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Sir Simon Stevens
Chief Executive Officer
NHS England

2 July 2021

Dear Mr Stevens

Re: My Client: Dr Sam White

I am instructed by Dr Sam White, a GP.

Dr Sam White has had his licence to practise within the NHS suspended by letter from the NHS dated 26 June 2021.

Please treat this letter as a public interest disclosure or whistle blow in that it raises allegations of alleged criminal conduct and breach of legal obligations by those leading the covid response.

The reasons given for my client's suspension have been inconsistent. My client has been told one thing verbally and another in writing.

What my client has been told in writing is he has been suspended on the basis of his social media output.

My client's social media output does not differ in any material extent to other clinicians also with an online presence who have not been suspended.

My client raised concerns during his NHS five year revalidation appraisal process with the NHS in November 2020.

All of these concerns were raised during the revalidation appraisal process and overlap with what is in my client's social media content.

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The NHS took no action on either the substance of the concerns raised in my client's appraisal nor did the NHS take any action against my client for raising those concerns during his appraisal. My client's appraisal was signed off by the NHS Responsible Person. The same Responsible Person who later suspended my client.

It would appear that the reason the NHS took the action they did of suspending my client from practice in the NHS was the fact that the contents of Dr White's video went viral clocking up over a million views in June 2021.

The NHS appears to have taken umbrage at my client letting the cat out of the bag. The NHS appear to have acted in the way they did because my client pointed out that there are a number of elephants in the room. My client is entitled to point out alleged wrongdoing and is also entitled not to be victimised for so doing.

My client's social media output sets out two main propositions which are further developed here:

1. The vaccine programme has been rolled out in breach of the legal requirements for clinicians to obtain the free and informed consent of those being vaccinated.
2. That the requirement to wear face coverings in an NHS setting is in breach of common law obligations not to cause harm and breaches statutory obligations in relation to provision of PPE.

My client has instructed me to write to you setting out the complaint that he has been victimised and harassed for telling the truth by the organisation you head.

Clinicians should feel able to voice genuine concerns relating to alleged malpractice without fear for their ability to practice within the NHS being suspended.

The truth that Dr White is telling may be uncomfortable for you to hear. But hear it you must.

I am instructed to copy this letter to the relevant regulators as well as law enforcement.

I am also instructed by my client to publish this letter on social media as the public has the right to know what is happening and how truth is being suppressed.

The allegations are that the following groups of people have committed unlawful and potentially criminal acts in breach of their common law obligations to act in the best interests of the public as well as in breach of their common law obligation of doing no harm to the public.

The Nolan Principles of Standards in Public Life are alleged to have been breached.

The groups of people who my client alleges have breached common law obligations are:

1. HM Government.
2. The Executive Board of the NHS.
3. SAGE.
4. Senior public office holders within the civil service.
5. The Executive Board of the MHRA.

In relation to the MHRA they have failed to ensure that the vaccine advertising programme meets their common law obligations as well as their statutory obligations.

The MHRA in granting emergency use authorisation for the vaccines has failed in their obligation to consider whether there are safe and effective medicines available as an alternative to vaccination.

The MHRA is failing in its obligations in failing either to instruct a bio-distribution study is conducted on those who have been vaccinated or in failing to publish the findings of such a bio-distribution study. A bio-distribution study is a study of what happens to the vaccine after it is injected into the body.

I am instructed to set out the factual allegations in a comprehensible way, free of jargon, so the general public can follow what is being said.

To assist my client has provided source material to back up every single one of his principal facts and that source material will be referenced via footnotes or endnotes.

The Vaccination Roll Out:

Clinicians practising within the NHS are obliged to do two things when administering a vaccine:

1. To do no harm.
2. To obtain the free and informed consent of those being vaccinated.

The law on free and informed consent is set out in the case of Montgomery.

Montgomery's case which went to the Supreme Court laid down the principles for what amounts to free and informed consent.

1. That the patient is given **sufficient information – to allow individuals to make choices that will affect their health and well being on proper information.**[1]
2. Sufficient information means informing the patient of the **availability of other treatments**.[2]
3. That the patient is informed **of the material risks** of taking the vaccine and the **material risks** of declining the vaccine.

The Montgomery principles are in line with Article 6 of the Unesco Declaration of Bio-Ethics and Human Rights, the right to decline any medical treatment without being penalised is enshrined in International Law.[3]

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[1] Per Lord Justice Simon in Webster v Burton Hospitals NHS Foundation Trust [2017] EWCA Civ 62

[2] Montgomery v Lanarkshire Health Board [2015] UKSC 11

[3] http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Breach of these principles on free and informed consent is professional gross misconduct at an individual level.

At an organisational level if the NHS does not have clear evidence that every person being vaccinated has given free and informed consent it will render those holding executive office within the NHS as legally liable for those institutional failings.

The Government has set the vaccination strategy. The NHS has led the roll out. The strategy and roll out has included the provision of information to the public.

Much of the information has been inadequate or misleading.

1. **Montgomery Guideline 1: Sufficiency of Information**:

The provision of information has been inadequate. The principal source of information to the public has been the following:

1. The Daily Press Conferences.
2. The NHS badged advertisements.
3. The Patient Information Leaflet.

The information presented has not informed the public of the following material risks:

1. The material risk of being infected with the coronavirus.
2. The material risk if infected of being hospitalised by the coronavirus.
3. The material risk if infected of not being hospitalised by the coronavirus.
4. The material risk of dying from the coronavirus infection.
5. The material chance of recovering from the coronavirus infection.
6. The material chance of having an asymptomatic infection.
7. The numbers of people with existing antibody immunity or memorised T cell response.

Before we come to what information has been presented to the public it should be noted that those presenting the information have not publicly declared at the press conferences their financial links to the vaccine industry. Public Office Holders should

act with integrity and transparency when presenting information to the public, particularly information relating to public health.

Those financial links include direct investment in the vaccine industry as well as financial assistance with grants from charitable foundations set up by those with investments in the vaccine industry.[4]

It should be noted that Moderna's share price has risen from $10 to over $200 [5] in the space of eighteen months. Bill Gates and his charitable foundation are significant investors in Moderna[6], one of the companies supplying a vaccine. It should also be noted that Bill Gates has a known association with Geoffrey Epstein.[7]

Many of those presenting the information to the public are associated with or employed directly or indirectly by organisations who have been financially funded by the Gates Foundation.

The MHRA, the UK regulatory body approving the vaccines, has itself been funded by the Gates Foundation.[8]

Finally the former secretary of state did not declare to the public that he had a girlfriend and he did not declare that that girlfriend had financial links through her business with PPE and other contracts[9] over which Matt Hancock had responsibility.

When presenting information on a public health matter the Nolan Principles require transparency.

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[4] https://www.conservativewoman.co.uk/sages-covert-coup

[5] https://tinyurl.com/c89nke49

[6] https://www.modernatx.com/ecosystem/strategic-collaborators/foundations-advancing-mRNA-science-and-research

[7] https://www.nytimes.com/2019/10/12/business/jeffrey-epstein-bill-gates.html

[8] https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation

[9] https://www.prweek.com/article/1700784/hancock-faces-questions-luther-pendragon-shareholder-hired-advisory-role

The Nolan Principles requires those presenting the information to declare any interests publicly so that those receiving the information can determine whether the information has been presented in an objective way or in a way that lacks balance and may favour any undeclared interests.

How many people know for example that our Chief Medical Officer has been or is involved in Vaccine organisations which have been substantially funded by the Gates Foundation as well as other vaccine businesses?[10]

How many people know that our Chief Scientific Officer has substantial investments in Astra Zeneca?

Dominic Cummings talked about Mr Gates' influence in government during his session in select committee.

If a Public Office Holder is presenting information about public health to the public, those people should be upfront and transparent about their interests and who has funded those interests as they might have a bias towards vaccination when other more optimal routes may be available. Vaccination should not be presented as the only route out of the declared pandemic when there are other routes that can be run in tandem. The Officials should level with the public.

It seems from day one the Public have been informed via press conferences that there was only one medical route out of the pandemic and that was via vaccination. That route is not the only available route. Quicker, cheaper and less risky routes are also available as an alternative to those who have no need or desire to be vaccinated and these routes have been known about for many months.

Taking each risk in turn:

The material risk of being infected:

[10] https://www.gavi.org/investing-gavi/funding/donor-profiles

1. The Government and the NHS has supplied information to the public information on the number of infections.
2. That information does not differentiate between:
    a. Those individuals testing positive without a Doctor or nurse diagnosing that individual and confirming that they are infected and or are ill with covid.
    b. Those individuals testing positive where a Doctor or nurse has diagnosed infection in that individual and has diagnosed that they are ill with covid.
3. The principal diagnosis tools have been:
    a. The lateral flow test.
    b. The PCR test.
4. Primary Care in the form of General Practice Doctors have by and large been kept out of the diagnostic loop.
5. The NHS's internal leaflet says that a positive test should not be relied on alone but a clinician, a Doctor or nurse, should confirm the fact of infection by clinical diagnosis.
6. The tests have been subject to major criticism for being unreliable and producing false positives. [11] The writer of this letter has a letter from his MP stating that the tests used can test for any Winter virus. It is probable therefore that the data presented by the government as infections with coronavirus also includes individuals who have tested positive but the test has failed to distinguish what sort of virus is present and whether that virus is old or recent.
7. Dr Fauci admitted that PCR tests do not test for infectiousness.[12]
8. Reports of schoolchildren testing positive using lemon juice show how unreliable these tests are. [13]
9. The inventor of the PCR test has also stated that the PCR test should not be used as a diagnosis tool.

[11] https://cormandrostenreview.com/report/
[12] https://www.youtube.com/watch?v=a_Vy6fgaBPE
[13] https://inews.co.uk/news/technology/tiktok-fake-covid-positive-test-schools-1079693

10. The Portuguese Court of Appeal said it is contrary to international law for a positive test result alone to be used without a Doctor or nurse also seeing the person with that test result and diagnosing an infection.[14]
11. The public do not know how many people have been classed as an infection on test alone or on test and clinical diagnosis. That is a major failing in gathering data and presenting data.
12. The cycle threshold at which the PCR test has been set is too high to give reliable data on infection.
13. The WHO suggested re-setting the cycle rate on the PCR test in January 2021 it is unknown whether the NHS has adopted that advice.[15]
14. The press conferences have heightened the public's sense of the material risk as the information presented has in my client's view exaggerated the numbers in a material way.
15. There has been no publicity at all at the press conferences that covid is not a High Consequence Infectious Disease.[16]

The material risk of being hospitalised with covid:

1. The numbers of hospitalisations of people with covid has been presented to the public at the press conference and then disseminated via news broadcasts.
2. That information has not differentiated between:
    a. Those presenting in hospital with covid illness.
    b. Those presenting in hospital with another condition who have subsequently been tested positive for coronavirus.
    c. Whether those hospitalised with coronavirus have caught the infection in hospital.
3. The information presented to the public has also not set out the numbers of people who have recovered from covid.
4. In assessing material risk the public need to have adequate information.

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[14] https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Fjtrl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30

[15] https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05

[16] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

5. **The allegation is that the information has been presented in such a way to make the public think that the material risks are greater than they are**. This has either been intentional or grossly negligent.
6. Presenting information in a distorted way affects the public's ability to weigh up the material risk that coronavirus presents.
7. The public are unable to give proper informed consent to vaccination if the material risks have been exaggerated or distorted.

The material risks of dying from covid:

1. The information presented to the public does not differentiate between:
    a. Those dying from covid.
    b. Those dying from another condition but who have tested positive within 28 days of death.
    c. Those dying from another condition but who have tested positive after death.
    d. The death certificates are allowed to be signed by Doctors who may not have seen the individual who has died before death.
    e. Anyone who has died within 28 days of a positive test is recorded as a covid death.
2. The public is unable to determine what their material risk is of dying from covid as the numbers of deaths from covid have been exaggerated and are unreliable. The CDC in the USA has recently presented its information in a different way to enable any individual to find out how many people have died from covid alone without having any other medical condition or co-morbidity.[17]
3. A Portuguese Court has recently found that the numbers of people said to have died from covid has been exaggerated.[18]

[17] https://www.the-scientist.com/news-opinion/no-the-cdc-has-not-quietly-updated-covid-19-death-estimates-67902
[18] https://www.expatica.com/pt/news/lisbon-court-rules-only-0-9-of-verified-cases-actually-died-of-covid-100196/

4. The data about risk of dying has also been confused by the fact that Do Not Resuscitate Notices have been used unilaterally without consent and the widespread use of Midazolam during the pandemic in care home settings.[19] [20]
5. The information that has been presented shows that the distribution of risk is uneven.
6. Those under 75 who are healthy are unlikely to die from covid.
7. The risk is asymmetrical.
8. The vaccination roll out has been symmetrical.
9. The government's communication on vaccination has been inconsistent.
10. The Prime Minister of the country in January 2021 described the vaccination roll out as an immunisation programme. That communication gave the public the impression that vaccines would provide immunity.
11. The vaccine trials have been set up have as their trial design and trial protocol to reduce symptoms[21]. The Prime Minister was at best sloppy with his language as the vaccine trial protocols was to test for efficacy of symptom reduction.
12. It should also be noted that the vaccine protocols also refer to the use of PCR tests in the clinical trials, despite those tests' known unreliability.[22]
13. None of the vaccines provide immunity. None of the vaccines stop transmission.
14. Initially the government said that only those identified as vulnerable should be vaccinated. That then changed. Mr Gates met with the PM before the change in policy, this meeting with Mr Gates was to discuss a global vaccine strategy.[23]
15. Initially the government said that children would not be vaccinated. That then changed.
16. Initially government said restrictions would be released when 15 million people had been vaccinated, that then changed.
17. Initially government said it had no plans for vaccination passports, that then changed.

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[19] https://www.dailymail.co.uk/news/article-9374291/Scandal-500-care-home-patients-given-DNR-orders-without-consent.html

[20] https://www.dailymail.co.uk/news/article-8514081/Number-prescriptions-drug-midazolam-doubled-height-pandemic.html

[21] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[22] https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf

[23] https://www.gov.uk/government/news/pm-hails-herculean-effort-of-life-science-companies-to-defeat-coronavirus

18. Providing inconsistent and changing information does not enable the public to have adequate information to give informed consent.

The Patient Information Leaflet:

The NHS has provided the Patient Information Leaflet to some patients who are being vaccinated.

That Patient Information Leaflet does not present the material risks and the material benefits of the vaccination in an adequate way:

1. The Patient Information Leaflet does not make clear that the vaccines are still in clinical trial.
2. The Patient Information Leaflet does not make any reference to alternatives to vaccination.
3. The Patient Information Leaflet does not make clear that the mRNA vaccines are experimental in that these vaccines have never been used before and there is no data on medium term to long term safety. mRNA vaccines are described by the FDA as gene therapy.[24]
4. The Patient Information Leaflet does not make clear that the clinical trials being run to show the safety and efficacy of the vaccine did not include particular cohorts of people including pregnant women and the very elderly. There is therefore no evidence available to show that they are safe and efficacious for those cohorts.
5. The Patient Information Leaflet does not make clear that the clinical trials are only using people who have not been infected with covid. There is therefore no data on safety and efficacy for vaccination of those who have been infected. Many people who have been infected with coronavirus are also being vaccinated.
6. The Patient Information Leaflet does not set out the difference between the absolute risk and the relative risk from coronavirus infection.

[24] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

7. By being vaccinated each individual is reducing their absolute risk of being infected and dying from covid by 1%. [25]

Advertising of the vaccine:

The NHS allowed its logo on a series of adverts using celebrities to promote vaccination.

It is also alleged that a number of celebrities have been paid to promote the vaccine via their social media.

1. None of the vaccines have received marketing authorisation from the MHRA[26]. So there is a question mark as to whether an emergency use authorised vaccination should be advertised at all as there is very limited number of vaccines to choose from.

2. Advertising of licensed medicines is strictly regulated. The Human Medicines Regulations 2012[27] make it a criminal offence for licensed medicines to be advertised by celebrities and any advert should notify the viewer what the active ingredient is in the vaccine if there is only one active ingredient. These adverts breach the law in my client's view.

3. The NHS has taken no steps to distance itself from HM Government's attempt to fetter every UK citizen's right to decline any medical intervention.

4. The advertising campaign has placed pressure on people to have a vaccination. In the advertisement it is suggested that vaccination protects other members of a family including the elderly. However free and informed consent

[25] https://pubmed.ncbi.nlm.nih.gov/33652582/

[26] https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine

[27] https://www.legislation.gov.uk/uksi/2012/1916/part/11/crossheading/enforcement/made

means that no one should be under any pressure from any family member to have a vaccination or indeed any medical treatment. The NHS website even states that in its section on informed consent.[28]

5. The vaccination adverts give the impression that the vaccines have been licensed rather than the true position which is that they have been emergency use authorised which is a lower regulatory threshold than licensing.

6. The advertisements infer that the vaccines are safe. Safety is about risks. The adverts make no reference to the risk, however small, of serious adverse events.

Information on Vaccine Passports:

7. HM Government has linked vaccination with the ability to travel using a vaccination passport. [29]

8. Many UK citizens know at least one person whose only reason for being vaccinated is to go on holiday.

9. HM Government has been coercive in linking release of restrictions to vaccination.

10. A publicly funded National Health Service is breaching its obligations to its patients in not distancing itself and calling out such unlawful government coercion. NHS clinicians should be not be used as conduits for government policy. That politicises health.

11. The NHS should make it clear that it does not endorse coercion or any fettering of an individual's right to consent or decline any medical intervention.

[28] https://www.nhs.uk/conditions/consent-to-treatment/
[29] https://www.dailymail.co.uk/news/article-9744557/Double-jabbed-Brits-able-travel-quarantine-free-July-26.html

2. Montgomery Guideline 2: Availability of other treatments:

1. The NHS has published no information in its Patient Information Leaflet on the efficacy of other available treatments available to combat coronavirus infection or the disease of covid.
2. The body has an incredible way of treating itself if it is infected.
3. It's called the immune system.
4. The NHS should not be proposing a medical intervention when most people have a readily available treatment system to combat the infection and disease namely their immune system.

5. The immune system for most people will fight off the infection by the production of antibodies.

6. Further that immune response will be memorised by the T cells and B cells and will provide long lasting protection.

7. It is proven from SARS Coronavirus 1 in 2002 that T cells and B cells memorise the antibody response for many years.[3031]

8. There has been very little information to the public on the efficacy of the immune system to fight off any covid infection. The immune system is the first line of defence yet has been ignored by our NHS and by the government and SAGE.

9. It is accepted that the thymus gland which produces T cells and B cells gets less efficient over the age of 70 or if a person is immune compromised.

10. Taking vitamin D will enhance the immune system. These have only been provided as supplements.

11. At no time during any of the press conferences has the government and its advisers stressed the importance of the immune system and how to take care of

[30] https://www.nature.com/articles/s41467-021-23333-3
[31] https://www.nature.com/articles/s41467-021-24377-1

it as a first line of defence against coronavirus. It's only ever been about the vaccine. The failure to provide adequate information of the role of the immune system is an egregious breach of Montgomery.

12. Immunity gained via infection is better than any immunity enhancement from vaccination.[32]

13. Professor Whitty, to be fair, did say that for most people covid will be a mild illness. He therefore implied, without expressly stating it, that most people's immune system will fight off the illness arising from a coronavirus infection.

14. There is now ample data that there are a number of therapeutics that will work to prevent infection, and prevent hospitalisation and death.

15. Those therapeutics are:

    1. Ivermectin. There are numerous studies showing the efficacy of Ivermectin, it is also proven safe.[33] [34]Courts have ordered the use of Ivermectin in some jurisdictions.[35]
    2. HCQ and Zinc.[36]
    3. Budoneside or anti-inflammatory respiratory inhalers[37].[38]

16. The evidence has been available for some time that all these work to prevent infection, to prevent, hospitalisation and to prevent death.

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[32] https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1.full.pdf

[33] https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx

[34] Published Ahead-of-Print : American Journal of Therapeutics (lww.com)

[35] https://www.webmd.com/lung/news/20210506/covid-patient-in-coma-gets-ivermectin-after-court-order

[36] https://vladimirzelenkomd.com/zelenko-prophylaxis-protocol/

[37] https://www.bmj.com/content/373/bmj.n957

[38] https://www.ox.ac.uk/news/2021-04-12-asthma-drug-budesonide-shortens-recovery-time-non-hospitalised-patients-covid-19

17. There is limited or no information in the Patient Information Leaflet on available treatments other than vaccination.

18. Why haven't these medicines been made available? These medicines have been successful in a number of other countries and have prevented death and hospitalisation.

19. Why hasn't the MHRA investigated these other available and cheaper alternatives before granting emergency use authorisation to vaccines with no proven long term safety record?

20. My client cannot understand why the NHS does not make available safe and effective medicines. This is grossly negligent.

21. These safe and effective medicines and the immune system are the elephant in the room. The NHS does not want to look at them. The regulator does not want to look at them. SAGE does not want to look at them. The government does not want to look at them. Who's pulling the strings?

22. The question is why isn't the public being given a choice? Do commercial considerations and political agendas take precedence over public health? If so that's an extremely serious matter.

23. The NHS and the government appear to be very quick to vaccinate the population but very slow to consider and make available cheaper, safer and effective alternatives, to give the people an option. Why is that?

3.**Montgomery Guidelines: Risks of Vaccination**:

1. At none of the press conferences have the risks of vaccination been presented.
2. The advertising campaigns infer that the vaccines are safe.

3. The mRNA method of vaccination is considered a gene therapy product according to the US FDA.[39]
4. Serious adverse event data is being collected by the MHRA. But is not being disseminated to news outlets or via the press conferences[40]
5. That serious adverse event data is not being presented by Government or the NHS in its Patient Information Leaflet.
6. Data from deaths falling within 28 days of vaccination is not being collected, let alone communicated.
7. The Salk Institute has found that the spike protein, a constituent component in the vaccine or the vaccine's mode of action, is a toxin.[41]
8. The Japanese medicine regulator has found that those who have been vaccinated have a concentration of spike proteins in every organ of their body, in particular the ovaries[42]. This study is a called a bio-distribution study.
9. The NHS does not appear to have done any bio-distribution study of those who have been vaccinated.
10. The MHRA has not required a bio-distribution study to be conducted to check the safety of vaccination and if there has been a bio-distribution study conducted it has not been communicated to the public.
11. A number of regulators around the world have required health authorities to stop using the vaccine on health grounds.
12. The last UK emergency vaccine after swine flu was also suspended on safety grounds after 50 deaths.
13. The material risks from vaccination known to date are:
    a. Death in extreme cases. Over 1300 deaths reported on the yellow card system.[43]
    b. Bells Palsy.
    c. Thrombo-embolic events with low platelets.
    d. Capillary Leak Syndrome.

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[39] https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm

[40] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

[41] https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/

[42] https://regenerativemc.com/biodistribution-of-pfizer-covid-19-vaccine/

[43] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

e. Menstrual disorder and extreme bleeding.
f. Myocarditis and Pericarditis.
g. Antibody dependant enhancement.

14. The public is not able to give informed consent to vaccination as the data on the material risks on vaccination is being inadequately collated and the data that is collected is then not communicated to the public at any Press Conference.
15. The public is being informed that the vaccination is a public health benefit, the risks of vaccination are not being communicated in as systematic way as coronavirus infections and deaths are communicated.
16. It is up to individuals to decide whether they want to take material risks, however low the likelihood of the risk materialising, yet no or inadequate information is being presented on those risks.
17. Adults may shortly be asked to give consent to vaccination for their children when the risks of coronavirus to children is exceptionally low. This is one of the reasons my client did not want any involvement in the vaccination programme.
18. Every clinician vaccinating any individual must tell the individual of **the risk of a serious adverse event**, however small that risk is. This requirement does not appear to be built into the vaccine roll out in any systematic way.

My client is raising these concerns in this letter and these concerns are consistent with his obligation as a professional to act in accordance with the law and with professional ethics. The public who paid his wages up until recently deserve nothing less.

The second issue is the requirement for the public to wear masks in the NHS setting.

1. The requirement to wear a mask in an NHS setting is unlawful for the following reasons:
    a. The requirement is for the public and clinicians to wear masks on NHS facilities.
    b. The mask is not defined.
    c. If the mask is a piece of PPE, the 1992 PPE Regulations are engaged.[44]

[44] https://www.legislation.gov.uk/uksi/1992/2966/contents/made

d. The employer is obliged under regulation 6 to evaluate both the risks and the suitability of the PPE.[45]
e. Any evaluation of the risks would have to pose three questions:
    i. What are the risks of asymptomatic infection?
    ii. What are the risks of symptomatic infection?
    iii. How are those risks best mitigated?
f. To answer the first question the risk of asymptomatic infection is low.[46] Dr Fauci said that asymptomatic infection has never been the driver of any respiratory virus.
g. The risks of symptomatic transmission are higher.
h. What is the best way to mitigate the risks?
i. To provide category 3 PPE masks is the answer as they show efficacy in reducing transmission. These have not been provided or indeed mandated by the Health Secretary.

j. PPE Regulations require all masks to meet EC standards and to be category three in the case of the risk posed by biological agents.[47]
k. The masks provided to NHS clinicians are not category three. It is against the law to provide unsuitable PPE. It is also mandatory to follow the PPE regulations. [48]
l. The NHS has issued guidance that any person on NHS facilities must wear a mask. There is however no requirement for the public to wear a category three mask.
m. The requirement for the public to wear any mask in any NHS facility does not provide any benefit to the public.[49] [50]

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[45] https://www.lawgazette.co.uk/law/suitability-of-personal-protective-equipment/58160.article
[46] https://www.bmj.com/content/371/bmj.m4851.full
[47] https://www.legislation.gov.uk/eur/2016/425/annex/I/division/3
[48] https://www.legislation.gov.uk/eur/2016/425/annex/II/division/n1
[49] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full
[50] https://www.acpjournals.org/doi/10.7326/m20-6817

n. The requirement for the public to wear a mask in any NHS facility poses a material risk. The risks of mask wearing is of bacterial infection plus a risk of hypoxia for prolonged use. [51]
o. There is also the risk posed by CO2 and a RCT reported in JEMA found 6 times the safe level of CO2 in children wearing masks. [52]
p. Anything other than a Category 3 mask is inadequate as PPE for the risk of infection posed by a biological agent.
q. The NHS has a policy that any patient or relative must wear a mask as must any clinician.
r. However there is no requirement that the masks have to be PPE. The masks therefore pose more risk than benefit.
s. The masks that are being worn by the public are unregulated.
t. Some of the masks have been manufactured in China and contain toxins.[53]
u. The NHS has failed the public in its guidance as unregulated masks pose more risks than benefits.
v. The NHS has failed its staff by requiring all staff to wear masks which pose more risks than benefits.

The issues raised by my client and other clinicians who have not been suspended raise issues about the integrity of those leading the Covid response. They raise issues about whether the information that has been provided to the public has been collected and presented fairly. They raise issues of breaches of the law and accepted standards in public life. They raise issues of whether private individuals with charitable foundations have too much influence on policy direction and whether the financial support offered by those individuals and foundations is healthy in a transparent democracy.

How can the National **Health** Service be endorsing the government policy of vaccine passports when that policy:

[51] https://www.sciencedirect.com/science/article/pii/S2214031X18300809
[52] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743
[53] https://www.politico.eu/article/free-masks-distributed-by-belgian-government-contain-toxic-articles/

1. Makes those who wish to rely on their own immune system second class citizens.
2. That policy gives privileges to citizens who take a medical intervention, vaccination.

By endorsing the vaccine passport policy the National Health Service is not only endorsing a breach of international law which makes sacrosanct an individual's right to decline any medical intervention without any repercussion but also breaches the UK law on informed consent. Since when did the National Health Service morph into the National Pharmaceutical Distribution Service?

The writer of this letter has a backlog of whistle blowers to advise with examples of pressure being placed on employees within care and NHS settings during the covid pandemic, including exaggeration of covid bed occupancy and hospitalisation, such pressure is unethical and contrary to the standards the public expect in public health settings.

Please feel free to contact me directly for any further clarification, in the meantime we have copied in the relevant regulators who no doubt will conduct a full and independent and robust enquiry into the issues raised in this letter.

I look forward to hearing from you with a full response to the points raised.

Yours sincerely

Philip Hyland
Principal
PJH Law
Solicitors

Cc Cressida Dick, Metropolitan Police

Cc Charlie Massey Chief Executive GMC

Cc Kathryn Stone OBE, Commissioner for Parliamentary Standards

Cc Lindsay Hoyle, Speaker of The House of Commons