9 November 2021

Notice of Legal Obligations and Potential Liabilities pertaining to Misfeasance from the UK Medical Freedom Alliance to:

UK Members of Parliament (MPs)
Members of the Scottish Parliament (MSPs)
Members of the Welsh Senedd (MSs)

This letter is being sent to you both in your personal capacity and in your capacity as a Member of Parliament. It is to place you on notice as to your duties as a public office holder and the legal position should you breach those duties.

It refers to any and all harms caused by decisions that you have made or complied with pertaining to COVID-19 vaccinations and any and all related mandates, including "vaccine passports or certification".

About us

The UK Medical Freedom Alliance is an alliance of medical professionals, scientists, solicitors and lawyers who are campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved.

COVID-19 vaccinations and your duties as public office holders

We recognise that despite mounting and persistently emerging evidence regarding concerns about the safety of COVID-19 vaccines, you continue to support the promotion for them to be administered to the British population. You have further participated in the recommendations to vaccinate pregnant women and children, despite the fact that no validated safety data exist at this point.

In your capacity as a public official, you must safeguard the population against influences that are driven by financial interests and ensure that the best interests of the people you represent are upheld at all times. Should it be found that you have misused or abused your powers while in public office, you may be subject to a claim of Misfeasance in public office. This is a civil claim and can result in you being personally liable for damages.

In addition, there is a criminal offence of Misconduct in public office should it be found that a public official has (i) wilfully neglected to perform his duty and/or wilfully misconducted himself (ii) to such a degree as to amount to an abuse of the public's trust in the office holder (iii) without reasonable excuse or justification. Serious offences can result in a custodial sentence, with the maximum sentence being life imprisonment.

Below, we append specific concerns about the safety of COVID-19 vaccines. Your actions to date have ignored these concerns, in breach of your duties as public office holders.

You have supported a policy to vaccinate first and research later. There are now overwhelming amounts of evidence prompting concerns and cause for a pause in the vaccine program. The precautionary principle applies.

Failure to apply the precautionary principle will render you complicit in the deliberate pursuit of harm to the people, including children, which may constitute both Misfeasance and Misconduct in public office.

UK Medical Freedom ALLIANCE

Lack of Safety Data and Evidence of Harms associated with COVID-19 Vaccines

Evidence of harm

1. It is now irrefutable that people of all ages, including children, have been injured and died as a result of being administered a COVID-19 vaccine, according to official reporting systems in the US (VAERS[i]), Europe (Eudravigilance[ii]) and the UK (MHRA[iii]), accounts of healthcare professionals and multiple case reports that have been circulated, especially from Israel[iv v vi vii]. **Until this is publicly acknowledged and further investigated, we cannot claim to have any idea of the extent of potential harm that is being caused in the short and long term by the COVID-19 vaccines, and it is impossible to compare those risks to those of COVID-19 disease**.

2. Many life-threatening adverse effects, such as blood clots and myocarditis[viii], have been reported, especially in young people, who statistically are at minimal risk from COVID-19 disease. The **risk of myocarditis following COVID-19 vaccination seems to be up to 200x the normal background risk**, as shown by the US CDC's Advisory Committee on Immunization Practices (ACIP) who investigated 1200 cases of vaccine-associated myocarditis and pericarditis in the US[ix]. Although many cases are described as "mild", myocarditis carries a significant long-term risk of heart failure, and may require restricted exercise and medication for several months after recovery. The heart muscle does not regenerate, and therefore, all damage, no matter how minimal, is permanent. It has now been acknowledged that there is an association between myocarditis and COVID-19 vaccines[x], and **certainly for young age groups, the dangers of COVID-19 vaccine adverse effects are likely to outweigh their benefits**[xi xii xiii xiv].

3. **Thousands of COVID-19 vaccine-related illnesses and deaths have been reported** through official databases, as mentioned above, raising serious concerns about safety.
   In the report published by the MHRA on 7 October 2021, there were **over 1.2 million adverse reactions in the UK** from 370,574 reports, some of them extremely serious, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events.
   This report includes **1698 fatalities**. It is widely recognised that only up to 10% of adverse events are officially reported, indicating that the actual number of adverse events is likely to be much higher.

4. It may seem possible to dismiss data from passive reporting systems and anecdotal case reports as scientifically unreliable to determine any causative association or the extent of the specific risks in the vaccinated population. However, when over half of the reported deaths occur within 48 hours of vaccination (VAERS), it is undeniable that this constitutes a significant safety signal. **Failure to acknowledge and investigate these grave concerns is nothing but irresponsible and grossly negligent**.

5. It is simply not acceptable that more reliable sources of risk assessment are not available. Phase 3 clinical trials are ongoing and are indeed already compromised as a majority of participants in the control groups have in the meantime been unblinded and received a COVID-19 vaccine. Interim trial data are not available for public scrutiny, and it appears they have not even been fully analysed by the UK's Medicines and Healthcare products Regulatory Agency (MHRA) prior to granting their emergency use authorisation (EUA)[xv].

6. Post-marketing surveillance is not systematic, and the passive reporting systems (that neither health professionals nor the public have been encouraged or trained to utilise) are the only possible source for recognising safety signals. Whilst the MHRA is providing the complete information on adverse

reactions collected by the Yellow Card system directly to the marketing authorization holders, this has to date not been released to the public for independent analysis. Despite significant and obvious safety signals, no scientific studies have been initiated for further investigations (FOI 21-640 and FOI 21-942 to the MHRA). **Your failure to give proper consideration to the insufficiencies of the post-marketing surveillance is also grossly negligent.**

7. It appears that significant adverse effects were not unexpected by the **vaccine manufacturers, who demanded and were granted exemption from any liability for adverse effects of injury or death** caused by their products, as they did not feel they could afford to take on this risk[xvi] [xvii].

Mechanisms of harm

8. Adverse effects were also not unexpected by scientists with insight into vaccine research, specifically research of coronavirus vaccines that has been ongoing for about 20 years. During the early stages of COVID-19 vaccine development, well-known vaccine advocates such as Peter Hotez[xviii] and Paul Offit[xix] both warned against the potential safety issue of antibody-dependent enhancement (ADE).

9. The effect of ADE has previously been observed and has limited all attempts at developing a coronavirus vaccine, as the animals in the trials developed more severe disease when exposed to the wild virus after immunisation[xx] [xxi] [xxii]. It has not been investigated whether the currently administered COVID-19 vaccines will trigger this devastating effect. There is a therefore a risk that **COVID-19 vaccines may worsen clinical disease due to ADE**. It has been further acknowledged that this is potentially of significant concern, therefore questioning the safety of the immune response elicited by COVID-19 vaccines[xxiii] [xxiv].

10. Eminent vaccine researchers Geert Vanden Bossche and Robert Malone have been warning about the risks of mass vaccination during an ongoing pandemic, as the infectious pressure increases to favour the spread of potentially more virulent strains not covered by the vaccines[xxv]. Even the vaccine manufacturers have never claimed that their products will reduce infection or transmission. As the vaccines are only effective against a specific strain, whilst natural immunity will afford lasting protection against a wide variety of variants, **mass vaccination has the potential to promote the ongoing spread of increasingly virulent virus mutants**.

11. COVID-19 vaccines are based on **completely new biotechnology**, using mRNA and DNA-vector vaccines which have never previously received full regulatory approval for mass use in humans and are more akin to genetic manipulation/modification than traditional vaccination. Not only is this a novel approach, but **the spike protein that is utilised to stimulate an immune response is now recognised to be the most pathogenic component of the SARS-CoV-2 virus.**

12. COVID-19 vaccines introduce a synthetic viral gene which induces the recipient's own cells to produce viral spike proteins. **Spike proteins appear to contribute significantly to the pathogenicity of SARS-CoV-2**, and studies are suggesting they have the **potential to cause pathology on their own**[xxvi] [xxvii]. Multiple concerns have been raised by scientists regarding possible short- and long-term adverse effects, specifically relating to the spike protein[xxviii] [xxix].

13. It is currently unknown how much spike protein will be produced by an individual as a reaction to the mRNA / DNA. **It is further unknown how strong the immune response of any individual will be to the spike protein, how long it will continue and whether it will be limited to exogenous pathogens or cause a cross-reaction to endogenous tissues, prompting autoimmune disease**[xxx]. It is plausible that younger, healthier people may produce higher quantities of spike proteins in response to the vaccine genes, potentially increasing the risk of side-effects. None of this has been scientifically evaluated.

Violation of the Principles of Clinical Research

14. The principles of clinical research[xxxi] follow the guidelines of Good Clinical practice (GCP). Any clinician and scientist conducting or involved in clinical research is mandated to keep their GCP training updated every two years[xxxii]. These principles are summarised in the UK policy framework for health and social care research[xxxiii] and endorsed by Professor Chris Whitty[xxxiv].

15. The UK policy framework for health and social care research has 15 guiding principles, and the first principle states that "*The safety and well-being of the individual prevail over the interests of science and society*." This would imply that suspected potential safety issues should be particularly meticulously investigated in the regulatory trials. **The principles of the studies into the safety of COVID-19 vaccines diverge greatly from this acknowledged UK policy framework**.

16. The original regulatory trials will not be completed as designed due to premature unblinding and administration of the study product to the control group, affecting the power of the trial. Further studies now appear to be based on administering the product to a large and unregistered group of people and then declaring that no significant safety signals have been observed. Meanwhile, unlike in any rigorously conducted clinical trial, no robust reporting system is set up to capture any potential adverse effects, and any case reports of injury and death are immediately declared to be unrelated to the administration of COVID-19 vaccines, without any proper investigation. Participants in a clinical trial are required to immediately report any symptom of ill-health, and it will be the task of the study analysts to determine any possible association or causative link. **The entire approach to rolling out a novel and untested product to the entire population without stringent procedures in place for reporting and capturing potential adverse events can only be described as profoundly unethical, grossly negligent and in stark violation of the basic principles of clinical research**.

17. The lack of due academic diligence applies to the study of COVID-19 vaccine safety in general but is particularly acute in relation to pregnant women, children and the indication for booster shots.

Pregnancy

18. We have previously outlined and communicated our grave concerns regarding safety of COVID-19 vaccines in pregnant women[xxxv] [xxxvi]. Public reassurances are largely based on a passive reporting system of an unregistered group of pregnant women (V-Safe Pregnancy Registry[xxxvii]), which is in complete incongruence with the requirements for a well-conducted clinical trial. **COVID-19 vaccines have not even been administered long enough to observe the effects on a completed full-term pregnancy with subsequent observation of the infant**, and yet the administration is not only permitted but continuously encouraged for all pregnant and breast-feeding women. It is incomprehensible how any medically and scientifically educated clinician with any safety awareness of a developing foetus can possibly endorse and even actively promote this approach.

19. In the absence of robust research data, it must be acknowledged that **all official reporting systems as well a published article in the New England Journal of Medicine (NEJM)[xxxviii] contain reports of miscarriages and stillbirths**. The Editorial in the same issue of the NEJM acknowledged that pregnant women had to make their decisions regarding vaccination "*in the absence of human safety data*"[xxxix]. Several case reports have since emerged of significant neurological or haematological injury and deaths of infants following vaccination of their mothers during pregnancy or whilst breast-feeding.

Children

20. We have previously outlined and communicated our serious concerns regarding administration of COVID-19 vaccines to children[xl]. The concerns about safety in children are compounded by the fact that children will receive no benefit to themselves from a COVID-19 vaccine, and are shared by many experts[xli], including the Joint Committee for Vaccinations and Immunisations (JCVI) in the UK[xlii]. **There is no scientifically valid safety data in children. Certainly, long-term data regarding potential effects on autoimmune diseases, carcinogenesis and fertility is completely lacking**.

21. It is incomprehensible how anyone in public office can justify putting our children at such potentially life-changing or even life-ending risks, when they do not stand to gain any benefit. **It is also unprecedented that the advice of the JCVI in matters of vaccinations is disregarded and overruled** without any plausible scientific evidence for doing so.

22. In the absence of robust research data, it must be acknowledged that **all official reporting systems contain reports of injuries and deaths of children following administration of a COVID-19 vaccine**. Specifically, the issue of myocarditis appears to afflict young people and children disproportionately, whilst the potential severity of this is not communicated to the public. Analysis of the data from the Office for National Statistics has revealed that there has been a **63% increase in deaths amongst teenage boys since the COVID-19 vaccine has been offered and administered to this age group**, compared to the preceding year[xliii]. Until this is fully investigated, this is a most alarming safety signal.

23. The death of a single healthy child with even as much as a temporal correlation to a novel medical intervention must prompt a thorough investigation prior to administering this intervention to any other child. Any properly conducted clinical trial would be halted immediately should a death occur in a participant. **It is not justifiable on any level to continue putting our children at these completely unknown risks for no benefit to their health. Whoever makes the decision to do so must take full responsibility for the resulting adverse events and the devastating consequences for each family affected by the tragedy of an injured or a dead child**.

Boosters

24. Whilst natural immunity to COVID-19 infection provides lasting and robust protection to a variety of variants, it is becoming clear that vaccine-induced immunity wanes quickly in a matter of months[xliv]. The official response to this issue has been to suggest vaccine boosters, although **the effect of repeated doses has not been studied in any trial, and the resulting impact on the function of the immune system is therefore completely unknown**. Adverse effects which may possibly be potentiated by repeated vaccination, such as autoimmune reactions / diseases, haematological or neurological disorders and carcinogenesis, have not been investigated.

25. These concerns are reflected in a cautious approach held by scientists towards recommending boosters prematurely[xlv] and also the decision by the US Food & Drug Administration (FDA) to restrict boosters to population groups at highest risk of COVID-19 disease[xlvi]. The debate of this contentious issue prompted two FDA officials to subsequently resign[xlvii]. Despite this significant scientific uncertainty and the potential for increased adverse effects, boosters are currently being rolled out in the UK.

Conclusions & Request

26. The current COVID-19 vaccination program administers pharmaceutical products based on a completely novel gene-based technology prior to completion of the regulatory trials, and therefore is essentially a gigantic experiment involving the entire world population, never seen on such a scale before. Disregarding the basic principles of clinical research, there is no robust process in place to capture adverse events as they emerge, but safety data from official reporting systems are most alarming and increasingly concerning.

27. All information contained in this letter is actively withheld from the public and brandished as misinformation in order to protect the perpetrators of profoundly unethical clinical conduct.

28. **We request that any further vaccine rollout is halted with immediate effect in order to fully investigate all injuries and deaths that have occurred to date in association with the administration of COVID-19 vaccines**. If due process of ethical clinical research was followed, a single death of a healthy person would be enough to prompt a thorough and comprehensive investigation.

29. **Any public office holders who have chosen not to acknowledge the immediate and grave dangers to the UK population and moreover have failed to share this information with the public will be held fully and personally accountable for the ensuing devastation to any family suffering vaccine-induced injury or death from this day forward**.

30. As stated at the start of this letter, this is a Notice of Legal Obligations and Potential Liabilities setting out our concerns and drawing your attention to (i) your civil liability for damages for Misfeasance in public office and (ii) the criminal offences that you will be committing as a result of your failing to take into consideration all matters in this letter.

UK Medical Freedom Alliance

www.ukmedfreedom.org

Sent by Email

---

[i] https://www.openvaers.com/covid-data
[ii] http://www.adrreports.eu/en/index.html
[iii] https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions
[iv] https://www.nejm.org/doi/full/10.1056/NEJMoa2109730
[v] https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf
[vi] https://rumble.com/vnc5yk-dr.-peter-mccullough-therapeutic-nihilism-and-untested-novel-therapies-aaps.html
[vii] https://thetruedefender.com/israeli-jab-victims-decided-to-speak-out-and-make-a-change/
[viii] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html
[ix] https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf
[x] https://www.sciencedirect.com/science/article/abs/pii/S0146280621002267
[xi] https://probabilityandlaw.blogspot.com/2021/09/all-cause-mortality-rates-in-england.html?m=1
[xii] https://trialsitenews.com/serious-group-of-scientists-declare-covid-19-vaccine-risks-too-high-to-ignore/
[xiii] https://www.telegraph.co.uk/news/2021/09/09/teenage-boys-risk-vaccines-covid/
[xiv] https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1
[xv] https://theexpose.uk/2021/09/23/f-o-i-reveals-the-uk-medicine-regulator-never-inspected-the-pfizer-covid-19-vaccine-trial-data-prior-to-its-emergency-use-authorisation/
[xvi] https://www.nejm.org/doi/full/10.1056/NEJMp2030600

[xvii] https://www.independent.co.uk/news/health/coronavirus-pfizer-vaccine-legal-indemnity-safety-ministersb1765124.html
[xviii] https://www.nature.com/articles/s41577-020-0323-4
[xix] https://geneticliteracyproject.org/2020/10/05/video-vaccine-expert-paul-offit-talks-with-medscapes-eric-topol-on-the-pitfalls-and-promise-of-covid-operation-warp-speed/
[xx] https://www.pnas.org/content/117/15/8218
[xxi] https://www.scientificamerican.com/article/the-risks-of-rushing-a-covid-19-vaccine/
[xxii] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421
[xxiii] https://pubmed.ncbi.nlm.nih.gov/33113270/
[xxiv] https://www.journalofinfection.com/article/S0163-4453(21)00392-3/fulltext
[xxv] https://www.youtube.com/watch?v=qP31cfD3YOY
[xxvi] https://pubmed.ncbi.nlm.nih.gov/33300001/
[xxvii] https://pubmed.ncbi.nlm.nih.gov/33053430/
[xxviii] https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902
[xxix] https://medicalxpress.com/news/2021-04-sars-cov-spike-protein-lung.html
[xxx] https://www.frontiersin.org/articles/10.3389/fimmu.2020.617089/full
[xxxi] https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials#overview
[xxxii] https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm
[xxxiii] https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/Final_Accessibility_uk-policy-framework-health-social-care-research_.pdf
[xxxiv] https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/
[xxxv] https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/6062f5749dcf789999655dd0_UKMFA_Open_Letter_RCOG_RCM.pdf
[xxxvi] https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/607ee895f5b16913aacaa45b_UKMFA_Open_Letter_JCVI.pdf
[xxxvii] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html#
[xxxviii] https://www.nejm.org/doi/full/10.1056/NEJMoa2104983?query=recirc_curatedRelated_article
[xxxix] https://www.nejm.org/doi/full/10.1056/NEJMe2107070
[xl] https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/60bf3f0affc4e3bf7d28d17f_UKMFA_Open_Letter_MHRA_Vaccines_Children.pdf
[xli] https://www.sciencedirect.com/science/article/pii/S221475002100161X
[xlii] https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021
[xliii] https://theexpose.uk/2021/10/04/teen-boy-deaths-increased-by-63-percent-since-they-had-covid-vaccine/
[xliv] https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/6141b8500d6ede2828d82c02_UKMFA_Open_Letter_BSI.pdf
[xlv] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02046-8/fulltext
[xlvi] https://www.fda.gov/news-events/press-announcements/fda-authorizes-booster-dose-pfizer-biontech-covid-19-vaccine-certain-populations
[xlvii] https://edition.cnn.com/2021/09/13/health/boosters-not-needed-lancet-review/index.html