

The Corona Crisis: What We Know. People are Asking Why is this Being Done?

By [Simon Elmer](#)

Global Research, March 07, 2021

[Architects for Social Housing](#) 19 February
2021

Region: [Europe](#)

Theme: [Media Disinformation](#), [Police State](#)
& [Civil Rights](#), [Science and Medicine](#)

All Global Research articles **can be read in 27 languages by activating the “Translate Website”** drop down menu on the top banner of our home page (Desktop version).

‘For whether or not the age of revolutions is over, the age of state-formation has only just begun.’ — T. J. Clark, Farwell to an Idea, 1999

We are approaching the first anniversary of the coronavirus crisis in the UK, and more and more people — on the Twitter account of the Secretary of State for Health and Social Care, in the Facebook pages set up to share censored interviews with scientists, in the online platforms not yet shut down for discussing the evidence against lockdown, in the illegal meetings of friends in the homes of the people that host them, in the thousands of discussions and exchanges that happen at every act of resistance, every demonstration, every march — know that this crisis has been manufactured. We know now that [Government strategies](#) for responding to a viral epidemic that had been in place for years were abandoned in favour of the historically unprecedented policy of national lockdown.

We know that [Government contracts](#) for the campaign of propaganda worth £119 million were signed with PR firms 3 weeks before the first lockdown. We know that, in April 2020, the Cabinet Office approved over £216 million for advertising on what it called the [‘COVID-19 Campaign 20/21’](#).

We know that the [criteria for attributing deaths to COVID-19](#) were changed back in March to exaggerate the official number of fatalities.

We know that [95 per cent of the deaths](#) attributed to the disease are of people with pre-existing health conditions like cancer, dementia, heart disease or diabetes.

We know that [84 per cent are over 70 years of age](#), and that the average age of those whose deaths are attributed to COVID-19 is the average age of death in the UK.

We know that, a year into this so-called ‘pandemic’, just over [600 patients under the age of 60](#) without a pre-existing health condition have had their deaths in English hospitals attributed to COVID-19. We know that, in April last year, the [World Health Organisation](#) issued instructions to medical practitioners that, if COVID-19 is merely the ‘suspected’ or ‘probable’ or ‘assumed’ cause of death, it must always be recorded as the ‘underlying cause’ on death certificates, whether this is ‘considered medically correct or not.’

We know that the [WHO's recommendations on the use of face masks by the public](#) changed in June following [political lobbying](#) by the governments of, among other countries, the UK, and that even then it was primarily to encourage compliance with other restrictions on our rights and freedoms.

We know that the first and only randomised control trial of the effectiveness of face masks in stopping coronavirus transmission, which was rejected by several leading medical journals, when finally published reported that the benefits were '[not statistically significant](#)'. We know that, for a long time, the UK Government [deliberately exaggerated](#) the number of so-called 'COVID-19 deaths' by including anyone who has tested positive for SARS-CoV-2, no matter how long afterwards they died and of what illness.

We know that, even now, anyone who [tests positive within 28 days of their death](#) is still recorded as a 'COVID death'. We know that, according to the WHO, [30 per cent of infections](#), even in high GDP countries like the UK, are contracted in intensive care units, meaning anyone dying in a UK hospital has an equivalent chance of being designated a 'COVID death'. We know that, even with the withdrawal of medical care for nearly 68 million people for the best part of a year, [the age-adjusted mortality rate in 2020 was the highest in only 12 years](#), and that the population fatality rate from the coronavirus 'epidemic' is equivalent to a bad season of influenza.

We know that, as even these inaccurately identified deaths have fallen, the Government has turned to the promotion of RT-PCR tests for the virus that, according to its own advisors at SAGE, have a [false-positive rate](#) higher than the [percentage of the UK population testing positive for SARS-CoV-2](#) with these tests.

We know that [between 20 and 80 per cent](#) of infections with SARS-CoV-2 are asymptomatic, and therefore calling them 'cases' is medically inaccurate. We know from a study of nearly 10 million residents in Wuhan, the epicentre of the infection in China, that [asymptomatic transmission of SARS-CoV-2 is statistically non-existent](#). We have known for the past 55 years that at least four coronaviruses circulate freely in UK on a seasonal basis, providing [prior immunity to SARS-CoV-2](#) in around 30 per cent of the population before it reached these shores. We know that any RT-PCR test reliant on encoding the spike protein unique to coronaviruses can [incorrectly detect as SARS-CoV-2](#) anyone having a common cold from other coronaviruses at the time of sampling or carrying traces of dead and therefore non-infectious virus. We know that, despite this, the governments of England, Scotland, Wales and Northern Ireland are using these meaningless statistics to impose [tiered lockdowns](#) across the UK, in further violation of our human rights and civil liberties. We know that this is being done under [legislation that only authorises such actions](#) when justified by medical evidence that has not been produced for Parliament but merely alluded to in press conferences.

We know that the predictions of escalating infections and increased numbers of deaths by [senior medical figures](#) employed by the Government have been shown time and again to be [wildly inaccurate fabrications](#) based on predictive models challenged by the most [eminent scientists](#) around the world. We know that, as of publication, [351 coronavirus-justified Statutory Instruments](#) have been made into law without a draft being presented to Parliament in advance for debate, without medical or other proof being provided of their justification or proportionality, and without an assessment being made of their impact, and that every one of these pieces of legislation requiring it has been rubber stamped in

retrospect by virtual sittings of that Parliament.

We know that [£22 billion of public monies](#) has been awarded in coronavirus-justified contracts without prior competitive tender to privately-owned companies with financial links to members of Parliament, the Government and their business colleagues. We know that more and more of the functions of the state are being [outsourced to private companies](#) unaccountable to the public that provides the money with which they are paid. We know that the coronavirus-justified restrictions imposed on the UK population since March 2020 have cost the country [£280 billion](#), the equivalent of £4,112 for every man, woman and child in the UK.

We know that, in contrast, the wealth of the world's 2,200-plus billionaires increased by 20 per cent and [US\\$1.9 trillion in 2020](#), more than in any previous year in history. We know that, by the end of 2020, the number of people in low to middle-income countries facing acute food insecurity will [double to 265 million](#) as a result of coronavirus-justified restrictions. We know that, under the cloak of this crisis, the Government and its financial partners have massively expanded the surveillance, monitoring and control of UK citizens through regulations, programmes and technologies that are implementing the [UK biosecurity state](#).

We know that, at the peak of deaths attributed to COVID-19 in April, more than [40 per cent of acute care beds](#) in NHS hospitals were unoccupied. We know there is strong evidence that, at a conservative estimate, at least [half the 80,000 deaths attributed to COVID-19 in 2020 were caused by lockdown restrictions](#) that denied UK citizens emergency, elective, social and community care in order to free up hospital beds for an epidemic that was never in danger of arriving. We know that the renewal of lockdown over the winter of 2020-2021 is [killing thousands more](#). We know that this [lockdown was decided back in July](#), before the manufactured rise in so-called 'cases' consequent upon a huge rise in RT-PCR tests producing an even greater rise in false positives. We know that [over the next five years](#), hundreds of thousands more people in the UK will fall into poverty, unemployment, bankruptcy and despair that will shorten their lives by many tens of thousands of years because of restrictions justified by these manufactured figures.

We know that, although the GDP of the UK is rising slowly back to pre-crisis levels, the restrictions that continue to be imposed on the population are [redistributing wealth](#) from the public purse into the pockets of the rich and the powerful on a scale never before seen even in the UK.

We know that the mental health of millions of UK citizens is being deliberately and systematically attacked through Government-funded [campaigns of terrorism, fearmongering and lies](#) designed to reduce the population to compliance, obedience, resignation and despair. We know that [self-harming](#) and thoughts of suicide, particularly among British children, are increasing.

We know that the fines for the newly-created crimes of [not wearing a mask](#), [meeting friends](#) or leaving our home without permission have been raised and will continue to be raised to levels sufficient to financially ruin anyone who disobeys Government regulations. We know that non-compliance with certain coronavirus-justified Regulations can now be punished with [up to 10 years in prison](#).

We know that the Government has looked at [the legal barriers to making vaccination](#)

[compulsory](#) for a disease with a [fatality rate of 0.23 per cent](#) across the population and 0.05 per cent for those under 70, and has not ruled out making taking such a vaccine a condition of access to public life. We know that UK police forces are being given more power with reduced accountability to [enforce these regulations](#) with increased brutality and greater impunity from prosecution.

We know that the legal profession, the media, the press, academia, the medical profession, the pharmaceutical industry, the financial and banking sector, the passenger transport industry, the civil service, the security services, the armed forces and every other public institution are [collaborating](#) in affecting the revolution of the UK into a biosecurity state.

We know that this state is being implemented through the private sector as much as through the public sector, with the information technology industry, the healthcare industry, the education industry, the tourism industry, the hospitality industry and the retail industry all being compelled by [coronavirus-justified regulations](#) to enforce compliance with the technologies and programmes of the biosecurity state as a condition of using their services.

We know that these technologies will not stop there, but under the guise of monitoring and protecting our biosecurity, not only from SARS-CoV-2 but from any other virus designated a threat to public health in the future, are penetrating and influencing every aspect of our private life, biological existence and social behaviour.

We know all this and more.

But the question more and more people are now asking is: why?

Why is this being done, and to what end?

Of what benefit, and to whose benefit, is the impoverishment of the population of the UK and of most other Western liberal democracies around the world?

Why would the governments of capitalist economies deliberately set out to bankrupt millions of small businesses and drive tens of millions of workers into unemployment and destitution?

And what, if anything, can we do to resist it? This article is my attempt to respond to these questions, although not necessarily by answering them.

The above text is part of a longer article on the corona crisis

The original source of this article is [Architects for Social Housing](#)
Copyright © [Simon Elmer](#), [Architects for Social Housing](#), 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Simon Elmer](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca