The true cause of NHS pressure

Introduction

The excuse for draconian restrictions on the British people has constantly been to protect the NHS and prevent it from collapsing. Scared to death, the population has willingly accepted these pointless curtailments of freedom, believing that the result would be beneficial to the country.

In fact, lockdowns, and other restrictions,[1] have not just been utterly useless against a virus spread by aerosols, but they have been catastrophic in their effects. Now if we ignore the momentous economic repercussions and just look at the medical situation we see that government restrictions have damaged the NHS and made its ability to cope with pressure much worse. Damage to hospitals this year was caused by government policy, not some virus. I repeat, the current crisis[2] in hospitals, said to be like a pressure cooker, was caused by the government. This paper will explain why.

Lack of preparedness

The first lockdown was partly to prevent a 'second wave' (even though viral epidemics don't usually have a second wind but mutate to become less harmful to the host). If you believe the government's lies, then there is a terrible pandemic sweeping the world which began in January and could worsen in the following autumn / winter. This meant that the government had at least six to nine months to prepare for a possible onslaught on the NHS in a second wave. It also meant that NHS managers had many months to prepare for the worst. [In fact the second wave was nowhere near as bad as the problem in March / April but the NHS was overrun despite fewer patients.]

Neither the government nor the NHS properly prepared for the second wave. In fact, strategies enacted by both the NHS and the government made matters much worse, as this paper explains.

Money was available from Boris' magic money tree (national debt). Billions were wasted on multiple projects which could have benefited the NHS.

I am not a doctor but I can guess perhaps a few items that should have been enacted. Medics could no doubt multiply examples.

- Establish dedicated hospitals and hospices to accommodate Covid patients alone. This would have stopped the nosocomial infection currently running at as much as 40% in some hospitals. [This refers to patients who caught Covid in hospital.]
- If there is no local dedicated Covid hospital, seal off Covid wards instead of putting Covid patients into mixed wards (which is what happened).

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[1] Social distancing, facemasks, track and trace systems, cancelling elective treatments etc.
[2] As at January 2021.

- Build up staff numbers by whatever means necessary. [Express train basic nursing staff. Give financial incentives to retired staff to return to work. Get staff from foreign countries.]
- License medications that proved to be effective elsewhere. This includes high doses of vitamin C and D, the HCQ cocktail for early stage Covid and Ivermectin. Experience proved all these to be effective, while studies gradually emerged proving their efficacy (an efficacy far greater than any vaccine). The NHS did not use these methods but did use treatments that killed people (e.g. antivirals and ventilators).
- Give vitamin D and niacin freely to the whole population. [This helps the body fight Covid without medical interventions.]
- Terminate the PCR test because it is faulty. The NHS and the government relied upon it instead. This led to the massive staff shortages (see next).
- Resume all normal treatments. The failure to do this will now result in a tsunami of health care problems for years to come, especially in mental health.
- Finance and train local health care workers to treat minor issues in the home. The failure of GP surgeries and the suspension of normal medical treatments causes illnesses to get worse and result in much more necessary health care later.
- Replace faulty equipment. The NHS is plagued with technical equipment that is broken. I have personally seen nurses scramble around other wards for equipment that did work. This includes important items like blood pressure machines and mobile ultrasound scanners.
- Instead of scaring the population unnecessarily, the government should have trained the population to deal with Covid infections at home unless the situation became serious. This could have stopped thousands of people turning up at hospital with Covid who were, nevertheless, quite able to deal with this at home. Most people who contract Covid just have a mild or bad flu (depending on how healthy they are and their vitamin D levels).

These would have been effective measures. If I, as a layman, can come up with these in a few minutes, how is it that the government or NHS could not contemplate these in over 6-9 months. It is almost as if the government wanted more people to get sick and have an excuse for a permanent lockdown (even though lockdowns are proved to be ineffective).

Staff absence

Faulty PCR tests
This is the chief cause of pressure in hospitals. On one day in October 2020 over 72,000 medical staff did not come into work. In January 2021 as many as 90,000 were absent. This high figure is typical with tens of thousands of nurses, doctors, porters, cleaners, specialists and so on, being absent.

There are several causes of this but most prominent is the useless PCR test. With regular tests in hospitals, a false positive reading means that a worker has to go home and self-isolate for up to two weeks even if they have no symptoms of illness whatsoever.

Today I heard of a consultant who is desperately busy being told to go home because he tested positive. He knew that he could not desert his post and demanded a second test. This one tested negative and so he continued to work. This alone shows how stupid the PCR test is. Yet this test is sending hordes of medical workers home.

Even worse, if someone in a medical worker's household tests positive, they must also stay at home for this reason. So a nurse may be healthy and her husband fully fit, but her husband tested positive – so the nurse cannot work and must self-quarantine. This is utterly stupid.

It is typical that 30,000 out of 90,000 staff absent are at home because of a positive test but they are not sick. Many more are absent due to low morale, depression and stress caused by bad management.

Pre-existing staff shortages
It is well-known that for a decade there have been staff shortages in the NHS. This has been caused by government cuts (yes, their investment is effectively a cut in real terms),[3] low morale, normal wastage, termination of training courses, termination of bursaries, and other factors. Before Covid the NHS was short of 40,000 staff.

Since the government knew about an existing state of emergency since February, it had plenty of time to process a surge in staff numbers. Since it has wasted billions on useless efforts (such as PCR tests and tracking processes) it could have better used that money to pay for doctors/nurses and encourage staff from abroad. It did none of these things.

Being overwhelmed
The NHS is routinely stressed in winter and has been for decades. I have spent 9 hours on a trolley in a corridor with no food or water in the 1980s. Every year medical staff face burnout even in a normal winter season. With the additional pressure of Covid it is natural that some staff are just burned out and are taking time off for stress and depression. This has led to avoidable staff shortages. If the government had better invested in the NHS and better protected staff, this would not be necessary.

Accommodation

No dedicated hospices
From ancient times it has been known to quarantine the sick in times of an epidemic. For a claimed pandemic it would have made much more sense to better use the billions wasted by the government to build new, or refurbish existing, premises to make a range of Covid hospices across the country, isolating these from other patients and allowing normal health care to continue. This could have also saved tens of thousands of elderly residents in care homes who were made sick by the NHS dumping Covid patients on them.

Instead the NHS was forced to put Covid patients in ordinary wards where they infected other sick patients and killed them. The lack of dedicated hospices made the pressure in the NHS worse.

Since the government was able to spend millions on building Nightingale hospitals that were not used, or hardly used, it could have turned these into dedicated Covid hospitals and done some good (if it had also provided the necessary staff).

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[3] Inflation in the medical industry runs at 4% a year. If you increase the NHS budget by 1%, you are effectively making a 3% cut in real budgetary terms.

Smaller wards

Stupid social distancing measures[4] meant that all wards and bays were reduced in bed numbers. This means many things not just a reduction in beds. Some spare rooms were opened up as wards that were not properly equipped and this put more pressure on existing staff. Staff may have to travel further. Equipment may not be so easily available.

Bed reductions

The biggest problem is that the social distancing measures in wards reduced bed numbers by 10,000 (compared to 2019) at a time of crisis when the numbers needed to be increased. This is the most ridiculous folly.

This factor alone is responsible for massive pressures on the NHS whereby some hospitals are now putting patients in hotels.

The government had had 9 months to prepare for the second wave that it said was coming (though there hasn't really been a second wave like that of April). In those months it did nothing to increase bed numbers to cope with what it said would happen. Why not? Worse, it actually cut bed numbers by 10,000. You cannot make this stupidity up.

Isolating patients

The NHS was faced with a huge challenge to isolate the various types of patients: PCR positive, PCR pending, non-Covid patients. It did not have the space to do this and chaos resulted. Inevitably, Covid patients infected other people.

PPE

The Covid virus is transmitted through the air by aerosols (and to a lesser degree by droplets). This has been proved by multiple studies; it is rarely transmitted by touching surfaces. This means that all forms of PPE[5] are a complete waste of time and money. They have no role in preventing a Covid infection; none whatsoever.

However, nurses and doctors were required to wear all sorts of PPE that took up to 15 minutes to put on. This included facemasks, visors, plastic gowns and surgical gloves, plus full sanitation or even spraying all clothes. If this were all that it involved it would take at least half an hour off the medic's working day; multiply that by millions of people.

But it is much worse than that. Every time a medic needed to go to the toilet or to leave the ward for an administrative reason, they had to spend 15 minutes taking the PPE off and another 15 minutes putting it back on again. It is thus not half an hour lost but hours per day.

Despicable as it seems, I have heard reports of medics that could not cope with this and urinated or even defecated in their clothes leaving detritus on the floor.

If this was the Black Death then such a performance may well be necessary; but it is not.

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[4] Covid spreads by aerosols travelling up to 30 metres by mere breathing. Social distancing of six feet is pointless.

[5] Personal Protective Equipment.

Non-Covid sick patients

Untreated illness
The full scale of the consequences of lockdowns is yet to be revealed. The findings may well put politicians in prison for malfeasance. One can only hope.

One of the consequences is the cancellation of multiple types of normal treatments, from cancer scans to cancer treatments, and many other matters. These made such folk more sick than normal and caused many unnecessary deaths.

As the time of lockdowns went on, now almost a year, many previously sick people are now presenting as very sick in hospital. What could have been solved months ago by a straightforward treatment, now requires intensive care. This put additional pressure on medics that was entirely avoidable.

Additional injuries
Under the first lockdown the number of injuries and traumas caused by such things as work accidents and road-traffic accidents fell to near zero. However, in this lockdown there is far more activity than in the spring. In fact, the government is demanding that police investigate the large numbers of cars on the road.

As a result, there are more traumas to deal with in hospitals than there were in the first lockdown.

Minor-Covid patients

There are many people turning up for hospital treatment, testing positive for Covid, but who are strong and well able to care for themselves. However, the massive fear of Covid, caused by government and media statements, make them demand hospital care.

Discharge problems

Recent NHS statistics have shown that there is a problem with hospitals releasing patients. This is not new ('bed-blocking') but it is worse than normal. Patients that have recovered from some illness are reluctant to return to the community due to fears of Covid. Also, as a result of the crisis in spring, care homes are reluctant to receive hospital patients.

This is exacerbated by the stupid PCR test. This test will show positive for months after an infection by magnifying dead viral fragments present in the body that cause no sickness but show positive results. This causes healthy patients to remain in hospital.

There is additionally a problem where some patients refuse to go home because there is a vulnerable person at home that they do not want to infect. There are also problems if a recovered patient is still very frail and requires nursing but lives alone and thus cannot be discharged.

The result is great difficulty in getting rid of patients that do not need a hospital bed for medical care.

Nosocomial infections

This refers to hospital-acquired Covid infections. Up to 40% of those with Covid caught it in a hospital setting.

This should never happen in a well-run hospital, or at least it should be rare.

This has caused thousands more patients than should be expected, and thus put huge avoidable pressure on the NHS.

Failure of GP surgeries

Throughout the Covid crisis most GP surgeries have failed the public. Due to a mixture of government demands (which are stupid) and fear caused by a false narrative, surgeries have become like Fort Knox to get into.

Doctor's home visits have ended. Attending the surgery is extremely difficult. Trying to get an appointment is almost impossible as the 'phones are constantly engaged and you cannot get through. Waiting rooms, instead of seating, say, 40, only seat six or so people due to social distancing measures. Patients fortunate enough to get an appointment are quizzed by entry-phone, then sanitised, masks demanded and temperature taken.

In many cases, doctors are sending patients direct to hospital without properly checking them out through fear. This has caused the number of patients attending hospital to go up.

Ambulances

The publicised queues of ambulances in hospital drives are caused by what we have covered so far. However, ambulance attendances are lower than normal.

PCR testing

A final cause is controversial. It involves inherent dangers in the PCR test kits.

Before I continue, veteran immunologist Delores Cahill sequenced 1,000 positive PCR test result patients to see what the test had identified (this is not done as a matter of practice). It turned out that every single result was shown to be Influenza A. This adds weight to the claim that there is no SARS-Cov-2 virus. It also explains why there have been almost no flu cases this year – they were all claimed to be Covid. Cahill is trying to do sequencing on tests from all over the world to get a global picture. The Covid conspiracy is beginning to unravel.

There have been multiple allegations from all over the world that people became ill or injured after having a PCR test. One case brought by doctors to an Australian court claimed that the PCR test had killed more than one person through brain damage.

This led to speculation about what was causing these illnesses. Some said that they were deliberately infected by the manufacturers in China. Whistleblowers in America confirmed that the test swabs were contaminated. Others said that a lack of care in doing the test had caused infection in the nasal passages and that the infection had led to brain damage. I have shown in previous papers that there is a standard methodology of delivering

medication direct to the brain by nasal insertion with a swab. Many have also complained that they were healthy until they were swabbed and then caught Covid. All this is anecdotal and impossible to prove; but it is not impossible that it is true.

Now one question no one asks is why the PCR test requires deep penetration into the nasal cavity. Normal DNA tests for forensic examination use small swabs that scrape the sides of the cheek and cause no pain or trauma. PCR tests use very long swabs that penetrate deep into the nasal cavity going in three to four inches. This hurts and patients frequently scream, cry or complain of terrible pain. One woman said that it felt like being stabbed behind the eyes. Many people exhibit nausea, fainting or cold sweats.

When an endoscope[6] is put into the nasal cavity to diagnose problems, such as thyroid swelling, the treatment is performed not by a doctor but by an ENT specialist. Great care has to be taken not to damage the vagus nerves. PCR test kits are being performed by volunteers; often with no medical training. What could go wrong?

But then I learned about the importance of the vagus nerve.

The vagus nerve
The vagus nerve refers to each of the tenth pair of cranial nerves, supplying the heart, lungs, upper digestive tract, and other organs of the chest and abdomen. This is situated behind the nasal passage and is connected to the medulla oblongata. It is the tenth longest nerve. Note how important this nerve system is; it controls blood pressure, heart rate, lung activity and other organs. Damage to this nerve system causes critical illness. It can also cause inflammation, anxiety and depression.

Vasovagal syndrome
The PCR test causes either stimulation of the vagus nerve or damage to it by inserting the swab too far. Stimulation causes fainting, nausea, fever, anxiety, pain, flu-like symptoms, depression and many other symptoms associated with Covid. Damage to the vagus nerve can result in death.

Vasovagal syncope[7] can cause damage to the heart rate, tunnel vision, low blood pressure, going pale, fainting, clammy sweats, lung issues (difficulty breathing, low oxygen levels), headaches, nausea, feeling hot, etc. This can happen merely psychologically by being triggered by fear, distress, the sight of blood etc. This is how sensitive the vagus nerves are. Fear causes the vagus nerve to drop blood pressure to the point of fainting.

If there is any bacteria on the swab, then the body is further damaged near this nerve by infection and inflammation. This alone can be fatal.

Illustration
I heard a testimony of a family business in America. The whole office of a family business were tested by PCR test. Shortly after this the whole family and staff got Covid. Sadly the husband died in hospital from being ventilated. No one had been sick before. The neighbours had not been sick; the businesses next door had no sickness. It seems that the test caused the sickness.

A viral pandemic cannot be so selective as isolating a single building.

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[6] An instrument which can be introduced into the body to give a view of its internal parts, usually involving a camera.
[7] temporary loss of consciousness caused by a fall in blood pressure.

The Rothschild connection
I have previously explained that the Rothschilds patented and manufactured PCR test kits and sent them to various governments between 2015 and 2017. Patents were applied for Covid-19 Biometric test kits by Robert Rothschild in the US and the Netherlands. Adolphe Rothschild's foundation also sponsored a medical study into vasovagal stimulation in connection with Covid as a medical treatment.[8]

Is this not a coincidence too far?

Conclusion
There are multiple allegations that the PCR test is causing Covid intentionally and causing people to die.

This needs to be investigated to see what the dangers of the PCR test really are.

It seems possible that the millions of PCR tests are helping to create pressure in the hospital system.

Conclusion

The clear conclusion of what we have covered is that the government decisions have made the problem for the NHS much worse. The unnecessary pressure caused by government dictats are beyond the pale of stupidity, they are criminal negligence. They have caused more people to die than Covid.

That UK policy was a political choice, not a medical necessity, is proved by the experience of multiple countries and states that did not enforce lockdown but centred on personal freedom. These places included: Sweden, Belarus, Japan, North and South Dakota, Florida etc. These either fared as well as other places or much better. Not only did they save their economy (ours is ruined) but their health crisis was treated far more efficiently. Britain has had one of the worst death rates for Covid in the world coupled with a severe lockdown policy. The government has failed.

Nowhere has a lockdown helped the situation. In fact, it is opposed to the advice of most international viral specialists who were censored during the last year. Even at a local level we can see that lockdowns don't work. In New York the localised Hassidic Jewish community ignored the lockdowns. They wore no masks, did not social distance, they conducted weddings, funerals and Bar-Mitzvahs normally. Yet their Covid infection rate was either the same as other boroughs or lower. The same is true of US states that did not lockdown. The open businesses and restaurants in South Dakota did not cause a spike in virus infections. This policy of freedom was set by a Christian female governor.

Lockdowns have made this viral crisis much worse and has killed more people than any virus (as I said it would in March). The harsher the lockdown, the worst the virus cases (e.g. Peru). This will become clearer as the months and years go on, but the evidence is already damning. By the way, I have spoken to many medics and none of them have agreed with the lockdown policy.

Lockdowns and social restrictions cause additional, unnecessary pressure on hospitals.

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[8] NIH (US National Library of Medicine) Clinical Trials.gov, Foundation Ophtalmologique Adolphe de Rothschild, Impact of auricular vagus nerve neuromodultaion on Covid-19 positive impatients outcome,

For further details see my papers:
- Covid-19: another pandemic panic; published 23 March 2020.
- Covid-19: a summary of facts; published 4 April 2020.
- Evils of the lockdown; published 18 April 2020.
- The truth about the lockdown; published 12 June 2020.
- Questions about the lockdown; published 13 July 2020.
- Mask-erade; published 17 July 2020.
- Evidence that the pandemic is fake; published September 2020.
- Simple points exposing the lies that led to Covid-19 totalitarianism; published December 2020.