Stephen Lightfoot
Chair
MHRA
014/PH/2477

17 December 2021

Dear Mr Lightfoot,

Re: Request for Undertakings for breaches of legal obligations and breaches of duties of care.

Summary of statements of evidence prepared for an Injunction Application.

Claimants: Dr Sam White, Andrew Doyle and Debbie Webb:

I am instructed by the following claimants: Dr Sam White, Andrew Doyle and Debbie Webb in connection with your organization's role in authorizing the SARS-CoV-2 injections in the United Kingdom.

These injections are unsafe, still in clinical trial, and should be withdrawn immediately. Your failure to investigate known concerns amounts to gross negligence in office, and renders you and the executive board liable for serious misconduct in office, mal or misfeasance in public office and, or, rendering all the office holders potentially liable for corporate manslaughter in that you have been willfully blind to the known harms of the SARS-CoV-2 injections. You have taken no action. You have a lawful duty to protect the public, and you have willfully failed in that duty.

The claimants are:

Dr Sam White, herein after referred to as “Dr White”. Dr White has evidenced concerns of the lack of safety regarding the vaccine and the suppression of safe and effective therapeutics. Dr White is unable to give his patients effective advice because the MHRA has failed to authorise safe and effective treatments other than Budesonide for use by the over 50s which was recommended as a treatment in or around April 2021

https://www.thelancet.com/article/S2213-2600(21)00160-0/fulltext

Andrew Doyle, and Debbie Webb are both students at Southampton University, who are unable to go on placements by reason of the fact that they have declined consent to be injected.

Andrew Doyle, who is a second year medicine student, is facing a Fitness to Practice Hearing at Southampton University on 7 January 2022 for alleged “serious professional misconduct” for declining the injection for SARS-CoV-2. He will fail his year if he does not consent to injection. The university has given him the option of changing course

and vocation.

All the claimants are owed a duty of care by you not to misconduct yourself in office.

All the claimants are owed a duty of care by you to act on concerns raised.

All the claimants are owed a duty of care by you to ensure safe and effective medicines are authorised.

All the claimants are owed a duty of care by you to suspend authorisation of the SARS-CoV-2 injections and their clinical trials on evidence of material risk.

By failing in your duty of care you have committed a tort.

All of the claimants have suffered, and are about to suffer, immediate losses as a consequence of your tortious acts.

Damages are an inadequate remedy for loss of the ability to give patients a full range of options on therapeutics.

Damages are an inadequate remedy for the loss of a vocation and career in medicine, and in Ms Webb's case a career and vocation in podiatry.

You are in breach of your duty as you have knowingly omitted to take action to avoid the preventable, and avoidable harms of SARS-CoV-2 injections.

The known facts of the SARS-CoV-2 injections are as follows:

1. According to expert evidence relied on by the claimants the US data shows that the SARS-CoV-2 injections are 91 times deadlier than a flu injection.

2. According to expert evidence relied on by the claimants 10 batches of Pfizer SARS-CoV-2 injections are responsible for over 7% of all Vaccine Adverse Event Reporting System [VAERS] reported deaths.

3. According to expert evidence relied on by the claimants the true level of adverse events for SARS-CoV-2 injections is likely 11 times higher than that reported by the MHRA.

4. According to expert evidence relied on by the claimants nine months is insufficient time to obtain approval of a regulated injection, such injections usually take twelve years from proof of concept to use. The same expert concludes that the Conditional Marketing Authorisation (CMA) used by MHRA to approve SARS-CoV-2 vaccines in the UK does not sufficiently protect patients from harm, or even death. i Furthermore, multiples of injections, covering a large percentage of the UK population is still ongoing and the risk could involve thousands if not millions of

people.

5. According to expert evidence relied on by the claimants there is an abundant evidence base to support the approval of Ivermectin in early treatment protocols as set out in expert witness Doctor Peter McCullough's, Doctor Pierre Kory and Doctor Tess Lawrie's witness statement.

6. According to expert evidence relied on the excess deaths in young males are more likely than not to be vaccine induced.

7. According to expert evidence relied on the PCR tests were approved by the WHO in reliance on an academic paper written by Professor Drosten 3which was peer reviewed and found to be academic fraud. The WHO is itself in receipt of substantial funding by the Gates' Foundation.

I note the following:

a. The normal number of fatal adverse vaccine reports on Yellow Cards is 20, so 1,822 for Covid vaccines for 51 weeks is sufficient to show avoidable harm, given the known and agreed issue of under-reporting of adverse events..

b. The MHRA has an estimate that actual reports are made at the rate of 10%.It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported. Under-reporting coupled with a decline in reporting makes it especially important to report all suspicions of adverse drug reactions to the Yellow Card Scheme.

c. The MHRA has not published any FOI replies to the internet since the end of June (several hundred are now pending). This is an egregious breach of your legal duty to provide accurate and up to date data on safety.

d. The MHRA's statement from the weekly bulletin acknowledges that the three injections in use have quite different profiles in relation to inflammatory heart disease.

Based on reports of suspected ADRs in the UK, the overall reporting rate across all age groups for suspected myocarditis (including viral myocarditis), after both first and second dose, is 10 reports per million doses of COVID-19 Pfizer/BioNTech Vaccine and for suspected pericarditis (including viral pericarditis and infective pericarditis) the overall reporting rate is 8 reports per million doses. For COVID-19 Vaccine Moderna, the overall reporting rate for suspected myocarditis is 38 per million doses and for suspected pericarditis is 22 per million

4doses. For COVID-19 Vaccine AstraZeneca the overall reporting rate for suspected myocarditis (including viral myocarditis and infectious myocarditis) is 3 per million doses and for suspected pericarditis (including viral pericarditis) is 4 per million doses. It should be noted that more than one event can be included in each report.

I write to you to request that you will confirm in writing on or before 24 December 2021 that you undertake to do the following:

1. Stop all clinical trials of the SARS-CoV-2 injections immediately.

2. Suspend the conditional marketing authorisation [CMA] for all SARS-CoV-2 injections.

3. Suspend June Raine MBE from her post and require her to disclose all her direct and indirect financial interests in all of the products she is regulating.

4. During the suspension of the CMA require all CMA holders for SARS-CoV-2 injections to disclose the following:

a. The isolated SARS-CoV-2 purified virus sample for independent analysis with gold standards chain of custody of the evidence.

b. All safety and efficacy raw data from the start of the clinical trials to present.

c. Disclose any bio-distribution studies undertaken.

d. Publish all the ingredients of the injections.

e. Have the ingredients checked by independent researchers for toxicity with criminal standards of evidence gathering regarding chain of custody of the evidence.

5. Suspend the CMA for LFT and PCR tests.

6. During the CMA suspension authorise the use of Ivermectin and other protocols shown to be safe and effective for SARS-CoV-2.

7. Take steps to bring to the attention of NICE and all NHS Trusts concerns over any treatment protocols involving the use of Remdesivir and Midazolam in treating UK patients for SARS-CoV-2.

Should you fail to give an undertaking on the above terms in writing, I am instructed to apply to the High Court to obtain an injunction to order you to do so. Such an 5undertaking should be in writing to arrive at my offices within 7 days of the date of this

letter. Such an undertaking should also be announced at a special Christmas evening television broadcast by you as Chair of the MHRA, accompanied by an announcement published on your website and press-released to all media.

The legal basis for this request for an undertaking and any application to the High Court is straightforward.

1. The Chief Executive Officer, June Raine, holds public office.

2. As CEO of the MHRA she commands a substantial salary package of £250,000.00 per annum.

3. The public office she holds requires the MHRA to intervene where material risks of a regulated product are present and investigation is warranted.

4. The public expects the CEO to address concerns notified to her by the public and take immediate action.

5. All the SARS-CoV-2 injections are still in clinical trial under the Clinical Trial Regulations 2002.

6. It is gross misconduct not to bring to the board's attention and/or take action on concerns on safety and efficacy of the SARS-CoV-2 injections notified by the public to the MHRA.

7. You may be liable for corporate manslaughter and/or other criminal offences for omitting to rectify concerns when they were brought to your attention.

8. It is gross misconduct not to take any action when those concerns are brought to MHRA's attention.

9. Ms Raine misconducts herself in public office as she has failed to take any action when she is on notice that preventable harm is occurring. She has been on notice throughout 2021. One such example is concern over SARS-CoV-2 injection induced deaths of unborn children brought to her organisation's attention in August 2021. We note subsequent reports of increases in still births in Scotland 3 .

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/949131/Pharmacovigilance___how_the_MHRA_monitors_the_safety_of_medicines.pdf

https://www.heraldscotland.com/news/19726487.investigation-launched-abnormal-spike-newborn-baby-deaths-scotland/

10. The MHRA and Ms Raine's legal duty is to apply the precautionary principle and investigate and prevent any avoidable harm.

11. Under her contract of employment Ms Raine is required to take immediate steps to rectify any situation that is brought to her attention that causes harm.

12. A failure to act on information of avoidable harms amounts to gross negligence.

13. Throughout 2021 June Raine has been notified of serious concerns involving regulated products and has taken no action.

14. A gross dereliction of duty amounts to gross negligence which is a form of gross misconduct.

15. Adesokan v Sainsburys Supermarkets Limited in the Court of Appeal is clear on the duties of senior personnel to avoid harm and loss when brought to their attention via email or other media.

16. Misconduct in public office and or gross negligence in public office amounts to a tort as well as potentially a criminal offence, and a Police report will be made on 20 December 2021.

17. The particulars of the gross negligence and or misconduct in public office are:
a. June Raine and/or the MHRA "conditional market authorised" SARS-CoV-2 injections without:

i. Seeing evidence of an isolated virus,

ii. Without doing a proper consideration of safe and effective treatments which could be re-purposed such as Ivermectin.

Ivermectin used with great success by Doctor Peter McCullough, world renowned physician and world leader in the practice of evidence based medicine and standards of clinical and academic research excellence. His brilliance at communicating the truth makes him a historic and heroic figure and an unimpeachable witness of truth.

iii. Critically examining the raw safety and efficacy and quality Chemistry, Manufacturing and Controls (CMC) data.

iv. Considering whether the use of PCR tests or equivalent Nucleic Acid Amplification Test [NAAT] to determine who participated on

Regina v Dytham CACD ([1979] 1 QBD 722, (1979) 69 Crim App R 722)
https://www.bailii.org/ew/cases/EWCA/Civ/2017/22.html

the clinical trial was appropriate and reliable. Failing to take and action following publication of the Corman Drosten review which described the Drosten paper and subsequent use of PCR tests as academic fraud. We have expert witness evidence from Doctor Lidya Angelova, one of the authors of the review. It should be noted that the Portuguese Court of Appeal, in upholding the fundamental human rights of their citizens, found the use of PCR tests without a Doctor overseeing the process was and is unlawful as causing harm and breaching human

rights.

v. Failing to rigorously examine the toxicity tests supplied with CMA authorisation documents for all of the ingredients of the injections.

vi. Failing to publish to the public a full list of ingredients. Without information on the constituent components and or ingredients of the injections means patients do not have sufficient information on which to give informed consent. A Doctor's Hippocratic Oath includes doing no harm and not administering toxins. This point has been made by Doctor Stephen Frost. Doctor Stephen Frost also observes that post-mortems and inquests have reduced as a result of the Coronavirus Act becoming law in 2020. The rules on certifying death certificates were eased meaning certifying Doctors may have had limited knowledge of the deceased and or were relying on the results of a PCR test without further diagnosis. The increase in cremations has meant post-mortems and evidence and knowledge from pathological samples has also decreased. Mr John O'Looney, undertaker, has written to the Chief Coroner requesting that full inquests and post-mortems are immediately resumed as he has observed an increased number of deaths amongst young, previously fit and healthy, young men. We note Dr Clare Craig's expert opinion on this point. We also observe in passing the number of elite, professional athletes who have had recent publicised heart issues. Humans have an inalienable right to life and inalienable rights to bodily integrity and autonomy.

8b. Ms Raine and/or the MHRA did not suspend the clinical trials and or CMA when the following avoidable harms from the CMA SARS-CoV-2 injections were brought to her attention:

i. Death.

ii. Serious injury including myocarditis.

iii. Vaccine induced deaths of babies in utero.

iv. Issues with the clinical trial data were raised by a whistle blower on 2 November 2021 from a Clinical Research Organisation.

v. Issues with batches were known from March 2021 7 and a failure to act later caused disproportionate harms.

vi. Awareness that other jurisdictions had withdrawn authorisation of the SARS-CoV-2 injections from the market for some, if not all cohorts.

c. Ms Raine and or the MHRA continued with CMA of SARS-CoV-2 injections when she was aware of:

i. Safe and effective alternatives.

ii. The avoidable harms referred to at 2 (b).

d. Ms Raine and/or the MHRA gave CMA to PCR and LFT tests despite:

i. The known unreliability of the tests.

ii. The finding of the Corman Drosten review that found the paper to support the use of PCR tests was academic fraud, implicating the WHO and leading politicians.

iii. A court in Portugal in December 2020 finding the tests unlawful and in breach of human rights when used without a clinical diagnosis.

iv. Other jurisdictions withdrawing the products from market as unsafe and ineffective.

e. Failing to refer the following to NICE and or other regulators for investigation despite being aware of known issues in the treatment of SARS-CoV-2 with:

i. Remdesivir.

ii. Midazolam.
https://www.bmj.com/content/375/bmj.n2635
https://www.independent.co.uk/news/science/covid-pfizer-vaccine-doses-uk-latest-b1815398.html

18. The claimants are suffering loss as a result of Ms Raine's torts and her failure to prevent avoidable harms of loss including injury or death. Their statements detail the loss.

19. Dr White is suffering the loss of being unable to prescribe alternative safe and effective medicines which puts Dr White's patients at risk. Dr White has had his human rights curtailed as an individual who has not been injected. It should be noted that Dr White was subject to conditions imposed on his practice following an investigation conducted by the GMC. The High Court found the conditions unlawful, in breach of Dr White's human rights. Part of the alleged disinformation which was key to the GMC's investigation was the point made by Dr White that non-clinical masks in non-clinical settings are more than likely to cause harm. Dr White saw no robust evidence to support the policy adopted. Nor could Dr White see any benign motive for the government making face coverings a requirement unless one had a reasonable excuse when no evidence existed for face coverings making any material difference to infection

rates. Dr White noted the harms face coverings caused, the lack of safety data for the gene therapy injections and the ability of those injections to manipulate DNA and urged the use of the precautionary principle. These evidence based statements earnt Dr White a suspension from the NHS and investigation and prosecution by the GMC with Dr White banned from speaking on social media about the pandemic. Dr White applauds the judgement of HHJ Dove upholding Doctor White's human rights. Dr White deplores the conduct of the GMC who sought to pay no regard to patient safety and too much regard for political policy which may have been influenced by commercial interests, or worse charitable interests funded by businessmen who made system bugs a feature of their business model. Dr White was cancelled by social media for holding evidence based concerns about patient safety. For example we understand that neither the Cabinet Office or the HSE hold any risk assessments for face coverings. Dr White had censorship imposed by the GMC, his regulator, who have responsibility for regulating Doctors in accordance with their lawful duty to protect patients from unsafe Doctors. Dr White was silenced for pointing out that there was clinical data to support the use of safe and effective therapeutics for early treatment of symptoms associated with SARS-CoV2. Dr White now faces discrimination for withholding consent from one of the CMA authorised 10injections, the injections that carry a material risk of death or serious injury. Dr White faces discrimination for the HMRA's unconscionable failure to authorise Ivermectin and Zinc as shown to be safe and effective by Doctor Tess Lawrie, a champion of independent scientific research and evidence based medicine and as detailed extensively in Doctor Peter McCullough's witness statement. The unlawful suppression of safe and effective alternatives to injections was a point Dr White made in his letter dated 2 July 2021 blowing the whistle on alleged criminal conduct by those leading the pandemic response, including Boris Johnson. One of the allegations made was that commercial interests were likely to be influencing public health policy and the interests of big business are not always aligned with the health interests of the public. The MHRA are paid to keep the public safe from harmful medicines. Damages are an inadequate remedy in the circumstances.

20. The other claimants are at the point of being asked to leave their clinical courses at Southampton University because they are unvaccinated. Medical student Andrew Doyle has been told by his university Southampton University that he will fail his course if he does not agree to take a SARS-CoV-2 injection which is still in clinical trial. Mr Doyle is up before a Fitness to Practice Hearing for Serious Professional Misconduct on 7 January 2022 for refusing to be injected. Podiatry student, Debbie Webb, has not been given clinical placements to enable her to pass her course. We note, in passing, Southampton University's links with the Gates Foundation.

21. Damages are an inadequate remedy for all the claimants.

22. Other potential claimants from the dental profession and the NHS have asked to be joined to this action. Their statements are being prepared and attest to individuals losing a hard earnt career and being forced out of a vocation and profession for upholding their fundamental human right to decline an injection,

an injection authorised by your organisation despite the known harms and material risks. No individual should have to run the material risk of death or serious injury from an injection authorised by you where safer and more effective treatments are available.

https://www.gatesfoundation.org/about/committed-grants/2020/04/inv016631

23. Should an injunction be granted, a group litigation order will be sought from the court to accommodate the substantial number of individuals suffering losses as a result of the breaches of your legal obligations.

The statements which support this request and a court application are as follows:

1. Statement from principal claimant Dr White detailing the existence of safe and effective therapeutics including the immune system. Dr White's statement refers to his historic high court judgment lifting the restrictions imposed on his social media use. One of the points made by Doctor White is the potential for grant and sponsorship money to conflict with public health. There is clear evidence that scientific output has been tailored to meet what sponsors or governments want from the science. There is evidence that the science relied on has had errors in either the assumptions on which the computer models were based or inherent unreliability of the PCR tests used as a key data input. Data from PCR tests should only be relied on if accompanied by a clinical diagnosis. Any policy based on data drawn from PCR test data alone has been found to be unlawful by the Portuguese Appeal courts and in breach of their citizen's human rights.

2. Statements from claimants Andrew Doyle and Debbie Webb detailing the pressure they are under from Southampton University to take the injection or lose their university place and or vocation or career.

3. Expert statement for Professor Sucharit Bhakdi detailing the harms of the SARS-CoV-2 injections. In particular Professor Bhakdi states with great clarity the design of the SARS-CoV-2 injections are such that they cannot work and cause harm.

4. Expert statement from Professor Dr Arne Burkehardt, a pathologist, which details findings from the post mortems of 15 deceased but injected. The statement reads:

...Histopathological findings of similar nature were detected in organs of 14 of the 15 deceased. Most frequently afflicted were the heart (14 of 15 cases) and the lung (13 of 15 cases). Pathologic alterations were furthermore observed in the liver (2 cases), thyroid gland (Hashimoto`s Thyroiditis, 2 cases), salivary glands (Sjögren`s Syndrome; 2 cases) and brain (2 cases).
128. A number of salient aspects dominated in all affected tissues of all cases:
• inflammatory events in small blood vessels (endothelitis),

characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;
• the extensive perivascular accumulation of T-lymphocytes;
• a massive lymphocytic infiltration of surrounding non-lymphatic organs or
tissue with T-lymphocytes,

9. Lymphocytic infiltration was occasionally with signs of intense lymphocytic activation and follicle formation. If present, this was regularly accompanied by tissue destruction (9 cases).

10. This combination of multifocal, T-lymphocyte dominated pathology that clearly reflects the process of immunological self-attack is without precedent. Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals.

Expert statement from Dr Pierre Kory detailing the safe and effective clinical use of Ivermectin as well as alleged corruption of Liverpool University and or Professor Hill regarding their failure to recommend Ivermectin. Professor Hill is alleged to have agreed in a video call with Doctor Tess Lawrie that it would be difficult for Professor Hill to recommend Ivermectin as his employer and department were in receipt of funding from the Gates Foundation. A common link between the foundation and Moderna, one of the SARS-CoV-2 injections CMA injections approved by your organisation. We also observe in passing that the MHRA was itself in receipt of Gates' money. Money which can be shown to influence the academic output of Professor Hill who put the commercial pressures applied by his sponsors above what the evidence suggested was the safe and effective alternative. Dr Lawrie is alleged to have drily observed she did not know how Professor Hill could sleep.at night.

6. Expert statement from Dr Tess Lawrie detailing her letter to you regarding authorising Ivermectin and your failure to take any action on that letter. In that letter Dr Lawrie referred you to the meta study showing the safety and effectiveness of Ivermectin.

7. Expert statement from Dr Peter McCullough detailing the use of Ivermectin in clinic.

8. Expert statement from Dr Urso detailing the risk from the SARS-CoV-2 injection of ADE subsequently borne out by clinical data from the PHE. We observe the excess deaths in homes noted by Professor Heneghan.

9. Expert statement from Dr Bryan Ardis detailing the issues around Remdesivir in treatment of SARS-CoV-2 and in particular whether any symptoms previously attributed to SARS-CoV-2 are in fact attributable in full or in part to the use of Remdesivir.

10. Expert statement from Dr Clare Craig opining that the excess deaths seen in young adults is likely due to Pfizer SARS-CoV-2 injections.

11. Expert statement from Professor Dolores Cahill describing the harm, injury, adverse events and deaths reported following the SARS-CoV-2 injections in the clinical trials including those due to Immune related Adverse Events and Antibody Dependent Enhancement. Professor Cahill's opinion is that under the 'First do no Harm' and the Precautionary Principle, because of the evidence of harm, loss, adverse events, injury and death reported to men, women and children on the SARS-CoV-2 clinical trials, Professor Dolores Cahill has evoked the 'First do no Harm' and the Precautionary Principle to ask for the immediate halt to the SARS-CoV-2 injections /clinical trials.

12. Expert statement from witness identified as Marek Pawlewski MSc (data analytics expert) showing the SARS-CoV-2 injection is 91 times more deadly than the Flu injection in a year-on-year analysis based on reports of adverse events.

13. Expert statement from witness identified as Jason Morphett PhD (data analytics expert) showing that there are some Pfizer batches that account for a disproportionate number of deaths and adverse events. That in fact, 10 Lots of Pfizer/BioNTech injections account for 628 deaths. That the likelihood is that adverse events are 11 times under-reported in the UK.

14. Statement from Professor Roger Hodgkinson detailing his research into virulence of SARS-CoV-2.

15. Statement from Dr Kevin Corbett on the use of PCR both for SARS-CoV-2 and HIV.

16. Statement from Christina Massey on the failure to isolate the virus. Christine has submitted over 140 freedom of information requests to over 125 institutions and has no record of an isolated virus, including from Imperial College.

17. A statement from Doctor Julian Harris giving evidence relating to the inadequate and unsafe protocols in place at a PCR testing facility with multiple points of process where cross contamination of PCR swabs is a material risk.

18. A statement from one of the authors of peer review of the Corman Drosten review, Dr Lidiya Angelova. The conclusion of the review was that the PCR test and the academic paper it relied on was academic fraud implicating the WHO and other international politicians.

19. A statement from two nurses employed by the NHS detailing a lack of training on serious adverse event reporting as well as giving evidence on the increases in number of admitted patients with suspected vaccine induced injuries.

20. A statement from Nick Hunt former Civil Servant on FOIs to MHRA related to

his reporting to MHRA in April and August 2021 reports of alleged vaccine induced spontaneous abortion and hearing loss. The MHRA took no action.

21. 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.

22. 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.

23. Expert Statement from Hedley Rees detailing the average timescale for vaccine development is 12 years. 9 months is inadequate tome to obtain full safety and efficacy data including manufacturing processes involved in biologics and the need for constant vigilance to ensure quality is controlled and maintained. There is no published data by the MHRA relating to QC audits, and random testing of finished products.

https://www.researchgate.net/publication/346483715_External_peer_review_of_the_RTPCR_test_to_detect_SARS-CoV2_reveals_10_major_scientific_flaws_at_the_molecular_and_methodological_level_consequences_for_false_positive_results
1524.

A statement from Philip Hyland summarising the evidence before the court including those not referred to above. All of the above statements are available by download and you should email me for a link.

25. Evidence from members of the public is still arriving in related to your organisation's failure to respond to concerns highlighted. These statements will be taken and presented to the court.

26. Evidence is being gathered from a specialist detailing coercive propaganda techniques methodology and language deployed by the MHRA website particularly aimed at school children and pregnant women. This expert has analysed the website against the seven Hawking Foundation Materials used to coerce children to take the vaccine in schools. The same methodology has been deployed by the MHRA in their guidance to pregnant women.

27. Evidence is being gathered from a chartered safety specialist on the usual risk analysis which should be deployed by a regulator in these circumstances, in particular regarding pregnancies and miscarriages.

28. It is possible that other expert witnesses will give statements to any hearing. Robert Malone, Mike Yeadon and Richard Fleming have been approached.

29. Statements will be taken from Doctors David Halpin and Stephen Frost as well as funeral director, John O'Looney in advance of the application for an

injunction.

30. Ex-England Footballer Matt Le-Tissier has been approached for evidence of his knowledge of cardiac related issues in professional sports people and footballers in particular and any surrounding transparency issues relating to the professional football associations.

31. Statements have been prepared and substantially agreed, most are signed and some are pending signature. Please contact me for a link to the statements.

I look forward to hearing from you within 7 days and on or before 24 December 2021 at the latest, confirming you will be doing the following:

1. Suspending the CMA for all SARS-CoV-2 injections and immediately stop all clinical trials.

2. During the suspension requiring all CMA holders for SARS-CoV-2 injections to disclose the following:

a. The isolated virus sample to allow independent analysis and approved chain of custody.

b. All safety and efficacy raw data as well as CMC data from the start of the clinical trials to present.

c. Disclose any bio-distribution studies undertaken.

d. Disclosure of a full list of ingredients in the injections.

3. Suspending the CMA for LFT and PCR tests.

4. During the suspension authorising the use of Ivermectin and other protocols proven to be safe and effective.

5. Taking steps to bring to the attention of NICE and all NHS Trusts concerns over any treatment protocols involving the use of Remdesivir and Midazolam in treating UK patients for SARS-CoV-2.

6. Ensure that the withdrawal of the injections is announced via broadcast and print media and published on the MHRA's website on or before 24 December 2021.

17You have an opportunity to take decisive and immediate action and prevent avoidable harm under the precautionary principle and in accordance with your legal obligations.

I look forward to receiving the written undertakings by return.

This letter will be a public letter given the importance of the issues at stake.

Yours sincerely
Philip Hyland
Principal
PJH Law