
Chief Constable X

16 September, 2024

Chief Constable X,

1. As a matter of urgency: I am a hypertensive in a stressful situation and in an NHS Hospital. I am being denied medication to control high blood pressure, while being subjected routinely to harassment. Please consider, urgently, the attached documents, entitled: *“Provisional - Denial of Medication to Manage Hypertension”*, *“[Letter to GP]”* and *“Statement of Doctors to the Investigative Committee of the Russian Federation”*.

(i) The last is a translation of the document *“Russian Copy - Statement of Doctors to the Investigative Committee of the Russian Federation”*, also attached. The Document was found through an [article in the Moscow Times](#). It has been translated by OpenAI’s GPT; the translation may not be entirely accurate.

2. I encourage you to visit the website: togetherwithourfriends.org. Your response to the statements made on that Website is sought.

3. Please pay special attention to the attached documents (file entitled: *“Press Office [Name Removed] Police”* and pages 24 to 29 of *The Report of April 2021*).

4. Since 2015, I have been detained under section, on the basis of false diagnoses. I use the word “false” rather than erroneous because:

(i) practitioners, including those at [Name Removed] NHS Foundation Trust (The Trust), do not deny that necessary conditions of the definition of the disorder with which I have been diagnosed (delusional disorder) have not been met. They have made no attempt to address that deficiency but they continue to declare me to be delusional and even to offer that opinion to authorities such as the Mental Health Review Tribunal and the Ministry of Justice.

(a) This proves the intention to offer an untrue opinion: I am obliged, if I am to use the language

correctly, to describe the diagnoses as false.

(b) The definition of a delusion (*Diagnostic and Statistical Manual of Mental Disorders*, DSMIV and [DSMV](#)) require that a person first be presented with clear and obvious evidence that he is wrong, before he may be diagnosed with a delusional disorder. Page 87 of DSMV states: “*The distinction between a delusion and a strongly held idea is sometimes difficult to make and depends in part on the degree of conviction with which the belief is held despite clear or reasonable contradictory evidence regarding its veracity.*” Practitioners have been unable to produce such proof. See attached documents entitled: “*Refusal to Produce Valid Diagnosis*”, “*The Report of April, 2021*”, “*Document2*”.

5. The diagnosis underpinning my detention being deficient, such detention must engage fundamental human rights, including freedom of thought:

(i) Today, in the United Kingdom, a person is detained for an indeterminate period of time (already almost ten years) for refusing to abandon a reasonable and considered opinion in favour of an unreasonable alternative proposed by the authorities (NHS, Government, in the form of at least the Ministry of Justice and even the Department and Secretary of State for Health, if you ignore this warning).

6. If a person is detained on the basis of false diagnoses and false reports have been filed in NHS archives, which is an offence, I think, don't you, that this is a matter for the police?

(i) The police has refused to act on these reports. If you cannot instruct it to do so, you may ask it to explain why it has not done so. The Police forces in question are [Name Removed] Police Force (and its Chief Constable, [Name Removed] and the [Second Police Force, Name Removed] and its Commander, [Name Removed]).

7. I direct you to the documents cited, above, and to the other documents attached. Please produce a valid diagnosis you were shown or reasons why they have not sought one, given my reports to you.

8. Please read the attached document, entitled: “*Diagnosis and Risk*”.

(i) **After reading that Document, do you consider I pose a risk to others or to myself?**

(a) **If so, why?**

(ii) **Do you find a flaw in the Risk Assessment Model described in that Document?**

(a) If so, please describe that flaw. If you do not, do you agree that the Model shows that I do not pose a danger to others or myself?

(b) If you find no flaw in the Model, but think it shows I pose a risk to myself or others, please explain how it shows that?

(iii) Please describe, in detail, the Model used to determine that I pose a risk to the public or myself.

(a) Please explain why that Model is preferable to mine.

9. Please answer the questions at Nos.12 to 44 of the document entitled: “*Sentencing Assessment*”.

10. 8 and 9, above, are relevant because, if a person is detained when they ought to be at liberty, that must be an offence. When the police discovers such a thing is happening, it must act.

(i) It would not be plausible to say it is a matter for the MoJ or Department for Health and Social Care: they have ignored these matters. They ought themselves to be investigated. Certainly, they do not have the right to break the law and to detain people who should be at liberty.

(ii) Nor would it be plausible to say my detention is merely the observance of decisions by the judiciary:

(a) the Crown Court ruled that I should be detained until such time as I ceased to be mentally disordered or to pose a menace to the public.

(b) If, subsequently, it has been discovered or proved that I am not mentally disordered and or a danger to the public (and in fact it has), the Decision of the Court is breached rather than observed by my detention.

(iii) **People working in the field of Medicine have been arrested for not carrying out their duties correctly, for example: Mr Owen Paterson and Ms Lucy Letby. Why is that not proof that these matters are within the brief of the police?**

11. I draw your attention to the fact that the judiciary has made dozens of unlawful decisions in cases regarding me and, in most instances, knew before it made those decisions that they would be unlawful. But it did so anyway (see “*The Report of April 2021*”, “*Can the Judiciary Be Kept honest* -

and By Whom”, “Draft-Solicitors Regulators and Tribunal 2023” and “Document2”). **This suggests serious misconduct by the judiciary. Ought the Police not to investigate that? I have reported that matter to the police.**

12. In 2017/18, the Crown Prosecution Service prosecuted me, in defiance of the [Code for Crown Prosecutors](#)¹, which states that a prosecution should not be brought, if it would not be in the public interest to do so. That Rule is mandatory, not advisory. In the United Kingdom, a person is not prosecuted merely because he has committed an offence.

(i) That rule is good: when applied correctly, it enables the system justly to apply the law. Then the system does right, rather than blindly enforcing the law. To cold, hard statute, discernment is applied, a land is ruled wisely (for the law is an important means by which the country is ruled). Right is done.

(ii) I showed the CPS and its Director at that time, Dame Alison Saunders, that the Prosecution was not in the public interest and ought to be withdrawn. They ignored that fact and proceeded with the Prosecution (see section entitled: “*The Merits of Prosecuting this Case*”, page 8 of attached document, entitled: “*Retrial Doc.1*”).

13. **Do you agree that the fact that I have been falsely diagnosed, was tried in a Process that ought not to have occurred in the first place and subsequently have been detained on the basis of false diagnoses, a Decision from that Process (which I have shown at No.10, (ii) above, is not being observed) and numerous unlawful Decisions by the Medical Health Review Tribunal, ought to cause a serious police office to consider the probability that a serious and organised criminal undertaking is in progress?**

14. This letter particularises urgent points. Beyond that, it is merely introduction and commentary to the attached documents: they must be read. After reading the documents mentioned, above, I recommend that, of the attached documents, the following and their supporting documents be read first:

(i) *In United Kingdom Today Refusing to Play the Game Can Cost You your Freedom*

(ii) *Parliament no longer Serves People and Country the Country Is no longer a Democracy,*

¹ <https://www.cps.gov.uk/publication/code-crown-prosecutors>

- (iii) *Refusal to Produce Valid Diagnosis,*
- (iv) *The Duplicity of Leaders - and what it Has Cost Us,*
- (v) *The Report of April 2021: Describes the Campaign,*
- (vi) *Draft-Solicitors Regulators and Tribunal 2023,*
- (vii) *Sentencing Assessment Bloye Sollitt Pawar and Sentencing Assessment Bloye Sollitt Pawar2: Proves that the diagnoses and the opinions that I am dangerous are false and that practitioners have failed to defend them,*
- (viii) *Diagnosis and Risk: Shows I am not dangerous and that my detention cannot be justified on such grounds,*
- (ix) *Denial of essential Primary Medical Care, Interception of Communications and Cover-ups: Describes grave mistreatment, in 2021, that endangered my life. It also provides further proof of the Campaign and that my communications have been intercepted by a third party that is able to issue instructions to hospital staff and to have those instructions followed,*
- (x) *DRAFT - Disruption of and Interference with Internet Services: Further proof of the Campaign, how expansive it is and that my communications and devices have been interfered with,*
- (xi) *NMC Refusal to Observe the Nursing and Midwifery Order 2001: Further proof of the Campaign and its reach,*
- (xii) *Unlawful Confinement: Describes harassment,*
- (xiii) *NMC Complaint against [Name Removed] Et al: Further description and proof of the Campaign,*
- (xiv) *NMC Complaint against [Name Removed]: Further description and proof of the Campaign,*
- (xv) *Conspiracy Theories, Misinformation and Disinformation – why mine are unlikely to be any of these Diagnosis and Risk: Self-explanatory,*
- (xvi) *Facts to Be Checked.*

15. Please have the documents I have sent you fact-checked. If you are unable to do so, please

let me know, I should provide you with a list of fact-checkers from which you may select the names of those you consider to be reliable. I should then approach them and ask them to check the facts for us. If you envisage any problems regarding this suggestion, please let me know.

(i) There being such a large quantity of documents, I earlier prepared the attached Document, entitled: *Facts to be Checked*, as a suggestion of the fewest facts that should be checked. More than a year has passed since the preparation of that Document. In that time there have been many developments whose implications must be grave. I have treated those developments in the attached documents. They too require checking.

Sincerely

ABC