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# The War Against Death

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When I was growing up in a small West of Ireland town, where death was intermittent and highly visible, the response of the community to the demise of one of its number was always a process of absorption followed by a moving towards acceptance, and that this would occur relatively quickly when the deceased had been elderly and unwell, and more slowly when someone young and healthy had passed away. When an old person died, the idea that he or she had actually died *of* something was very much a secondary aspect. She had died. He was old. She had had a “good innings.” Only occasionally someone might inquire what she had died of, and this would almost always meet with vagueness. In a sense, it was unimportant. She had died, had been loved, would be buried on Tuesday. What was remembered was the life, personality, story of the deceased, not the reasons he or she had succumbed. The fact of death was an everyday matter. It was axiomatic. It was the will of God.

Death was met in some instances by a sense of shock, surprise, sorrow, occasionally something approaching incomprehension, but never—at the cultural level anyway—resistance. Communities expect their members to die. Individuals may rage against the death of a loved one, or the approach of their own demise, but healthy communities assent to death as a cost worth paying for life. The purpose of the mourning process among the immediate family and friends of the deceased was inevitably slower, but within the community the point was to absorb and move towards acceptance of what had happened, and this might take anything between a day and a month to achieve. After that the death became a fact of life.

This process, which I believe has been pretty universal for as long as humans have lived together, contrasts dramatically with what we have witnessed in the Western world over the past six months or so. Instead of meeting news of death with shock followed by sorrow, then moving towards acceptance, our cultures have constructed a kind of cartoon world around dying in which the phenomenon has been treated in each and every instance as though it had been avoidable, ought not to have happened, must be prevented from recurring in the same way to someone else. Instead of being treated as part of the normal attrition of life, the daily news of “new” deaths attributed to Covid-19 has been greeted by a kind of manufactured global shock, consternation, incomprehension and something akin to defiance. We have been “at war” with death. Each new Covid death, however questionably claimed or harvested, was treated as though it were another body recovered from the mountainside scene of a train crash. The numbers were crunched and recrunched, mounting all the time, like the numbers on a football scoreboard.

And we have known too, almost from the outset, that the numbers were being fraudulently gathered, with—virtually everywhere—every death *with* Covid being treated as a death *from* Covid, and every case of more than two symptoms being treated as proven without recourse to testing. Constant streams of propaganda about the deadliness of the disease were accompanied by an almost total shutting down of alternative perspectives. *No autopsies, real or figurative, were permitted.*

Covid-19 has made people, even young people, think about death to an extent they never thought about it before. We talk these days of little else. All conversations lead to implicit talk of death. This essentially materialist view of human reality does not reveal itself as something new, and yet it does not appear to have happened before. The calamity of Covid-19, however you read it, has cut through all our established relationships with death and turned it into something more than itself. Death has been as though elevated beyond its normal station—as, depending on your disposition, comma or full point on earthly existence—and made into something ever-present in the midst of life. I met Christians who had long believed implicitly in the life everlasting and atheists who had laughed off death as simply an extinction, a no-longer-being-here, who were shivering in terror of Covid. Either—in both cases—they had been duping themselves and everyone else or something else was going on. Death had come to haunt us. But not the death that is the threshold of the portal to another existence, or even the edge of the abyss that atheism tells us we trip into at the end, but something greater or much worse, and, at the same time, something over which humankind was now affecting to claim dominion.

This was Death with a capital D, a Death that pursued us, morning till night, seeking to claim not merely our bodies and souls but our minds, all the days and hours of our lives. This was Death personified, kitted out in a shiny suit and sent stalking the streets in search of prey. This was Death at the hands of the Grim Reaper, Covid the Ripper, who might strike us at any hour. This was a Death that was somehow not intended for me or for you, but might still, by casual chance or spite, strike me or you rather than another.

And each one of us was, at the same time, potentially the killer of any other or number of others. We were as though suicide bombers, the virus strapped to our waists, walking around on the off-chance—in effect potential murderers of our fellow citizens and others.

Since we are a species more or less defined by the idea that we live for a time defined with approximate outer limits, and then die, the idea of “saving lives,” especially when accompanied by connotations of compulsion, is capable of leading us willy-nilly towards tyranny. Medicine had, for a long time, been seeking to postpone the moment of death, but still it had never occurred to anyone to seek to do so by eliminating the element of risk that accompanies every human action in the course of a day or a life. Life is risk, we had long recognized, and the more interesting, rewarding the life, the greater the risk. The contrary is almost as true: the less risk, the more mundane and humdrum the life.

In an address to the International Academy of Philosophy in Liechtenstein in 1992, Nobel Laureate novelist and Russian dissident Aleksandr Solzhenitsyn said:

Man has lost the sense of himself as a limited point in the universe, albeit one possessed of free will. He began to deem himself the center of his surroundings, adapting not himself to the world but the world to himself. And then, of course, the thought of death becomes unbearable: It is the extinction of the entire universe at a stroke.

The most immediate sense of something odd afoot in 2020 was the fact that we were talking about things in ways that assumed that life and death had fallen to man to propose and dispose of. The time of Covid has been a time in which man sought to intrude between the human and the “will of God” or “fear of God” (more or less the same thing) and jealously steal the attention of the human person from the absolute or glorious meaning of his own dying. From the outset of the Covid-19 crisis, it was noticeable that political and medical leaders were saying something we had not heard before in precisely such terms: that deaths of any kind, including if not especially the deaths of the very old, must be avoided at all costs to, among other things, human liberty.

The most relentlessly nagging thing about what was happening was that, once you begin to delve into the facts, almost nothing was as we were being told by official sources. The numbers of deaths alleged to have occurred from Covid-19 were nothing like what the official figures suggested. Even early on, the methods of certifying such deaths were emerging deeply questionable. Most of the deaths occurred in care homes, of people of advanced age. Almost everywhere, **excess deaths showed no significant deviation from normative patterns**. Once you started to drill into it, the panic generated around COVID-19 seemed spurious in almost every respect.

These conditions were achieved by weeks and months of persistent, repetitive messaging wrapped up in terror mantras and veiled threats. They were achieved through the use of subtle and not so subtle use of neuro-linguistic programming and saturation coverage of an almost entirely falsified narrative to effect a form of mass hypnosis, which left only a small minority of Western populations unaffected. How these people escaped is itself something of a mystery, not to say a miracle. Perhaps, like me, many of them stopped reading, watching or listening to legacy media a long time ago, thus acquiring immunity to what is perhaps the true “virus”: the industrial mendacity of mainstream media.

There have been many voices out there of people seeking, with limited success, to overcome the effects of legacy media lying. These voices, which were all but totally excluded from mainstream debate, gave an entirely different version of events to that peddled by mainstream journalism. Their work is just a click or two away. They include Dr. Wolfgang Wodarg, Professor Sucharit Bhakdi, Professor Michael Levitt, Dr. Andrew Kaufman, Dr. Vernon Coleman, Dr. Scott Jensen, Professor Jay Bhattacharya, Professor John Ioannidis, Dr. Scott Atlas, Professor Sunetra Gupta, Dr. Dan Erickson, Dr. Artin Massihi, Lord Jonathan Sumption, the journalist Peter Hitchens, and many more.

On 4 October 2020, some of these and many other scientists and medical practitioners signed the **Great Barrington Declaration**, which expressed their “grave concerns” about the damaging effects of Covid-19 policies on physical and mental health, and called for a different approach, described as “Focused Protection.” By this they meant that those who are “at minimal risk of death” be permitted to live their lives normally to build up immunity through natural infection, “while better protecting those who are at highest risk.” This statement, signed by tens of thousands of epidemiologists and public health scientists, was immediately and continuingly censored by media outlets and social media operators.

One of the clearest and most comprehensive voices has been Professor Denis Rancourt, Ph.D., a multi-disciplinary scientist from Ontario, who has published more than 100 scientific papers on a variety of subjects, from the disciplines of physics, chemistry, geology, soil science, environmental science, biogeochemistry, theoretical physics, alloy physics, magnetism, and planetary science. He is also, since 2014, a researcher with the Ontario Civil Liberties Association, a position in which he has conducted voluminous research into scientific issues that impact civil rights. Rancourt has been immersed in the Covid business for the past seven months. Using all-cause mortality to analyze the phenomenon of Covid-19, this being the method that is least susceptible to bias, Rancourt has conducted analyses of this data in France, Scandinavia, Canada and the United States, and discovered patterns common to all territories that had not been highlighted by anyone else. His investigations conclusively demonstrate that all-cause mortality in the winter of 2019/2020 was statistically in line with previous years. Covid-19, he found, is not a killer disease, and the attendant “pandemic” has not imposed a death burden in any way out of the ordinary.

At the same time, however, **Rancourt calls attention to what he calls the “Covid peak,”** immediately following the WHO declaration of the pandemic in March 2020. The Covid peak was a sharp spike in deaths that occurs across a range of countries, though not everywhere and is quite unlike any pattern

that happens normatively. It is present in the data for several jurisdictions in Europe and the USA, displaying several unique characteristics: its sharpness, narrowness and remarkable symmetry compared to historical mortality peaks; its lateness in the infectious-season cycle, surging after week 11 of 2020, unprecedented for any large sharp-peak feature; the synchronicity of the onset of its surge, across entire continents; and the inconsistency of its manifestation across countries, even between adjoining territories. In short, it is an artificial spike in deaths arising from deaths caused prematurely due to the systems of residents being weakened by panic and stress, with some falling prey to viruses and other infections.

The data, he has concluded, show there was “no plague and a likely signature of mass homicide by government response.”

These “COVID peak” characteristics, and a review of the epidemiological history, and of relevant knowledge about viral respiratory diseases, lead me to postulate that the “COVID peak” results from an accelerated mass homicide of immune-vulnerable individuals, and individuals made more immune-vulnerable, by government and institutional actions, rather than being an epidemiological signature of a novel virus, irrespective of the degree to which the virus is novel from the perspective of viral speciation.

These circumstances came to bear primarily on care homes, ensuring that many people that were locked into these institutions between mid-March and mid-May would die from this particular seasonal virus, SARS-CoV-2, causing the respiratory disease Covid-19, though this was just one among many causes of death, usually co-morbidities that might have killed these people over the medium term. The virus itself, he says, is not more virulent than other viruses. The total winter burden deaths is not greater, but there is a signature of a sharp spike feature that lasts for three to five weeks, which, he says, “is extraordinarily rapid, never been seen before. And it happens very late in the winter burden season.”

This uniquely sharp peak, occurring as the flu season is tailing off, simultaneously in many different places across several continents, directly following the declaration of the pandemic by the WHO, left him in no doubt that “there was an acceleration of deaths of vulnerable people due to government responses.

So, the government response to that World Health Organization recommendation is what killed people, what accelerated the deaths. You can see that in the data, and you can also understand it in terms of how immune-vulnerable people are affected by these kinds of diseases.

Old people were essentially locked into nursing homes from about mid-March. The conditions could not have been more suited to creating enormous levels of psychological stress, an accelerant on respiratory conditions, a condition commonly afflicting the aged. The patients were locked into institutions devoid of fresh air and sunlight, deprived of the company and affection of their loved ones, in some cases, even when not subject to Do Not Resuscitate notices, denied medical treatment. They were also, as a result of agreements between politicians and church authorities, denied the ministrations of priest or chaplains. And every evening, many of them were subjected to the daily death toll delivered by hang-dog Covid tsars via the TV in the corners of their death cells.

But even all these deaths—a late spike compared to the norm—did not bring fatalities beyond the normative winter death burden and many of those who died were what epidemiologists call “dry tinder”—elderly people in the final months of life, with multiple co-morbidities, who had managed to survive the flu season of 2019/20, a remarkably low year for influenza deaths almost everywhere. Thus,

the mission to “save lives” actually *cost* lives—whether by intention or neglect remains to be seen.

When people are left to die alone, without the touch of a loved one’s hand upon her brow, without medical care, without the ministrations of a priest—how can the governing exercise be deemed “compassionate”? What we saw, generally speaking, was the mindless enforcement of unproven measures, without visible flexibility, without pity or dispensation or exemption. And this meant that the already threadbare strategy of universal lockdown—unproven, untested because never before attempted—was rendered even more pointless by deaths that could mostly have been avoided by a different, more reasoned approach, such as protecting the old and especially vulnerable and allowing healthy people to go about their lives and the virus to take its course in the normal way.

In achieving a balance with regard to options directed at the protecting of lives, there are multiple contingencies that must be accounted in the reckoning. There is no point in claiming to “save lives” if, in the longer run, your responses cost many more. A calculus of consequences is required, showing as far as possible the degree of loss of life to be expected on one route, rather than the other. Since predictability or experience is likely to be stronger in one case than another, and since the dangers of one set of options may be more distant as against another, it is wiser to err on the side of what is more certain and more imminent. But measures incorporating risk of greater damage as they continue should obviously be confined to the shortest possible term. Measures that constrict the life of a community are likely to have heavy costs, including costs in lives—poverty costs lives willy-nilly—and this calls for an essential and careful calculation before a gut-response to danger is yielded to.

It is clear that the reaction to Covid-19 has involved a radical perversion of received religious and philosophical understandings of the limits of human obligation to other humans in the matter of preventing their—in the long run—inevitable deaths. Clearly, such a perversion is capable of being put to malignant uses, and we may yet come to see how this obtained in the case of Covid-19.

The question of the individual—and by extension collective—responsibility to the protection of our fellow humans is elegantly set out by O. Carter Snead in his fine new book, *What It Means To Be Human* (Harvard University Press). Snead’s chief purpose is to seek an anthropological corrective to the foundations of American bioethics in the context of abortion, euthanasia and other ethical and legal conundrums of the present age. In this regard, he refers repeatedly to the problems posed by “expressive individualism” (after sociologist Robert Bellah and philosopher Charles Taylor) by which people are defined as atomized individual wills in which a subjective apprehension of reality and a self-invented sense of destiny are deemed the optimal conditions for human flourishing. In his reflections on the question of interpersonal obligation in the context of law, Snead’s book may help us also with the dilemmas posed by Covid-19.

Snead emphasizes that we are embodied beings, a factor which, he reminds us, calls for the augmentation of notions of human freedom, especially by understandings of the “vulnerability, mutual dependence, and finitude that result from our individual and shared lives.”

Living with others invites dependencies and debts from the outset: we owe these debts to our families, caregivers, friends, communities, civilization. We are fundamentally indebted beings, morally speaking at least—not free agents in any definitive or absolute sense. As Snead asserts, a culture predicated on expressive individualism is incapable of supporting such an understanding. The anthropology of expressive individualism is impoverished, he reminds us, as well as forgetful of the body, of human interdependence, of the consequent gifts received from and debts owed to others.

He elaborates:

[Expressive individualism] cannot give an intelligible account of the debt owed to those who kept us alive and taught us what we needed to thrive in the world. It cannot explain the role played by and obligations incurred to others whose friendship and mutual calling to account led to the refinement and clarification of our own self-understanding. *A fortiori*, as a solely inward-looking anthropology, expressive individualism does not supply a justification for the payment of those debts in nonreciprocal and unconditional fashion to others who have nothing to offer us by way of recompense.

In short, expressive individualism lacks a principle of belonging capable of enabling a civilization, other than one that is centered on self-interestedness.

Quite clearly, our indebtedness to the vulnerable was not accounted in the beginning of the Covid-19 scare and it was afterwards impossible to correct the imbalance. Moreover, a different form of compassion—one directed at cocooning the old and most vulnerable—would almost certainly have gone further to achieving the stated objectives of political authorities, while allowing the more general welfare of the general public to remain unaffected. Hence, the treatment inevitably became worse than the disease. This response, though protectable by mantras of “saving lives,” was ultimately compassionate to neither the most vulnerable nor the broader population. It existed only at the level of virtue signal. It was a pretense that generated far more damage than almost any other conceivable approach, resulting in what Denis Rancourt described as a “mass homicide”. It remains to be seen whether this still unfolding catastrophe was initiated unintentionally or otherwise, and how culpability is to be attributed.

It would also be reassuring if the societal discussions that follow from these events were to show some capability to reflect the Christian, civilizational values forged over centuries concerning true “compassion” for the human situation— mortal, vulnerable, embedded in the mutualities of attachment, obligation and affection, destined to die and yet almost always desiring to live longer — rather than crude pieties fashioned to make the speaker appear “good” while removing him from the realm of true responsibility, this leading him to inflict on human persons and human culture great harms of differing, contradicting but, invariably, ultimately destructive kinds. There was a necessity to locate a position of human “handing over” by which the vulnerable might be protected, the unavoidable accepted, the worst avoided and the inevitable treated as such, and that position remained remote from all thinking and all decision-making, to the great detriment of just about everyone.

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