us', like the end of the war? No, I don't. "I think those kind of habits that we have learned from... will perhaps persist for many years, and that may be a good thing if they do."* (<https://news.sky.com/story/covid-19-professor-jonathan-van-tam-urges-public>

[to-take-vaccine-if-they-want-to-see-normal-life-to-return-12149441](#)) And Sir Patrick Vallance: *'We don't know yet how good all the vaccines are going to be at preventing the transmission of coronavirus'* (<https://www.telegraph.co.uk/news/2020/12/08/v-day-watershed-moment-may-have-wear-masks-another-year/>) Doctors are known to be telling vaccinated patients that social distancing rules and wearing of masks will continue for years to come.

### **Masks, Social distancing, are we victims of social engineering?**

This letter would not be complete without the mention of the direct effects on the population due to the unnecessary, illogical, and unscientific controls being imposed to “control the virus”.

PHE has yet to provide us a risk assessment report on the harms vs benefits of masks.

Even as adults, with face masks and social distancing, we no longer communicate through facial expressions or quiet whispers, not to mention the fungi, viruses, and bacteria accumulating in our masks ready to be breathed right back into our lungs with the same oxygen-depleted, CO<sub>2</sub>-saturated air we breathed out only moments earlier. This, in addition to the man-handled masks going in and out of filthy pockets and handbags or cases, can only lead to a breeding ground for the aforementioned germs. Surely, this cannot be doing us any good.

We are still running schools where children are masked up all day (in frozen classrooms) except lunch time, while others only mandate masks in communal areas like corridors and in the canteen while seated. Either way, this is detrimental to their general health, the former by risking hypoxia while not effectively preventing the spread of disease and the latter with the constant handling and repeated storage and removal of masks, thus increasing the risk of spreading the virus and other germs infesting in the used mask. (see Dr Vernon Colman on masks - attached). Obviously, this will result in more sickness and pressure on the very NHS we are being told to “PROTECT”.

Governments and the WHO promoted and enforced mask wearing in full knowledge that they provide no protection from any virus but yet cause serious neurological and respiratory damage further putting people's lives and health at risk. (<https://vimeo.com/424254660>) (<https://www.bitchute.com/video/cG2S8pl378Yk/>)

Are you aware of the actual dangers of using face masks and that we are all legally exempt, according to the government's own website (<https://www.legislation.gov.uk/ukxi/2020/791/part/2/made>)[4.(1)(a)(ii), 4.(1)(c)] , because of the real dangers with no real benefits for a healthy person to use one?

Latest Danish study on masks (<https://lockdownsceptics.org/2020/11/19/latest-news-198/>)

What has become of us? (see attached audio -**How pathetic a nation have we become.m4a**)

Besides the separation by “bubbles”, can we keep up this mask wearing for another few years, despite the long-term effects on the brains of the children due to restrictions in oxygen? In line with Health and Safety regulations, oxygen levels should be checked as, if the saturation falls below 95%, then the children would be at risk of hypoxia! If they drop to as low as 90%, then they are at risk of passing out. This matter is serious as long-term oxygen deprivation can lead to reduction in IQ as well as risk of dementia in later years.

While penalties are being imposed on adults for not following guidelines on face masks, no penalties are being imposed on parents who continue muzzling children below the age of 12 (as per government regulations) which will result in children suffering untold illnesses including bacterial pneumonia and Fungal Lung Infection as mentioned by Dr. Judy Mikovits. A Fungal infection can be extremely serious - as experienced by people who suffer from exposure to toxic mould in their homes, or workplace - same problem different source. This, in turn, putting more pressure on the NHS we are constantly being reminded to “SAVE”. (<https://principia-scientific.com/study-most-children-harmed-mentally-physically-by-masks/>)

More children admitted to hospital for mental health than medical reasons, leading pediatrician says (<https://www.telegraph.co.uk/news/2021/01/19/children-admitted-hospital-mental-health-medical-reasons-leading/>) We are frightening our children into illness as a result of lockdown policies.

# What happens to society when a generation of children are brought up believing that human contact is dangerous?

For anyone to follow such instructions as to ACT SICK when they are not sick, then they must surely be deemed sick (as in sick mentally). Treating people who are NOT SICK by forcing them to ACT SICK – wearing masks, anti-social distancing, and staying home – is a MENTAL ILLNESS known as Munchausen Syndrome by Proxy. Munchausen Syndrome by Proxy is a condition where the caregiver, in this case, our Government, fabricates, exaggerates, or induces mental or physical health problems in those who are in their care (WE), with the primary motive of gaining attention or sympathy from others. “Caregivers” have been given prison sentences for mistreating children and adults in this manner.

**Quarantine is when you restrict the movement of sick people, Tyranny is when you restrict the movement of healthy people!**

Given what the government has authorised the rollout of an experimental vaccine beginning with the weakest group in the elderly and with the injuries and deaths so far known to have been caused (even among younger and stronger individuals) and with calls for a pause and reassessment of whether the elderly should be given the vaccine, was our Queen of 94 years and her husband of 99 years, vaccinated as reported? If so, then it must be said that our government officials and their scientists are absolute psychopaths and if not, then they must be deemed pathological liars of the highest order. This would be the first time in all history that the queen and/or king of a land would have been voluntarily experimented upon without the said experiment being first concluded to perfection on the “peasants” and/or the physicians themselves.

It is obvious that things will continue to worsen unless the government:

1. Halts the roll-out of this experimental, unlawful, and unregulated vaccine trial (which continues to cause injury and death).
2. Stops this unnecessary lockdown with its ever changing and inconsistent rules (which the proponents themselves fail to adhere to), based on unscientific arguments and causing untold damage to the economy.
3. Stops this fearmongering with its shameless public information films causing increasing mental issues due to lost jobs and stress related illnesses such as suicides, domestic abuse, children’s mental health, all of which will ultimately overburden rather than save the very NHS we are being continually reminded to “SAVE”.
4. Stops manipulating the death figures.
5. Stops exaggerating the actual infection rates (using meaningless PCR testing).
6. Re-instates Cremation Form-5 to allow full autopsies to be properly carried out to confirm actual cause of death and, therefore, confirm the actual number of “covid” deaths.
7. Stops deceiving the medical profession with false statistics and exaggerated predictions.
8. Starts protecting our medical professionals from increasing risks of litigation.
9. Starts looking at the existing alternative therapeutics.
10. Resumes prioritising treatment for non-covid related illnesses like strokes, heart disease, cancer, etc.

**At this point in time, our Doctors and medical practitioners are the only group that can force this change upon our government.**

**If a government can hide what it’s doing, it can get away with anything it wants.**

**The most important speech you will ever hear – Robert F. Kennedy, Jr November 2020**

**<https://www.bitchute.com/video/Uotw53dws36q/>**

"If you tell a lie big enough and keep repeating it, people will eventually come to believe it." (Joseph Goebbels)

DR VERNON COLEMAN ~ DOCTORS AND NURSES GIVING THE COVID-19 VACCINE WILL BE TRIED AS WAR CRIMINALS

\*\*\*Warning unexpected strong language @13:30min\*\*\* (<https://www.bitchute.com/video/ES0nbaf4wWZ6/>)

Yours sincerely,

Michael Georcelin

Reading, Berkshire

**Additional signatories at end of letter.**

Below is a list of the documents provided to the MPs and the Members of the House of Lords previously mentioned (attached).

- 1> Original letter sent to ALL MPs and Lords with 20 questions highlighted.
- 2> Letter sent to all MPs that voted for second Lockdown.
- 3> Open Letter to President Trump from Archbishop Vignano (pdf attached).
- 4> Some responses from MPs and Lords.

**Some of the references used:**

- 1> FOI document from the government proving the non-existence of the Sars-Cov2-Virus (pdf attached)
- 2> Cremation 5 form (removed by Coronavirus Act 2020 – attached)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/697079/cremation-form-5-confirmatory-medical-certificate.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697079/cremation-form-5-confirmatory-medical-certificate.pdf)
- 3> Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales (see page 3. Referring deaths to the coroner, paragraph after bullet points) – tantamount to guess work.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf)
- 4> New book: Proof that Face Masks do More Harm than Good published by Dr Vernon Coleman of [www.VernonColeman.com](http://www.VernonColeman.com) (pdf version attached)
- 5> COVID-19: The data exposing the deception by Mark Oakford  
<https://www.ukcolumn.org/article/covid-19-data-exposing-deception>
- 6> Book: Corona False Alarm by Dr Karuna Reiss and Prof Sucharit Bhakdi. Interview with Richie Allen on the 29<sup>th</sup> September ([https://www.youtube.com/watch?v=xluOoKat1\\_M](https://www.youtube.com/watch?v=xluOoKat1_M)) or ([https://brandnewtube.com/watch/dr-sucharit-bhakdi-on-the-richie-allen-show\\_kO7U3DIBEDv6qCa.html](https://brandnewtube.com/watch/dr-sucharit-bhakdi-on-the-richie-allen-show_kO7U3DIBEDv6qCa.html))
- 7> Australian Police blow whistle on covid-19 (<https:// Cairnsnews.org/2020/11/02/police-blow-whistle-on-coronavirus-deception/>)
- 8> Johns Hopkins Study Explodes COVID Death Hoax (<https://humansarefree.com/2020/12/johns-hopkins-study-explodes-covid-death-hoax.html>)
- 9> Actual number of deaths in the US (<https://twitter.com/DrMadej/status/1336280717924372484?s=09>) in 2020 same as previous years.

**Recommended knowledge sources:**

- 1> World Freedom Alliance: (<https://www.youtube.com/watch?v=lcZ5ByckK1Q>)
- 2> World Doctors Alliance: (<https://worlddoctorsalliance.com/ims/WDAOpenLetter.pdf>)
- 3> America's Front-Line Doctors: (<https://www.americasfrontlinedoctors.com/>)
- 4> More questions answered: (<https://questioningcovid.com/>)

- 5> The Coronavirus Act 2020 is Null and Void! (<https://www.crowdjustice.com/case/the-coronavirus-act-2020/>)
- 6> Latest: Caroline Stephens – Kent MP says vaccines should *NOT* be avoided
- 7> (<https://www.ukcolumn.org/community/forums/topic/caroline-stephens-kent-mp-says-vaccines-should-not-be-avoided/>)
- 8> [www.ukcolumn.org](http://www.ukcolumn.org)
- 9> [www.keepbritainfree.com](http://www.keepbritainfree.com)

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Link to download attachments referred to in the document: <http://www.jaxward.co.uk/Dr.zip>