

jasmine
xyz

10 May 2020

Dear Prime Minister Johnson,

The Health Protection (Coronavirus) Regulations 2020 is legislation without proper checks and balances written into it and can therefore be considered a precursor to tyranny unfolding in the UK, unless immediately corrected.

By following a particular path/flow through the logic of the regulations - as it now reads, on just a supposed 'belief' of an officer, an individual can in effect be forcefully removed from their private residence and detained **indefinitely** ('at a suitable place') without a proper warrant being sought and no paperwork being issued and probably (in practice) without any recourse to an appeal in a magistrate's court (despite the provisions in Section 12).

To say that I am concerned about such a state of affairs would be understating matters, I feel.

Stepping through the logic of the legislation from the beginning:

By oral 'order' only, an individual can be detained **indefinitely** (or for at least 14 days, the situation is unclear) on a 'belief' about various matters (i.e. Sec 4.-(2)(a)):

Section 4.-(1): '...impose on P a requirement to be detained **until the later of...** [i.e. indefinitely until Section 4.-(1)(b) met.]

Section 4.-(1)(b) '...such time as any screening requirements imposed on or in relation to P under regulation 5(1) have been complied with and the assessment referred to in that regulation carried out in relation to P.'

Moreover, most likely in practice, the above actions could likely be initiated on the belief of a so-called 'contract tracer' (i.e. 'health officer') working under a registered public health consultant (as in a registered public health consultant just signing things off which are brought to them).

And even at this stage, nothing need be provided in writing confirming the ‘order’ and/or its reasons, because:

Section 5.-(5): ‘...must be provided with a written notification of the restriction or requirement that has been imposed or varied **as soon as reasonably practicable**.’

Naturally with any bureaucracy, the words underlined above can effectively equate to never, or at least, a very long time. Yet at this stage an individual can have been detained on an indefinite basis (for a host of potentially unreasonable /unjust reasons).

Further at this stage because of an individual being detained under Section 4 as above (rather than Section 5, 8 or 7), the care and due regard provisions for P’s well-being stated in Section 9 below, might be construed not to apply (and thus P is left open to abuse/being abused/injured):

Section 9.-(1): ‘Where P is detained or kept in isolation under regulation 5 or 8 or subjected to restrictions or requirements under regulation 7, the Secretary of State must have due regard to P’s well-being.’

Or at this stage, if detention because of issue/process is under Section 5.-(1)(a):

Section 9.-(2): ‘...the Secretary of State must review the continuation of P’s detention as soon as reasonably practicable by reference to the provisions of those regulations.’

So again, no fixed max time limits (though Section 9.-(3) appears to be in contradiction to the prior Section 9.-(2) as it might be inferred to mean that the Secretary of State has to review the situation every 24 hours, though it is not clear from when?

Arriving now to Section 14, we come to a whole series of provisions intimately tied in with all the above absence of proper checks and balances, whereby essentially a Constable (upon his own belief and/or that of a health consultant—which in practice I suspect (as above), really means a health officer/contact tracer) can:

Forcefully under Sec 13.-(3) remove, detain, and/or send to ‘a suitable place’, etc (which in practice could mean a host of unjust/unsuitable things).

To note, that several more ‘...as reasonably practical’ provisions are worded in with a Constable’s actions, which in terms of ensuring proper checks and balances mean none exist.

Moreover, astonishingly, Section 14.-(3) states:

Section 14.-(3): ‘The power in paragraph (2) may be exercised where P is at any place.’

Meaning that proper and appropriate warrants for entry to private homes need not be obtained before an individual is potentially forcefully removed, detained and/or sent to ‘a suitable place’ based on nothing more than a belief – and still with potentially no paperwork issued for such a series of events?

Section 12.-(1) allows for an appeal to be made to a magistrate’s court.

Questions (A): Please can you advise if this appeal is intended to be allowed for, before any of the above actions leading to detention have taken place – or after. And if after, what provisions and means are there to ensure and enable an individual to make such an appeal to a magistrate’s court – practically speaking,? Like what is the intended timing?

Further, what guidance has been issued to Constables, registered public health consultants and so-called ‘contact tracers’ to ensure the right of an individual to quickly and without a delay make an appeal (as allowed for in Section 12) are respected and the actioning of them facilitated—again practically I mean? Like is it envisaged such an appeal will be done over a telephone; will legal representation be immediately provided as standard if wanted/needed – how and where will parties meet, etc?

And also, can you explain how an individual is facilitated to exercise their rights, when potentially no paperwork exists because of all the ‘as soon as reasonably practical’ type statements contained in the legislation?

Question (B): Regarding Section 9.-(1) and ‘the Secretary of State must have due regard to P’s well-being’, can you explain how this is met by forceful detention stemming from Section 4, as I have outlined. And what exactly is meant/covered by an individual’s well-being, if they are forcefully removed from their home and detained at ‘a suitable place’ based on nothing more than an officer’s belief along with their being no paperwork in place? Specifically I am asking about, what is intended to be provided to such an individual, who may have done nothing wrong whatsoever, and be in good health though with particular needs? As in what arrangements have been put in place to see that such an individual’s well-being is indeed given due regard?

Of course, I am aiming to have you update the regulations (just as quickly as they were put through in the first place) to ensure the scenario which I have outlined (as a result of following the logic of the legislation) is corrected/updated on an immediate basis.

As they stand, these regulations are a blueprint for tyranny and injustice because of there not being any proper checks and balances in place, so as to ensure such a situation as I have outlined is prevented from taking place.

Coupled with the HCID statement below, and taking into account several recent quality CV19 studies published in high profile prestigious peer-reviewed journals, all showing low fatality rates for CV19 (mostly in all except the very elderly with serious pre-existing underlying conditions), I do not believe the enactment of such draconian legislation is

legal or lawful. I note this is the second time I have advised you of such and that in my consideration your present actions are in breach of several key parts of the Nuremberg Principles (and thus an international crime), as well as (most unfortunately), UK terrorism legislation.

On the 19th March, the UK HCID committee, stated:

‘Status of COVID-19

...

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious diseases (HCID) in the UK.

...

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak.

Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about **mortality rates (low overall)**, and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

...

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.’

Given their vital importance, I would ask that you please respond to my points and questions in a timely fashion,.

sincerely,

Signed as the living flesh and blood individual who others know as
Without prejudice.
All rights reserved.