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Jane Connors
Assistant Deputy Metropolitan Police Commissioner

By email:

014/PH/2477/
25 February 2022

Dear Ms Connors

Re: Crime Reference Number:6029679/21

I am instructed by Doctor Sam White to request that you review your decision to take no further action in relation to the above crime reference number [CRN].

The letter is an open letter given the public interest in the issues raised as well as the need for transparency.

The Complainants have 80 years of unblemished regulated service in regulated professions. Since reporting the crimes and obtaining a CRN, the Complainants have had untrue statements made about them in the mainstream media. All Complainants have reason to believe that their personal safety is under threat.

All Complainants have reason to believe that concerted attempts are being made to undermine and denigrate the messengers rather than deal with the message.

The letter covers the following:

1. An accurate chronology of events for the record as communications from the press office of the Metropolitan Police [the Met] have not aligned with the facts known to the Complainants and have not aligned with what the Complainants have been informed by Police Officers at Hammersmith Police station.

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2. Whether the evidential threshold was met for the Met to take action.

3. A rebuttal of statements made by the Met. The statements made by the Met in our view are designed to frame the CRN and the Complainants in a particular way.

4. Whether any Police Officers have misconducted themselves by their actions and or omissions.

1. Chronology:

Your press release is inaccurate as to what crimes were reported and what evidence was supplied.

1. On 20 December 2021 Doctor Sam White, Philip Hyland, Solicitor, Mark Sexton, retired Police Officer, and Lois Bayliss, Solicitor, [the Complainants] attended Hammersmith Police Station. The crimes of serious misconduct in public office, gross negligence causing injury and death, and or corporate manslaughter were reported. The reported crimes covered the government's response to the pandemic declared by the WHO in March 2020. The details of the reported crimes in summary were:

    a. Scientists in the UK being complicit in and or assisting with the creation of a gain of function spike protein in Wuhan, China. The creation of such a spike protein breaches International Conventions on bioweapons.

    b. A grossly negligent failure by government to evidence that a virus has been purified and isolated.

    c. The grossly negligent authorisation and use of PCR and LFT tests as a method to identify whether an individual has a live SARS CoV2 infection.

d. The requirement to take LFT and or PCR tests without clinical diagnosis to access goods and services in breach of the fundamental human right to decline a medical intervention without penalty.

e. The grossly negligent presentation of data which had the effect of inflating the material risk posed by SARS CoV2.

f. The grossly negligent and unprecedented use of non-pharmaceutical interventions such as lockdowns which had little or no benefit but caused harm, loss, suffering and death.

g. The grossly negligent and or corrupt suppression of safe and effective therapeutics such as Ivermectin and HCQ and Zinc. Safe and effective alternatives were suppressed in order to maintain the declared emergency status as well as pave the way for emergency use authorised SARS CoV2 injections.

h. The grossly negligent failure to communicate the benefits of Vitamin D and or the immune system. The NICE Covid-19 rapid guidance stating that Vitamin D should not be used solely to treat Covid-19, except as part of a clinical trial. Clinical trials for Vitamin D were not undertaken or funded. It is clear that Vitamin D deficiency translates to increased morbidity and mortality in Covid-19 patients.

i. The misuse of clinical pathways such as Remdesivir and Midazolam.

j. The misuse and abuse of government communications, nudging and psychology which had the reasonably foreseeable impact of causing psychiatric harm and division within England and Wales.

k. Abuse of statutory powers by the GMC to silence Doctors who spoke out against the harms being caused and the risks posed to patients.

l. The negligent authorisation and roll out of the SARS CoV2 injections where the regulator has failed to act on known and realised risks and taken no or inadequate steps to suspend authorisation to investigate those risks.

m. That the conflicts of interest of those making decisions suggested corruption at worst and undue influence at best. The Police were requested to investigate direct and indirect financial interests of those making the decisions. A report was made that information had been received by one Complainant that one cabinet minister is said to have borrowed £500,000.00 from a Russian Investment Bank to buy Moderna shares in 2019.

n. That the Guidance on the SARS CoV2 injections issued by the Department of Health and Social Care unlawfully breached the fundamental human right of every citizen resident in England and Wales. The breach was the unlawful fettering of each citizen's right to decline treatment without penalty. The Guidance inverted the human rights of citizens by requiring a citizen to request an exemption from having an injection. An exemption was very difficult to obtain. The position in law is that the clinician has to ask the citizen for consent for a medical intervention. Exemption from all medical interventions is the default position. The Guidance therefore exerted unlawful third party influence on citizens to have an injection that many citizens did not want or need. Many care home and NHS workers had the injection to keep a job. This pressure and unlawful undue influence caused psychiatric injury, harm and or economic losses.

2. Perpetrators were named to the Police Officer and a request was made to investigate any links those perpetrators had with Common Purpose, the freemasons and the World Economic Forum as the Complainants had cogent information that all these groups were complicit.

3. Having heard the evidence the Police Officer was satisfied on the balance of probabilities that crimes had been committed and issued a CRN.

4. Contrary to what has been reported by the Metropoliltan Police, the BBC, Full Fact and Reuters no evidence was handed over on 20 December 2021 other than a list of names of witnesses who had agreed that they could be contacted to give the Police information. These witnesses included Robert F Kennedy Junior, Doctor Peter McCullough, Doctor Pierre Kory, Professor Sucharit Bhakdi and over 40 other eminent academics, scientists and clinicians.

5. On 24 December 2021 the Complainants were supplied with a secure Metropolitan Police document upload facility [DUF] by a Detective from Hammersmith CID. This upload facility is still open as at 25 February 2022.

6. On 5 January 2022 Mark Sexton attended Hammersmith Police station and verbalised the details of the reference made to the International Criminal Court [ICC] by Mark Sexton and others on 6 December 2021 under ICC reference number: OTP-CR-473-21. Mark Sexton made reports of breaches of International law and Convention Rights. A further 21 offences were identified and recorded. 1100 pages of evidence were also accepted by the detectives. Perpetrators were named including media organisations who have suppressed the facts and smeared those who have questioned the narrative. Mark Sexton was informed by the Police Officers that this was one of the biggest crimes recorded and investigations were ongoing. Mr Sexton was also informed that the investigation is so big that outside agencies would be considered for some of the investigative work.

7. On 13 January 2022 Mark Sexton attended Hammersmith Police station and handed in 115 witness statements. Mark Sexton was informed by a member of CID that a Detective Chief Inspector was in charge of the investigation.

8. On 25 January 2022 PJH Law Solicitors wrote to Cressida Dick, Met Commissioner, requesting that an adequate number of Police Officers should be assigned to the CRN and pointing out a number of conflicts of interest at the senior level of the Met and requesting that those identified as having a conflict have no access to the CRN file and take no decisions in relation to the CRN.

9. On 27 January 2022 the Complainants and JJ, a journalist and researcher, attended Hammersmith Police station and verbalised in more detail the suppression of HCQ and zinc.

10. On 28 January 2022 Mark Sexton submitted a lengthy complaint to the IOPC against Warwickshire Police Force, the Met, and West Midlands Police. This complaint was acknowledged on 4 February 2022. The IOPC sent the complaint to the three forces on the same day and the Police forces were given 15 working days until 28 February 2022 to respond.

11. On 7 February PJH Law Solicitors wrote to Hammersmith CID stating that there was sufficient evidence to arrest, caution and interview a very senior Police Officer at the Met for serious misconduct in public office.

12. On 10 February 2022 Philip Hyland from PJH Law Solicitors received a telephone call from the Met in connection with correspondence recieved asking what outcome was wanted.

13. On 12 February 2022 the Complainants attended Hammersmith Police station and explained that a lab analysis of a number of SARS Cov2 injection vials had been conducted and that analysis showed the presence of graphene, graphene oxide and carbon. Such materials are not listed as ingredients of any SARS CoV2 injection and are not authorised by any regulator. It was reported that Japan suspended the use of Moderna's SARS CoV2 injection following a similar analysis.[1] The Police Officer who attended confirmed that an investigation was ongoing and that over 70 pages of case notes generated by detectives were on file.

14. On each visit in 2022 one or more of the Complainants were informed by the Police Officer who attended them that an investigation was ongoing.

[1] https://www.bbc.com/news/world-asia-58405210

15. On 22 February 2022 all the Complainants received a letter dated 21 February 2022 from a Detective Superintendent stating that no further action would be taken by the Met in relation to the CRN. The Complainants were unaware that a Detective Superintendent had been assigned to the CRN.

16. Between 20 December and 22 February 2022 a substantial volume of evidence has been uploaded to the DUF on all strands of the crimes recorded under the CRN. The following were uploaded to the DUF:

    1. Witness statements from experts.
    2. Witness statements from whistle blowers.
    3. Witness statements from eye witnesses.
    4. Witness statements from Doctors.
    5. Witness statements from workers suffering psychiatric injury and harm to their well being through unlawful undue influence and the exertion of third party pressure to have a SARS CoV2 injection or lose their income and or vocation and or career and or participation on an undergraduate course.
    6. Witness statements from victims.
    7. Documents to support the recorded crimes.
    8. Videos.
    9. The independent laboratory analysis showing the presence of graphene, graphene oxide and carbon in vials of SARS CoV2 injections.

2. **Evidential Threshold**:

It is the Complainants' view that the evidential threshold has been met to at least arrest, caution and interview named suspects.

It may be helpful to remind ourselves of the constituent components of the offences alleged when the CRN was issued on 20 December 2021.

The crime of serious misconduct in public office is defined as a public officer acting as such; wilfully neglects to perform his or her duty and/or wilfully misconducts him or herself; to such a degree as to amount to an abuse of the public's trust in the office holder; without reasonable excuse or justification.

The crime of gross negligence is the conscious and voluntary disregard of the need to use reasonable care, which is likely to cause foreseeable grave injury or harm to persons, property, or both.

The crime of corporate manslaughter is defined as the defendant is a qualifying organisation and the organisation owed a relevant duty of care to the deceased; there was a gross breach of that duty by the organisation; the way in which its activities were managed or organised by its senior management was a substantial element in the breach; and the gross breach of the organisation's duty caused or contributed to the death.

In the Complainants' view the evidential threshold was met and this view was arrived at by talking to former Police Officers and benchmarking the evidence supplied against the constitutuent components of the crimes reported.

The Complainants fully accept that the crime suspects may have explanations for their actions and omissions and that any individual accused of a crime is presumed innocent.

If we take three strands of the CRN as an illustration.

a) **Strand 1 g) Suppression of safe and effective therapeutics**:

Ivermectin: **Facts not in dispute**:

a. Ivermectin is very safe. Ivermectin has 6195 adverse events recorded at the WHO since 1993 as at 24 February 2022[2] [3].

[2] https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC3043740/

[3] http://www.vigiaccess.org/

b. Ivermectin has substantial clinical evidence to prove safety and efficacy for the prevention of symptoms and the treatment of symptoms of SARS CoV2.[4]

c. Witness statements were uploaded to the DUF from Doctors Pierre Kory and Peter McCullough detailing the safety and efficacy of Ivermectin for patients at the early onset of SARS CoV2 symptoms.

d. A witness statement was uploaded to the DUF from Doctor Tess Lawrie an eminent and **independent** evidence based medicine scientist detailing her research on Ivermectin and correspondence with Government ministers and officials in early 2021. Doctor Lawrie has no conflicts of interest.

e. Video evidence was uploaded to the DUF showing Doctor Tess Lawrie's video call with Doctor Andrew Hill where Doctor Hill was questioned on why he had not recommended Ivermectin, despite the evidence and despite being positive about Ivermectin's safety and efficacy in correspondence. [5]

f. Correspondence between Doctor Tess Lawrie and Doctor Andrew Hill was uploaded to the DUF.

g. Doctor Andrew Hill is associated with Liverpool University as a Senior Visiting Research Fellow.[6]

h. Doctor Andrew Hill is an advisor to the Bill and Melinda Gates Foundation [BAMGF].

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[4] https://ivmmeta.com/

[5]https://www.conservativewoman.co.uk/the-vaccine-gold-rush-and-the-damning-ivermectin-tape/

[6] https://www.researchgate.net/profile/Andrew-Hill

i. Liverpool University received $40 million from UNITAID which is funded by the BAMGF.[7]

j. The MHRA has been sponsored by the BAMGF. [8]

k. That the BAMGF provided grant funding for Moderna.[9]

l. Moderna patented a genetic sequence in 2017 that matches with one found in the spike protein said to cause SARS CoV2. [10]

m. That NICE and or the MHRA relied on Doctor Andrew Hill's recommendation despite that recommendation not being backed by a peer reviewed paper and despite the acknowledged pressure from a sponsor.

n. That Doctor Lawrie's written evidence to the Parliamentary select committee detailed that senior officials, ministers and MPs refused to answer concerns over the non-approval of Ivermectin, in particular concerns that the Government and officals had ignored their own guidelines. [11]

o. That Bill Gates is an investor in vaccines and expects a 20 fold return. [12]

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[7] https://unitaid.org/news-blog/unitaid-funding-sees-launch-of-worlds-first-long-acting-medicines-centre-at-university-of-liverpool/#en

[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.modernatx.com/ecosystem/strategic-collaborators/foundations-advancing-mrna-science-and-research

[10] https://pubchem.ncbi.nlm.nih.gov/patent/US9587003#section=Full-Text

[11] https://committees.parliament.uk/writtenevidence/36858/pdf/

[12] https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html

p. That Bill Gates has been seen in the company of many UK politicians and is associated with the WEF as are many UK politicians.[13]

q. That part of the CRN was an unverified claim that a cabinet minister had borrowed £500,000.00 from a Russian Investment Bank to buy shares in Moderna.

r. Had Ivermectin been authorised for treatment of SARS CoV2 there would have been no need for an emergency use authorised SARS CoV2 injection.

s. Had Ivermectin been approved the adverse events from SARS CoV2 injections including death and injuries recorded on the MHRA's yellow card system would have been avoided.

t. Had Ivermectin been authorised for treatment of SARS CoV2 the emergency declared by the Government could have ended thereby avoiding the collateral health and economic harms of lockdowns.

Strand 1 g) Suppression of safe and effective therapeutics

HCQ and Zinc: Facts not in dispute:

1. HCQ has a very safe profile with 33485 adverse events recorded at Vigiaccess since 1968 as at 24 February 2022.

2. There is substantial clinical evidence that HCQ and Zinc is safe and effective prophylaxsis and or early treatment for SARS CoV2.

[13] https://www.weforum.org/agenda/authors/bill-gates

3. Expert evidence was uploaded via the DUF demonstrating the safety and efficacy of HCQ and Zinc from the Zelenko, Raoult and American Front Line Doctors protocols.[14] [15]

4. The MHRA and or NICE declined to authorise HCQ and Zinc based on the results of the Horby and Landray HCQ trial.

5. The Horby and Landray clinical trial protocol was flawed as the dosage for the trial was set at 2400mg per 24 hours and the dosage was applied at the wrong stage of disease progression.

6. The safe dosage of HCQ is between 200 and 400mg.[16]

7. A contact name and address was given to you of a person who had written to the Principal Investigators of the Recovery Trial, Professors Landray and Horby. That letter pointed out before the clinical trial commenced that the dosage was too high and potentially dangerous. These concerns were not adequately addressed in response.

8. The HCQ trial was directly or indirectly sponsored by BAMGF as well as the Wellcome Trust.

9. More patients died on the non-placebo arm of the trial than on the placebo arm.

[14] https://c19study.com

[15] https://hcqmeta.com/

[16] https://bnf.nice.org.uk/drug/hydroxychloroquine-sulfate.html

10. The HCQ trial has been extensively reported in the international press as a national scandal. Up to 90 patients died in NHS hospitals from what is described as a toxic overdose. The clinical trial set a record for the number of patients dying on the non-placebo arm, put at 27% or approximately 90 deaths of which between 18 and 48 deaths can be attributed to the overdose. [17] [18] [19] [20] [21] [22] [23] [24] [25].

11. HCQ if given at regular dosage of 200 to 800mg per 24 hours is not toxic. [26]

12. An HCQ study that was published by the Lancet had to be retracted. [27]

13. The Met were given contact details of relevant witnesses as well as a summary of evidence those witnesses had including audio recordings. Experts were prepared to travel from France to meet with the Met.

14. The Met was informed by a witness, JJ, a person who takes HCQ daily for a chronic condition for over 15 years, that a dosage of 2400 mg would have hospitalised her, despite her HCQ tolerance built up over 15 years.

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[17] https://www.fortunejournals.com/articles/shunt-due-to-hydroxychloroquine-sublethal-dosage-resulted-in-excess-transfer-to-mechanical-ventilation-and-death-in-hospitalized-p.htm

[18] https://www.francesoir.fr/politique-monde/oxford-etude-recovery-ou-sont-les-mort

[19] https://www.francesoir.fr/societe-science-tech/oxford-recovery-are-data-hiding-death

[20] https://www.nejm.org/doi/full/10.1056/NEJMc2035374

[21] https://www.francesoir.fr/politique-monde/oxford-recovery-good-news-decoy-hide-inconsistencies-and-serious-faults

[22] https://www.francesoir.fr/politique-monde/oxford-recovery-et-solidarity-overdosage-two-clinical-trials-acts-considered

[23] https://youtu.be/GojPyrYIlPw

[24] https://www.skynews.com.au/details/_6194885914001

[25] https://www.palmerfoundation.com.au/systemic-discouragement-of-hydroxychloroquine-is-a-national-scandal/

[26] https://www.fortunejournals.com/articles/shunt-due-to-hydroxychloroquine-sublethal-dosage-resulted-in-excess-transfer-to-mechanical-ventilation-and-death-in-hospitalized-p.htm

[27] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext

15. That the Police have often charged care workers and clinicians where death has arisen because of a grossly negligent administration of an incorrect dose which causes death.

16. Robert F Kennedy Junior has detailed the criminality of the suppression of safe and effective therapeutics in his book on Doctor Fauci and has also detailed the regulatory capture involved where those taking the decisions stood to benefit directly and indirectly from the decisions taken. [28]

It is our view that the failure to approve and or authorise Ivermectin and or HCQ and Zinc for use in the early treatment of SARS CoV2 amounts to a crime.

The failure to approve and or authorise was despite the clinical evidence of safety and efficacy from independent sources and despite ample evidence of safety and efficacy in clinic.

Both therapeutics are safe when dosed correctly.

Both therapeutics have excellent safety profiles established over 30 and 50 years respectively.

When considering authorisation of therapies the MHRA should have patient safety at the forefront of their considerations. The MHRA should also be alive to the possibility that commercial interests may skew scientific research.

There is ample evidence that what happened with Ivermectin, HCQ and Zinc is a pattern of criminality where safe and effective treatments are denied to the public in favour of new therapies which are more lucrative but lack the safety profile. Robert F Kennedy has detailed the similarities between the approval of AZT for AIDS and the suppression of cheaper and safer alternatives and the approval of SARS CoV2 injections and the suppression of safe and effective alternatives.

[28] https://www.spin.com/2022/01/robert-f-kennedy-jr-interview-2022/

There is ample evidence that the funders of HCQ and Ivermectin research relied on by the regulators benefitted from the outcomes of the research. A regulator properly conducting itself should have been alive to the possibility that the funders of the research required the outcome that was delivered by the research and should have identified the conflicts of interest present. No regulator and or government official properly conducting themselves could have relied on the Landray/Horby trial as the dosage was obviously too high and dangerously so.

Had the regulator conducted itself properly then one or both of the Ivermectin and or HCQ and Zinc would have been authorised and that authorisation would have prevented the following which were all avoidable:

1. The harms and losses associated with lockdowns.
2. The huge number of SARS CoV2 injection adverse events logged with Vigiaccess.

Strand 1 l) The grossly negligent authorisation and roll out of of SARS CoV2 injections:

Any investigation of the SARS CoV2 injection authorisation and roll out cannot be sensibly considered in isolation.

Informed consent requires alternatives to be explained and considered. If alternatives have not been authorised despite the evidence, any investigative review has to look at that context. In order for the SARS CoV2 injections to be emergency use authorised there has to be no available effective therapeutic.

If there is an available therapeutic there is no emergency and no emergency use authorisation. There is a common denominator on the funding of research which knocked out the alternatives, the BAMGF. That fact in and of itself should have raised major alarm bells and red flags.

The circumstances surrounding how the alternatives Ivermectin and HCQ were discarded are crucial for understanding the process of authorisation and roll out for the SARS CoV2 injections.

From the evidence presented there are major concerns surrounding why these alternatives were not authorised. It is apparent that Ivermectin, HCQ and Zinc had different and higher standards applied to them than the SARS CoV2 injections. HCQ was not authorised following 90 deaths on a trial conducted at a toxic dose, yet over 2000 deaths are reported on the yellow card system from the SARS CoV2 injections. It is accepted by the MHRA that the yellow card system only records 10% of all adverse events. Deaths from SARS Cov2 injections appear to be a matter of grossly negligent indifference to the regulator.

Authorisation:

a. Pfizer has a record fine for criminal conduct involving fraud.[29]

b. The mRNA mode of action is novel.[30]

c. The mRNA mode of action is described as gene therapy and usually requires years of follow up studies.[31]

d. The mRNA is described as an operating system on the Moderna website; " *we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that is can plug and play interchangeably with different programs. In our case the "program" or "app" is our mRNA drug – the unique mRNA sequence that codes for a protein*." [31]

[29] https://www.theguardian.com/business/2009/sep/02/pfizer-drugs-us-criminal-fine

[30] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

[31] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

[31] https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development

e. At the point of authorisation the time from proof of concept to authorisation was 9 months.

f. At the point of authorisation the MHRA knew or should have known that there was evidence that the spike protein was man made and the makers and or funders of the makers of the spike protein may be the same group of people who stood to benefit from a vaccine that incorporated a patented spike protein. That group of people also stood to benefit from the elimination of the competition, Ivermectin and HCQ and zinc. The evidence supplied to the Met supports the interpretation that the group of people who created the problem, the spike protein, also funded the solution, the SARS Cov2 injection. That same group of people also funded the research that elimnated the safe and effective alternatives that constituted the competition and a barrier to emergency use authorisation of the SARS CoV2 injections, the injections that they had funded and invested susbtantial sums of money in. This modus operandi has the hallmarks of an illegal cartel that has captured the regulator and puts money ahead of the lives and health of the public.

g. Expert witness Hedley Rees provided a witness statement uploaded via the DUF which stated that in his opinion 12 years was the average time between proof of concept and authorisation for a biologic drug or therapy and that 9 months was too short a time to conduct adequate trials.

h. Expert witness Hedley Rees stated that in his opinion the MHRA did not have the requisite experience to consider the authrorisation application.

i. The civil servants at the European Medicines Agency [EMA] leaked documents which were then uploaded via the DUF which showed substantial concerns relating to any authorisation. Nine objections to authorisation were identified in November 2020 including the fact that the vaccine product used for the clinical trials would not necessarily be the same product administered to the public.

j. Expert evidence was uploaded to the DUF detailing the flaws in the design of the SARS CoV2 trial protocols.

k. The Pfizer trial protocol enrolled trial participants based on one symptom and the results of a PCR test, which is itself inherently flawed. Statements were uploaded from two scientists involved in the Corman Drosten review.

l. An expert statement from Professor Sucharit Bhakdi detailing the mRNA mode of action as eliciting the wrong immune response meaning that ADE is likely to result.

m. There is no evidence that a bio-distribution study was considered by the MHRA. Had a bio-distribution been considered it is probable that the SARS CoV2 would not have been authorised given the findings of the Japanese bio-distribution as well as expert evidence from Doctor Bryam Brindle and Professor Arne Burkhardt detailing his pathology findings and build up of spike proteins in body organs.

n. Until follow up safety studies are complete the SARS CoV2 injections are still in clinical trial under the Medicines for Human Use (Clinical Trials) Regulations 2004. [32]

o. The duty of care is higher and the standards for informed consent are stricter where the drug is still in clinical trial and involves a novel or experimental mode of action.

Post-authorisation:

p. The number of deaths recorded on the VAERS system post SARS CoV2 injection is 91 times higher than the number of deaths recorded post flu vaccine.

[32] https://www.legislation.gov.uk/uksi/2004/1031/contents/made

q. The Met has whistle blower evidence from staff in the NHS detailling the lack of training in and awareness of reporting adverse events via the yellow card system.

r. The Met has evidence of the lack of advertising of the yellow card system to victims of adverse events.

s. The Met has whistle blower evidence from GPs detailing the lack of training in and awareness of reporting adverse events via the yellow card system. The GPs have reported seeing statistically significant increases of rare diseases as well as aggressive cancers.

t. The Met has expert pathology reports showing the build up of spike proteins in the organs of 17 deceased and vaccinated persons.

u. The Met has evidence that the Japanese bio-distribution study was brought to the attention of the MHRA in July 2021. There is no evidence that the MHRA took any action.

v. The Met has expert evidence from an actuary and data analysyts showing that the 10% increase in all cause male mortality in some age cohorts in 2021 is 99% likely to be SARS CoV2 injection related. The Met has no evidence that the MHRA has taken any action to investigate whether the statistically significant increase in deaths in some age cohorts is SARS CoV2 injection related.

w. The Met has expert evidence that some batch numbers cause far more adverse events than others. That fact has been known since the start of the roll out and there is no evidence that the MHRA has taken any action to investigate and or suspend authorisation pending investigation. You have witness evidence from two vaccine injured both of whom received SARS CoV2 injections from batches that have a disproportionate number of adverse events.

x. The Met has evidence that the UK yellow card system is inadequate and fails to identify and or publish details of batch numbers which is vital in identifying those who have had bad batches.

y. Expert statement from Doctor Urso detailing the risk from the SARS-CoV-2 injection of ADE subsequently borne out by clinical data from the PHE and Public Health Scotland. The risk of ADE from SARS CoV2 injections was known about before authorisation yet no action has been taken to suspend authorisation pending investigation when that risk materialised.

z. A statement from a former Civil Servant on FOIs to MHRA which related to his reporting to MHRA in April and August 2021 reports of vaccine induced spontaneous abortion and hearing loss. The MHRA took no action.

aa. A statement from a member of the public confirming that she informed the MHRA of the risk the spike protein may go beyond the injection site. The MHRA took no action.

bb. A statement from a vaccine injured witness who attests to partial paralysis following a SARS-CoV2 injections, with a condition related to the spinal cord.

cc. You have expert evidence showing that there is a statistically significant increase in the incidence of pericarditis and myocarditis in some age cohorts with such an increase being well above the background rate. You have no evidence that the MHRA has taken any action to suspend and investigate this issue despite the fact that the age cohort where the increases are occurring are statistically least at risk from death or hospitalisation from SARS CoV2.

dd. You have a summary of evidence from Attorney Renz from the department of defence in USA showing that post injection roll out there

has been a statistically significant increases in many disabling conditions as well as spontaneous abortions**.**

ee. You have evidence that the Pfizer trial is alleged to have been conducted fraudulently. You were given the phone number for Brook Jackson, the whistleblower from the Clinical Research Organisation who witnessed irregularities and fraudulent activity during the Pfizer RCT.

ff. You have a copy of Brook Jackson's US court filing which sets out the alleged breaches of trial protocol.

gg. You have been given the name of a witness that can show that exclusions from one Pfizer RCT may have materially altered the results and had the exclusions not been excluded from the non-placebo arm, that arm is highly likely to have had a worse safety profile than the placebo arm. There were said to be 10 times more exclusions from the non-placebo arm than from the placebo arm.

hh. You have witness statements from women reporting menstrual problems following vaccination. You have no evidence that the MHRA has followed up on reports of menstrual and fertility concerns reported to the MHRA. The Japanese bio-idstribution study reported spike proteins being found in the ovaries.

ii. Irregularities in the Pfizer trial were known about since at least 2 November 2021 as those concerns were published in the BMJ. You have no evidence that the MHRA took any action to suspend the authorisation pending investigation of those concerns.

jj. You have a laboratory analysis report showing the presence of graphene, graphene oxide and carbon in SARS CoV2 injections. None of these materials are authorised or legal. All are toxic.

kk. The MHRA has or should have known about the presence of unauthorised matter in SARS CoV2 injections since at least June 2021 when reports first emerged yet has taken no action. [33]

ll. There is substantial evidence that most of these issues and concerns have been brought to the attention of legislators and members of the cabinet by members of the public but no evidence that any action has been taken.

mm. There is evidence supplied that the SARS CoV2 injections appeared to have negative efficacy from at least November 2021 based on figures from Public Health Scotland, withdrawing the product at that point would have carried little or no risk.

nn. There is substantial evidence that proof of vaccination is a political issue and required for the introduction of digital identities and that such a concept was initiated in 2019.

oo. That exerting undue influence on citizens to have an injection is unlawful, particularly where the objective is political and or commercial rather than health related.

From the evidence supplied to the Met it is clear that:

1. There is evidence that the process of authorisation was grossly negligent as:

    a. The clinical trial protocol was flawed including being unblinded too early.

    b. The clinical trial process is subject to allegations of fraud.

    c. The clinical trials were run over an inadequate period of time.

[32] https://trialsitenews.com/forums/reply/65263/

d. There is no long term safety data and no basis for anyone being able to say that the SARS CoV2 injections are safe as the purpose of follow up studies is to gather data on any safety issues.

e. The raw data is only now being released and such a release is being contested by Pfizer, contesting the release of raw data infers and or implies that there is something to hide. The FDA had originally asked for 75 years to fully release Pfizer Covid-19 vaccine data to the public.

f. There is no evidence that the MHRA examined the raw data.

g. The elimination of the competition has the modus operandi of an illegal, mafia type cartel.

2. There is substantial evidence that the post roll out vigilance is either absent or conducted in a grossly negligent way as:

a. There is no evidence of any rigorous process for reporting of adverse events.

b. There are a significant number of serious adverse events reported under VAERS and the yellow card system resulting from the vaccines including a statistically signifcant increase in myocarditis and pericarditis and a statistically significant increase in death in some age cohorts. There is no evidence that the MHRA has taken any action to suspend authorisation and investigate the statistically significant increases in deaths and serious conditions, above the background rate, in some age cohorts.

c. There is substantial evidence that some vials of the SARS CoV2 injections have unauthorised and toxic materials in and materials which resulted in the product being withdrawn in one other jurisdiction, Japan.

d. There is evidence that Germany is taking legal action against Pfizer on the basis that the vials contain nanolipids (ALC-0315 and ALC – 0159)

which are substances that are not to be used on or in humans, but exclusively for research purposes.

e. There is no evidence of any rigorous process for reporting of adverse events.

f. Given that there is data that suggests the SARS CoV2 injections had negative efficacy since at least November 2021 withdrawing the products from the market at that point carried little to no risks.

3. **Rebuttal of points made by the Met Police**:

1. The Met has sought to frame the CRN as solely around suppression of information regarding the SARS CoV2 injection. That is not how the crimes were reported. The crimes that were reported are detailed at 1. In relation to the injections the crimes were based on the fact that even on the inadequate data from the yellow card system and VAERS the SARS CoV2 injections were causing injury and death to people who had very limited risk from SARS CoV2. Those people had felt compelled to have the SARS Cov2 injection based on an illegal fettering of the fundamental human right to decline a medical intervention. That fettering was implemented by the executive inverting the fundamental human right to informed consent by executive action, the issuing of guidance. It is established law that human rights cannot be removed by executive action. Instead of having the absolute right to decline a medical intervention for any reason, declining the SARS CoV2 medical intervention saw a reduction in rights to travel freely and to hold down an occupation. The government and agencies exerted unlawful undue influence on individuals' decision making. We all know someone who has had the SARS CoV2 injection to keep a job or to not have to self-isolate on return from air travel.

2. The Met has also sought to argue that the SARS CoV2 injections have been subject to "*stringent approval processes*." The Met has produced no evidence of these stringent approval processes. We assume the Met means authorisation process as the vaccines are emergency use authorised rather than approved. Any emergency use authorisation is conditional on there being

no safe and effective alternatives. The Met has failed to mention this in any public statement.

3. The evidence supplied to the Met shows that had a stringent approval process been conducted by the MHRA the fraud reported by the BMJ would have been uncovered at the approval stage rather than 9 months later. Stringent approval processes unearth fraud.

4. Further, a stringent approval process would have queried the mode of action of the SARS CoV2 injections which elicit the wrong immune response according to Professor Sucharit Bhakdi.

5. A stringent approval process would have required the production of a bio-distribution study to ensure that post-injection the spike protein remained at the injection site rather than be present in vital body organs.

6. A stringent approval process would have examined the raw RCT trial data with a fine toothed comb. The fact that Pfizer is contesting the release of the raw data suggests that there is something to hide.

7. The Met appears also not to have grasped that emergency use authorisation is subject to constant vigilance post authorisation. Regulation is constant rather than fixed.

8. Had stringent post authorisation vigilance been conducted by the MHRA the MHRA would have set up a robust adverse event reporting system. All the evidence in the Met's possession shows no such system was set up as NHS staff had not been trained in using such a system and evidence from GPs showed that yellow card reporting of adverse events was a difficult process.

9. Had stringent post authorisation vigilance been conducted by the MHRA SARS CoV2 injections would have been suspended to allow for investigation of serious adverse events, including bad batches and the presence of

unauthorised and toxic materials in vials. There is no evidence that the MHRA has taken any action to suspend authorisation pending further investigation.

10. The Met in their public statement also suggested *"In recent months, the existence of a crime reference number in relation to these allegations has been widely misrepresented as evidence of a criminal investigation or of findings of wrongdoing*". The Police Officers at Hammersmith Police station informed the Complainants on numerous occasions that an investigation was ongoing. At least two of those statements are recorded. There is no evidence that any of the Complainants have suggested that an investigation equates to findings of wrongdoing. The Complainants understand the process to be that if the evidence collected during a Police investigation is sufficient, that evidence is presented to the CPS for a decision on charging. If a suspect is charged and goes to trial a jury finds whether the evidence presented to the court establishes whether any defendant is guilty or not guilty of wrongdoing.

4. **The conduct of the certain Met Police Officers**:

The following statements are made. If you disagree with any of them please give a reason for any disagreement:

a. The Met is required to act in accordance with the law.

b. The rule of law entails we are all equal before the law.

c. In discharging the Met's duties Police Officers are:

i. Required to act without fear or favour. This means investigating any crime suspect no matter what position they hold.

ii. Required to honour their oath to uphold fundamental human rights.

iii. Required to investigate crimes involving breaches of Convention Rights.

d. The right to decline a medical intervention for any reason is a fundamental human right.

e. It is unlawful for a government and or a government agency to subject an individual to unlawful undue influence to take a medical intervention.

f. The fundamental human right to decline a medical intervention is even more important when the intervention in question is experimental, still in clinical trial and has been subject to numerous adverse events and when one of the makers of the intervention has been subject to criminal penalties for fraud.

g. That the laws on informed consent are both national and international and are International Convention rights.

h. That Met Commissioner Dick received an open letter dated 2 July 2021 to Sir Simon Stevens alleging criminal gross negligence and illegal conflicts of interest by the government in responding to the pandemic declared by the WHO. Met Commissioner Dick took no action on that letter.

i. That the Met is in receipt of many witness statements from victims who complain of being subjected to either physical or psychiatric harm as a result of inhumane and or degrading requirements to have a medical intervention which is still in clinical trial, is experimental or novel and has caused numerous reports to be made on the Yellow Card system of serious adverse events. Adverse events following an injection are recorded as 1 in 50 by a German insurer.

j. That alleged breaches of Convention Rights place a positive obligation on the Met to investigate particularly where those breaching Convention

rights are the state or agents of the state.[34] Any failure to investigate renders the Met liable for such a failure.

k. Police Officers at Hammersmith Police station informed the Complainants that an investigation was ongoing.

l. A Police Officer at Hammersmith Police station made an untrue statement on the CRN file on 27 January 2022.

m. That none of the witnesses or Complainants have been contacted by the Met to be interviewed.

n. That the Complainants have not been informed that any Police Officer has recused themselves from the investigation or evidence review owing to a conflict of interest, for example belonging to the freemasons or being a graduate of Common Purpose.

o. That senior officers within the Met have a policy to encourage vaccination of Police Officers with the SARS CoV2 injection and are therefore aligned with government policy which is subject to an ICC referral as well as a CRN. There is no evidence that that bias has been recognised.

p. That the Complainants have evidence that Police Officers who query a Police Force's policy on SARS CoV2 injections are marginalised and their detailed criticisms of the policy are not dealt with by senior officers.

q. That the Complainants have not been informed whether or not the Met has sought guidance from the Crown Prosecution Service.

[34] https://www.supremecourt.uk/cases/docs/uksc-2015-0166-press-summary.pdf

r. That senior officers within the Met have aligned themselves with and supported government policy which is now subject to both an ICC referral as well as a CRN.

s. That the first time the Complainants knew a Superintendent was allocated to the CRN was on 22 February 2022 when the Superintendent sent the letter stating that no further action was to be taken.

t. That making untrue statements to Complainants amounts to misconduct.

u. That communicating publicly that the CRN only relates to suppression of information relating to the SARS CoV2 injection amounts to misconduct.

v. That failing to investigate where there is a positive obligation to investigate amounts to misconduct.

w. That Police Officers failing to declare interests and recuse themselves from being involved in the review of evidence amounts to misconduct given that members of certain organisations such as freemasons and or Common Purpose are within scope of the CRN.

Could you come back to me with a response within 14 days on:

1. Whether you will now investigate the reported crimes under the CRN.
2. What if anything you disagree with in 4 a to w.

Many thanks and have a great weekend.

Yours sincerely

Philip Hyland
Principal