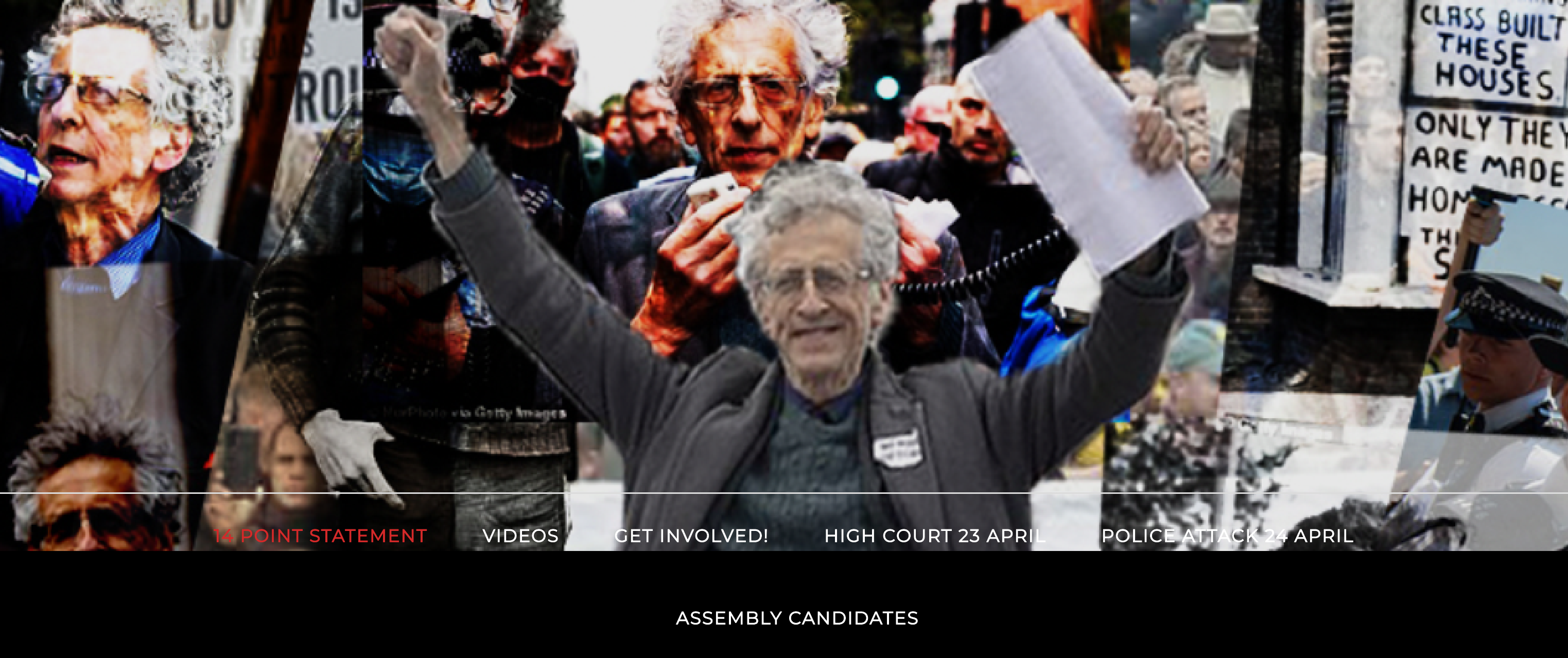




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14 Point Statement

Understanding the Year of Coronavirus Madness

1. Masks don't stop the spread of viruses, indeed prolonged mask use [increases the risk of catching respiratory illnesses](#), and reduces your oxygen intake.
2. "Social distancing" has no scientific justification – it is based on the false notion that asymptomatic transmission of the SARS-COV-2 virus can lead to serious symptomatic disease, COVID-19. There is no evidence to back up this contention.
Keeping distance from people is inhuman. It promotes fear and anxiety and this weakens your immune system. We must end all such insane distancing measures and return to real epidemiology, which is based on studying the environment where clusters of infectious disease spread and eliminating or minimising the causes.
3. Lockdowns have been an unmitigated disaster for London, Britain and the world. They hit the poorest people hardest. Yet there is no evidence that lockdowns lead to reduced illness or death, quite the contrary. Lockdown "theories" are not backed by any hard evidence or science. The standard justifications for lockdowns are simply myths promoted by those in power. There were no lockdowns in Sweden, Japan, S.Korea, or Taiwan, yet their outcomes were all better than Britain. Over 700,000 people in Britain including 120,000 children have been [driven into poverty](#) by the government's coronavirus policies. And around the world as many as [150 million people](#) have been pushed to the edge of starvation.
4. The testing epidemic must stop!
The mass testing of people for a virus can only be justified when an epidemic is raging. For example, when lots of people are sick with some kind of severe viral pneumonia, and there is a significant increase in the influx of patients with these symptoms at doctors surgeries and in hospitals.
However, it is always the doctor's job to examine real patients. Tests should only be used to aid diagnosis, they should never be the diagnosis. Tests can help a doctor to evaluate symptoms, to confirm or eliminate theories, and to suggest a course of action in the light of a patient's history, condition, age, etc.
Tests should never be used as the sole indicator for the health status of an individual, yet this is precisely what has happened in the last year with the PCR test.
The PCR test has been deployed to identify who will be placed under house arrest, to regulate our lives, to reorganise the health system to the detriment of patient care, to smash small business, impoverish billions of people, and impose insane measures of social control by imposing [dictatorial powers over the people](#).
The [original PCR test for SARS-COV-2](#) was developed by Professor Christian Drosten in Berlin. It was an in-house test that was based on one computer model of the so-called "Wuhan virus" (which is no longer in circulation).
The test was never validated, it is not standardised and it has been subject to [devastating criticism](#) for its [poor quality, its lack of a verifiable peer-review, and its catastrophic consequences for the world](#).
Each testing lab conducting PCR tests for SARS-COV-2 operates under different protocols, and so the daily number of cases has never been accurate. A positive PCR test does not distinguish between someone who has a serious disease, someone who has a minor flu like illness, someone who has no illness at all, and someone who has had a viral infection within the past 90 days and has some broken remnants of an inactivated virus in the mucus of their throat.
Mass testing is only ever of use at the peak of an epidemic. It can help to assess the scale of an outbreak of infectious disease. When an epidemic wanes, mass testing has to end. This is because all lab tests for infectious agents are prone to errors. As the real rate of infection declines the rate of [false positive results](#) rises.
Even with an extremely low error rate of 0.5% if you test 500,000 people a day you will have 2500 false positives. The industrial scale of testing in Britain today produces as much as 5-10% false positives. So, with 500,000 tests a day you will get 25,000-50,000 false positives. And these figures ignore the problem of the definition of a positive result. Healthy people and their contacts are ordered to quarantine, this madness has destroyed the normal functioning of the NHS and has caused havoc and misery for the people. These problems are just the tip of the iceberg. This recent [BBC Panorama documentary](#) revealed that tests conducted at the vast Milton Keynes testing lab are totally unreliable as the contamination of samples is routine.
In the name of "following the science", totally unscientific medieval madness has shrouded the country and the world in an impenetrable fog composed of useless data. This data has been weaponised to inflict barbaric, dictatorial and insane measures against humanity. Those responsible, instead of admitting their mistakes have doubled down on their lies to cover up for their crimes.
5. End Track and Trace immediately
The idea of track and trace is based on the theory that if a new infectious disease causing agent (a pathogen), is in circulation, you can try to identify who had contact to a patient, and therefore find who might have been infected. This is only possible when a disease outbreak really is new, and when the number of contacts being traced is low.
The British government gave away untold billions to consultants and private companies to undertake this task. This fraud produced no information of any value to epidemic control, even according to the government's own criteria.
6. Most people are totally unaware that Covid-19 vaccines are still at the experimental stage. They have been granted conditional marketing permission pending the results of ongoing phase 4 trials which are due in 2023.
The granting of conditional permission in December 2020 followed phase 3 trials by Pfizer, Moderna, and AstraZeneca that were based on less than 200 people each.
True, these trials began with 40,000 odd participants each. They were divided between those who were vaccinated and those given a placebo. However, out of these volunteers, less than 200 were said to have contracted COVID-19 (based on the same faulty, and non-standardised PCR tests). From this tiny cohort, 95% had taken the placebo, and 5% had been vaccinated. This is what led these Pharma companies to claim that their vaccines are 95% effective! Government Ministers, advisors and the media all cheered the "brilliant results".
This is the only evidence that was used to justify injecting experimental drugs into tens of millions of British people. In fact, we simply do not know the scale of the damage these vaccines will cause. But leading experts like Prof. Sukharit Bhakdi and Dr Wolfgang Wodarg forewarned about [the main risks and dangers](#): including blood clots, a cytokine storm (an auto-immune overreaction by the body's T-cells that kills healthy cells because they appear to be infected), and the risk of infertility.
7. Natural Immunity and Treatments
In March 2020, a myth was propagated by the WHO that mankind had [no immunity to this new coronavirus](#). This was unscientific nonsense.
Early evidence from China showed that more than 80% of SARS-COV-2 infections were either asymptomatic or mildly symptomatic. This is mainly because [T-cells act as the long-term memory of the body from past infections](#). Our natural immune systems are far more effective than any of the vaccines.
The [Chinese government's official report on fighting the novel coronavirus](#) explains that although at the start of the Wuhan epidemic the death rate was very high for hospitalised patients, at the tail end of their outbreak, the recovery rate was "higher than the average rate for normal viral pneumonia". This was because treatment had improved.
It is widely known and has been confirmed by multiple studies that vitamin D, ivermectin, and some other cheaply available medicines can dramatically improve recovery rates. But certain lobbies had an interest in pushing vaccines instead of cures.
8. What caused the excess deaths? Although there are lots of charts and data showing [80,000 excess deaths](#) compared with recent flu seasons. The stats presented by the UK governments generally make comparisons with the last 3-years. However, this is misleading, in the winter of 1999-2000 there were 48,000 excess deaths, and in 2014-2015 there were 44,000 excess deaths [both mainly attributable to flu](#). The excess deaths over the last two winter seasons is certainly higher than in those years. But the majority of these deaths were caused by policy measures. Measures that were supposed to "Save Lives" and "Protect the NHS".
In 2020, the NHS was already at breaking point. With [100,000 vacancies](#) staff were burnt out. 26,000 excess deaths were recorded in care homes. This was mainly caused by dispatching infected hospital patients into these homes.
In addition, about [42,000 excess deaths took place at home](#), this is non-COVID-19 patients who were afraid to go to hospital for treatment. [Hospital acquired COVID-19 infection](#) accounted for about 20% of all COVID-19 patients many of them were the most vulnerable people and the most likely to die if infected. If hospitals had installed ventilation system that replaced the air every 5-10 minutes hospital acquired infections would have been negligible. Airplane ventilation systems replace the air every 3 minutes and this is why the chance of catching a SARS-COV-2 infection on a plane [is about 1 in 27 million](#), you are 54 times more likely to be struck by lightning. NHS hospitals should have installed appropriate ventilation systems or ensured natural airflow, but they did not.
9. There is a lot of speculation about the origin of the SARS-COV-2 virus. As it was first noticed in China, many people feared it came from a virology lab in Wuhan, others blamed China's exotic animal trade. This speculation suggests that SARS-COV-2 is a completely new virus that emerged from a rare spillover event from animals into humans in 2019. Man has always coexisted with animals and with diseases that can be passed between us.
However, the capacity of scientists to identify pathogenic microbes such as viruses has improved. Over the past decades more and more infectious agents have been identified that can replicate and spread amongst humans.
A popular myth circulating in the virology and epidemiology community is that a Bat virus called SARS first appeared in 2002 and promptly disappeared in 2004 because strict measures of containment were decisively enforced. [The SARS outbreak was taken as a warning that a new deadly pandemic was coming soon](#). This idea was promoted by Professor Drosten who helped to develop a PCR test to detect it. It was claimed the SARS was a deadly killer with a 10% infection case fatality rate.
However, a study coauthored by Zhong Nanshan, China's leading epidemiologist (the man in charge of China's 2003 SARS campaign and the 2020 campaign against SARS-COV-2), [revealed that 20% of children in Guangzhou born after 2005](#) had antibodies to the SARS virus in 2010-2012. This is long after SARS was said to have vanished from the face of the earth. This study was accepted for publication by the PLOS ONE academic journal on 23 October 2012 although this unexpectedly rescinded on 15 November no doubt because it challenged the official story line that SARS had magically disappeared from the planet. Of course if SARS never went away, the consensus that the case fatality rate was 10%, or the lower WHO figure of 3%, were grotesque exaggerations.
10. The notion that SARS was eradicated in 2004 by means of strict pandemic control measures has been promoted, despite the above surveillance report. The WHO claims that the [last detected case of SARS was in China in May 2004](#).
If Sherlock Holmes calls off the search for Moriarty, it does not follow that he is dead. And as it happens another coronavirus called NL63, also thought to come from bats, was [discovered in Holland in 2004](#). It was subsequently found to be in widespread circulation around the world. It can cause respiratory infection in children, and less frequently in adults.
So we know that the NL63 virus has in general circulation even though it was first discovered in 2004, and we know that the SARS virus, which transmits in the same way, remained in widespread circulation in China. There is no reason to conclude that SARS was not circulating around the world after 2004, nobody was looking for it.
Thus the SARS-COV-2 may well be simply a mutation that comes from a human or animal being simultaneously infected with NL63 and SARS.
"The shared receptor usage by SARS-CoV provides the opportunity for double infection of the same cell. Consequently, there is a risk of recombination between these two viruses, with the possibility that more pathogenic variants of HCoV-NL63 can evolve."
(*FEMS Microbiology Reviews*, Volume 30, Issue 5, September 2006, Pages 760–773.)
If so, SARS-COV-2 is not a "new virus" at all. This theory can be proven or refuted by examining preserved blood and mucus samples from pneumonia patients from 2004-2019. A comprehensive study published in 2017 shows that a causative agent was found in only 50% of pneumonia cases in Europe and North America.
If they were caused by viruses it is logical to conclude that various SARS coronavirus variants were present. SARS-COV-2 is simply one type of mutation that has been circulating in mammals for millions of years. Coronavirus mutations are simply unstoppable natural processes to imagine man can stop them is like King Canute stopping the tide.
11. The idea that man should aspire to eradicate the SARS-COV-2 coronavirus from our planet represents a new type virus, a virus of the mind. It is an ideology and system of bureaucratic state governance that exercises power by dictatorial power in the name of public health. This mental virus emerged from a cluster of virologists, World Health Organisation officials, Big Pharma lobby groups, the Gates foundation, pandemic professionals, and computer modellers linked to Big Tech giants, international institutions, and governments. They spent more than 20 years battling to have their predictions of an impending catastrophe put at the centre stage of world politics and state power.
12. These pandemic lobby groups have made repeated attempts to elevate their agenda and influence to the centre stage of world politics. Despite their valiant efforts to do this with SARS, Bird Flu and Swine flu they did not succeed until 2020. Shortly before the outbreak of the so-called Swine flu "pandemic" in 2009 the [WHO changed its definition](#) of a pandemic to outbreaks of infectious disease that kill large numbers of people in many countries, to outbreaks that spread to several countries, to which their is no immunity.
The declaration of a pandemic automatically triggers governments to submit to the sway of Big Pharma who proffer their wise advice to the governments of the world and "suggest" what drugs and vaccines they should buy, and what societal control measures should be introduced.
In 2009, they initially succeeded in panicking many governments into buying vaccines to be used against Swine flu. But they overplayed their hand and were exposed. The SPD MP Dr. Wolfgang Wodarg played a decisive role in exposing the interpenetration of corporate interests with pandemic alarmism. The Labour Party MEP Paul Flynn presented a report to the Council of Europe which [voted by 60 votes to 1 to condemn the role of Big Pharma, the WHO and government ministers](#) for initiating a campaign of fake hysteria. The breakthrough for the pandemic industry had to wait for the next opportunity which came in 2020 with the SARS-COV-2 "pandemic" which they had been preparing by means of simulations and catastrophe planning exercises, like an army preparing for war.
13. It is not a conspiracy theory to say that there is no pandemic.
Richard Horton, the editor of the world renowned medical journal The Lancet wrote an article in September 2020 titled ["COVID-19 is not a pandemic"](#) in which he explains that the infection from the virus kills very specific groups, those who suffer from treatable non-communicable diseases but whose quality of treatment has declined since the 2008 economic crisis.
14. To those who are vulnerable to a severe course or even death from an infectious disease, we will offer real protection to the people. We will establishing networks in every street and housing block to offer community support for health, fitness, welfare, and old age support. We will secure country homes, we will open health retreats for the people, and secure country and seaside hotels for those who are vulnerable or in need. So when serious infectious disease outbreaks occur, the vulnerable will be provided with the highest quality care and support and live in beautiful and happy environments.

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- 14 POINT STATEMENT
- News and Events
- Statement