Fit-For-Purpose

Guy Opperman MP ref: GO4464

By signed for Post

NOTICE-OF-FURTHER-EVIDENCE-OF-POTENTIAL-LIABILITY-FOR-MALFEASANCE-IN-PUBLIC-OFFICE:

SILENCE-IS-AQUIESCENCE,-AGREEMENT-AND-DISHONOUR

Time Sensitive Document

Estoppel Conditions Apply Upon Default

NOTICE-TO-PRINCIPAL-IS NOTICE-TO-AGENT; -NOTICE-TO-AGENT-IS-NOTICE-TO-PRINCIPAL

Applicable to All successors and Assigns

03 April 2022

To: Guy Opperman acting as MEMBER-OF-PARLIAMENT and MINISTER-FOR-PENSIONS-AND-FINANCIAL-INCLUSION and as the living man

MP for Hexham Constituency
House of Commons
London SW1A 0AA

From: Tim Coulter acting as a REGISTERED-ARCHITECT and as the living man

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NE43 7QY

Strictly for the personal attention of Guy Opperman MP concerning:

My letter dated 9 December 2020 forwarded by Guy Opperman resulting in Nadhim Zahawi's reply dated 22 April 2021 and my Notice to him dated 21 August 2021, resulting in the Notice to Guy Opperman dated 12 January 2022 which also further listed our considerable correspondence since 9 December 2020.

We are glad that many of the Covid 19 restrictions have been lifted and the Government has at last moved to a more sensible position of personal responsibility akin to the Great Barrington Declaration of which I was any early signatory.

This is to notify you of the further emergence of evidence of your potential liability for Malfeasance in Public Office regarding the previous and on-going use of mRNA and adenovirus vector products.

The Government told us from the outset that they are following the science. This begs the question as to what and whose science? How can any science be quoted when basic research concerning the experimental products has never been carried out? Are not the products still within trial periods whose duration is considered by multiple experts to be insufficient to test novel gene transfer technology. The redefinition of these products as vaccines is an outrage.

Summary of items listed below:

A. The release of the Pfizer document by FIOA demonstrates that an unprecedented number of adverse events from their experimental Covid injection products materialised immediately. Previously even 50 deaths with a new product would lead to the cessation of a drug or injection programme. Pfizer documents list 1,223 deaths from 1 December 2020-28 February 2021. However on gaining this knowledge Pfizer did not stop the roll out or generally inform medical professionals and recipients of their results allowing the people opportunity to give fully informed consent before being injected. Why are we still being told the products are safe and effective? Do not the reported adverse events scream otherwise? The precautionary principle and basic safety have been trashed for a disease that killed at the rate of a bad flu and even less so now with Omicron.

B. Research has demonstrated that the spike protein is the part of the virus that causes damage to the human body. Why would one design gene transfer therapy products that cause an unknown amount of production of that toxic spike protein in individuals? It is reported that this production is vastly in excess of the actual infection. This appears to be a basic design flaw and accounts for the unprecedented numbers adverse events including the extraordinary number of deaths.

C. The recent research paper from Lund Sweden suggests that the DNA of human liver cells may be changed by these products. We have been told that there is no alteration to our DNA after receiving these products. This research suggests otherwise.

Evidence:

A.

1. The first part of Pfizer documentation regarding the approval of their mRNA product marketed as Comirnity has started to be released under a Freedom of Information Act application by Siri and Glimstad filed with the UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS on 16 September 2021 on behalf of Public Health and Medical Professionals for Transparency (PHMPT). PHMPT represent extremely concerned and distinguished experts in the fields of Public Health, Medicine, Research and Journalism.

2. The FDA & Pfizer attempted to slow the release of this documentation so that it would be equally spread out over a 75 year period. This would have made it impossible for any reasonable current assessment of the data contained within the documentation. Judge Mark T. Pittman decided on an accelerated release of 55,000 pages per month with his ORDER of 2 February 2022. On 1 March 2022 extremely alarming data was made public as below 4-9. This related to the original injection roll out from 1 December 2020 to 28 February 2021. It contained slightly less than 3 months data.

3. This documentation was originally reviewed by the Food and Drug Administration (FDA) of the UNITED STATES OF AMERICA over a period of a few weeks. I cannot say if it was similarly reviewed in the UK by the MHRA and JCVI as one would surely expect? Why was it the FDA's intention that 500 pages should be released monthly to the public up to 2096? Bearing in mind that the FDA are enjoined to protect their public but are conflicted as a sponsor who stands to profit from the injection programme. Would a reasonable individual conclude there could be a desire to hide data and place them in a better light?

4. This documentation can be downloaded from Public Health and Medical Professionals for Transparency Documents at https://phmpt.org/pfizers-documents. I particularly refer to the document entitled 5.3.6 postmarketing experience.pdf.

5. 5.3.6 describes on pages 30 to 38, APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST and lists them as CONFIDENTIAL. At the same time Pfizer are carrying out a mass worldwide experiment. How can such adverse events be considered to be confidential?

6. 5.3.6 describes 1,291 different adverse events of special interest for which Pfizer extraordinarily has no liability whatsoever. On page 6 the number of doses that were shipped worldwide is redacted which prevents a percentage calculation against the 42,086 reported adverse events. Why? Page 7 informs us under the title "Case outcome" that there were 1,223 deaths. There were also another extraordinary 11,361 under the title "Not recovered" at the time of report which is more than one quarter of the reported events.

7. There have been an average of 158 deaths a year for all the vaccines administered as reported within the USA in the Vaccine Adverse Events Reporting (VAERS) system in the

years 1990-2019. Although not a direct comparison 1,223 deaths for a less than 3 month period from a single product would undoubtedly raise concern and the need for further research by relevant Public Health and Medical Bodies regarding an experimental / investigational product. Where is the fully independent Data Safety Monitoring Board, the Human Ethics Committee etc.? When these figures became apparent it was not unreasonable to extrapolate that 1,223 deaths over three months would lead to 4,892 deaths in a year from just one of the experimental treatment injections.

8. As this is a list of suspected or expected adverse events then it is reasonable to believe that our medical professionals worldwide would have been told to look out for this list of 1,291 events of special interest.

9. However the document has only been released as a result of the FOIA on 1 March 2022 (15 months after 1 December 2020) as the result of Court Action. Why? How could any medical professional be on guard for this extraordinary number of adverse suspected or expected events if they were not forewarned of Pfizer's (confidential) data and be able to compare it with what they were observing in real time? Is only science positive to Pfizer to be carried out? How can recipients give their informed consent when information which was available was not disseminated? Does it not appear to be a farce?

10. Even without the benefit of being told of the 1,291 Adverse Events of Special Interest we are aware that a shocking unprecedented number of adverse events have been reported to VAERS, Eudrovigilance and Yellow Card systems such as death, circulatory, nervous system, musculoskeletal, gastrointestinal , immunological, skin, respiratory and other serious difficulties.

11. Governments and their associated agencies have been bleating that these products are Safe and Effective and are finally forced to reveal the data they may have reviewed on our behalf. We then discover individuals have been coerced into playing Russian roulette with themselves and still are.

12. Safe: a simple calculation of reported deaths from (so called) vaccinations in the VAERS system in 2021 shows the rate running at over 80 times the background rate of 158 deaths a year (1990-2019). (See graphs below). Would the reasonable objectively minded officious bystander view such unprecedented figures as alarming and be consequently alarmed? Then the reasonable bystander might consider the legion of other reported side effects!

13. Effective: the data demonstrates that the effectiveness of the products wanes after a few months and we are told that boosters are required. Would any reasonable bystander query the design of the products? The European Medicines Authority EMA have queried the excessive use of boosters yet the UK Government is rolling out the forth injection.

14. In the meantime have not the Government and other Corporations have been removing or threatening peoples' rights of employment and enjoyment of their lives if they did not submit

themselves to these badly designed dangerous technologies with limited and failing effectiveness. Then there is the question of their unknown long term effects on the individual?

15. The above is surely an aspect that threatens the very fabric of the aforesaid system. The system declines and corrupts into what is in actuality tyranny. The people have the right to repudiate the authority they have created and given to the state.

B.

16. I previously reported to you on 14 June 2021 that the products do not stay in the arm but dangerously travel throughout the whole body together with the associated liquid nano particles and other substances. Dr Bruce Patterson from California has demonstrated that components are still in the body at least 15 months after the injection! Repeated boosting with products stimulates ever more production of the Wuhan spike protein (not the current variants) does not indicate a well thought out design process! The Government is now proposing the rollout of another booster because of the waning of the previous one when renowned experts tell us that the products themselves promote the faster evolution of variants.

17. We are further aware that the products fulfil the Bradford Hill Criteria for causation of death and injury by the injections.

C.

18. Important research: the paper from Markus Alden and colleagues from Lund University Sweden using in vitro techniques indicate that the Pfizer BNT162b2 theAT CoV-2 can be reverse transcribed and integrated into the genome of human cells. We were explicitly told that this was not the case but were not informed of any research providing proof of such a claim. Now we have research which shows the opposite. Why was it not done before a mass rollout of products to at least 70% of the British population and other populations worldwide? Why for instance is our Government so enthusiastic for Africans to be injected when they have already developed natural immunity and have much lower case rates than we do? https://www.mdpi.com/1467-3045/44/3/73

19. Government's original policy was to encourage natural herd immunity as has occurred with every infection since the dawn of humanity. This now appears to be happening. However the UK Health Security Agency COVID-19 vaccine surveillance report Weeks 10 & 11 shows that over 90% of current deaths from Covid occur in so called vaccinated people. The products are supposed to be protective but are demonstrating the reverse? Are the injections causing immune depletion? Is it not true that according to the Government's thinking you might expect 90% of Covid deaths to be in the un-injected?

CONCLUSION:

The Government thus appears implicated in a sort of coup by horizontal alignment with the world's largest Financial / Investment Houses, Pharma Industries, Main Stream Media and a grouping of billionaires all of whom wish to further their wealth and control. To re-establish confidence in our system for the benefit of the majority of people we call for a substantial pause in the continuing roll out of these dangerous injection products and a total review of the data by experts to ensure their long term safety for people. We do not consent to further rolling out of these injections. Experts acting on our behalf cannot be so conflicted by their connections to the above groups. They require proper vetting to avoid such conflicts. Please also stop Government's nudging and psychological warfare techniques that are now used on us through main stream media channels to enhance fear and compliance.

Based on the above, my Notice to Nadhim Zahawi MP dated 21 August 2021 and my previous Notice dated 12 January 2022 to which neither have responded within the 14 days required, "I have concluded that you have been acting in malfeasance in Public Office by not promoting Early Home Treatment and thus causing excessive deaths and injuries". The above is yet further evidence confirming this conclusion of this established position. Yet more evidence will no doubt emerge.

I note that treatment for Covid is now being made available with very expensive anti viral drugs even though there are legitimate concerns as to their safety. These are from the same manufacturers who benefit by the successful blocking of repurposed drugs. However as I have previously stated repurposed drugs have been available since March 2020. Data shows that they are considerably safer, more effective and much cheaper (see below).

It appears that treatment with monoclonal antibodies substantially reduces risks of hospitalisation and death from Covid.

You wrote to me on 16 April 2021 and I quote: "I am incredibly proud of the progress that the UK is making in vaccinating the population, and I am delighted that the government reached ahead of schedule, the goal of offering a vaccine to priority groups 1- 9 by 15 April". You expressed pride concerning rolling out experimental products that had not gone through longterm safety trials. The data is now available that the products kill and maim at an unprecedented rate compared to previous injection programmes. Any reasonable bystander might have been wary of the claims made by the manufacturers with their civil and criminal records. Their attempts to produce vaccines for coronavirus had previously failed with the deaths in the animal studies.

Pfizer knew at least by April 2021 that their product was neither safe nor effective compared to all previous vaccination products since 1990. They soon knew it was more than 80 times more lethal, but kept their data confidential, continued to profit and enjoyed no liability for death and

injuries. The profile of the other injections is similar. At the very best it appears you have gone along with an agenda rather than examining the data. We still do not know what further injuries people will suffer from the products, yet the Government is asking people to risk a fourth injection and is now promoting the injections for children 5-11 and young adults who are at almost no risk from Covid but at far greater risk from the injections. To evidence the previous statement I enclose the following letter from acknowledged experts:

https://www.hartgroup.org/open-letter-to-the-jcvi-pause-vaccines-for-children-pending-urgent-review/

Bearing in mind the above and my Notice of 12 January 2022 to which you did not respond within the time limit and also the general claim made by the Government that it is following the science: please swear an affidavit within 14 days of this Notice that members of the British Public have been informed of the multiple side effects, allowing them the ability to give fully informed consent, before deciding whether to be injected with any of the Covid 19 products.

Please back your affidavit with your full commercial liability of a minimum of £2,000,000 sterling.

If you do not swear the above affidavit, I will conclude that you agree with me that these promoted products have been injected without the required informed consent.

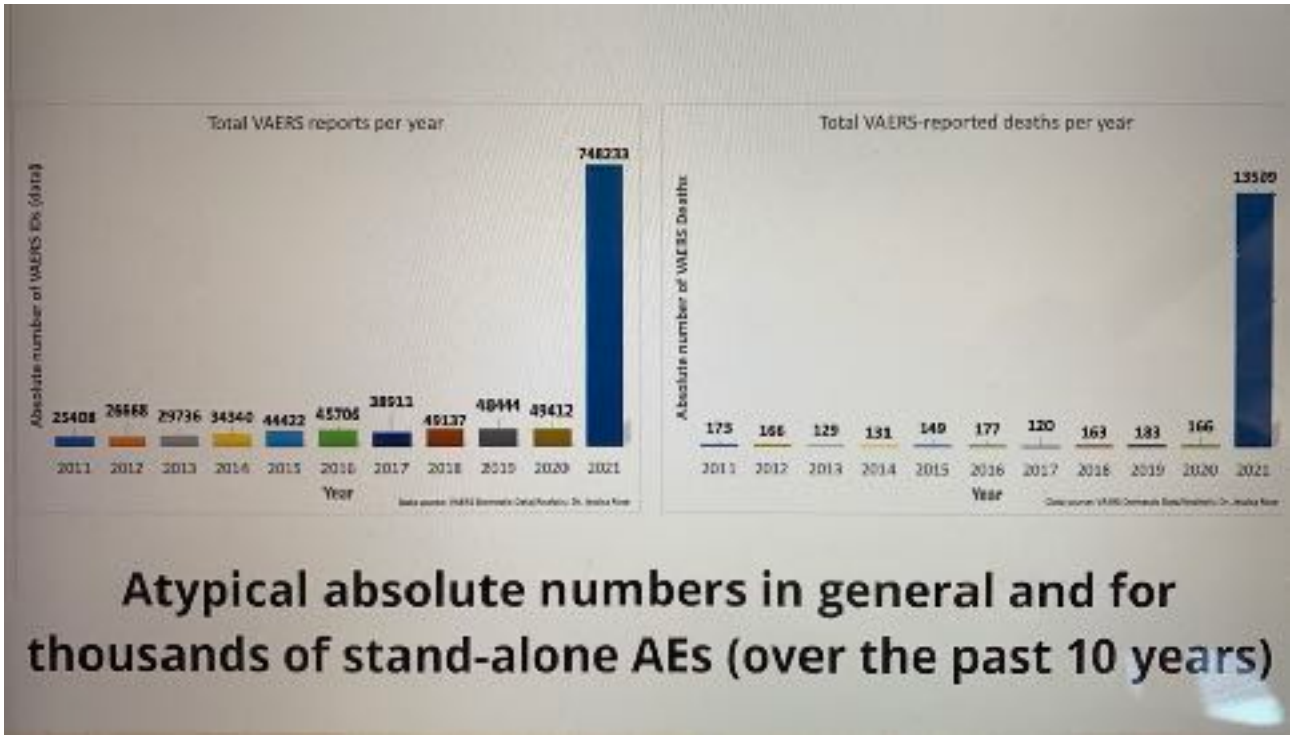
The injected products are experimental / investigational and without completed long term scientific safety trials. If there are no long term scientific safety trials, how can the appropriate science be followed? However we are aware that the current injection campaign is by far the most injurious and risky ever carried out (see the tables below).

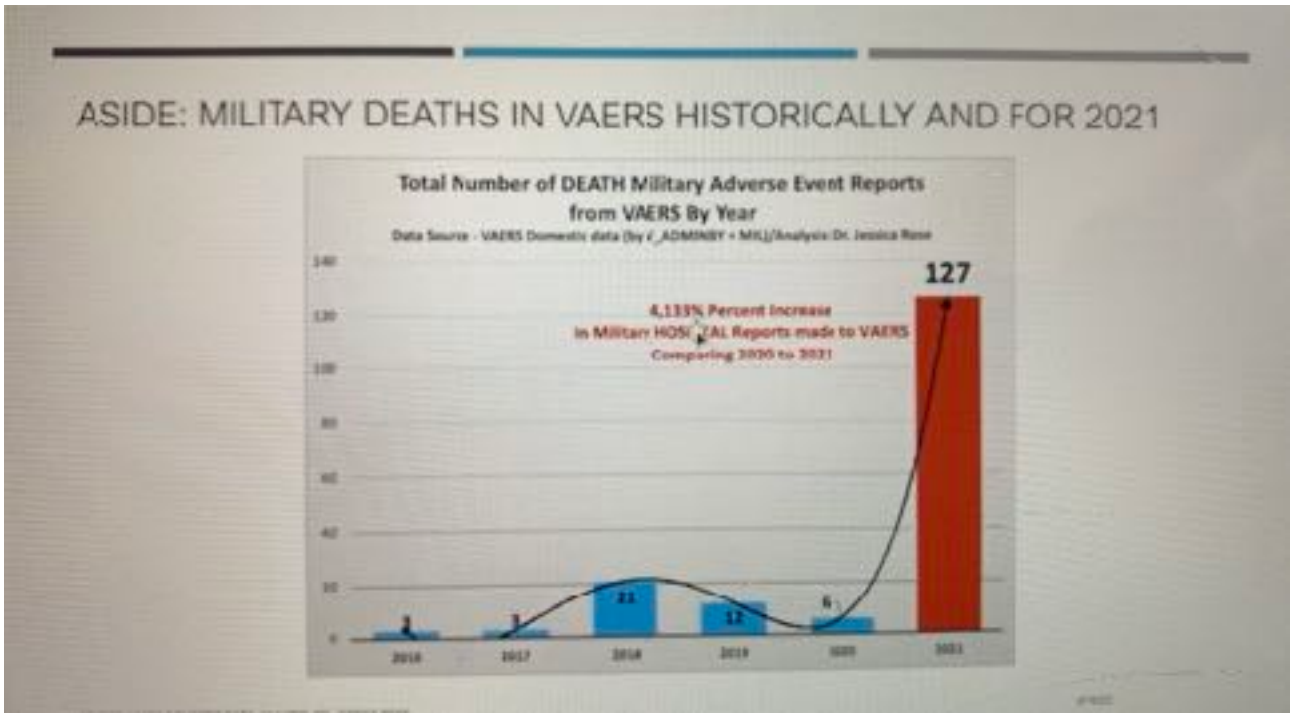
Where there is risk, there must be choice.

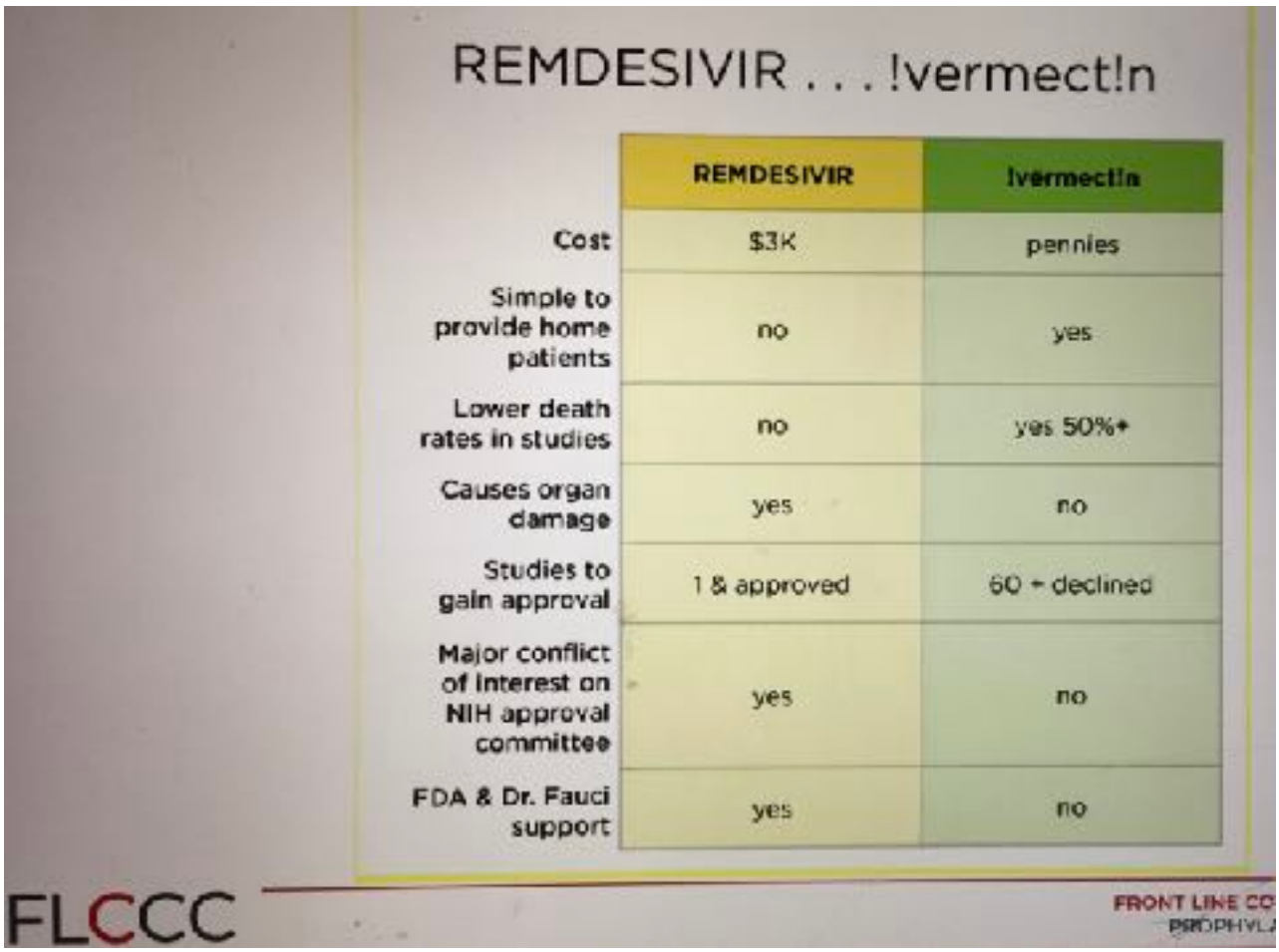
Without ill will, vexation or frivolity

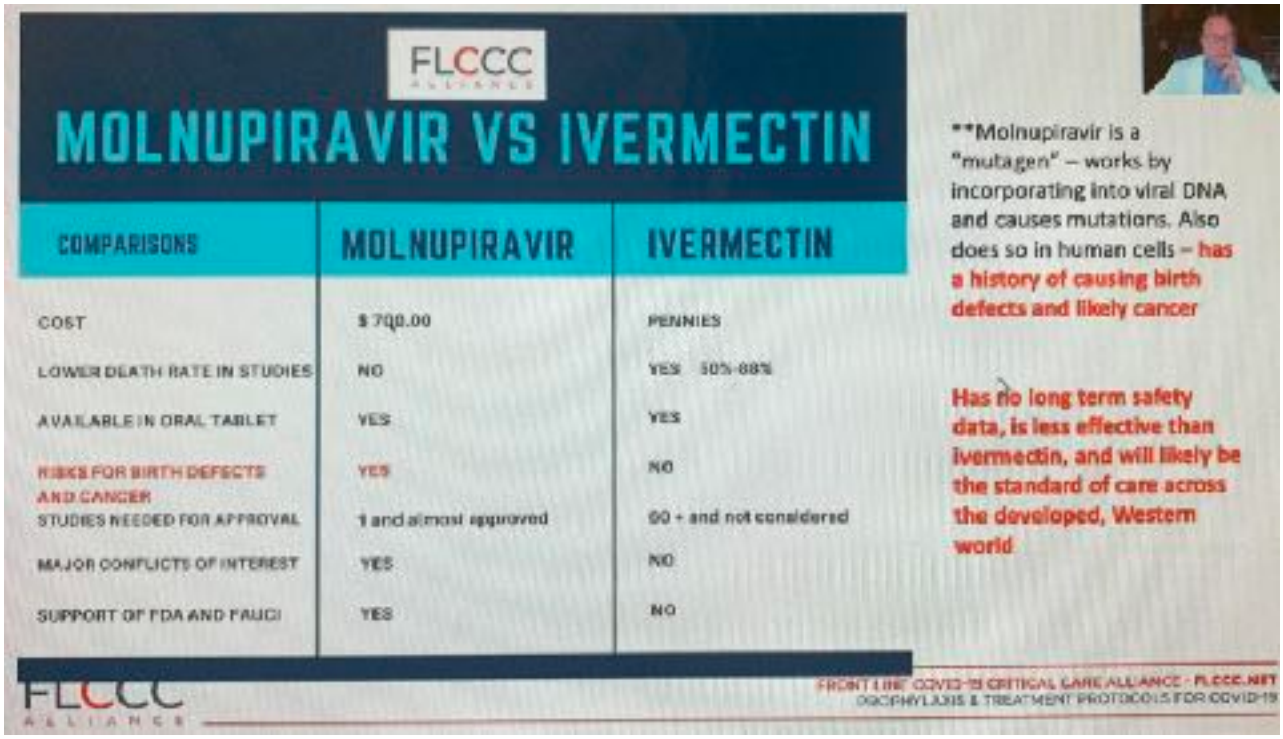
With sincerity and honour

Signed


Total VAERS reports per year
Absolute number of VAERS IDs (data)
25408
28668
29736
34340
44422
45706
38513
49137
48444
49412
748233
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Year
Total VAERS-reported deaths per year
Absolute number of VAERS Deaths
175
168
129
131
149
177
120
163
183
166
13509
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Year
Atypical absolute numbers in general and for thousands of stand-alone AEs (over the past 10 years)


ASIDE: MILITARY DEATHS IN VAERS HISTORICALLY AND FOR 2021
Total Number of DEATH Military Adverse Event Reports
from VAERS By Year
127
4,133% Percent Increase
Comparing 2020 to 2021


REMDESIVIR . . . !vermect!n
REMDESIVIR
!vermect!n
Cost
$3K
pennies
Simple to provide home patients
no
yes
Lower death rates in studies
no
yes 50%+
Causes organ damage
yes
no
Studies to gain approval
1 & approved
60 + declined
Major conflict of interest on NIH approval committee
yes
no
FDA & Dr. Fauci support
yes
no
FLCCC
FRONT LINE CO
PROPHYLA


FLCCC
ALLIANCE
MOLNUPIRAVIR VS IVERMECTIN
COMPARISONS
MOLNUPIRAVIR
IVERMECTIN
COST
$ 700.00
PENNIES
LOWER DEATH RATE IN STUDIES
NO
YES 50%-88%
AVAILABLE IN ORAL TABLET
YES
YES
RISKS FOR BIRTH DEFECTS AND CANCER
YES
NO
STUDIES NEEDED FOR APPROVAL
1 and almost approved
60 + and not considered
MAJOR CONFLICTS OF INTEREST
YES
NO
SUPPORT OF FDA AND FAUCI
YES
NO
**Molnupiravir is a "mutagen" – works by incorporating into viral DNA and causes mutations. Also does so in human cells – has a history of causing birth defects and likely cancer
Has no long term safety data, is less effective than ivermectin, and will likely be the standard of care across the developed, Western world
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FRONT LINE COVID-19 CRITICAL CARE ALLIANCE - FLCCC.NET
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19