

1.

From: [redacted]  
Sent: 19 April 2023 14:47  
To: [redacted]  
Cc: [redacted]  
Subject: [redacted]

[redacted],

I thought I sent you this weeks ago, I know we discussed it. The 8 March version is in the old format, the 9 March version is in a much simpler, and I think more user friendly, format. I retained the headers of the old format on separate tabs as a checklist guide to [redacted] processes. If you're OK with the idiot version I'll send it round all the [redacted] to update. (NW probably also needs a bit of an update now.)

[redacted]

Your message is ready to be sent with the following file or link attachments:

[redacted]

2.

From: [redacted]  
Sent: 28 April 2023 02:36  
To: [redacted]  
Subject: Bridging payment

Good morning

I emailed you more than a month ago regarding the debacle that was bridging Payment I also contacted my local councillor who is looking into this matter for me. [redacted] Was the number I was given in response to my complaint and as of yet I am still awaiting an answer. I am deeply aggrieved by the past 2 responses which basically brushed aside my concerns regarding the bridging payment and the fact that both Falkirk council and the Scottish government decided that people who chose to home educate there children should not receive this payment which was basically a poverty lift. I have consulted with lots of other home educators some who received the payment and others like me who were refused as there was no statutory obligation by the Scottish government to the local councils to pay us now I'm sorry but the use of the word statutory is wrong as there was no statutory obligation to pay anybody it also may I remind you of GIRFEC and the child poverty legislations that the Scottish government brought out and also the equality law that both of you decided to ignore when you discriminated against home educators. I think that it is only morally acceptable that you pay the full bridging payment to home educators

that were refused by there local councils we are in a cost of living crisis and we were left to bridge the poverty gap on our own did you know that there is a £650 poverty deficit between a schooled child and a home educated child. My children are home educated because my local education department failed them, they failed my eldest who was unable to read or write in primary seven he was left on his own without support as I was told he was not disabled enough for funded support that is the reason my children were removed from school so please don't tell me to claim the child payment do the right thing and get this debacle sorted out why should we have to fight so hard for something that was just handed to other parents it's disgusting. I await your response. I don't mean to sound rude but this is the fourth time I have contacted the Scottish government and I feel as if I am being treated like an idiot by both Falkirk council and the Scottish government.  
[redacted]

3.

**From:** [redacted]  
**Sent:** 31 March 2023 08:14  
**To:** [redacted]  
**Cc:** [redacted]  
**Subject:** Re: [redacted] -Third Sector Shared Services - final financial and progress returns

That would be because I'm an idiot and didn't check if the attachment had fully loaded before I sent it... this should complete the submission.  
Apologies  
[redacted]

4.

**From:** [redacted]  
**Sent:** 27 February 2023 07:30  
**To:** Central Enquiry Unit <CEU@gov.scot>  
**Subject:** Complaint

Good Morning,

This is a complaint email.

Can you stop all the strikes please. This is getting ridiculous my children have to keep stop and start school because of the strikes. We stop. We start. We stop. We start. We stop. We start. Can you get a grip and fix this please? Fix this whole situation. For everyone. It is not difficult to pay people properly.

Also on another point of my complaint.

I am currently on benefits and I recently had to take a bank loan out because I cannot afford to live during this cost of living crisis. To feed my children. To pay bills. Electricity. Gas. Food. Clothes for the children. And before you start any rubbish with

me. Yes. I am claiming everything I am entitled to. It is costing too much because the price of every item has doubled and tripled. Yet benefits amount have not tripled. The price of Electricity and gas have tripled but my benefit amount has remained the same. How does that make sense. Literally a bunch of idiots running this country. [redacted] could do a better job of running this country than the current prime minister. I am so furious about this government. You can pay back for this and I am going to enjoy watching you pay back. You are on a £90,000 salary. Plus expenses. Plus extra bonuses you get. I don't even earn half of what you earn. You can pay back for this. You need to suffer for putting me through this. Hurry up and fix this.

Regards,  
[redacted]

5.

From: [redacted]  
Sent: 16 January 2023 10:00  
To: Cabinet Secretary for Net Zero, Energy and Transport  
<CabSecNetZET@gov.scot>  
Subject: Car use

Hi

As the cabinet Secretary I would like you to explain your comments regarding car use .  
According to you the era of unsustainable growth in private car use is over .  
This is an idiotic statement at best as we still live in a free country as far as I know .  
How will you stop private car use and how will people get to work or visit friends and family.  
Public transport in Scotland is a shambles and completely unreliable and that's on you . What I do in my private life is none of your business and I will not accept people like you deliberately making life worse rather than better .

I await your reply .

[redacted]

6.

**From:** [redacted]  
**Sent:** 05 January 2023 20:39  
**To:** Sturgeon N (Nicola), MSP <[Nicola.Sturgeon.msp@parliament.scot](mailto:Nicola.Sturgeon.msp@parliament.scot)>  
**Subject:** Cycling Safety

FAO: Rt.Hon. Nicola Sturgeon, First Minister, Scottish Parliament

Dear Ms Sturgeon,

I am writing to you with regard to a few issues concerning cycle safety. Since the start of the Covid crisis there seems to have been an explosion in the number of Deliveroo cyclists. These cyclists often conduct themselves in a manner that is prejudicial to their own and pedestrian safety. They often ignore traffic lights (i.e. cycle through them when pedestrians have the right of way) and have a tendency to cycle on the pavement riding large-wheeled, electrically-powered cycles. Now forgive me if I am wrong, but I always thought that the pavement was the exclusive province of the pedestrian. If that is so, then, demonstrably, this no longer the case. If the law is in place to prohibit cycling on the pavement then it ought to be enforced.

As regards the other matters, it is no-one's interest to have cyclists on the road without appropriate clothing or lighting. At best this is reckless, and at worst, it is deadly. It is similarly concerning that some cyclists choose to abuse cycle lanes by cycling in the opposite direction to the one indicated. Car drivers can't go the wrong way down a one-way street, so neither should cyclists.

Might I suggest the following:

- 1) No cycling on the pavement (on pain of penalty and prosecution).
- 2) It should be **mandatory** for all cyclists to wear reflective clothing such as **tabard** (on pain of penalty and prosecution). Such items are relatively inexpensive and easily obtained.
- 3) All cycles must have working front and back lights (on pain of penalty and prosecution).
- 4) Cyclists ignoring the highway code should be fined and prosecuted.

Cyclists in dark clothing become virtually invisible at night and in overcast or rainy conditions. Today, 5th January, 2023 at 15:00, a cyclist turning from Clarkston Road into Merrylee Road was only visibly because he was backlit by a car. He was dressed in black and had the smallest of lights.

As regard the Deliveroo riders, I had to complain to the company concerned recently after cyclist ran a light and narrowly avoided knocking over me and another pedestrian. Cyclists are road users and should be treated in the same manner as others (i.e. be expected to follow the law and ride *with* due care and attention). Lorry, bus, car drivers and motorcyclists don't have impunity, so why should cyclists?

I know you have got a lot more pressing issues to deal with than this but a bit more sense, rigour and enforcement might make the place a lot safer for all of us. No one should have carte blanche to act like an idiot.

I look forward to hearing from you.

Yours sincerely,

[redacted]

7.

From: [redacted]

Sent: 03 February 2023 00:42

To: Colin Beattie MSP <colin.beattie.msp@parliament.scot>; First Minister <firstminister@gov.scot>; nicola.sturgeon.msp@parliament.scot

Subject: Re: MSP Correspondence - Your Complaint Against Medical Professionals (Case Ref: CB7495)

Dear Colin and Nicola,

Thank you so much for your email.

The experience with Edinburgh Hospitals, and particularly English doctors, has been an utterly appalling experience, especially for my dear mother, [redacted]. It has been the worst experience of both of our lives.

The concerning point here is that doctors in Europe are remunerated by the State to provide fit & proper healthcare services for their citizens.

And indeed the correct diagnostic for our health condition is inexpensive - Scanning Electron Microscopy (SEM) - readily available to medics via Edinburgh University - and has been used professionally in Europe, India and Egypt (a third-world country!) - so there is no excuse for the English doctors that have been evil with us - by not dealing with our medical conditions of gamasoidosis/otoacariasis in a fit & proper manner.

As this is also a disease caused by Climate Change and the tandem growth of both human and pigeon populations: I think it is quite idiotic not to research a medical solution (a friend had a starling's nest in his roofspace, and a similar problem ensued with his lizard being infested by a bird mite, and the vet dealt with it competently and expeditiously).

Professor Devi Sridhar would understand the threat of a cosmopolitan micro-predator parasite with flexible DNA - so able to act like a transmuting virus (viz. the *D Gallinae L1* mite) - but indeed only Chinese Singaporean Dr Ling has appreciated this thus far - not a single English medic has! And indeed the Moredun Institute, based in Edinburgh is currently developing a vaccine for the variant *d. gallinae* bird mite that causes horrendous problems within the global poultry industry.

If yourself and Nicola do not intercede for us with the appalling and murderous conduct we have had from the NHS with expedition (viz. Lauriston & Western General Hospitals). I will have to take my mother to a civilized European country for medical treatment/diagnosis - and I will subsequently have to take legal action for medical negligence against the doctors I named earlier and the NHS as an entity. - However this means the Scottish taxpayer will be adversely affected - which I resent, as indeed we have recieved a great deal of kindness and good humour from the Scottish people.

We don't have time for an Ombudsperson - the endgame of all parasites - 8-legged and 2-legged - is to kill. My mother has had two serious hospitals and I one serious hospital admission: caused by the *d. gallinae* L1 mite as they are vectors of serious diseases to humans.

So if you can't help us within a few months, I will have to seek competent medical assistance in Europe, probably France, as having lived in France I know that country looks after its citizens with effective medical services.

I wish you the very best in securing Scotland's Independence and entry into the European Union in due course. And in the face of the Climate Crisis: it is definitely time to cut loose from the heinous English Establishment.

PS. Complaints to Ombudspersons & the GMC - *never work (they are not supposed to!)* - English doctors act like a wing of the English Establishment, even when they've been disposable collateral damage in the Conservative's Covid cull. You must have heard about how English doctors lie, and close-rank? Not much point closing-rank anymore though, when they've been attacked from behind! Do you think the next time when the Old Etonians line-up and clap them to their potential deaths ... that they will see the evil game?

Kind regards,

[redacted]

8.

**From:** [redacted]

**Sent:** 01 March 2023 08:44

**To:** [redacted] Cabinet Secretary for Health and Social Care  
<[CabSecHSC@gov.scot](mailto:CabSecHSC@gov.scot)>; [redacted]

**Subject:** Fwd: Vaccine boosters -never again, more bad news from the UK and USA

Hi

More info about the vaccines and now they have been associated with increased stroke occurrences. (knew this was coming) I for one will never be taking any other mRNA vaccines regardless of what form it takes. Excess cancer deaths are another issue but this was predicted in 2020. Nobody listened. Anyone who thinks covid was an issue was not thinking of the big picture. The bigger issue is the aftermath of poor advice given by so-called advisors. (lockdown lowdown harder, idiots) How funny it is that all the people that stood and dictated on a daily basis on TV giving out poor data have now resigned. Where are the daily figures for cancer deaths, strokes, heart attacks.?

*"The mRNA Covid vaccines from Pfizer and Moderna contain billions of particles of self-replicating DNA that turn human cells into permanent factories for the COVID-19 spike protein, a [study has found](#).*

*The result is thought to shed light on the [persistence](#) of vaccine spike protein and mRNA in the body for months following inoculation, a worrying phenomenon which*

has not so far been fully explained – though [earlier experiments](#) also found evidence the vaccine mRNA may be reverse-transcribed into the cell DNA.

Persistence of spike protein is [believed by experts](#) to be a contributor to adverse effects of the COVID-19 vaccines by inducing auto-immune attacks on the heart and other organs, among other mechanisms.

The discovery was made in the first [deep sequencing](#) of the mRNA products by Dr. Kevin McKernan of [Medicinal Genomics](#) and his team.

The researchers found that the vaccines were contaminated with significant quantities of biological agents known as [plasmids](#). Plasmids are short, circular strands of DNA that can enter the cells of a host – often bacteria but also mammal cells including human – and self-replicate. The plasmids found in the mRNA shots contain the DNA that codes for the mRNA that produces the spike protein. A cell that has taken in these plasmids will produce the spike protein indefinitely.

The Moderna vaccine was found to contain one plasmid per 3,000 mRNA molecules while the contamination in the Pfizer vaccine was 10 times higher at one plasmid per 350 mRNA molecules. The ‘safe’ level for such double-stranded DNA contaminants is set by the European Medicines Agency as the equivalent of one part per 3,000 mRNA molecules – though the researchers note that it’s “not clear how they set these standards” or whether they “had considered contaminating DNA that was capable of amplifying inside the host”.

Moderna meets this ‘safe’ threshold but Pfizer is over it by a factor of 10. The researchers add that in either case it “equates to billions of antibiotic-resistant plasmids injected per person per shot”. And that’s before they replicate: “Billions of these contaminants per injection is likely an underestimate of the entire burden as these plasmids can self-replicate in bacterial hosts.”

The researchers express concern that the plasmids also confer resistance to the antibiotics neomycin and kanamycin on any bacteria that take them up, and worry that this may “transform the gut microbiome” of a human host.

It’s not clear how these spike-manufacturing plasmids have come to contaminate the vaccines at such high levels.

Dr. Anthony Brookes, Professor of Genomics and Health Data Science at the University of Leicester, told the Daily Sceptic: “This is a solid piece of research by a very knowledgeable team.”

He added:

The DNA vector molecules from which the mRNA is created (“transcribed”) is a stable entity, and it is shown to be present at non-trivial levels in the vaccines. It will therefore presumably get into bacteria and human cells throughout the injected person, to be potentially transcribed into mRNA and cause long-term expression of spike protein.

We must hope that vector-carrying, spike-expressing cells are progressively eliminated by the immune system, but if tolerance is created by long-term exposure

*to the toxic spike protein then this removal may not be very efficient. In this worst-case but feasible scenario, a residue of spike producing cells may exist for months or years – slowly and steadily damaging many organs and tissues in the vaccinated individual. Treatments that help to eliminate or negate the action of the spike protein need to be established, and fortunately various candidate interventions are now being reported.*

*Governments that have approved and mandated these products should make a priority of replicating these worrying findings and fully investigating their implications."*

## 1. **Stroke Consultations Shoot Up by 25% Since Vaccine Rollout**

BY **AMANUENSIS**

**28 FEBRUARY 2023 7:00 AM**

Last month the U.S. CDC and FDA released a [joint statement](#) stating that they had identified a statistical signal of increased strokes after vaccination with Pfizer's bivalent Covid booster vaccine in those aged 65 and over. This sounds worrying, but the FDA and CDC were quick to reassure the population that they were only being open and transparent in releasing this information, and that they were sure that in reality the vaccines were very very safe and highly effective (and so everyone older than six months of age should get their dose whenever they're told to by their benevolent Government).

However, I was a bit puzzled by their joint statement – while it was eager with its reassurances, it didn't actually include any data to support this reassurance. All we were told is that in the three weeks after vaccination there was a higher risk of stroke compared with the four to six week period after vaccination in those aged 65 or older. But there was no quantitative data on this relative risk, no information at all on the risk after this six week period and no statement on whether they'd actually even investigated stroke risk in other age groups.

Given this lack of data I thought I'd head over to the data on [NHS hospital consultant activity](#) to see whether that would offer some insight into the incidence of stroke in the U.K. over the last few years.

Hmm. The workload of stroke specialists appears to have suddenly increased in the U.K. by a very large factor just at the point where the vaccines were being rolled out in large numbers. As I recall the Government was very pleased with the speed at which it managed to vaccinate such large numbers of people over such a short period of time, so if there were a significant increased risk of stroke then an extremely rapid rise in stroke incidence would be exactly what you'd expect. Of



course, this might just be coincidence, despite this strong temporal association with the vaccines...

In many respects this type of statistical signal is the same as the increase in excess deaths that we've seen in the U.K. and many other countries since the vaccines were rolled out – there is that temporal association with the vaccines but there's little actual scientific evidence that it is due to the vaccines (although that lack of evidence might just be due to a strange reluctance on the part of our authorities to investigate this phenomenon). Various alternative explanations have been rolled out for the excess deaths such as their being due to lockdowns (including lack of NHS care) or due to Covid itself (or eggs, climate change, stress about Ukraine etc.). Strangely though, the one thing that is never said is that it would be fairly easy to exclude the vaccines as being the cause of the excess deaths – simply undertake a retrospective matched cohort study into the number of excess deaths by vaccination status. Given the extraordinarily high excess deaths we've been seeing, the lack of such a study is weird.

And the same applies to this statistical signal in increased strokes in the U.K. in the period since the Covid vaccinations started to be given. Surely our Government would love to identify all and any increased risks that our population is under – surely?

I note in particular that there appears to be a somewhat higher rate of consultant activity in the second half of 2020 – perhaps the higher incidence rates aren't anything to do with the vaccines after all? On the other hand, it might simply be that during autumn 2020, when the NHS started to dial down its hysterical Covid response, the specialists in stroke medicine were starting to treat cases where the initial stroke had occurred during the NHS shutdown earlier in the year. This could explain the higher consultation rates in the second half of 2020. However, it won't be the case that this same mechanism would persist over longer timescale – strokes aren't like some other conditions where consultants might see individuals at higher risk or where there is a long waiting list to get treatment. Rather, people typically see a consultant specialising in strokes at their bedside immediately after a stroke and typically the sooner they're seen the better. There certainly won't be many people, if any, waiting a over a year for their consultation.

The other interesting aspect of the increase in the NHS consultant activity data is that the increased activity doesn't seem to be reducing. I note that the CDC/FDA announcement on strokes only found an increased risk in the three weeks after vaccination compared with the following three weeks, so maybe these *persistently* high stroke incidence data indicate that it isn't associated with the vaccines. Or, alternatively, the vaccines might induce a sustained increased risk, in which case we would be seeing a new normal of increased stroke risk after vaccination. If this were the case the CDC and FDA should change their methods to look at risks far beyond their six week post vaccination period. Indeed, it is a bit odd that they limit their time period in this way. Didn't they want to find any evidence of longer term increased stroke risk? Surely the population of the USA would be very keen to have this information. One other note on the consistently high stroke activity in NHS hospitals is that we don't know how close to capacity they are. Is the seemingly consistently high activity simply reflecting this speciality working at 100%, with some spikes in the data by for each Covid wave or vaccination drive being masked by the inability of the speciality to respond appropriately?

The NHS hospital episodes data appear to have offered an early indication that there might be a problem – after all, even in spring 2021 the number of strokes appears to have been substantially higher than in the pre-Covid period. Can we use other NHS data to explore this risk further? In this and subsequent posts I'll also be making use of three other datasets that the NHS issues on how drugs are being used in the U.K.:

1. Prescriptions written by GPs are collated in the [Practice Level Prescribing Data Series](#) – this data series is difficult to use, but fortunately an independent body, [Openprescribing](#), has made these data available in a more user-friendly format. Note that all the datasets have been complicated by Covid – for the GP dataset it is mainly that GP services were significantly curtailed in 2020 and they remain somewhat less accessible compared with the pre-Covid period.
2. The issuance of drugs by hospitals is available in the [Secondary Care Medicines Dataset](#). Note that the NHS doesn't make this an easy dataset to use – it is almost as if it is required to publish the data, but doesn't really want anyone actually using it. The hospitals prescription dataset is complicated by the fact that hospitals nearly closed down to non-Covid patients in early 2020, and nearly all medicines show a significant decline in hospital use over this period, with many taking some time to recover to the pre-2020 trend.

3. Regular hospital prescriptions can only be dispensed in a hospital pharmacy, so there is a separate database for prescriptions written in a hospital setting but intended to be dispensed by a normal pharmacist. Again, this dataset isn't particularly easy to work with. In my posts on this topic I'll often describe these particular data as 'emergency prescriptions' but note that this category of prescription is broader than merely those prescriptions issued in accident and emergency departments for dispensing in a regular pharmacy. The problem with the data for hospital prescriptions written for dispensing in the community is that over the Covid period people had little choice but to attend A&E for minor problems because it had become relatively difficult to see a GP.

The obvious first drug to investigate is alteplase, a clot-busting drug used in the hours after a stroke to get rid of the clots that are causing the problem. However, there is no strong statistical signal for alteplase – unfortunately, this drug has been in short supply for some time due to unusually high global demand. Strangely, the other emergency clot-busting drug, tenecteplase, is also in short supply for the same reason. There appears to be no explanation given for this global increase in demand. In normal times, without global shortages, clot-busting drugs are only used for a minority of stroke patients – not only do they need to be used very soon after the stroke occurred, but also they can make things much worse if applied in the wrong types of stroke and it takes time to gather this evidence. On average only about 10% of strokes are treated using these drugs. For most strokes that involve clots the clot-busters can't be used and thus rapid-acting anti-coagulants become the drug of choice, used in high doses under close medical supervision in a hospital setting. The hospital drug use data do show an increased use of these anti-clotting drugs, such as apixaban.

*Apixaban, total use in hospitals. Line is LOWESS smoothing with  $f=0.2$ .*

What's particularly interesting in the graph above is the short spike in issuance of apixaban around the turn of 2019-2020 – is this a sign of Covid itself being clot-promoting, with something since the start of 2021 increasing this problem? Also, note the timing of that early peak, at the turn of 2019-2020 – do these data support the theory that Covid was endemic in the U.K. in late 2019, with the increased cases of 'respiratory disease' being blamed on an unusually early outbreak of influenza?

There has been a similar increase in the use of other anticoagulants, such as enoxaparin and edoxaban in a hospital setting.

The data for prescriptions of general 'blood-thinning' drugs are a bit difficult to interpret, however, given the general increase in the use of these drugs in the community. The graph below shows the increase in prescriptions written for apixaban by GPs over the last few years.

### Apixaban

It is clearly difficult to untangle changes in risk given this years-long general trend as more and more in our population are introduced to the benefits of the pharmaceutical industry. One thing is fairly clear, however – there doesn't seem to have been any noticeable decline in the issuance of these (and other) cardiovascular drugs during the Covid lockdowns, despite claims by our authorities that this has been the driving force of the increase in excess deaths seen during 2022.

There is also a strange upwards trend in the prescription of aspirin (300mg) in hospitals for dispensing within normal pharmacies.

Aspirin prescribed in hospital for dispensing in a normal pharmacy. Line is LOWESS smoothing with  $f=0.2$ .

Note how the number of tablets dispensed increases markedly from the start of 2021 and how there appears to be a maintained upwards trend. It is important to note that while aspirin is often taken as a mild painkiller, this is generally not the preferred use within a modern medical context. It is likely that these prescriptions will relate to aspirin's anti-coagulant properties.

An important aspect of the data that I've shown here is that they don't give any indication as to the characteristics of the individuals behind this increase in consultations for stroke. While it is reasonable to assume that this increased risk would be proportionate to the prior risk, this is by no means certain. For example, if the risk of stroke increased to one in 200 per five years for everyone in the population, this increase would be significant for younger individuals, but wouldn't impact much on stroke risk for those aged 85 years or older. This lack of data on changes in stroke risk by age certainly isn't helping us understand the changes in risk that our population appears to be experiencing. Still, I very much hope that the increased stroke risk isn't being seen in younger adults.

The data suggest that something is going on with blood clotting within the population of the U.K., resulting in an increase in strokes and presumably other conditions such as deep-vein thrombosis and pulmonary embolism. Although the U.S. FDA and CDC claim (without offering supporting data) that there isn't really a net increase in strokes associated with the vaccines, the data available from the NHS suggest that there might well be a non-trivial increased risk. Our population deserve a comprehensive study into the risks associated with blood clotting in this post-Covid and post-vaccine age.

I suppose I could stop here – there appears to be an indication of an increased stroke risk in the U.K. population over the past few years, and it is surely time for our Government to look much more seriously into this unhappy change in the health of the nation and into what might have caused it, preferably with analysis beyond the six week point. *Fin.*

However, the NHS hospitals and drugs datasets appear to offer some insight into the health (or otherwise) of the nation, and I'll explore some other population morbidities over my next few posts.

9.

From: [redacted]  
Sent: 18 May 2023 18:08  
To: Minister for Transport <MinisterforT@gov.scot>  
Subject:

Good evening Mr Stewart,

I believe you hold the position of Transport Secretary in the Scottish Government, a position of some major importance in the lives of everyone, especially those of us in remote and island areas.

To my point: the sorry business of debarred cabin sharing on our Shetland Northlink ferry is so wrong.

I just heard that you cited a gender connected reason!!

What!! On legal advice??!!

At the expense, both financially and of availability, to us who are a completely captive market in our islands. For those entitled to 2 annual trips, we are forced to pay for the other bunks in the cabin. To suggest a trip of 12 or 14 hours overnight without a bed is ridiculous for older people, or indeed anyone who is seasick. You must try the pods yourself, ASAP.

I am retired and compulsory payment for the other bunks in the cabin is demanded. How would you like to pay for a second meal as a solo restaurant diner? Or for the seat next to you on a plane or train??

What is the gender problem anyway? If you're that worried about it, just display all the gender options according to the law.

When I relate this idiotic scenario to friends outwith Shetland, they are incredulous, then pityingly amused.

So please get ths nonsense sorted, sir.

If you find it too difficult, then rip out the ships and install a section of single berths. Plenty of ship ripping going currently.

I await your response,  
Sincerely,  
[redacted]

10.

From: [redacted]

Sent: 08 April 2023 08:45

To: Stewart K (Kevin), MSP <Kevin.Stewart.msp@parliament.scot>

Subject: Second Highland Clearances

Its like the second Highland clearances all over again.The appalling ferry service isn't fit for purpose and costing island economies millions in lost revenue.HMPAs are going to cost millions in lost revenue and both these SNP inflicted problems will drive young families away from the islands.Your party is a disgrace and you have become a self serving ego driven shower of complete idiots incapable of running a raffle never mind the country.Independence?No thanks and that's coming from someone who has only ever voted for you.Well no more.

Yours in absolute disgust and dismay belief

[redacted]

11.

From: [redacted]

Sent: 09 February 2023 20:19

To: Central Enquiry Unit <CEU@gov.scot>; First Minister <firstminister@gov.scot>

Subject: Fwd: The Truth About Foxes and Lambs – FoxHunting Evidence UK

Please advise me what is being done about last nights news report on ITV news regarding foxes being torn from their lairs and torn to pieces by Red coat hunters and thrown to hunting dogs to be torn alive!!!!!!!!!!!!!! . To say the country is outraged by those scenes is an understatement , thousands have witnessed this barbaric act by spineless idiots on horseback and this is happening on a DAILY BASIS all over

the UK 😡.... I attach various articles relating to those crimes and would love to have your comments with regard to stopping issuing Gun Licences (at ridiculously low cost of £88!!) to Trail Hunters and other numerous random members of the public who want to shoot everything and anything that moves , especially as a lot of these people are severely mentally unstable (eg The Epsom shooting incident last week , where it was clear that no Gun Licence should have been issued in the first place)???? and have been charged regularly for cruelty to animals on numerous occasions!!!!

PLEASE PLEASE stop the slaughter of our innocent wildlife in the UK before it's too late...

<Video.mov>

Goshawks shot illegally on one of our famous Shooting Estates!!!

What a joke !!

Enough is enough ...

Foxes do not kill sheep and lambs , bad farming practises, disease and hypothermia kill.

[redacted]

12.

From: [redacted]

Sent on: Monday, April 17, 2023 8:02:21 PM

To: HPMA mailbox <HPMA@gov.scot>

Subject: HMPA's

I strongly oppose the Scottish Government Plan to designate 10% of waters as HMPA's as the most ill thought out policy ever and scant disregards to coastal communities away from the Central Belt support.

Employment in rural communities is vital and takes the form of many small independent family businesses who already care and treat with a long term view the environment and the seas around us.

Never bite the hand that feeds you comes to mind as having been a fisherman for many years before setting up my own family fishing services company producing creels we have always taken great care of our stocks and seas.

You just need to look at the closure of Broad Bay to protect scallops etc which has become a desert as starfish have taken over the seabed.

Any government that thinks they can shut down hundreds of rural businesses , rendering them worthless, and destroy local communities is deluded in thinking people will just accept this plan.

I can see Civil War , mass disobedience as bad as Northern Ireland and large scale refusal to pay Government Taxes if these idiotic proposals go ahead and could see the end of the Scottish Parliament as not fit for purpose.

[redacted]

13.

From: [redacted]  
Sent on: Sunday, April 16, 2023 6:52:00 PM  
To: HPMA mailbox <HPMA@gov.scot>  
Subject: HPMA Consultation Response

In reponse to the HPMA Consultation -

I do not support the current HPMA process in any shape or form. I believe that it could bring an end to local fishing communities as we know them, as well as causing frightening knock on effects to other areas of these communities - it is difficult to comprehend that this process is proceeding apace at a time of such widespread financial stress, Scottish Government can barely manage to resource its basic core functions yet there is time and resource to invoke this travesty. I appreciate that Scotlands distantly funded eNGO opinion holders are currently awash with cash and other resources, unfortunately genuine stakeholders who live in the real world and will be impacted by this process are not, neither to the best of my knowledge is the Scottish Government.

Existing MPA's require much more research and neutral science to ensure that they are actually working as hoped, this is currently lacking. The avalanche of eNGO "science" (very loose term) trying to justify HPMA's on the back of existing MPAs has no place in any credible process. This agenda driven Goebellesque fantasism should never be used as a substitute for impartial fit for purpose research and science.

The West Coast of Scotland from the Solway Firth to the top of Shetland already has an ageing population and in some areas, depopulation issues. This HPMA process will for many reasons make genuine wealth creating employment much more difficult and will only ever accelerate this community transformation. We are of course all very well aware of the lavish job promises relating to MPAs from eNGOs in past consultations, it would be shocking if the Scottish Government once again fell for these blatant lies, fool me once et al.

It is very difficult to comprehend that these destructive HPMA proposals are coming from a devolved Nationalist Scottish Government who should in theory be on Coastal Scotlands side and not in the business of destroying their very being as could easily be construed from this process. Is the Scottish Government really in the business of pandering to a warped Green Party and eNGO narrative, driven and funded by affluent urbanites often residing a long way from Scotland. These people will see zero change to their comfortable urban lives unlike the countless Scottish families who will see their lives, families and already fragile coastal communities wrecked.



Scotland has to see itself as so much better than a trinket or pawn for affluent outsiders to use in some idiotic socio-economic experiment, I would hope that this is a view shared by the majority of those in Holyrood who have been elected to supposedly represent Scotlands interests.

I am also a very keen recreational sea angler and the concept that this activity may be banned in HPMA's is beyond parody, more so when other formally acknowledged potentially damaging or disturbing activities will be allowed, diving for example - a very strange one to say the least, damage is damage, disruption is disruption. If one activity needs banned then ban all human activities with no exceptions, anything else can be for no valid reasoning but pandering to some at cost to others.

I am happy for this response or any part of it to be published but I wish it to be done so anonymously.

Kind Regards

[redacted]

14.

From: [redacted]  
Sent: 13 January 2023 12:02  
To: [redacted]  
Subject: FAME Agenda - 16 Jan

Hi all,

We have been told by Defra to expect an updated REUL list to be shared later today, including information on what they intend to do with legislation. That being the case, I think we can discuss initial impressions on Monday. I don't expect that anyone of us will have had time to look in great detail.

Additionally, [redacted]. It would be helpful if one of our SGLD attendees might give a bit more of an idiot's guide to codification, interpretive effects and how that impact the Bill.

Agenda

Defra list and policy position – initial thoughts  
Codification and interpretive effects  
Ministerial submissions – cont. from last week's discussion.  
AOB

As ever, if you have anything you want to raise, let me know.

[redacted]

15.

From: [redacted]

Sent: 13 February 2023 10:05

To: [redacted]

Cc: [redacted]

Subject: RE: Best Start Foods - LQAOG template feedback for your comment

Is the resourcing question about policy resources – sorry asking the idiot question here.

Kind regards

[redacted]