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Coronavirus: You Have Given Your Freedom Away Don't Abandon Critical Thinking Too

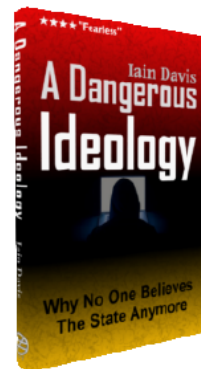
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TOPICS: Coronavirus Covid 19 Lockdown Martial Law Propaganda The State

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A Dangerous Ideology



POSTED BY: IAIN DAVIS MARCH 26, 2020

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[Disclaimer: I am not medically qualified. If you feel ill you should always seek medical advice and should not take medication without medical advice.]

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Coronavirus has supposedly forced the UK State to enact medical martial law. Yesterday (23rd March) Prime Minister Boris Johnson addressed the nation and **outlined the measures** to be enforced. The vast majority believe these are as follows:

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people will only be allowed to leave their home for the following very limited purposes:

- *shopping for basic necessities, as infrequently as possible;*
- *one form of exercise a day – for example a run, walk, or cycle – alone or with members of your household;*
- *any medical need, to provide care or to help a vulnerable person; and*
- *travelling to and from work, but only where this is absolutely necessary and cannot be done from home.*

Yet how many of us are aware of the other liberties and individual protections we have we just given away? For this, we need to look at the **Coronavirus Act**.

The Coronavirus Act Nightmare



UK Prime Minister Boris Johnson announcing martial law

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1. Laws governing determination of cause of death have been significantly relaxed. Even a funeral director can register a death. Registration documents can be electronic with no paper trail, chain of custody. Only one, instead of two confirmatory medical certifications are required. Juries won't decide inquests into alleged COVID19 deaths. The State can cremate bodies regardless of family wishes and can seize control of corpse disposal. The NHS have indemnity for all medical negligence related to the treatment of coronavirus.
2. The 1983 Mental Health Act has been modified. You can be sectioned on the recommendation of a solitary registered medical practitioner, removing the previous safeguard requiring at least two independent medical opinions.
3. The NHS duty to assess continuing healthcare, for claimed COVID 19 patients, has been removed, as has the NHS duty to abide by the **National Framework**.
4. The State takes the power to modify the Investigatory Powers Act using **statutory instruments**. The **2016 Investigatory Powers Act** enabled the State to bring together investigative and intelligence gathering powers, the so called "*snoopers charter*." This Act now extends surveillance warrants (from 3 to 12 days duration) and allows them to be signed by the Secretary of State's newly appointed "*temporary*" judicial commissioners.
5. The State can retain DNA and fingerprint profiles for an additional 6 months.
6. The State has seized the power to suspend all port activity and can request information from anyone in the "*food supply chain*," including anyone who grows or produces their own food, to decide if they are "*disrupting*" the food supply chain.
7. The State gives itself the power to detain anyone who the State or it's officers suspect *may* be infected with coronavirus. No medical assessment is required for the immediate power of detention to be exercised. The *suspect* may then be forced to undergo invasive medical procedures.

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"At present, intensive care is running at just 40% occupancy.."
A&E units are deserted and the Nightingales are virtually empty.
Meanwhile, doctors are completing cause of death certificates with COVID-19 almost by default.
No wonder the lockdown is faltering.
<https://twitter.com/latimeralder/status/1255878828087541761>

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The usual weasel wording
"Another 674 people WITH
[#covid19](#) die..."

Which means they had a +test
& died of something else
unrelated?

Why all this deliberate
ambiguity?
<https://twitter.com/GrahameLuc/status/1255878828087541761>

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8. With the sole exception of the “*parliamentary estate*” all gatherings of human beings in any location, including vehicles, are banned for a duration to be determined by the State. The offence of illegal gathering will result in a summary conviction and fine.
9. State powers pursuant to the 2003 Criminal Justice Act are enhanced. There’s an increased use of evidence via “*live audio or video link.*” Judges may hear all evidence by audio or video link. However, jurors must attend court in person. Preliminary, incidental and bail hearings can be conducted solely as “*live audio*” hearings.
10. Democracy has been suspended and elections cancelled.

The Coronavirus Bill / (Act) In Summary



The UK State has extended its ability to carry out surveillance on us all, increased its powers to detain people without trial, increased powers to

section people and reduced safeguards, reduced healthcare protections, removed our ability to socialise and protest, reduced legal safeguards for accurately determining cause of death, taken control of the burial and coronal processes, reduced the required standard of evidence in the courts and suspended representative democracy.

This Act does far more than simply compel us to *self isolate* and maintain *social distancing*. It is an **Enabling Act**. If you are reading this in the UK you do not live in a democracy.

Currently it is set to expire two years from the date of royal assent unless Parliament votes in 6 months to rescind it. There is a distinct possibility that Parliament won't be sitting in 6 months and even if it does there is no guarantee they will decide to annul the legislation. Provision within the proposed Act automatically allows for a further 6 months, meaning at least 2 1/2 years living under this form of State rule. Any future crisis might convince the State to maintain it beyond even that. Get used to it in other words.

Coupled with the immense economic impact of the States response to coronavirus, it is reasonable to consider if the cure is not, in fact, considerably worse than the disease. It seems millions in the gig economy, those on zero hours contracts and hundreds of thousands of SME's will go to the wall. Many will undoubtedly be pushed into severe poverty and with potential food shortages looming the social and health harms caused by the government's response may well outweigh the harms of coronavirus by some margin.

As the Banks of England cuts interests rates to 0.1% and **purchases £645 billion of government bonds**, effectively buying shares in the UK's productive economy, the UK central banks is hoovering up UK assets like they are going out of fashion. When the Chancellor announced a **£330 billion underwriting package** for the banks, to lend at interest to SME's, he used public money to remove 80% of the risk from them and placed it squarely on the tax payer. Leaving the banks free to lend at handsome profit to collapsing UK businesses.

However, the banks will pick what they call "*any viable business*" with turnovers of up to £45 million, all of whom **will need to guarantee** the remaining 20% of the loan. Smaller SME's, with lower turnovers and cashflows, may well be unable to find the capital to meet the loan requirements. Even for better off SME's, the longer the economic shut down continues, those who take up the offer, will be at increasing risk of losing assets to the high street lenders. Giving them an opportunity to seize a chunk of the productive economy with virtually no risk at all.

As all of this, including the **Bank of England's creation of funny money**, is funded by the tax payer, it represents a huge transfer of wealth and assets from the working people of the UK to the central banks and high street lenders. Perhaps it's just a coincidence that this is a "*response*" to the coronavirus pandemic replicated across the western world.

19:19 

Coronavirus Scientific And Statistical Reasons For Scepticism

At a time when we are being told to unquestioningly accept that we are at war with an invisible enemy, we need to use our **critical thinking skills** more than ever. On 19th March Public Health England (PHE) **downgraded the alert level** for COVID 19. The Advisory Committee on Dangerous Pathogens also judged that it was not sufficiently dangerous to warrant classification as a high consequence infectious disease (HCID) Their assessment states:

“Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.”

Ignoring this completely, the State passed the 2020 Coronavirus Act anyway. Public Health England maintain an **All-Cause Mortality Surveillance System** to monitor deaths and judge alert levels. While the MSM has been pumping out fear porn, PHE have noted the comparative death rate. The “z” level is the average based upon previous years statistics. For the Week 12 period ending 26th March 2020:

“No statistically significant excess mortality by week of death above the upper 2 z-score threshold was seen overall, by age group or sub nationally (all ages).”

Bluntly, there is no current evidence that COVID-19 deaths are statistically significant. However, the State’s *science led response* appears to have ignored these statistics in favour of far more alarming ones published by researchers at **Imperial College London**. Their research is based upon computer models stuffed full of questionable assumptions and *predicts statistics* that don’t actually exist. If nothing is done the researchers claim millions of deaths are inevitable.

The Imperial research team, led by Professor Neil Ferguson, are part of the Imperial Colleges Covid 19 Response Team and have just launched their **fundraising campaign** as they race to develop a very expensive vaccine to *keep us safe*. Though, as yet, they have committed nothing to researching **existing**

potential treatments, such as chloroquine, to *keep us safe*.



Professor Neil Ferguson – developing expensive vaccines to *keep us safe*

Imperial College just assumed SARS-CoV-2 incidence rates. These assumptions seem inexplicable because there's plenty of research on COVID 19 virulence.

A nearly perfect case study of COVID 19 transmission rates already exists. 3711 crew and passengers were quarantined together for nearly a month following an outbreak on the Diamond Princess cruise liner. Notorious for their susceptibility to infectious diseases, the ship presented an opportunity to study how infectious SARS-CoV-2 is. The **study showed** that 19% of the 3711 people on board tested positive for coronavirus. Which means 81% didn't become infected on a ship where the average age of those quarantined was 58.

This seemingly low transmission rate was also found in a study undertaken by the **World Health Organisation** during the outbreak in China. They estimated between a 1 – 5% chance of infection in the community and noted the vast majority of transmission took place following prolonged exposures in confined spaces. Further **research** appeared to confirm that COVID 19 is not as virulent as seasonal flu:

“The serial interval for COVID-19 virus is estimated to be 5-6 days, while for influenza virus, the serial interval is 3 days. This means that influenza can spread faster than COVID-19.....While we are learning that there are people who can shed COVID-19 virus 24-48 hours prior to symptom onset, at present, this does not appear to be a major driver of transmission.”

In the United States **the CDC estimates** between 39,000 to 710,000 hospitalisation and 23,000 to 59,000 deaths from influenza this year. Currently there are 51,914 cases and 673 deaths from coronavirus in the U.S. Not only does it appear to be less virulent than influenza, in terms of mortality it isn't in the same league. Nor is there any reason to imagine it ever will be.

Apparently none of this hard data had any effect on Imperial College's computer models. While research indicates a transmission rate of no more than 20%, predominantly among people living in crowded conditions during lengthy exposure periods, the modelling experts at Imperial College were sufficiently convinced by their own assumptions to state:

“We predict 81% of the GB and US populations would be infected over the course of the epidemic.”

This is 21% higher than the universally believed **theory of 60% herd immunity**, which national vaccination programs are all based upon, at which point viruses supposedly die off without enough hosts to infect. Accepting Imperial College's *projected* mythical reality without question, while ignoring the available empirical data, the UK State has delivered its medical martial law response. They say this is science led, **but it isn't**.

What Are The Coronavirus Mortality Statistics?



Sir Patrick Vallance – No idea about the overlap

As the MSM reports every death supposedly from COVID 19 they are not reporting any of the other excess deaths we might normally expect in the UK.

According to the **Office of**

National Statistics (ONS), with 540,000 deaths annually, there were only 23,200 excess winter deaths (EWD's) in England and Wales during the December 2018 – March 2019 EWD period. This was a reduction on previous years and a very conservative estimate of around 25,000 EWD's per year in England and Wales is reasonable.

The UK Government's Chief Scientific Adviser Sir Patrick Vallance stated that he hoped the State's response could keep the deaths from coronavirus down to below 20,000. If they do reach such numbers we should expect the additional deaths, from the new *terrifying* coronavirus, to raise the EWD rate to 45,000 at an absolute minimum. An EWD rate of more than 45,000 has recently been recorded in EWD periods commencing in 1978, 1984, 1985, 1996, 1998, 1999 and 2017. An EWD figure below 45,000 would indicate that coronavirus has made no remarkable impact at all.

Many of these EWD's will result from influenza and other infectious diseases, at the same time clearly identifying COVID 19 has proven problematic. **Nearly half of tests** for COVID 19 in asymptomatic people probably produced false positives results in China. Making calculations of overall SARS-CoV-2 infection and relative death rates difficult. Dividing the

population into two groups, the healthy with coronavirus and those with at least one additional underlying life threatening condition, the statistician **David Spiegelhalter** explained this problem.

“There will be substantial overlap in these two groups — many people who die of COVID would have died anyway within a short period — and so these risks cannot be simply added, and it does not simply double the risk of people who get infected.....there may end up being a minimal impact on overall mortality for 2020 although background mortality could increase due to pressures on the health services and the side-effects of isolation.”

As the Sir Patrick Vallance stated, we currently have no idea what this “*overlap*” might be. Given that it is also likely people with serious underlying illnesses will face an increasing risk of dying as a direct consequence of chronically overcrowded hospitals, reduced availability of emergency responders, social isolation, fuel & food poverty and other effects of the State’s emergency response, calculating the EWD rate for the 2019/2020 period will be even more complex.

This is further obscured because, in the vast majority of cases, **there is no postmortem** examination of the deceased. Death is *believed* to be due to COVID-19. Despite no exact cause of death, it is recorded as a coronavirus death on the statistics we are now all sadly familiar with. The same is true in every other nation with similar systems, like Italy and the U.S, where postmortems identifying cause of death are exceptionally rare.

Statistics from the outbreak in Italy show that the median age of death for men was 79 and for women 83. Of those who died 98.8% had at least one serious underlying health concern, 75.2% had at least two and 48.6% at least three. The Istituto Superiore di Sanità (ISS – Italian Institute of Health) recorded these deaths as COVID 19 deaths based upon the decision of a working group tasked with collating the electronic

“death cards” from local doctors who diagnosed the patients with COVID 19. In short there is no evidence these patients died “from” COVID 19.

Currently, though uncomfortable to acknowledge, with 6,654 **confirmed cases** and 335 apparent deaths from COVID 19 in the UK, the scale of the risk is notable but also comparable to many others the nation has experienced in the past. Most recently in 2017. There is no evidence, from any nation, that EWD's are currently above the normal “z” average. What we have instead are **scary stories** which appear to be designed to convince us of the scale of the threat. We should ask why we need to be convinced?

From a statistical perspective, evidence that SARS-CoV-2 itself is having any remarkable impact is non-existent. Many leading scientists remain **entirely unconvinced** and the science does not demonstrate that SARS-CoV-2 threat in any way warrants global economic shutdown and all the human suffering it will bring. What is evident is a febrile atmosphere, created by the MSM and the State, which is causing mounting public and medical alarm. This is creating considerable additional workload and spikes in patient presentation numbers, while the supporting infrastructure evaporates, overloading already stretched health services, further exacerbating the problems.

We are apparently shutting down the economy, agreeing to martial law, causing systemic healthcare collapse and transferring the nation's wealth to the banks based upon little more than a belief founded upon next to nothing. You have already given your freedom away, Don't abandon critical thinking too.



Please comment and share because the State intends to **cancel you.**