

Just a few reasons to be a sceptic...

There are many experts who question the very existence of this virus, or at the very least, they question the flawed science and handling of the 'coronavirus pandemic', I suggest we should all be asking many questions, and through this article I intend to give you just a few reasons to be a sceptic.

Can we question the existence of the COVID-19 virus, SARS-CoV-2?

There are experts who have commented on this and have concluded that the coronavirus that is SARS-CoV-2, under an electron microscope looks almost identical to exosomes. I won't go into too much detail here but would suggest those of you inclined to do so should watch Andrew Kaufman's videos explaining the similarity and potential errors in 'the science' behind COVID-19 (you can find the link on our page under 'We Recommend').

Exosomes are naturally occurring in our bodies and are released by healthy cells as a reaction to 'insults to the body' like shock, fear, liver disease, heart failure, cancer, toxins etc.; a reaction to a real cause of illness, promoting a cells survival. Exosomes soak up toxins or 'foreign invaders' and scientists have found exosomes play an important part in immune system function.

Andrew Kaufman and others argue that the virus SARS-CoV-2 itself is questionable. He also explains how the virus has never been isolated, purified and visualised. So if the purified virus has not been proven to exist, then surely it is reasonable to question its existence?

The 'Coronavirus pandemic'

On March 19th COVID-19 was no longer considered to be a high consequence infectious disease (HCID). On March 23rd, the UK went into full lockdown; based on Professor Neil Ferguson's (a government advisor on coronavirus who quite spectacularly had to 'step down' from his government role for flouting rules that he said were necessary to avoid 500,000 COVID-19 deaths in the UK) modelling and predictions that the healthcare service would be overwhelmed.

The World Health Organization said that COVID-19 is 'ten times deadlier than the 2009 swine flu'. They refused to confirm the 'coronavirus pandemic' as late as February 24th. A pandemic is defined as an 'uncontrolled worldwide spread of a new disease', COVID-19 was then announced as a pandemic by the WHO on March 11th 2020.

According to studies, the Infection Fatality rate is between 0.1% and 0.3%, which is akin to a 'severe flu season'. Swiss Policy Research (SPR) have stated that 80% of those who test positive remain symptom free with 95% developing mild symptoms.

Also according to SPR, about 4% of COVID-19 deaths (globally) had no SERIOUS underlying conditions whilst the median age of deaths was over 80 years old.

In the UK, just over 1300 people have reportedly died of COVID ONLY (no known preconditions) according to NHS England data.

Professor Sir David Spiegelhalter, a Cambridge University statistician said children between the age of 5 to 14 were more likely to be struck by lightning than die of COVID-19, with the chances being 1 in 1.7 Million (less than the rate which people are struck by lightning each year in Britain).

However, we must also question all of the above 'facts' as it is seemingly reliant on accurate reporting of data and accurate testing, which is certainly something that does not happen in the UK.

The test

The test used to diagnose COVID-19, quite simply put, is flawed and notoriously inaccurate. Kary Mullis, credited for inventing the PCR test said it should not be used in 'the diagnosis of infectious diseases'. The test is known not to be reliable, so why is this the only tool they're using for diagnosis of COVID-19... in a pandemic?

Its 'nonsense' according to many experts; the test cannot identify COVID-19 but will detect all coronaviruses, of which there are 7 including the common cold. It is also acknowledged that many of us may have a 'cellular background immunity' because of infection or contact with previous coronaviruses, so assuming and reporting (by government 'experts', scientists and consequently mainstream media) that 'there is no immunity and you're all susceptible and may die', was never the case and in a sceptics view, clearly fearmongering. The test can also give a false positive if previously infected with Ebola, hepatitis, measles or if HIV positive.

Can we really trust our Government?

People may remember from the government daily briefings at the start of this pandemic, that 'no one is safe from COVID-19'. The government then did some back peddling and stated, 'the majority of people will not be effected by coronavirus' (when we had 'passed the peak' of the Virus around April 8th) and that only those with underlying conditions and the elderly were 'at risk'. Ah, that explains why they discharged the elderly to care homes with no test (not that the test is reliable) and made no real effort to 'shelter' these vulnerable people. A poll completed by the Queens Nursing Institute of its Care Home Nurses Network claimed that 43% of its respondents had reported receiving residents from hospitals with an unknown COVID-19 status.

The BBC reported on the 15th April (now, we know that the BBC is a propaganda machine but some, though few, statistics have been accurately reported) that during the 'peak' of the virus which was in mid April, that only 19,000 were being 'treated' in hospitals across the UK (which does not mean they were all in ITU on ventilator capable beds) but 30,000 beds had been 'freed' in advance. This was based on advice from Neil Ferguson that the NHS would be overwhelmed, which saw the doubling of the amount of ITU beds across the UK.

The government also paid for private sector hospitals beds to be emptied; a total of 8000. In addition, the government spent approximately £220 million on creating 'Nightingale' hospitals, with the Excel Conference centre in London having 4000 beds. On the 14th April it was reported that only 19 of these beds were in use.

The NHS was never overwhelmed and I think we can agree that an unreasonable amount of money (likely to be recouped from the tax payer) was spent. In June, the occupation of ITU beds across the UK was just 9%, and when these figures became very low, the government changed the language in their daily briefings from 'ITU beds occupied' to 'ventilator capable beds occupied', and rather than report a percentage, they decided to state the actual number of beds occupied (again, not all these patients received ventilator treatment). Perhaps the percentage was not a 'scary' number so to continue to fearmongering, they decided to change this by reporting numbers.

So why were the vulnerable discharged and effectively abandoned by the NHS on government advice? The majority of deaths have been in care homes; perhaps this also has something to do with the lack of staff (because they were self isolating with 'symptoms' of a common cold at home).

Exaggerated death toll and death certificate fraud

The UK reportedly has the highest death toll in Europe, perhaps that has something to do with the change in BMA regulations that made the following changes:

- COVID-19 can be listed as a cause of death without a positive test and when only suspected
- One doctor may sign the death certificate (normally two), when they haven't even seen that patient
- No post-mortems were to be performed on COVID-19 patients

Surely, the most important time to perform post-mortems is when we need to learn about a new disease that is sweeping across the world killing potentially millions (as was first thought would be the case)? Dr John Lee wrote a fantastic article for The Spectator ('The way COVID deaths are being counted is a national scandal', 20th May 2020) a Pathologist (specifically histopathology, or cellular pathology) and he agrees that 'nowhere are autopsy studies more important than in the study of new diseases and treatments', he goes on to say:

'Looking at the current crisis, the response so far has been very different. We are still struggling to understand coronavirus. I can think of no time in my medical career when it has been more important to have accurate diagnosis of a disease, and understanding of precisely why patients have died of it. Yet very early on in the epidemic, rules surrounding death certification were changed — in ways that make the statistics unreliable. Guidance was issued which tends to reduce, rather than increase, referrals for autopsy.'

Surely they're not intentionally exaggerating death figures and lying to us? This must be a question everyone should ask and it is my belief, and that of many sceptics, that indeed they are.

On the 12th August, the government changed its methodology for recording COVID-19 deaths, an admittance of sorts, of over-exaggeration of the death toll, subtracting more than 5,000 (a reduction of 12%) deaths from the reported death toll. According to new guidelines, only those who die within 28 days of a positive test will be included in the toll.

Previously, you could test positive for COVID-19, be treated and discharged from hospital (if you even went into hospital for treatment) die three months later in a fatal car accident and consequently be included in the COVID-19 death toll.

There was also a manipulative choice of using alarmist wartime language like 'front line' and 'disaster'; government and mainstream media reported people dying 'with' COVID-19 rather than 'of' COVID-19... clever, given that this includes people with serious and sometimes fatal diseases who were tested for COVID-19 multiple times (as they tend to take the positive result rather than negative). But also people who never had a test, but may have had a cough in the time leading to their death (shocking, in the flu season, to have a cough) and consequently COVID-19 was listed as a cause of death when only suspected.

We should also note that there no longer seems to be mention of 'COVID-19' rather 'Coronavirus', is this because the test is reported to be able to identify all coronaviruses but not specifically COVID-19?

In addition to this the government were double-counting tests, with 1.3 Million being subtracted from the number of tests done (or 'tests made available') so, they cannot count tests and they cannot count deaths. Unfortunately there are too many errors or 'mistakes', which has led to the dismantling of Public Health England; perhaps so no one may be held accountable? Unfortunately

for Matt Hancock, PHE is an executive agent of the Department of Health and Social Care whose responsibility it is 'to protect the nations health and address health inequalities', so if anyone should (and hopefully will) be held accountable, it will certainly be the Secretary of State for the Department of Health and Social Care; Matt Hancock.

Yes, you should be a sceptic

So, we can confidently conclude that the test is flawed and inaccurate, that the figures have been exaggerated, that the government have used the media to manipulate the population and that there are many unanswered questions about the virus itself, should this not, at the very least, make sceptics of us all?