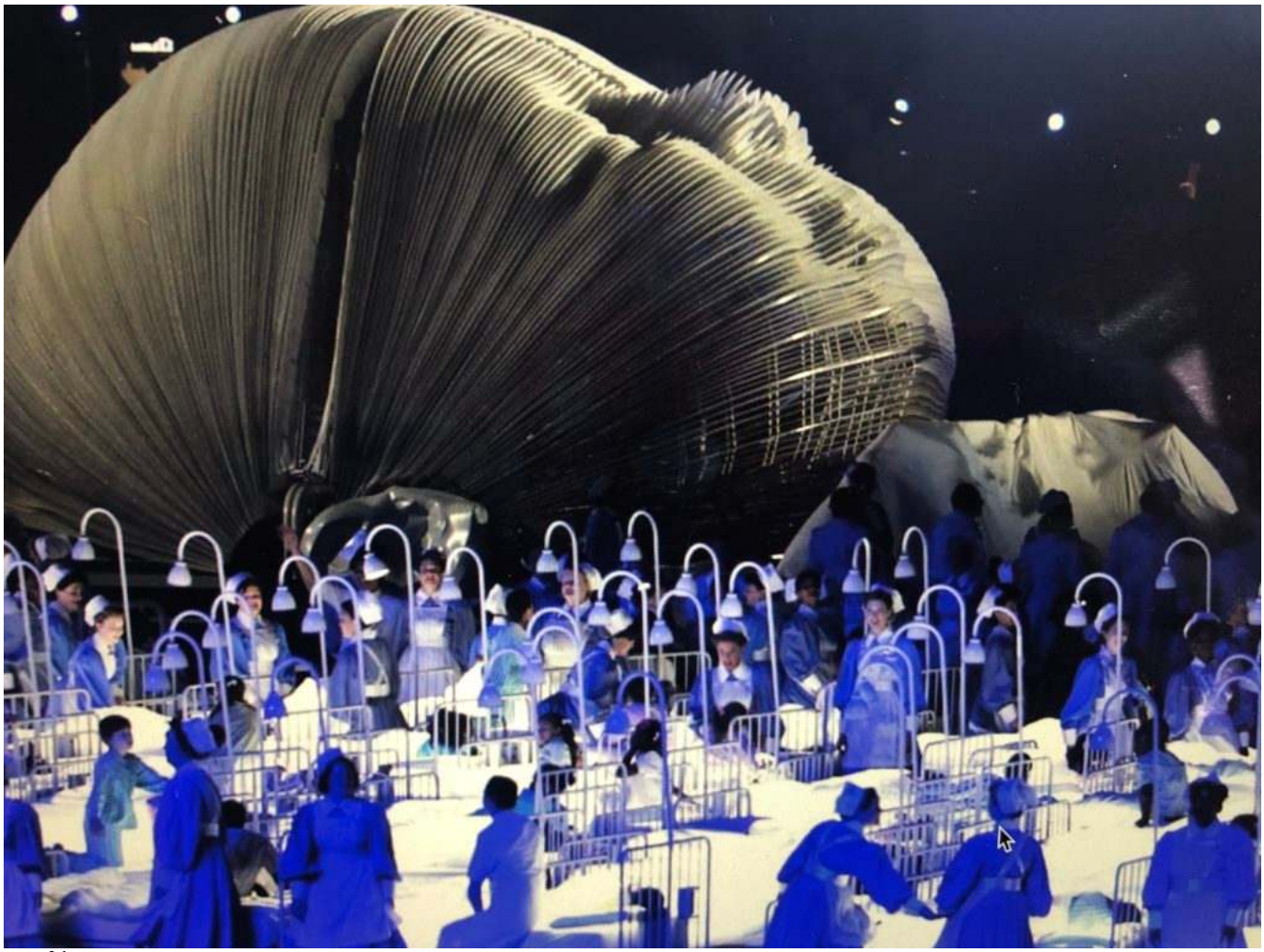
The Covid Nazification Of The National Health Service



Worship Dance
For The NHS At The London Summer Olympics 2012

Dr Kevin P Corbett MSc PhD

May 26th, 2020

The deadly coordinated command-and-control known in 1930s Germany as *Gleichschaltung* was the key characteristic of 1930s totalitarian domination of German society. This process was later termed by historians as 'Nazification'. Since January 2020, the United Kingdom (UK) government has similarly introduced a system of coordinated command and control over all aspects of its National Health Service (NHS). The aim is to bring the NHS into line with its 'Covid-19' contagion propaganda. This is providing an industrial-scale means for exerting mechanical and biological power over the population, as well as over the occupational lives of all UK health care professionals (HCPs).

These unprecedented measures have occurred in the UK in tandem with the permeation through the population of the ideas and prejudices relating to 'Covid-19-contagion' and the unprecedented fast- track legislation mandating testing, isolation and "removal" [to place officially directed] of the UK population.

The new The Health Protection (Coronavirus) Regulations 2020 are an extreme mandate that by order of the Secretary of State for Health force any member of the UK public to produce documents to assist health assessment and to provide biological samples of respiratory secretions or blood. Individuals must also allow immediate contact [e.g. entry to home] from public health officials to reduce or remove any officially perceived risk of infection or contamination. The UK public can now be removed, isolated and detained against their will by Government order. People will incur, or are already incurring, penalties under these unprecedented regulations for: i) absconding or attempting to abscond from detention or isolation; ii) providing false or misleading information intentionally, or recklessly; and for iv) obstructing an official carrying out a function. The latter are the exact wording of those Regulations.

This 21st century Covid-Nazification is producing the requisite clinical and statistical data that sustains and fuels the public and professional perception of there being an 'epidemic' out of control. Since January 2020, NHS capacity has been overhauled and any officially designated 'non-urgent' clinical services and scheduled operations have been either cancelled or put in severe abeyance. It has enabled both a whole-service redirection and redeployment of NHS capacity in order to facilitate two structural tiers throughout the NHS fueled by contagion propaganda. Patients presenting to any NHS/private facility are divided through a skewed and biased process called 'triage' according to HCP- perception of the patient exhibiting either (1) 'respiratory' or (2) 'non-respiratory' symptoms or signs.

Those patients which the NHS/private practice identifies as having (1) will attract a greater likelihood of receiving a presumptive 'Covid-19

diagnosis' (meaning a diagnosis presumed due to the HCP- perception of symptoms/signs without any laboratory evidence), or a confirmed 'Covid-19 diagnosis', following laboratory testing. This 'Covid-19-triage' occurs via the online or telephone NHS 111 service, telephone 999 service, or in person at any NHS/private health care facility. A presumptive 'Covid-diagnosis' in turn will expose the patient to further medical potential for continuing misdiagnosis and unnecessary medical intervention, further creating unnecessary morbidity and mortality i.e. unnecessary illness and death.

The accuracy of laboratory tests for Covid-19 [the putative 'SARS-Cov-2' 'virus'] has never been demonstrated in any randomized clinical trials. Tests have been fast-tracked through licensure explicitly ignoring the usual precautionary principles governing the validity and reliability of new medical tests. The methods whereby those tests are officially authorized for clinical use on patients by our NHS agency, Public Health England, do not involve purification of the 'virus' 'SARS-CoV-2' thought to cause 'Covid-19' disease. The phenomenon 'SARS-Cov-2' has never been purified or isolated by laboratory measures known in traditional virology. Public Health England is now explicitly directed not to isolate this 'virus' for purposes of test validation by the World Health Organisation (WHO). There is no constitutional precedent or parliamentary mandate for a supranational agency like the WHO to direct UK health care science, impacting negatively to such a degree, upon NHS clinical care of patients.

Contagion Propaganda

The Government contagion propaganda around 'Covd-19' is fueled by fear and hysteria. It is skewing the usual NHS diagnostics towards making 'Covid-19' the 'diagnosis-of-choice'. The way suitably trained HCPs differentiate between all medical conditions which share similar signs/symptoms has been fatally skewed and perniciously biased through this contagion propaganda. For example, the Government poster and TV campaign 'Anyone Can Have It. Anyone Can Transmit It'. This national campaign feeds both the public and HCPs the Government advertised-and-promulgated list of very generic and non-Covid-specific symptoms. These include ubiquitous phenomena previously known to be non-fatal: sore throats, runny noses, coughs, feeling hot etc. This weaponises the everyday experience of people and instils contagion-fear, loathing and ultimately paranoia. Current hyper- hysterical perceptions of these 'symptoms' amongst HCPs within NHS/private facilities – symptoms nationally promulgated through fear-based messages as denoting a 'killer virus' – are the mechanism that moves HCPs rapidly towards making the 'Covid-19' diagnosis. Such a diagnosis is often 'presumed' ['presumptive diagnosis'] in the absence of any laboratory test results, which can often take

days to be reported by the testing laboratories to the treating clinicians.

This hyper-projection of non-specific symptoms which enable the confection of a spurious 'Covid-19- diagnosis' can occur either over the telephone or at any emergency medical facility like a NHS Walk-In or an NHS Accident and Emergency (A&E) department. These nondescript set of generic 'Covid-19'symptoms that are now officially designated 'Covid-19 disease' can literally mean hundreds of 'different diagnoses' to an appropriately trained HCP with recourse to the proper battery of laboratory tests. These symptoms are now being officially framed on a daily basis as ONLY implying a 'Covid-19-diagnosis'.

This process is now ubiquitous in the NHS/private practice. It is a medical perversion of the normal 'differential diagnosis' and bolsters and daily magnifies the official statistics for 'Covid-19' disease. Furthermore, this is occurring on the back of a set of subjective clinical findings [signs/symptoms], and without proper laboratory evidence ('Covid19-test', 'SARS-Cov-2', 'antibody-test', 'RT-PCR' tests etc.). Even if such laboratory 'tests' are reported back as being 'positive', the true accuracy of all those 'tests' is scientifically unknown. This means that the 'tests' will give false positive readings and any patient is then at risk of receiving a wrong diagnosis and unnecessary (dangerous) medication.

Not A High Consequence Infectious Disease

The implications of being misdiagnosed in this way are very serious and unremitting. Such misdiagnosis allows the medical creation of morbidity and mortality in the absence of any real disease, a process known to medical science as iatrogenesis1. This is why a statement in physicians' Hippocratic Oath acknowledges that medicine is a double-edged sword – it can kill or cure. The way in which this bias is often applied to NHS/private patients is without any, or with a reduced, touching of the patient ['clinical examination']. This is also a perversion of the normal HCP instinct to touch and not isolate patients based on contagion-fear, unless dealing with a true High Consequence Infectious Disease (HCID) with high mortality. The British Government says 'Covid-19' is NOT a 'High Consequence Infectious Disease'. The Government further states that 'Covid-19' has a "low mortality"overall.

page4image42878272

[*1 Meaning : illness and death, caused by faulty clinical reasoning due to medical examination and treatment. From the Greek meaning: "brought forth by the healer [doctor]": Greek- 'healer':'iatros' + 'creation': 'genesis', definition paraphrased from https://en.wikipedia.org /wiki/Iatrogenesis.*]

All of the above are producing 'practice over-reach' where patients who would normally receive oxygen via nebulisers are now receiving anaesthetics unnecessarily in order to have further unnecessary oxygen-delivery tubes introduced into their trachea. After which they require on-going receipt of oxygen to survive via machinery ['mechanical ventilation']. The latter are some of the most hazardous and intensive medical interventions any patient can receive. This extreme form of unnecessary medical intervention can easily result in further negative medical outcomes, such as renal failure and multi- organ failure, each leading to further unnecessary medical intervention and ultimately unnecessary death.

The above 'Covid-Nazification' of the NHS is fatal perversion of traditionally accepted NHS/private practice principles. It is now happening across all UK healthcare facilities. Death rates attributed to 'Covid-19" have been many orders of magnitude less than those originally predicted. The Covid-19 'contagion propaganda' has Nazified the NHS to the extreme point that healthcare practices once previously considered highly abnormal are now accepted as the new normal. These Nazified practices are by definition inhuman, unprofessional and unscientific; and include: i) people dying without family, loved ones or spiritual and religious support being present in person; ii) institutional removal of public scrutiny and oversight; iii) removal of coroners' juries; iii) the excessive wearing of personal protective equipment by HCPs; iv) excessive application of

patient isolation and total exclusion of family and loved ones; and v) presumptive medical diagnoses confounding of the real death and illness statistics.