

Simple points exposing the lies that led to Covid-19 totalitarianism

Introduction

Please read my previous papers on Covid-19 for further details, data, explanations, sources and references for topics previously covered extensively. I cannot repeat the hundreds of sources already quoted. I will only give occasional sources for new issues where I deem it necessary for clarity here and additional sources.

In this paper I want to lay out very basic facts in bullet points to summarise how the nation allowed itself to be fooled into living in an illegal, fascist, dystopian state. Britain is now under a fake medical tyranny; led by, of all things, a Conservative government where the leadership is either stupid beyond belief or criminally wicked.

There is so much data coming in now that this paper, originally intended to be short, has become rather lengthy, of necessity.

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Worthing, UK, November 2020.

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Short summary of the crisis: a timeline

Date	Event
2008	American Society for Microbiology wrote about coronavirus SARS-Cov1, SARS-Cov2, and SARS-Cov3. The WHO spoke about calling the SARS-Cov2 disease as 'Covid-19' (Corona Virus Disease). This upsets the whole China-virus pandemic hypothesis.
2015/2017	Patents were applied for Covid-19 Biometric test kits by Robert Rothschild in the US and the Netherlands.
2017	Covid-19 test kits were being manufactured and delivered to countries around the world.
September 2019	A new study by the <i>National Cancer Institute of Milan</i> shows that Covid-19 was circulating in Italy since September 2019. Therefore, the lockdown made things worse.
25 October 2019 to January 2020	A mystery flu-like illness begins to affect people in Wuhan, China. [This coincided with the massive introduction of 5G roll-out in this province. 5G can cause hypoxemia.] Images are broadcast showing extreme reactions (people dropping dead in the street) and a repressive lockdown begins. The world begins to fear. Initially the Chinese government censored and ignored the epidemic, allowing infectious people to travel and spread the disease. It was only in January that it began to take action. Chinese scientists claimed to have discovered a novel coronavirus as the cause and it is called SARS-Cov-2 leading to a disease later named as Covid-19 (but see 2008). These scientists never isolated or purified this specimen so it has not been actually proved to exist. Images of the RNA of this virus were computer generated. The specimens could easily be exosomes and not a virus at all.
November-December 2019	All over the world people succumb to a harsh flu that involves a dry cough lasting three weeks or longer. Some patients have breathing difficulties. This early infection was ignored by the pandemic planners. If it was Covid-19 then the worst was over by January. [I personally know of cases as far apart as Britain, Italy and India.]
29 January 2020	British Airways suspends all flights to and from mainland China.
31 January 2020	The first cases of Covid-19 are confirmed in the UK. [Confirmed by what exactly?]
February to July	The government spent £12.5 billion on PPE at inflated prices because it was unprepared. Stockpiles held only a two-week supply. Inflation wasted £10 billion and much of it was useless. [Source: National Audit Office.]
11 March 2020	The WHO declares a pandemic. This was false and they had to change the standard definition in order to make the declaration. [There was very little evidence for a pandemic..]
12 March 2020	The government advises anyone with symptoms to self-isolate for seven days.
15 March 2020	Matt Hancock (Health Sec.) tells everyone over 70 to self-isolate for 'a long time' (shielding).
16 March 2020	Boris advises against non-essential travel, to work from home, avoid socialising and the self-isolation of the vulnerable. Large gatherings should stop. Social distancing measures introduced.
18 March 2020	All schools to close after 20 March.
19 March 2020	Public Health (four nations) and the Advisory Committee on Dangerous Pathogens downgrade Covid-19 from being a highly infectious, dangerous disease (HCID, 'high consequence infectious disease').
20 March 2020	Boris announces that pubs, restaurants, theatres and gyms will be ordered to close from midnight.
20 March 2020	Chancellor (Rishi Sunak) announces furlough package (government pays 80% of wages up to £2,500 a month).
Mid-March 2020	Senior epidemiologists state that the epidemic has already peaked in Britain and will slowly die down over the next few months. Later data confirmed that this is what

	happened.
23 March 2020	Britain put into lockdown 1. [This was 1) a known wrong policy; 2) it was unnecessary as the peak had passed; 3) was going to have huge costs and damaging repercussions.]
24 March 2020	The Church of England closes all its buildings.
25 March 2020	Parliament shuts down for one month.
25 March 2020	The police given the power to use reasonable force to enforce lockdown regulations.
26 March 2020	The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 come into effect. No Parliamentary debate on this was allowed.
26 March 2020	Clap for Carers begins.
27 March 2020	The PM and Health Secretary test positive for Covid and self-isolate.
3 April 2020	The first Nightingale hospital opens in London.
6 April 2020	The PM goes into intensive care at St Thomas' hospital.
12 April 2020	The PM leaves hospital.
22 April 2020	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020 comes into effect which corrects some errors. This amendment was not debated.
4 May 2020	The lockdown is debated in Parliament but fewer than 20 MPs spoke.
10 May 2020	Some relaxation of lockdown. People can leave home more than once a day and meet one other person.
12 May 2020	The furlough scheme is extended until the end of October.
11 May 2020	The government advises people to wear facemasks in enclosed spaces, such as on transport. [Note that this is after the virus had peaked. They were not demanded in March.]
13 May 2020	The Health Protection (Coronavirus, Restrictions) (England) (Amendment No. 2) Regulations 2020 comes into effect allowing the re-opening of garden centres, sports courts and recycling centres.
22 May 2020	International travel quarantine finally introduced.
28 May 2020	NHS Track and Trace system is launched.
1 June 2020	The Health Protection (Coronavirus, Restrictions) (England) (Amendment No. 3) Regulations 2020 comes into effect without parliamentary scrutiny. Certain restrictions are lifted. Gatherings of people from more than one household are limited to six people outdoors and prohibited indoors.
1 June 2020	Primary school children in some groups can return to school.
13 June 2020	Parts of the The Health Protection (Coronavirus, Restrictions) (England) (Amendment No. 4) Regulations 2020 come into effect. Members of one household can now stay overnight with another in a 'support bubble'. Some other relaxations.
15 June 2020	The remainder of the The Health Protection (Coronavirus, Restrictions) (England) (Amendment No. 4) Regulations 2020 comes into effect. Allows for shops to reopen but not restaurants, nightclubs, cinemas, theatres, indoor sports places, museums and pubs. Churches can open for private prayer but not communal worship.
15 June 2020	Wearing of facemasks mandatory on public transport.
25 June 2020	The PM announces plans to relax rules for England and Wales allowing for pubs and restaurants to use outdoor spaces.
29 June 2020	Local lockdown imposed on Leicester. [Based on mass testing but not actual medical stats.]
4 July 2020	Lockdown restrictions eased across England. Pubs, hairdressers and restaurants open.
24 July 2020	Wearing of facemasks mandatory in shops.
June to September	Data shows that the 'epidemic' had passed. Deaths from Covid flatlined. Hospital cases were very low. Excess deaths throughout some of the year were lower than the last five years. However, normal cold and flu cases began to rise which were conflated with supposed Covid to produce an excuse for another lockdown. Regional lockdowns are imposed on various northern urban centres.
13 August 2020	Exam results fiasco. An algorithm downgrades thousands of results.
11 September 2020	The 'R' rate goes over 1.

14 September 2020	Gatherings of more than six people becomes illegal.
19 September 2020	People who refuse to self-isolate to be fined £10,000.
22 September 2020	Pubs ordered to close at 10pm.
October 2020	In at least seven areas placed under Tier 3 restrictions (local lockdowns) positive case numbers had peaked and had begun to decline either days or weeks before, making the lockdowns senseless and killing businesses for nothing. [E.g. Liverpool placed under Tier 3 on 14 October but positive cases had been dropping since 8 October. Manchester on 23 October but cases dropping since 1 October. Nottingham on 29 October but cases dropped since 9 October.]
1 November 2020	Covid deaths still flatlining. Acute respiratory hospital cases low for the time of year. ¹ Imperial's REACT study later showed that the R number fell below 1 before the lockdown began. But the false positive 'cases' were up. GP consultations for respiratory infections were declining before lockdown 2 after peaking on 19 October (CEBM ² graph).
5 November 2020	Britain enters lockdown 2 for no reason whatsoever. The government presentations defending this by experts proved to be lies (4,000 dying every day etc.). Work from home; 10pm curfew on pubs etc.; masks extended; weddings – 15 people; indoor sports limited.
November 2020	The British Army is deployed to Liverpool (a claimed Covid 'hotspot') to conduct tests across the city at a cost of £43 billion. It used a more reliable test than the PCR test (lateral flow test) and these were conducted more responsibly than private firms. This confirmed that there were practically no cases. [162 positives after testing 23,170 people, a rate of 0.7%. This is in line with expected false positive results. Thus no cases at all. This also demonstrates the false results of PCR tests.]
14 November	Critical Care Occupancy in England is below average. ONS data released showing that for September Covid-19 was the 19 th cause of death in England and the 24 th in Wales.
14 November	A Savanta ComRes survey for Conservative Woman shows that: the public believes that the average age of Covid deaths is 65 (it is over 82, above normal life expectancy of 81.1) and that the virus is the biggest killer (it is way down the list). 52% believe that 'long-Covid' affects one in three, when it affects one in 20. However, only 59% will accept a Covid vaccine meaning that 21 million Britons will reject it. Sadly 61% agree that more lockdowns are required. 42% (equals 22 Million adults) say that Covid has stopped them accessing hospital care. 40% say that their mental health has suffered.
19 November	Number of Covid patients in hospital rising but ICU admissions were falling. More evidence of PCR test-driven cases.
28 November	Growing resistance of backbenchers and the CRG putting pressure on a beleaguered Johnson and Gove (who wrongly warned of imminent danger of overloaded hospitals). More and more calls to end the proposed new tier system and perform a proper impact assesment. (In fact it is £900 million per day; see later).
2 December	Lockdown 2 to cease but most of Britain placed into a severe tier system quite unnecessarily. E.g. all of Kent is in Tier 3 (severe) but most of Kent is low in infections.

A simple summary of facts

For data and explanations see later in the text.

- What is called Covid-19 was circulating before January 2020.
- All respiratory coronavirus pathogens follow the same behaviour with or without any human intervention. They build up, rise sharply in number, reach a peak, flatten out

¹ According to the Emergency Department Syndromic Surveillance System.

² Centre for Evidence-Based Medicine, Oxford University.

and then slowly drop and decline – thence they become endemic in the population. Once herd immunity is reached, the virus fades as it loses hosts to reproduce. There is no serious second wave.

- Anything up to 50% of the population, or even more, were already immune based on a previous similar coronavirus attack. The memory to deal with this is in the T-cells. The Ferguson report ignored this hugely important data, hence its massively distorted and inflated predictions.
- The peak of the ‘epidemic’ was in mid March
- Herd immunity was achieved by May or June. [Dr Mike Yeadon et. al. ‘The PCR false positive pseudo-epidemic’, 30 November 2020; summarising the epidemic.]
- The first lockdown was instituted after the peak of the virus and after Public Health Britain had downgraded Covid’s seriousness on 19 March.
- In general, the virus equates to a normal flu. For the young, symptoms may be unnoticed. For older people it can be a mild flu. Over 99% of victims survive. Only people aged over 82, or having co-morbidities, are in danger.
- More people died in flu epidemics in recent decades.
- Early treatment (phase 1) with Vitamin C, D and the HCQ cocktail are very effective in treating the virus. Later stages may require intranasal oxygen (but not ventilators) and other drugs. Ivermectin kills the disease effectively.
- The first lockdown achieved nothing medically but did contribute to unnecessary deaths; especially in care homes.
- The first lockdown was epically disastrous for the economy. Causing the biggest blow in 300 years.
- Quarantining asymptomatic people in the first lockdown protected some from infection but ensured that there would be a second ripple when they got infected in the autumn (not a second wave).
- For parts of the year the excess death rate has been below the five-year average.
- Other illnesses have been switched to Covid deaths. Thus heart disease, strokes, diabetes, cancer etc. death rates are commensurately down while Covid rates are up in their place.
- The spike in deaths in April is mostly due to the lockdown causing needless deaths in homes, hospitals (nosocomial infections) and care homes.
- Hospitals were never overrun.
- Nightingale hospitals were virtually unused.
- Most Covid deaths were the result of falsified death certificates under government instruction. Death with Covid (identified by a useless test) rather than death by Covid.
- Mass testing programmes were a disaster and were an utter waste of scores of billions.
- PCR tests cannot identify Covid infection but do identify coronavirus fragments from a cold or flu. They also result in over 93% false positives.
- Facemasks, visors and social distancing were pointless and caused massive disruption to businesses. They had no medical benefit; but they do cause medical harm.
- Covid infections and deaths flatlined before the second lockdown in November. It was driven by false PCR test results.
- The second lockdown and the tier system further wrecked the economy. The December tier system alone costs £900 million every day.

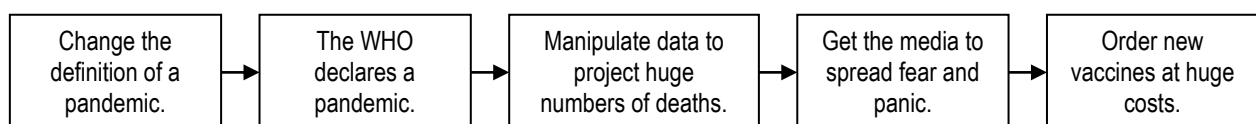
Critical blows to the establishment narrative

- Studies show that there is no significant increase in the death rate in the US, UK, New Zealand, Australia and other countries. [See for example Briand study later.]
- The PCR test has been proved to be utterly useless. [See for example Yeadon et. al. 'PCR-based Covid testing has failed'.] Thus the claimed high case rates that drove lockdown 2 and other restrictive policies did not exist.
- Nations that had no strict lockdown policy (Sweden, Belarus, Japan etc.) fared much better than those that did and they did not kill their economy.
- For much of the year many hospital wards were empty.
- Lockdowns will be shown to have killed far more people than claimed (inflated) Covid deaths (as I predicted in writing in March). Bristol University avers that there will be 560,000 needless deaths. The ONS calculated 200,000 excess deaths. Both are many multiples of claimed (inflated) Covid deaths (of >50k).³

Practice run: Swine Flu

- The WHO changed its definition of a pandemic in May 2009 so that an epidemic did not have to have severe effects.
- In June 2009 the WHO declared a Swine Flu (H1N1) pandemic.
- The later European Parliamentary Enquiry determined that the WHO manipulated information to fraudulently declare a pandemic.⁴
- The WHO's declaration of a pandemic activated sleeper contracts amongst all nations with pharmaceutical companies
- Governments misrepresented statistical data to alarm the public about the dangers of Swine Flu. Neil Ferguson produced wild and exaggerated predictions of doom. Ferguson and ministers were later found to have close financial ties to vaccine makers and elite bodies such as Bill Gates, GAVI etc.
- All governments ordered vaccines at a huge cost. These vaccines were prepared before there was any evidence that Swine Flu was more serious than other strains of flu. A percentage of recipients developed serious medical problems and the government had to compensate them.
- The Swine Flu pandemic was a dud. It turned out to be a normal type of flu and the deaths were minimal. The WHO claimed there were 18,449 confirmed deaths; only 457 Britons died (much less than seasonal flue). Seasonal flu can kill 50,000 in Britain alone; even the WHO admits that ordinary flu kills 500,000 annually globally. Governments ended up destroying millions of pounds worth of useless vaccines. Millions of pounds worth of expired vaccines were destroyed.

The pattern to start a health crisis



³ Quoted by David Warburton MP in a letter to a constituent on 1 December 2020.

⁴ See *Harrison Research Report*, p120 and 154-159. See Council of Europe report (but now inaccessible!!!). See *BMJ* 2010;340:c2912.

The SARS-Cov-2 ‘virus’

Viruses in general

- Viruses are all around us all the time.
- We are constantly exposed to millions of them in the air, on surfaces, in food and so on.
- There are millions of viruses and trillions of bacteria inside us all the time from birth onwards. The vast majority of these do us no harm; indeed many are vital to the body’s functions, such as digestion.
- Viruses are much smaller than bacteria. Most are 20-30 nanometres in size.
- Chickenpox, measles, and influenza are caused by viruses.
- Viruses are not living organisms and cannot naturally reproduce. They have to get inside a host cell to switch on the reproductive mechanism and then replicate.
- A new revisionist science is fast developing claiming that viruses do not cause disease but are exosomes cast out by cells and are the result of toxic shock in the body, such as by EMF radiation or other toxins. In this scenario viruses are the result of disease not the cause of it.

Coronavirus epidemics in general

- Always follow a specific bell curve. Infections rise sharply at first then taper off and decline slowly. They almost never have a second wave.
- Viruses are always defeated by the human immune system.
- The infection stops when a population reaches herd (community) immunity. No one can say exactly what percentage of the population that is.
- Viruses are hindered from reproducing in warm, sunny weather. Therefore, the best thing to do in an epidemic is get plenty of fresh air and sunshine. Staying indoors is a bad idea.
- Viruses tend to mutate into a weaker state. If they have a high mortality rate, they quickly run out of hosts to reproduce.
- The immune system produces antibodies to defeat a virus. However there are other aspects to the immune system such as T-cells and bacteriophages. Once immune, the body does not need to keep those antibodies, so testing for them is pointless. The immune system remembers the infection in the T-cell system and can produce the right antibodies when necessary. Immunity to a virus is usually for life, or at least many years; it is difficult to say how long with coronaviruses. People who contracted SARS-Cov-1 are still immune 17 years later.

What is it?

- It is claimed to be a new coronavirus. This is the family of viruses that includes colds and flu.
- It has never been properly isolated, purified and identified or subjected to Koch’s Postulates. Thus there is no proof that such a virus actually exists; this has now been confirmed by the CDC. In a report titled ‘*CDC 2019-Novel Coronavirus (2019-n-Cov) Real Time-PCR Diagnostic Panel*’ the CDC lamented that research and development was hampered because, ‘*no quantified virus isolates of the 2019-nCov are currently available*’.⁵ This leads one to question how it could be possible to make a vaccine then.
- The six most important papers on the isolation and characterisation of the new virus in China all publicly admitted that they neither purified or isolated the virus. There is no

⁵ Page 39. See www.fda.gov/media/134922/download

evidence that it exists. [The images and data on its genome analysis are CGI guesswork.]

- There is no scientific proof that it is a novel coronavirus; if it exists as a separate entity at all, it would appear to be a subsidiary variant of SARS-Cov-1 or a bio-engineered pathogen of unknown content.
- It was initially discovered in Wuhan, China (but see timeline) where the effects were said to be extreme with people dropping dead in the street. There are now reasons to believe that these scenes and the general picture were hyped up for political purposes by the Chinese Communist party who are in an economic war with America.
- The fragments discovered by Chinese scientists from mucous in patient's lungs were claimed to be a new coronavirus. However, these scientists admitted that they had not isolated or purified this new virus. Furthermore, the viral fragments discovered are actually better understood to be exosomes (toxic products expelled by cells).
- Being a coronavirus (if it exists) many people will have T-cell immunity as the immune system recognises a similar attack to a previous coronavirus. Some think that this could assist up to 80% of the population.

The origin

After a year, the origin of this claimed virus is still a hotly debated mystery. It was originally stated, on supposition, to arise from a bat virus spread via a pangolin to humans – but there is no evidence for this at all.

There are many that claim that it is a human manufactured pathogen – with a variety of claimed variations about its genome (most blame US military virologists working with Wuhan scientists).

US Right To Know has filed a lawsuit against the National Institutes of Health after the agency failed to respond to its July 2020 Freedom of Information request for records of gain of function experiments relating to Covid-19 from the Wuhan Institute of Virology.

PLOS Pathogens and *Nature* have published flawed papers on the origin of SARS-Cov-2 but these have become the cornerstone for the zoonotic⁶ origin theory.

No one has been able to identify the immediate parent or parents of SARS-Cov-2. The two closest relatives are RaTG13 and RmYNO2 but these are not close enough to have mutated into SARS-Cov-2. One possibility is that it might be the result of RaTG13 being passed through transgenic mice equipped with human ACE2 receptors.⁷

There is not a single case where SARS-Cov-2 has been isolated in a Covid-19 patient and scientifically proven to be the cause of illness.

Without understanding the origin proper investigations of the virus, and a response to it, are greatly hindered.

A theory

Many people, including doctors, are beginning to suspect that this pathogen is not a virus at all but a combination of something with a parasite. This is why Hydroxychloroquine and Ivermectin are so effective against it. Hydroxychloroquine has anti-parasitic properties and was originally an anti-malaria drug; malaria is a mosquito-transmitted parasitical

⁶ A disease which can be transmitted to humans from animals.

⁷ Thanks to Mercola.com for this part.

infection. Ivermectin is a specific anti-parasitic drug that effectively kills Covid-19 cell cultures within 48 hours.

This would mean that SARS-Cov-2 is not a coronavirus at all.

In fact the symptoms of Covid-19 are very unusual for a respiratory virus. It does not produce external effects, such as a discharge, but rather internal effects, such as hypoxia, which leads to organ failure. This 'virus' is unusual.

This is why early normal treatments against Covid used by doctors all failed. It was not acting like a coronavirus. Many doctors have affirmed that this is a bio-weapon just like the bio-engineered Lyme Disease that appeared in 1975. It is a packaged group of pathogens and micro-organisms with the primary infection agent being a parasite. Observations by doctors show that Covid manifests bacterial, fungal and viral symptoms together. Some patients exhibit symptoms of mycoplasmal infection and each patient has their own unique set of symptoms. [In the spring I suggested that this was a man-made pathogen that contained bacterial and viral properties.]

Doctors that consult worldwide have observed that there are distinct variations of Covid-19 suggesting that different forms were released in different areas. [I also suggested this in the spring.] If it is a bio-weapon, this would be to provoke different symptoms in each case making a general diagnosis and treatment plan difficult to establish.⁸

Facts:

- Hydroxychloroquine is an effective prophylactic against Covid and (with zinc and azithromycin) is effective in treating early stages. Since it has strong anti-parasitic properties, Covid may include a parasitic agent.
- Ivermectin is a Covid killer. It is the strongest treatment against Covid. Since it is an anti-parasitic drug, it seems likely that Covid contains a parasitic agent.
- The severest forms of Covid do not act like a coronavirus.
- Both Hydroxychloroquine and Ivermectin have been ruthlessly attacked by the mainstream medical establishment and governments, and even banned. Why is this when they are so effective, as proven in practical experience everywhere in the world? What is it that the elite don't want you to know?

Covid-19

- This is the disease that is claimed to arise from SARS-Cov-2.
- The disease has multiple signs and symptoms; many that mimic flu and pneumonia.
- In some early severe cases the worst effect was hypoxia (oxygen deprivation).
- There are no signs and symptoms that are specifically dedicated to Covid-19.
- Most people that died were over 80 and had co-morbidities.
- Several studies have shown that there is a direct link between severe Covid-19 symptoms and having had a recent flu vaccine. Dr Judy Mikovits (virologist) claims that this is due to gamma retroviruses injected in the flu vaccine that are triggered by SARS-Cov-2. [See appendix 1.]
- The infection rate is on a par with flu. *'Is there a difference with the flu? No. ... There is no basic difference with SARS-Cov-2. ... Covid-19 is a disease that makes some people sick, proves fatal to a few, and does nothing to the rest. Like any annual flu. ... SARS-Cov-2*

⁸ See Dr Lawrence Palevsky, 'Covid-19 gain in function parasite infection', video. [New York State pediatrician.]

*therefore, must not be assigned any special significance as a respiratory pathogen. The SARS-Cov-2 outbreak was never an epidemic of national concern.*⁹

- The case fatality rate is also on a par with flu. [Note that some variations of flu can have a fatality rate as high as 8% amongst old people. Mild coronaviruses account for 3-11% of US hospitalisations every year.]
- Survival rate is over 99%.
- Most people with the virus had only mild symptoms.
- Children are only affected by this virus in a very mild way. They may not even notice they had it. Schools should never have been closed and do not need social distancing or masks. There are no examples of a child infecting a teacher.
- It is claimed that Covid-19 is not easily spread in the open air, or from touching surfaces.
- Transmission is most likely in saliva droplets generated by coughing, sneezing, speaking or breathing.
- Multiple studies have proved that asymptomatic people do not spread the virus.¹⁰

Summary of key facts

- Covid-19 is comparable to a seasonal flu and the outbreak is not as severe as previous flu epidemics.
- There is no evidence that symptom-free people spread the disease.
- The survival rate is above 99%. Only the sick and very old are in danger.
- Most children are hardly affected and do not spread the disease.
- Facemasks cannot stop the virus. Facemasks can spread other diseases and increase Covid infections.
- There is no evidence of transmission from surfaces.

Why do some people get very ill?

- Deficiency in vitamin D.
- Deficiency in zinc.
- Poor nutrition.
- Extreme frailty due to old age.
- Co-morbidities; especially heart disease, kidney disease, obesity and diabetes.
- The effect of having had a previous flu vaccine ('viral interference', see later).

Contradictions in the virus narrative

Early narrative	Later narrative
It arose from a bat and a pangolin.	It was bio-engineered in a lab.
It started in the Wuhan wet market.	1) It started in a Wuhan hotel carried by US soldiers on a training exercise in October 2019. 2) It started in September 2019 in Lombardy. 3) It started in several places simultaneously.
Cases in Britain appeared in late January 2020.	Very many people claim to have had Covid in

⁹ Dr Karina Reiss & Dr Sucharit Bhakdi, 'Corona false alarm', p32, 235.

¹⁰ The latest being the City government of Wuhan huge nucleic acid screening study reported in Nature on 20 November. Shiyi Cao et. al., 'Post-lockdown SARS-Cov-2 nucleic acid screening in nearly 10 million residents of Wuhan, China'; *Nature Communications*, 11, Article number: 5917 (2020). There was no evidence of transmission from asymptomatic positive persons to traced close contacts.

	November-December 2019.
Very severe symptoms.	For most people, mild symptoms.
High death rate.	Medium death rate; less than many flu seasons.
Hypoxia and organ meltdown.	For most people, the worst effect was like a bad flu with a dry cough for three weeks.
Victims falling dead in the street.	Most people recover. No one fell dead in the street of Covid in Britain.
The cause is a new coronavirus.	1) It is not new but a sub-variant of SARS-Cov-1. 2) It is not a virus at all.
There is no effective treatment but ventilators. Governments purchased thousands of extra ventilators.	Ventilators kill patients and there are many effective treatments. Notably the HCQ cocktail and Ivermectin.
Lockdowns are necessary to halt the spread.	Lockdowns do more harm than good and are ineffective against the virus.
Facemasks don't work.	Facemasks do work. [Medical opinion is that they are useless.]
Asymptomatic people pass on the virus.	Asymptomatic people do not pass on the virus.
Surfaces can spread the virus.	Surfaces cannot spread the virus.
Children can pass the virus on to adults.	Children almost never pass the virus on.
There will be a second wave.	Statistics show there was no second wave, only scaremongering.
PCR tests are effective and necessary. This drives the government's case statistics and thus policy.	PCR tests are utterly useless for diagnosis purposes and give nearly 100% false positives. Government policy is based on bad data and lies.
The crisis will continue into 2022. Life will never be the same. Facemasks and social distancing must continue.	There is no crisis. The virus infection peaked in mid-March with the worst effects seen in April, then it started dying off. Deaths and hospitalisations flatlining. Autumn respiratory diseases and ICU admissions are below normal.

Possible answers to the contradictions

- Was there more than one pathogen?
- Were there different pathogens released in different countries?
- Did a virus mutate into a more benign form?
- Were some of the extreme casualties due to other factors (air pollution is rife in Wuhan and Lombardy; 5G was rolled out at the same time – this causes hypoxia).

Blatant falsities in the virus pandemic narrative

The virus is a brand new coronavirus

There is no proof of this whatsoever. Many believe that it is a subsidiary variant of SARS-Cov-1 and not substantially different.

The virus is deadly

99.9% of people survive this virus with no serious problems. Only those aged over 82, or those with serious co-morbidities, are at risk – just as with influenza or many other diseases. However, even healthy people over 80 have a 90% survival rate.

The virus is highly infectious

It is not. It was downgraded by Public Health Britain from being a serious highly infectious disease on 19 March 2020. Very many people that contracted Covid did not pass it on to wives or other members in the household.

Everyone is susceptible to this virus and needs to wear masks etc.

1. Many people in the population already have T-cell immunity due to previous similar coronavirus attacks. [Eventually, in November 2020, Public Health England was forced to admit that 25% of the population had immunity despite not ever being infected.] 2. Very young children (under 18) are at very little risk at all and either won't be infected or will have very minor symptoms and live normally. 3. People under 45 are also at a much lower risk of serious problems. Many can catch it and not even know they had it.

Immunity is not long-lived

This is a lie. Scientists in the media have blatantly lied about this. Antibodies resulting from an infection always decrease when they are not needed any longer. Antibody defence take a large toll on the body (such as decreasing iron levels) because they are using the body's systems to defend from attack. If everybody kept high levels of antibodies produced for every illness, they would die. Thus antibodies decline once their job is done. This is not an indication of no immunity (as claimed). The body retains memory of a defence mounted against a viral attack in other systems, such as T-Cells. These react to a repeated threat and stimulate production of antibodies whenever necessary.

The lying of scientists in the media on this topic is a contradiction of fundamental virology principles; so they were deliberately lying and not just mistaken.

Herd immunity is a strategy - to be avoided

No it is not; it is an end point. You don't deploy a plan for herd immunity – it is a natural result to a viral epidemic. It is just what happens. When infected people either die or develop immunity, the virus has nowhere to go.

Thus all viral epidemics follow an initial bell curve¹¹ but then follow a long, slow (a gradual decline) to endemic levels in society that we live with – just as with all cold and flu coronaviruses.

A recent comparison

Without reverting to the typical media comparison with Spanish flu (which is not comparable at all for multiple reasons) we can compare Covid-19 to the seasonal flu outbreak of 2017-18.

This outbreak was worse:

- This was a viral pandemic that swept over the world.
- Hospitals in the USA were overwhelmed. Triage tents had to be erected. Alabama declared a state of emergency.
- In Spain, the hospital system completely collapsed.
- In Italy, intensive care units in large cities ground to a halt.
- Operations were cancelled.
- Patients were sent home.
- 75% of acute medicine doctors said that their hospital was not properly prepared.

¹¹ Or Gompertz curve: slow start then steep rise, then levelling out, dropping and flattening. This occurs at the beginning of the epidemic.

- Hospitals were full; ambulances frequently diverted; patients were queued on trolleys in corridors. The NHS was overwhelmed.
- January saw over 64,000 deaths alone.
- Over 50,000 excess deaths that winter; the highest since 1976.
- The deaths from this flu season were comparable to the deaths this year. However, the main factor is that the lockdown is responsible for many excess deaths not Covid. Apart from the spike caused by lockdown, Covid deaths were consistently less than the 2017-18 flu season.

2017-18 flu season total deaths	2020 Covid crisis total deaths
Source ONS, Weekly Deaths.	
2017 Wk 45: 10,346	2020 Wk 5 (first confirmed cases after 31 January) 11,612
Wk 46: 10,275	Wk 6: 10,986
Wk 47: 10,621	Wk 7: 10,944
Wk 48: 10,538	Wk 8: 10,841
Wk 49: 10,781	Wk 9: 10,816
Wk 50: 11, 217	Wk 10: 10,895
Wk 51: 12.,517	Wk 11: 11,019
Wk 52: 8,457	Wk 12 (20 March): 10,645 (lockdown after this point starts killing people needlessly.)
2018 Wk 1: 12,723	Wk 13: 11,141
Wk 2: 15,050	Wk 14 16,387
Wk 3: 14,256	Wk 15: 18,516
Wk 4: 13,935	Wk 16: 22,351
Wk 5: 13,285	Wk 17: 21,997
Wk 6: 12,495	Wk 18: 17,953
Wk 7: 12,246	Wk 19:12, 657
Wk 8: 12,142	Wk 20: 14,573
Wk 9: 10,854	Wk 21: 12,288
Wk 10: 12,997	Wk 22: 9,824
Wk 11: 12,788	Wk 23: 10,709
Wk 12: 11,913	Wk 24: 9,976
Wk 13: 9,941	Wk 25: 9,339
Wk 14: 10,794	Wk 26: 8,979
Wk 15: 12,301	Wk 27: 8,690
Wk 16: 11,223	Wk 29 (17 July): 8,823 [After this point, excess deaths were lower than the five-year average.]
Total: (rounded to nearest thousand) 283k	Total: 303k [If you take out needless lockdown deaths (minimum estimate 150k) that leaves you with 153k.]

Deaths average and slightly less than a bad flu season pre-lockdown.
Covid peaked in mid-March

Deaths start spiking after lockdown (espec. care home fiasco) and after the virus had peaked.
Lockdown is the cause of excess deaths.
Reports suggest that between 200k and 560k deaths are due to the lockdown.

Despite the international crisis, there was no lockdown, no social restrictions, no facemasks and no killing of the economy in 2017-18. In fact, most people carried on entirely as normal and were not very aware that there was a killer disease going round.

Previous flu epidemics were even worse than that of 2017-18.

Treatments

Wrong treatments

- For months hospitals were giving patients the wrong treatments and killing people needlessly. One example was intubation with ventilators, which caused collapsed lungs. In New York over 96% of patients died as a result of malpractice and wrong treatment. Another example was giving patients morphine, which also killed patients.

Right treatments

- Certain treatments in the early stages are very effective. These include: vitamins A, C and D; Hydroxychloroquine with zinc; and certain drugs like azithromycin. The best performer has been the HCQ cocktail of Hydroxychloroquine with zinc and azithromycin. Hydroxychloroquine opens the pathway into cells for zinc and other nutrients to heal.
- The media repeatedly lied about this treatment saying that it was fake news, or even that it was deadly.¹² Firstly, Hydroxychloroquine is a safe drug used to treat malaria and lupus for decades. Secondly, multiple studies have demonstrated the efficacy of the HCQ cocktail.¹³
- The countries that used Hydroxychloroquine fared much better than countries that rejected it. The same story occurred in the states of America.
- Ivermectin has also proved to be effective later on. The major researcher for this has been Dr Pierre Kory, an American critical care doctor.¹⁴ A Belgian virologist, Marc Wathelet, has also pioneered this drug. This drug appeared in 1975 and is on the WHO essential drugs list. It is usually used to treat parasites but has antiviral properties. Wathelet recommended this drug in April but no one heeded him.
- An Egyptian study compares the HCQ cocktail with the combination of Ivermectin, azithromycin and zinc. The latter performed much better. Clinical trial reviews can be found at <https://tinyurl.com/yyqbq8gw>
- A pioneering pulmonary surgeon in South Africa has developed a new treatment for Covid-19. Against WHO advice (why), he performed camera investigations of the lungs and pulmonary systems and found heavy deposits of mucous in bronchial channels which turn to hard plaque and inhibit breathing. He then sucked out this mucous and patients improved immediately. This also explains why ventilators kill people. The ventilator pushes pressurised air into the lungs; but if the bronchial systems are plugged up with mucous, the air has nowhere to go, over pressurises the lungs and kills the patient. He has written his discoveries up in a paper. Why isn't the world leading with this?

Treatment	Effect
Morphine. Used by the NHS initially.	Kills Covid patients.
Ribavirin (an antiviral). Used by the NHS initially.	Has serious side effects including red blood cell breakdown. Covid-19 drastically reduces iron and haemoglobin levels but boosts ferritin levels. This

¹² A *Lancet* study claiming that it raised the risk of death was retracted because it was based on false data.

¹³ *Daly Mail*, 'US doctors claim that Trump's controversial Hydroxychloroquine drug does help 91% of coronavirus patents...', 29 April 2020. *Daily Mail*, 'Trump-backed anti-malarial drug Hydroxychloroquine is the most effective coronavirus treatment currently available, finds international poll of 2,000 doctors', 8 April 2020. *PJ Media*, 'There's a mountain of evidence that Hydroxychloroquine is an effective treatment for Covid-19', 7 August 2020.

¹⁴ *UP*, 'New protocol Ivermectin to replace HCQ in treatment of Covid patients'.

	reduces the body's ability to get oxygen. Adding Ribavirin just makes things worse.
Intubation with ventilators.	Kills many Covid patients by collapsing their lungs. The increased air pressure has nowhere to go in late-stage Covid disease because the tubes in the lungs are blocked with hardened mucous.
I/V (intravenous) vitamin C with hydrocortisone and vitamin B1 for two days reduced mortality from 40% to 8.5%. [The actual protocol was 200mg of thiamine every 12 hours, 1,500mg of ascorbic acid (vitamin C) every six hours and 50mg of hydrocortisone every six hours.]	Reduced mortality from 40% to 8.5%.
Vitamins C and D.	Helpful in preventing serious Covid effects (boosts the immune system and helps iron intake). Helpful in early stages of Covid.
The HCQ cocktail.	Very effective in treating early stage Covid.
Ivermectin.	Successful in treating Covid patients (see above).
Surgically removing plaque in bronchial tubes.	Successful in treating late-stage Covid.

There are other drugs and treatments claimed to be helpful (e.g. ozone treatment) but those above are the most carefully studied and proven to be effective in practice.

Bad practice

- Even during November 2020 hospitals were still guilty of infecting patients through poor protocol management. Throughout the year high proportions of Covid patients acquired the disease whilst in hospital. Different studies showed different levels, but the minimum was about 20%; some said 40%. The Telegraph¹⁵ said that over 10,000 patients caught Covid while being treated in hospital. This was avoidable. For no sane reason, hospitals continued to put known sick patients with Covid into wards free of Covid. The net result, everyone in the ward gets Covid and the weaker members die. The whole country is put into isolation mode while hospitals fail to contain Covid patients.

The failure of health care: a public enquiry is necessary

- Caveat: I recognise that a number of doctors and nurses worked extremely hard for a period of time. This included some (not all) ICU¹⁶ and respiratory ward staff plus some other departments. Their lives were made miserable by the regime of full PPE, requiring a full change just to go to the toilet. These staff should be honoured.
- However, nearly everywhere else the NHS failed its patients. It was a year when the NHS became culpable in the deaths of thousands by sins of omission and commission. The celebration by the public of the NHS was a disgusting charade at a time when people were needlessly dying by its failures.
- For many NHS staff there was nothing to do and wards were empty. Dr Malcolm Kendrick said, '*an awful lot of people have been standing around wondering what the hell to do with themselves. A and E has never been so quiet.*'¹⁷ There were four times as many empty beds as normal. 40% of hospital beds reserved for emergencies were empty.¹⁸

¹⁵ The Telegraph, 9 December 2020.

¹⁶ Even some ICU staff, such as in Cornwall, had little to do for many weeks.

¹⁷ HIS, Dave West, 'NHS hospitals have four times more empty beds than normal', 13 April 2020.

¹⁸ Health Service Journal, report 4 May 2020.

- With not a squeak of complaint from the NHS, it followed government advice and cancelled all elective surgery, planned non-urgent treatments, regular treatments, screenings, consultations and it emptied wards. It also restricted access to GPs in multiple ways. This should never have been allowed to happen. Data now confirms our early suspicions that this will have killed far more people than Covid ever did.
- The NHS, on government instructions, relocated people sick with Covid into care homes which resulted in mass infection and needless deaths. Perhaps half of Covid deaths occurred in care homes, which did not even have access to doctors and hospitals. Care home nurses and carers have been through hell on Earth. Worst of all, dying elderly people had no access to loved ones.
- Throughout the year hospital infection protocols were very badly practised, as whistleblowers made clear. There were multiple failures, such as nurses walking to and fro between Covid patients and other patients. Worst of all, Covid patients were put in wards that were free of it – infecting everyone.
- For months, despite data being available, patients were given wrong treatments that killed them. Most notably ventilators; but also wrong medications such as antivirals and morphine – which also killed people. Refusing the HCQ cocktail also killed many people. Many doctors and nurses blew the whistle and called their colleagues murderers, especially in New York. It takes a lot for a doctor/nurse to do this.
- The NHS senior executives gave severe threats and warnings to staff not to talk to the media or to tell the truth on social media. Why should such a threat be necessary if hospitals were doing a good job? The main reason was that the experience of hospitals was contrary to the scaremongering narrative being pushed by the government. Hospitals were complicit in deceiving the public about the severity of the viral threat.
- Doctors willingly lied on death certificates under pressure from the government. Patients with Covid were stated as dying from it when their death was most likely: heart failure, cancer, stroke, sepsis, pneumonia, flu, (all of which saw lower than normal numbers this year) and even a road traffic accident.
- Hospital staff realised that the PCR tests were useless as they gave multiple false positive results and contradictory results (one person testing positive then negative in the same day). They did not speak out against this and demand better tests.
- Multiple doctors and nurses broke their Hippocratic oath.
- As a result of these massive failures, which were all avoidable, there should be a public enquiry to hold the NHS managers accountable for corporate manslaughter and complicity in injury by negligence. We must never let this happen again.

Numbers

- There has been no pandemic. The numbers involved are less than recent bad flu seasons. There has not even been a serious epidemic.
- The death rate is recorded in two different ways. 1) Case fatality rate: the ratio of the number of deaths divided by the number of confirmed cases. 2) Infection fatality rate: the ratio of the number of deaths divided by the number of actual infections (confirmed and unconfirmed cases). Note that many people will have experienced the disease but never reported it to anyone.
- The infection fatality rate is estimated to be generally between 0.1% and 0.35%; i.e. comparable to flu. In people under 40 the rate is generally reckoned to be about 0.01%. Prof. John Ioannidis states that the IFR for healthy under-70s is 0.05%. This means

that Covid is a very mild, almost insignificant disease. The flu in 2020 killed more young people than Covid.

- The death rate has been egregiously inflated by false reporting on death certificates. For example: people that died with Covid-19 were reported to have died from it. People were reported to have died from Covid-19 when no one medically examined them and they had multiple co-morbidities (such as an old lady that died in an ambulance). People that died in car accidents and motor bike crashes were claimed to have died from Covid-19.
- Public Health England and the ONS have different methods for calculating deaths.
- The weekly death rate throughout several weeks of 2020 (especially July/August) was lower than the five-year average. In fact, several weeks of 2020 have seen fewer deaths than each of the years between 1993 and 2000.
- The highly inflated Covid global death rate is claimed to be 1.21 million. This makes it the eighth deadliest killer after coronary heart disease (7.94 million), strokes (4.86 million), Alzheimer's and dementia (1.67 million) and others. Covid only accounts for 2.4% of global deaths from all causes.
- The ONS data on Covid-related deaths shows 91% had co-morbidities. 14% of these were heart disease. Significantly, heart disease deaths reduced commensurate with the Covid cases.¹⁹ A patient who had tested positive for Covid but was successfully treated and sent home but later had a heart attack was counted as a Covid death.
- The average age of death is over 80. To be precise, it is 82.4 years old. This is actually higher than the expected time of death in the UK, which is 81.16.
- Nearly half of all deaths occurred in care homes but in some regions the figure is 80%.
- Multiple pandemics have had far worse death rates, even during the 20th century. For example: Spanish flu (1918), Asian flu (1956), Hong Kong flu (1968), AIDS.
- Historical pandemics (e.g. the Black Death, the Antonine Plague, and the Plague of Justinian) were thousands of times worse than Covid-19.
- In terms of monthly deaths per million between 1851 and July 2020, the following epidemics were far worse than Covid-19: 1857 (Dysentery), 1869 (famine), 1889-1895 (Russian flu), 1899 (Cholera), 1918 (Spanish flu), 1931 (flu), 1941 (flu), 1956 (flu), 1968 (flu), 1976 (flu), 1988 (flu), 1993 (Beijing flu). No one locked-down society.
- Statistically, UK deaths from Covid peaked on 8 April.²⁰ However, due to a lag in reporting and other things (e.g. death tends to occur 23 days after infection), this means that that actual virus peak was in Mid-March. Infections were thus lower on 16 March than when the lockdown came into effect on 24 March. All subsequent graphs show this clearly: a peak in April, then falling steeply, and flattening after mid July. *'The number of new daily infections in the UK peaked some days before lockdown was implemented.'*²¹
- There is no second wave at all. By November (after the introduction of lockdown 2) the number of respiratory cases in hospitals was lower than 2019.
- A and E attendance for acute respiratory infections are running at 75% capacity (November). There were far more respiratory-related hospital admissions in December 2019. Yet the government imposed a second lockdown.

¹⁹ ONS, 'Deaths involving Covid-19, England and Wales: deaths occurring in March 2020', 16 April 2020.

²⁰ Carl Heneghan, Oxford Centre for Evidence-Based Medicine.

²¹ Prof. Simon Wood, 'Did Covid-19 infections decline before UK lockdown?', 5 May 2020.

- A paper by the Oxford University Centre for Evidence-Based Medicine revealed that Covid-19 was NOT the underlying cause of death for 30% of all recent deaths attributed to the virus.
- Compare: up to 23 October 2020 there were 56,073 excess deaths over 9 months in England and Wales (45,224 supposedly Covid deaths). However, in the winter of 2017-2018 over three months there were 50,100 excess deaths [ONS.] Only in April and May did ICU wards have a higher occupancy than during the last five years (and that is most likely due to lockdown) [IONARC 2020.].
- By mid November (in lockdown) the situation was as follows: only 13% of hospital beds were occupied by Covid patients. The number of occupied NHS beds is lower than last year's average (on 5 Nov. there were 1.293 fewer patients in hospital beds than last years Nov. average). Even at the height of the first wave in the Spring, the percentage of mechanical ventilation beds that were used never exceeded 62% [University College study]. In October the average death rate for over 75s was lower than in Oct 2019 [ONS].
- In November it was revealed that in these Canadian states: Manitoba, New Brunswick, Labrador, Newfoundland, Saskatchewan, NWT, Yukon, Nunavet and PEI, there were 11,000 less total deaths in 2020 than in 2019 between February and August. In fact from February to July only 15 people died from Covid (taking into account the average normal deaths of 714 a day). Canada has a very strict lockdown and has built Covid detention centres. Overall there were 11,303 claimed deaths from Covid (plus co-morbidities) from February to October.
- Victoria, Australia has possibly the worst police state response to Covid, having established virtual fascism. Yet in all Australia the Covid death toll as of mid-November is 907. If you subtract co-morbidities this would significantly decrease even further.
- New Zealand has also taken on fascism and is threatening detention for Covid dissidents but its death toll from Covid is 25. If you subtract co-morbidities the death toll would be approaching zero.
- An article in the Johns-Hopkins University newsletter (22 November 2020) by Genevieve Briand (Asst Programme Director of the Applied Economics Masters Degree programme) analysed all-cause mortality in America in 2020 from CDC information.²² This showed that the death rate compared to previous years was not exceptional. She said, '*not only has Covid-19 had no effect on the percentage of deaths of older people, but it also has not increased the total number of deaths ... All of this points to no evidence that Covid-19 created any excess deaths. Total death numbers are not above normal death numbers*'.²³ This article was quickly deleted.

Statistics

Fatality rates of various diseases					
Influenza	Covid-19	Polio	Measles	Tuberculosis	Ebola
0.1%	0.1% to 0.35% ²⁴	0.38%	1.45%	15%	50%

²² 'Covid-19 deaths: a look at US data'.

²³ *Natural News*, 'Bombshell: Johns-Hopkins researcher says CDC data show Covid-19 has no effect on percentage of death in older people and had not increased number of US deaths', 4 December 2020.

²⁴ The BMJ published an article claiming a rate of 0.8%. This was vigorously challenged by Peter C Gotzsche and may be amended.

Source: *BMJ*, 'Infection fatality risk for SARS-Cov-2 in community dwelling population of Spain: R Pastor-Barriuso et. al., 'Nationwide seroepidemiological study', (*BMJ* 2020:371) 27 November 2020. (Covid figures) John Ioannidis, op. cit.

- Note: Covid-19 is not a highly infectious disease, as Public Health Britain confirmed on 19 March 2020.
- We should be in permanent lockdown from the danger of measles or TB, which have a far higher fatality rate than Covid.

Weekly reported excess deaths		
2018	2019	2020
Week 2: over 15,000	Week 45: 10,697	Week 12 (leading to lockdown 1): 10,645
Average weekly death rate for the first 11 weeks of 2018 was 12,979.	Week 51: 11,926.	Week 44 (leading up to lockdown 2): 10,887 (139 were Covid).

Source: ONS, 'Deaths registered weekly in England and Wales, provisional'.²⁵

- Note that the media scared the population with statements like, week 45 of 2020 had 12,254 die - as if it were unprecedented.
- Somewhere between 9-12,000 people die per week on average.

A snapshot

Total deaths by sample week (red = significantly higher than normal; blue = lower than normal)				
2017	2018	2019	2020	Date
Wk 2: 13,715	15,050	12,609	14,058	c10 Jan (before Covid)
Wk 8: 11,794	12,142	11,295	10,841	c21 Feb
Wk 12: 10,325	11,913	10,402	10,645	c20 Mar (before lockdown 1)
Wk 15: 8,493	12,301	10,291	16,387	c10 April (excess deaths caused by lockdown)
Wk 19: 10,693	8,524	9,055	12,667	c8 May (excess deaths caused by lockdown)
Wk 25: 9,627	9,256	9,458	9,339	c19 June
Wk 28: 9,376	9,293	9,179	8,690	c10 July
Wk 34: 9,382	8,978	8,994	9,631	c21 Aug
Wk 38: 9,534	9,305	9,440	9,523	c18 Sept
Wk 42: 10,031	9,864	10,156	9,954	c16 Oct
Wk 44: 9,984	9,529	10,164	10,887	c3 Nov (before lockdown 2)
Wk 51: 12,517	11,116	11,926	N/A	c18 Dec

- Note: The highest figures in 2020 were in April/May, but you could argue that this was caused by the lockdown and by sending sick patients into care homes, not the normal viral effect, and these were avoidable.

Deaths where Covid-19 was mentioned on the death certificate (ONS)

- Zero until week 11.

²⁵ Thanks for the suggestion from an article by Guy de la Bédoyère in *Lockdown Sceptics*, but I have selected my own data from the ONS.

- Wk 11: 5, wk 12: 103, wk 13: 539, wk 14: 3,475, wk 15: 6,213, wk 16: 8,758, wk 17: 8,237, wk 18: 6,035, wk 19: 3,930, wk 20: 3,810, wk 21: 2,589, wk 22: 1,822, wk 23: 1,588, wk 24: 1,114, wk 25: 783, wk 26: 606, wk 27: 532, wk 28: 366, wk 29: 295, wk 30: 217, wk 31: 193, wk 32: 152, wk 33: 139, wk 34: 138, wk 35: 101, wk 36: 78, wk 37: 99, wk 38: 139, wk 39: 215, wk 40: 321, wk 41: 438, wk 42: 670, wk 43: 978, wk 44: 1,379, wk 45: 1,937, wk 46: 2,456, wk 47: 2,697.

Observations

- This is really a record of the use of PCR tests, which we know are completely useless.
- As Covid deaths increased, other normal causes (respiratory, cancer, stroke etc.) decreased.
- Most people would be shocked to find how relatively few deaths are attributed to Covid-19. People tend to think that many thousands died every week. Also remember that deaths by Covid were inflated in death certificates; so the real result is much less.
- It shows how Covid deaths dropped to double digits in the summer not because of lockdowns.

PCR Tests

- Are pointless and don't work in this instance. [See multiple studies, such as Yeadon et. al. 'PCR-based Covid testing has failed', Lockdown Sceptics, 16 November 2020.]
- Were never designed to identify a virus or diagnose an illness. The inventor of the procedure, Kary Mullis, insisted that it could not be used for diagnosis. He also called Anthony Fauci a liar.
- Can only identify fragments of something, such as viral fragments, exosomes, products of cellular damage etc. It cannot distinguish between an inactive virus and live (reproductive) ones.
- Was not designed to measure RNA (SARS-Cov-2 is an RNA virus).
- It does not indicate viral load (how much of the virus is in a person).
- At best can only identify some kind of coronavirus present, i.e. a cold or flu. Thus anyone who had a cold or flu in recent months would test positive.
- The Australian Regulator TGA said that the Covid-19 tests are unreliable.
- A Portuguese court has stated that they are unreliable, have a 93% failure rate and that legal medical diagnoses can only be made by qualified and certified medical doctors.
- Since the virus has not been isolated or identified, the test cannot find it even if the test worked.
- Result in up to a 93% false positive result. Even Boris Johnson admitted this.²⁶
- Positive test results are not cases if the patient has no symptoms.
- Dutch scientist Pieter Borger has analysed and severely criticised the original paper that supported the validity of the PCR test. He has demanded a retraction. The criticisms are very technical but include: non-specific primers and probes (which cannot detect the gene). Primer concentration too high. The design is bad. The annealing temperature is wrong. Insufficient parts of the virus are detected. No

²⁶ This is misunderstood as the test claims only a 1% false positive rate. Take the extreme example of a population in which there is no infection at all. Test a million people. The false positive rate of 1% means that 10,000 people are claimed as infectious cases; but none of them are really ill. Thus all those cases (100%) are false positive cases.

negative control (it detects other coronaviruses). The cycle rate is wrong. The original Drosten PCR paper was not peer-reviewed and was rushed to publication (see later).

- Multiple tests have been performed on fruit (e.g. papaya or apple), water from a puddle, animals (goat, dog), on Coca-Cola, and even sent back sterile with no contact with anything - and all tested positive. There is something seriously flawed in the testing programme.
- Tests have made people ill. Some swabs were definitely contaminated (produced by China) and made people sick. In at least one case, an untrained person pushed the long swab too far up a patient's nose cavity and caused brain damage. A team of Australian lawyers in their letter to the government claim that some have died from the test.²⁷
- The government has passed laws allowing for the retention of a person's DNA after submitting to a test. This is totalitarianism. The ID 2020 alliance, the UN and the World Bank seek to create a universal digital identity for everyone on Earth.
- The 'R' number (infection rate) can be manipulated by altering the number of PCR tests conducted.

Peer review

A peer review of the original study (Corman-Drosten paper, 23 January 2020) that set up the protocol for the PCR tests, by 22 international experts, has demolished its findings demonstrating ten major flaws. The review included senior biochemists, immunologists, microbiologists and geneticists. They have demanded a retraction of the paper, which is currently under consideration.

The flaws include:

- It is non-specific due to erroneous primer design.
- It is enormously variable.
- It cannot discriminate between the whole virus and viral fragments.
- It has no positive or negative controls.
- It has no standard operating procedure.
- No threshold for positivity was ever identified. This is why labs ran 40 plus cycles guaranteeing up to 97% false positives.
- It has not been peer-reviewed before use.
- At least four of the authors had severe conflicts of interest; three were on the payroll of the first companies performing PCR testing.

Under normal measures the paper will have to be retracted. This means that the whole Covid case numbers scenario is immediately destroyed. Everything we are being told to do (lockdowns, social distancing, facemasks etc.) become meaningless based on lies.²⁸

Catastrophic results of a failed PCR test system

The tests were used to create panic by intimating a high rise in Covid cases when hospital admissions, ICU occupancy and mortality rates proved otherwise. Instead of looking at hard data, the government reacted to the false case numbers. Results include:

- Excess deaths from a compromised NHS system, which has stopped many normal procedures and treatments.

²⁷ *Concerned Lawyers Network*, 'Notice of Liability and Potential Claims', Test kits for Covid-19 unreliable (6 November 2020).

²⁸ See RT, 'A global team of experts has found 10 fatal flaws in the main test for Covid and is demanding it's urgently axed. As they should', 1 December 2020.

- Collapse of the normal GP surgery system.
- Creating a staff crisis in the NHS.
- Driving lockdowns, social distancing, facemasks and draconian policing.
- Killing businesses.
- Social injury.

Other tests

- There are a variety of other tests including lateral flow / antigen tests.
- These have also led to contradictions and errors. For example, Elon Musk was tested four times on the same day by the same nurse using the rapid antigen test from BD (presumably Becton Dickinson's Veritor Plus system). He received two positive and two negative results.²⁹ The documentation for this test says that negative results do not preclude infection and positive results require other diagnostic information (so what's the point?).
- In short, the rapid test (Operation Moonshot) leads to false negatives while the PCR test leads to false positives.

Mass testing

The BMJ

An editorial for the BMJ³⁰ by Mike Gill (former regional director of Public Health England) and Muir Gray (visiting professor at the Nuffield Department of Primary Care Health Sciences at Oxford) excoriated the government over its £100 billion mass testing programme. Amongst their criticisms:

- Despite claims otherwise, the test does not detect infectiousness.
- It is not accurate.
- If used alone it will lead to many incorrect results.
- The context for gaining consent has been tarnished.
- Testing in schools has been rushed.
- Parents have been given insufficient time to consider the details.
- There is no protocol in the public domain for the pilot in Liverpool.
- There is no ethical approval.
- There is no systems specification.
- It is unevaluated.
- It is under-designed.
- It is leading to a regressive insufficiently supported intervention.
- It leads to a mess.
- It is costing 77% of the annual NHS budget.
- It should have first been checked by the National Screening Committee and NIHR.
- No one's freedom or behaviour should be contingent upon a novel rapid test.

Other complaints

A panel of scientists from universities in Newcastle, Birmingham, Warwick and Bristol sounded the alarm about the dangers of mass testing.³¹ They said it was the most unethical

²⁹ *Twitter*, Elon Musk, 18 November 2020.

³⁰ *BMJ*, Editorials, Mass testing for covid-19 in the UK, *BMJ* 2020:371:m4435.

³¹ *Daily Mail*, 'Boris' £100 billion Operation Moonshot will fail miserably ...' 16 November 2020.

use of public funds for screening they had ever seen and added that it will do a lot of harm. They say:

- It has not been endorsed by SAGE or the WHO.
- The evidence for screening is not there.
- The evidence around the tests are poor.
- It may accelerate Covid's spread.
- It is destined to fail miserably.
- It will miss between 25-50% of cases.
- The Moonshot programme must be paused.

Laboratory and technician failures

- Laboratories amplify the RNA collected too many times to be accurate. The result is healthy people testing positive even if the viral load is low or the virus is inactive.
- The test is ineffective and inaccurate when amplified more than 35 cycles. Above 17 cycles accuracy rapidly drops. Above 33 cycles accuracy is only 20%. Yet the CDC, FDA and WHO all recommend using 40-45 cycles.
- Whistleblowers have revealed that cross contamination is happening even before the test kit is taken to the lab. There are multiple failures. Swabs are taken incorrectly by untrained staff: too many swab scrapings are made; swabs touch lids and capsules; swabs touch other objects. Samples are stored in transit at the wrong temperatures. Samples are stored upside-down or sideways.
- The Dispatches TV programme revealed that the superlab run by Randox in N. Ireland that analyses PCR tests from across Britain had serious failings reported to the regulator. Cross-contamination is occurring in the labs.
- Dr Julian Harrison worked in the Lighthouse lab in Milton Keynes run by UK Biocentre and exposed multiple failings to the Health and Safety Executive: no proper induction training for operatives. Lack of biosafety protocols. Failure to clean biosafety cabinets. Overloading cabinets with sample bags. Technicians doubled-up to process biohazardous samples risking the integrity of the environment. Cross-contamination occurred before the samples were taken to the PCR lab. Poor quality of sample tubes and caps so that they didn't fit properly. Passing of leaky tubes to the liquid-handling personnel.

The utter failure to conduct tests in an organised, scientific way, with massive false results, is being used to destroy the economy and social life throughout the whole country.

Medication by swab test

As well as some swabs being contaminated (many people have reported becoming ill after having one) there is the issue of what is on the swab in the form of medication?

The government seems far more interested in getting everybody tested by a swab than in deploying real alleviation of any epidemic (not that there is one anymore). Why is that? Could it be that nano-technology is being deployed in the swabs? We know that this is an elite objective – to implant nano-devices (bio-markers) into every human being for data tracking. Scientists have manufactured tiny machines that deliver medicine efficiently, smaller than a grain of sand.

For those who cannot believe this technology exists, there are multiple scientific papers explaining it. Here are a few:

- David Gracias and Florin M Selaru at John Hopkin's University led a team of biomedical engineers that developed shape-changing micro-devices that mimic the hookworm in intestines called 'theragrippers'. These can release drugs into the body and several can be on one swab. The results of this research were published in *Science Advances*.
- Shadab et. al., Epub, 2013, 6 Oct., 'Nanoneurotherapeutics approach intended for direct nose to brain delivery', This paper describes intranasal administration of drugs for the brain.
- Hitendra S Mahajan, et.al., PMID 24128122, 'Nanoemulsion-based intranasal drug delivery system of saquinavir mesylate for brain targeting'.
- Int J Pharm. 2008 June 24;358 (1-2): 285-91, Kumar M Misra, et. al., 'Intranasal nanoemulsion based brain targeting drug delivery system of risperidone'.

There are dozens more similar articles.

We know that this is an objective of Bill Gates and he has had a secret meeting with Boris in the spring. FOI requests for the minutes have been rejected. The evidence against mass testing is now an avalanche that cannot be ignored. Since it does no medical good (it cannot identify a live virus or viral load) what is the real purpose? Is it vaccination by stealth? Someone needs to take multiple samples of swabs and test them.

Dangers of swab testing

There is access to the brain via the nose (hence the medication methods above). Inserting anything in the nose is inherently dangerous if not performed by a specialist.

Pushing a swab deeply into the nose can cause haematoencephal barrier damage and can also damage endocrine glands (e.g. hypophysis) - which can cause muscle weakness, circulation problems and visual disturbances. This also creates entry into the brain for infection, which is why some patients have received brain damage. This infection is enhanced when a mask is worn which collects bacteria and other pathogens and enables them to pass into the brain.

The barrier in the nasal passages protects us from bacteria, viruses, heavy metals, and other toxins.

Conclusion

Given that the tests are useless for diagnosing active Covid-19 and given that the government (which must know this) has spent billions demanding and propagandising for PCR tests, it appears that there may be a different reason for these tests. Since Covid is now understood to be a mild flu for most people with a 99+% survival rate, why is any testing necessary? We don't mass test for far more dangerous current diseases, such as TB.

Since global elite corporations invested heavily in test kit manufacturing before the epidemic, it is clear that the Deep State had an agenda for mass testing, despite there being no medical purpose. Hence it is reasonable to suggest that these reasons may include:

- Involuntary medication of the population.
- Causing damage to make people sick. [The elite are eugenicists with a depopulation agenda.]
- Getting rid of old people who are a drain on society. [Eugenics again.]
- Simply promoting the Covid crisis for other political or financial reasons.

What is certain is that the mass testing does not have any altruistic benevolent purpose.

Facemasks

In the heat of the epidemic, facemasks were dismissed by the government. The Deputy Chief Medical Officer, Jenny Harries, said that masks trap the virus. Chris Whitty said that they did not reduce the risk of infection and they were not advised. In Parliament sometime later, Matt Hancock was forced to admit that the evidence for mask-wearing was weak and limited. Then, all of a sudden, on 15 June, they were mandated for public transport. On 24 July they were mandated for shops.

In July 2020 Oxford's Centre for Evidence-Based Medicine demonstrated that there was virtually no evidence to support facemasks. The few insignificant trials (at that time) showed that facemasks had no effect on limiting the spread of influenza-type diseases, even in health-care workers.

The only randomised study of facemask efficacy before the lockdown was a 2015 paper in the BMJ.³² It warned against using them due to: moisture retention, reuse of the mask, and poor filtration – all of which could result in increased infection.

The existing data was reviewed by Dr Lisa Brosseau and Dr Margaret Sietsema, respiratory experts from the University of Illinois. Brosseau stated, '*there is no scientific evidence they are effective in reducing the risk of SARS-Cov-2 transmission*'.³³

When blogs, posts and videos explained that masks can increase infections, they were derided by the media and deleted from social media and YouTube as fake news. The 'conspiracy theorists' had better data than the media and the government.

Because, from a medical perspective, there is no proven effectiveness of masks, the cabinet has decided that there will be no national obligation for wearing non-medical masks.

Tamara van Ark, Minister for Medical Care, The Netherlands.

Efficacy

- Facemasks are utterly pointless in dealing with a virus infection.
- Viruses are between 20 and 120 nanometres. The pores in a cloth facemask are 400 – 500 nanometres; thus viruses pass straight through them. Trillions are breathed out as aerosols filling any environment quickly.
- The CDC reported that 85% of all the people that contracted Covid-19 in July stated that they wore masks all the time or often. Those that wear masks are more at risk of being infected due to a suppressed immune system and pathogen collection on the surface.
- On 14 October 2020, the CDC explained that it had never advised wearing a mask for personal protection from the virus, but only to help infectious people prevent spreading it to others. The CDC does not support universal mask wearing.
- Swedish authorities actively discouraged people from wearing masks because they offered a false sense of safety and spread panic. Sweden fared better than any other

³² *BMJ Open*, MacIntyre, CR, et. al., 'A clustered randomised trial of cloth masks compared with medical masks in healthcare workers', 22 April 2015.

³³ Dr Lisa Brosseau and Dr Margaret Sietsema, University of Illinois, 'Commentary: masks-for-all for Covid-19 not based on sound data', 1 April 2020.

European nation in this crisis (at least economically). Denmark and Norway did not mandate masks either where Covid cases did not surge like they surged in all areas where masks were demanded.

Medical problems

- Multiple studies have conclusively found that facemasks are completely ineffective in inhibiting a virus.³⁴
- Medical authorities have stated that they are ineffective against a virus, including the CDC and the WHO.³⁵
- Facemasks are very harmful when worn for prolonged periods.
 - They suppress the immune system.
 - They reduce oxygen intake severely, by about 20%. Thus they produce headaches, dizziness and impaired behaviour.
 - They cause a build up of harmful CO₂.
 - They create a build up of bacteria and other viruses.
 - They increase the infection rate as a result of the above.
 - They are causing an epidemic of bacterial pneumonia (which is likely diagnosed as Covid).
 - They are causing a rise in facial skin staph infections.
- Facemasks cause psychological problems (alienation, isolation).
- Facemasks cause societal problems (social interaction requires facial expressions).

A component in developing totalitarianism

- Since there is no medical science to support facemasks to stop a virus, the only purpose can be social manipulation and compliance testing. It also identifies dissenters.
- It is a form of social engineering. Demand compliance to something stupid to enforce social change and submission.
- Facemasks are a sign of slavery. In history slaves were often forced to wear various forms of facemask, some made of iron.
- It is a means to weaken the population and make them more compliant.
- It enhances fear. Facemasks are a sign of the acceptance of mass fear.
- It dehumanises us.
- Jonathan Van-Tam (deputy chief medical officer) said that facemasks should continue for '*many years*'. This was then echoed by Sir Patrick Vallance who said that people should expect to continue wearing masks until 2022. This would be totalitarian demands to do something pointless and stupid and potentially dangerous.

Social distancing

Social distancing is also useless because Covid-19 is spread by aerosols, which travel 30 metres or so before landing.

Dr Roger Hodkinson; a medical specialist in pathology and virology. Former chairman of the Royal College of Physicians of Canada Examination Committee in Pathology.

³⁴ See Appendix Two.

³⁵ See Appendix Two.

In 2019 the World Health Organisation concluded in a pandemic planning report that social distancing, travel restrictions, and lockdowns had little or no scientific evidence supporting them.

Jamie Walden, 'The Cult of Covid', p44, (2020). [WHO, 'Non-pharmaceutical public health measures for mitigating the risk of epidemic and pandemic influenza', October 2019.]

Efficacy

- Multiple studies have shown that social distancing has no effect in limiting a virus epidemic. There is no scientific basis for it.³⁶
- Airborne viruses are not hindered in any way by social distancing. [Understand that sub-microscopic viruses, completely unhindered by cloth facemasks, will fill the atmosphere of any environment where infected people are breathing. Standing one, two, three or even 20 metres away will achieve nothing. The particles are everywhere.]
- There is no evidence that restricting the numbers of meetings or social gatherings or curfews on pubs has any effect on the virus.
- Even smaller saliva droplets (i.e. bigger than aerosols) containing the virus may spread up to 8 metres in exhaled air.

Social problems

- Social distancing causes havoc to businesses and restricts their ability to function. For example most call centres for businesses are functioning at reduced staffing levels or getting people to work from home which increases inefficiency, increases susceptibility to hacking and causes customer problems.
- It vastly reduces the footfall of shops, banks, supermarkets etc.
- It contributes to the closure of high street shops and thus to social disintegration.
- It leads to restrictions in getting treatment at hospitals.

A component in developing totalitarianism

- It identifies social compliance on a grand scale.
- Humiliation of the people: it forces a population to submit to something stupid.
- It enhances fear.
- The Secretary of State for Business, Energy and Industrial Strategy stated on 17 May that people could meet one other person outside if they stayed two metres apart. No Act by the government had stated such a policy. His statement was illegal.
- The main purpose is to advance the principles of the global elite in the Fourth Industrial Revolution and the Great Reset. For example, social distancing has forced many firms to change the way they operate and invest in greater digital automation. Even in society, customers that never used online services have been forced to do so to get the things they need. This has made rapid changes in developing technocracy on a large scale. This is why elite people like Bill Gates and Klaus Schwab have said that social distancing will continue after the Covid-19 pandemic has ceased. They want the online changes to continue afterwards and become the new normal. This is a necessary part of the elite's plan to develop a totalitarian state (see later).

³⁶ E.g. Research study by Icahn School of Medicine at Mount Sinai in co-operation with the Naval Medical Research Centre published in *New England Journal of Medicine*: Andrew G Letizia et. al., 'SARS-Cov-2 Transmission among Marine Recruits during Quarantine'; 11 November 2020.

Track and trace

- Various systems, at a cost of billions, have been introduced by the government that have no immediate medical purpose. Why would providing details of your name, address and telephone number in a pub help prevent infections? The data would either be too small or too big to provide any beneficial result. In any case, when a party of several enters a pub, only one individual is asked to provide details. There is no point. You are not asked for tracking details in a shop.
- There is an investigative purpose in contact-tracing definite positive cases to analyse infection rates in subsequent analysis. But this is not what the government is doing in a general data collection from asymptomatic people in pubs.
- The real purpose is that it is part of a government data-gathering exercise. The elite want a complete database of everything about everybody and this is part of it.
- In addition, there is commercial value in the data. Why is it being sold to private businesses without the permission of individuals? Is this not illegal?
- It is another compliance test to get everybody used to providing personal details, later to be absorbed directly from Smartphones, for all things.
- Eventually, if you do not have the government app and choose to give up your personal data, you will be unable to buy products.

The waste of money

- The budget for the government's test and trace scheme is £22 billion. More than what had been quoted (£12 billion).
- 85% is allocated to the actual testing.
- 3,000 health specialists were recruited, along with 18,000 call handlers – who had nothing to do very often. In mid-June the specialist staff were only utilised for 4% of their contracted hours. The call operators only worked 1% of the time. [National Audit Office report.]

The lockdowns

Widespread closure of all non-essential businesses and stay at home policies do not appear to have had any significant effect on the number of Covid-19 cases across Europe.

Professor Paul Hunter, UEA, 'New study reveals blueprint for getting out of Covid-19 lockdown', 6 May 2020.

The data indicates that there is no evidence that lockdown saves lives any more than any other policies and the same objectives could have been achieved with far less damage. ...

Lockdown was not a success. It did not work.

Jamie Walden, 'The Cult of Covid', (2020) p65, 70.

What are they?

- 'Lockdown' is a term derived from prisons referring to restricting the freedoms of inmates. Lockdowns were quarantines of the healthy or house arrest. This is a foolish policy that has never been standard policy in British history before. Where it was implemented it was proven to not work. Thus the UK Influenza Pandemic Preparedness Strategy (2011) advised against them. Even Dr David Nabarro of the WHO warned governments to only implement lockdowns as a last resort.

- No social meetings above 6 people (introduced mid September 2020).
- Curfews of various sorts were introduced, such as closing pubs at 10pm. There is no scientific evidence that this does any good but it is killing night-time businesses (pubs, night-clubs, comedy clubs, theatres, musical venues etc.).
- The first full British lockdown was implemented on 23 March 2020. The second was implemented on 5 November 2020.
- Full lockdown meant the following: political meetings illegal; demonstrations and protests illegal; congregational worship illegal; celebrating religious festivals illegal (notably Easter for Christians and Eid³⁷ for Muslims in lockdown 1); visiting loved ones in hospital illegal; reading a book outdoors illegal; going to the local pub illegal; going to a hairdressing salon illegal; going for a relaxing drive illegal; going out for more than one walk illegal; seeing someone from another household illegal; travelling between two homes illegal; meeting your lover if they live in a different house illegal; opening theatres and cinemas illegal; sunbathing outside illegal; going to a gym illegal; going to a comedy club illegal; operating a folk club illegal. The fact the government, under the cover of a mild flu and hyped-up fear, closed all of culture, is historic.
- The lockdowns went far beyond the emergency power acts responding to WWI and WWII.
- Lawyers have argued that this action was illegal; Matt Hancock did not have the power to order home-containment of asymptomatic people. It also contradicts the Human Rights Act 1988.

What motivated lockdowns?³⁸

- NOT MEDICAL CONCERNS. Covid is now understood to be a mild flu for most people and only a threat to old, sick people. If that was not understood before the first lockdown, it was certainly understood before the tier systems and second lockdown.
- NOT POLITICAL CONCERNS. Lockdowns are opposed to democracy, Common Law, traditional Tory policies and are unpopular.
- NOT A LACK OF DATA. From the very beginning eminent epidemiologists explained exactly what would happen with the epidemic (and they were correct) and advised against any severe government intervention of any kind. By the summer evidence showed that the worst lockdowns in the world caused the most deaths (e.g. Peru, UK) and the least lockdowns had the best medical result (e.g. Sweden, Belarus, Japan). By the summer multiple eminent scientists (such as Sunetra Gupta) had proved that lockdowns don't work and that herd immunity is the only way forward. The government ignored them. Army testing in Liverpool showed that there were virtually no real cases but it was described as the hotbed of Covid infections in the north. The narrative was contrary to the data. The 'R' rate fell below 1 before the November lockdown proving that it was not necessary.
- TO 'FLATTEN THE CURVE'. But Boris originally stated that this would only last three weeks. It is continuing into 2021. Hospitals were never overrun and for several months were virtually empty. There was no curve to flatten. In any case the virus had peaked before the first lockdown on 23 March. Furthermore, Public Health England and others downgraded the virus from being a highly infectious serious problem. The flattening of the curve notion was a pure lie; it was never about that. When this lie was aired, the UK had an average of one hospital for every 2.5 Covid patients (1,910 hospitals, 4,861 Covid patients).

³⁷ Eid ul-Fitr: the feast marking the end of the fast of Ramadan.

³⁸ Thanks to a suggestion by John Mortimer in *Conservative Woman*.

Why lockdowns are wrong

- By definition, lockdowns are illegal under Common law and the Constitution. No parliament has the right to terminate the freedoms of citizens who, under the Constitution, have the rights of: freedom of movement, personal liberty, freedom to assemble and freedom of worship. Separating family members and preventing children from seeing elderly parents and grandparents is unthinkable in British Common law. The government even stopped loving partners or married people that lived separately from having sex.
- SAGE did not advise the government to issue a lockdown order. [This came out after the secret SAGE minutes were released as part of the Dolan case (see later).]
- Jury trials were suspended. By the middle of June, 41,000 cases had piled up awaiting trial.
- It is wise policy to let the population get the virus as quickly as possible and reach herd immunity. However, vulnerable people (the old and frail) should be voluntarily quarantined. Once herd immunity has occurred, the population is safe from an intense infection. Lockdowns were the opposite of this. Sweden is an example where no hard lockdown was enforced and they had a far better outcome than Britain. Lockdowns only prolong the epidemic by delaying herd immunity. All-cause Swedish mortality did not rise significantly in early 2020 compared to the last five years.³⁹
- Universities were placed under quarantine with severe psychological damage to students. Some committed suicide.
- Before lockdowns were initiated, many prominent epidemiologists stated that they were the wrong policy and would only lengthen the epidemic. The reason is that a lockdown of the healthy would inhibit transmission of the virus temporarily but it would begin attacking the healthy as soon as the lockdown ended. The virus has to run its course; that's what all viruses do. Lockdowns hinder this. [See the studies proving this in Appendix Three.]
- Lockdown 1 caused an increase in cases. Closing shops had no effect on hindering the spread.⁴⁰
- The data available after Lockdown 1 showed that the per capita fatalities from Covid in the eight US states that had no lockdown (North and South Dakota, Nebraska, Iowa, Arkansas, Oklahoma, Wyoming, Utah) were lower than the 42 states that did. The same applies to nations that did not enforce a strict lockdown such as Sweden, Belarus, Japan, and Germany. Mortality for Sweden this year is on a par with the five-year average. Japan had less than 1600 Covid related deaths.
- The argument that a lockdown was necessary to prevent the NHS being overrun was proved to be false. During lockdown 1 hospitals were empty, resulting in multiple needless deaths from other medical causes because treatments, tests, consultations, elective surgery and screening were shut down.
- Lockdown 2 was totally unnecessary, as were the tier systems. Immediately before the new lockdown, there was no excess hospital admission; there was no excess intensive care bed use and no excess death rates. If lockdowns worked, why was a second one necessary? Afterwards there were more cases of Covid in London than before the lockdown started. 'Cases' were up from 150.9 per 100,000 people to 169.6.

³⁹ MedRxiv, Frederick E Juul, et. al., 'Mortality in Norway and Sweden before and after the Covid-19 outbreak: a cohort study', 13 November 2020.

⁴⁰ University of East Anglia, Prof. Paul Hunter, 'New study reveals blueprint for getting out of Covid-19 lockdown', 6 May 2020.

- The UK lockdown 1 saw the following effects after just one month: 1) growth in construction fell by over 40%; 2) air transport industries fell by 90%; 3) food and drink services fell by 88.5%; 4) accommodation fell by 86.9%; 5) travel and tourism fell by 89.2%; 6) retail fell by 87.3%. [ONS.]
- Wales imposed a severe lockdown 2 and on 19 October instituted a 'firebreak lockdown'. The result was a massive rise in infections to almost 300 per 100,000 people; the case rate is almost double that of England, even Tier 3 regions, despite harsher restrictions (e.g. pubs close a 6pm). As a sparsely populated country, it should be doing better than England. By 8 December there were 400 more Welsh Covid patients than at the peak of the first wave. Wales has 3-4 times the rate of new cases as the rest of the country.
- Lockdowns cause unnecessary damage to those who are not at risk; i.e. healthy young people, say under 40. This includes children, who are not badly affected by the virus and schools should never have been closed. [It turned out, after a legal challenge, that the government never demanded school closures but just recommended them. The government had no legal right to close schools. The Good Law Project advised that councils could face lawsuits for cancelling children's education; which is required by law. Us and Them campaign group threatened legal action for forcing social distancing measures on children in school that were pointless and broke the UN Convention on the Rights of the Child.]
- Young people forced into bankruptcy and unemployment were victims of a stupid government policy not a virus.
- I said from the very beginning that lockdowns would kill far more people than the virus. This has proved to be true. The reason is the thousands of people who will die unnecessarily as a result of: cancer screening programmes being stopped; cancer care being delayed; strokes being untreated; heart disease being untreated; surgery being cancelled; out patient care being cancelled; consultation being cancelled or performed over the telephone; out patient care cancelled. In addition there is massive increase in mental health problems; a rise in suicides; a rise in self-harm and a rise in domestic abuse cases. Then there are the economic effects of unemployment, bankruptcy and poverty. The Dept of Health and Social Care, the ONS the Government's Actuaries Dept and Home Office calculated the damage of the first lockdown as 200,000 extra deaths (to save c.50,000 Covid deaths).
- Fellows of the Actuarial Society of South Africa, Peter Castelden and Nick Hudson, estimated that in South Africa including the impact of economic damage, 29 times more lives were lost to the harms caused by lockdowns than Covid.
- In the developing world Prof. Sunetra Gupta estimates that 150 million people will die of starvation as an effect of the global economic repercussions of lockdowns.
- Analysis by the Centre for Economic and Business Research (CEBR) has estimated that the tier system will cut GDP in December by 13% compared to last year, costing £20 billion. This is costing the economy £900 million every day.

Lockdown mortality effects in general

- A planned, deliberate killing of nursing home residents by sending in sick people from hospitals to free up wards.
- The deliberate killing of care home residents by loneliness, isolation, depression due to long-term separation from family and friends.
- Causing death by the wrongful administration of respiratory-inhibiting drugs, such as morphine.

- Killing of Covid and non-Covid patients by refusing them hospital care, or even a doctor.
- Killing of patients by demanding that they stay at home until their condition had deteriorated rather than get early intervention and treatment.
- Killing of non-Covid patients by withholding medical care over a long period, including refusal of diagnostic tests, scans, interventions, clinic, consultations etc.
- Killing of Covid patients by financially-driven intubation with ventilators.
- Killing of old people by unwanted 'Do Not Resuscitate' orders.
- Killing of people needlessly in the HCQ trials where late-stage patients were prescribed four times the dosage to discredit HCQ treatment. [HCQ is not effective in the late stages. HCQ must be used in conjunction with zinc and preferably azithromycin. This was a wicked and cynical act.]
- The deliberate killing of patients by refusing them HCQ and zinc in the early stages based on studies later proved to be fraudulent. [Such as the Lancet study which was retracted after many complaints.]
- The damage done by experts who claimed that there were no effective treatments for Covid-19, despite the empirical studies by many doctors. Censorship of true studies and shared experience. In America states that used HCQ got good results and few deaths while states that rejected HCQ had high death rates. In New York the death rate was over 96%. Doctors that lied to patients about effective treatments contributed to their death.
- The failure of doctors and government to explain the benefits of vitamin D to enhance the immune system. Many were even prevented from obtaining vitamin D.
- The UN High Commissioner for Human Rights, Michelle Bachelet, condemned the emergency powers used by governments to control populations. The UN's Human Rights Office's Director of Field Operations, Georgette Gagnon, demonstrated the 'toxic culture' of emergency powers that had been 'highly militarised'.
- A senior member of the risk analysis division of the German Ministry of the Interior conducted an investigation into the lockdown. He concluded that the measures were excessive and caused immense collateral damage without any benefits. His minister refused to see the document and when he sent the paper to other experts, he was suspended.⁴¹

In summary, lockdowns:

- Have no medical health benefit whatsoever.
- Kill small/medium businesses.
- Destroy the hospitality sector.
- Wipe out businesses that cannot digitise easily.
- It causes societal harm.
- It furthers atomisation by killing off all forms of social connectivity.
- It causes grief to families.
- It cancels worship services.
- It ushers in a police state.
- It decreases government accountability.

⁴¹ See Corona false alarm, op. cit., p59.

The abandoning of common sense and basic understood scientific principles means that the government is guilty of corporate manslaughter through not only negligent behaviour but also by deliberate actions that killed people. Their neglect killed people; their policy choices killed people.

I am no expert but I publicly warned that lockdowns would kill more people than any virus epidemic in March. This was because it is common sense. I discussed this with medics who agreed with me. The government was also in possession of a report that concluded that 200,000 people would die from the effects of a lockdown. The government is, therefore, culpable and has no excuse.

A judicial enquiry must result in the arrest and trial of the relevant government officials, ministers and advisory experts who are guilty of lies, malfeasance⁴² and treason against the British people. The British government unnecessarily killed tens of thousands of people; many of these in appalling circumstances of loneliness, helplessness and despair.

A component in developing totalitarianism

The lockdowns applied a shock to the nation like a deathblow. This was to achieve multiple strategies in furthering totalitarianism. It got rid of weak elements in society that elite eugenicists desire to be eliminated. It killed off small and medium-sized businesses – another elite goal. It forced people to depend upon multinational corporations more than ever, such as Amazon and social media. It instantly created a cashless society; even take-away meals relied on credit cards. It furthered Gestapo-like police tactics. It stopped public worship, which the elite hate. It terminated political demonstrations and protests. It made people feel the weakness of their inability to stand up to the state.

The chief end of lockdowns, however, is to so destabilise the economy and culture, making populations weak, weary and desperate, that a great reset of society is necessary (see later). When a population is so disorientated and enervated it will willingly accept anything that promises a better life; even if that life is very different with diminished liberty.

Detention centres (concentration camps?)

- So far these have been implemented in New Zealand and 20 are being installed (9 are up and running) in Canada, run by private firms. Prison cells and cages are being erected in camps in the USA.
- In Canada the government policy is isolating family members in a camp if they share a house and have no personal dedicated bathroom. Thus children that test positive can be taken away from parents for weeks.
- Other nations have isolated Covid-19 positive cases in hotels such as: America, Italy and Australia.
- The British Coronavirus legislation allows for children to be removed from parents, held in a detention centre and forcibly medicated.

This is outright fascism.

⁴² Wrongdoing, especially by a public official.

SARS-Cov-2 vaccine

Vaccines are a huge subject to disentangle. I will restrict myself here to a few simple, salient facts. See previous Covid papers for explanations of: biomarkers, ID 2020, Luciferase, hydrogel, micro-needles, the Bill Gates' digital identity agenda, digital tattoos etc.

Problems with vaccines

- Vaccines have been killing people since the mid-1700s.⁴³ No vaccine has ever been proved to be 100% safe; NONE.
- Vaccines take years to develop. Until Covid, the fastest vaccine development was four years for the Mumps vaccine in 1967. There is every reason to doubt the efficacy and safety of a vaccine developed in a few months. The preliminary SARS-Cov-1 vaccine was disastrous, causing multiple severe side effects costing £3.5 million in compensation and making the disease worse. Despite the GlaxoSmithKline vaccine being tested, pronounced safe, and licensed by the government, it was withdrawn after it gave children narcolepsy.
- All vaccines contain very toxic ingredients that damage the patients. These have included: formaldehyde, mercury, Polysorbate 80, aluminium, aborted baby cells, animal DNA etc.; many of these are carcinogens or just poison. For example, an excess of aluminium causes Alzheimer's disease.
- The flu vaccine has been proved to be mostly ineffective at best⁴⁴ but studies have shown that it also causes worse symptoms in subsequent years (viral interference; see Appendix One). Thousands of people every year get very serious side effects that include paralysis and brain damage; while some die from it. Multiple studies claim that it was a previous flu vaccine that triggered the worst Covid effects in victims.
- Very many vaccines have led to injury and death all over the world. Some vaccines have actually caused epidemics of the thing they were combating, such as polio in Africa caused by a Bill Gates vaccine; the CDC now admits this. Before pharmaceutical companies gained immunity from liability, billions were paid in compensation to vaccine injured people. Gates' vaccine programmes in India and Africa have led to the injury or death of hundreds of thousands of children.⁴⁵
- More people died of the polio vaccine than the polio wild virus. In recent years more people died of the measles vaccine than the virus.
- The rushed vaccines to deal with Swine Flu led to many serious adverse injuries and millions in compensation. Vaccinated people are still suffering effects like narcolepsy to this day even though Swine Flu was not a serious threat to British people.

Problems with the Covid vaccine

- 54% of the population has to take the vaccine in order for it to work nationally. More than 50% has already stated that they will not take the vaccine; this number is growing and 56% of GPs have said that they will not accept it.
- So far, multiple people have died in testing current Covid vaccines. In one test alone in South Korea 25 people died. To date about 85 people have died in testing because it is being rushed out too quickly abandoning normal safety procedures. 6 people died in the Pfizer trials.

⁴³ For example, the theologian Jonathan Edwards was killed by a smallpox vaccine in 1758.

⁴⁴ Some vaccines can reduce symptoms by a day or two but not stop the infection. Each year these only combat a couple of the over 120 coronaviruses causing colds and flu.

⁴⁵ See my paper, 'Bill Gates' for data.

- Other trial victims have faced very serious illnesses such as paralysis. In Australia, the billion dollar vaccine contract with CSL Limited (developed by Queensland University) was scrapped after several trial victims tested positive for HIV.
- None of the vaccines in development are designed to induce mucosal immunity.
- The vaccines are limited to a reduction of symptoms but not a reduction of deaths or ability to limit virus transmission.
- The vaccine establishment claims that herd immunity does not exist and could not work. If herd immunity does not stop a coronavirus epidemic, why will a vaccine?
- Why do children need a vaccine if they are virtually unaffected by SARS-Cov-2 virus?
- Vaccines are being rushed through with insufficient testing time, which can normally take years in order to find the long-term side-effects. This will certainly lead to adverse effects, sickness and possibly deaths (because many vaccines have).
- The WHO's changed vaccine assessment system adopted in 2013 will no longer pick up rare side effects such as the narcolepsy that occurred from the Swine Flu vaccine.⁴⁶ Critics have said that it is not fit for purpose.

Gene-editing in the Covid vaccine⁴⁷

- For the first time in the history of immunology, this generation of mRNA⁴⁸ vaccines intervene directly in the genetic material of patients.
- This alters the individual genetic material of people – genetic manipulation. This was previously forbidden and criminalised.
- The damage to the human genome⁴⁹ will be permanent and irreversible. If you submit to this vaccine, you will change your genome forever.
- After vaccination, you will not be able to treat side-effects of it in the usual or complementary way. You will no longer be cured by removing toxins from the body. The genetic effect and subsequent disease is forever, like a genetic defect such as Down's Syndrome or cystic fibrosis.
- This vaccine is problematic in terms of health and ethics. In fact it is a crime against humanity. Dr Wolfgang Wodarg said, '*this promising vaccine ... should be forbidden, because it is genetic manipulation*'.
- In developing this vaccine funded by Bill Gates and endorsed by Anthony Fauci, experimental mRNA technology is used. So far 20% of people it was tested on experienced a serious adverse event.
- Politicians and media commentators are not explaining this aspect of Covid vaccines.

Problems with the Oxford-AstraZeneca vaccine

Hilda Bastian, in *Wired*, has studied the vaccine trials in depth and finds them wanting.

- Efficacy is not clearly proved. Data has been cherry-picked.
- Results only reported for certain sub-groups of people.
- The efficacy of repeated doses has not been tested properly.
- Only two of the dosing regimens demonstrated efficacy. No specifics given. One was only 62% effective.

⁴⁶ Letter to BMJ, BMJ 2019;365:12268.

⁴⁷ With thanks to a letter from Robert F Kennedy Jr. to his patients in *Principia Scientific*. He has in mind US vaccines which include the Pfizer vaccine. Gates is sponsoring more than one.

⁴⁸ Messenger RNA – the ribonucleic acid that transfers the genetic code of the DNA of the cell nucleus to a ribosome in the cytoplasm.

⁴⁹ The complete set of genes or genetic material present in a cell or organism.

- Very few people over 55 tested.

Problems with the Pfizer/BioNTech vaccine

- Pfizer was fined £84.2 million for overcharging the NHS by 2,600%. In the US it was fined \$2.3 billion for miss-promoting medicines and bribing doctors. It is thus a criminal and untrustworthy corporation (like all the other vaccine firms).
- The vaccine is officially called, BNT162b2. There is no apparent patent. Why? Some said it was to hide the ingredients, but these were later released.
- The UK MHRA (Medicine and Healthcare products Regulatory Agency) hastily approved this vaccine on 2 December 2020 under emergency measures. Thus it only has temporary authorisation and not marketing authorisation – it is unlicensed. This decision was made upon advice from the Commission on Human Medicines (CHM). Safety standards are controlled by the National Institute for Biological Standards and Control. The MHRA only started a review of the vaccines data in October 2020.
- The *Human Medicines Regulations Act 2012* allows the UK's Medicine and Healthcare products Regulatory Agency (MHRA) to grant temporary emergency use authorisation. The MHRA is heavily financed by Bill Gates (in 2018 nearly £1 million). Why is a government agency funded by a computer billionaire?. I have shown that Gates is an eugenicist that supports sterilising certain people types and has done exactly that with other harmful vaccines in Africa and India. He is also guilty of injuring and killing hundreds of thousands of young people.⁵⁰ Gates also funds Pfizer. Clearly Gates has serious influence over the vaccine that involves both Pfizer and the MHRA.
- It is claimed to have 95% protection against Covid and is safe. Both these statements are very dubious. The basis was a good result in only 8 people.
- BUT:⁵¹ the formation of 'non-neutralising antibodies' can lead to an exaggerated immune reaction (cytokine storm), especially when the test person is confronted with the real wild virus after vaccination (viral interference).
- BUT: The vaccinations are expected to produce antibodies against spike proteins of SARS-Cov-2. But spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals – this could result in infertility.
- BUT: the mRNA vaccine contains polyethylene glycol (PEG). 70% of people develop antibodies against this. This means that many people can develop an allergic, possibly fatal, reaction.
- BUT: the far too short study into its effects does not allow a realistic examination of the dangers.
- BUT: it is not yet proven to be safe for children under 16. It is not safe for pregnant women. It has not been tested against other medicinal products and may cause a reaction. It may cause a loss of fertility.⁵²
- BUT: the vaccine makers do not claim that it will save any lives or prevent infection – it merely reduces severity.
- In fact the vaccine does not stop someone from transmitting the virus.
- Pfizer has immunity against harmful side effects and liability for such falls upon those administering the vaccine – GPs (Primary Care Networks) and the NHS (i.e. the

⁵⁰ See my paper, 'Bill Gates'.

⁵¹ See the petition by Dr Michael Yeadon and Dr Wolfgang Wodarg who filed an application with the European Medicine Agency for the immediate suspension of all SARS-Cov-2 vaccine studies; in particular the Pfizer one.

⁵² UK Government, 'Reg 174: Information for healthcare professionals on Pfizer BioNTech Covid-19 vaccine'.

taxpayer). The government is already planning to compensate victims with payments up to £120,000.⁵³

- The personal vaccination data will not be recorded on the patient's GP electronic clinical record system. Instead it is to be recorded on 'Pinnacle' the system used by pharmacists, to eventually generate payments to surgeries. GPs are already wondering where this data will be harvested since it will be used '*for a variety of purposes*'.

In short – far too many dangers and not enough benefits.

More on mRNA vaccines

- These are not really vaccines but are more about changing our genome; genetic modification for humans. This changes what it means to be human. This is playing God with our DNA.
- They involve bio-technology and bio-engineering.
- Ordinarily, when cells divide strands of DNA are replicated and this involves Messenger RNA (mRNA) in what is called Transcription and Translation.
- mRNA vaccines are a process whereby a synthetic strand of RNA penetrates healthy human cells and takes over the normal replication process. The cell will then produce a fragment of the virus, a 'spike-protein'. This molecule is then recognised as a threat, provoking an immune response. In this process the cell has been transformed.
- Even Wikipedia admits this: '*An mRNA vaccine is a new type of vaccine that transfects molecules of synthetic RNA into human cells ... reprogramming cells to make the foreign protein that would normally be produced by the pathogen. ... The mRNA molecule is coated with a drug delivery vehicle, usually PEGylated lipid nano-particles to protect the fragile mRNA strands and aid their absorption into the human cells.*'
- No one on Earth knows anything about the long-term effects on this process on the human body. Such a dramatic treatment would normally take many years or even decades to study.
- This technology is, at best, experimental.

Lies stated by Matt Hancock (Health Secretary)⁵⁴

- He said that the vaccine had received full regulatory approval – LIE (it has a temporary emergency licence).
- He said that it was effective – LIE (it only relieves symptoms).
- He said that it was safe – LIE (before the side-effects are fully known, Pfizer has already warned that it is not safe for pregnant women, children, people with co-morbidities and people on multiple medicines).
- He said that it had been scrutinised ('*subjected to the closest scrutiny*') – LIE (it was studied for a ridiculously short time of days or weeks; the MHRA only had a week to study it).
- He said that the vaccine was the start of a return to normality – LIE (Tier system continues, masks have been said to be necessary until the end of 2021, social distancing not ceasing etc.).

Peer-reviewed study

A new peer-reviewed paper appeared in *Annals of Internal Medicine*: Rafael Dal-Re & Arthur L Caplan, 'Ethical and Scientific Considerations Regarding the Early Approval and

⁵³ Daily Mail, 4 December 2020.

⁵⁴ House of Commons announcement.

Deployment of a Covid-19 Vaccine', 20 November 2020. This questions the ethical basis of the current early vaccine trials and supports those opposed to these vaccines.

Action

Dr Wolfgang Wodarg and Dr Michael Yeadon have issued a motion for administrative and regulatory action to the European Medicines Agency regarding the Pfizer vaccine. They warn that it will attack placenta cells causing female infertility and called for a stay of action. [Remember that Gates, who sponsors the vaccines, is an eugenicist intent on depopulation and whose vaccines have already caused sterility in Africa and India.]

They also claim that the hasty study design has led to fraudulent data points that will harm recipients. They warn of allergic reactions and deadly adverse events, plus autoimmune issues.

Furthermore, they show that the vaccine contains mNeonGreen, which has bioluminescent properties taken from marine invertebrates. Why is this an ingredient? [The reason is for a biomarker; see elsewhere in this paper.]

Summary of general problems with a Covid vaccine

- The development and evaluation period is far too short. Vaccines can take many years to identify dangerous long-term side effects.
- Children are hardly affected by Covid; why do they need a vaccine?
- 99.9% of people survive the virus and only experience mild symptoms. Why is a vaccine necessary?
- People who have recovered from Covid need no vaccine because they are immune (survivors of SARS-Cov-1 are still immune 17 years later). If it is argued that this does not guarantee another infection, then neither will a vaccine.
- History proves (e.g. Swine flu vaccine) that rushed vaccine programmes result in severe harm to patients.
- Vaccines in general have very many toxic contents.

A component in developing totalitarianism

- The real purpose of this vaccine is not medical but social engineering.
- Biomarkers to create a readable digital ID are going to be administered in the vaccine.⁵⁵ This has been long proposed by Bill Gates (ID 2020 alliance)⁵⁶ and others in the elite.⁵⁷ It uses a system allowing personal data to be read by a Smartphone or similar device. This is then used for social control (allowing a person to travel, enter a public building or buy goods).
- Genetically Modified DNA is also imparted in the vaccine, which is intended to transform the genome to make people trans-humans for greater compliance.⁵⁸

⁵⁵ In 2017 GAVI (funded by Gates), the WHO (funded by Gates) and the World Bank (funded by Gates) worked with vaccine producers to move from vaccinating every child on Earth to providing every child with a digital biometric ID to store a child's medical history. This led to the ID2020 alliance, a public-private sector partnership (including the Rockefeller Foundation) dedicated to global digital biometric identification.

⁵⁶ Gates' system is called '*The human implantable quantum Dot microneedle vaccination delivery system*'. This contains the unique biochemical agent, near infrared bioluminescence enzyme luciferase'. This makes the quantum Dot contents readable through a mobile device. This enzyme allows implanted data to be read long after the vaccination.

⁵⁷ The World Bank was also working towards an Identification Development Initiative (ID4D) citing goal 16.9 of the UN Agenda 2030, another depopulation eugenic project.

⁵⁸ See videos by Dr Carrie Medej.

- The long-term plan is like Orwell's *1984* and Huxley's *Brave New World* where the population is reduced to groups of socially programmed workers (drones) to perform specific tasks in a new feudal system of serfs. The biomarker identifies who is in what caste and what their privileges are and what their restrictions are. Like the Book of Revelation, dissenters are outlawed by remotely cancelling their ability to purchase anything, including food.
- Regarding the specific vaccines being rolled out now: governments are already expecting a surge of vaccine injuries and are planning for them. The UK government has already posted a bid for an AI system to process the expected flood of vaccine injuries,⁵⁹ which it has described as a '*direct threat to patient life*'. It says, '*The MHRA⁶⁰ urgently seek an Artificial Intelligence (AI) software tool to process the expected high volume of Covid 19 vaccine Adverse Drug Reaction (ADRs) and ensure that no details from the ADRs' reaction text are missed.*' The agency expects that the flood of victims will overwhelm its current '*legacy systems*' and pose a '*threat to patient life and public health*'. This proves that behind the broadcast lies by the government, even its own officers are admitting that the vaccine will injure and kill so many people that its systems will not be able to cope.

Censorship of anti-vaxxers

Multiple establishment figures have been calling for an end to freedom of speech regarding vaccines, including police chiefs (e.g. Asst Commissioner Basu) and others. Social media (and especially Google) have been quickly deleting posts that criticise vaccines in any way. [If vaccines are safe, why be frightened about criticism? If they have good science behind them, why be afraid of critics described as crazy nut-jobs?]

The government has multiple departments focused on controlling the media narrative to promote vaccines, and Covid policies in general, at huge cost. Of the nearly 14,000 people working in the Cabinet Office, a large number are involved in the 'rapid response unit' pushing out propaganda. Other units pushing disinformation and seeking to control the social media narrative include: the Dept. for Digital Culture, Media and Sport, 77 Brigade,⁶¹ 13th Signals,⁶² and the counter disinformation unit in the Foreign Office (which produces fake Russia interference stories).

Other propaganda companies and strategies targeting anti-vaxxers include: 'Sum of Us' campaign which is funded by Tides Foundation, Changing Markets, Hull Family Foundation, Open Society Foundation (Soros), Packard Foundation, Global Fund, Sunrise Project, Park Foundation, Luminare, Omidyar Network, Transport and Environment and Reset. In other words, it is a disinformation front for the global elite targeting anti-vaxxers.

Why is this massive campaign by all governments, at a cost of many billions, to smear anti-vaxxers necessary if vaccines are so evidently wonderful? Since the 1940s the normal default position of the public was that vaccines were good things. It is knowledge of manufacturing facts, ingredients, lawsuits, side-effects, deaths and the testimony of many medical doctors that has turned the tide and at least half the population is going to refuse a Covid vaccine.

⁵⁹ Titled: 'Supplies – 506291-2020' on Tenders Electronic Daily, posted 19 October.

⁶⁰ Medicines & Healthcare Products Regulatory Agency.

⁶¹ A British Army formation created in 2015 by renaming the Security Assistance Group, which works with all government departments. It includes the 15 Psychological Operations Group. It is a change-agent using targeted information and outreach.

⁶² The 13th Signal Regiment is drawn from across the forces to carry out offensive cyberspace operations, counter hacking and propaganda exercises.

Examples of totalitarian demands already

- Quantas airlines have already stated that they will require a vaccine certificate to enable use of their flights.
- Vaccine minister Nadhim Zahawi has already stated that he expects bars, cinemas, restaurants, and sports stadia to demand proof of vaccination against Covid before allowing people to enter. He added that the track and trace phone app system will set the precedent for this.
- The Tony Blair Institute for Global Change has urged for a digital platform for a health passport that draws on vaccine data along with a paper version ('show me your papers!').
- The WHO is already looking at 'e-vaccination' certificates to allow people to travel. People who are naturally immune will not get an immunity passport.
- Facebook stated that it will take down vaccine-sceptic posts.

The censored media narrative

This is a huge subject that deserves attention but here I will make a few simple points.

- Without the media spreading mass fear-mongering on a daily basis, none of what has transpired could have happened. The societal change-agents relied upon mass panic to get their brainwashing messages across.
- The media ran with statements by government advisors that were proved to be false and exaggerated but did not represent opposing voices – that were proved to be correct. The 'Fourth Estate'⁶³ collapsed.
- All forms of media conducted the most appalling censorship of the truth. Sometimes this was so blatant as to be unbelievable; such as when Nobel laureates (e.g. Michael Levitt),⁶⁴ or prize-winning novelists (e.g. Lionel Shriver) or presidential spokesmen (e.g. Scott Atlas) were censored because they criticised the Covid narrative.
- How is it possible that Big Tech is allowed to delete posts by science and healthcare professionals (such as Dr Mike Yeadon, Prof Knut Wittkowski, Dr Judy Mikovits, Dr Carrie Medej) claiming that they are spreading fake news? How can a computer technician or telecommunication clerk claim better knowledge on a specialist subject than a specialist of that subject? Why is that not illegal? Is it not effective slander?
- Totally unqualified propagandists, such as Bill Gates, were given platforms all the time to spread lies, while world-renowned epidemiologists, virologists, pathologists, public health experts and medical experts were denied a voice at all.
- All attempts for a balanced news broadcast were thrown out of the window. Journalism was killed off entirely.
- By and large the media failed to explain the medical downsides of facemasks and social distancing.
- Apart from a few exceptions (such as Ross Clark in the Daily Mail) the media failed to give a running commentary on the needless deaths, distress and injury caused as a direct result of the lockdown, facemasks and social distancing policies.
- The media did not give sufficient weight to the economic costs of the lockdown but focused upon its necessity to fight the pandemic.

⁶³ Or 'fourth power'; refers to the news media in its power to analyse and comment on politics. The others are: the clergy, the nobility and the commoners.

⁶⁴ Nobel Prize for chemistry in 2014.

- The Labour Party joined in by threatening the need to throw anyone questioning vaccines into jail.
- All in all, the mainstream media and social media giants turned news outlets into a mass brainwashing programme. There was more an epidemic of lies, exaggeration, misinformation and disinformation than there was of a new, deadly coronavirus.

The effects of government policies

The results are so huge that, even now, whole books could be written on this subject. Here we will have to focus on a few systemic examples.

Lockdowns have absolutely catastrophic effects on physical and mental health of populations both domestically and internationally. ... For people who are under 60 or 50 the lockdown harms are worse than Covid.

Dr Jay Bhattacharya. *Debate with Marc Lipsitch.*

UK economic issues

- Britain's debt has reached £2 trillion for the first time. [ONS.]
- Britain's debt has reached over 100% of GDP for the first time. [ONS.]
- Public borrowing reached £173.7 billion in the first five months of the financial year, more than triple all borrowing for the entire previous year (£56.6 billion). [ONS.]
- The UK economy contracted (GDP fall) by 20.4% in the second quarter of 2020 while Sweden's only contracted by 8.6%. This was the worst collapse since the Great Frost of 1709.
- There was a record fall in GDP (21.8%) during the first half of 2020, which was greater than France, Italy, Canada, Germany, the US and Japan. [ONS.]
- The OBR said that the government will have to borrow £372 billion for this financial year (April 2020-April 2021). This is before a second lockdown. It is normally £55 billion.
- The OBR predicts GDP falling by 10.6% to 12% by end of year. This is equivalent to over twice the effect of the 2008 crash - it shrank 5% during the 2008 crash (which created ten years of austerity).
- There has been a £38.7 billion fall in VAT receipts. A £11.9 billion fall in corporation tax. A £70.6 billion fall in tax receipts; an £11 billion fall in income tax and national insurance but £123.5 billion rise in government spending. [Daily Mail 22 Nov.]
- £895 billion of emergency cash has been pumped into the economy. This includes the crash QE of £445 billion, which is still on the books. [Daily Mail 22 Nov.]
- Lockdown is costing Britain £2.4 billion a day. [Daily Mail, 6 April 2020.]
- 750,000 UK people lost their jobs as a result of the first lockdown. [ONS.]
- 673,000 fewer workers were on payroll in August compared to March. [ONS.]
- 314,000 people were made redundant between July and September. [Daily Mail 22 Nov.]
- The OBR expects unemployment to peak next year at between 5.1% and 11%.
- The OBR predicted that public sector net borrowing would £394 billion this year. Borrowing to deal with every single Covid dead patient equates to £6 million.
- Business investment will drop by about £400 billion this year. [Daily Mail 22 Nov.]
- The hospitality industry fears that 750,000 jobs could be lost. [Daily Mail 22 Nov.]

- £15 billion has been lost to fraud and waste. [Daily Mail 22 Nov.]

Global economic issues

- The World Bank predicted that the global economy will shrink by 5.2% in 2020.
- 147 million full-time job losses. [University of Sydney, School of Physics.]
- Consumption losses of £3.8 trillion. [University of Sydney, School of Physics.]

Commercial issues

- Multiple numbers of business have collapsed. The figure keeps growing. Marks and Spencer went into the red. Debenhams collapsed.
- High streets, even in central London, are filled with empty shops. By the end of December, 20,000 shops will have been closed and 250,000 retail employees made redundant. [Daily Mail 22 Nov.]
- Small and medium sized businesses are collapsing everywhere. This is the heart of Britain's social economy.
- 11,120 chain store outlets closed January-June. [Local Data Company.]
- 45% of businesses have less than six months cash reserves or none. [ONS.]
- Score of pubs have closed forever. Publicans have warned that the second lockdown could kill every pub. Founder of Punch Taverns, High Osmond, warned that pubs cannot survive a second lockdown.⁶⁵
- A survey by the trade body UK Hospitality found that 75% of hospitality business were at risk of insolvency. Hospitality is the biggest employer of school and university leavers. This means that between 30-50% of under-25s could face unemployment. These are the very people not at risk of the virus. Neither have pubs, bars, restaurants and hotels been the main driver of infections. At the end of October a survey of 22,500 UK pubs, bars and restaurants reported only 275 NHS Test and Trace incidences. Public Health England reported that hospitality was linked to just 2.7% of all virus incidents in England. Compare hospitals and care homes, which caused 32%.
- 49% of small and medium sized businesses have cancelled internships and work experience while 29% of larger firms have. [The Sutton Trust.]

Care home issues

- So far, by October, it is known that 26,000 elderly people in care homes died unnecessarily. Many died in agony because medical treatment and ICU care was denied to them. Many also died in loneliness, unable to see loved ones.
- 76% of care homes reported that GPs were reluctant to attend. Care support plans were not being prepared or reviewed. [Alzheimer's Society.]
- The government forced hospitals to send sick people with the virus into care homes to free up beds (despite the hospitals being empty). Between 19 March and 16 April over 28,000 elderly patients were moved to care homes in England.
- In some countries the proportion of deaths in care homes was over 70%.

Hospital issues

- Hospitals were largely empty during the first lockdown. Nurses had nothing to do; doctors also; many were sent home. In America, private hospitals went bankrupt with no patients.

⁶⁵ Mail Online, 1 November 2020.

- Multiple nurse and doctor whistleblowers have testified that hospitals were empty and no treatments were being carried out in lockdown 1. In the so-called 'second wave' they testified that there were few Covid-patients. One nurse said that in the area of three trusts in Cornwall there were only three Covid patients and all of Cornwall was locked down for that. NHS authorities also threatened whistleblowers with losing their jobs if they told the truth.
- 25 million GP appointments were lost. [Care Quality Commission.]
- Cancer screening developed a backlog of 3 million people. [Cancer Research UK.]
- 350,000 cases of suspected cancer that have not been referred. [Cancer Research UK.]
- Nearly one million women not screened for breast cancer. [Breast Cancer Now.]
- At the tenth week of lockdown, 2.1 million people were waiting for breast, cervical or bowel cancer screening. [Cancer Research UK, June.]
- Suspected cancer referrals decreased 75%. [JAMA Research Letter, August.]
- Two million people waiting over 18 weeks for planned surgery. [NHS England.]
- 11,026 patients have waited over a year for treatment. [NHS England.]
- 8,000 additional deaths occurred in people's homes in the first two months of the epidemic. 80% were not related to Covid. [The Guardian.]
- There was a 161.6% increase in deaths due to diabetes up to 24 April. [ONS.]
- Half of disabled people reported that they had their health or personal care stopped. [Research Institute for Disabled Consumers.]

Mental health issues

- The Centre for Medical health estimates that up to 10 million people in England (nearly 20% of the population) will need new or additional mental health support. 1.5 million of those will be children under 18.
- The Royal College of Psychiatrists said that 1 in 10 mental health patients have been waiting six months for help.
- 10% of over 70,000 surveyed had suicidal thoughts. [Samaritans.]
- 33% of adults reported high levels of anxiety. [ONS.]
- Excess deaths due to dementia were 83% higher in England. This was caused by cognitive impairment as a result of isolation. [Alzheimer's Society.]
- 10,000 unexplained extra deaths amongst dementia patients. [The Guardian.]
- Harvard researchers found that nearly half of young adults (18-24) were showing signs of depression caused by the pandemic lockdowns. Many are having suicidal thoughts (36.9% instead of the normal 3.4%). This had done more harm than the pandemic itself. 41% had to adapt to working from home; 28% experienced a pay cut; 26% were laid off. [Study by Harvard, Northeastern, Rutgers and Northwestern universities.]
- The CDC found that 25% of young people contemplated suicide in the previous month. [CDC, August 2020.]
- Suicide claimed more Japanese lives in October than 10 months of Covid. [CBS News 13 November 2020.]
- GOSH reported a 1493% increase in cases of Abusive Head Trauma between 23 March to 23 April. [BMJ.]

Educational issues

- A generation of children have had their education ruined.
- Some young children were forced to wear facemasks and sit in Perspex cubicles in class.

- Children could not mingle in the playground but stood still in marked circles.
- Psychologists have warned that the damaging mental health effects of restrictive policies will harm some children for years to come.

Poverty issues

- The UN predicts that 420 million people will be forced into extreme poverty. Africa could have 30 million more people in poverty.
- The ONS stated that the worst effects of lockdown policies will hit those under 30.
- The World Bank said that 150 million people will be thrust into extreme poverty by 2021 as a result of lockdowns. This is the first rise in global poverty in more than 20 years. [Report October 2020.]
- The WHO affirmed that undernourished people will increase from 690 to 822 million.

Societal issues

- The number of people drinking at high-risk levels has doubled since February and is now at 8.5 million according to the Royal College of Psychiatrists.
- Beer sales are up 66%. [Kantar.]
- 48% of UK respondents increased alcohol consumption and 54% increased drinking frequency. [Institute of Alcohol Studies.]
- Calls to domestic abuse helplines have surged. 25% increase in calls to helpline [Refuge for Women and Children Against Violence.]
- Charities face £12.4 billion loss of income. [Chartered Institute of Fundraising.]
- What is the effect on babies staring at their mother who is wearing a facemask?
- Police reported over 10,000 online child sex crimes in a year for the first time. [NSPCC.]
- More than 22,000 contacts to the NSPCC helpline from adults concerned about the well being of a child.

The effect on America⁶⁶

Mental health

- By June 40% of adults reported to be struggling with mental health.
- By August, 10.7% contemplated suicide compared to 4.3% in 2018.
- By August, reported symptoms of anxiety were three times higher than in Q2 2019 and symptoms of depression were four times higher.
- Of individuals aged 18-24, 25.5% considered suicide.
- Between April and October mental health emergency visits increased by 31% for 12-17-year olds.

The economy

- Rate of food insecurity more than doubled for households with children.
- Q2 2020 GDP decreased at an annual rate of 32.9%.
- Unemployment increased to 14.7%. This is the highest rate of increase in the history of available data (since 1948). Almost 36.5 million people lost their jobs.

⁶⁶ Data from *The American Institute for Economic Research*, 'Cost of lockdowns: a preliminary report'.

- 39% of people in mid-range jobs reported becoming unemployed.
- Mothers of children aged 12 and younger lost 2.2 million jobs.

Education

- 24 million children may drop out of school next year as a result of lockdowns.
- Life expectancy of children decreased by 5.53% due to closing of schools.

Healthcare

- Diagnosis for six cancers declined 46.4%.
- Breast cancer diagnosis dropped 51.8%.
- Admissions for chemotherapy decreased 45-66%.
- Urgent referrals for early cancer diagnosis decreased 70-89%.
- During April, A and E visits declined 42% from the previous year.
- Hospital financial losses will be up to \$323.1 billion for the year.

Crime

- In the first six months, murder and non-negligent manslaughter increased 14.8%.
- Arson increased 19.2% in first six months compared to 2019 and 52.1% in large cities.
- Between June and August homicides increased 53%.

Hospitality

- Restaurants' spend on PPE will take 66% of businesses six months to recoup.
- Restaurant industry set to lose \$240 billion in revenue and 8 million employees.
- In May, nearly 75% of independent restaurants reported new debts over \$50,000.
- One in three restaurants are expected to close.
- 40% of restaurants expect to be out of business by March 2021.
- 80% of restaurants reduced staff.

Draconian measures enacted by the government

Note that governments hold power on behalf of the electorate and this is represented in parliamentary democracy. Parties tell people their policies in a manifesto and the people vote for what they believe is best. The majority vote wins and the policies are spelled out in the Queen's Speech at the start of a government. When a government unfolds dictates in the form of recommendations, regulations, and laws that were not in the Queen's Speech – that is, by definition, dictatorship not democracy. Nobody voted for such policies.

New laws are also supposed to be put forward in green⁶⁷ and white⁶⁸ papers, debated in the Commons and the Lords multiple times and subjected to committee scrutiny. This can take weeks or even months. When this process is curtailed, the result is dictatorship and a contravention of parliamentary due process and convention. The excuse for this is a national emergency – but Covid-19 is not a medical emergency; it is equivalent to a bad flu season (by no means the worst).

⁶⁷ A preliminary report of government proposals that is published in order to provoke discussion; a discussion paper.

⁶⁸ A government report giving information or proposals on an issue; a policy proposal.

The UK government under Boris Johnson has brought in statutes, dictates and laws with no conventional parliamentary scrutiny or due process. This is dictatorship. Many current measures have been instituted by executive action, by-passing elected MPs. This is coercion.

Furthermore, Parliament cannot bring in new laws or statutes that contradict or contravene historic British Common Law and the British Constitution (as exhibited in the Magna Carta, the Bill of Rights etc.). Common Law establishes that the law is sovereign; above Parliament and monarchs. The current government has contravened Common Law. In ceasing the right to roam, the right to assemble, the right to worship and to enjoy freedom, the government has acted treacherously and illegally. In history this has resulted in a revolution or a civil war. Today, the population has done nothing. MPs are asleep at the wheel and the judiciary, apart from a few people like Lord Jonathan Sumption, have said nothing.

The British State has exercised coercive powers over its citizens on a scale never previously attempted. ... Government by decree is constitutionally objectionable. ... The British public has not even begun to understand the seriousness of what is happening in our country. ... It marks the move to a more totalitarian model of politics.⁶⁹

Examples of the effects of this include:

- **Draconian, illegal policy measures taken by police forces.** Enforcing stupid and totalitarian polices, such as: arresting people camping, setting up road blocks, stopping and checking people at the Welsh border, threatening arrest for buying the wrong things in a supermarket. The West Midlands Police and Crime Commissioner said that officers will enter homes and separate households if necessary to break up Christmas gatherings (this is illegal).⁷⁰ Derbyshire police dyed the Buxton Blue Lagoon black to deter tourists. Several forces set up supergrass hotlines for neighbours to report on each other. The lines were inundated. The policing minister Kit Malthouse exhorted people to report neighbours that broke social distancing. In Manchester a police officer handcuffed a citizen and threatened to pepper spray them for not social distancing. The individual had, in fact, been delivering shopping to vulnerable relatives. Yorkshire police castigated a man for being in his own front garden. Many actions and fines were later overturned.
- **Specific draconian, illegal measures taken by police on the ground.** E.g. beating up people demonstrating peaceably in London. Pushing an old lady to the ground. Arresting an old lady on a park bench for no facemask. Breaking into a person's house, smashing the door in, on the suspicion that he was having an illegal gathering (he was not). Arresting innocent people on false pretences (e.g. the multiple arrests of Piers Corbyn). In Victoria, Australia there have been even worse abuses. In New Zealand there are concentration camps (called 'detention centres') for dissenters.
- **Spying.** Derbyshire police publicly berated people that drove to beauty spots to take their exercise, publishing footage taken by drones – despite being better social distancing than possible in towns. The European Union satellite Copernicus was used to observe and map public gatherings in Italy. Neura, a digital surveillance company in Israel, developed mobile-phone technology for bio-surveillance purposes of populations. Chinese citizens already have to use scan codes wherever they go. In Argentina, everyone is forced to have a track and trace app. In India all employees must

⁶⁹ Lord Jonathan Sumption, Lecture from Milan published on YouTube, 27 October 2020.

⁷⁰ The Telegraph, 27 October 2020.

use a tracer app on threat of arrest for failure. Despite the risk to privacy the British government declined private tracer apps and opted for the NHSX app, which holds all the data on a single database. If hacked (which the NHS is prone to) huge amounts of personal data can be retrieved. A review committee pointed out that this broke Article 8 of the EU Convention on Human Rights. After spending billions of pounds on this centralised system, Matt Hancock was forced to dump the project – but it shows the direction the government is heading in. Automatic number-plate recognition, thermal imaging, police drones and location tracking had all been introduced before there was any Parliamentary debate on lockdown on 4 May. The Open Right Group threatened legal action against the government for breaching data protection.

- **National lockdown.** This was originally announced by the PM on 23 March as guidance, advice and recommendations but the Secretary of State later stated that they were rules in the Commons. The police forces acted immediately as if they were laws but there was no statute. No regulations were enacted until three days later on 26 March (see below); Parliament went into recess on 25 March stopping parliamentary scrutiny. The PM had no power to give this instruction. This reveals a cavalier regard to the restrictions on the executive, which characterised many later recommendations. The two-metre distancing recommendation for example never had the rule of law to support it.
- **Regional lockdowns.**
- **Urban lockdowns.**
- **Fines** for breaking quarantine, social distancing, facemasks up to £10,000. The law on this is badly drafted and ill-defined enabling people to refuse to pay.
- **26 March: The Coronavirus Act (2020).**⁷¹ The government only gave MPs hours to read a 348-page document. Hidden in the small print is the power to kidnap your children, hold them in a detention centre and forcibly medicate them against your will. This is equivalent to Nazism. It was pushed through Parliament in one day with no scrutiny. This enlarged the powers of the government. Schedule 21 and 22 included powers to restrict individual movement and civil liberty. However, this act had no power to inhibit the lives of healthy people. The government did not introduce specific powers in this act to restrict individuals and civil liberty (e.g. lockdown) because it thought that it would lose the vote. So it relied on a lesser act (see below, 1984). This act also allowed funding to support the act without scrutiny.
- **The Contingencies Fund Act (2020):** authorised an increase in the contingencies fund from 2% to 50% granting an extra £266 billion available without scrutiny.
- **The Civil Contingencies Act (2004).** This is designed for national emergencies, authorising ministers to establish regulations under a wide range of circumstances – anything at all by statute. This includes restriction of movement, assembly and travel. This is government by executive decree. It is constitutionally extremely dangerous and thus is supposed to be under strict parliamentary control. This act was not used by the government. This was not used for lockdowns because it requires a high level of parliamentary scrutiny and control. Emergency regulations, approved after significant scrutiny and timescales, dissolve after 30 days unless they are removed and re-approved. They can also be revoked at any time. This did not give the government power to close hospital wards, testing, scans, planned treatment and dental treatment. The government demanded this with no statutory power and no scrutiny.
- **The Public Health Control of Disease Act (1984 amended 2008).** This enables the Secretary of State to introduce regulations to combat a threat to national health. However, this is written in very general terms. This is the act used by the government to

⁷¹ The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020.

introduce lockdowns. Parliamentary convention is that such general terms must not be used to regulate draconian infringements of individual's rights (the 'principle of legality'). Its main purpose was to confer powers upon magistrates over local issues regarding infectious people and premises. Ministers have very limited power in this act, such as controlling large gatherings and events, not limited social gatherings, and powers must be proportionate. There is no power to control the movements of healthy people. This act was used because it involves much less scrutiny by Parliament. Thus the powers granted by this act were intended to be much less severe than what the government has done with it. It was supposed to be minor in scope and only involve infected people. There have been actions seeking a judicial review, such as by Simon Dolan, because the government has violated this act. These actions have been hindered so far.

- **The renewal of the Coronavirus Act.** 300 MPs failed to vote.
- **The Covert Human Intelligence Sources Act (Second Reading, 5 October 2020).** Officially, this authorises the security services and various officials to do things that would otherwise constitute criminality. It is a charter for crime in a police state. Critics have mentioned that violence, torture, murder and kidnapping are not restricted in this act. It gives the police and security agents a license to kill. Only 20 MPs opposed this. Government and unnamed council representatives were given the power to identify quarantine breakers, arrest them and forcibly return them to their homes or to break into homes without a warrant on suspicion of breaking lockdown rules.
- **Social distancing:** meant that the House of Commons was only able to accommodate 50 people (instead of 650) which meant that proper debate and scrutiny of government actions was impossible during the 'pandemic'. The Commons has lost much of its respect and has even been castigated by the Speaker that it was being held in disrespect.
- **Maskless:** In November, when police were beating people up for not wearing a mask, MPs in the House of Commons were debating without masks.

The 'experts' utilised by the government

Matt Hancock (British Secretary of State for Health)

- Is undoubtedly the most ineffective, hapless and dim person to be managing this crisis.
- Has commercial ties to the medical and pharma industries and is thus compromised by conflicting interests.
- Instituted policies that needlessly killed old people in care homes.

SAGE

- The British government's Scientific Advisory Group for Emergencies.
- During the Covid emergency, the biggest problem with SAGE was its restricted, narrow band of advisors. All sorts of experts (economic, education, social policy, psychologists etc.) should have been involved in decisions to introduce lockdown and other policies. They were absent. Thus two scientists, ignorant of all other vital issues, dominated policymaking. There were no economists, no public health experts (in a public health crisis), no consultants in communicable disease control and no expert in outbreak management.
- SAGE, as a result, made mistake after mistake of catastrophic proportions. It deliberately set about involving emotion in broadcasts to galvanise the population. In effect this was essentially continual scaremongering. It continually exaggerated and

extrapolated rather than giving proper evidence-based facts. It got the government to act on worst-case scenarios rather than rational forecasts based on known data. It gave excessive predictions of ICU bed demands for Covid. It massively inflated death rates. It conflated positive tests with cases. It completely ignored the false positive rate of the PCR test, which made it useless. It over-predicted infection and case rates (e.g. ‘graph of doom’). It listed deaths as caused by Covid while ignoring other morbidities present. It miscounted hospital patients that tested positive for Covid as being infected with Covid when they had no symptoms. Individual patients that were tested several times positive in a week were counted as multiple new cases. This is just a sample.

- SAGE admitted that it used data obtained from Wikipedia to develop its modelling, which was used to put Britain into lockdown 1. Using unverified data on which to base modelling is unacceptable.
- SAGE contained no specialist on human coronaviruses before demanding a lockdown.
- SAGE predicted the peak of the virus would be in June; it was in April or even earlier.⁷²
- SAGE failed to consider the impact of care home agency workers moving between different sites. The result was over 30,000 excess deaths.
- For months it operated under a cloak of secrecy.
- All in all, there are far too many huge mistakes for this to have been an accident or stupidity. This was wilful manipulation of facts to mount a propaganda campaign for ulterior motives.
- It has been accused on having members with conflicts of interest that was even investigated by the BMJ.

Sir Patrick Vallance (Chief UK Government science advisor)

- President of R & D at GSK from 2012-2018.
- Collaborated with the Gates’ foundation.
- Is a hard-Left Marxist.

Chris Whitty (UK government science advisor)

- Has connections to vaccine corporations and will possibly make money from a future Covid-19 vaccine.
- Chairs the UK Vaccine Network, which provides funding for vaccine development, such as Imperial College.
- Co-lead for the National Institute for Health and Research, which has funded CEPI for Covid-19 vaccine development.
- On the interim board of CEPI until 2018. While he advised the UK government, the government gave CEPI £50 million.
- He received funding from Gates in 2008; \$40 million for malaria research.

Neil Ferguson

- Has the worst track record of any government advisor and is proven to be completely useless. Has a record of 100% failure in every prediction regarding epidemics. He is a disgrace and yet has dominated the UK government’s agenda on the lockdown.
- 2000: Wrongly predicted the CJD disease effects. His model predicted 136,000 cases whereby all would die. 178 people died.

⁷² It appears on fatality graphs as early April but there is a delay in collating data; so the actual peak was earlier.

- 2001: Ferguson's mathematical modelling of the 2001 Foot and Mouth crisis. Ferguson persuaded Tony Blair to cull six million healthy cattle, sheep and pigs; which cost £10 billion. Ferguson's modelling was later claimed as not fit for purpose.
- 2005: predicted that 200 million would die from Bird Flu. 282 died.
- 2009: Wrongly predicted the Swine Flu false epidemic. In 2009 Ferguson claimed Swine Flu (H1N1) would kill 65,000 Britons. It killed 457. The vaccine for this ('Pandemix' by GSK, recommended by the WHO) caused brain damage, mostly to children, and resulted in £60 million compensation fees.
- 2020: Predicted 500,000 dead from Covid-19 and triggered the government's draconian measures. His computer model of this was very flawed and ignored very important base data (such as natural T-cell immunity). It has now been derided as useless by experts.
- 2020: The fatalities in Sweden (with no lockdown) were only 6% of those predicted by Ferguson.
- Someone please tell me why any authority listens to anything he says?

Imperial College London

- The university where Ferguson is a professor. Various colleagues of Ferguson were involved in the rubbish computer model, which is now universally scandalised. This college is sponsored by Bill Gates.
- Hosts the Vaccine Modelling Impact Consortium, which helped generate Ferguson's model. They are funded by Gates and the Wellcome Trust.
- In 2018 Imperial went into partnership with CEPI. CEPI gave \$8.4 million to develop a vaccine platform to be used to rapidly develop vaccines for unknown pathogens.

The WHO, the World Health Organisation

I believe I have made my case that the WHO cannot be trusted, is politically compromised and is actually incompetent in the discharge of its expected leadership role. But more importantly, the WHO is advocating extreme containment policies that cut to the very heart of personal freedom.

Dr Roger Hodkinson, Former chairman of the Royal College of Physicians of Canada Examination Committee in Pathology. Quoted in Lockdown Sceptics, 24 November 2020.

Tedros Adhanom Ghedreysus

- The first WHO director in history who is not a medical doctor. The WHO is funded by Gates.
- Was a former terrorist in Ethiopia.
- Worked with the Gates Foundation on HIV.
- Was involved in a medical scandal in Ethiopia.

The British government's experts that designed the national response in lockdowns etc. have consistently been proved to be wrong over and over again. Their charts were misleading and sometimes plain wrong. Their advice is fallacious and against empirical science. Their presentations have been doom-laden and continually marketed fear. Their statistics have been exaggerated and demonstrably wrong.⁷³

⁷³ The worst example was a presentation by Vallance where he claimed there would be 4,000 deaths a day in the second wave. This used out-of-date information, whereas the more recent available data disproved this; but he deliberately chose the worse data. In the first period of his elevated claims of death the actual figure

Apart from the multiple lies of the experts, the government's behaviour has been strategically wrong. Experts have narrow expertise and should never be used alone to set national policy. Johnson should have assembled a wide range of disciplines to sit in SAGE to present data on all aspects of the policy, not just epidemiology. At no point has the government performed a risk assessment of all aspects of lockdown policies, such as the impact on mental health, the economy, small businesses, education, civil liberty, democratic process and scrutiny etc.

The government's performance in this (which is in fact an unnecessary crisis as the pandemic was only ever a bad flu season less severe than many previous years) has not only been abysmal; it is been shocking, callous, stupid and a cause of unnecessary death. It must be accounted for with prison sentences.

Qualified specialists whom the government initially ignored and continued to ignore, despite the data supporting them.

- Dr Carl Heneghan. Director of the University of Oxford's Centre for Evidence-Based medicine. Also editor in chief of the BMJ's Evidence-Based Medicine.
- Delores Cahill: very highly qualified and esteemed immunologist.
- Sunetra Gupta: Professor of Theoretical Epidemiology at the Department of Zoology, University of Oxford.
- John Ioannidis: Professor of Medicine at Stanford University.
- Dr Mike Yeadon. Former Allergy and Respiratory Research Head with Pfizer. Co-founder of Ziarco Pharma Ltd.
- Dr Vernon Coleman: emeritus GP, publisher of many books.
- Prof. Knut Wittkowski: one of the world's top epidemiologists.
- Professor Johan Giesecke: one of the world's top epidemiologists and advisor to the Swedish government. He was also the first Chief Scientist of the European Centre for Disease Prevention and Control.
- Dr Judy Mikovits: world famous microbiologist and researcher.
- Dr Joseph Varon: Chief Medical Officer.
- Dr Dan Erickson.
- Dr Anders Tegnell. The State epidemiologist for Sweden.
- Dr Pablo Goldschmidt.
- Dr Karin Molling: virologist.
- Dr Eran Bendavid.
- Dr Jay Bhattacharya. Professor of Medicine at Stanford University. A research associate at the National Bureau of Economics Research,
- Dr Tom Jefferson: epidemiologist.
- Dr Roger Hodgkinson, senior pathologist.
- Dr Michael Levitt: Nobel Laureate, biochemist.
- Dr Richard Schabas: Chief Medical Officer.

This is just a selection of many thousands.

was less than 300, not 4,000. He was later forced to recant but his scaremongering had already caused national panic and the lockdown.

The Great Barrington Declaration

Drafted by the illustrious Sunetra Gupta and two colleagues (Professor Martin Kulldorff and Professor Jay Bhattacharya) calling for 'focused protection'. Signed by several hundred specialists and hundreds of thousands of members of the public. It advocates only isolating vulnerable people if they so wish (not mandated) and allowing everyone else to live normally. Herd immunity will solve the epidemic. President Trump's advisor, Scott Atlas, openly supported this position. It is similar to the Swedish position, which was successful.

The elite initiated a smear campaign in the media against this declaration based on falsities. Very poor (often unqualified) scientists repeated scripted lies. It was subsequently defended by many able scientists but the media continued to smear it. It was also censored heavily by the elite controlled on-line platforms such as Google. This proves that there is a concerted attack to stop proper scientific debate on the current situation and instead spread false information and fear.

Mistakes made by the UK government

Matters regarding expert advice

- The government relied on a narrow group of select 'experts' with a poor grasp of the wider implications of their policies.
- It failed to engage in debate with dissenting expert voices.
- It failed to open up SAGE to include experts on societal aspects affected by policies, such as educationalists, commercial leaders, economists, cultural leaders, psychologists etc.
- It failed to subject Neil Ferguson's dodgy model to proper scientific assessment before it acted upon its worst case scenario (which proved to be very wrong).
- Why did it even trust Ferguson who has proved to be utterly useless in all previous epidemic crises?
- Why did the government enact emergency measures at all when it was known by mid-March that the infection rate was low (see Ioannidis), that children were not badly affected, that the survival rate was high, that treatments were available and that the death rate was similar to seasonal flu?
- The government ignored a report stating that 200,000 would die from the effects of a lockdown.
- It failed to interact with very eminent scientists during the course of the crisis that disagreed with its trusted advisors, such as Dr Carl Heneghan or Prof Sunetra Gupta.
- Why did the PM hold a secret meeting with Bill Gates in the Spring and why are there no official minutes of this meeting available? Why did the PM refuse to see scientists trying to speak to him about the effect of policies but had time to see a computer entrepreneur?

Matters regarding governance

- Why did the government not seek out expert legal and constitutional advice regarding implementing lockdowns and social distancing?
- The government utilised the advice of Patrick Vallance, who is a hard-left Marxist whose advice has led to Socialist policies being enacted by a Conservative government.
- The furlough scheme is pure Socialism, enacted by a Tory government.
- This Conservative government is destroying the very fundamentals of society that it is devoted to conserve.

- The government is demonstrably implementing the strategies long published by foreign bodies devoted to global totalitarianism. This is treason.
- The viral crisis is being used to implement a new undemocratic technocratic state favoured by Johnson and Cummings.
- The destruction of the economy on flawed presumptions and false projections is a major dereliction of duty.
- The impending damage of mass unemployment was entirely avoidable.
- The impending tsunami of unnecessary bankruptcies is the responsibility of government, which is liable for damages in litigation.
- Why did the government not act to stop media scaremongering and demand publication of good data?
- Why did it adopt a policy of creating fear in the population instead of caring for it? Good politics never arises from fear, rather instilling fear is the product of fascism.

Matters regarding execution of policies

- The government never performed a simple impact assessment of draconian policies like lockdowns. This is a shocking dereliction of duty.
- It failed to engage with civil society to get a reaction about draconian policies before they were introduced.
- Members of the government publicly failed to obey the draconian measures they inflicted on the public.
- It introduced the most harmful legislation in British history and removed liberties that are centuries older than Parliament itself.
- It overran fundamental principles of Common Law and the Constitution, which supersede Parliament.
- It used the wrong legislation to implement draconian policies that minimised parliamentary scrutiny.
- It introduced draconian laws without proper parliamentary process and conventions, debate or select committee scrutiny. Neither was there proper voting systems due to social distancing measures.
- When the examples of Sweden, Japan, Belarus, South Dakota etc. (no lockdown) were proved to be effective (by the summer at the very latest), why did the government completely ignore this data and do the opposite with a second lockdown?
- The PM kept Matt Hancock in place despite multiple failures and crass stupidity.

Matters regarding the effects of policies

- It restricted civil liberties for all people on the basis of fighting a disease that only severely affects people aged over 82.
- It ruined the education of a generation of kids that are not detrimentally affected by Covid-19.
- Why did it close schools when there was no evidence that it would be necessary?
- It failed to audit the private firms testing people so that all manner of bad practices went on (e.g storing samples at wrong temperatures or upside down).
- Why did the government cancel public worship when churches could have continued under social distancing principles?
- Why did the government close all pubs and restaurants when there is no evidence that these are serious spreaders of the virus?

- Why was paper money effectively abolished when there is no evidence that it spreads the virus any more than touching door handles, utensils, and condiments?
- Why were facemasks demanded when there is no evidence that they stop virus infections but do cause medical harm?
- Why was social distancing mandated when there is no evidence that this has any effect on hindering viruses?
- Why were track and trace measures introduced that are useless, impossible to administer properly and do no good?
- Why have doctors and nurses that dispute the government narrative and opposed the lockdown (the vast majority) been issued a gag order and threatened with dismissal?

Matters regarding data

- The government utterly failed to do a risk assessment of the efficacy of PCR tests and then ran policy based on the results of these useless tests.
- Why did it count non-symptomatic cases as cases?
- Why did it count false positive test cases as infections?
- Why did the government fail to publish, or even acknowledge, the impact of false positives?
- The government failed to properly explain data and graphs it presented to the public to frighten the population. These were not properly audited first so some were plain wrong, others were out of date. It also failed to give the base data and workings of their presentations so that the public could check the figures.
- It failed to observe that Public Health Four Nations downgraded the virus from being a serious problem on 19 March.
- It failed to evaluate base data which showed that the epidemic was over and instead implemented regional lockdowns followed by a second national lockdown.

Matters regarding public health issues

- Why did the government send sick elderly people out of hospitals into care homes before the hospitals were anywhere near being overrun?
- Why did the government utterly fail to provide for and resource care homes?
- Why did the government refuse to let care home residents see family members when ways could have been found to do this safely?
- Why did it allow dentists to close doors?
- Why did it cancel all normal hospital treatments and procedures before there was any threat of hospitals being overrun (and they were never under serious pressures)?
- Why were many old people pressurised into signing 'Do not resuscitate' forms?
- Why did it not take measures to ensure that vulnerable people had the ability to get food? [Many old people struggled to get food in the beginning of the lockdown.]
- Why did the government force doctors to inflate virus death figures by putting Covid-19 on the death certificate when there were plainly other causes?
- The correct strategy to fight this virus was to dedicate hospices/hospitals to Covid patients and isolate them from everyone else. This would have prevented nosocomial transmission (hospital acquired infection). The empty Nightingale hospitals could have been used for this and other premises sequestered. The wasted billions on other projects⁷⁴ could have easily paid for this and prevented deaths.

⁷⁴ Such as the £10 billion inflation on emergency PPE because no stockpiles were made.

- The impending tsunami of unnecessary deaths and injury rests upon the government and is liable for damages in litigation.

Vacillation, contradiction and panic

This government has been widely portrayed as the most bumbling, crass, panic-stricken and stupid in living memory. Normally intelligent, respected politicians, like Michael Gove, found themselves defending utterly stupid, illogical policies. Just a few examples of panic-driven policies and contradictory measures follow.

- First Boris agreed that we would follow sensible hygiene advice (wash hands while singing God Save the Queen etc.) and persevere normally against the virus. Then he introduced draconian restrictions and lockdown.
- In the first lockdown citizens were not allowed to leave the country but millions were allowed in.
- First testing was not advisable because it was unreliable, then billions were wasted on mass testing that gave false results.
- First facemasks were not advisable because they achieved little, then facemasks (after the peak of the virus) were mandatory on public transport and then everywhere.
- Facemasks were mandatory in shops (where people are transient for a short time) but MPs were allowed to debate in the Commons without them (where they are in one environment for hours).
- Punters had to leave a pub at ten o'clock but MPs and the Health Secretary could drink after that time in the Commons bar.
- First schools would open up again before the summer holidays, then they weren't.
- First the changes to school exam results were insisted on then they were changed after an outcry.
- First the lockdown was over, and then it was ordered again in many northern towns, despite falling infections and deaths. Then, despite the epidemic flattening, lockdown 2 was introduced.
- First a Scotch egg is not a substantial meal; then it is; then it isn't. Why is it safe to have a pint with a meal but not without one? Why is table service safer than sitting at the bar when the atmosphere everywhere would be susceptible to a virus?
- First social distancing was two metres, then it was reduced to one metre. In fact, viruses can spread easily over 30 metres.
- Police were allowed to do nothing, or even bow the knee, in the face of Black Lives Matter demonstrations while people were breaking lockdown rules and causing criminal damage. Then peaceful, law-abiding demonstrations against lockdowns were savagely put down by riot police with mass arrests and large fines.
- First a vaccine was not going to be available for years, then 18 months, then a year then it was available after a few months.
- Vaccines were not going to be mandatory, then it was hinted that they were, then it was being considered, then advisors urged for it. Vaccine passports were not going to be required, then they were for public events like sports stadia and airlines.

Sometimes the changes to a policy occurred within hours of first being introduced.

If the country is in imminent danger, it is not from Covid but from the buffoons running the country; they are a real threat to life as we know it.

Examples of pure totalitarianism

A comparison

As a comparison, let us take the example of the despotic rule of Communists over East Germany (GDR) before the fall of the Berlin Wall. What sort of restrictions took place.

- Severe travel restrictions. No travel outside of the country allowed.
- Very difficult to gain temporary travel passes through the Berlin Wall to see relatives in West Germany.
- A police state.
- Breaking into homes for illegal searches and arrests.
- Cancellation of religious festivals.
- House arrest was common.
- Secret police (Stasi) using massive surveillance programmes.
- Security papers required to move about.
- Strict regulations over many aspects of social life.
- Strong incentives from the government to get people to spy and report on their neighbours, friends and family for suspicion of breaking regulations. About 1 out of every 63 Germans collaborated with the Stasi.
- Arrest, torture and imprisonment for minor offences or even just suspicion.
- Massive use of state propaganda.

In less than one-year Britain has fallen into a replica of many aspects of East Germany under Communism.

Unlawful arrest and imprisonment

- *'We may have to enter homes and remove family members.'* Dr Michael Ryan, senior WHO official.
- Britain's coronavirus act allows the police to remove children from their parents home and keep them in a detention centre to be treated medically without consent.
- Canada's laws now allow the government to remove innocent individuals from their homes and keep them detained. It is building detention centres for this purpose.
- New Zealand's laws now allow the government to remove innocent individuals from their homes and keep them detained. It has built detention centres for this purpose.
- America is building detention centres.
- The British government has already kept the population under virtual house arrest for months on end.
- People protesting against lockdown have been fined £10,000 (which is illegal and disproportionate) while the police have attacked many innocent people, including with batons. Elderly people have been arrested and roughly handled for no crime. One case was filmed outside the House of Commons, under the severe protests of MP Sir Charles Walker.
- The police reaction to the peaceful lockdown demonstration in London on 28 November 2020 was extremely shocking. Videos show hordes of fully armoured riot police attacking individuals they cut off from the crowd, often women and old people, including one young woman trying to hold on to a walker with a baby in it. There is no difference between Hitler's Brown Shirts in 1920s Germany and British police today – except that British police are better armoured.

- British police were compared to the Gestapo after they patrolled county borders using car number plate recognition cameras to stop drivers leaving Tier 3 to go to pubs in Tier 2.
- Police were criticised for a heavy handed approach to enforce new rules on Tier 2 pubs after an argument about whether a scotch egg constituted a substantial meal and threw people out after they finished eating one.
- Multiple people have had their homes broken into by police on the basis of a tip-off for breaking lockdown rules. This is illegal.
- A pregnant Australian woman was arrested in her pyjamas in front of her children for posting an anti-lockdown flyer on Facebook.
- Australian police have violently arrested people, including a young woman thrown to the ground and straddled by a male officer, for not wearing a facemask (she was medically exempt).

Travel restrictions

- During lockdown travel was severely restricted.
- International travel was terminated, with few exceptions.
- Some areas saw border controls, such as the English/Welsh Marches.
- Pubs in Wales were not allowed to serve travellers from England.
- Australia and other countries experienced containment areas – no travel beyond five miles etc.

Lockdown

- House arrest.
- Leaving home forbidden except for certain purposes.
- Cancelling Easter.
- Cancelling worship services.
- Closing businesses.
- Encouraging people to spy and report their neighbours and friends for breaking lockdown rules.

Illegal restrictions

- Certain store items were deemed unessential (e.g. clothes) and forbidden for purchase between lockdowns.
- In many places police officers searched carrier bags of food shopping to look for unessential items during lockdown.
- Police threatened roadblocks.
- Police arrested people camping.

Propaganda

- Constant broadcasting of government false narrative every day.
- Constant barrage of Covid propaganda from the mainstream media.
- Scientific advisors to the government falsifying data, exaggerating and misrepresenting the position.
- Parroting of false Covid narrative from all authority figures: school teachers, college tutors, the police etc.

Cancellation of social life

- Closure of churches and other religious centres.
- Cancellation of Easter.
- Allowing Christmas by special permission but cancelling Hogmanay.
- Closing night-clubs.
- Closing pubs, restaurants and cafes.
- Closure of music venues.
- Closure of comedy clubs.
- Closure of cinemas, theatres and gyms.

Track and trace surveillance

- Initialising security controls by demanding trace contact details on entering pubs, cafes etc.
- Airlines already demanding vaccination passports for the future.
- Government considering vaccination certificates to enter buildings, travel etc.

Other surveillance

- Police used drones to spy on people outdoors to arrest those not complying with social distancing in rural areas.
- Covid Gestapo marshals were established to patrol streets and pubs to ensure compliance with regulations. They would warn landlords of the need for compliance (while not social distancing at the bar), take photographs of punters and check curfew was being obeyed.⁷⁵

There is no doubt that Britain has become a police state under totalitarian rule. The shock is how easily the population allowed this to occur based upon fear of a mild flu. The big question is how much will the government reign in this totalitarianism now that Covid has flatlined and become endemic.

The conspiracy behind what is going on

This is not a conspiracy theory. The policies being enacted today have been planned for decades. Various strategies and polices have mentioned a future coronavirus pandemic, that would result in draconian social measures and lockdowns, going back decades. The whole thing was planned. [For more details about this list see my 'Evidence that the pandemic is fake'.]

Date	Event
20 March 1969	Speech by Rockefeller insider Dr Richard Day.
1981	Dean Koontz novel, 'The Eyes of Darkness'
1982	UN's Agenda 21 announced.
1982	Stanley Johnson's novel, 'The Virus'. Prescient parallels to the Covid-19 crisis by the father of the PM.
1999+	Patents on coronavirus begin to appear.
2000	The Pentagon talks about biological warfare being a 'useful tool'.
2001	'Dark Winter': a biowarfare simulation that showed prior knowledge of the later anthrax attacks.
2003	The Dead Zone, episode 'Plague'.
2005	WHO, International Health Regulations.

⁷⁵ See the report in Lockdown Sceptics, 12 December 2020.

2008	Psychic Sylvia Browne's book 'End of Days: predictions and prophecies about the end of the world',
2010	The Rockefeller Foundation published a report in May 2010, in co-operation with the Global Business Network, which was called 'Scenarios for the future of technology and international development'. The first scenario was called ' Lock Step '.
2011	The movie 'Contagion'.
2012-13	Under direction from the NIH, and Anthony Fauci, the CDC sub-contracts research on coronavirus <u>gain of function</u> to the Wuhan level 4 laboratory. [That is, weaponising a coronavirus to make it more virulent. Why would a medic seek to make a virus worse?]
2015	Bill Gates predicted an epidemic would kill millions.
2015	UN sustainable development plan Agenda 2030 announced (update of Agenda 2021).
2016	Bill Gates warned President Trump right before he took office about the possibility of a pandemic.
2016	The Rothschilds patent the PCR test for coronavirus infections.
2017	Anthony Fauci warns of a ' <u>surprise</u> outbreak' of an infectious disease in the Trump administration. If he knew about it, it wasn't a surprise but a plan.
2017	The former director of USAID's Office of US Foreign Disaster Assistance, Jeremy Konyndyk, said a virus similar to the 1918 flu pandemic will emerge.
2018	Bill Gates said a pandemic could happen within then next decade.
2018	Bill Gates donated \$8 million to Imperial College to develop a 'tailor-made flu and disease X vaccine'
2018	The intelligence community's Worldwide Threat Assessment warned about a novel strain of a virulent flu pandemic would be a major threat and badly affect the world's economy.
2018	The ABC US television series 'The Crossing'.
2019, August	Dr Kary Mullis, inventor of the PCR technique, dies. Many claim that he was assassinated since he was opposed to using it for diagnosis and was an enemy of Fauci, whom he called a liar.
2019	A four-day conference was held called ' Operation Crimson Contagion ' in Washington DC. This planned for a global influenza pandemic, which featured: school closures, social distancing, medical countermeasures and a lockdown of the population. It featured visitors from China that carried a new virus to the USA..
2019	' A world at risk ' report prepared by the Global Preparedness Monitoring Board which regarded a rapidly spreading pandemic due to a lethal respiratory pathogen.
2019	Bill Gates sponsored Event 201 : The Coronavirus High-Level Pandemic Simulation.
2020	The ID 2020 Alliance seeks to implement a long proposed plan to implant biomarkers through vaccines into every person on Earth.
2020	At the DAVOS globalist conference in January 2020 , Klaus Schwab (founder of the World Economic Forum) stated, 'The pandemic represents a rare but narrow window of opportunity to reflect, re-imagine, and reset our world'..
2020	The World Economic Forum signed the final stage of the Strategic Partnership Framework with the Organisation for Economic Co-operation and Development (OECD). This was six months after signing the original framework outlining the areas of co-operation to deepen institutional engagement and jointly accelerate the implementation of the UN's 2030 Agenda for Sustainable Development.
2020	Roll out the deployment of 5G antennae by stealth.
2020	Evidence emerged that insider trading produced billions in profits for those who prophesied, or had criminal knowledge, of the pandemic. ⁷⁶

Pre-planned strategies to implement the establishment of a new world order in the above events

- A coronavirus pandemic would be the excuse for a world social reset.
- Massive injection of fear would be induced by the mainstream media and continued to create panic and compliance. This would engender compliance by a fearful population.
- It would result in national, regional and urban lockdowns of society.
- It would result in social distancing.
- It would result in mandatory facemasks.
- It would result in 'track and trace' systems to constantly monitor everyone.

⁷⁶ E.g. *Markets Insider*, Ben Winck, "Traders betting on stock declines made \$344 billion in just one month as coronavirus ravaged the market", 23 march 2020.

- It would result in draconian legislation to bring about totalitarianism: rule by oppressive big government.
- The social changes would become '*the new normal*' also known as '*the great reset*'. Society never goes back to the way it was. This is also part of the '4th Industrial Revolution' to bring about technocracy: rule by technocrats.
- The economy of nations would be crashed. Small to medium sized businesses would be bankrupted. Citizens would be forced to use the Internet and global corporations for everything. Eventually deliveries would be by drones. This is rule by plutocrats.
- 5G will be rolled out secretly under the distraction of the pandemic in order to bring about: global 24/7 surveillance, social control, the ability to harm, enable the 'internet of things' and assist the development and practise of AI technology. More rule by technocrats. [Note: this was done in the UK, particularly in all hospitals and schools where it will damage residents.]
- It would result in draconian powers to the police (rule by a police state).
- It would result in massive PCR testing. [Patents on these were taken out by the elite in 2016.]
- It would lead to mandatory vaccinations, which would include a biomarker for population surveillance and control. [Rule by Big Pharma.]
- It will lead to detention centres (concentration camps) for those who reject vaccination and refuse testing or who dissent and demonstrate against draconian measures.
- This would result in medical passports based on whether you had a vaccination. Without these you would not be allowed to travel, leave the country, go to work, use public spaces, get medical treatment or buy anything.
- It would coincide with violent clashes in society, based on racial disputes, leading to insurrections.
- The culmination would be global Communism under a Soviet-style state. Marxist rule. [See the goals of the WEF plan, such as elimination of private property, universal income and total state control of citizens.]

All these things were planned and stated in elite documents, and even public reports, over the last few decades. Some items go back to 1920 (such as Communist literature explaining the need for fomenting violent clashes between Whites and Blacks and generating wildfires in America). What is happening today was long in the planning.

It is unequivocally true that the current totalitarianism in society was planned and not accidental. This means that government ministers are complicit in a global conspiracy to ruin the society of developed nations and they must be brought before justice.

The World Bank

The President of Belarus exposed that the World Bank coronavirus aid packages comes with severe conditions;⁷⁷ these include:

- Impose a severe lockdown.
- Force everyone to wear a facemask.
- Impose very strict curfews.
- Impose a police state.
- Crash the economy.

⁷⁷ <https://greatgameindia.com/belarus-world-bank-cornavirus-conditions/>

These are the goals of Marxist elites. Why would a real bank insist on such social, economic and political conditions? This proves that it is not medical science generating draconian policies but the global elite bankers.

Governments have not told their voters whether they are receiving aid from the World Bank and have imposed such conditions according to the World Bank demands.

Guillotines

Stories emerged in 2020 that the USA had purchased guillotines for the FEMA camps it had secretly established. Then in November 2020 actual evidence revealed that Canada had ordered the manufacture of guillotines to deal with the Covid-19 crisis!!!

The official Canadian government website sought bids for ‘*Programmable Hydraulic guillotines*’ as part of its ‘*products and services in support of Canada’s response to Covid-19*’. The listing (solicitation) number is 45045-190091/A, which is found at <https://buyandsell.gc.ca/procurement-data/tender-notice/PW-PD-005-78707>.

What possible purpose could these have in response to a virus, other than the obvious?

The World Economic Forum’s ‘Great Reset’

It was actually Prince Charles that coined the term ‘the Great Reset’, and he is a supporter of the WEF and the UN Agenda 2030. The development of this, however, is led by Klaus Schwab.

Klaus Schwab is the founder and executive chairman of the WEF. This is the replacement name for the *European Management Forum*, which he founded in 1971, which holds annual elite meetings in Davos. He was a former select committee member of the Bilderberg group. He is a second tier level representative of the global elite, or Deep State.

During the Covid crisis Schwab has taken the opportunity to articulate the proposal of the Great Reset of society worldwide in the light of the viral pandemic. The WEF website explains what this means in a graphic with hundreds of sub-head links, with their own sub-heads. At least 200 articles explain the details of what this means in every area of life. This reset is also called ‘*the New Normal*’, ‘*the Fourth Industrial Revolution*’ and ‘*the New Deal for Nature*’.

In a nutshell, this is totalitarianism and Communism. Covid is the excuse to roll out the global elite plan for collectivism and planned control of the economy, politics, law and society in general. It goes hand in hand with the sustainable development goals of the UN’s Agenda 21 (now 2030).

For example, Schwab says that no one will own anything, everybody will rent everything and will be happy about it. There is no private property but full state control giving what people need. This is pure Marxism that has never worked in any place it was tried. In fact Marxism always led to despotism and a rich elite ruling class (‘lords’) over a nation of serfs in a neo-feudal system.

Some of Schwab’s goals are:

- Transhumanism. ‘*Curious mixes of digital and analogue life*’. ‘*The mind-boggling innovations triggered by the fourth industrial revolution, from biotechnology to AI, are redefining what it means to be human*’. Computers and mobile phones will be implanted in our brains.
- Customise humans by re-writing DNA. [Note the Pfizer vaccine.]

- Re-engineering animals to provide medical resources (e.g. transplantable organs) for humans. Schwab claims that pigs are already being used for this.
- Infecting humans with ‘*smart dust*’ (computers with aerials smaller than a grain of sand). This allows the police and authorities to read our minds.
- Eugenics. Designer babies.
- Global governance.
- Biosecurity.
- Digital economy. Human cloud platforms classifying workers.
- Technocracy. (The 4th Industrial Revolution.) Developed by 5G. ‘*Reforming governance models to cope with new technologies.*’
- Increasing productivity by utilisation of drones, robots, AI, chat bots (computerised customer care) and algorithms. Automation of all professional jobs. The Internet of Things. Full data collection. Total surveillance, including reading minds.
- A universal wage.
- Online education.
- Blockchain technology explodes tradable assets.
- Stakeholder capitalism (merging business corporations with government; society becomes a business). This leads to corporatism at the expense of democracy (rule by corporate interests concentrating on profits rather than the needs of the people).
- Creating partnerships between businessmen, politicians, intellectuals and leaders of society to facilitate a global agenda. These lead to replacing democracy by unelected officials. It is the rule of the 1-% over the world population.
- Geo-engineering.
- GM Food.
- Global governance. Totalitarianism, defined as ‘*the system of management of human existence*’.
- Using Covid-19 to facilitate rapid, sweeping changes in society.

See Schwab’s books: ‘*The Fourth Industrial Revolution* (2016), ‘*Shaping The Future Of The Fourth Industrial Revolution: A Guide to Building a Better World*’ (2018), ‘*Covid-19: The Great Reset*’ (2020).

A simple look at Schwab’s goals appear to be utter science fiction, but he is serious. Neither can you call such things as transhumanism, geo-engineering (chemtrails) or global Socialist totalitarianism as conspiracy theories because he advocates them quite openly in public. All heads of national western governments attend his Davos conferences for the super-rich; they take him seriously. This is no theory, it is a plan that governments are working towards under the control of their puppet masters.

The next crisis

Schwab has also recently described a coming global event that would make the pandemic seem small. This is a cyber attack on economies that will cause devastation, which he calls ‘*a cyber pandemic*’. This seems to be a coming crisis on the back of the pandemic, to further implement the global fascist strategy. Similar warnings have been sounded by all the major banks and financial companies. The worst warnings are that banks will crash and the power grid will go down. Both of these scenarios have been long expected by alternative commentators. The elite are already blaming Russian hackers for what will happen and have affirmed that millions of hacking attempts have been prevented so far.

The supposed basis of this is the fact that lockdowns and social distancing have forced many workers to work remotely from home. This greatly facilitates insecurity of corporate data systems, making it far easier to hack into secure commercial information. This seems to be an excuse for some elite-planned cyber security crisis. Each crisis allows the elite to further develop their long-term plans for global domination.

Support from national leaders

As national leaders and elite figures have long supported Schwab by attending his annual Davos meetings, so also are they parroting his reset agenda. E.g. former Secretary of State John Kerry, '*The notion of a reset is more important than ever before ... I personally believe ... we're at the dawn of an extremely exciting time*'.⁷⁸ EU Commission President Ursula von der Leyen also stated, '*The need for global co-operation and this acceleration of change will both be drivers of the Great Reset. And I see this as an unprecedented opportunity*'.⁷⁹ Canadian Prime Minister Justin Trudeau spoke about the opportunity for a reset and also used the term, 're-imagine'; additionally used by Joe Biden who wants to re-imagine America.

National leaders are already signed up to this Great Reset: changing society forever into a technocracy, corporatocracy and totalitarian feudalism. Covid-19 is the excuse.

The next WEF phase

In October 2020 the WEF produced a '*White Paper*' called, '*Resetting the Future of Work Agenda: Disruption and renewal in a post-Covid world*'. Extracts from this include:

- The time frame for implementation is ten years up to 2030. This is complicit with Agenda 2030.
- Acceleration of digitised work processes leading to 84% of all work processes to be digital or virtual.
- 83% of people to work remotely.
- 50% of all tasks planned to be automated.
- 42% of up-skilling to be automated (training by computer).
- 35% of skills planned to be re-tooled.
- 34% of current organisational set-ups to be restructured. Existing structures made obsolete.
- Reassign workers to different tasks (with different pay-scales).
- Temporary reduction of the workforce by 28%.
- Permanent reduction of the workforce by 13%.
- A credit scheme to forgive debts against handing over all personal assets to an agency. (Remember, '*own nothing and be happy*'.)

This is a massive Socialist restructuring of society that no one has voted for and most people know nothing about.

This is not a theory

But it is a conspiracy. Some commentators, presumably ignorant of the decades of elite data prophesying this, argue that the current situation *is* '*convergent opportunism*' (Mike Yeadon) or '*a concatenation of events*' (James Delingpole). That is, that individuals and corporate interests are making hay while the sun shines (such as vaccine companies and test or PPE manufacturers).

⁷⁸ Panel discussion at the WEF.

⁷⁹ Ibid.

John Mortimer argues⁸⁰ that what is going on is by design and not accident but that it is not a secret long-term conspiracy, rather *‘the natural outcome of a convergence of interests amongst governments, supranational organisations and major corporations for whom lockdown will consolidate power and control’*. He says that: global governance, economic restructuring, the climate crisis, global resource allocation, supranational solutions for inter-governmental failure are not conspiracy theories but are university courses and modules that have been training the technocratic class. What he fails to understand is that this is the result of decades of Cultural Marxist planning and strategic design. The focus on these subjects in courses is the result of a Marxist take-over of education systems to further the global elite plan. They actually prove the point.

Multiple mainstream media outlets have dismissed the reset as a conspiracy theory (as they would). But this fails to take into account the masses of published data over many years predicting exactly what is occurring.

Look at the facts:

- What has happened this year has exactly followed the simulations made by the elite, such as Event 201.
- The events during the Covid crisis also exactly plot the plans and strategies determined by the elite which are manifest in various documents, seminars, conferences and interviews over several decades.
- Even the widely-used terminology of this year follows that used by the elite in their plans going back years, such as: ‘coronavirus’, ‘lockdown’, ‘facemasks’, ‘social distancing’, ‘track and trace’, ‘cashless society’, ‘reset’, ‘transformation of society’, ‘transhumanism’ etc.
- Global leaders are openly affirming the need for a ‘Great Reset’. It is no secret so it cannot be a theory.
- The people making money out of the crisis are the same people that planned for it: bankers; corporations; financial investors, giant online businesses and pharmaceutical companies (the ‘1%’).
- Covid is being used as ‘an opportunity’ to bring about a reset of society and change it forever into a Socialist technocracy.
- The opportunity of a pandemic to bring about social change was not based on a real pandemic at all but those in control of the media and politicians quite clearly ramped up fear and terrified populations when there was no serious threat whatsoever and deaths are below average. Without this panic there could be no draconian emergency measures. The manufacturing of this fear proves a conspiracy. The players in this fearmongering include: the mass media controlled by the elite; the national government and all its propaganda arms in Whitehall, GCHQ and the military; the compromised and paid-for scientific advisors to the government; the corrupt medical advisors to the government; the many NGOs propagating establishment lies; the compromised and corrupt academics and universities pushing propaganda.

Boris Johnson has changed from the champion of Brexit to a globalist elite change agent

Far from being a necessity to combat a health crisis, the anti-freedom, anti-social policies of Johnson’s government are entirely in line with the plans of the global elite to transform society into a dystopian feudalism where they reign as lords over serfs.

⁸⁰ *Conservative Woman*, 23 November 2020.

Elite agenda	Boris' policies⁸¹
Opposed to Brexit.	Boris has removed the main Brexit champions from Downing Street. EU negotiators (that were close to caving in) were given a second wind.
Promotion of the 'Green Industrial Revolution' (which is a front for globalist corporations).	Launched his manifesto for 'A Green Industrial Revolution'.
Launch of 'The Great Reset'.	Resetting Britain under the banner of 'Build Back Better'.
Getting rid of private property.	Announced a new Social Housing Charter marking a creep towards the nationalisation of housing.
Lockdowns.	Multiple lockdowns and tiers that have no basis in epidemiology.
Nationalised economy.	Quasi-nationalisation of the economy (furlough scheme) to continue until March.
Open borders. Multiculturalism. Unchecked immigration.	Announced a further radical liberalisation of immigration laws through his points-based system which lowers qualifications needed and scraps an annual cap.
A universal wage doled out by the government; no private wealth.	Unprecedented numbers of people now on Universal Credit without job searching requirement. This is morphing into a universal basic income.
WEF 4 th Industrial Revolution.	Policy Paper: <i>Regulation for the Fourth Industrial Revolution</i> , 11 June 2019. Dept. for Business, Energy and Industrial Strategy.

Boris' policies, announced over a week in November, mark a transition to global elite objectives: transition of society (reset); transition of commerce (killing small/medium businesses, growing corporate giants); digital society; technocracy; cashless society; border-less society – all courtesy of the lockdown.

Boris is implementing a Socialist agenda that goes far beyond anything imagined by Jeremy Corbyn and contradicts not only traditional Conservatism but also his manifesto pledges.

The implementation of the Reset, (globalisation, mass nationalisation, technocracy, GM, 5G, and corporatism) necessitates abolishing the forces that usually limit the power of the state and elevate patriotic nationalism. This is why the world has seen mass propaganda criminalising patriotism, nationalism, populism, Christianity and traditional morality. Ironically, British Conservatism has been the main champion of opposing big government and sought to preserve and conserve traditional values. Johnson is demolishing his own party even more than his predecessors.

Censorship

A further proof of a conspiracy is the global censorship of alternative Covid/lockdown viewpoints, especially from the Big Tech companies. This made no rational sense when it censored some of the most brilliant epidemiologists on the planet and did so by algorithms and decisions made by non-scientists. Some examples follow.

⁸¹ I acknowledge a partial debt to *Conservative Woman*, John Mortimer, 'Lockdown is part of the grand, green, global design', 23 November 2020.

- 22 April: YouTube banned content that was ‘*medically unsubstantiated*’. This was defined as contradicting the WHO. However, the WHO had published wrong advice several times in the crisis. [14 January it said there was no evidence for human to human transmission. Then it said there was no threat to global health. Then it claimed that 40% of transmissions were asymptomatic.]
- Facebook also issued warnings about questionable statements and supported the WHO.
- WhatsApp put limitations on sharing information.
- The Secretary of State for Digital, Culture, Media and Sport praised the social media platforms.
- Videos criticising lockdowns were removed. This included Toby Young interviewing Nobel Prize winner Michael Levitt. Videos by eminent epidemiologist Knut Wittkowski were removed. Videos of Prof. Karol Sikora were removed. Videos of Dr Mike Yeadon were removed. Videos of Dr Vernon Coleman were deleted. A video of the German lawyer Reinar Fuellmich explaining his lawsuit was removed. Videos of whistleblower nurses and doctors were removed. Videos of Delores Cahill were removed.
- Videos of Dr Carrie Medej explaining the dangers of Covid mRNA vaccines were deleted as soon as they were published.
- A video by Peter Hitchens criticising lockdowns was shadow-banned.
- Multiple videos by people described as conspiracy theorists were removed.
- Eamonn Holmes was rebuked by Ofcom in April for merely advocating a discussion of 5G, even though he stated that he did not believe in its inherent dangers.

Such irrational severity in censoring opposing narratives, even from medical professionals, is proof that there is something wrong and that there is a unified cabal governing the censorious media chiefs. This controlling cabal is proof of conspiracy.

The world in unison

If there is no global plan in the reaction to Covid, why are most nations doing exactly the same thing despite widely different outcomes of the virus? These include: facemasks, lockdowns, severe social restrictions, social distancing, closing down businesses, a furlough scheme etc.

Germany fared far better than Britain and its epidemic of this flu ended in April. Yet after this time it was placed into lockdown with facemasks and social distancing. Australia and New Zealand had very few Covid deaths and yet imposed stricter restrictive measures than Britain. Since lockdowns etc. are a novel and unscientific reaction to a seasonal flu, with catastrophic consequences, why did most nations do exactly the same thing and ruin democracy and their economies?

The only conclusion we can come to is that they are all following the same guidelines from a pre-conceived plan and authority.

The deliberate manipulation of fear

Near the beginning of the crisis in Britain, Chris Whitty averred that fear needed to be used to make the nation compliant to the necessary restrictions about to be placed on the country. Thereafter, the scaremongering in the media was ramped up and the daily government statements took the opportunity to create fear with false predictions and scary graphs.

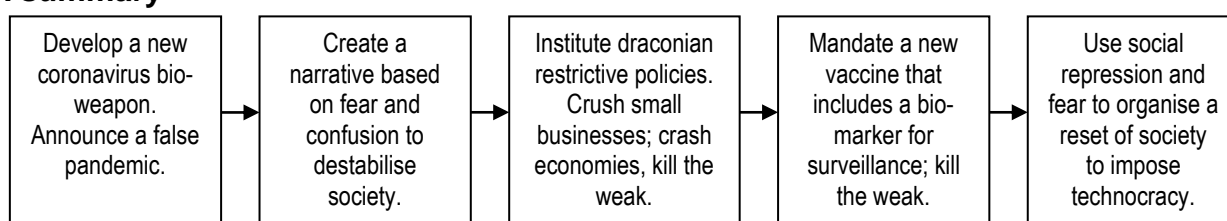
An insight into this state-sponsored fear is given by the release of a German government document. In May this appeared on the website of the German Ministry of the Interior; it

was dated mid-March and was the minutes of a meeting of the coronavirus task force.⁸² It showed that fear-mongering was official state policy showing that everything that followed had been planned. This included choosing to use high numbers of infections because the number of deaths was, *'too trivial'*. The goal was to give the nation a massive shock. Guidelines were given:

- 1) People should be scared by a detailed description of dying from Covid-19 as 'slow drowning'. Imagining death through excruciating slow suffocation incites the most dread.
- 2) People should be told that children were a dangerous source of infection because they would unwittingly carry the deadly virus and kill their parents.
- 3) Warnings about alarming late consequences of SARS-Cov-2 infections were to be scattered. Even though not formally proven to exist, they would frighten people.

The purpose was to make the draconian restrictions amenable to the public. National governments deliberately used fear to coerce populations into being compliant. This is characteristic of Orwellian totalitarianism.

A summary



Conclusion

Many people now agree that the events of this year are not an accident but are part of a design. Some think that this design is convergent opportunism – but that ignores the fact that events have exactly followed plans going back decades. The more logical conclusion is that the events are the result of a worldwide conspiracy by globalists and corporatists that control the media narrative and influence government policies.

The push-back

Medical care workers and scientists

After the initial panic surrounding covid-19, the objective facts now show a completely different picture – there is no medical justification for any emergency policy anymore. A coalition of doctors in Belgium opposed to the pandemic story.

Doctors for enlightenment

Association of German doctors contesting the Covid-19 narrative.

Frontline Doctors

A coalition of American doctors challenging the pandemic narrative and particularly extolling the value of the HCQ cocktail.

⁸² Bundesministerium des Innern, für Bau und Heimat, 'Wie wir Covid-19 unter Kontrolle bekommen', March 2020.

The Barrington Declaration

Prof. Sunetra Gupta et. al. challenging lockdown policies. Now signed by tens of thousands of professionals.

World Doctors Alliance

Includes immunologist Delores Cahill and Dr Heiko Schoning (Germany). An independent alliance of doctors, nurses, healthcare professionals and staff worldwide who have united in response to the Covid-19 fraud with a view to ending all lockdowns and related damaging measures. This has tens of thousands of signatories.

UK medical Freedom Alliance

Another recently established group of libertarian medics.

Irish medics

A team of Irish medical and public health experts published a White Paper called '*Covid-19 Alternative Strategy: A case for health and socio-economic well being*'. This demands an evidence-based approach to pandemic management. It provides a cost-benefit analysis of lockdowns and scrutinises their efficacy and shows their excess costs and ineffectiveness. It also shows that PCR tests are unreliable and that mortality and hospitalisation does not differ from norms.

Lawsuits against governments

Several months ago I wrote that citizens would have a good case to sue the government for damages due to the effects of lockdown policies. I wrote to the Father of the House of Commons warning him about this and I also wrote to Boris Johnson telling him that he was culpable of corporate manslaughter. Now there are multiple lawsuits taking place worldwide where people are holding government ministers to account.

Germany: Reinar Fuellmich

Dr Fuellmich is leading a class action suit, one of the largest in history, with other doctors and lawyers, against government pandemic actions. It makes these demands:

- The Corona crisis should be renamed 'the corona scandal'.
- It is the greatest crime ever committed against humanity.
- Those responsible must be prosecuted and sued for damages.
- There is no excess mortality in any country.
- Coronavirus mortality equals seasonal flu.
- Fatalities are almost always caused by serious pre-existing conditions.
- Almost all deaths were very old people.
- Sweden (no lockdown) and Britain (strict lockdown) have comparable disease and mortality statistics.
- Hospitals remain empty and some face bankruptcy.
- This is a PCR test pandemic and not a corona pandemic.
- Likelihood of false positives is 89-94% or near certainty.
- PCR tests are useless for the detection of infections.
- A positive PCR test does not mean an infection is present or that an intact virus has been found.
- Mainstream media completely failed to report the true facts of the so-called pandemic.
- Democracy is in danger of being replaced by fascist totalitarian models.

Dr Fuellmich's video presentation explaining this case has been deleted by Google.

Britain: Michael O’Bernician

Michael O’Bernician is a layman with great experience in taking corporations to court, based on Common Law, and winning despite the odds.

He has built up a Common Law case with the assistance of top lawyers in the country, including QCs, and is intending to prosecute every Member of Parliament for supporting coronavirus polices and laws. He has already served notice to every MP threatening prosecution unless they recuse themselves and apologise and reverse draconian laws. His case is purported to be very strong.

It must be understood that Common Law and the Constitution supersede Parliament. Parliament and even the Crown are subservient to Common Law. Bernician is holding that Parliament has acted treacherously against the British people and legal statute. The problem is that while he has the legal authority, he has no power. The PM has acted contrary to British law, but he has military and police power. We will have to see what transpires.

Michael’s website was subjected to millions of attacking bots per minute to destroy it; but it failed. Social media has also censored him.

Update 14 November: I understand that legal process has been conducted and that Matt Hancock is due to be served an arrest warrant.

Britain: Simon Dolan

This case is more specific. It is an action, financed by crowdfunding, that correctly claims that the government has acted contrary to the provisions of the Public Health Act. Simon took this case through to the end but was rejected by the Supreme Court. In the process, however, he did force the government into releasing certain information that had been kept secret.

Britain: Robin Tilbrook

This claims that the Coronavirus Act 2020 is null and void.

Part of its claims are that S1(1) of the Act defines coronavirus as being covid-19 or SARS Cov-2. However, this is not legally, medically or scientifically recognised as a disease or virus and cannot be legislated against, making the act void. Covid-19 has not been subjected to the 130-year established legal, medical and scientific procedure that recognises if it is actually a disease or virus or not (Koch’s Postulates, which I have explained before). Therefore the government has acted *Ultra Vires* (against the rule of law).

There are also a number of legal errors made by the government, including enforcing the lockdown before Royal Assent was given.

Britain: John’s Campaign

This is focused on challenging blanket bans on care home visits by family and friends of residents.

Cathy Gardner

Cathy is trying to hold the government accountable for unnecessary care home deaths.

Britain: Christian Concern

Is seeking a Judicial Review over the government’s insistence that churches should close in lockdowns.

Britain: The Good Law Project

This group is taking the government to court for its Operation Moonshine project. In particular they complain that the government failed to consult its own expert body, the National Screen Committee.

Australian lawyers

A group of Victoria lawyers, *Australia's Concerned Lawyers Network*, filed an action against the Australian government. This served a personal 'notice of liability and potential claims' (similar to Bernician). It demands an end to lockdowns and opening up of the economy.

Italian lawyers

Dozens of Italian lawyers from all regions of Italy are filing class action suits against the government claiming compensation for material, moral, biological and relationship damage as a result of emergency regulations. They quote a breach of the Constitution (article 283 of the criminal code), abuse of office (article 323) and private violence (article 610).

Lawyer Mauro Sandri said, '*the scientific data demonstrate our thesis that the emergency broke out from the bad management of the virus ... the lockdown is not a solution.*'

The medical revolutionaries

Dr Kevin P Corbett and Kate Shamirami have written to Vicky Ford MP, Parliamentary Under Secretary of State for Children and Families, to put her on notice of personal liability for the adverse side effects of Covid vaccines which the government has already briefed about (see the MHRA warning elsewhere in this paper). Its conclusion says, '*Failure to comply with this request [cancelling all Covid vaccination plans] will place you on notice that you may be deemed to be complicit in what may accurately be described as genocide if it is proved the facts we have stated were known to you or the relevant authorities and you failed to act upon them.*'

MPs

Finally, in November, Steve Baker and other Tories formed the Covid Recovery Group (CRG), similar to the European Research group (ERG) that held so much influence during the Brexit crisis. This could be described as a lockdown sceptic group. By the 13 November this group contained 70 MPs – more than enough to defeat the government in a vote (if the opposition supported them). More Tories were threatening to join. Chairman: Mark Harper (former Chief Whip); Deputy Chairman: Steve Baker.

Journalists and commentators*Lockdown Sceptics*

This very fine website for firm data on what is going on is run by Toby Young. Daily updates from eminent contributors including many crucial scientists, with analysis from Young.

James Delingpole

A lockdown sceptic who writes columns and hosts a podcast. His *London Calling* podcast features rants by him and his friend Toby Young. His *Delingpod* is an interview podcast with leading voices and experts.

Conservative Woman

Where other Conservative media have become establishment voices with no guts, this website is excellent, featuring many dissenting voices. The founder and chief editor, Kathy

Gyngell, wrote an open letter to her friend Michael Gove condemning him for becoming a totalitarian. Co-editor, Laura Perrins, is also very good and refreshingly outspoken.

The Spectator (UK edition)

This long-standing Conservative journal has posted some good articles criticising the lockdown narrative. Toby Young is an associate editor.

Piers Corbyn

The meteorologist is one of the few voices from the Left that is confronting the Covid establishment. He has been arrested multiple times in peaceful demonstrations against lockdowns.

Peter Hitchens

This long-standing, sceptical commentator has issued Covid criticisms in Press columns, interviews and podcasts.

Computing Forever

YouTube channel of respected Irish commentator Dave Cullen giving excellent analysis of current affairs.

The Corbett Report

The website and podcasts by the excellent James Corbett; easily the most intellectual and forensic geo-political commentator in the world.

Unherd

Intelligent interview forum on YouTube run by the excellent Freddie Sayers. Usually features experts in a certain field prepared to question the status quo. Also an associated website.

Dr Vernon Coleman

Has produced numerous monologues and written books examining the Covid hoax and related issues.

Society

Australian cops

A New South Wales policeman formed the *Cops for Covid Truth* movement protesting the tyranny and medical fraud enacted during the virus crisis.

Students

In November Chloe Dobbs, a student at Pembroke, Oxford, founded the UNLOCK student movement against the lockdown.

Others

- *Back to Normal* group founded by Geoff Cox.
- *RECOVERY*: Covid campaign group. Its demands are that the government: behaves with humanity; gives equal regard to all lives; holds a comprehensive public enquiry; safeguards all that makes life worth living; and gets the economy moving. Supported by Lord Jonathan Sumption, Prof. Sunetra Gupta and Prof. Karol Sikora. Co-founder Alan Miller.
- *StandUpX*: protest restrictive measures that are undemocratic and also oppose 5G and vaccines.
- *Save Our Rights*: campaign group opposing the dictatorship created by undemocratic Covid policies.

- *Time for Recovery (England) and Recovery Scotland*: campaigns for a return to normal life. A collection of lawyers, scientists and politicians led by Christine Padgham.

Demonstrations in the UK⁸³

Date	Event
25 April	Anti-Covid demonstration in Glastonbury. Piers Corbyn prominent. Probably about 40 people involved.
16 May	About 100 people gathered at Speaker's Corner but were hindered by the same amount of police. 19 people were arrested, including Corbyn, for illegal assembly. The media portrayed these folk as nutcases spreading disease.
June	Various Black Lives Matter protests and marches, some did criminal damage and defaced statues. The police and authorities, however, allowed this with no resistance.
June	Various freedom demonstrations against Covid doctrine occurred in Hull, Brighton, Bournemouth, Sheffield, Glasgow, Truro, Edinburgh and other places. Campaign groups such as StandUpX and Save Our Rights emerged.
29 August	20,000 gathered at Trafalgar Square. Speakers included Kate Shemirani (nurse), Kevin Corbett (nurse), Delores Cahill (microbiologist and politician), Piers Corbyn and David Icke. Despite complying with the new law about assembly Corbyn was arrested and fined £10,000.
September	Two large demonstrations on successive Saturdays.
19 September	'An educational event' was held led by Fiona Hine and Kate Shemirami. Though this had been authorised, police the police tried to stop the rally. Then riot police dispersed the crowd.
23 September	Fiona Hine and Kate Shemirami were arrested in a protest outside the Houses of Parliament and held for 24 hours. Their homes were searched and their computers confiscated.
26 September	Save Our Rights organised a rally against the Coronavirus Act in Trafalgar Square. 25,000 people attended. The demonstration was peaceful and authorised. Despite this, riot police stormed in clubbing people with batons. The crowd marched to Hyde Park where Dr Heiko Schoning was stopped from speaking and arrested. He was held for 22 hours and his computer and phone confiscated. He was later released from Wandsworth Police Station without any charge.
October	Various marches, of several thousands, were held in London. Other demonstrations began to appear throughout the country.
31 October	1,000 people protested in Birmingham.
5 November	The second lockdown is introduced and demonstrations were banned.
7 November	Hundreds marched through Liverpool.
8 November	2,000 attended a demonstration in Manchester. Paul Boys was fined £10,000 as were several other organisers.
14-15 November	Demonstrations planned in Liverpool and Wolverhampton.
14 November	Bristol anti-lockdown protest organised by Stand Up Bristol. 14 people arrested including Piers Corbyn.
21 November	Marches in Bournemouth, Liverpool, Basildon, and Hyde Park. 22 arrested.
28 November	Peaceful demonstration of several thousand in London. The police and TSG (territorial support group) in huge numbers from across the nation acted very violently against demonstrators, beating up young and old. Scores were arrested (including Piers Corbyn); some sustained medical damage. The many videos of criminal acts by the police will likely prompt a greater resistance movement that could begin to be violent.

⁸³ I acknowledge a partial debt to Unity News Network, Niall McCrae, 12 November 2020.

Comment

- The fines imposed are of dubious validity. They contradict Common Law and the Constitution, which allow for freedom of assembly. Their lack of proportionality also deviates from statutory guidelines.
- Note the violent actions of the police, which have caused serious harm to many people and frightened some, causing mental damage. Even some old ladies were treated roughly.
- There is no doubt that we are entering a police state, as well as totalitarian laws.
- Note that protests are growing in size despite the actions of police and laws inhibiting them.
- The protest movement is rapidly growing throughout the whole world. Some demonstrations, such as in Germany, have included tens of thousands of people. In many parts of America, the police are now refusing to enact lockdown laws against individuals.

Conclusion

This pandemic used emotion and fear to manipulate people in ways that we've never seen before.

Ms Kristi Noem, Governor of South Dakota, 28 September 2020.

Historically, fear has always been the most potent instrument of the authoritarian state. ... Fear was deliberately stoked up by the government [through] manipulative use of selected statistics. And the presentation of exceptional tragedies as if they were the normal effects of Covid-19. ... This is how freedom dies.... Because people voluntarily surrendered their liberty out of fear of some threat. Fear promotes intolerant conformism and encourages abuse of anyone who steps out of line. ... These are the authentic ingredients of a totalitarian society. [Lockdowns were] the most significant interference with personal freedom in the history of our country.

Lord Jonathan Sumption, *Cambridge Freshfields Annual Law Lecture*, 27 October 2020.

I dread government in the name of science. That is how tyrannies come in. [As governments] increasingly rely upon the advice of scientists ... in the end the politicians proper become merely the scientist's puppets.

CS Lewis, *Willing slaves of the welfare state*, *The Observer*, 1958.

Right at the beginning of this craziness I said that this pandemic was a fraud and a tactic to initiate the global development of a fascist empire. I then began writing papers on this evaluating each stage of the situation from March onwards. I was right then and I am right now. Covid-19 is nothing but an excuse to introduce totalitarianism in Britain – and the gullible, scared populace walked willingly into it.

Only a few truth-seekers stood against this tide of despotism; however, that number is now growing as more and more people see the glaring truth from hard facts. Banners are appearing, such as on bridges, stating that '*Covid-19 is a hoax*'. We can only hope that the criminals in government, including the advisors, go to jail sometime soon. Failing that, I have a message for these wicked people – you cannot escape God. The Judge of all will bring this manifest wickedness to light on the Last Day and apportion his wrath to those who indulged in corporate manslaughter and ruined the lives of millions of people. The truth will always come out and divine retribution is swift and just.

Relevant sources

Papers by the author

- Covid-19: another pandemic panic; published 23 March 2020.
- Covid-19: a summary of facts; published 4 April 2020.
- Evils of the lockdown; published 18 April 2020.
- The truth about the lockdown; published 12 June 2020.
- Questions about the lockdown; published 13 July 2020.
- Mask-erade; published 17 July 2020.
- Evidence that the pandemic is fake; published September 2020.

Books on Covid

- Jamie Walden; *The cult of Covid*. Excellent all-round analysis of what transpired in 2020.
- Dr Karina Reiss and Dr Sucharit Bhakdi, *Corona False Alarm: Facts and figures*, Chelsea Green Publishing. Summary of medical / societal analysis with particular view to the German situation.

Appendix One

Studies regarding the flu vaccine and increased infections

Studies regarding flu vaccines and increased risk of acute respiratory diseases

- CDC study (Rikin et. al., 2018). Flu vaccines increase the risk of non-flu acute respiratory illnesses including coronavirus, in children.
- Australian study (Kelly et. al., 2011). Flu vaccines doubled the risk from non-flu viral lung infections.
- Hong Kong study (Cowling et. al., 2012). Flu vaccines increase the risk for non-flu respiratory infections by 4.4 times.
- (Mawson et. al., 2017). Vaccinated children were 5.9 times more likely to suffer pneumonia than unvaccinated children.
- (Wolff, 2020). The influenza vaccine is associated with a higher risk of some other respiratory diseases due to virus interference. The odds of coronavirus (not Covid-19) in vaccinated individuals were 1.36 times higher compared to unvaccinated people.
- BMJ 2020:398:m810 (Cowling et. al., 28 Feb 2020). This randomised, placebo-controlled trial in children showed that flu vaccines increased fivefold the risk of acute respiratory infections caused by a group of non-influenza viruses, including coronaviruses.
- Wolff GG: Influenza Vaccination and Respiratory Virus Inference among Dept of Defence Personnel during the 2017-2018 influenza season, *Vaccine*, 2020;38 (2);350-354. This concluded that vaccine derived virus interference was significantly associated with coronavirus infections.

Studies regarding flu vaccines and increased risk of Covid-19 severe symptoms

- Study published in 'PeerJ by Christian Wehenkel, Professor at Universidad Juarez del Estado de Durango, Mexico, 1 October 2020. This found a positive association between Covid-19 deaths and influenza vaccination rates in elderly people worldwide.
- CDC study (Rikin et. al., 2018). Flu vaccines increase the risk of non-flu acute respiratory illnesses including coronavirus, in children.
- BMJ 2020:398:m810 (28 Feb 2020). This randomised, placebo-controlled trial in children showed that flu vaccines increased fivefold the risk of acute respiratory infections caused by a group of non-influenza viruses, including coronaviruses.
- See the works, interviews, and statements of Dr Judy Mikovits. She claims that gamma retroviruses imparted in flu vaccines are activated by later coronavirus infections to cause morbidity. Coronaviruses are also imparted in flu vaccines through the cell lines of monkey's present.
- Study by the US Army (Dept. of Defence), which noted a correlation between Covid-19 deaths and severe symptoms with a previous flu vaccine. (I.e. unvaccinated soldiers only had mild or no symptoms.)

Note

- A 2010 HHS pilot study by the federal Agency of Health Care Research found that 1 in every 39 vaccines causes injury.
- The high death rate from Covid-19 in Italy is not explained by the ageing population. A certain Alex Vasquez reported that in September 2019 Italy rolled out a new type of flu vaccine called VIQCC, which is different to others and contains four types of viruses.

This vaccine impacted the immune system in such a way to increase the coronavirus infection.

- The government admitted that the 2017-2018 flu vaccine was only 15% effective. Why would anyone buy a product that was only a sixth effective?
- The UK is the number one investor in immunology amongst all G7 countries. The British Society for Immunology is the largest in Europe. The UK is the biggest country donor to the WHO. It is also the number one donor of the vaccine alliance.

Appendix Two

Quotes and studies regarding the inefficiency of facemasks⁸⁴

The Government

The Government has stated on numerous occasions how ineffective face-coverings are; in one document, published on 23 June, it stated: ‘*The evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small*’.

The CDC (US Centres for Disease Control)

Of uninfected people contracting influenza:

In this review, we did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission. [...] Hand hygiene is a widely used intervention and has been shown to effectively reduce the transmission of gastrointestinal infections and respiratory infections. However, in our systematic review, updating the findings of Wong et al., we did not find evidence of a major effect of hand hygiene on laboratory-confirmed influenza virus transmission. [...] We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility. [...] It is essential to note that the mechanisms of person-to-person transmission in the community have not been fully determined. Controversy remains over the role of transmission through fine-particle aerosols.

Xiao J et al., ‘Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings – Personal Protective and Environmental Measures’, *Emerg. Infect. Dis.*, 17 May 2020; 26(5). A very recent review of the literature that was published in the CDC journal *Emerging Infectious Diseases*.

Tucker Carlson, using data from the CDC’s (Centres for Disease Control) own website, reported that 85% of all the people who contracted Covid-19, in July, reported that they wore masks all the time or often. Which means that those who wear masks are more at risk of contracting Covid-19 than those who do not wear them (possibly because full-time mask wearing, impairs their own immune system).

The CDC responded to Tucker Carlson’s story, by issuing the following statement:

CDC guidance on masks has clearly stated that wearing a mask is intended to protect other people in case the mask wearer is infected. At no time has CDC guidance suggested that masks were intended to protect the wearers.

14 October 2020.

The WHO

The WHO has stated that is no benefit to healthy people wearing masks in public, and there is only limited evidence that masks help when in contact with a sick person:

There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure. However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

‘Advice on the use of masks in the context of COVID-19’, *WHO*, 6 April 2020.

⁸⁴ I acknowledge a debt here to Toby Young and Lockdown Sceptics which I have lifted verbatim, and others.

Medical studies

Neither surgical nor cotton masks effectively filtered SARS–CoV-2 during coughs by infected patients.

Bae S et al., ‘Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2: A Controlled Comparison in 4 Patients’, *Ann Intern Med.*, 6 April 2020.

A study in the BMJ showed that people who were told to wear cloth masks for extended periods of time (for the purposes of the study) had higher rates of influenza-like illness (“ILI”) than other healthcare workers who could decide if and when to wear masks, and had higher rates of ILI than those wearing surgical masks:

The rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm [13 times higher] compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm [workers who followed standard practice, which could sometimes include mask wearing]. An analysis by mask use showed ILI and laboratory-confirmed virus were significantly higher [6.64 times for ILI and 1.72 times higher for lab confirmed virus] in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%.”

MacIntyre CR et al., ‘A cluster randomised trial of cloth masks compared with medical masks in healthcare workers’, *BMJ Open*, April 22nd 2015; 5(4): e006577.

The University of Minnesota Centre for Infectious Disease Research and Policy (CIDRAP) does not recommend that the public wears masks, because they do not work, they may reduce other preventive measures, and they risk the supply of masks for healthcare workers:

We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because: There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission. Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection. We need to preserve the supply of surgical masks for at-risk healthcare workers.

Brosseau LM et al., ‘COMMENTARY: Masks-for-all for COVID-19 not based on sound data’, *CIDRAP*, April 1st 2020.

Experts from the Chicago School of Public Health do not recommend that the general public wear masks, for similar reasons to CIDRAP:

We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because: (1) There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission. (2) Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection. (3) We need to preserve the supply of surgical masks for at-risk healthcare workers.

Brosseau L et. al., ‘Commentary: Masks-for-all for COVID-19 Not Based on Sound Data’, *University of Illinois at Chicago School of Public Health*, 2nd April 2020.

Annals of Internal Medicine, Henning Bundgaard et. al., ‘Effectiveness of adding a mask recommendation to other public health measures to prevent SARS-Cov-2 infection in Danish mask wearers’, November 2020.

This is the largest randomised control study on facemasks. It showed that there is virtually no difference in infection rates between mask wearers and non-mask wearers. ‘*The recommendation to wear masks to supplement other public health measures did not reduce SARS-Cov-2 infection rate among wearers.*’ Those who wore masks properly had a higher infection rate.

Appendix Three

Scientific papers showing the ineffectiveness of lockdowns

EclinicalMedicine 25 (2020) 100464, Rabail Chaudry et. al., ‘A country level analysis measuring the impact of government actions, country preparedness and socio-economic factors on Covid-19 mortality and related health outcomes’.

Quote: ‘*Full lockdowns and widespread testing were not associated with Covid-19 mortality per million people.*’

MedRxiv, Jonas Dehning et. al., ‘Covid-19 spreading rates and potential change points for case number forecasts’, 16 April 2020.

Koch Institute, *Epidemiologisches Bulletin* 17:2020, ‘Schatzung der aktuellen Entwicklung der SARS-Coc-2 Epidemie in Deutschland – Nowcasting’, 15 April 2020.

University of Bristol, Simon N Wood, ‘Did Covid-19 infections decline before UK lockdown?’, 1 June 2020.

Quote: ‘*The most notable feature of the results is that fatal infections are inferred to be in substantial decline before lockdown.*’

Nature, Stefan Homburg & Christof Kuhbandner, ‘Comment on Flaxman et al (2020, *Nature*, <https://doi.org/10.1038/s41586-020-2405-7>): The illusory effects of non-pharmaceutical interventions on Covid-19 in Europe’.

Quote: ‘*We show that their methods involve circular reasoning. The purported effects are pure artefacts, which contradict the data. Moreover, we demonstrate that the UK’s lockdown was both superfluous and ineffective.*’

Prof. Isaac Ben-Israel, *Israeli TV*, 16 April 2020.

Quote: ‘*The spread of the virus starts at an exponential rate, however continues to moderate and ultimately fades after 8 weeks or so since its outbreak, ... A similar pattern – rapid increase in infections that reaches a peak in the 6th week and declines from the 8th week – is common to all countries in which the disease was discovered, regardless of their response policies. ... the Corona disease declines even without a complete lockdown.*’

MedRxiv, (funded by NIHR) Paul Hunter et. al., ‘Impact of non-pharmaceutical interventions against Covid-19 in Europe: a quasi-experimental study’, 6 May 2020.

Quote: ‘*Stay at home orders, closure of all non-businesses and requiring the wearing of facemasks or coverings in public was not associated with any independent additional impact.*’

MedRxiv, Thomas Meunier, ‘Full lockdown policies in Western Europe countries have no evident impacts on the Covid-19 epidemic’, 24 April 2020.

Quote: ‘*We find no evidence of discontinuity in the growth rate, doubling time and reproductive number trends. ... These strategies might not have saved any life in western Europe.*’

MedRxiv, Marco Colombo, et. al., ‘Trajectory of Covid-19 epidemic in Europe: arising from S Flaxman et al. *Nature*, <https://doi.org/10.1038/s41586-020-2405-7>’, 28 September 2020.

Quote: ‘*Most of the slowing and reversal of Covid-19 mortality is explained by the build-up of herd immunity.*’

BMJ, Research Special Paper, (10.1136/bmj.m3588) Ken Rice, et. al., ‘Effect of school closures on mortality from Coronavirus disease 2019: old and new predictions’, 7 October 2020.

Quote: ‘*School closures ... result in more overall deaths than no school closures.*’

Epidemiology 2008:19: 588-589, Ted Cohen & Marc Lipsitch, ‘Too little of a good thing: a paradox of moderate infection control’,

Quote: ‘*Interventions that limit transmission can paradoxically increase the burden of disease in a population.*’

National Bureau of Economic Research, Andrew Atkeson et. al., ‘Four stylised facts about Covid-19’, Working Paper 27719, August 2020.

BMJ, 10.1136/bmj.m3543, Kata Karath, ‘Covid-19: How does Belarus have one of the lowest death rates in Europe?’, 15 September 2020.

Note: Belarus had no lockdown and treated Covid-19 like a normal illness.

MedRxiv, Harriet Forbes, et. al., ‘Association between living with children and outcomes from Covid-19: an OpenSafety cohort study of 12 million adults in England’, 2 November 2020.

Note: shows that ‘*for adults living with children there is no evidence of an increased risk of severe Covid-19 outcomes*’, thus schools should never have closed.

Pandemics Data & Analytics, Trevor Nell et. al., ‘Exploring inter-country coronavirus mortality’, 9 July 2020.

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