

Scottish Government Letter to Directors of Education – 29 September 2021

Vaccines Misinformation

ANNEX – Examples of Misinformation in circulation:

NHS **VACCINES** **INFORMED CONSENT**
FOR COVID-19 VACCINATION

If you choose to have a vaccine for yourself or your child, you must take this form to your appointment and ensure it is signed by both you and the clinician.

"Informed consent" means agreeing to something once you have been given the full information surrounding it. Informed consent is legally required in the UK before you undergo a medical procedure, such as COVID-19 vaccination.

Both patient/carer and clinician should tick the box for each statement they understand. See overleaf for verifications.

Statement	Patient	Clinician
1. Unlike traditional vaccines, the vaccines being used for COVID-19 ("the COVID-19 vaccines") instruct the body cells to create the SARS-CoV-2 spike protein.	<input type="checkbox"/>	<input type="checkbox"/>
2. The COVID-19 vaccines may reduce severity of symptoms if the patient gets COVID-19, but may not prevent them from getting COVID-19 nor from passing it on.	<input type="checkbox"/>	<input type="checkbox"/>
3. Although alternative treatments are available, the COVID-19 vaccines have been granted Emergency Use Authorisation, so require less comprehensive clinical data.	<input type="checkbox"/>	<input type="checkbox"/>
4. By 18 Aug 2021, of the 47,460,526 people that had received at least one jab, there had been 1,609 deaths (0.003%), 351,404 adverse reports (0.7%) and 1,165,636 adverse reactions (2.5%) officially reported. Actual figures may be ten times higher. Adverse reactions were reported more often in younger people than in older adults.	<input type="checkbox"/>	<input type="checkbox"/>
5. Adverse reactions to the COVID-19 vaccines include, but are not limited to: strokes, blindness, deafness, clotting, miscarriages, anaphylaxis and cardiovascular disorders.	<input type="checkbox"/>	<input type="checkbox"/>
6. We will not know what the possible long term effects of the COVID-19 vaccines may be (e.g., infertility) until after the studies of the clinical trials conclude in 2023.	<input type="checkbox"/>	<input type="checkbox"/>
7. The manufacturers of the COVID-19 vaccines are immune from civil liability.	<input type="checkbox"/>	<input type="checkbox"/>
8. As of 11 Jan 2021, the average age of death in the UK with COVID-19 was 83.	<input type="checkbox"/>	<input type="checkbox"/>
9. From 29 Jun 2020 to 12 May 2021, in the UK, the chance of dying with COVID-19 (the crude mortality rate) may be less than that of dying from the COVID-19 vaccines.	<input type="checkbox"/>	<input type="checkbox"/>

For immediate release

From: We The People of SCOTLAND

Monday, June 7, 2021

To the Attention of:

Nicola Sturgeon First Minister of Scotland & leader of the Scottish National Party, John Swinney Deputy First Minister of Scotland and Cabinet Secretary for Covid Recovery, Dr Gregor Smith Chief Medical Officer, Mairi Gougeon Public Health Minister, Humza Yousaf Cabinet Secretary for Health and Social Care, Kevin Stewart Minister for Mental Wellbeing and Social Care, Maree Todd Minister for Public Health, Women's Health and Sport, Elinor Mitchell Director-General Health and Social Care, Caroline Lamb Chief Executive of NHS Scotland, Keith Brown Cabinet Secretary for Justice and Veterans, Scottish Government Covid 19 Advisory Group, General Sir Nick Carter Chief of the Defence Staff, Chief Constable Iain Livingstone, Health Officer(s), Doctors, Business Owners, Nurses and Pharmacists, and Journalist

Cc: Commander-in-Chief of, United States Armed Forces

Cc: Commander-in-Chief of, Federation Command Forces & Allied Forces

Re: Cease and desist order

Dear Sirs/*Madam*

We, the People/men and women of, SCOTLAND, bring to your immediate attention and order you to cease and desist, ALL, the Genocide and Crimes against Humanity under Natural Law, Common Law, Treaty Law, Articles 6 and 7 of the International Criminal Court Statute, the Nuremberg Code, The Geneva Convention, The United Nations Convention, The United Nations Declaration on the Rights of Indigenous Peoples, in your jurisdiction.

- 1) All Covid19/coronavirus19- vaccinations and experimentation (genetic biowarfare) nationally.
- 2) All PCR Testing (Nationally),
- 3) All Masking (private and public spaces, all transportations by land, water, and sea- Nationally),
- 4) All Lockdowns (Nationally),
- 5) All Quarantines (Nationally),
- 6) All closures of Provincial/States and Territorial (boundaries),
- 7) All closures of International Borders.

This will serve as your lawful notice to cease and desist all further actions described above, effective immediately.

Furthermore, we declare all of SCOTLAND, OPEN, upon publication of this order including all

Borders, between United States and The United Kingdom :

Special notes:

- a) Joseph (Joe) Biden is not President of US, and the US Armed Forces has been in control since January 14, 2021.
- b) An email from the Commander -in-Chief of US Armed Forces has been sent to the Armed Forces of Canada, May 27, 2021, acknowledging and confirming the Authority of, HRH Queen Lady Romana Didulo, as Head of State and Commander-- in-Chief of the Republic of Canada, Head of Government of Canada, and Queen of Canada.
- c) For Global Peace and Prosperity only. Endorsed by, HRH Queen Lady Romana Didulo, Head of State and Commander-in-Chief of the Republic of Canada, Head of Government of Canada, Queen of Canada. **~Transitioning from Democratic Government to Republic Government~**

Govern yourselves accordingly.

Signed and sealed,

By: We The People (men and women) of SCOTLAND

For immediate release

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Re: Cease and desist demand
Dear [REDACTED]

I believe that you are involved in either the decision making or practical elements in the rolling out of experimental Pfizer Gene Therapies to children between the ages of 12-15.

The JCVI has said these are not safe for healthy Children aged 12-15 and the MHRA Yellow Card scheme has already documented over 1600 deaths following 'Covid 19 vaccinations' as well as over 1 million adverse reactions in the UK alone as a result of these jabs. Details can be found here: <https://coronavirus-yellowcard.mhra.gov.uk/>

I will hold you [REDACTED] PERSONALLY & CRIMINALLY responsible should any harm come to a child as a result of your actions. I have made you aware of the adverse reactions on the Yellow Card scheme and you will not be able to use ignorance as an excuse for any crimes you may commit as a result of this rollout. Please be aware that I will be pursuing this at both a UK level and additionally as an international crime against humanity which will then proceed to international trials.

This will serve as your legal notice to cease and I require you to desist IMMEDIATELY all further actions in relation to the jab rollout for healthy 12-15 year olds described above. Saying you were 'just obeying orders' is not an excuse!

I may use telephone recording devices to document any telephone conversations that I may have in the future if you fail to comply with this cease-and-desist letter. You are hereby instructed to comply with this letter IMMEDIATELY or face legal sanctions under applicable law. I intend to keep a log of any contacts you make with me after you receive this letter.

Please give this very important matter your utmost attention.

Sincerely,

For the attention of

A. Who are we?

Lawyers for Liberty is a non-politically affiliated network of lawyers. We monitor, educate and act upon potential legal issues raised by concerned individuals in England and Wales. Lawyers for Liberty is not a law firm. This is not a legal letter, nor is it the provision of legal advice.

You should take independent legal advice upon the contents of this email and consult your insurance provider.

B. Register

We have been notified by a concerned parent, carer or guardian of a pupil at your School that your School is positively promoting and encouraging the Covid 19 vaccination (the Vaccination) for children aged 12 years and over, without a health & safety assessment or a full risk analysis, and possibly also without parental consent or parent consultation.

We are writing to ensure you understand your obligations as an education provider, and that you are aware of the legal risks associated with providing the Vaccination and providing a venue for the National Health Service (NHS) to deliver the Vaccination on your premises.

This email automatically adds the concerned individual onto our register, so if a harm, loss or injury is suffered by a pupil, that individual may rely on this email as evidence that you were on notice of the possible legal issues and liability in advance. To avoid any conflict or negative fallout, the individual will remain anonymous to you.

C. Background

As you are probably aware, many parents firmly believe that it is 'safer to wait' for long term data to be made available on this Vaccination so that an informed decision can be made by them or their child at the appropriate time. They consider it necessary to afford their child or children protection during this period by exercising their Parental Responsibility during the decision-making process.

If a parent communicates to you that their child is not to be included in the Vaccination programme or does not provide consent, then that decision must be

respected, without any further consequences for the child, including direct or indirect discrimination or coercion.

Failure to do so may result in possible legal claims against you personally and for your School. We urge you to read our summary for further background information - this can be found on our website under **Resources > For Schools**. The Legal Note has been prepared for Lawyers for Liberty by Jacqui Sansom of the Jonathan Lea Network.

D. Immediate action to be taken by you and your School

Due to the urgency of this matter, we ask you to write to all adults with Parental Responsibility for pupils of 12 years and above to confirm that you will take the actions set out in this email below, no later than 3 days from receipt of this email and confirm that no Vaccination of any child registered at your educational establishment will be undertaken until:

- i. a full and final decision has been issued by the courts following the Judicial Review (as defined in the Legal Note) or any other legal case that is brought in the next 5 days;
- ii. a full and proper prior consultation has been completed with all adults with the benefit of Parental Responsibility for every child attending your school; and
- iii. the positive and explicit written consent has been received from all adults holding Parental Responsibility for each child in writing after providing them with:
 - a. Details of a full Risk Benefit Analysis undertaken by the School which takes each child's specific and personal medical history into account together with matters such as allergies to excipients, pre-existing health conditions or genetic variations, whether or not they have already recovered from Covid-19 infection, previous infection results in antibody and immune system priming, to critically analyse the increasing risk of adverse reaction to the injection, AND simultaneously further reducing any potential benefit from the treatment as immunity is already in place. Additionally, the long-term impact on fertility, central nervous system and organ development should be fully considered in such an analysis.
 - b. Details of a full Health & Safety Risk Assessment undertaken by the School for the purpose of risk management of any harm arising from the conduct of the School especially where such conduct could expose pupils to a risk of harm.

Such risk assessment and risk management should be kept under review and revised where there is cause to do so in accordance with the requirements for the

employer of the school under the Management of Health and Safety at Work Regulations 1999[1] below as:

- i. "identify what could cause injury or illness in your business (hazards)
- ii. decide how likely it is that someone could be harmed and how seriously (the risk)
- iii. take action to eliminate the hazard, or if this isn't possible, control the risk"

Anything less than a full Risk Benefit Analysis and a Health & Safety Risk Assessment is far too risky, especially when you consider the very sad case of Maddie De Garraay[2]

We have asked parents to keep a record of all communications from you on this matter. We do not accept incoming emails and so we are unable to respond to any emails or request for further information from you directly.

E. Consequences if your School fails to take appropriate action

In the absence of you completing the actions above, if a pupil suffers harm, injury or loss as a direct result of the Vaccination, you will attract claims arising from a breach of duty of care to your pupils, such claims are supported by both primary and secondary legislation with significant ramifications for which you may be held personally liable, such as:

- being vicariously liable[3] for any harm which may come to any child receiving the Vaccination whilst in your care leading to financial sanctions between £180,000 to £20 million and injunctive remedies being imposed; or
- in some instances, criminal culpability for criminal offences which, if convicted, can not only have serious adverse effects upon your career but may also attract prison sentences ranging from 3 years to life imprisonment. [4]

Warning of Issue of Proceedings

In the event you do not provide the assurances sought, you may find yourself exposed to the risk of legal action by the parents without any further notice to you. Any such legal action by The Jonathan Lea Network for any parent on the Register is likely to include an application to Court. Any remedies and relief sought will include for declarations in relation to unlawfulness and for interim relief to afford the children the protection they deserve.

It is recommended that you take legal advice on this matter.

And Take Further Notice

Several of the aforementioned claims hold personal liability for you and others within your business, so you are advised to ensure you understand the contents and the implications for you as an individual.

Yours sincerely

The Lawyers for Liberty Team

Annotations

1. <https://www.telegraph.co.uk/news/2021/06/30/letting-children-catch-covid-may-safer-exposing-vaccine-risk/>
2. Children Act 1989 ([legislation.gov.uk](https://www.legislation.gov.uk))
3. Gillick v West Norfolk and Wisbech Health Authority [1985] 3 WLR 830
4. Offences against the Person Act 1861 ([legislation.gov.uk](https://www.legislation.gov.uk)) ss39/ 18/ 20/ 47

We have sent you this email on behalf of one or more parents of children who attend your school. If you do not wish to receive updates from us about this issue, please click [here](#). You will remain on the register in line with our privacy policy, but we will not provide you with any updates.

Please add lawyersforliberty@mail.101smartmessenger.co.uk to your address book.



WARNING

Re: Cease and desist demand

To Whom it May Concern

We believe that you are involved in either the decision making or practical elements in the rolling out of experimental Pfizer Gene Therapies to children between the ages of 12-15.

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This will serve as your legal notice to cease and we require you to desist IMMEDIATELY all further actions in relation to the jab rollout for healthy 12-15 year olds described above. Saying you were 'just obeying orders' is not an excuse!

You are hereby instructed to comply with this letter IMMEDIATELY or face legal sanctions under applicable law.

Please give this very important matter your utmost attention.

Sincerely,
Concerned members of the British Public

Children do not need vaccination for their own protection

Healthy children are at almost no risk from COVID-19, with risk of death as low as 1 in 2.5 million⁹. No previously healthy child under the age of 15 died during the pandemic in the UK and admissions to hospital or intensive care are exceedingly rare¹⁰ with most children having no or very mild symptoms. Although Long-Covid has been cited as a reason for vaccinating children, there is little hard data. It appears less common and much shorter-lived than in adults and none of the vaccine trials have studied this outcome¹¹⁻¹². The inflammatory condition, PIMS, was listed as a potential adverse effect in the Oxford AstraZeneca children's trial¹³. Naturally acquired immunity will give broader and better lasting immunity than vaccination¹⁴. Indeed, many children will already be immune¹⁵. Individual children at very high risk can already receive vaccination on compassionate grounds¹⁶.

Children do not need vaccination to support herd immunity

Already, two thirds of the adult population have received at least one dose of a COVID-19 vaccine¹⁷. Models that assume vaccination of children is required to reach herd immunity have failed to account for the proportion who had immunity prior to March 2020 and those who have acquired it naturally¹⁸. Recent modelling suggested that the UK had achieved the required herd immunity threshold on 12 April 2021¹⁹.

Children do not transmit SARS-CoV-2 as readily as adults, moreover adults living or working with young children are at lower risk of severe COVID-19²⁰. Schools have not been shown to be the focus on spread to the community, teachers have a lower risk of COVID-19 than other working age adults²¹.

Short-term safety concerns

As of 13th May, the MHRA²² has received a total of 224,544 adverse events, including 1,145 deaths in association with SARS-CoV-2 vaccines. Reports of strokes due to cerebral venous thromboses were initially in low numbers but as awareness increased, many more reports led to the conclusion that AstraZeneca vaccine should not be used for adults under 40 years of age and this unpredicted finding has also led to the suspension of the Oxford AstraZeneca children's trial.

Similar events have been noted with Pfizer & Moderna vaccines on the US adverse reporting system (VAERS)²³ and it is likely that this is a class effect related to production of spike protein. New UK guidelines on managing Vaccine-Induced Thrombotic Thrombocytopenia (VITT)²⁴ include all COVID-19 vaccines in their advice. The possibility of further unexpected safety issues cannot be ruled out. In Israel, where the vaccines have been widely rolled out to young people and teenagers, the Pfizer vaccine has been linked to several cases of myocarditis in young men²⁵ and concerns have been raised about reports of altered menstrual cycles and abnormal bleeding in young women following the vaccine.²⁶

Most concerning with regard to possible vaccination of children, is that there have now been a number of deaths associated with vaccination reported to the VAERS system in the US, despite the vaccines only being given to children within trials and a very recent rollout to 16-17 year olds²⁷.

Long-term safety concerns

All Phase 3 COVID-19 vaccine trials are ongoing and not due to conclude until late 2022/early 2023. The vaccines are, therefore, currently experimental with only limited

short-term and no long-term adult safety data available. In addition, many are using a completely new mRNA vaccine technology, which has never previously been approved for use in humans²⁸. The mRNA is effectively a pro-drug and it is not known how much spike protein any individual will produce. Potential late-onset effects can take months or years to become apparent. The limited children's trials undertaken to date are totally underpowered to rule out uncommon but severe side effects.

Children have a lifetime ahead of them, and their immunological and neurological systems are still in development, making them potentially more vulnerable to adverse effects than adults. A number of specific concerns have been raised already, including autoimmune disease and possible effects on placental and fertility.²⁹ A recently published paper raised the possibility that mRNA COVID-19 vaccines could trigger prion-based, neurodegenerative disease³⁰. All potential risks, known and unknown, must be balanced against risks of COVID-19 itself, so a very different benefit/risk balance will apply to children than to adults.

Conclusion

There is important wisdom in the Hippocratic Oath which states, "First do no harm". All medical interventions carry a risk of harm, so we have a duty to act with caution and proportionality. This is particularly the case when considering mass intervention in a healthy population, in which situation there must be firm evidence of benefits far greater than harms. The current, available evidence clearly shows that the risk versus benefit calculation does NOT support administering rushed and experimental COVID-19 vaccines to children, who have virtually no risk from COVID-19, yet face known and unknown risks from the vaccines. The Declaration of the Rights of the Child states that, *"the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection"*.³¹ As adults we have a duty of care to protect children from unnecessary and foreseeable harm.

We conclude that it is irresponsible, unethical and indeed, unnecessary, to include children under 18 years in the national COVID-19 vaccine rollout. Clinical trials in children also pose huge ethical dilemmas, in light of the lack of potential benefit to trial participants and the unknown risks. The end of the current Phase 3 trials should be awaited as well as several years of safety data in adults, to rule out, or quantify, all potential adverse effects.

We call upon our governments and the regulators not to repeat mistakes from history, and to reject the calls to vaccinate children against COVID-19. Extreme caution has been exercised over many aspects of the pandemic, but surely now is the most important time to exercise true caution - we must not be the generation of adults that, through unnecessary haste and fear, risks the health of children.

Signatories

Dr Rosamond Jones, MD, FRCPC, retired consultant paediatrician

Lord Moonie, MBChB, MRCPsych, MFCM, MSc, House of Lords, former parliamentary undersecretary of state 2001-2003, former consultant in Public Health Medicine

Prof Anthony Fryer, PhD, FRCPath, Professor of Clinical Biochemistry, Keele University

Professor Karol Sikora, MA, MBBChir, PhD, FRCR, FRCP, FRCM, Dean of Medicine, Buckingham University, Professor of Oncology

Professor Angus Dalglish, MD, FRCP, FRACP, FRCPath, FMed Sci, Professor of Oncology, St Georges Hospital London