

Introduction

The Covid Response and the Erosion of Democracy

The wrong view of science betrays itself in the craving to be right; for it is not his possession of knowledge, of irrefutable truth, that makes the man of science, but his persistent and recklessly critical quest for truth.

Karl Popper, *The Logic of Scientific Discovery*

In March 2020, I was nonplussed by the manner in which many of my colleagues reacted to the unfolding crisis. Fellow scholars of communism embraced practices they had spent their careers criticizing: censorship, repression, and propaganda. Disturbingly, educated people proved adept at public shaming, at the weaponization of moral virtue, and at the dehumanization of those they disagreed with. Even though the existential aim of social sciences is debate and disagreement in order to further knowledge, a sudden groupthink repurposed debate and disagreement as the expression of would-be alt-right extremism.

This has to stop. Grounded criticism must be urgently restored within social sciences and public health without a potential critic incurring the risk of being delegitimized and public-shamed as a “supporter of Donald Trump.” In France, philosopher Barbara Stiegler pointed out early in the pandemic that the fate of democracy depended on the respect for scientific discussion and on the ability of the academic world to be heard in political debates. Instead, President Macron’s

martial rhetoric, according to which France was at war with the virus, led to the “construction of a binary world opposing ‘progressives’ concerned with life and health ‘whatever it may cost’ and the ‘populists’ accused of denying the reality of the virus and supporting conspiracy theories.”¹ In place of the required academic spirit, we reached the “end of discussion,”² or, as Chimamanda Ngozi Adichie put it in a slightly different context, the “end of curiosity.”³ The imaginary of an unprecedented event, which seemed to require an unprecedented response, had taken hold.⁴ Fear now prevailed.

The aim of this short volume is to show that the end of discussion and the end of curiosity have allowed the Covid measures to simultaneously wreak havoc on public health and undermine the rule of law, which is why I argue that the art of debate must be urgently restored. Censorship is unethical, unscientific, and unproductive. It has led to self-censorship and has prevented us from assessing the opinion of the public as the events unfolded. But there is even more at stake today: not only is the anatomical deconstruction of the historical, social, and political context which presided over this “end of discussion” necessary on its own merits, but the way in which we will collectively manage to deal with a mistake of untold proportions, the lockdown, is almost as important as the mistake itself. If scientists and independent thinkers have been

1 See Radio France, “Barbara Stiegler, déconfiner l’esprit de la recherche,” *France Culture*, October 28, 2021, <https://www.radiofrance.fr/franceculture/podcasts/tracts-le-podcast/barbara-stiegler-6860305>. See also her essay *De la démocratie en pandémie: santé, recherche, éducation* (Paris: Gallimard, 2021).

2 Radio France, “Barbara Stiegler.”

3 Emma Sarappo, “Chimamanda Ngozi Adichie: ‘I Worry That What We’re Looking at Is the End of Curiosity,’” *The Atlantic*, October 2, 2023, <https://www.theatlantic.com/books/archive/2023/10/chimamanda-ngozi-adichie-atlantic-festival-freedom-creativity/675513/>.

4 Carlo Caduff, “What Went Wrong: Corona and the World after Full Stop,” *Medical Anthropology Quarterly*, July 21, 2020, <https://anthrosource.onlinelibrary.wiley.com/doi/10.1111/maq.12599>.

attacked from all sides,⁵ criticism of the botched pandemic response and the defense of free speech seem to have increasingly shifted to conservative, arch-conservative, and extreme right circles. Should the liberal left really desert this battlefield, it will put both itself and democracy in grave danger. Just like many interwar and postwar European intellectuals were obsessed with anti-fascism to the point of endorsing dictatorial communist regimes, today's intellectuals are so keen on performative outrage towards Donald Trump (or his equivalents in other countries) that they have ceased caring about preserving democracy. It is at this juncture that Covid appeared and became the pretext for a political fight that has gone far beyond a simple virus.

Many academics persist to this day in denying the symbolic importance of the way we threw democracy overboard in 2020, mainly because the vast majority of those who now intuitively grasp that they supported the wrong Covid narrative just do not want to acknowledge it, let alone apologize for it. They would rather claim that democracy is not worth defending than admit they were wrong in choosing not to defend it. They would rather finish sacrificing democracy than admit they were mistaken in their support of measures that were not only useless against Covid but harmful in all other regards and destructive of freedom. And the liberal media would rather forego the task of investigating the egregious financial interests around the Covid vaccine than admit they were wrong to support vaccine mandates.

It is this attitude which might well prove to be the last nail in the coffin of democracy.

5 See John Ioannidis, "How the Pandemic is Changing the Norms of Science," *Tablet*, September 9, 2021, <https://www.tabletmag.com/sections/science/articles/pandemic-science>.

The importance of criticism

“Winning the battle against the virus,” noted Amnesty International already in 2021, “includes not just government-led actions but also bottom-up approaches, which can only come about if freedom of expression and access to information are enabled.” In order to successfully fight back Covid, states should “inform, empower, and listen to communities.”⁶ However, governments had “curtailed freedom of expression instead of encouraging it.”⁷ Moreover, the humanities and social sciences were almost completely sidelined by narrow fields such as computational epidemiology.⁸

The “end of discussion” is the very opposite of science. In the established theory of knowledge, represented among others by Karl Popper, science should search for evidence which might *disconfirm* a theory, not confirm it. In other words, to put a theory to the test, one must look for contradictory evidence. Only pseudoscience looks for “proofs” that confirm the theory. It is indeed too easy to find them if one is deliberately looking for them; this is known as confirmation bias.⁹ Since the only genuine test of a theory is the attempt to falsify it, a

6 Amnesty International, “Executive Summary,” in “Silenced and Misinformed: Freedom of Expression in Danger during Covid-19,” October 2021, 5, <https://www.amnesty.org/en/documents/pol30/4751/2021/en/>.

7 “Executive Summary,” 5.

8 See Peter Sutoris and Sinéad Murphy, “The Role of Humanities and Social Sciences at a Time of Crisis,” in *Pandemic Response and the Cost of Lockdowns: Global Debates from Humanities and Social Sciences*, ed. Peter Sutoris, Sinéad Murphy, Aleida Mendes Borges, Yossi Nehushtan (London: Routledge, 2023), 1. Daniel Briggs and Toby Green stressed the same issue in a podcast of Collateral Global, “Lockdown Social Harms in the Covid Era,” YouTube video, 40:29, December 15, 2021, <https://www.youtube.com/watch?v=Hnto821P0Kg>.

9 See Karl Popper, *The Open Society and Its Enemies* (London: Routledge, 1945). For a condensed explanation, see Philosophy Overdose, “Karl Popper on Science and Absolute Truth (1974),” YouTube video, 6:22, <https://www.youtube.com/watch?v=li0ciaqJ0m0>. See also the excellent Crash Course on “Karl Popper, Science, and Pseudoscience: Crash Course Philosophy No. 8,” YouTube video, 8:56, March 28, 2016, <https://www.youtube.com/watch?v=X8Xf0JdTQ>.

contradictory debate is crucial. Theories which are irrefutable are unscientific by principle. In other words, certainty is the opposite of science; what science requires is to let go of beliefs and accept the evidence which disproves the theory. We can thus infer that censorship, which prevents the possibility of refuting a theory, is enough to turn a theory unscientific.

The most serious scientific challenge to the official Covid narrative in the West, outside of Sweden, was the Great Barrington Declaration. In October 2020, Sunetra Gupta (Oxford), Jay Bhattacharya (Stanford), and Martin Kulldorff (Harvard) co-authored an open letter which argued that the Covid lockdowns were harmful. They advocated focused protection for those most at risk from the virus, while the young and healthy should continue to lead a normal life. This was the policy pursued by Sweden's head epidemiologist, Anders Tegnell. Although signed by many health professionals, the Great Barrington Declaration was denounced as dangerous and unscientific by the World Health Organization and health authorities in most Western countries. The director of the American National Institutes of Health (NIH), Francis Collins, demanded its "quick and devastating takedown."¹⁰

What was taken down, however, was not the Declaration itself but the chance to hold a productive scientific debate. We now know that Sweden achieved the lowest or one of the lowest excess mortalities in the developed world during the period 2020-2022.¹¹ The "illusion of consensus," an expression coined by sociologist Chantal Mouffe according to which it is

10 Editorial board, "How Fauci and Collins Shut Down the Covid Debate. They Worked with the Media to Trash the Great Barrington Declaration," *Wall Street Journal*, December 21, 2021, <https://www.wsj.com/articles/fauci-collins-emails-gre-at-barrington-declaration-covid-pandemic-lockdown-11640129116>.

11 According to Statistics Sweden, see Therese Bergstedt, "Anders Tegnell: gillar inte ordet 'revansch,'" *Svenska Dagbladet*, March 4, 2023, [https://www.svd.se/a/JQvVnj/anders-tegnell-efter-pandemin-overdodlighet-ger-inte-hela-svaret—](https://www.svd.se/a/JQvVnj/anders-tegnell-efter-pandemin-overdodlighet-ger-inte-hela-svaret—see the discussion of the figures in Chapter 1.)see the discussion of the figures in Chapter 1.

conceptually wrong and politically dangerous to conceive of democracy as a “consensus,”¹² now became the title of a podcast hosted by GBD co-author Jay Bhattacharya.¹³ This illusory consensus was the cornerstone of a Covid policy which influenced public opinion as any consensus does,¹⁴ yet was by definition unscientific or, as Popper would put it, pseudoscientific, and turned out to be wrong. The would-be consensus was the sign of a closed society, not of an open, democratic one. The “Covid doxa,” as sociologist Laurent Mucchielli put it, was a semantic matrix which mainly served to have the public adhere to an explanation of events. In reality, this dominant discourse served to protect the social order, i.e., to provide a theoretical justification for the domination of the privileged.¹⁵

One of this volume’s aims is to try and understand why so many people, even among academics, endorsed this pseudo-consensus and proved incapable of questioning official policies and challenging this intellectual dominance.¹⁶ American social scientists in particular appear so politically paralyzed by the fear of providing intellectual ammunition to Donald Trump that to this day, they have hardly published any social

12 See Chantal Mouffe, *L'illusion du consensus* (Paris: Albin Michel, 2016). Many thanks to Éloïse Adde for the reference.

13 See Jay Bhattacharya and Martin Kulldorff, “Martin Kulldorff on why he was fired from Harvard,” *The Illusion of Consensus* (podcast), <https://www.illusion-consensus.com/p/must-watch-episode-36-martin-kulldorff>.

14 Sander L. van der Linden, Chris E. Clarke, and Edward W. Maibach, “Highlighting Consensus among Medical Scientists Increases Public Support for Vaccines: Evidence from a Randomized Experiment,” *BMC Public Health*, December 3, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4669673/>.

15 Laurent Mucchielli, “The Covid Doxa: How Propaganda, Censorship, and the Politicization of Covid Have Destroyed Our Intellectual and Moral Bearings,” *Kritische Gesellschaftsforschung (Critical Society Studies)*, no. 2, 2023, <https://www.kritischegesellschaftsforschung.de/Journal/Article/65/50/pdf>.

16 See the scholars of Africa Toby Green and Reginald Oduor in dialogue with Jay Bhattacharya in “Is the New WHO Treaty Neo-Colonialism in Public Health Disguise?” *The Illusion of Consensus* (podcast), April 6, 2024, <https://www.illusionconsensus.com/p/ep-44-who-treaty>.

science volume critically analyzing the Covid response, as opposed to French and even more so British scholars; standard English publishing houses such as Routledge, Palgrave Macmillan, and Bristol University Press now routinely publish critical views of the pandemic response.

From lockdown to crackdown

I have felt it both a right and a duty to question the soundness and merits of our Covid policies, but as with anyone who dared speaking out, it was immediately implied on Facebook by my own friends and colleagues that I must be a crackpot conspiracy theorist, antivaxxer, or white supremacist. I am fully vaccinated against Covid, as are my parents and my children, and this book is anyway not about the Covid vaccine. But I am not vaccinated against exercising critical thinking. The widespread assumption according to which any critic must be a lunatic has been extremely detrimental, indeed catastrophic to public health and democracy.¹⁷ Indeed, as predicted, we went from lockdown to crackdown. Some colleagues privately agreed with me but did not dare to say so publicly for fear of wrecking their careers. The “scientific truth” was what people believed in, as if scientists were not saying everything and its contrary in all sincerity, as if their debates were devoid of political issues, personal rivalries, economic interests, and power struggles, as if this intangible scientific truth excluded the need for further discussion, and as if it did not evolve every so often.

17 Kevin Bass, “It’s Time for the Scientific Community to Admit We Were Wrong about COVID and It Cost Lives,” *Newsweek*, January 30, 2023, <https://www.newsweek.com/its-time-scientific-community-admit-we-were-wrong-about-covid-it-cost-lives-opinion-1776630>. As a result of this article, the author, a medical student, was expelled from the School of Medicine at Texas Tech University, see his story here: Kevin Bass, “How My Medical School Scandalously Dismissed Me,” *The Illusion of Consensus* (podcast), February 2, 2024, <https://www.illusionconsensus.com/p/how-my-medical-school-scandalously>.

Any form of criticism was understood as tantamount to the betrayal of human decency. Irrationality became the order of the day on both sides of the political spectrum. On one extreme, some persist to this day in denying that Covid even exists. In the opposite camp, vaccinated people started to catch Covid (so-called breakthrough infections) but pronounced themselves grateful to be vaccinated otherwise the course of their disease would be “so much worse.” They did not contemplate the fact that catching a disease while being fully vaccinated against it should probably be considered a sign of vaccine failure rather than success. We can hardly imagine people repeatedly catching polio while vaccinated against it to be grateful, otherwise, their polio cases would be “so much worse.” And what to think of the people who wore a mask to swim or while driving alone in their cars?

A cross-section of the population, primarily amongst the liberal left, entertained mainstream media and social media for years with dramatic and angry denunciations of the would-be culprits who had contaminated them. They seemed convinced that the virus could be defeated by civic virtue if only everyone behaved in the required careful manner, and if they themselves had not let their guard down for a fateful moment. And when they did catch Covid, they were convinced their life was saved only thanks to Paxlovid and they were grateful to science, in which they “believed.”¹⁸

These pundits would be surprised to hear that in Europe and elsewhere, access to Paxlovid was restricted due to unavailability and also due to its eye-watering price that even European health insurances couldn’t always afford. As a result, hundreds of millions of people outside American

18 Candy Schulman, “You Finally Got Me, Covid, after All I Did to Avoid You: Two Years Ago, I Would Have Been terrified. Now I’m Mostly Just Angry,” *The Washington Post*, July 14, 2022, <https://www.washingtonpost.com/outlook/2022/07/14/covid-new-york-paxlovid/>.

liberal circles overcame Covid even without its would-be precious help. Price is not always a sign of quality or indispensableness; on the other hand, it is the sure sign of a pharmaceutical company getting very rich—for as long as a given society “believes in science” anyway.¹⁹

Sources and methodology

I use as a main source mainstream media articles, typically the *Guardian*, the *New York Times*, and the *Washington Post*, but also public debates as they were reported in mainstream media and social media, including on my Facebook wall and Twitter feed, where I am quite active. I also make use of scientific literature, but sparingly so, as this volume mainly focuses on the evolution of the public debate and is destined as much to the wider public as to the academic community. When possible, I cite a podcast or a mainstream media article rather than an academic volume.

My methodology is a mixture of ethnography, participant observation, and action research. It is ethnographical in the sense that I commence from the study of a specific social group, community, and culture of academia through immersive involvement, and autoethnographic in the sense that I situate myself within this narrative. It is socio-historical, as I use both my insider’s perspective on the culture, behavior, and social dynamics of Western public intellectuals, mainly scholars of communism, and my knowledge of communist history. And it is a form of action research in the sense that my approach is both reflexive and participatory: I have been

19 Bhanvi Satija and Michael Erman, “Pfizer Looks Beyond COVID after Quarterly Loss on Paxlovid Charge,” *Reuters*, October 23, 2023, <https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-swings-quarterly-loss-due-paxlovid-write-off-2023-10-31/>.

in turn acting, observing, and reflecting, aiming all at once to bring about change (the abolition of censorship) and to analyze what the conditions for such change are and why it has not always been possible to push it through. For this volume, I christen this method sociocultural reflexive engagement.

Being French while living in Austria and working on Czech history but having most of my friends and colleagues in the US has led me to follow events in these specific countries more closely. My initial, offhand notes evolved into this concise historical and biopolitical analysis and contextualization of the reception and handling of Covid.

Medicine is not an exact science: An autoethnographic introduction

Several elements in my relationship to the medical world account for my spontaneously critical reaction to the official Covid response. However, as mentioned above, just like anyone who dared question the official Covid response, I was publicly delegitimized for my absence of medical expertise, with arguments such as “You’re not a doctor, so how can you know,” as if a number of doctors did not also have a dissenting opinion from the official narrative. Many people, even in academia, thought any critic was most probably a sort of esoteric charlatan who “does not believe in science.”

As it happens, both my parents are medical doctors, and my grandfather was a hospital director. But what growing up surrounded by white blouses paradoxically taught me is that medicine is far from being an exact science. My parents passionately argued at mealtimes over various patients’ cases and were, of course, always convinced they were right against the other. What united them is that they were both convinced they were right against any outside layperson, who could not

possibly hold a relevant expert opinion since he or she was no “scientist” as opposed to them.

My father had something of a reputation as a physician. He was occasionally contacted by the media for interviews and treated with the customary deference reserved for the figure of the medical demigod. This admiration on the side of the interviewer unfailingly extended to wider topics as the conversation moved on, and I could always pinpoint the exact moment in which my father was led out of his field of expertise to improvise answers to questions which he was neither familiar with nor felt competent about—answers that sometimes greatly surprised me, and perhaps even himself. I instantly recognized this pattern when countless doctors were interviewed during the pandemic.

I spent much time in my father’s hospital as I was growing up, and I made great use of the fact that nearly all doors were open to me as the boss’s daughter. As I wanted to become a physician, too (I even enrolled in the medical faculty before opting at the last minute for political science), my eyes and ears were wide open. But what I observed chiefly was that the patient was an abstract and somewhat dehumanized category. Not that the medical personnel, including my father, were not kind to the patients—they were. But people were precisely seen as patients, not as individuals with a history, their own experiences, beliefs, and approaches to their own diseases. The idea that a patient might have an autonomous opinion about his or her condition and treatment was, here too, anathema.

I also witnessed the death of my grandmother in this very same hospital department. On this occasion I could appreciate, on the contrary, the incompetence and cowardice of the inexperienced personnel who were on duty that particular night, so terrified of an old woman dying that they

ran away and left me to cope alone with her painful agony. Incompetent and unempathetic medical personnel are, alas, as indisputable a fact of life in hospitals as competent and humane ones.²⁰ I did note, however, how comforting it was for both my grandmother and me to be together in her last moment. To let Covid patients die alone, far from their families, on the pretext that they risked transmitting the disease even though they had often lived with their families until the ambulance came, is one of the most inhumane aspects of the pandemic management. Despite cries that we implemented stringent lockdowns to save our elderly parents, we proved remarkably indifferent to their loneliness. In order to “protect” them, we let them live their last months, weeks, or days alone, die alone, and even be buried alone.²¹

The pharmaceutical industry was already present in the second half of the 1980s in this provincial French hospital. The level of corruption, though, if such should be the word, was still rather innocuous; rather, the groundwork was prepared for future use. The medical visitor was happily greeted by the small personnel upon his or her regular visit; he or she extended a few goodies, donated boxes of the medicine

20 For an eloquent description of a certain culture of contempt of the patient in French medical circles, see the novels of physician Martin Winckler, for instance this one on gynecological and obstetrical violence on the part of colleagues that he often names “the butchers”: *Le chœur des femmes* (Paris: POL, 2009). Another physician/novelist, Baptiste Beaulieu, also documented the systemic suppression of emotions amongst French medical professionals: Alice Raybaud, “Baptiste Beaulieu, médecin et écrivain: ‘Le milieu médical nous demande de ne pas exprimer nos émotions,’” *Le Monde*, October 8, 2021, https://www.lemonde.fr/campus/article/2021/10/08/baptiste-beaulieu-medecin-et-ecrivain-le-milieu-medical-nous-demande-de-ne-pas-exprimer-nos-emotions_6097579_4401467.html. For similar, hair-raising American examples, see Marty Makary, *Blind Spots: When Medicine Gets It Wrong, and What It Means for Our Health* (New York: Bloomsbury, 2024).

21 This dreadful phenomenon of social exclusion was also analyzed in Daniel Briggs, Luke Telford, Anthony Lloyd, and Anthony Ellis, *The New Futures of Exclusion: Life in the Covid-19 Aftermath* (London: Palgrave-Macmillan, 2023).

they were promoting, and invited those present for a lunch in the hospital café while exchanging the latest gossip. In fact, pharmaceutical companies were popular, because they played in those years an essential role of information and socialization at a time when the central research agency (CNRS) seemed unapproachable to hospitals which were far from the Parisian power circles, while European research funds were not available yet. As for universities, which are mostly public in France, they had little or no money and still don't. Before pharma became big pharma, it thus fulfilled an essential role of funding research projects in provincial hospitals, bringing regional physicians to international congresses when no other source of funding existed, and starting in the 1990s, ushering in a truly global dimension by bringing together scientists from all over the world, including developing countries. In other words, it fulfilled for a few decades the role that state research institutions took on only later.

At the beginning of the 1990s, my father was invited by a pharmaceutical company to an international medical congress, as he was almost every year. As my mother couldn't go, he took me instead. We traveled economy, but we were accommodated in what seemed to me a luxurious hotel. My father apparently knew everyone there, just like I know everyone at the international congresses which I frequent today. We, the "spouses," were taken care of on that occasion and given a three-day tour of the environs while the scientists were at work. I asked my father if he felt compelled by this fancy invitation to prescribe more of the drugs produced by the pharmaceutical company in question. Not at all, he told me—if the company was naive enough to believe they could buy his services with such an invitation, they were sorely mistaken, as he strictly prescribed to the patient what he felt was right for them. We laughed. But were all physicians as incorruptible as my father?

Timing (things started to change dramatically in the 1990s), geography, and scale are at stake here. In the US, between 2013 and 2022, more than \$12 billion were distributed by the pharmaceutical industry to physicians. In practical terms, this meant that 57% of American physicians received money from the industry; in 93% of the cases, this involved a marketed medical product: “Payments varied widely between specialties and between physicians within the same specialty. A small number of physicians received the largest amounts, often exceeding \$1 million, while the median physician received much less, typically less than a hundred dollars.”²²

Who can believe that there is no conflict of interest at stake in many cases here? I was not surprised that John le Carré’s first post-Cold War story, *The Constant Gardener* (2001), concerned an egregious corruption and criminal case involving the pharmaceutical industry. Money flowed in the medical field on an exponential scale starting in the 1990s. This led me to wonder whether the opinions on Covid matters we received during the pandemic were skewed in a similar manner, all the more so that a long series of public health scandals in France served as warning for me, with lessons easily applicable to Covid.

The long history of public health scandals in France: A warning

I was attuned to the fact that France has known a number of medical and biopolitical scandals in the past decades. We were taught in school that the French nuclear tests which

22 Ahmed Sayed, Joseph S. Ross, and John Mendrola, “Industry Payments to U.S. Physicians by Specialty and Product Type,” *JAMA*, March 28, 2024, <https://jamanetwork.com/journals/jama/fullarticle/2816900?guestAccessKey=fd-8da7dc-c8bd-4913-96c4-9bd5d537299a>.

took place in the French Pacific islands in the 1960s and 1970s held the health of the local populations in utter disregard, even though the dangers of exposure were already well known. The local population and military failed to be indemnified for years for the damage caused to their health; soldiers overseeing the nuclear tests wore shorts and t-shirts as their only cover and were only told not to look at the explosion but to lie flat on the ground. French courts refused until 2008 to compensate any victim, and when they finally did, it was only very sparingly.²³

While I was in high school in the US in 1985-86 for a one-year student exchange, I was surprised to see on the map shown on American television that the whole of Europe, including France, was contaminated by the Chernobyl nuclear cloud, even though my mother assured me on the phone that French news reported the cloud to have stopped over the French border.²⁴ Despite the calls of numerous whistleblowers in the medical world after what they saw as a suspicious increase of thyroid cancers, neither French authorities nor French courts have ever recognized the damage caused by the lack of recommendations (mushrooms were consumed normally and children allowed to play in sand pitches, for instance, as opposed to nearly all neighboring countries).²⁵

A number of public health scandals followed over the years, for instance, that of Dépakine, a medicine used to treat

23 Angelique Chrisafis, "French Nuclear Tests Showered Vast Areas of Polynesia with Radioactivity," *The Guardian*, July 3, 2013, <https://www.theguardian.com/world/2013/jul/03/french-nuclear-tests-polynesia-declassified>.

24 Judith Miller, "Trying to Quell a Furor, France Forms a Panel on Chernobyl," *The New York Times*, May 14, 1986, <https://www.nytimes.com/1986/05/14/world/trying-to-quell-a-furor-france-forms-a-panel-on-chernobyl.html>.

25 "French Court Dismisses Chernobyl Nuclear Fallout Case after 10 Years," *Radio France Internationale*, September 7, 2011, <https://www.rfi.fr/en/asia-pacific/20110907-french-court-dismisses-chernobyl-nuclear-fallout-case-after-10-years>.

epilepsy which pregnant women were allowed to take and which led to thousands of babies born with birth defects, including physical and psychological problems. In the UK, too, 20,000 babies were born with deformities because of this drug, yet pregnant women were still prescribed it as late as in 2022.²⁶ The French medicine agency, as well as the pharmaceutical company which produces the medicine, Sanofi, were indicted in a class action suit in 2020, a trial which is still pending (the French justice system is very slow). So far, only two families have won a trial against Sanofi.²⁷ When the vaccine against Covid was prescribed to pregnant women as soon as it came out, despite the fact that it had not yet been tested at scale on pregnant women²⁸ and despite the fact that pregnant women were by definition not in the age bracket that was the most susceptible to die from Covid, I remembered the Dépakine scandal. However, this is the kind of debate which is silenced in France on the pretext that any doubt must amount to “disinformation.”²⁹

26 Cécile Ducourtieux, “In the UK, 20,000 Babies Have Been Born with Deformities Because of Misinformation about a Drug,” *Le Monde*, April 21, 2022, https://www.lemonde.fr/en/international/article/2022/04/21/in-the-uk-20-000-babies-have-been-born-with-deformities-because-of-misinformation-about-a-drug_5981177_4.html.

27 “Affaire de la Dépakine: Sanofi condamné à indemniser une famille à hauteur de 450 000 euros pour manque d’informations sur la notice,” *France Info*, May 14, 2022, https://www.francetvinfo.fr/sante/grossesse/depakine/affaire-de-la-depakine-sanofi-condamne-a-indemniser-une-famille-a-hauteur-de-450-000-euros-pour-manque-d-informations-sur-la-notice_5138155.html. See also Catherine Fournier, “Sanofi condamné dans l’affaire: Dépakine pourquoi ce jugement est particulièrement important, notamment pour les victimes,” *France Info*, September 9, 2024, https://www.francetvinfo.fr/sante/grossesse/depakine/sanofi-condamne-dans-l-affaire-depakine-pourquoi-ce-jugement-est-particulierement-important-notamment-pour-les-victimes_6775228.html.

28 Julie Steenhuyzen, “Large U.S. Covid-19 Vaccine Trials will Exclude Pregnant Women for Now,” *Reuters*, July 31, 2020, <https://www.reuters.com/article/idUSKCN24W1NY/>.

29 See Marine Martin, *Dépakine: le scandale. Je ne pouvais pas me taire* (Paris: Robert Laffont, 2017).

Among a number of other health scandals in France concerning medicines with severe or fatal side effects (Vioxx, Médiator), which all involved an extremely slow reaction of the French health authorities (typically years, if not decades) as well as adamant denials on the part of the pharmaceutical industry, a pesticide called Chlordécone was used in banana plantations in the French Caribbean islands of Martinique and Guadeloupe for approximately twenty years in the 1970s and 1980s. Although banned in the US since 1976, it was legally used in France until 1993, and a lawsuit concluded in 2023, against the opinion of a number of experts and to the indignation of the local population, that its hazardous nature was not proven. Yet, this highly toxic product is now found in the blood of 90% of the Martiniquais and Guadeloupeans, and the prevalence of prostate cancer in the region is the highest in the world.³⁰ An expert interviewed by French public radio claimed that already in the 1970s “from the scientific literature we knew 80% of what we know today about the toxicity of this product,”³¹ which explains why the US banned it at that time.

If, for once, authorities took the Covid pandemic seriously enough,³² French mainstream media stopped being sympathetic to the same island natives when the latter displayed suspicion and distrust toward the Covid vaccine, presented

30 Anne-Laure Barral, “Scandale de la chlordécone: de nouveaux éléments contredisent la justice,” *France Inter*, April 21, 2023, <https://www.radiofrance.fr/franceinter/scandale-de-la-chlordecone-de-nouveaux-elements-contredisent-la-justice-1339660>.

31 Barral, “Scandale de la chlordécone.” See also Faustine Vincent, “Scandale sanitaire aux Antilles: qu’est-ce que le chlordécone?” *Le Monde*, June 6, 2017, https://www.lemonde.fr/planete/article/2018/06/06/scandale-sanitaire-aux-antilles-qu-est-ce-que-le-chlordecone_5310485_3244.html.

32 Slavoj Žižek rightly objected to Giorgio Agamben that, this time at least, the authorities had taken the danger seriously. See Slavoj Žižek, “Monitor and Punish? Yes, Please!” *The Philosophical Salon*, March 16, 2020, <https://thephilosophicalsalon.com/monitor-and-punish-yes-please/>.

yet again as “100% safe and effective” by the central state. Can the local population be blamed for feeling suspicious, especially knowing that, if history was any guide, a potential trial would likely turn against them? Part of the health personnel went on strike when the vaccine was made mandatory. But in a barely disguised contempt that smacked of racism for the (largely black) inhabitants of the Antilles, implicitly presented as not quite as civilized as the rest of France, the reluctance of the local population to take the vaccine was blamed on “local beliefs,” as well as on “illiteracy, poverty,” and, only then, “Chlordécone.”³³

Finally, yet another egregious case of health mismanagement in France was the so-called “contaminated blood” scandal. When AIDS first appeared and developed in the US at the beginning of the 1980s, medical authorities suspected within a couple of years that the virus was transmitted not only by sexual contact but also by blood, which was a conundrum for hemophiliacs. The multiple rivalries between authorities in the regional blood collection centers and the central state, the complex financial interests of the French state versus American firms which were more advanced in the treatment of AIDS, and a widespread political and medical incompetence and shortsightedness all combined to have approximately half of the 4,000 French hemophiliacs infected by AIDS, half of whom died from it, which was a much worse record than other European countries.³⁴ But the scandal did not stop there: although families were initially financially compensated at a small level (100,000 francs per victim, i.e., approximately

33 Hugues Garnier, “Défiance, croyances locales: pourquoi le vaccin contre le Covid-19 est boudé en Martinique,” *BFM TV*, August 2, 2021, https://www.bfm-tv.com/sante/defiance-croyances-locales-pourquoi-le-vaccin-contre-le-covid-19-est-boude-en-martinique_AV-202108020129.html.

34 See the Wikipedia page “Affaire du sang contaminé,” which is very detailed and well documented: https://fr.wikipedia.org/wiki/Affaire_du_sang_contamin%C3%A9.

15,000 euros, which was very little even in those days), and although two officials were originally sent to jail for two years, all health authorities, from the most local to the prime minister, thirty officials in all, were eventually cleared of any wrongdoing in 2003 by the highest French court, the Cour de cassation.³⁵ The public outcry was immense.³⁶

I saw the TV interview on November 3, 1991, of the former Minister of Social Affairs, Georgina Dufoix, who declared, as the scandal started to bloom, that she felt “responsible but not guilty” (“responsable mais pas coupable”³⁷), which became a national joke in France, repeated when officials commit blunders (that are almost never punished), “Oh, so he/she is responsible but not guilty...” It taught me and many other French citizens to always be critical of state narratives on public health. As to Britain, it was even slower in dealing with its own contaminated blood victims since the case is still ongoing, but at least the victims are now projected to receive from £2.2 to £2.6 million each.³⁸

I returned to my interest in medical matters when I led a three-year research project in the 2010s on the social and medical practices of childbirth in the Soviet bloc compared with the US. I never had a chance to finish my project and publish the book I was planning, or even some articles, because I became entangled towards the end of my project in a political fight in Prague for the control of the Institute for the Study

35 “La clôture définitive de l’affaire du sang contaminé,” *lexbase.fr*, June 20, 2003, <https://www.lexbase.fr/revues-juridiques/3215014-jurisprudencelacloturededefinitivedelaffairedusangcontamine>.

36 “La justice met fin à l’affaire du sang contaminé,” *Le Monde*, June 18, 2003, https://www.lemonde.fr/archives/article/2003/06/18/la-justice-met-fin-a-l-affaire-du-sang-contamine_324422_1819218.html.

37 “Mme Dufoix s’estime ‘responsable’ mais pas ‘coupable,’” *Le Monde*, November 4, 1991, https://www.lemonde.fr/archives/article/1991/11/05/mme-du-foix-s-estime-responsable-mais-pas-coupable_4033131_1819218.html.

38 Jim Reed, “What is the Infected Blood Scandal and Will Victims Get Compensation?” *BBC*, May 21, 2024, <https://www.bbc.com/news/health-48596605>.

of Totalitarian Regimes, where I then worked until 2022, so this historical medical project is still on standby. But I did spend three years reading the relevant medical and sociological literature, and I became fully appraised of the challenges of biopolitics, i.e., of the attempt by authorities to control the bodies of their citizens, in this case via the medical profession. I made note of the American tendency to overmedicalize any health issue, in this case childbirth, as the health sector has always been primarily private, and physicians make more money if they perform more medical procedures. This led to an inflation of the number of cesarian sections in the US compared to Europe. I was reminded of this unique heavy-handed bias when Governor Cuomo demanded 40,000 ventilators for New York alone in April 2020—incidentally, it later turned out that these ventilators were more dangerous than useful, and they were soon abandoned as standard treatment.

Medicine is also embedded in national culture

My permanently “critical medical attitude” also stems from the fact that I have been living abroad, meaning outside of France, since 1992. I could observe for decades, in both Prague and Vienna, how medical practices are embedded in national culture and how medical protocols, predicated on local interpretations of what “science” is, can be contradictory from country to country. For instance, where my mother prescribed me antibiotics, Austrian doctors would be much more reluctant and recommend waiting for a few days. While I was firmly convinced in the first years of my emigration that the French medical approach was the only right one, in due time I came to appreciate that the Czech and Austrian ways had their merits, too—indeed, to my own surprise, I did not immediately die when I did not strictly follow my mother’s prescriptions.

I came to see that medicine is in large part a cultural practice and that we should not necessarily believe every word a physician ever says but compare and contrast with other medical opinions and other medical methodologies.

The last element of my medical experience which had a great influence on my understanding of the Covid crisis in March 2020 is that I had been suffering from a stage IV melanoma since January 2015. For one thing, the two dermatologists I had consulted in the two or three years prior to my diagnosis had assured me that my itchy and bleeding mole was “nothing.” Even the intern who reluctantly took a biopsy of my swollen lymph nodes was convinced it was useless and profusely apologized when he handed me the results. Misdiagnosis is a frequent reality; the word of doctors is not necessarily “the truth.” And for another thing, as opposed to most people, I was already accustomed to the idea of suddenly dying from an unpredictable disease. This is also why to accuse me of not trusting medical protocols and revolutionary medicines (in my case, immunotherapy) is absurd, as they literally saved my life only a few years ago. More relevant is that I was still in need of some therapy (blood and iron infusions) in 2020 for a persistent anemia, yet I was kicked out of the Vienna General Hospital in March to make space for putative Covid patients and to “limit infections.”³⁹ I experienced as a terrible betrayal that my treatment was interrupted all the way until 2021 and that it took several years for normal medical procedures to resume at the hospital. Also in France, hospitals have still not fully recovered.⁴⁰

39 See Muriel Blaive, “(Literally) Scared to Death. The Urgency of a Balanced Debate about Covid,” *Britské listy*, October 9, 2020, <https://blisty.cz/art/101421-literally-scared-to-death.html>.

40 Solenne Le Hen, “Covid-19: quatre ans après, les hôpitaux français ont retrouvé ‘au global’ leur niveau d’activité d’avant-crise, mais avec des ‘disparités préoccupantes,’” *France Info*, March 8, 2024, <https://www.francetvinfo.fr/sante/maladie/coronavirus/confinement/info-franceinfo-covid-19-quatre-ans->

To this day, neither the medical nor political authorities in Austria have reckoned with their actions during Covid. But artists and public opinion have done so: the director of the Vienna Festival, Milo Rau, put together a 20-hour mock trial of the Austrian leaders' handling of the Covid response, which left little doubt that the public received the Covid response as authoritarian, inefficient, extremely costly, and highly detrimental to children and to public health.⁴¹ An association of Covid vaccine injury victims also organizes well-frequented gallery exhibits in public places.⁴²

To sum up, what conditioned my urge to ask questions as the pandemic unfolded instead of taking our various policies for granted was that medicine is not an exact science; treatments must in any case be pondered and socially negotiated; and the priority given to Covid patients against any other type of patients was doomed to result in severe collateral damage.

So much for my “not believing in science.” On the other hand, if democracy is a good and necessary system, then censorship as a cornerstone of the Covid response was extremely damaging and unethical. Its only result was to replace productive disagreement with ontological denial and dehumanization.

Dehumanization became a political argument

Communist history shows that the political posture which consists in restricting the freedom of speech of critics is not a potent way to seduce the population in the long term, as

apres-les-hopitaux-francais-ont-retrouve-au-global-leur-niveau-d-activite-d-avant-crise-mais-avec-des-disparites-preoccupantes_6430231.html.

41 Joëlle Stolz, “Au festival de Vienne, le ‘procès’ du Covid,” *Le Club de Mediapart*, May 26, 2024, <https://blogs.mediapart.fr/joelle-stolz/blog/260524/au-festival-de-vienne-le-proces-du-covid>. Many thanks to Blaise Gauquelin for this reference.

42 See, for instance, a video of an exhibit on Vienna's Stephansplatz at the heart of the city on August 24, 2024, <https://www.impfopfer.info/impfopfer-galerie-wien-am-24-august-2024/>.

it only favors conspiracy theories while social discontent, if there is any, will manifest itself no matter the official narrative. A much better way to fight Covid deniers would have been to insist on debate and discussion, to think critically, to refute the pitching of “us” against “them.” Thinking critically means systematically challenging the established truth and taking nothing for granted; it does not mean silencing the people who express any form of dissent on the pretext that they talk like the opposite camp or that they put the public in danger by raising its critical awareness. What has put the public, or more generally democracy, in danger has been to hold monologues, on both sides.

The neo-totalitarian frame of mind equally shared on the right and on the left has reframed any political disagreement as an ontological issue. It has only served to instill in society the belief that the opposing party deserves no less than dehumanization, while division and rejection of dissenting opinions is the proper way to lead public debate. Or rather, there is no need to lead a public debate anymore, since one’s camp unfailingly holds “the truth” and the opposing camp must be silenced.

This is why it is crucial to reestablish a sphere in which it is safe to be neither a “leftist” nor a “populist,” but a critical citizen who reasons independently of politics.

In order to do this in this volume, Chapter 1 delves into the way in which the normalization of fear and social compliance has laid the groundwork before and during Covid for what some call “digital authoritarianism.” Chapter 2 explores the collateral damage wrought by lockdowns and censorship, using my own experience of Facebook censorship as a case study in biopolitical issues. In Chapter 3, I examine the instrumentalization of science and expertise during the pandemic. Chapter 4 assesses the detrimental impact of Covid

policies on our democratic institutions, advocating for an urgent reassessment. And lastly, the conclusion scrutinizes the response of liberals to Covid, framing it in fact as a manifestation of illiberalism, and probes the pandemic as a moral and intellectual crisis for the liberal left.