



The Biopolitical War on Breathing

Description

STORY AT-A-GLANCE

- While it's normal, even healthy, to fear a pandemic, the fearmongering that's occurred during the COVID pandemic has facilitated manipulation of the public and is putting freedom and civil liberties at risk
- Author Laura Dodsworth describes the current state of affairs as a “political war on breathing,” such that if you have COVID-19, you become the “enemy,” your breath becoming your weapon
- The moralization of COVID-19 mitigation measures has become so entrenched in society that the researchers believe they've reached the level of a sacred value
- Now, each of us is a potential enemy, depending on whether or not our actions are deemed acceptable on the scale of COVID morality

Masks. Lockdowns. Quarantine. Fear. They're words that have become household terms since 2020. And while it's normal, even healthy, to fear a pandemic, the fearmongering that's occurred has facilitated manipulation of the public and is putting freedom and civil liberties at risk.

Author Laura Dodsworth, who wrote “A State of Fear,” which details how the U.K. government weaponized fear during the COVID-19 pandemic, explained:¹

“In one of the most extraordinary documents ever revealed to the British public, the behavioral scientists advising the government said that a substantial number of people did not feel threatened enough by Covid-19 to follow the rules. They advised the government to increase our sense of ‘personal threat,’ to scare us into submission.”

She describes the current state of affairs as a “political war on breathing,”² such that if you have COVID-19, you become the “enemy,” your breath becoming your weapon. As fear increases, so too

does the desire for control, even when it concerns something as life-giving as breathing. “Breath,” Dodsworth wrote, “has fallen from sacred to sinful.”³

COVID Health Responses Are Moralized

The unprecedented restrictions implemented by governments around the globe during the pandemic have come with profound economic, social, physical and psychological health costs to society.

A U.K. study published in the journal *Psychiatry Research*, for example, found a significant rise in depression symptoms and a significant decline in wellbeing at lockdown, while over one-third of the university students were clinically depressed, up from 15% at baseline.⁴ Drug overdoses also skyrocketed.

From December 2019 to December 2020, there were 93,331 estimated overdose deaths in the U.S., which represents a 29.4% increase in 12 months.⁵ Certain states had an even higher year-over-year increase, including Kentucky, with overdose deaths increasing 53.7%, and West Virginia, with a 49.3% increase.

Such deaths, however, are justified by the COVID narrative as necessary to prevent COVID-19 deaths, justification that’s supported by the moralization of COVID-19 health responses. As explained by a study in the *Journal of Experimental Social Psychology*:⁶

“This moralization of health-based efforts may generate asymmetries in judgement, whereby harmful by-products of those efforts (i.e., instrumental harm) are perceived as more acceptable than harm resulting from non-C19 efforts, such as prioritizing the economy or non-C19 issues.”

In one of their experiments, public shaming, deaths and illnesses, and police abuse of power were considered to be more acceptable if related to efforts to minimize COVID-19 than when resulting from non-COVID-19 measures, such as reducing traffic deaths.⁷

In another experiment, subjects rated research quality less favorably when “questioning continuing a C19 elimination strategy in NZ [New Zealand] than one questioning abandoning an elimination strategy,” which suggests that questioning efforts to eliminate COVID-19 is morally condemned.⁸ The moralization of COVID-19 mitigation measures has become so entrenched in society that the researchers believe they’ve reached the level of a sacred value. According to Dodsworth:⁹

“Morality has been generally topsy-turvy in a time driven by fear. We have no tolerance for Covid deaths but seemingly little interest in deaths from other causes.

We were told we must protect the elderly, yet they were transferred from hospitals to care homes and ... we discover that 50,000 dementia cases have been missed. The government showed a worrying enthusiasm for the furtive use of shaming, bullying and fear-mongering

to make the nation comply with lockdown rules.

Culturally and economically, lockdown was easier for the middle classes and elite, rather than the working classes and front line workers who serviced them. Feminists tie themselves in knots explaining why 'my body, my choice' does not extend to vaccine mandates. Schools closed. People died alone at home. Focusing on one virus was never a simple moral equation."

Ushering in Biopolitics

The pandemic has ushered in an era of biopolitics, a term first used by French philosopher Michel Foucault. As biopolitical governing increases, political control extends to the biological processes that control life itself. Biopower becomes the sovereign power and processes that govern human life are controlled under authoritarian rule.¹⁰

"Giorgio Agamben, the Italian philosopher, has written about the reduction of life to biopolitics," Dodsworth wrote. "To simply reduce the theory, he says that the man who is 'accursed' (in this case infected or even potentially infected) can be set apart from normal society, and must live a 'bare life' — life reduced to the barest form. In the 'state of exception' normal laws and morals are forgotten."¹¹

The Use of Martial Language

Such transitions to a police state have been largely welcomed because of purposeful use of martial language suggesting we're "at war" with SARS-CoV-2. Boris Johnson even compared GAVI (formerly the Global Alliance for Vaccines and Immunizations), funded by the Bill & Melinda Gates Foundation to NATO in 2020 and, in so doing, revealed a "seismic paradigm shift in how we perceive our 'enemies.'"¹²

Now, each of us is a potential enemy, depending on whether or not our actions are deemed acceptable on the scale of COVID morality. In June 2021, the U.S. National Security Council also released a new "National Strategy for Countering Domestic Terrorism."¹³ While it's being largely framed as a tool to fight white supremacy and political extremism, the definition of what constitutes a "domestic terrorist" is incredibly vague and based on ideologies.

Investigative journalist Glenn Greenwald stated that the end goal of the newly emerging war on domestic terrorism is to "essentially criminalize any oppositional ideology to the ruling class," adding, "There is literally nothing that could be more dangerous, and it's not fear-mongering or alarmism to say it."¹⁴ As Dodsworth put it, a "war" against anything, be it a virus or different ideologies, is a tool that ushers in increased authoritarian control:¹⁵

“Martial language has been used throughout the epidemic. We are ‘at war’ with a virus ... Fighting talk conveys strength and offers hope of winning when we feel out of control. But war also requires populations to make sacrifices and obey the chain of command. It reminds us we are not just at risk, we are the risk. We are the enemy.

... As war and terror justify a security state, the virus justifies a biosecurity state. Borders are redrawn from the geopolitical to biopolitical and policed by the state. The legal detention of healthy people, the punishment of rule-breakers and the mandating of vaccine passports are permitted by emergency laws but also enabled by a narrative of dehumanization.

People who break the rules are ‘dangerous’ (they might be infectious), ‘stupid’ and ‘socially irresponsible’. The unsafe, unclean and dangerous might breach the air of the virtuous vaccinated. These attitudes originally arise from the natural fear of an epidemic, but they are upheld by the continuing manipulation of fears.”

Inconsistencies Cannot Be Questioned

Throughout the pandemic, health officials have flip-flopped on their guidance regarding masks, social distancing, asymptomatic spread and lockdowns. The initial lockdowns were intended to flatten the COVID-19 curve, but even after that happened, lockdowns continued, sometimes two and three times.

With each lockdown, society grew more distant, more accepting of isolation and, often, more fearful. Questions arose regarding the effectiveness of oppressive measures like these to curb infections, but those who spoke out were silenced.

The censorship is perhaps most profound among those asking for more information about COVID-19 vaccines and the risks of a mass vaccination campaign with an experimental product. The vaccines were supposed to stop the spread of COVID-19, but fully vaccinated people can still transmit the virus.
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Even the World Health Organization advises people who are vaccinated to continue wearing masks due to the Delta variant because “vaccine alone won’t stop community transmission.”¹⁷ The inconsistencies are deafening. As Dodsworth put it:¹⁸

“We are simultaneously told that if you have the vaccine you can still be infected with and spread Covid, but if you don’t take it you are putting others at risk. The argument should fold under the weight of its own incoherence, but instead vaccine passports are being mandated in multiple countries with eerie synchronicity. It’s not conspiracism or paranoia to be alarmed by such developments.”

Dr. Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology,¹⁹ has also spoken out about the risks of COVID-19 gene therapy vaccines. Speaking with Aga Wilson with

Newsvoice,²⁰ Malone listed several adverse events that are already raising red flags. Another important point: censorship prevents full comprehension of these risks.

Cardiotoxicity	Coagulation problems
Female reproductive health concerns	Miscarriage in the first and second trimesters (this has not yet been confirmed), Thrombocytopenia (dropping blood platelets)
Brain and nervous system disorders	Guillain-Barré syndrome (GBS)

It's also a myth that the only way to reach herd immunity is through universal vaccination. As Malone said, "Herd immunity is most often reached through natural infection ... Vaccines will not get us to herd immunity."²¹

Divisiveness Brewing Between Vaxxed and Unvaxxed

At the start of the pandemic, there was talk of communities coming together and staying strong in a united front to beat the virus. Now, we're seeing the rapid emergence of two sets of people — those who are vaccinated against COVID-19 and those who are not.

With the roll out of vaccine passports, unvaccinated people are being increasingly excluded from certain concert venues²² and travel, including being prohibited from entering certain pools, restaurants, parties and bars on cruise ships.²³

New York City launched the Excelsior Pass,²⁴ which documents your vaccine status and, as of August 16, 2021, proof of vaccination will be required to enter restaurants, gyms and theaters.²⁵ Throughout the world, unvaccinated people are facing loss of privileges while being morally shamed and labeled selfish. Dodsworth wrote:²⁶

"In Israel, the language used to describe the unvaccinated is depressingly divisive. 'Those who refuse vaccines are endangering their health, those around them and the freedom of every Israeli citizen,' said prime minister Naftali Bennett.

'Those who refuse vaccines hurt us all because if all of us were vaccinated we would all be able to maintain daily life.' The unvaccinated are to be barred from much of public life, from cinemas to synagogues, unless they get tested."

In a nod to the inconsistencies that have plagued the pandemic, no mention is made of people who have natural immunity from prior COVID-19 infection²⁷ and choose not to get vaccinated for that reason. Meanwhile, "while crisis can catalyze exciting and positive change," Dodsworth noted, "a new moral code should not be forged in fear."²⁸ Now is the time to step back and see through the fog before feeding into the fear and labeling friends and neighbors "enemies."

– Sources and References

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