xxxx

Date:

Xxxx
Xxxx
Xxxx
Xxxx
xxxx

Dear Sir or Madam,

SERIOUS COMPLAINT
NOTICE OF LIABILITY FOR POSSIBLE 'VACCINE' ADVERSE EFFECTS AND DEATH
BREACH OF THE NUREMBERG CODE (1947)
MULTIPLE HEALTH PROFESSIONALS COMMITTING NONFEASANCE IN PUBLIC OFFICE

I received the first Pfizer BioNtech 'vaccine' on approximately 21 February 2021, and I was extremely ill afterward. I have asthma and have been unable to sought inhalers because of COVID. I also have an auto-immune disorder called Celiac disease.

Please provide me a letter in writing as to why several vaccine protocols were ignored, in my case before receiving the first Pfizer 'vaccine'?

1. I was not informed that the Pfizer 'vaccine' is not an actual traditional vaccine of a dose of the SARS-CoV-2 that provides an immune response? According to the Government Paper: Consultation Paper: Changes to Human Medicine to Support the Rollout of COVID-19 Vaccines, they are called biotechnological medicine. What is biotechnological medicine and why was this not explained to me properly? What is a messenger RNA and since they have never before been used on humans, why was this urgent information not shared with me prior to receiving the first Pfizer jab?
2. Why was I not informed that the 'vaccines' have only an Emergency Use Authorisation?
3. Why was I not provided details of the vaccine adverse effects, which as of 21 March 2021, was 116627 and 283 deaths for the Pfizer jab?
4. Why was I not informed that the 'vaccine' manufacturer has full immunity from vaccine adverse effects and death?
5. What has the first dose done to my body and what if this causes further complications to my already weakened immune system from my celiac disease?
6. Why was I not informed that this 'vaccine' is experimental, and I am part of a medical experiment, which must receive full voluntary consent after full truth has been explained. I was threatened with being 'sectioned' by two health professionals, and this is a clear breach of The Nuremberg Code (1947) – see below.

Since the current statistics of MHRA vaccine adverse reactions up to 21 April 2021 stand at **149082** total reaction for Pfizer and **347 deaths**, this is not a small number, would you agree? This is substantial and places my life at risk? I was extremely ill from the first Pfizer jab, of which I had to attend hospital twice, and I was not properly screened for vaccine adverse reactions, nor were they recorded by the health professional.

It is medically unethical and dangerous to provide millions of people with no factual truth as this is a breach of the Nuremberg Code (1947}, which states that voluntary consent of the human subject is absolutely essential when taking part in permissible medical experiments. It is the **tort of nonfeasance and medical malpractice** for a health professional to fail to do something that they are legally responsible to do. It is an intentional failure to live up to one's legal or moral duty in a given situation, a refusal to fulfil one's obligation.

Since the COVID-19 is being labelled as a vaccine to the general public, there are certain protocols to adhere to, which were ignored in my case.

Green Book Chapter 2 states:

Consent must be obtained before starting any treatment or physical investigation or before providing personal care for a patient. This includes the administration of all vaccines. The guidance in this chapter is based both on the current legal position and the standards expected of health professionals by their regulatory bodies. The individual must be informed about the process, benefits and risks of immunisation and be able to communicate their decision. Information given should be relevant to the individual patient, properly explained and questions should be answered fully.

WHAT INFORMATION SHOULD BE PROVIDED

Individuals, or those giving consent on their behalf, must be given enough information to enable them to make a decision before they can give consent. **This should include information about the process, benefits and risks of the immunisation(s).**

The four UK countries provide a wide range of information, including leaflets, posters, videos, information packs, factsheets, and websites to support all aspects of the immunisation programme. This information is based on the current scientific evidence and clinical advice and will have been tested on relevant population groups.

Written or verbal information should be available in a form that can be easily understood by the individual who will be giving the consent. Where English is not the first language, translations and properly recognised interpreters should be used.

Consent is valid if the individual, or person providing consent, is offered as much information as they reasonably need to make their decision, and in a form that they can understand. Case law on this area is evolving – more detail can be found at www.dh.gov.uk/consent (strangely this link has now disappeared).

Health professionals should ensure that the individual (or those giving consent on their behalf) fully understands which immunisation(s) are to be administered; the disease(s) against which they will protect; the risks of not proceeding; the side effects that may occur and how these should be dealt with; and any follow-up action required.

In line with current data protection and Caldicott guidance, individuals should also be informed about how data on immunisation will be stored, who will be able to access that information and how that data may be used. It is important to emphasise that such information is used to monitor the safety and efficacy of the current vaccination programmes.

None of the above was followed in my case and since two health professionals have threatened to 'section' me for not receiving the second Pfizer 'vaccine' for 'not being in the right frame of mind' please note that I am holding you fully liable for my medical mistreatment and illegal coercion, in breach of the Nuremberg Code (1947) and possible attempted murder. The additional anxiety that has been put upon me, especially as you know I am a vulnerable adult, is medically and ethically wrong. NHS have a duty of care and are failing to administer this.

Page 28 of COVID-19 vaccination programme, information for healthcare practitioners states

When working to some or all of the protocol, registered healthcare workers are responsible and accountable for their practice. They are accountable to their regulatory body and to their employer. When administering vaccines under the protocol, non-registered healthcare workers are accountable to their employer. Their employer is responsible for ensuring they are suitably trained, have completed the necessary competency assessment and are provided with an appropriate level of supervision when carrying out their duties under the protocol.

Page 29 of COVID-19 vaccination programme, information for healthcare practitioner's states:

Consent

Before giving a COVID-19 vaccine, vaccinators must ensure that they have obtained Informed consent from the individual or a person legally able to act on the person's behalf, and that this has been recorded appropriately. Where a person lacks the capacity to consent at the time of vaccination, in accordance with the Mental Capacity Act 2005, a decision to vaccinate may be made in the individual's best interests. Obtaining consent is discussed in Chapter 2 of "Immunisation against infection disease" (the Green Book).

Best interest decisions are discussed below

Administering COVID-19 vaccine to individuals without the mental capacity to consent.

If offering a COVID-19 vaccine to someone who may lack the mental capacity to consent, in the first instance, all practicable steps should be taken to support the person to make the decision for themselves. Where it has been established that the person lacks capacity to consent, a best interests decision should be taken in line with the best interest checklist in Section 4 of the Mental Capacity Act. This means that the decision-maker must consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family and what the person would have wanted if they had the capacity to make the decision themselves. The decision maker should make a record of their best interests decision. Best interests decisions should be made on an individual basis. Where appropriate, the person's advocates or those with power of attorney should be consulted, and if there is a deputy or attorney with relevant authority then consent must be sought from them to be able to make a decision on the person's behalf to receive the vaccination. If there are any issues or uncertainties when making a best interests decision, ask for advice from an experienced colleague.

Failure to follow the above protocols are in breach of the Nuremberg Code (1947)

The Nuremberg Code (1947)

Permissible Medical Experiments

The great weight of the evidence before us to effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.
2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

I have the mental capacity to make an informed decision, and had I been told truthfully that I was participating in a medical experiment with the risk of injury and possible death I would NOT have taken the vaccine, as there is no evidence it stops the transmission of COVID-19. Correct protocol is not being carried out and there is data from whistleblowers who confirm this, should I be forced take legal action against you for medical malpractice and nonfeasance.

Not enough data is present for these mRNA vaccines, and vaccines normally take up to ten years to prove their safety. SARS is an infectious disease, while SARS-Cov-2 that leads to COVID-19 is not. It was downgraded as no longer a high consequence infectious disease on 19 March 2020 and is labelled as so on the Government website. The PCR test and the rapid lateral flow tests prove no infections, as 67 percent of the RT-PCR tests were false positives.

I do not consent to the lateral flow test or the RT-PCR test, as these are not tests that can detect infection and I will not be used to participate in the figures of a possible future lockdown. Again, I have evidence of this data fraud should I be forced to take legal action. I am medically exempt from the face mask because I have asthma. Please refrain from any bullying or coercion.

Please provide the contact name of the vaccine supervisor or relevant person in regarding to this serious complaint. I look forward to a written response to my above six points. A copy will be sent to my GP.

Yours faithfully,

xxxxxx

Cc xxxxx