

From Lockdown to Police State: The “Great Reset” Rolls Out

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

Mayhem in Melbourne

On August 2, lockdown measures were implemented in Melbourne, Australia, that were so draconian that Australian news commentator [Alan Jones said on Sky News](#): “People are entitled to think there is an ‘agenda to destroy western society.’”

The gist of an August 13th article on the Melbourne lockdown is captured in the title: “[Australian Police Go FULL NAZI](#), Smashing in Windows of Civilian Cars Just Because Passengers Wouldn’t Give Details About Where They Were Going.”

Another article with an arresting title was by Guy Burchell in the August 7th *Australian National Review*: “[Melbourne Cops May Now Enter Homes Without a Warrant](#), After 11 People Die of COVID — Australia, This Is Madness, Not Democracy.” Burchell wrote that only 147 people had lost their lives to coronavirus in Victoria (the Australian state of which Melbourne is the capital), a very low death rate compared to other countries. The ramped up lockdown measures were triggered by an uptick in cases due to ramped up testing and 11 additional deaths, all of them in nursing homes (where lockdown measures would actually have little effect). The new rules include a six week curfew from 8 PM to 5 AM, with residents allowed to leave home outside those curfew hours only to shop for food and essential items (one household member only), and for caregiving, work and exercise (limited to one hour).

“But the *piece de resistance*,” writes Burchell, “has to be that now police officers can enter homes with neither a warrant nor permission. This is an astonishing violation of civil liberties.... Deaths of this kind are not normally cause for government action, let alone the effective house arrest of an entire city.” He quoted Victoria Premier Daniel Andrews, who told Victorians, “there is literally no reason for you to leave your home and if you were to leave your home and not be found there, you will have a very difficult time convincing Victoria police that you have a lawful reason.” Burchell commented:

[U]nder this new regime you can’t even remain in your house unmolested by the cops, they can just pop ‘round anytime to make sure you haven’t had Bruce and Sheila from next door round for a couple of drinks. All over a disease that is simply not that fatal....

Last year more than 310,000 Australians were hospitalised with flu and over 900 died. By all metrics that makes flu a worse threat than COVID-19 but police weren’t granted Stasi-like powers during the flu season. Millions of people weren’t confined to their homes and threatened with AUS\$5,000 fines for not having a good reason for being out of their homes.

[At an August 19th press conference](#), Australia's second most senior medical officer said the government would be discussing measures such as banning restaurants, international travel, public transport, and withholding government programs through "No Jab No Pay" in order to coerce vaccine resisters.

An [August 13 article on LifeSiteNews](#) quoted Father Glen Tattersall, a Catholic parish priest in Melbourne, who said the draconian provisions "simply cannot be justified on a scientific basis":

We have a curfew from 8 pm to 5 am, rigorously enforced including by the use of police helicopters and search lights. Is the virus a vampire that just comes out at night? Or the wearing of masks: they must be worn everywhere outside, even in a park where you are nowhere near any other person. Why? Does the virus leap hundreds of metres through the air? This is all about inducing mass fear, and humiliating the populace by demanding external compliance.

Why the strict curfew? Curfews have been implemented recently in the US to deter violence during protests, but no violence of that sort was reported in Melbourne. What was reported, at least [on social media](#), were planes [landing in the night](#) from the Chinese province of Guangdong carrying equipment related to 5G and the Chinese biometric social credit system, which was reportedly being installed under a blanket of secrecy.

Angelo Codevilla, professor emeritus at Boston University, [concluded](#) in an August 13th article,

"We are living through a coup d'état based on the oldest of ploys: declaring emergencies, suspending law and rights, and issuing arbitrary rules of behavior to excuse taking 'full powers'."

Questioning the Narrative

Melbourne has gone to extremes with its lockdown measures, but it could portend things to come globally. Lockdowns were originally sold to the public as being necessary just for a couple of weeks to "flatten the curve," to prevent hospital overcrowding from COVID-19 cases. It has now been over five months, with self-appointed vaccine czar [Bill Gates intoning](#) that we will not be able to return to "normal" until the entire global population of 7 billion people has been vaccinated. He has since backed off on the numbers, but commentators everywhere are reiterating that lockdowns are the "new normal," which could last for years.

All this is such a radical curtailment of our civil liberties that we need to look closely at the evidence justifying it; and when we do, that evidence is weak. The isolation policies were triggered by [estimates from the Imperial College London](#) of 510,000 UK deaths and 2.2 million US deaths, more than 10 times the actual death rate from COVID-19. A [Stanford University antibody study](#) estimated that the fatality rate if infected was only about 0.1 to 0.2 percent; and in [an August 4th blog post](#), Bill Gates himself acknowledged that the death rate was only 0.14 percent, not much higher than for the flu. But restrictive measures have gotten more onerous rather than less as the mortality figures have been revised downward.

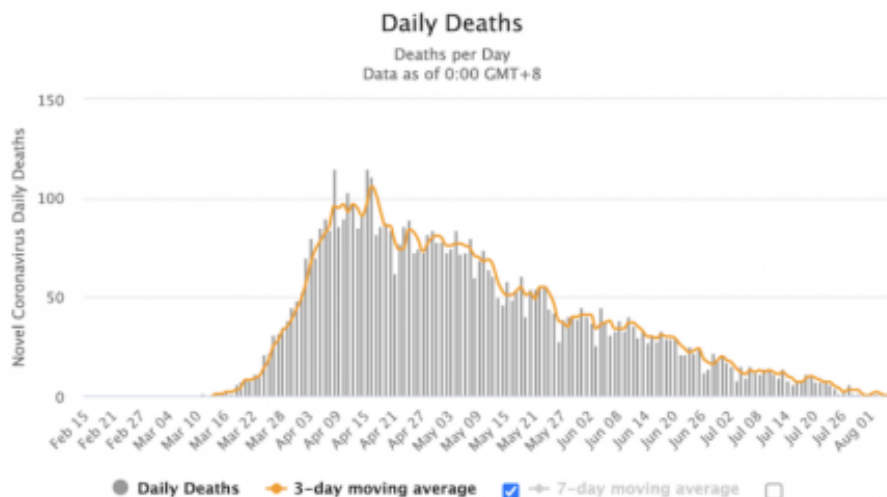
A July 2020 UK study from Loughborough and Sheffield Universities found that government policy over the lockdown period has actually increased mortality rather than reducing it, after factoring in collateral damage including deaths from cancers and other serious diseases that are being left untreated, a dramatic increase in suicides and drug overdose, and poverty and malnourishment due to unemployment. Globally, according to UNICEF, [1.2 million child deaths are expected](#) as a direct result of the lockdowns. A data analyst in South Africa asserts that the [consequences of the country's lockdown will lead to 29 times more deaths than from the coronavirus itself](#).

Countries and states that did very little to restrict their populations, including Sweden and South Dakota, have fared as well as or better overall than locked down US states. In an August 12th article in *The UK Telegraph* titled "[Sweden's Success Shows the True Cost of Our Arrogant, Failed Establishment](#)," Allister Heath writes:

Sweden got it largely right, and the British establishment catastrophically wrong. Anders Tegnell, Stockholm's epidemiologist-king, has pulled off a remarkable triple whammy: far fewer deaths per capita than Britain, a maintenance of basic freedoms and opportunities, including schooling, and, most strikingly, a recession less than half as severe as our own.

Not restraining the populace has allowed Sweden's curve to taper off naturally through "herd immunity," with daily deaths down to single digits for the last month. (See [chart](#).)

Daily New Deaths in Sweden



The Pandemic That Wasn't?

Also bringing the official narrative into question is the unreliability of the tests on which the lockdowns have been based. [In a Wired interview](#), even Bill Gates acknowledged that most US test results are "garbage." The Polymerase Chain Reaction (PCR) technology used in the nasal swab test is considered the "gold standard" for COVID-19 detection; yet the PCR test was regarded by its own inventor, Nobel prize winner Kary Mullis, as [inappropriate to detect viral infection](#). In a detailed June 27th analysis titled "[COVID-19 PCR Tests Are Scientifically Meaningless](#)," Torsten Engelbrecht and Konstantin Demeter conclude:

Without doubt eventual excess mortality rates are caused by the therapy and by the lockdown measures, while the “COVID-19” death statistics comprise also patients who died of a variety of diseases, redefined as COVID-19 only because of a “positive” test result whose value could not be more doubtful.

The authors discussed a January 2007 *New York Times* article titled “[Faith in Quick Test Leads to Epidemic That Wasn’t](#),” describing an apparent whooping cough epidemic in a New Hampshire hospital. The epidemic was verified by preliminary PCR tests given to nearly 1,000 healthcare workers, who were subsequently furloughed. Eight months later, the “epidemic” was found to be a false alarm. *Not a single case* of whooping cough was confirmed by the “gold standard” test – growing pertussis bacteria in the laboratory. *All* of the cases found through the PCR test were false positives.

Yet “test, test, test” was the message proclaimed for all countries by WHO Director General Tedros Adhanom at a media briefing on [March 16, 2020](#), five days after WHO officially declared COVID-19; and the test recommended as the gold standard was the PCR. Why, when it had already been demonstrated to be unreliable, creating false positives that gave the appearance of an epidemic when there was none? Or was that the goal – to create the *appearance* of a pandemic, one so vast that the global economy had to be brought to a standstill until a vaccine could be found? Recall Prof. Codevilla’s conclusion: “We are living through a *coup d’état* based on the oldest of ploys: declaring emergencies, suspending law and rights, and issuing arbitrary rules of behavior to excuse taking ‘full powers’.”

People desperate to get back to work will not only submit to a largely untested vaccine but will agree to surveillance measures that would have been considered a flagrant violation of their civil rights if those rights had not been overridden by a “national emergency” justifying preemption by the police powers of the state. They will agree to get “immunity passports” in order to travel and participate in group activities, and they will submit to quarantines, curfews, contact tracings, social credit scores and informing on the neighbors. The emergency must be kept going to justify these unprecedented violations of their liberties, in which decision-making is removed from elected representatives and handed to unelected bureaucrats and technocrats.

A national health crisis also a necessary prerequisite for relief from liability for personal injuries from the drugs and other products deployed in response to the crisis. Under the 2005 Public Readiness and Emergency Preparedness Act (PREPA), in the event of a declared public health emergency, manufacturers are shielded from tort liability for injuries both from the vaccines and from invalid or invasive tests. Compensation for personal injuries is a massive expense for drug companies, and the potential profits from a product free of that downside are a gold mine for pharmaceutical companies and investors. The liabilities will be borne by the taxpayers and the victims.

All this, however, presupposes both an existing public health emergency and no effective treatment to defuse it. That helps explain the otherwise inexplicable [war on hydroxychloroquine](#), a safe drug that has been in use and available over the counter for 65 years and has been [shown to be effective](#) in multiple studies when used early in combination with zinc and an antibiotic. A table prepared by the American Association of Physicians and Surgeons ([below](#)) found that the US has nearly 30 times as many deaths per capita as countries making early and prophylactic use of hydroxychloroquine.

Country	# of cases	# of deaths	Deaths/million	Use of HCQ
India	27,890	881	0.6	Early and prophylactic
Costa Rica	695	6	1.0	Early and prophylactic
Australia	6,716	83	3.0	Early and prophylactic
South Korea	10,728	242	5.0	Early and prophylactic
Brazil	62,859	4,271	20.0	Early and prophylactic
Israel	15,443	201	23.0	Early, some prophylactic use
U.S.	987,160	55,413	167.0	Late, in hospitalized patients

The [latest international testing](#) of hydroxychloroquine treatment of coronavirus shows countries that had early use of the drug had a 79% lower mortality rate than countries that banned the use of the safe malaria drug. Lowering the US mortality rate by 79% could have saved over 100,000 lives. But an effective, inexpensive COVID-19 treatment would mean the end of the alleged pandemic and the vaccine bonanza it purports to justify.

The need to maintain the appearance of a pandemic also explains the inflated reports of cases and deaths. Hospitals have been rewarded with increased fees for reclassifying cases as COVID-19. As deaths declined in the US, the numbers of cases reported by the Centers for Disease Control were also [gamed to make it appear](#) that America was in a “second wave” of a pandemic. The reporting criterion was changed on May 18 from people who tested positive for the virus only to people who tested positive for either the virus or its antibodies. The exploding numbers thus include people who have recovered from COVID-19 as well as false positives. The Loughborough and Sheffield researchers found that when controlling for other factors affecting mortality, actual deaths due to COVID-19 are 54% to 63% lower than implied by the standard excess deaths measure.

Ushering in “The Great Reset”

Forcing compliance with global vaccine mandates is one obvious motive for maintaining the appearance of an ongoing pandemic, but what would be the motive for destroying the global economy with forced lockdowns? What is behind the “agenda to destroy Western society” suspected by Australian commentator Alan Jones?

Evidently it is this: destroying the old is necessary to usher in the new. Global economic destruction paves the way for the “Great Reset” now being promoted by the World Economic Forum, the Bill and Melinda Gates Foundation, the International Monetary Fund and other big global players.

Although cast as arising from the pandemic, [the “global economic reset” is a concept](#) that was floated as early as 2014 by Christine Lagarde, then head of the IMF, and is said to be a recharacterization of the “New World Order” discussed long before that. It was promoted as a solution to the ongoing economic crisis triggered in 2008.

The World Economic Forum – that elite group of businessmen, politicians and academics that meets in Davos, Switzerland, every January – announced in June that the Great Reset would be the theme of its 2021 Summit. [Klaus Schwab, founder](#) of the Forum, admonished:

The world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions. Every country, from the United States to China, must participate, and every industry, from oil and gas to tech, must be transformed.

No country will be allowed to opt out because it would be endangering the rest, just as no person will be allowed to escape the COVID-19 vaccine for the same reason.

Who is behind the Great Reset and what it really entails are major questions that need their own article, but suffice it to say here that to escape the trap of the globalist agenda, we need a mass awakening to what is really going on and collective resistance to it while there is still time. There are hopeful signs that this is happening, including massive protests against economic shutdowns and restrictions, particularly in Europe; a rash of lawsuits challenging the constitutionality of the lockdowns and of police power overreach; and a flood of alternative media exposés despite widespread censorship.

Life as we know it will change. We need to ensure that it changes in ways that serve the people and the productive economy, while preserving our national sovereignty and hard-won personal freedoms.

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Featured image: A woman walks her dogs in Fitzroy Gardens park as police and defence force officers patrol in Melbourne, Victoria, Australia [David Crosling/EPA]

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