

The COVID-19 Scamdemic, Part 2: Enabling The Technocratic-Parasite-Class' "Great Reset"

Description

[Authored by Iain Davis via In-This-Together.com,](#)

In [Part 1](#) we defined the UK State and looked at the driving forces behind its lockdown response to the World Health Organisation's (WHO's) declared COVID 19 "global" pandemic. Please read [Part 1](#) first to appreciate the context of this article.



It appears that COVID 19 has been exploited to bring about a new global economic, social, cultural and political paradigm. Encapsulated as the [Great Reset](#), this affords a technocratic parasite class, often wrongly referred to as the elite, centralised global control of all resources, including all human resources.

Though [influential](#), the UK State is just one national component of this global agenda. In order to prepare us for global technocracy, which will be a dictatorship, we need to become more accustomed to obeying orders without question. Consequently the Lockdown response has been characterised by conflicting, ever shifting advice, both to condition people to arbitrary diktat and psychologically unbalance the public to better facilitate behaviour change.

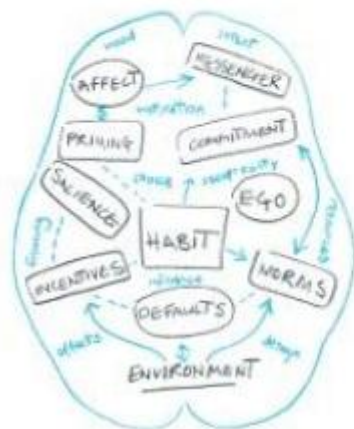
We will cover a lot of ground in this article and I should warn you, it does not make comfortable reading. But please, if you have the time, grab yourself a coffee and we'll discuss these important issues.

The WEF using COVID 19 for their Great Reset

The UK State & COVID 19 Behaviour Change

Population wide behaviour change techniques were promoted in the UK Cabinet Office's 2010 document [MindSpace: Influencing Behaviour Through Public Policy](#). Behaviour change (modification) has been widely adopted by the UK State as a means of controlling the populace.

So successful was the subsequent "nudge unit" that the UK State later privatised it, forming the [Behavioural Insights Team](#). This enabled them to make a profit by selling their behaviour change expertise to other States, similarly seeking to control their own people.



Perhaps unsurprisingly, the lead authors of the seminal MINDSPACE document included representatives from Imperial College, whose wildly inaccurate COVID 19 computer models [underpinned lockdown policies](#), on both sides of the Atlantic, and the Rand corporation, a U.S. military industrialist complex think tank who former UK Chancellor Denis Healey described as “the leading think-tank for Pentagon.” The MINDSPACE authors state:

“Approaches based on ‘changing contexts’ – the environment within which we make decisions and respond to cues – have the potential to bring about significant changes in behaviour.....Our behaviour is greatly influenced by what our attention is drawn to.....People are more likely to register stimuli that are novel (messages in flashing lights), accessible (items on sale next to checkouts) and simple (a snappy slogan).....We find losses more salient than gains, we react differently when identical information is framed in terms of one or the other (as a 20% chance of survival or an 80% chance of death).....This shifts the focus of attention away from facts and information, and towards altering the context within which people act...Behavioural approaches embody a line of thinking that moves from the idea of an autonomous individual, making rational decisions, to a ‘situated decision-maker, much of whose behaviour is automatic and influenced by their ‘choice environment’. This raises the question: who decides on this choice environment?”

In response to the novel coronavirus, the UK State has defined our choice environment. It is the environment that best suits its policy objectives. One created by exploiting the COVID 19 pandemic in order to prepare all of us for the Great Reset.

This behavioural change approach avoids the need to make convincing arguments with facts and information. This could risk potential challenge. Evidence based debate is not welcome, and not part of behaviour change.

Better to target the population with fear inducing propaganda, [censor any dissent](#), and frame public opinion within an altered context. Thus moving the people away from being autonomous individuals, who make rational decisions, towards situated decision makers controlled by their choice environment.

With the real risks of COVID 19 well known, on March 19th 2020, just over a week after the WHO’s declaration of a global pandemic, both Public Health England (PHE) and the UK government Advisory Committee on Dangerous Pathogens (ACDP) agreed that COVID 19 was not a High Consequence Infectious Disease (HCID.) They downgraded it due to [low overall mortality rates](#).

The UK State knew that COVID 19 was unlikely to kill sufficient numbers to justify the massive re-engineering of society and economic destruction required to bring about the Great Reset. Therefore, it [resorted to coercion](#), statistical manipulation and propaganda to convince the people be terrified of the relatively low level COVID 19 risks.

With the support of the ever obedient mainstream media (MSM,) who have been [directly funded by the UK government](#) throughout the crisis, the UK State turned to its behavioural change experts. These included the [Scientific Pandemic Influenza group on Behaviour](#) (SPI-B for short.)

Spi-B’s role, during the crisis, has been to advise the State how to use behavioural change techniques

to convince the people to obey its orders without question. Three days after COVID 19 was downgraded from an HCID, Spi-B recommended the following:

1. Use the media (MSM) to increase sense of personal threat.
2. Use the media (MSM) to increase sense of responsibility to others.
3. Consider use of social disapproval (via the MSM) for failure to comply.

(Bracketed information added)

A free and independent media could not be “used” in this fashion to scare people without cause. Only a controlled MSM propaganda machine can possibly achieve this. The convincing myth that the western MSM is a free and independent media is one of the greatest propaganda coups in history.

Spi-B don't believe that anyone who disagrees, and subsequently refuses to comply, with the UK State's tranche of Lockdown policies, has any legitimate concerns. Rather they call them complacent.

To ensure that resulting non compliance doesn't take hold, those who do stand against the tyranny of the common interest, are to be marginalised by subjecting them to the social disapproval of the terrified majority. Spi-B recommended:

“Guidance now needs to be reformulated to be behaviourally specific.....The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging.....Messaging needs to emphasise and explain the duty to protect others....Consideration should be given to use of social disapproval.”

Led By Nothing

Thanks to the behaviour change efforts of the UK State and its MSM, if you scrutinise the official COVID 19 statistics, social disapproval, alleging that you don't care about people dying, is heaped upon you. This is nonsense, but effective. Not because it stops criticism, but because it frames the objections as the acts of callous monsters. Hence, the MSM's reliance upon hard-hitting emotional messaging.



Very sad losses exploited for propaganda purposes

Early in the crisis, an example of the [hard hitting emotional message](#) came in the form of MSM stories about NHS staff who had all supposedly died from COVID 19. In any rational society it would go without saying that, of course, these people's deaths were a tragedy.

Analysis from the [Health Service Journal](#) showed that, with millions of employees, NHS staff were statistically less likely to die from COVID 19 than the general public. While the MSM didn't report these findings, it was left, as usual, to the [so called alternative media](#) to question power, and reveal the deceptive use of the statistics to as many people as they could.

Using snappy slogans, the UK State [encouraged the nation](#) to "clap for the NHS." In combination with the hard-hitting emotional messages, this was part of the process of creating the controlled choice environment.

For a wider public of situated decision makers, this further strengthened social disapproval for anyone who questioned Lockdown health policies. To point out that the health impacts of the Lockdown would be [significantly worse than COVID 19](#) was to question the NHS. An act of heresy.

This strategy was essential for the UK State because the COVID 19 statistics do not support its own fearful narrative. Even if you accept the official accounts, should you

contract COVID 19 in the UK, the chances of it leading to death are [between 0.3 – 0.4%](#). If you are infected, you have at least a 99.6% chance of survival.

This almost certainly explains why the UK State decided not to report recovery rates. The [rationale given for this](#) was that the “modelling used to calculate it was complex.”

However, to date, despite promising to publish this statistic, the UK State [still doesn't report](#) recovery rates. It seems counting people diagnosed with COVID 19, who don't die, is too complex. While it is incapable of simple subtraction, most people are willing to accept all the other UK State COVID 19 statistics that the **MSM report to them ad nauseam.**



Claimed UK deaths from COVID 19 are nominally 41,486 (at the time of writing) This means, according to [UK State statistics](#), **the global pandemic has allegedly led to the deaths of 0.06% of the UK population with the [median age of death being 82](#) in England and Wales.**

Like nearly every other mortality risk, the chances of dying from COVID 19 increase significantly with age. Mortality distribution is practically indistinguishable from standard population risk. Bluntly, the belief that COVID 19 presents some sort of dire, plague like threat is irrational and based upon nothing but [persistent fear porn](#).

Initially, the UK MSM widely reported that COVID 19 could kill more than [half a million British people](#). On the 12th March the UK Prime Minister Boris Johnson gave a press conference in which he warned of significant loss of life. Preceded by the UK Government's Chief Scientific Adviser, Sir Patrick Vallance, who repeated the preposterous suggestion that more than half a million people could die, Boris Johnson told the British public:

“It is going to spread further and I must level with you, I must level with the British public: many more families are going to lose loved ones before their time.”

This terrifying statement was not based upon the WHO's declaration of a pandemic. The WHO has nothing to say about mortality, only [the worldwide spread of a disease](#). Johnson's

statement was not based upon the available data either.

It was founded entirely upon computer modelled predictions of Imperial College London [COVID 19 Response Team](#). So far in 2020, the Bill and Melinda Gates Foundation (BMFG) have given [Imperial College more than \\$86 million](#).



UK Prime Minister Boris Johnson terrifying the nation

As is the norm with the Imperial College’s modelled pandemic predictions, they were hopelessly inaccurate. On [every occasion](#) they have grossly overestimated mortality and have never erred by way of underestimation. Always for the [financial gain](#) of pharmaceutical corporations.

Imperial College’s lunatic COVID 19 predictions were questioned by the wider scientific community at the time. Among them were Nobel laureate biophysicist Michael Levitt, who immediately [highlighted the problems](#) with their models; Professor of global public health Devi Sridhar pointed out that Imperial had presented [nothing more than a hypothesis](#) and microbiologist Dr Sucharit Bhakdi, questioning the predictions, called **the global state response to COVID 19 “grotesque” and warned that the lockdown response would be far more dangerous than COVID 19.**

Scientists from around the world [raised their concerns](#). They repeatedly warned that the [science underpinning the alarm was weak](#). However, their voices were [largely censored](#) as the UK MSM advanced the UK State narrative without question. Perhaps, in part, because they were [paid to do so](#) by the UK State.

Imperial College’s pandemic predictions have consistently delivered nothing but statistical dross. To imagine that no one within the UK State knew this, prior to cherry picking their [report](#), as claimed justification for their subsequent lockdown, is ridiculous.

Whether written for the purpose, or seized upon to fit the purpose, it seems Imperial

College's fantasy predictions were selected solely to promote Lockdown policies. With tight control of the MSM narrative, the UK State simply ignored the real science and trotted out its meaningless "led by the science" [propaganda soundbite](#). A simple, snappy slogan maintaining the public's altered context within their choice environment.

It is not credible for Professor Mark Woolhouse, a member of Spi-B, to now state that the [Lockdown was a monumental mistake](#). Practically the only body of scientific opinion which believed Imperial College was the one firmly attached to the UK State, such as Spi-B, who were equally committed to Lockdown policies.

The UK State had to disregard the weight of global scientific opinion, deliberately choose the fictitious computer models and actively deceive the public, falsely claiming their policy was "led by the science."

It was no mistake.

Fixing the Numbers

Due to the lack of an unprecedented threat, it appears the UK State has instead fixed the numbers, maximised case numbers and mortality figures, fed its statistical rubbish into its MSM propaganda machine and then exploited the resultant fear, of a fake unprecedented threat, to achieve the desired behaviour change. This necessitated a continually shifting narrative, both to compensate for encroaching reality and to keep the population constantly confused and psychologically [open to suggestion](#) as a result.

One of the UK State's first responses to the pandemic was to create a new, entirely unnecessary, death registration process. One so opaque and prone to manipulation and error, it practically guaranteed the [meaningless statistics](#) we have been given.

In late March, [before the recorded peak in mortality](#) during the second week of April, the UK State instructed the Office of National Statistics (ONS) to record all "mentions" of COVID 19 on death certificates as proof of death from COVID 19. The new death registration system meant a COVID 19 death could be recorded without the decedent either testing positive or receiving any examination by a qualified doctor, either prior to death or postmortem.

UK government statistics – PHE have only recently been recording 28 day mortality – we have no real idea what these mortality statistics are recording

The UK State split its [testing regime](#) into “pillars.” Pillar 1 focused upon swab testing (RT-PCR) the most vulnerable, the seriously ill and front line key-workers in state healthcare settings. Pillar 2 expanded the testing to include essential workers in the social care and other sectors. However, RT-PCR, used in Pillars 1 and 2, is **[incapable of identifying a virus](#) and was not designed as a diagnostic test.**

The UK State’s Pillar 3 relies upon [antibody testing](#). So far, this has been [a complete disaster](#), characterised mainly by expensive outlay on tests that don’t work which, if they did, wouldn’t reveal anything useful anyway.

The Royal College of Pathologists (RCP) [petitioned the UK government](#), raising numerous concerns. Firstly they highlighted that current antibody tests were clinically incapable of indicating either the level of infection (asymptomatic rates) or any possible acquired immunity. There were no benchmark tests, nor any data, to assure the quality of these non-evidence based tests which consequently provided no value to health professionals trying to treat patients. The RCP concluded that their only perceivable use was for very broad research purposes. These findings were backed up by the [prestigious Cochrane Review](#), who stated:

“We are therefore uncertain about the utility of these tests for seroprevalence surveys for public health management purposes. **Concerns about high risk of bias and applicability make it likely that the accuracy of tests when used in clinical care will be lower than reported in the included studies...**

...It is unclear whether the tests are able to detect lower antibody levels likely seen with milder and asymptomatic COVID-19 disease. The design, execution and reporting of studies of the accuracy of COVID-19 tests requires considerable improvement.”

Pillar 4 (surveillance testing) takes tests from Pillars 1 – 3, whether saliva swabs of antibody blood tests, which the UK State then claims it uses to learn more about the prevalence and spread of the virus.

Though the chances of the flawed RT-PCR and antibody tests producing anything cogent appears negligible. What is more certain is that there are multinational corporations with a firm grasp of the UK State's testing procedures and subsequent data analysis.

Even if someone tests positive, [anywhere up to 80%](#) of these people are asymptomatic. Meaning they do not have COVID 19, the syndrome that may, in as little as 20% of cases, result from an infection with SARS-CoV-2.

Reporting a so called spike in “cases” is a vacuous claim. A large number of the positive RT-PCR tests will be wrong, up to 80% of those who test positive won't develop COVID 19 and, of those that do, 99.6% will survive, of which [more than 80%](#) will experience COVID 19 as little more than a cold.

The actual threat from a claimed “spike in cases” is diminutive. The eternal MSM alarmism, reporting terrifying case numbers and highly speculative causes of death, is [pure propaganda](#).

It was Pillar 2 that established community testing, providing pharmaceutical corporations further, significant influence over policy and the physical response. The collected swabs are analysed at the [UK Lighthouse Labs](#). The data and resources are provided by the vaccine producing, pharmaceutical giants Astrazeneca and GlaxoSmithKline (GSK). Creating an enormous conflict of financial interest within the Pillar testing program.



Cambridge

[AstraZeneca](#), [GSK](#), and [the University of Cambridge](#) have formed a joint collaboration to setup a lab at the University's Anne McLaren laboratory.

A Lighthouse Lab

From the outset Pillar 2 data collection [was plagued with problems](#). For example, multiple tests from one individual were counted as separate positive cases and tests were prematurely counted as complete, before the results were even available. Pillar 2 testing was so poor, the UK State simply [wiped off 30,302 reported cases](#) due to methodological errors and were forced to suspend all reporting of Pillar 2 test results in late May.

Throughout the crisis, Public Health England, an agency of the UK government Department of Health, received notification of every death. They then cross referenced the test data, much of it from Lighthouse Labs, to check if the deceased had ever tested positive for SARS-CoV-2. Up to 80% of whom could have been completely free of COVID 19.

No matter [what the decedent died from](#), whether it was cancer or a road accident, and no matter when the positive test was taken, possibly months prior to death, PHE recorded it as a COVID 19 death. Only after this practice was discovered did PHE [change their methodology](#), removing 5,377 deaths from the official mortality figures overnight.

The Great Reset aims to centralise all power and authority. Therefore it is no surprise that the UK State's response to the supposedly deplorable performance of its own government department (PHE), has been [pounded upon](#) to justify the centralisation of its power and authority. The new [Joint Biosecurity Centre](#) (JBC) will initially be led by Dr Clare Gardiner, a former GCHQ operative and former director of the National Cyber Security Centre.

The JBC will issue the [biosecurity alerts](#) that will control our daily lives. By amalgamating PHE with NHS Test and Trace and the JBC, the UK State has removed the notion of public health and replaced it with biosecurity.

In the future biosecurity UK State it is difficult to see how anyone won't have COVID 19. The [JBC definition](#) ranges from "confirmed", to include asymptomatic cases, "linked cases", people who may or may not have the COVID 19 but may have once met someone who tested positive, "probable", someone in a Lockdown area with possible symptoms and "possible", someone who may have symptoms.

Only the "discarded," people who haven't been tracked and traced, who don't live in Lockdown areas and haven't got any symptoms at all (ie. they don't have a cold,) will be free from the clutches of the JBC. But only after they have passed their surveillance checks.

As the reported mortality rate declined sharply, in late April the UK State instructed the Care Quality Commission (CQC) to report "suspected" COVID 19 care home deaths to the ONS. Adding thousands to the COVID 19 mortality figures in an instant.



From this point forward, COVID 19 [didn't even need to be mentioned](#) on a care home resident's death certificate for them to be added to the ONS' mortality count. The MSM then reported the [COVID 19 horror](#) to a terrified public, without question or pause.

There are no sound reasons to believe any of the UK State's official COVID 19 statistics. From the registration of deaths, through testing to data collection, analysis and reporting, the whole system is either a complete shambles, irretrievably corrupt or a combination of the two. **No one, especially the MSM, know what the real COVID 19 mortality statistics or case numbers are.**

Sadly, all we can do is count the dead. Which raises a gut churning possibility.

From all cause mortality, we can estimate something approaching of the true COVID 19 mortality figure. Research by the [Italian Ministry of Health](#) found that around 12% of recorded COVID 19 deaths in Italy could be [accurately described](#) as such. Similarly,

researchers at the U.S. Centre for Disease Control (CDC) found that around 6% of COVID 19 reported deaths were [directly attributable](#) to the disease.

All globalist States, such as Italy, the U.S. and the UK, have slightly different death registration and statistical processes. In addition, for a number of decedents, while their primary cause of death was their pre-existing comorbidity, COVID 19 probably did hasten their deaths.

Giving the benefit of the doubt to the UK State, an estimate of 30%, for genuine COVID 19 deaths, can reasonably be applied to the reported mortality statistics. Suggesting that the true figure is closer to 12,500 rather than 41,500. This places the real public health risk of COVID 19 well below recent seasonal influenza.

In England, in 2014-2015, [PHE estimates](#) attributed more than 34,000 deaths to influenza in the first 15 weeks of the year, and in 2015-2017 more than 17,000. COVID 19 is not, and never was, at any stage, more dangerous than the flu. People only believe it is, and that belief is based upon little more than statistical drivel and MSM scaremongering.

Nonetheless, there has been a significant spike in all cause mortality this year which does not conform to the usual, seasonal patterns. One that corresponds precisely with the UK State's Lockdown policies to bring about the conditions for the Great Reset. The disquieting reality appears to be that these are [Lockdown deaths, not COVID 19 deaths](#).

It seems at least 29,000 of the most vulnerable people in our society have died before their time. I have very recently lost my father and, while most of the lives lost, falsely attributed to COVID 19, may only have been shortened by a few months, I speak from acute sorrow in the certainty that every moment with a loved one is precious beyond measure.

Fixing the Narrative

Initially the State said the purpose of it's Lockdown measures were to [flatten the curve](#). The claim being this would stop the NHS being overrun from the projected surge of cases. However, this story was only deployed before the statistical shenanigans began in earnest. As the reported number of deaths hit the headlines "flatten the curve" [was discarded](#)

The anticipated surge never happened because the predictive models it was supposedly based upon were junk. There were some notable COVID 19 [hotspots](#), but nationally the NHS was effectively closed to virtually every condition but COVID 19.

The much publicised Nightingale hospitals were nothing but [expensive white elephants](#) and, at the height of the global pandemic, the NHS [was practically deserted](#) in the UK. However, the “flatten the curve” fable was sufficient for the UK State to shutdown the productive economy and propel the country into a totally needless state of panic.

After “flatten the curve”, public attention was firmly drawn [towards deaths](#), rather than the unreported survival rates. These were delivered with the flashing lights of [alarming mainstream media \(MSM\) headlines](#), as the meaningless figures were made accessible through daily COVID 19 “emergency” updates. A steady supply of simple snappy slogans (stay home, protect the NHS, save lives etc.) ensured the situated decision makers remained firmly entrenched within the altered context of their choice environment.

Data from the UK Government and Google – Collated by [The Human Unleashed](#)

There was never any [public health rationale](#) for the UK State’s Lockdown policies. Rather than exposing the virus to rapid [extinction in the summer sun](#), the UK State instead ordered people to stay in their own homes where community infections were [at their worse](#). In 2019, this was well known to the WHO.

[The WHO reported](#) that, for viral respiratory infections, quarantining exposed individuals (quarantining the healthy – by placing families under house arrest), was “not recommended because there is no obvious rationale for this measure;” The isolation of sick individuals should only be done for limited periods and was not recommended for “individuals who need to seek medical attention;” workplace closures should only be considered in, “extraordinarily severe pandemics;” there is “no obvious rationale” for contact tracing and wearing face masks was not recommended because, “there is no evidence that this is effective in reducing transmission.”

The UK State’s Lockdown policy was the complete antithesis of the WHO’s own, previously recommended, procedure for managing a viral respiratory pandemic.

Quarantining the healthy and then re-orientating health care services [maximised the risk](#) to the most vulnerable, something which [never made any sense](#). At least, not if saving lives was the priority.

A recent study by the [Queens Nursing Institute](#) found the following practices, commonly operating in Care Homes, at the height of the Lockdown pandemic:

“Having to accept patients from hospitals with unknown Covid-19 status, being told about plans not to resuscitate residents without consulting families, residents or care home staff.....21% of respondents said that their home accepted people discharged from hospital who had tested positive for Covid-19.....a substantial number found it difficult to access District Nursing and GP services.....25% in total reporting it somewhat difficult or very difficult during March-May 2020.”

These life threatening practices were a direct result of official guidance, issued by registration bodies and health services, in response to the UK State’s Lockdown policies.

The NHS issued guidance stating care home residents [should not be conveyed](#) to hospital; they operated an apparent policy of discharging COVID 19 positive patients into care homes; GP’s were advised not to visit care settings, with consultation conducted without examination via video calls; ambulance response times [increased dramatically](#), practically removing vital emergency care the most vulnerable; essential PPE for care home staff [wasn’t supplied](#), further reducing their capacity to care for those most at risk; testing for COVID 19 wasn’t extended to care settings, leaving care staff confused and uncertain of the risk, with furlough further reducing staffing levels; [there were widespread reports](#) of residents having “do not attempt resuscitation” (DNAR) notices attached to their care plans, without their knowledge or consent, and this practice seemingly extended to other vulnerable adults, [such as those with learning difficulties](#).

There is little to no evidence that children are either at risk from COVID 19 or [spread SARS-CoV-2 to adults](#). However there is evidence that children are [dying as a result](#) of UK State Lockdown policies. Yet still the MSM persist with [the dangerous claim](#) the COVID 19 is a childhood risk.

By the mid June the UK COVID 19 mortality risk was negligible and the so called pandemic was effectively over. There has been no significant excess mortality in England for [more than 13 weeks](#). Since mid June deaths in care settings have been [at or below normal levels](#) and COVID 19 has accounted for less illness and death than combined influenza and pneumonia.

Therefore the MSM State propaganda shifted towards cases and face masks. Masks which we are told will save us from the COVID 19 respiratory virus but clearly have no impact whatsoever upon influenza.

In reality, this was done to distract the public from the fact that there was no justification for continued Lockdown policies and to shift their attention to a new narrative in preparation for the “second wave.”

For months, the UK State consistently told the public that [face masks were entirely unnecessary](#). After years of [gold standard science](#), demonstrating no viral benefit to wearing face masks, suddenly they [became mandatory](#). This was a purely political decision and certainly wasn't led by any science.

The WHO did not recommend face masks but were then [pressurised by national governments](#) to change their advice. Because there was no science to inform this decision, the WHO hastily cobbled together some [meta-analysis](#), which somehow missed every single randomised control trial showing how ineffective masks are, in order to falsely claim the science had recently changed.

Like virtually every other aspect of the supposed COVID 19 pandemic, the only scientific basis for this policy is behavioural science. It continues the process of creating altered contexts for situated decision makers who are no longer autonomous but now behave automatically in response to their choice environment.

The Hard Wired Second Wave

The UK State is not unique. It is just one of a number of globalist States that have colluded to foist the COVID 19 scamdemic upon the world. **The Great Reset is a centrally devised and controlled global objective for all partners States.**

To say that COVID 19 is a scandemic is not to allege that it isn't a deadly disease. It has caused terrible, but far from unprecedented, loss of life and every death leaves a gaping hole that can never be repaired. Our only hope is that we learn to live with pain.



It's a big club and you ain't in it

In the effort to create the social, economic and political conditions for the Great Reset the UK State is among those who have condemned people to die alone, torn from their loved ones. The sickening truth of the scandemic is that these heartbreaking losses have been exploited to control the living.

This has been done for the sole benefit of a vile, uncaring parasite class. They have global control only because we allow it and the vast majority passively give consent without even knowing it. Constantly directed as situated decision makers, fed nothing but propoganda to ensure their automatic behaviour.

We won't rid ourselves of the malevolent rule of the parasite class by using a party political system built to protect them, and advance their interests. Other [peaceful solutions](#) exist and we must pursue them or suffer this malignancy forever.

It is not enough for the them that people die isolated and afraid, nor that entire populations live in gratuitous fear. The Great Reset offers them the promise of the New World Order technocracy and the vaccine controlled, global biosecurity State.

It seems that we have all been set up for the second wave, hard wired into the scamdemic from the start. The final push to permanently frame the choice environment.

[Analysis shows](#) that the phrase “second wave” was trending from the day that PHE downgraded COVID 19, due to low mortality rates. The trend spiked significantly as mortality declined below all cause averages and again when it approached statistical zero.

Data from the UK Government and Google – Collated by [The Human Unleashed](#)

The UK State’s Scientific Advisory Group for Emergencies (SAGE) recently leaked a report to the MSM claiming that [85,000 people could die](#) from COVID 19 in the UK this winter. This followed the claims of former [GlaxoSmithKline R&D President](#) and current Chief Scientific Advisor to the UK State, Sir Patrick Vallance, [who claimed 120,000 would die](#).

The [Scientific evidence](#) shows that COVID 19 reaches the Herd Immunity Threshold (HIT) at around 20% of the population, or [even less](#). At this stage, it appears the virus has burned out and is incapable of infecting or making more people sick, save for the tiny minority with severely compromised immune systems. In the UK, it seems it has long passed this threshold.

[Further evidence](#) shows that a sizeable proportion of human beings, [possibly up to 60%](#), already carry T-Cell immunity to SARS-CoV-2 from previous coronavirus and SARS infections. This part of the population was never at any significant risk.

There is no apparent need for a vaccine and, despite the clear [suppression of treatments](#) that could have potentially saved thousands, the fact that cases continue to rise, while hospital admission and deaths are virtually nothing, demonstrates that the COVID 19 pandemic is finished. The only thing the UK State’s testing programs are allegedly finding are residual infections that present virtually no risk to anybody. The increase in “cases” is directly proportional to the increasing number of tests.

Yet none of that matters to the State planners and propagandist [pedlars of the scamdemic](#). Their hard-hitting emotional messaging is divorced from informing the public. A significant

proportion of the MSM has been co-opted to serve nothing and no one but the parasite class.

Despite the fact that it is now certain that Lockdowns are the [worst possible response to COVID 19](#), still SAGE “experts” argue for further, various Lockdown measures that absolutely don’t work. The only fathomable reason for this is to continue preparations for the Great Reset. Either that, or SAGE are collectively, scientifically illiterate.

A recent study by health-tech contractors Medefer estimated that the Lockdown response, to the low level threat of COVID 19, has left more than [15 million people](#) waiting for vital health care. While this report should be treated with some caution, as Medefer are one of many private companies hoping to swoop in and profit from the Lockdown accelerated [destruction of the NHS](#), it is beyond doubt that [millions of people](#) will suffer irreparable health damage from the Lockdown. Mental health charities have warned of the Lockdown’s [devastating impact](#).



Totally unnecessary

The political response to this has been to [argue about the definition](#) of waiting lists. This is because the political class are the otiose puppets of the parasite class and, as such, they don’t provide any public benefit at all. In every sense, they are just the expensive illusion [of democracy](#).

Homelessness has [reached 320,000](#) in the UK and [freedom of information requests](#) reveal that, in England alone, nearly 20,000 household have been made technically homeless during the Lockdown. As we discussed in [Part 1](#) the [economic destruction](#) delivered by the lockdown is unprecedented. The link between poverty and a wide range of health inequalities is [beyond dispute](#).

With its Lockdown, the UK State has created a health crisis that will make current Lockdown and COVID 19 deaths seem like a minor, public health hiccup.

Given what appears to be the appalling statistical deception and rancid propaganda that the UK State has relied upon thus far, it is easy to see how the second wave deception could emerge.

This autumn, with it's disorienting death registration process in place, and a population of immune suppressed, mask wearing, recently released detainees facing the usual seasonal flu and pneumonia risks, the UK State, and its supplicant MSM, have everything ready to create a [psychological operation](#) beyond imagination. The likely objective will be to consolidate on the work already done, and permanently transform the people from a population of autonomous individuals, capable of rational thought into a herd of situated decision makers whose behaviour is automatic and influenced by their 'choice environment'.

The Lockdown's existing impact upon treatments for [cancer](#), [heart disease](#), and a range of serious, life threatening conditions, combined with huge waiting lists, struggling health services and the normal excess winter pressures upon the NHS, will be more than enough to create an appalling health crisis. All slickly blamed upon the second wave of COVID 19 .

I truly hope I am wrong. However, it is by no means beyond the UK State to do this.

If it again claims people need to be placed under house arrest; should it insist we can't be with our loved ones, that we must avoid each other, literally like the plague; if it labels anyone who disagrees a "COVID denier" and starts "quarantining" people who don't comply, then you will have a choice to make.

You can be a situated decision makers, or you can be an an autonomous individual, making rational decisions. It's not hard. Just stop believing everything you are told, especially from the likes of me, do some independent research, take a long hard look at the evidence, and decide for yourself if you can give any credence to the claims of the UK State and its global partners.

* * *

[Click here to support In This Together blog.](#)