

December 6, 2021

International Criminal Court

Office of the Prosecutor

Communications

Post Office Box 19519

2500 CM The Hague

The Netherlands

EMAIL: otp.informationdesk@icc-cpi.int

**BEFORE THE INTERNATIONAL CRIMINAL COURT
(TREATY OF ROME STATUTE, ART. 15.1 AND 53)**

Subject of complaint:

- **Violations of the Nuremberg Code**
- **Violation of Article 6 of the Rome Statute**
- **Violation of Article 7 of the Rome Statute**
- **Violation of Article 8 of the Rome**
- **Violation of Article 8 bis3 of the Rome Statute**

Based on the extensive claims and enclosed documentation, we charge those responsible for numerous violations of the Nuremberg Code, crimes against humanity, war crimes and crimes of aggression in the United Kingdom, but not limited to individuals in these countries.

Perpetrators: Prime Minister for the United Kingdom BORIS JOHNSON, Chief Medical Officer for England and Chief Medical Adviser to the UK Government CHRISTOPHER WHITTY, (former) Secretary of State for Health and Social Care MATTHEW HANCOCK, (current) Secretary of State for Health and Social Care SAJID JAVID, Chief Executive of Medicines and Healthcare products Regulatory Agency (MHRA) JUNE RAINE, Director-General of the World Health Organisation TEDROS ADANHOM GHEBREYESUS, Co-chair of the Bill and Melinda Gates Foundation WILLIAM GATES III and Co-chair of the Bill and Melinda Gates Foundation MELINDA GATES, Chairman and Chief executive officer of Pfizer ALBERT BOURLA, Chief Executive Officer of AstraZeneca STEPHANE BANCEL, Chief Executive Officer of Moderna PASCAL SORIOT, Chief Executive of Johnson and

Johnson ALEX GORSKY, President of the Rockefeller Foundation DR RAJIV SHAH, Director of the National Institute of Allergy and Infectious Disease (NIAID) DR ANTHONY FAUCI, Founder and Executive Chairman of the World Economic Forum KLAUS SCWAB, President of EcoHealth Alliance DR PETER DASZACK

Victim(s): THE PEOPLES OF THE UNITED KINGDOM

Applicants:

Hannah Rose – Lawyer and human rights activist

Dr Mike Yeadon – Qualified life science researcher with a degree in biochemistry in toxicology, and a research-based PhD in respiratory pharmacology, former Vice President and Chief Scientist of allergy and respiratory research at Pfizer

Piers Corbyn – Astrophysicist and activist

Mark Sexton – Retired Police officer

John O’Loony – Funeral Director and activist

Johnny McStay – Activist

Louise Shotbolt – Nurse and human rights activist

Legal representation and election of domicile

The applicants will be represented for the purposes of this procedure by Hannah Rose

Email: hannahroses111@hotmail.com

Consequently, all subsequent correspondence shall be sent only to the email address given above. Any notification within the meaning of the Statute of the Court addressed in this way will be considered valid.

Mr Prosecutor,

I This communication and complaint is provided to the office of the Prosecutor pursuant to the United Kingdom’s accession to the International Criminal Court’s Rome Statute deposited with the Secretary-General of the United Nations on October 4, 2000.

- 2 We have tried to raise this case through the local English police and the English Court system without success, we have been unable to even get the case registered either with the police or with the court after several attempts. The statute for the ICC declares that *“The ICC is intended to complement, not to replace, national criminal systems; it prosecutes cases only when a State is unwilling or unable genuinely to carry out the investigation or prosecution (Article 17(1)(a)). This is such a case which is why we are addressing the ICC directly.”*

A. BACKGROUND

- 3 The Corona virus ‘vaccines’
are an innovative medical treatment, which have only received temporary Authorisation under Regulation 174 of the Human Medicine Regulations Act (2012). The long-term effects and safety of the treatment in recipients are unknown. It is important to note that the Corona Virus ‘vaccines’ are the world’s first introduction to the synthetic m-RNA technology and all previous immunisations worked in a totally different manner, by way of introducing a deactivated or weakened virus to the body to trigger a natural arousal of the immune system against it. As detailed by Dr Mike Yeadon, the risks anticipated by this innovative medical treatment are hereby enclosed as Appendix 1 to this request.
- 4 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, they are using a completely new mRNA vaccine technology, which has never previously been approved for use in humans. 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.
- 5 The Covid-19 ‘vaccines’ do not meet the requirements to be categorised as vaccines and are in fact gene therapy (Appendix 8). The Merriam-Webster dictionary quietly changed the definition of the term ‘vaccine’ to include components of the COVID-19 m-RNA injection. The definition of vaccine was specifically changed due to the Covid-19 injection on February 5th 2021. Dr Mike Yeadon, joint applicant on this request, asserts that claims calling the Covid-19 injections a ‘vaccine is public manipulation and misrepresentation of clinical treatment. It’s

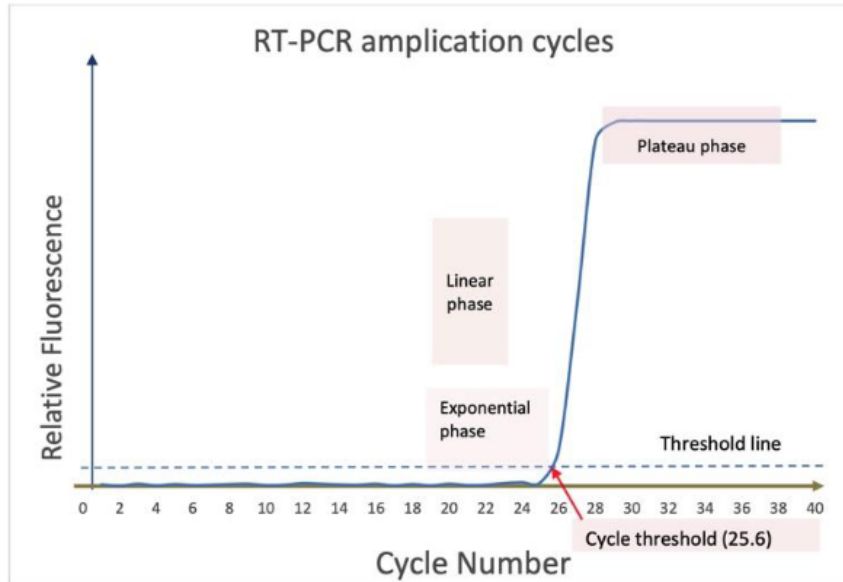
not a vaccination. It's not prohibiting infection. It's not a prohibiting transmission device. It's a means by which your body is conscripted to make the toxin that then allegedly your body somehow gets used to dealing with it, but unlike a vaccine, which is to trigger the immune response, this is to trigger the creation of the toxin.' MRNA uses the cell's machinery to synthesize proteins that are supposed to resemble the SPIKE protein of the virus, which is what it uses to enter cells via the ACE2 receptor. These proteins are then identified by the immune system, which builds antibodies against them. The real concern is that these proteins could accumulate in the body especially in regions of high concentration of ACE2 receptors, such as the gonads. If the immune system then attacks the location where they accumulate, then you could be dealing with an auto-immune condition.

6 **PCR Tests**

A review from the University of Oxford's Centre for Evidence-Based Medicine (Appendix 2) found that the standard PRC test is so sensitive, that it can detect old infections by picking up fragments of dead viral cells. Originally developed to detect the presence of DNA and RNA in biological samples, even its Nobel Prize-winning inventor Kary Mullis declared that PCR was never intended to diagnose a disease. It simply detects the presence of specific genetic material, which may or may not indicate infection. As Dr. Kary Mullis put it, the PCR technique can find almost anything in anybody. The PCR test uses amplification cycles to find viral RNA. The sample is repeatedly chemically amplified to increase the RNA copies until they can be detected. Each "cycle" of amplification doubles the number of molecules in a sample. If you run enough cycles, you can effectively find a single molecule of any substance. Public Health England (PHE) policy confirms that the cycle threshold should be set around 25.6 and if the machine must run more than 25 to 35 cycles (Appendix 2a) to get the sample to the test's Limit of Detection, there isn't enough virus in the sample to matter clinically.

Understanding cycle threshold (Ct) in SARS-CoV-2 RT-PCR

Figure 1 demonstrates the stages for RT-PCR post run analysis.



(Appendix 2a)

We have information from freedom of information requests that as many as 40-45 cycles are being carried out (Appendix 3, 3a, 3b, 3c) which is too many because it increases the chance of a positive result even without coronavirus RNA being present in the original sample – hence the ‘asymptomatic’ individuals. In addition to being completely unreliable the PCR tests also contain carcinogenic ethylene oxide. (Appendix 48)

7 **Covid is a biological weapon - Gain of function research**

Chinese Virologist Li-Meng Yan was among the first researchers to study covid-19 in China after she was enlisted to investigate the origin of the virus by superior Leo Poon. Dr Li-Meng Yan and her team published a report (Appendix 4) claiming that the novel coronavirus was developed “as a laboratory product created by using bat coronaviruses ZC45 and/or ZXC21 as a template and/or backbone.” The report states that “ZC45 and ZXC21 were discovered between July 2015 and February 2017 and isolated and characterized by the aforementioned military research laboratories.” It also says that when a non-military lab, the Shanghai Public Health Clinical Centre, published a *Nature* article reporting “a conflicting close phylogenetic relationship between SARS-CoV-2 and ZC45/ZXC2 rather than with RaTG13, was quickly shut down for ‘rectification.’” The report also accuses several publications of bowing to

political pressure or of experiencing “conflicts of interest” so as not to publish findings that differ from the natural origin theory. “The existing scientific publications supporting a natural origin theory rely heavily on a single piece of evidence – a previously discovered bat coronavirus named RaTG13, which shares a 96% nucleotide sequence identity with SARS-CoV-2.”

- 8 The National Institutes of Health (NIH) in the USA has admitted to funding of gain of function research on bat coronaviruses at China’s Wuhan lab – despite Dr Anthony Fauci repeatedly denying this. In a letter to Republican James Comer (Appendix 5), NIH’s principal deputy director A. Tabak, blamed EcoHealth Alliance – that funnelled US funds to the Wuhan lab – for not being transparent about the work it was doing. British scientist Peter Daszak who runs EcoHealth is accused by Tabak of failing to comply with the terms of the grant. As recently as November 2021 Fauci was accused of lying about gain of function research after documents obtained by the intercept (Appendix 6) detailed grants given to EcoHealth Alliance for bat coronavirus studies. The \$3.1 million grant was awarded for a five-year period between 2014 and 2019. After the funding was renewed in 2019, it was suspended by the trump administration in April 2020. The grant directed \$599,000 to the Wuhan institute of Virology for bat coronavirus research.
- 9 British Professor Angus Dalglish and Norwegian scientist Dr. Birger Sørensen, published a report in the *Quarterly Review of Biophysics* (Appendix 7) and claim that the coronavirus's spike protein contains sequences that appear to be artificially inserted. They claim they had 'prima facie evidence of retro-engineering in China' for a year - but were ignored by academics and major journals. Dalglish is a professor of oncology at St George's University, London, and is best known for his breakthrough creating the first working 'HIV vaccine', to treat diagnosed patients and allow them to go off medication for months. While analysing COVID-19 samples last year in an attempt to create a vaccine, Dalglish and Sørensen discovered 'unique fingerprints' in the virus that they say could only have arisen from manipulation in a laboratory. They said they tried to publish their findings but were rejected by major scientific journals which were at the time resolute that the virus jumped naturally from bats or other animals to humans. Even when former MI6 chief Sir Richard Dearlove spoke out publicly saying the scientists' theory should be investigated, the idea was dismissed as 'fake news.'

10 **Graphene hydroxide**

Dr Andreas Noack is a German chemist and one of the EU's top graphene experts, carbon expert and doctored in the field of activated carbon whereby for his doctoral thesis he converted graphene oxide into graphene hydroxide. Professor Dr Pablo Campra comes from the university of Almeria, and alongside Dr Andreas Noack he examined the covid 'vaccines' for the presence of graphene oxide with the Micro-Raman Spectroscopy, the study of frequencies. According to both doctors, the vaccines don't contain graphene oxide but do contain graphene hydroxide. On November 23, 2021, Dr Andreas Noack released a video explaining what graphene hydroxide is and how the nano structures injected into the human body act as 'razor blades' inside the veins of 'vaccine' recipients. Dr Andreas goes on to explain how due to the nano size of the graphene oxide structures they would not show up on an autopsy as toxicologists can't imagine that there are structures that can cut up blood vessels causing people to bleed to death on the inside so they would not be looking for them, given their atomic size.

11 On 18th November 2020 Dr Andreas Noack was on a 'livestream' on YouTube discussing the dangers of the Covid-19 'vaccines' when he was arrested on camera by armed German police (Appendix 41). On 26th November 2021, just hours after publishing his latest video about graphene oxide and graphene hydroxide (Appendix 42) he was **attacked and murdered.**

12 **We request a full investigation be done into the inclusion of Graphene hydroxide in the Covid-19 'vaccines' and into the assassination of Dr Andreas Noack.**

13 **Inflated Covid figures**

The number of covid-19 cases have been artificially inflated due to the inaccuracy and unreliability of the PCR testing and the number Covid-19 deaths in the UK have been massively artificially inflated due to the fact that a covid death is recorded if an individual died for any reason within 28 days of a positive Covid-19 test (that was confirmed with the inaccurate and unreliable PRC tests). These deaths are being recorded as Covid-19 regardless of whether Covid-19 was the factual cause of death.

14 A Freedom of Information request (Appendix 43) shows us that between March and June 2020 the total number of Covid-19 related deaths in England and wales with no pre-existing health conditions was 4,476.

Table 6a: Number of deaths involving COVID-19 by main pre-existing condition, sex and age, England and Wales, deaths occurring between March and June 2020

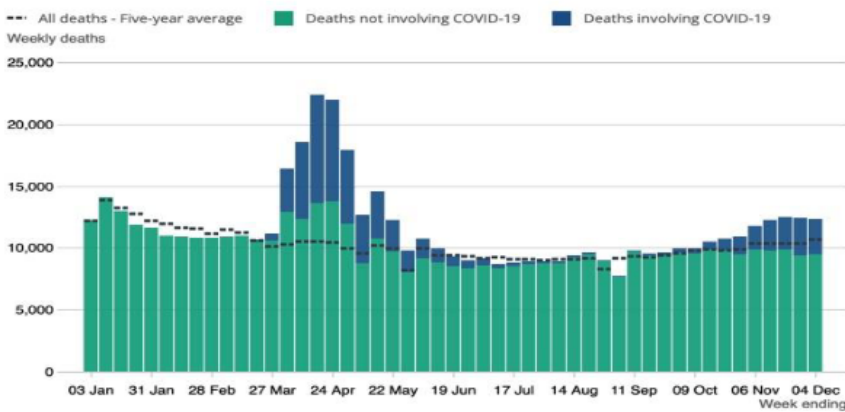
Country	Sex	Age	Main pre-existing condition	Number of deaths
England and Wales	Persons	0-44	No pre-existing condition	101
England and Wales	Persons	45-49	No pre-existing condition	91
England and Wales	Persons	50-54	No pre-existing condition	123
England and Wales	Persons	55-59	No pre-existing condition	227
England and Wales	Persons	60-64	No pre-existing condition	230
England and Wales	Persons	65-69	No pre-existing condition	293
England and Wales	Persons	70-74	No pre-existing condition	407
England and Wales	Persons	75-79	No pre-existing condition	519
England and Wales	Persons	80-84	No pre-existing condition	699
England and Wales	Persons	85-89	No pre-existing condition	802
England and Wales	Persons	90+	No pre-existing condition	984

(Appendix 43)

15 However, the Covid-19 deaths for the same period were recorded at 49,607 (Appendix 44)

1. Deaths since March were 20% above average

Death registrations in England and Wales compared with the five-year average (2015 to 2019), by whether or not COVID-19 was mentioned on the death certificate



Source: Office for National Statistics – Deaths registered weekly in England and Wales

(Appendix 44)

- 16 We submit that a further way that the Covid-19 statistics have been artificially inflated is by the ‘rebranding’ of the common influenza, pneumonia and other respiratory infections as covid-19. Epidemiologist Knut Wittowski, the former head of biostatistics, epidemiology and research design at Rockefeller University claims *‘there may be quite a number of influenza cases included in the ‘presumed Covid’ category of people who have Covid symptoms (which influenza symptoms can be mistaken for), but are not tested for SARS RNA’*. Those patients he argued, *‘also may have some SARS RNA sitting in their nose while being infected with influenza, in which case the influenza would be ‘confirmed’ to be Covid’*.
- 17 Data from the ONS (Appendix 45) showed that deaths in 2018 from influenza and pneumonia amounted to 29,516 and in 2019, was 26,398. However, deaths in 2020 for influenza was recorded at just 394 and pneumonia at 13,619 (Appendix 46).

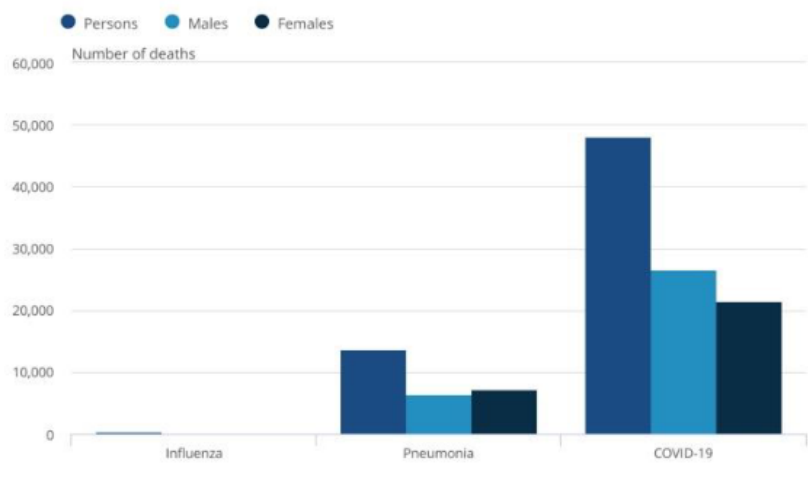
Influenza and Pneumonia

Country	2018	2019
Total mortality	29,516	26,398
England	27,142	24,400
Wales	2,309	1,942
England and Wales	29,451	26,342
Resident outside England and Wales	65	56

(Appendix 45)

Figure 1: There were more deaths due to COVID-19 between January and August 2020 than influenza or pneumonia

Number of deaths due to influenza, pneumonia or COVID-19 by sex, England and Wales, occurring between 1 January and 31 August 2020 and registered by 5 September 2020



Source: Office for National Statistics

(Appendix46)

- 18 John O’loony, a joint applicant on this request is a funeral director running his own funeral home in Milton Keynes. He has testified (Appendix 47) that as a funeral director he saw ‘*a massive effort made to deliberately inflate Covid death numbers. Cancer patients and stroke victims and even one guy that was run over all ended up with Covid on their death certificate*’.
- 18a We submit that the misrepresentation of covid cases and covid deaths warrants a full investigation by the Court.

19 **Ineffectiveness of masks**

The World Health Organisation (WHO) has admitted that there is no evidence available on the usefulness of masks to protect non-sick individuals (Appendix 9). In addition to hypoxia and hypercapnia, breathing through facemask residues bacterial and germ components on the inner and outside layer of the facemask. These toxic components are repeatedly breathed back into the body, causing self-contamination. Breathing through facemasks also increases temperature and humidity in the space between the mouth and the mask, resulting in a release of toxic particles from the mask’s materials. A systematic literature review estimated that aerosol contamination levels of facemasks including 13 to 202,549 different viruses. Rebreathing contaminated air with high bacterial and toxic particle concentrations along with low O₂ and