



Department of Health & Social Care

Freedom of Information Team
Department of Health and Social Care
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Dr Bartholomeus Lakeman
[request-666987-
cbaa1251@whatdotheyknow.com](mailto:request-666987-cbaa1251@whatdotheyknow.com)

24 September 2020

Annex A: DHSC's response to initial request dated 7 June 2020
Annex B: Request for internal review dated 9 June 2020

Dear Dr Lakeman,

FREEDOM OF INFORMATION ACT (FOIA): INTERNAL REVIEW CASE REFERENCE IR 1228983

You originally wrote to the Department of Health and Social Care (DHSC) on 23 May requesting information regarding COVID-19. We responded to you on 7 June (our ref: FOI-1228983), stating that we do not hold the requested information. A copy of our response, including the full text of your request, is at Annex A.

You subsequently emailed DHSC on 9 June requesting an internal review into the handling of your original request. A copy of your email is at Annex B.

The purpose of an internal review is to assess how your FOI request was handled in the first instance and to determine whether the decision given to you was correct. This is an independent review as I was not involved in the original decision. I have undertaken discussions with the team that has responsibility for your request, and we have taken the opportunity to consider it again.

Conclusion

After careful consideration of the subject matter, I have concluded that the original response was incorrect, for which I apologise. However, to provide the information as it is currently framed would exceed the appropriate cost limit set out in the FOIA.

Section 12(1) of the FOIA means public authorities are not obliged to comply with a request for information if it estimates the cost of complying would exceed the appropriate limit. The appropriate limit for DHSC is set at £600, which represents the cost of one person spending 3.5 days determining whether we hold the information, and then locating, retrieving and extracting the information.

We have estimated that the cost of extracting the information you have requested would exceed the appropriate limit. Consequently, we will not be answering your request.

Although we cannot answer your request at the moment, we may be able to answer a refined request within the cost limit. You may wish to consider, for example, focusing on one of your questions. Please be aware that we cannot guarantee at this stage that a refined request would fall within the FOIA cost limit, or that other exemptions will not apply.

Should you wish to submit a refined request, please do so at FreedomofInformation@dhsc.gov.uk or <https://contactus.dhsc.gov.uk>.

I note that discretionary information was provided to you in order to be as helpful as possible.

The review is now complete.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner (ICO) for a decision. The ICO can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

<https://ico.org.uk/concerns>

I apologise for the delay in responding, which I appreciate has fallen short of expectations.

Yours sincerely,

Charlene Carter
Casework Manager
Freedom of Information Team
FreedomofInformation@dhsc.gov.uk

Annex A: DHSC's response to initial request

Mr Bartholomeus Lakeman
request-666987-cbaa1251@whatdotheyknow.com

07 June 2020

Dear Mr Lakeman,

Freedom of Information Request Reference FOI-1228983

Thank you for your request dated 23 May, in which you asked the Department of Health and Social Care (DHSC):

"On 21 May, Matt Hancock stated "This is a deadly virus and it has brought pain to so many both here and across the world". "But, thanks to your shared sacrifice, we've now brought R down. ... We are currently at step 1, which means: ..." "But for the public at large to know whether or not they have had coronavirus, we need antibody tests at large scale." "We are developing this critical science, to know the impact of a positive antibody test."

Therefore, please supply the following on Covid-19

1. Is there an electron micrograph of the pure and fully characterised virus (SARS-CoV-2)?
2. What is the name of the primary specialist peer reviewed paper in which said virus is illustrated and its full genetic information described?
3. What is the name of the primary specialist peer reviewed paper which provides unequivocal proof that the 'Covid-19' virus is the sole cause of a particular disease?
4. Are there Autopsies on Covid-19 deaths which do confirm having died by SAR-CoV-2 and not by Disseminated intravascular coagulation, blood dyscrasia, Oxygen deprivation syndrome, or due to an increased intracellular calcium ([Ca2]i) level? And of said autopsy results: what is the percentage of death only due to SAR-CoV-2?
5. Is there an antibody test specifically for SARS-CoV-2 as that fulfils the Koch' postulates and has a false positive below 30%, and confirms that Covid-19 symptoms are only due to SARS-CoV-2? And if not, then how is it possible that you or your advisers can provide a meaningful 'R' number?"

Your request has been handled under the Freedom of Information Act (FOIA).

The DHSC does not hold the information you requested. This is because we are not the appropriate authority to contact on this subject.

However, you may wish to contact Government Office for Science, which may hold information relevant to your request. The contact details are:

Government Office for Science
10 Victoria Street
London
Email: contact@go-science.gov.uk
Website: <https://www.gov.uk/government/organisations/government-office-for-science>

If you are not satisfied with the handling of your request, you have the right to appeal by asking for an internal review. This should be submitted within two months of the date of this letter and sent to FreedomOfInformation@dhsc.gov.uk, or to the address at the top of this letter.

Please remember to quote the reference number above in any future communication.

If you are not content with the outcome of your internal review, you may complain directly to the Information Commissioner's Office (ICO). Generally, the ICO cannot make a decision unless you have already appealed our original response and received our internal review decision. You should raise your concerns with the ICO within three months of your last meaningful contact with us.

The ICO can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

<https://ico.org.uk/concerns/>

Annex B: Request for internal review

From: Bartholomeus Lakeman request-666987-cbaa1251@whatdotheyknow.com

Sent: 09 June 2020 11:41

To: FreedomofInformation freedomofinformation@dhsc.gov.uk

Subject: Internal review of Freedom of Information request - Where is the Scientific proof of SARS-CoV-2?

Dear Department of Health and Social Care,

Please pass this on to the person who conducts Freedom of Information reviews.

I am writing to request an internal review of Department of Health and Social Care's handling of my FOI request 'Where is the Scientific proof of SARS-CoV-2?'.
My FOI-1228983 of 23 May was directed to the Department of Health and Social Care (DHSC):

On 7 June, their respond was "DHSC does not hold the information you requested. This is because we are not the appropriate authority to contact on this subject. However, you may wish to contact Government Office for Science, which may hold information relevant to your request."

DHSC reason "we are not the appropriate authority on this subject" is unacceptable due to the following issues:

1)The DHSC cannot negated to another department i.e. Govt Office for Science their obligation to justify Lockdown's likely collateral damage to the people, e.g. unemployment, stress, mental health, obesity, restricted (or no) access to adequate health care (e.g. 'geronticide'), the risk that there will be no return to a known normality: the loss of cultural- psycho-social identity and relation;

2)It implies that the DHSC had neither the scientific evidence nor the scientific advisers to declare the Covid-19 virus as such a threat that compelled them to endorse on our whole society the Lockdown measurements, nor that they can the justify said consequences of their measurements;

3)Without the verified and validated data of the 'Covid19 virus' it's impossible to define who had died by said virus and who had died from other causes: seasonal flu, severe conditions (who would statistically die this year) or from said Lockdown's consequences. Moreover, the cure is likely to be worse than the disease, e.g.

a)For to declare covid19 as the threat for to move to a Lockdown: Govt scientific advisers should have implied some basic scientific principles, e.g. (a) Validating the tests (and the image) (with a low (30%) false positive rate) that can distinct covid19 from usual flu; (b) Disproving the 'zero hypothesis' ($H_0 = \text{covid19's IFR and CFR are the same as that of a seasonal flu}$); (c) Proving the 'one hypothesis' ($H_1 = \text{covid19' risk is so much more than that of usual flu that it requires the Lockdown}$); (d) Balancing the consequences of acting on H_0 – vs – H_1 (acting on H_1 would limit the Covid19 mortality: H_0 would limit the individual collateral damage from the Lockdown)..

b)In 2009, for the swine flu the Imperial College advised by the 'R0' and other computer numbers, statistics; a mass vaccination. Consequently 6 million UK people had GSK' vaccine of which 1000 got long-term or permanently damaged; whilst UK' swine flu deaths was 283.

4)The data and 'science' which the Govt used to move to lockdown seems to be 'borrowed', e.g. from the WHO, PHE, SAGA or data providers otherwise which are related to the pharmaceutical corporations, institutions and its funders with an interest in the vaccine, which as the Govt advisers did insufficiently validate; said used data is 'Public Relation Data', e.g.

c)It's a principle of science that findings are validated by a peer review. Yet the Govt refuted the advice from the independent scientists who found said data to be unverifiable or invalid; and found that the dangerousness of Covid-19 was overestimated: probably at no point did the danger posed by the new virus go beyond the normal level and was no more than the winter flu of 2017/18 (excess deaths 50,000: source ONS); and who found that the risk from Covid-19 did not weight up against the risks from the consequences of the protection measurements.

d) It appears that the Infection Fatality Rate for COVID-19 is somewhere between 0.07-0.20%, which is in line with seasonal flu! And a risk 20 to 30 times lower than previous World Health Organization estimated based on Imperial College hypothetical models.

e)The influence, on our health service, from said institutions and funders can be beguiling. E.g. Prof Neil Ferguson predictions on Covid19 mortality were accepted as infallible. Yet it could not be peer-reviewed as he refused to disclose his background info and way of its interpretation. And Hydroxychloroquine for to treat Covid19 was discredited due to an article “Hydroxychloroquine /chloroquine with or without a macrolide for treatment of COVID-19” published by the Lancet and the New England Journal of Medicine. However, said article had to be redacted after the Guardian proved it to be based on fabricated “evidence”; shrouded in scientific-sounding language of credibility as a paid infomercial for Big Pharma’s vaccine.

f)Several foreign parliaments, e.g. Italy and Germany (after 10 weeks’ Lockdown) come to realise that said (a c) scientific principles were neglected, and that they got said balance wrong: the data and science used for the Lockdown was insufficiently validated; and that it brought more harm than good. And those countries who did not do Lockdown did so because they verified (did not ‘borrow’) the data from the WHO and the Imperial College or from their funders (BMGF, GAVI, Pharmaceutical companies); and they had less total-deaths per million population than those who did Lockdown.

g)Moreover, the Govt has laid itself open to have violated the “The Transparency of Lobbying, Non-party Campaigning and Trade Union Administration Act 2014” and to have subjected peoples’ health need to the interest of the pharmaceutical institutions and its funders (e.g. BMGF) (whose stock market value, during the Lockdown has been doubled);

h)The Oxford COVID-19 vaccine: Pre-publication data released on May 13th reveals the vaccine is less promising than the OVG team implied. All vaccinated macaques sickened after exposure to COVID-19. Edinburgh University’s Ms Riley told Forbes the vaccine provided “insufficient” antibodies to prevent infection and viral shedding. Vaccinated monkeys spread the disease as readily as unvaccinated. It also appears that 90% of said monkeys got infertile.

Andrew Pollard, Senior Advisor to MRHA Panel which licenses vaccines, chairs JVCI committee that mandates them, he used his power to force his COVID vaccine into human trials (as he takes payments from virtually all the big vaccine makers; he shunned inert placebo tests and restricted safety studies to three weeks to hide long-term injuries. In 2014, Pollard developed GlaxoSmithKline’s notorious Bexsero meningitis vaccine, and then mandated it to children despite significant safety signals for Kawasaki Disease and the rarity of meningococcal-B infections this cause Kawasaki disease in as many as one out of every 1000 children). So, OVG recruited 510 healthy volunteers for human trials.

In an update on May 22, the Oxford researchers revealed that “1,000 immunisations have been completed” and that next study will enroll “up to 10,260 adults and children (mostly in foster care) and will involve a number of partner institutions across the country.”

A whistle-blower leaked that said vaccine contains antibodies which cause that 61 out of 63 (trial) women, got infertile: Similar in male whose germ count, testosterone and prostate hormone dropped below the fertility range: causing in one generation a reduction up to 15% of the population.

N.B, In a 2010 TEDx talk Bill Gates said ”The world today has 6.8 billion people. That’s heading up to about nine billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps 10 or 15 percent”. And in a Ted Talk Houston 2017 he stated “We can wipe out a lot of humanity if we just get vaccines into more people”. At the CNN 4/23/20 he stated “We want to use Covid-19 as an excuse to get everyone vaccinated”.

But a vaccine that hides symptoms and allows transmission is worse than no vaccine at all.

Abovementioned notions and scientific principles do put the DHSC under the obligation to review my FOI.

A full history of my FOI request and all correspondence is available on the Internet at this address: https://www.whatdotheyknow.com/request/where_is_the_scientific_proof_of

Yours faithfully,

Bartholomeus Lakeman (Dr)