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Amanda Pritchard
Chief Executive Officer
NHS

014/PH/2477
3 December 2021

Dear Ms Pritchard

Re: Dr Sam White:

I am instructed by Dr Sam White in connection with his treatment by the NHS since raising public interest disclosures to your predecessor, Sir Simon Stevens, by letter dated 2 July 2021.

That letter raised allegations of criminal conduct by way of gross negligence by the Executive Board of the NHS as well as those leading the NHS response in government and the regulatory agencies.

In summary the letter made the following allegations and sought to shine light on some of the darkness at the heart of the COVID-19 response:

1. That Dr White had been treated unfairly by the NHS since raising his concerns via video in early June 2021. These concerns having previously been raised at a revalidation appraisal in December 2020 which had been signed off by the responsible officer, Dr Ahmad, the same responsible officer who subsequently suspended Dr White for raising the same concerns in public.
2. The concerns are these: that the public have had their health, well being and lives put at risk by the following:
 - a. The NHS adhering to government dictat by cutting the role of primary care and keeping GPs out of the loop with covid cases throughout 2020.
That as a consequence of that decision, early diagnosis and treatment was denied to many patients and prophylactic and

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therapeutic treatments used elsewhere, to great effect, were being denied to NHS patients.

- b. That the NHS was following government policy of focusing its clinical response on vaccines, vaccines developed and manufactured by companies with links to charitable foundations who had provided substantial grants to a regulator, universities, and other institutions involved in the COVID-19 response. It's a matter of record that our Prime Minister met with Bill Gates in 2020 and that vaccination policy has changed over time and the Government has ignored the advice of the JCVI.
- c. That the data gathered by the NHS had exaggerated the risk posed by COVID-19 as the unfit for purpose PCR test had been used. We referred you in our earlier letter to the Drosten paper.
- d. That there had been very little information on the immune system as an alternative to vaccination.
- e. That the roll out of the vaccination was based on misleading and inaccurate information. That the benefits of vaccination had been overstated.
- f. That the risk of vaccination had been under-reported and under stated.
- g. That the NHS was complicit in working with government in rolling out a NHS COVID app which compromised NHS clinicians' ability to ensure patients were exercising free will in consenting to vaccination. Vaccination came with the benefit of traction free travel and access to events.
- h. That wearing face coverings in health care settings had not been properly risk assessed. There is evidence that masks do harm, particularly to children.

The CEO of the NHS has not deigned to reply to the 2 July 2021 letter and the concerns raised. Instead the NHS has chosen to mount a campaign of targeting my client unfairly. These actions speak of a certain culture within the executive leadership of the NHS and unwillingness to act on evidenced and constructive feedback.

This letter will detail developments since 2 July 2021. The Executive Board needs to reflect on whether their inaction on Dr White's letter of 2 July 2021 and their adherence to government policy has been beneficial to service users or a dereliction of duty.

1. Dr White's treatment by the NHS since 2 July 2021:

- a. On 2 July 2021 the NHS forwarded the letter we had written to the GMC with the comment along the lines of "Dr White has not taken his suspension too well."
- b. My client had been previously suspended via phone by Dr Milroy from NHS Improvement where the reasons given for suspension were apparent concerns about Dr White's health. The transcript of that call is [here](#). You will note Dr Milroy despite not being in a patient Doctor relationship with Dr White appears to diagnose my client remotely. Dr Milroy also refers to Dr White as "poppet".
- c. The original letter of suspension was dated [25 June 2021](#). That letter dated 25 June 2021 was signed by Dr Ahmad, the same responsible officer, who had signed off Dr White's revalidation appraisal where the same points which were the subject matter of suspension were made by Dr White. No reference was made to my client's health but a reference was made to social media posts as part of the rationale for suspension.
- d. The suspension was then lifted by Dr Ahmad [on 19 July 2021](#). No reference is made to social media posts as either the reason for suspension or for lifting the suspension.
- e. In mid-July 2021 we received a call from the Metropolitan Police in connection with the letter dated 2 July 2021 and went through the issues.
- f. On [21 July 2021](#) Dr Ahmad wrote a further letter clarifying why Dr White was suspended and confirming Dr White had the right to air his views.
- g. We reached out to the GMC Investigator Gareth Eaton stating we had received all the affidavits from the USA in an application being brought in the Courts to review the EUA vaccine approval. Mr Eaton throughout his investigation did not speak to Dr White. The subject matter of the investigation was not spoken to by the investigator. You read that right.

The purpose of any GMC investigation it would appear is to gather “incriminating” evidence rather than objectively investigate whether any of Dr White’s points had merit. We will return to this as we do have evidence that a complaint received by the GMC about a Doctor who makes factually inaccurate statement but who tows the government line are not investigated by the GMC. This does call into question the GMC’s ability to regulate Doctors and protect patient safety. We thought you were here to protect us, not protect the government.

- h. On 17 August 2021 Dr White appears before the Interim Orders Tribunal [IOT] having been referred there by the GMC. Despite having a witness statement and exhibits which backed up every point made, including expert testimony from Dr McCullough and others, as well as peer reviewed research the IOT placed as a condition of practice that Dr White was unable to post about the pandemic and associated aspects on social media. The firm sought clarification as to what the order meant and the ambit. Could Dr White stand for Parliament but not be allowed to comment on COVID-19? Could he post about discarded masks on the beach? We received no satisfactory response other than a veiled threat not to post.
- i. In Dr White’s statement to the IOT, he made the point that this firm has received evidence of at least one clinician breaching informed consent rules with regard to factually incorrect information given to a patient at the point of vaccination as well as a DNAR [do not attempt a resuscitation] notice being placed on an elderly patient without her consent. The GMC must be aware of the DNAR case on this point.¹ Despite having a remit to protect patient safety and investigate any clinician who poses a risk to the public, the GMC has taken no steps to contact this firm to find out what evidence we have. Why has the GMC sat on their hands when Dr White made a statement to the IOT containing allegations of at best gross negligence and at worst criminality by other clinicians?

¹ <https://www.judiciary.uk/wp-content/uploads/2014/06/tracey-approved.pdf>

- j. On 28 August 2021 Dr White appears on Dr Reiner Fuellmich's Corona Enquiry. An enquiry set up by Dr Fuellmich, a dual qualified attorney, best known for exposing a previous testing scandal involving emissions from diesel cars.
- k. On 21 September 2021 we met with Sir Graham Brady in Westminster. Sir Graham expressed an interest in Dr White's case. The letter of 2 July 2021 had reached some MPs and was acknowledged by Sir Desmond Swayne.
- l. An appeal is lodged in the High Court against the IOT conditions on 7 September and the case is listed to be heard on 4 November 2021.
- m. In early November 2021 the GMC make a second referral to the IOT claiming that Dr White was in breach of his conditions by having one image on Instagram and by this firm tweeting about Dr White's appearance at Dr Fuellmich's enquiry. The GMC also complained that the Crowd Justice page set up for Dr White was promoting "conspiracy theories." What conspiracies about medical regulators sitting on their hands and ignoring alleged gross negligence and criminality? Those sorts of conspiracy theories? We sought clarification on what basis the GMC had jurisdiction over a Solicitors' twitter account and we did not receive a satisfactory response. That hearing, listed for 10 November 2021, was postponed pending the High Court judgment.
- n. Meantime NHS Improvement convene a [Performance Advisor Group Meeting](#) for 4 November 2021. This date is the same date when Dr White is at the High Court for his appeal. Coincidence? You be the judge if you believe in coincidences. The case manager's only attempt to contact Dr White was via an old email address from when Dr White worked in the NHS. The NHS have Dr White as a leaver on their system and Dr White has had no access to his NHS email address for many months. No attempt is made to contact Dr White on his current email address, via his website, by phone or by letter. No attempt is made to contact this firm despite NHS Improvement having our correct email details.
- o. The decision of the meeting is to refer Dr White to a Performers' List Decision Panel to determine whether conditions should be imposed on Dr White for the video on social media which the NHS had previously

stated did not warrant suspension in the letter of 21 July 2021. Without any medical justification a discussion takes place about referring Dr White for an occupational health assessment.

- p. On 3 December 2021 the High Court quashed the Interim Order Tribunal's finding that the GMC had erred in law in making the order. Dr White has a human right to free expression. The Judgment also finds that the Guidance relied on by the IOT made no reference to the human rights of registered Doctors who appear before the IOT.
 - q. Dr White is more than willing to assist the GMC if they wish us to make any evidence available to them.
 - r. There is evidence that a smear campaign has been started by various organisations who intend to smear Dr White and anyone associated with his case. We are conducting our own enquiries into this. We will not be distracted by bots and trolls but we will take legal action against anyone who harasses or makes defamatory statements that cause serious harm.
2. With regard to the points raised in the letter dated 2 July 2021 we refer you to facts that have come to light since the 2 July and let those facts speak for themselves. The facts below are key facts rather than all the facts. Dr White and myself have agreed to a request made by a third party to assist the UK Police in any investigation into alleged criminality regarding the government's and others' response to COVID-19. Dr White and I are also in contact with those who lodged the International Criminal Court referral in September 2021.
- a. *"The NHS adhering to government dictat by cutting primary care and keeping GPs out of the loop with covid cases throughout 2020."*
 - i. There is a huge backlog of cases and missed diagnoses of diseases such as cancer mean some patients' diagnoses have been delayed and their prognosis has worsened.²
 - ii. There is substantial evidence accumulating that early treatment protocols for COVID-19 using a combination of anti-viral therapeutics have substantially better outcomes than waiting

² <https://nhsproviders.org/addressing-the-care-backlog/context-the-impact-of-the-pandemic>

until a patient condition worsens and then using ventilation and Remdesevir.³ There is also evidence of patients being treated simultaneously with CPAP and midazaolam.

b. *“That The NHS was following government policy of focusing its clinical response on vaccines, vaccines developed and manufactured by companies with links to charitable foundations who had provided substantial grants to a regulator, universities, and other institutions involved in the COVID-19 response. It’s a matter of record that our Prime Minister met with Bill Gates in 2020 and that vaccination policy has changed over time and the Government has ignored the advice of JCVI.”*

i. Dr David Martin a specialist in patents has gathered evidence regarding dates and timelines of patents filed by various entities from 2001 onwards which relate to both the lab creation of gain of function viruses as well as patents filed for vaccines.⁴

ii. Full evidence of the regulatory capture by pharmaceutical companies and how that capture impacted governments’ responses to the pandemic declared by WHO in March 2020 are detailed in Robert F Kennedy Jr’s work *“The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health”* which was published on 16 November 2021. Robert F Kennedy Jr together with Dr Peter McCullough, Dr Cory, Dr Lawrie, Dr Ryan Cole, Dr Stephen Frost, Dr David Halpin, Professor Sacharit Bhakdi, Professor Dolores Cahill and other eminent clinicians and scientists have agreed to support Dr White and all have been in contact.

³ <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-therapeutics-tracker>
<https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.3>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html>
<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/hospitalized-adults--therapeutic-management/>

⁴ <https://www.youtube.com/watch?v=gsDIHprql-g>

- c. *“That the data gathered by the NHS had exaggerated the risk posed by COVID-19 as the unfit for purpose PCR test had been used.”*
- i. The FDA withdraw emergency use authorisation of PCR tests on 19 July 2021 effective 31 December 2021.⁵
 - ii. The Government has admitted that:
“The detection of RNA in a swab is only a proxy for viral shedding (RNA detection does not indicate the presence of live virus).”
- d. *“That there had been very little information on the immune system as an alternative to vaccination.”*
- i. 121 studies are summarised at the Brownstone Institute showing that immunity and infection provides longer lasting and more well rounded protection than any immunity derived via vaccination.⁶
- e. *“That the roll out of the vaccination was based on misleading and inaccurate information. “*
- i. The government policy was to rely on vaccination to provide immunity from COVID-19. The government has now made a highly qualified statement and admitted that:
“Although there is limited data to draw upon in this area, if vaccination reduces the amount of viable and transmissible virus in a person who is infected despite vaccination, there may be a reduction in transmissibility. It is also possible that vaccination reduces the duration of infectiousness in those individuals who become infected.”

⁵ https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

⁶ <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

- ii. A whistle blower who worked in a Clinical Research Organisation has alleged that Pfizer manipulated the safety and efficacy data from the clinical trials.⁷
 - iii. There has been criticism that the data relied on by the government and the NHS has been misleadingly presented, particularly on what amounts to “unvaccinated” and “vaccinated” cases or hospitalisations or deaths, this was termed the “denominator problem.”⁸ You were accused of using misleading data in a TV broadcast.⁹
 - iv. Studies show that the vaccines have not been as efficacious as many had been led to believe. The vaccine has failed to prevent infection and spread against Delta.¹⁰ That is to say studies have shown that fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts and that viral loads are no different when comparing vaccinated and unvaccinated people.¹¹
 - v. Physicians for informed consent have produced a document showing safety and efficacy data.¹²
- f. *“That the risk of vaccination had been under-reported and under stated.”*

⁷ <https://www.bmj.com/content/375/bmj.n2635>

⁸ <https://fullfact.org/health/phe-ukhsa-bolsonaro/>

⁹ <https://reaction.life/how-did-nhs-chief-get-covid-patient-numbers-so-wrong/>

¹⁰ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

¹¹ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733.

¹² <https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:72f49401-d242-44fb-9a2b-eaacf887cb61>

- i. There is increasing evidence that the spike protein amounts to a toxin with the potential of causing potentially serious long term adverse effects. Dr White's concern has always been around the absence of long term safety data and the experimental nature of the mode of action of the mRNA vaccine.¹³
- ii. That some of the vaccinations currently in use in the UK have been withdrawn in other jurisdictions on safety grounds.¹⁴
- iii. That there is a higher than usual number of elite athletes having heart problems. ¹⁵France has withdrawn Moderna's vaccine for under 30s because of the risk of heart inflammation.¹⁶
- iv. That incidences of myocarditis and encarditis are rising. Dr White's letter dated 2 July 2021 expressly stated that there was a material risk of these conditions arising as a vaccine side effect. ¹⁷

¹³ <https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4d7d4bb8-dbaf-4731-a18f-ee27b794075e>

¹⁴ <https://www.bmj.com/content/374/bmj.n2034>

<https://www.bmj.com/content/375/bmj.n2477>

<https://www.cnbc.com/2021/10/08/nordic-countries-are-restricting-the-use-of-modernas-covid-vaccine.html>

<https://www.bbc.co.uk/news/health-58438669>

<https://www.nytimes.com/2021/04/13/us/politics/johnson-johnson-vaccine-blood-clots-fda-cdc.html>

<https://www.theguardian.com/world/2021/mar/30/canada-suspends-use-of-astrazeneca-covid-vaccine-for-those-under-55>

<https://www.bmj.com/content/373/bmj.n1053>

<https://www.devex.com/news/the-countries-that-don-t-want-the-covid-19-vaccine-99243>

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¹⁶ <https://medicalxpress.com/news/2021-11-france-moderna-under-30s-rare-heart.html>

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html>

- v. Evidence of risk is being revealed daily including some evidence extracted from Pfizer via court order. ¹⁸¹⁹
- g. *“That the NHS was complicit in working with government in rolling out a NHS COVID app which compromised NHS clinicians’ ability to ensure patients were exercising free will in consenting to vaccination. Vaccination came with the benefit of traction free travel and access to events.”*
 - i. The guidance produced for the COVID pass application has a limited number of exemptions. This application and its use is exerting undue influence on clinicians to deny exemptions to many individuals who have very good reasons (not that any are needed) not to be vaccinated.
 - ii. There is evidence that the CQC has allegedly unlawfully relied on the COVID pass app as the only means of evidencing exemption in their workplace. We thought the regulators, including the GMC, were independent of government, not in its pocket and pushing Government’s policies.
 - iii. The law is that any individual has the right to make their own decision on whether to have a treatment or not. Any decision should be free from third party pressure. The NHS Covid Pass application exemption system denies individuals their lawful rights, described in the Montgomery case as a “fundamental human right,” by exerting unlawful and coercive pressure by denial of exemption. This is the most serious allegation anyone could level at a health service. A health service that is complicit in denying patients their fundamental human rights and is complicit in pushing a government policy, vaccine passports, which has nothing to do with the health of the nation and

¹⁸ [Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 \(BNT162B2\) Received Through 28-Feb-2021 | PDF | Pharmacovigilance | Medicine \(scribd.com\)](https://de.scribd.com/document/543857539/CUMULATIVE-ANALYSIS-OF-POST-AUTHORIZATION-ADVERSE-EVENT-REPORTS-OF-PF-07302048-BNT162B2-RECEIVED-THROUGH-28-FEB-2021)

<https://de.scribd.com/document/543857539/CUMULATIVE-ANALYSIS-OF-POST-AUTHORIZATION-ADVERSE-EVENT-REPORTS-OF-PF-07302048-BNT162B2-RECEIVED-THROUGH-28-FEB-2021>

¹⁹ <https://www.naturalnews.com/2021-12-02-smoking-gun-pfizer-document-exposes-fda-criminal-cover-up-of-vaccine-deaths.html>

everything to with with the control of a nation, such control including pressuring the population into a vaccine which many patients, quite reasonably, may wish to decline for whatever reason.

h. "That wearing face coverings in health care settings had not been properly risk assessed."

- i. There is still no evidence that any risk assessment has been conducted on the benefits and risks of face coverings.
- ii. There is mounting evidence that face coverings cause harm and that evidence has been available for some time. Developmental and physiological harm to children is inexcusable.²⁰ The independent World Council of Health set up by Dr Tess Lawrie has some research you may wish to consider.²¹

Given that it has now been five months since we last wrote and evidence has been accumulating that every single one of Dr White's concerns are well founded it is incumbent on you to reply to all the points raised.

I look forward to such a response as soon as possible.

Yours sincerely



**Philip Hyland
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Solicitors**

²⁰ <https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/>

²¹ <https://worldcouncilforhealth.org/resources/face-masks-the-risks-vs-benefits-for-children/>