

# **Medical Technocracy, Extreme BioPower and Human Rights: Heretic Criticism of "Public Health" Authoritarian Corona Policies<sup>1</sup>**

Daniel Mishori, PhD  
Tel Aviv University  
d.mishori8@gmail.com

## **Abstract**

This paper presents remarks and considerations for the coming controversy on the Corona policies (or “scandal”). It is argued that these policies unjustifiably infringe on individual rights, and seriously threaten democratic values. These policies expose deficiency in political theory, unable to restrain the “rule of experts” and their recommended policies, allegedly based on solid “science” and medicine, but often reflect professional and other biases, resulting in loss of scientific integrity, infringement of basic individual rights and breach of medical ethics.

Public health Corona considerations warrant frightening paternalism, promoting dystopian states based on unrestricted “extreme biopower” policies which govern human bodies, including enforced mass “treatments” (lockdown) with unprecedented authoritarian control.

As a profession, public health developed indifference (and even intolerance) to individual rights, since their prescribed mass practices (e.g., water fluoridation or vaccines) were often countered by skepticism. It thus became a professional habit to enforce policies which are considered desirable from PH

---

<sup>1</sup> Dedicated to the memory of Professor Marcelo Dascal (11.11.40-15.4.19)

perspective, thus forming an authoritarian mindset, mostly undisturbed by infringements of individual rights, truth and conventional medical ethics, including a habit of exaggerating benefits of PH policies and undermining social costs (“side effects”), harms and injuries. Such habits breach basic scientific and medical ethics, defile free and unbiased argumentation in science, and make PH and medicine mostly a matter of belief in the opinions and worldviews of medical hierarchies and technocrat experts: scientism.

Current political theory is based on the antiquated theory of "separation of powers" (government, legislature, and judiciary). Technocracy became a Fourth Power, relying on the prestige of science, still unchecked and regulated, especially with relation to individual rights.

“Disbelievers” in current PH corona policies are contemporary "heretics", on par with religious heretics in the past. They may suffer from similar persecutions and legal restrictions, including the threat of state (legal) violence, unless their rights are protected as classical liberalism previously protected freedoms of belief, conscience and religion.

“Heretics” often adhere to natural health, currently not part of medicine and its conception of human nature. Separation of the State from Medicine [appendix I] (excluding the necessary regulation and state-sponsored or subsidized medical services) could secure the right to natural health (including medicalization-free cannabis and psychedelics), individual rights and democratic values, in post-corona liberalism or libertarianism. Appendix II describes "Chi-Corona", Chi-Kung breathing techniques which enable civil-disobedience: presence in public space without infringing on the (medically unjustified in open spaces) Israeli PH guidelines of mandatory facial masks (exempted for respiratory consideration during physical exercises).

**Keywords:** Bioethics, Public Health (PH), Individual Rights, Public Space, Medicine, Medical Technocracy, Extreme Biopower, Post Corona Syndrome Disorder (PCSD)

## **Preface: “The road to hell is full of good intentions”**

By May 2020, many countries have seen the sudden dismantling of democratic values and individual rights on the grounds of alleged public health “emergency”, declared after people were systematically frightened of a Spanish-flu like-pandemia, with doom and gloom predictions which proved utterly false. The predictions caused unjustified panic and hysteria, orchestrated by “experts”, devoted to public health, in order to justify unprecedented policies with apocalyptic economic and social costs.

Epidemiological theories and models proved fallible and erroneous; a public health parallel of the “millennium bug” (Y2K). The political, social, economic and ethical consequences of the corona scandal (and their interpretations) will determine life in the coming decades, in which the principal threat is no longer viruses and pathogens but the loss of individual freedoms and the imposition of authoritarian and totalitarian regimes, based on cutting edge technologies, who speak in the name of narrow-minded medicine, presenting itself as indisputable science.

Resistance is still possible; heretical views could still be expressed, but social networks and internet search-engines are already censoring skeptical views as “fake news” or “fake science”, based on the source of information, thus making disciplinary hierarchies in science and medicine controlling “truth” in the public sphere, on par with “high priests” and churches in previous eras. Authorized to interpret reality and to determine “truth” from “fake”, the experts impose their biased worldviews, science and ethics, creating a new atheistic church-like structure whose authoritarian tendencies were exposed during the corona crisis.

The antidote for this dangerous social epidemic is critical free and unbiased scientific debates (Dascal, 1988), bioethics (Potter, 1988), ecological and social ethics (Maboloc, 2020), and reinstatement of individual rights, including the right to natural

health (and freedom from biopower and enforced medicine), and to clean and healthy environment.

### **Introduction: Personal Israeli Perspective on the Corona Crisis**

Israel was one of the first countries outside East Asia to respond to the Coronavirus by effectively closing its borders by forcing quarantine on incomings from most countries, thereby shutting down tourism and aviation. Stricter policies soon followed at a dizzying pace: mass gatherings were prohibited, then escalating restrictions culminating in total closure, including the shutting down of universities and the education system, fencing off the beaches and parks and prohibiting distancing of more than 100m from homes. The new regulations, issued by a temporary government after a long political standstill, were enforced by the police, municipal inspectors and sometimes even the army; there was no political opposition to the corona policies, and the new government (May 2020) (same prime minister), continues the same policies, with “mitigations”, that might end if a “second wave” of corona cases emerge, despite the fact that predictions of 10,000 dead by the end of April 2020 culminated in 200 cases, mostly old with background conditions.

The “experts” interpret the numbers as a hallmark of “success”. In the meantime, Israel became the first democracy to employ the secret service using anti-terrorism technologies such as digital monitoring and surveillance on its own citizens for “public health” reasons (Sargusti, 13.4.20). In two weeks at the beginning of Mars 2020, my personal and professional life was totally disrupted, including cancelations of my Firmness (Chi Kung, Tai Chi, Yoga) classes and my ability to maintain family relations. Few days after the shutting down of TAU, I went to my office to collect students' essays and books. On the way out, I found myself hiding from the police, then cycling through the forbidden empty HaYarkon Park. From then on, I was living a life of “dissident”, soviet-like opponent to the regime, practicing

civil disobedience (based on a strict determination not to endanger anyone), in order to maintain harmless activities such as morning and evening meditations on the beach, long-distance cycling, love, or social and family relations and responsibilities.

My personal experience was particularly perplexed since I've personally debated the Ministry of Health and its medical experts on water fluoridation and medical cannabis (including expert opinions submitted to the supreme court of justice; 2016, 2019), and found their position on these issues biased, lacking in ethics and in scientific and medical integrity. Recently—working on vaccines, LED and EHS—found their position just as debatable. With little trust in their science or ethics, I presumed (based on preliminary facts) that reality will disprove their corona models, theories and predictions.

Now we are told there will never be “back to normal”, that the new “normal” is a corona “routine” which imposes economically-unsustainable social distancing and regulations to the degree that most classes in TAU's sports center were canceled; the new corona “routine” includes stricter surveillance policies based on the presumption that “public health” ends justify intrusive means.

Future debates with medical experts will have to question conventional scientific and philosophical presumptions, for example, the conventional conception of “health”, which denies natural healing, herbal medicine, yoga asanas or breathing techniques (pranayama, chi kung).

We need an enlightened conception of Health, unbounded by disciplinary models of medicine (including their positive manifest achievements); likewise, we desperately need freedoms from authoritarian expert policies. Otherwise, medical technocracy might end with medical fascism, totalitarian states dominated by conceptions and worldviews of experts, who believe they know everything about health, even when they fail to practice yoga or other integrative consciousness-body practices. We need separation of medicine from the state, and restatement of individual natural rights, including the right to

natural health, in an era of unrestricted biopower on the grounds of "public health".

This paper argues that the State has no right to enforce extreme biopower policies, which infringes on basic individual rights, and argues that future political theory will have to guaranty freedoms from enforced medical treatment and freedom from technocratic (state and international) "experts" and their beliefs.

## **Part One: Brave New Public-Health World Order**

### **1. Current (semi-religious) divide between "believers" and "disbelievers."**

Globally, people are now being divided into two groups: "believers" and "disbelievers" in the official public health corona narratives of reality.

Both groups are extremely heterogonous. The main difference between them is their emotional and psychological experiences during the emergency "lockdown" regime and related policies. Believers consider recent events as necessary and justified, although miscalculations and errors may have happened. "Believers" often share the basic conceptions of the medical worldview. They share fears from viruses and bacteria, believe in hygiene and sanitation, use fluoride toothpaste, vaccines and pharmaceuticals, and consider health as mostly a matter of availability of advanced medical treatments and infrastructures.

Disbelievers question the actual severity of the corona threat, and thus do not believe that the actual threat warrants the unprecedented infringements on individual rights and on the "old" (imperfect) social and economic order. Some disbelievers adhere to so-called conspiracy theories (which may sometimes be true). All disbelievers developed strong distrust in governments' considerations and motivations, and doubt that sober professional considerations could justify current utterly disproportionate authoritarian policies. Disbelievers have thus

experienced threatening unjustified authoritarian “new world PH order”.

Disbelievers are the contemporary heretics. Their future might resemble that of religious heretics in past generations unless their rights are protected as classical liberalism previously protected freedoms of belief, conscience and religion. Heretics often adhere to natural health, which currently is not part of medicine and its conception of human nature. Separation of the State from Medicine and checks and balances on the power of technocrat experts, are the only ways to secure the right to natural health, individual rights and democratic values.

## **2. Scientific and unscientific facts of COVID-19**

The coronavirus and pandemic are scientific facts. Their significance, however, is open to interpretations, which produce unscientific “facts”, reflecting beliefs and interpretations from allegedly objective facts, described in reductive experts’ disciplinary-science dialects, and reflects their world view (scientism). The corona is a complex (a) health, (b) medical and (c) PH challenge. For most people, about 99%, the coronavirus is a mild health challenge, to the extent that most (especially the young) will never get sick or encounter only mild symptoms. From a medical point of view, some do not meet this challenge well and need medical assistance. If too many require assistance simultaneously, health systems might not be able to provide every needy with adequate medical care. However, as a PH challenge, the coronavirus is largely misinterpreted. Instead of focusing on the relative ease by which relatively-healthy population copes with the virus as a health-threat, and on negative contributing factors (air and EMF pollution), the medical “public health” authorities focus on the immediate cause—the coronavirus—thereby demonstrating their inability to distinguish necessary and sufficient conditions for health or illness.

If coronavirus is mostly harmless for most people, it means that health and disease do not depend entirely upon random

encounters with viruses. If a healthy person, certainly the young, wouldn't get sick or will have only mild symptoms, it means (in technically logical terms) that the coronavirus is only a *necessary* condition for disease, not a *sufficient* condition. Hence, the hygiene and isolation strategies focus entirely on avoiding the necessary condition, not on the sufficient conditions of a healthy lifestyle, environment and mental health, which guaranty (according to statistics) overcoming the virus and acquiring personal health and eventually "herd immunity".

Present policies prolong unnecessarily the state of herd immunity, while inflicting incalculable costs on 99% of relatively healthy individuals, while unintentionally jeopardizing their health with "side-effects" of the coronavirus policies in incalculable multiple synergetically-interacting negative ways. The places which suffered the most (e.g., the city of Wuhan [China], North Italy or the US), show that air pollution and non-ionizing radiation (5G infrastructures deployed in these places) might be risk factors, and warrant application of the precautionary principle. Viruses are not more threatening than radiation-emitting antennas (one needn't adhere to "conspiracy theories" in order to take minimal precautions).

Likewise, prior negative health conditions (especially diabetes and overweight), should become PH priority. Such considerations depend on lifestyle, food and environmental quality. The corona crisis powerfully demonstrated that "medical" considerations might fail to consider broader health factors, such as financial firmness, social and family support circles, physical exercise, sunlight, or individual rights. Everything is subjected to "flattening the curve" considerations and to the irrational fear of (modern demons) viruses. Hence, the coronavirus is a scientific fact, the belief-system which places absolute significance on the virus, and not on health, is reductive scientism which overemphasizes medicine over health.

### **3. Brave New World Order**

Public health considerations recently shattered 20<sup>th</sup>-century values and conventions, when a state of emergency was declared: the threat of the Coronavirus.

In the old world, freedom of movement (within and between states), freedom of association or the rights to privacy (including freedom of surveillance) were considered self-evident, as well as the ability to earn livelihood in a variety of occupations. These were suspended indefinitely for "public health" considerations.

The New World bears a horrifying resemblance to dystopias in which the State has total despotic control over citizens. A new political theory is needed to explain how this is possible, and how democracy has been replaced by a new (temporary or long-lasting) regime: "medical technocracy". The new dystopia is based on new tools which have not yet been systematically used in former dictatorships: Extreme BioPower, based on alleged "Public Health" or "medical" considerations. We therefore urgently need enlightened bioethics, which connects hard science with ecologically ethical outlook (Potter, 1988), that can account for the frightening unity formed between the State and the medical profession, based on recurring alleged epidemic threats (in 2018-9, measles and flue).

### **4. Acute National & Global Epileptic Autoimmune Response**

If nations were a social "body", their medical condition during the Corona crisis resemble acute epileptic and autoimmune response: lying helpless on the ground, basic life functions have been discontinued and others only partially functioning. Barely communicating with the outside world (no proper tourism or aviation, travel or trade), unable to comprehend (disabling education and higher education systems), breathless (economy), vital functions of life and beauty completely disabled (recreation, Catering, entertainment and the arts).

Worse than any are her mental states: anxiety, helplessness, panic and hysteria (orchestrated from above and echoed in the media), behavioral changes (OCD-like behaviors, such as compulsory washing hands, wearing surgical masks and latex gloves), and complete disruption of personal identity (democracies abruptly denying human rights).

This response is autoimmune, since these conditions were caused not by an epidemic, but by the fear of an epidemic, and by the over-reaction of the social body's immune system: the health system. Severe autoimmune response, since for most people, the risk of corona is more or less the risk of "normal" flu, or the risk of being injured by a car accident, for which we do not shut down the economy or lock people in their homes, "for their own safety".

## **5. Extreme Biopower**

Present "public health" policies rely on extreme biopower, exposing seemingly democratic regimes as hollow facades. "Extreme biopower," since health authorities in Israel and elsewhere allowed themselves, under the pressure of seemingly threatening epidemic, to demand and obtain government consent (and tacit consent from the justice systems) to suspend most civil rights, including freedoms of movement, privacy or association, and even the rights to social life, Love, work and family, to nature or public space.

The concepts of BioPower and BioPolitics originated in Michel Foucault's *Philosophy* (Part I of "The History of Sexuality," 1976), which addresses the role states play in shaping citizens' health, including techniques to control and directly affect the human body. Prevalent previous examples—sexuality, abortion (or woman's' right to her body) and mental health—are dwarfed by current scales of restricting individual rights.

The question arises, what right do the "experts" have to recommend such extreme policies that completely ignore individual rights, and what can be learned from this about

"public health" and medical ethics in the Corona era? (Recall these are supposedly experts of "public health", not democracy, society, economics, ethics or human rights.)

## **6. Previous Extreme Biopower: Cannabis and Psychedelia**

Numerous people have already been living for many years under the burden of extreme biopower: cannabis users (for medical, spiritual or other purposes) and consumers of psychedelics. Members of these groups have been persecuted by the state and by global institutions for many years, without any real scientific, health or medical justification. The medical establishment has long been cooperating with this persecution (on par with former church "inquisition" practices), mostly under "conservative" stance that disapproves consumption of non-pharmaceuticals drugs, based on seemingly threats to public health (and the fact they are not regulated like pharmaceuticals), and implicitly support their continuing criminalization.

Alternatively, the medical establishment is "flexible" if and only if "medicalization" (rather than legalization) procedure is performed, transferring the power over cannabis and psychedelics to the medical establishment, even though there is nothing in physicians' training or education that qualifies them to administer non-pharmaceutical drugs, herbal medicines, natural healing or Psychedelia. In Israel, tens of thousands of patients (and their families and friends) have experienced the violence of cannabis medicalization — the arbitrary narrow indications and deliberately expensive, slow and cruel bureaucracy. In the future, similar medicalizations are planned for psilocybin (magic mushrooms), MDMA, LSD, ketamine, etc., as contraindications of depression, PTSD and anxiety. The main thing is that control will be given to the medical establishment and pharmaceutical companies.

Currently, anyone who does not have a medical license for cannabis is persecuted by the police as a criminal (illegal use of a

prescription drug) and has been handed over to the unjust treatment of the judicial system, ruled by law rather than justice. Similar extreme biopower is currently being experienced by citizens around the globe, for reasons of "public health".

## **7. The "Rule of Experts" and Medical Technocracy**

The medical technocracy that thrives on the ruins of democracy is an expression of in-depth processes, most notably the "rule of experts" (Mishori, 2019, 2019a). It is an expression of the current academic structure and of a prevalent contemporary theory of science. According to this erroneous theory—which equates the structure of Academia with the idea of Science—modern science is so advanced that no single scholar can master the whole of science. Therefore, in every field of research evolved sub-domains, disciplines and sub-disciplines, focused on their specific methodologies and research questions, which only experts can master. Therefore, in any particular sub-topic, only the opinions of "experts" count, whereas "non-experts" (including the intelligent, informed people or experts in other domains) are commonly excluded from the discourse, as unversed in that sub-topic scientific dialect.

These dynamics create hierarchical and conservative academic disciplines, impervious to external feedbacks, prone to group thinking, bounded by "accepted and acceptable" considerations in the international community of the discipline or sub-expertise (Mishori, 2019).

Academic freedom is preserved only in accordance with "accepted and acceptable" considerations of given disciplines; The Academic Appointments Committees also operate according to the same logic, totally bounded by disciplinary rankings and professional authorities (e.g., journal editors), basing their decisions on the recommendations of experts in each field.

In the case of a new debate, which has not yet been approved by the discipline (e.g., non-ionizing radiation risks), suppressive forces capable of suspending academic freedom are

exercised, such as cancellation of a Conference on Electromagnetic Hypersensitivity Syndrome (EHS), and an attempt to cancel the "Experts Forum" on biological effects of non-ionizing radiation, at Tel Aviv University, on the eve of the Corona crisis (Lavi, 25.2.20) (Experts Forum, 2020).

In people's minds, and according to our social systems, including the government and the justice systems, "science" is what the experts say, and what they deny is not science (confusion between the scientific [skeptical and argumentative] method, and the beliefs of experts).

In the past, the church had the authority to determine reality. Today, science fulfills the same social role. If science does not adhere to critical and skeptical criteria, it becomes a church-like, belief in science and in the words of scientists: scientism.

The fact that Academia world-wide has not challenged "public health" guidelines that imply a breach of individual rights, nor even their own closure, proves that our universities are less critical and skeptical than most academics imagine.

The academy trains experts, who are accredited by the academy, and serve in key roles in bureaucracy, thus creating technocracy, "the rule of experts". Their authority is derived from both their bureaucratic role and their academic/scientific aura of expertise. In the case of physicians, this authority is reinforced through disciplinary mechanisms (e.g., professional unions) and through their intercourse with regulatory bodies (e.g., FDA, CDC) and international bodies (e.g., WHO).

In the Corona crisis, the experts were given the authority to determine reality (an epidemic which seemingly justifies suspension of "old" world order), and to recommend or enforce their solution to reality (PH emergency policies). Current political theory ignores technocracy and based on an important but antiquated and obsolete theory of "separation of powers" (government, legislature, and judiciary). Technocracy is commonly seen as part of the government: in practice, it is a kind of fourth authority, whose relations with the other powers and with citizens (including issues of individual rights) have not yet been settled. In fact, the other powers of the state regard

technocrats as experts in the sense of expressing unbiased professional (scientific) opinions, which the justice system is often unwilling to challenge (and thus, the authority of “expert opinion” in courts of law).

## 8. Recurring Failure to Respect Individual Rights

The Corona crisis demonstrated that human rights considerations and individual freedoms are insignificant for policymakers. The head of public health services in Israel used Chinese policies to treat Corona as a positive example, during a Knesset (Israeli Parliament) committee discussion on citizens surveillance. She also argued for “both closure and personal oversight and total cessation of individual rights” (Landau and Lies, 19.3.20).

China is an authoritarian country; at least it isn’t a democracy. How is it possible that Chinese methods are so well suited for “public health” experts? According to the head of public health services, in an interview prior the Corona crisis, “Public health is a balance of interests - individual rights and public rights. If one concludes that there is a clear and immediate danger to public health – we can take many steps, even extreme ones, but we must always balance it. With legal and ethical considerations. It's no easy task.” (Dover, 12.5.19).

The question is, who is qualified to find these balances? And why does the Corona crisis seem so unbalanced? The context of the interview was “anti-vaxers”, skeptical opponents to current public health policies regarding vaccinations, which were the first to be exposed to “public health” methods: silencing critical debate about vaccine safety, incitement against “anti-vaxers” as spreading preventable epidemics (e.g., measles; Mishori, 2019a), complete abolition of “informed consent” and recommendations on coercive measures (e.g., expel from kindergarten and education system, mandatory vaccinations).

This, instead of answering justified skeptical criticisms (e.g., the fact that “safety” trials of vaccines do not include real “placebo”—inert substance—but always either an old vaccine,

or the vaccine without the bacteria or viruses, but with the entire toxic and potentially hazardous preservatives and adjuvants).

## 9. A Tradition of Disrespecting Individual Rights

In the field of public health, a tradition of disrespect for individual rights emerged, for example in relation to doctors who oppose vaccination policies, whose right to freedom of speech and expression has been denied by the editor of the rules of medical ethics in Israel:

Freedom of speech and freedom of expression are fundamental rights in any democratic society, but in recent times there have been too many cases of doctors who not only publicly speak out against vaccines but also recommend homeopathy as protection against illness. Such doctors endanger not only their patients, but society as a whole. (Reches, 3.6.19)

By silencing homeopathy, medicine silence alternatives to its professional (imperfect) conception of health, a totalitarian mindset. Even water fluoridation seemingly justifies compulsory treatment (suspension of informed consent), according to well-meaning experts. For example, a “community dentistry” and public health expert argued in the Internal Affairs and Environmental Committee of the Knesset (16.3.16):

If there was any real public health concern - no matter where, in all the thousands of studies done - and the World Health Organization or the NIH or any other body would wake up and say there was a risk, I think they would be the first to stop it and surely your loyal employee would join the demand Stop the fluoridation. Public health overrides individuals' rights. Thanks.

In the case of vaccines or water fluoridation, “public health” professionals habitually fail to respect informed consent, seemingly the foundation of medical ethics. In the Corona crisis, “public health” considerations serve as justification for draconian and frightening means of controlling the “subjects” of the health system, ordinary citizens.

Informed consent assumes personal autonomy, and sees individuals as moral agents, with sense of responsibility and an ability to act based on moral and rational judgment. This was the attitude towards citizens in Sweden during the Corona crisis: not coercive measures but “strong” recommendations for behavior, with no complete lockdown or shutdown of civilian, personal or economic life. Hence, the decision in Israel and in other countries to use coercive measures require reflections and public debate.

Moreover, the experts were the first to demand the use of invasive digital monitoring measures, such as those used in the event of terrorism. Presently, plans for “return to normal” include “in the third phase... opening up public space commerce like street stores with digital tracking of incoming, ...similar to a model operated in East Asian countries” (Yarkatsi, 16.4.20).

In these circumstances, *Corona policies could be interpreted as reflecting PH tradition of extreme biopower and disrespect for individual rights*. Individual rights are not a redundant privilege during an emergency. On the contrary. Their removal might give discretion to people who may (intentionally or not) abuse their power, in the name of Science or of protecting the public. WF is a prime example of extreme biopower, since “for their own good”, people must change the molecular structure of their teeth, from hydroxyapatite to fluorapatite (Mishori, 2019a), profoundly disrespecting Barry Commoner’ maxim “Nature’s knows best” (one of his “four laws of ecology” [1970]), and individuals’ right to their God/evolution given teeth. With “firmness in their right”, PH experts recite “safe & effective” mantras, denying reality (re safety issues), dishonestly framing their opponents as irrational, emotional, conspiracy-minded “anties”.

## **10. Medical Logic or Control Complex?**

Many citizens do not understand some of the more draconian guidelines of Israeli PH experts. For example, citizens were ban (for 6 weeks) from distancing more than 100m from their home, which meant unnecessary restriction of individual sports (walking, running or cycling), or the ban on public parks, nature reserves or the beaches.

In what way does a person endanger herself, or others, if she goes for a mile or ten or a whole marathon while maintaining social distance?

How does bathing in the sea or running at the beach endanger anyone?

If experts were to recommend voluntary social distancing, for reasons of obvious caution, one should consent. Current policies project unrestrained use of force to compel citizens to obey guidelines of "medical" reasoning that can and should be debated in democratic states and in free-thinking science.

Such guidelines reflect disrespect to basic civil rights such as freedom of movement or the right to societal relations, to Nature or to public space.

## **Part Two: Medical Ethics**

### **11. Bioethics of "Flattening the Curve"**

The corona biotical dilemma is seemingly this: in "business as usual", without draconian policies, the coronavirus will spread rapidly, leading to a plethora of severely ill patients which public health systems are unable to treat and will collapse. In order to "flatten the curve" of infections, mutual responsibility is required, for the benefit of the elderly and those with background health conditions. Anyone who opposes the severity of current steps is presented as having a rough heart for

the weak and the elderly. Alternately, they are presented as failing to understand the science/medicine ("non-experts").

This definition of the problem includes hidden presumptions about reality, e.g., that "public health" is primarily a function of exposure to pathogens (viruses, bacteria, etc.) and the availability of medical services (e.g., number of respiration machines), and thus the necessity of current "queue management" policies. This policy is suspected (rightly or wrongly) with a tendency to manipulate data, which currently (for example) does not distinguish between those who died *with* the virus (but from background medical conditions) and those who died *from* it.

The fact that most of coronavirus deceased are elderly with "background conditions" justify such questions, as part of the future Corona controversy, since "public health" policies have long list of severe "side effects" (below), the consequences of which were not sufficiently considered (or callously regarded as necessary) when experts argued hysterically that the curve must be "flattened". In Israel, as in most places, citizens were not democratically consulted regarding the extreme measures taken to confront the virus.

## 12. "Side effects" (partial list)

As with any (conventional) medical treatment, Corona's "public health" policies (panic, social distancing, quarantine and closure) had "side effects":

A. Direct harm to civil health, including anxiety and depression from the epidemic (presented as more threatening than it really is) and social and personal isolation; Harm to public health due to the complete disruption of the ability to be physically active, to breath clean air and to see sunlight; Harm to public health due to the rejection of diverse medical treatments that have become "non-urgent" / elective, and the disabling of alternative and complementary medical services; Impact

on disadvantaged populations due to disabling much of the services they need, especially those with special needs whose care has been deferred, reduced, and likely to be severely damaged in the future due to resource scarcity; Damage to social and family relationships; Dramatic increase in cases of domestic violence, including sexual, and an increase in health disruptive behaviors (smoking, alcoholism, and more); Tens of thousands of children and adults with special needs are closed in homes and institutions with no access to supportive care or settings; families collapse; Torn relationships, adults and seniors found themselves completely lonely, and more;

B. Severe damage to the socio-economic structure due to "shutdown" policies (the details were omitted);

C. Suspension of the democratic regime and civil rights; Including freedom of movement and association (and congregation); The right to family (families split between different homes were subjected to long separation), the right to nature and public space (not allowed to go to public parks or the beaches), and a complete loss of the right to privacy: monitored cellular devices, digital surveillance and drowns; Cops bullying residents who just come out to breathe some fresh air, in ways that cannot endanger the public;

D. Every citizen is potentially an "enemy of the public".

E. The Post-Corona Syndrome Disorder (PCSD)

### **13. Every Citizen is a "Public Enemy"**

Pandemic emergencies frame every citizen as potential health threat; each person is potentially an enemy of the public, especially if vague PH draconian guidelines make everyone potential transgressors. Enemy of the public is the one who threatens the safety of the public, even unconsciously by simply being careless. According to governments' guidelines, public's safety is in danger if we run in open-air, relaxing in parks or

beaches; contact an older person (a risk group), or failing to follow sanitation or hygiene guidelines or to download new smartphone application which warns of suspected coronavirus and trucks our whereabouts': Short way to Chinese style "social credit", which ranks citizens according to their obedience to authorities.

Could "unauthorized" encounter with another be considered a crime? As if the right to maintain social relations, in the non-digital sphere, and perhaps even love, was also taken at once. I couldn't help imagining an investigation, at a police station or a secret-service facility, where the researcher looks at my cellular track and asks for explanations. Probably, many experienced such thoughts in the first weeks of closure. And how far away is the moment when loyal citizens will inform the authorities about neighbors or family members who are not strict about "public health" instructions? Is there a difference between such a regime and Medical Fascism? Now it is easy to understand what life looks like under totalitarian regimes, and we have just begun...

#### **14. The Post-Corona Syndrome Disorder (PCSD)**

The Post-Corona Syndrome Disorder (PCSD) describes a variety of "side effects" of current policies: both physical and mental negative health conditions.

A friend of mine currently suffers from hemorrhoids. It started after the first month of closure and "lockdown". He works in the entertainment and culture industries, which are still suspended in the new "routine", and worries about his future, with hardly any income or economic safety nets. His condition, registered nowhere, is one of the social "costs" of current policies.

The corona policies are creating numerous difficulties, which will have multiple negative mental and physical implications. The longer PH regimes continue, the more and worse cases of PCSD will appear, mostly unregistered and uncompensated.

## **15. Medical Ethics?**

Medical ethics in the narrow sense is based on (1) informed consent (respecting patients' autonomy) and (2) "first do no harm" (*primum non nocere*), caution since medical treatments themselves might cause harm or injury. Since Israeli citizens have not been asked to consent with Corona policies, current policies do not comply with the first rule of medical ethics. Moreover, instead of recommendations for voluntary behavior that would reduce infection, the experts demanded and obtained government approval for measures that implied long-term suspension of individual rights.

Long-term, since experts expect future "waves" of infection, perhaps in the summer or next winter, and another outbreak later... Suspension of human and civil rights is the new "normal", in the vision of the health system.

The "lockdown" policy also fails also to meet the second rule of "first do no harm", since economic "shutdown", the loss of democracy, human rights, freedom of movement, social epidemics (sexual and domestic violence, alcoholism, weight gain etc.), and PCSD, could all undoubtedly be counted as "damage" or "harm". Hence, "public health" Corona policies do not comply with the basic precepts of medical ethics.

## **16. Public Health Ethics?**

Here, PH experts are quick to explain that in the field of "public health," unlike other medical fields, there are special rules of ethics. In this field, they say, it is about promoting the health of whole populations. Therefore, standard medical ethics rules do not comply. Here they work according to the higher principle of "the common good", as conceived in PH. "Common good" is an important principle in any political system, though it might serve as an instrument by those who believe they know better than anyone the common good and enforce their opinions.

Friedrich Hayek (1944) accurately warned in his book "The Road to Serfdom" from planned economics (communism, fascism). He showed the short way that seemingly good intentions result in suppressing freedom of expression and free debate, and then to escalating coercive means, authoritarianism and dictatorship. His warnings are just as adequate for contemporary "public health", as they were during World War II.

\*

From the perspective of moral theory, the idea of "common good" was articulated in utilitarianism, a theory that judges the virtue of acts according to their consequences. According to utilitarianism, an act is "good" if it maximizes the benefit/happiness for maximum people affected, compared with the alternatives.

Hence, a positive utility (benefit) does not justify an act, if there are better alternatives (including the calculation of negative impacts). In economic language: cost-benefit analysis. To date, no such analysis has been presented re corona policies. Had such analyses been made, it is highly doubtful that present authoritarian policies and their side effects" could be considered a utilitarian "good".

\*

A known disadvantage of utilitarianism is its relative underemphasize of individual rights; individuals become part of calculations, emphasizing public good. However, most scholars agree with JS Mill (1859), that liberty is the best utilitarian option in most cases and should be respected as a general utilitarian rule. Critics have warned of "common good" approaches which might degrade to regimes that fail to respect individual rights, in relation to PH (Gostin, 2010, chapter 1). Such policies also contradict the principles of liberalism or libertarianism.

So far, public health experts have mostly presented a one-dimensional approach, overemphasizing "flattening of the curve" over everything else, without "proportionality" (in legal language). Assuming there are prices for "public health" policies, it is necessary to show that the alternatives have been weighed, including the prices and costs of selected policies (Kass, 2001). Clearly, alternatives have not been properly considered in most countries, except in Sweden and a few other places.

The threat of epidemics, bacteria and viruses accompanies humanity for generations, and will continue in the future. Presently, and for the first time, the ideas of "individual freedoms" or "democracy" are threatened by "public health" policies. The authority to determine the degree of individual freedom pass to "public health" experts and their considerations, which may be less than perfect, despite their pretensions to "science", since the scientific method tends to be confused with scientific consensus, produced within disciplines, subject to hierarchical mechanisms and biases.

\*

From a Kantian deontological point of view, public health Corona policies clearly violate the second formulation of the categorical imperative:

Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end."  
— Immanuel Kant, *Grounding for the Metaphysics of Morals* (1785), 4.429.

We already know that the coronavirus is practically harmless to children, teenagers, the young and the healthy. Lockdown policies are justified by the prospects of the young getting the virus and infecting the vulnerable, thus creating a "curve" which health systems could not cope with. Hence, "shutdown" strategies use every member of society (and society

as a whole) as means for a public health end: "flattening the curve". Hence, current policies seemingly violate the two main theories of action ethics: utilitarianism and deontology.

## **17. International (and therefore seemingly universal) Logic**

The fact that most countries employed the same policies seemingly supports a prevalent opinion, that these policies were necessary and unavoidable. Another possibility is that everyone works according to the same theories and epidemiological models, and not that these theories or considerations are immune to criticism.

The principles of the Corona policies were designed by experts, discussed in international forums, led by the World Health Organization and private or unelected bodies (e.g., Johns Hopkins University, Bill and Melinda Gates Foundation, the World Economic Forum), which anticipated the possibility of a global pandemic event and prepared action plans.

On the eve of the crisis (18 October 2019), EVENT 201, an international conference on Global Pandemic Exercise took place, in which a scenario was played of (surprise) a global corona pandemic (!), causing 65 million deaths worldwide.

<http://www.centerforhealthsecurity.org/event201/>

Hence, the tools were prepared as part of a well-rehearsed concept of apocalyptic proportions and were apparently over-triggered when the current crisis broke out.

Over-activation or overreaction, since recommendation # 3 of EVENT 201 emphasized the need to maintain global travel and trade relations, even in case of Pandemia, for reasons of global and local economic resilience. It seems that, like religious fundamentalists, PH experts believe in radical "better safe than sorry" measures, to err on the "safe" side. They all "knew" what a global corona pandemic means, and acted as prepared.

Following the outbreak of the corona crisis, EVENT 201 published clarification intended to prevent "conspiracy" interpretations:

EVENT 201: Statement about nCoV and our pandemic exercise. <https://bit.ly/2RTb6ZA>

"Conspiracy" isn't the only explanation for public health corona policies. The experts (who participated in the discussions or were informed of it) did not report their recommendations to the public; there was no public discussion on the proportionate, appropriate and necessary steps in case of a global epidemic event, nor regarding the severity of an epidemic which justifies anti-democratic measures or totally-disrupted economy.

The experts sat together, breathed together (con-spiracy), and were united in one consciousness regarding the question, "What to do in the event of a global corona epidemic?" All it takes to exercise the means discussed in EVENT 201 is WHO's declaration of "pandemia."

The exercise relied on preparatory work done in recent years at the World Health Organization, in a series of "preparedness" guides for pandemics (e.g., WHO, 2018, 2018a).<sup>2</sup> The steps currently taken are listed. Among their recommendations are "compulsory vaccination" (2018a, section 2.2), as well as steps that "conflict" between PH policies and individual rights and freedoms:

2.3 Policy decisions may result in a conflict between the goal of protecting the health of the population and respect for individual rights and freedoms. (WHO, 2018a).

For years, "public health" policies recommended suspension of individual rights in various scenarios, without public awareness or consent. Public health experts ignored the

---

<sup>2</sup> The current head of public health services in Israel spent a year with the World Health Organization, as preparation for her office, and was thus well-versed with pandemic protocols whose variants were applied worldwide.

consequences of events that transform democracies into authoritarian regimes of medical-technocracies.

Democracy is useless if a group of international experts (hopefully with impartial good intentions) can, after breathing together (con-spiracy) in professional settings and conferences, conclude that in certain scenarios democracy and individual rights could be abruptly suspended. Democracy ought to be defended by law and constitutions against such dynamics.

## 18. Two Possible Scenario Ending

The October 2019 EVENT 201 scenario...

...ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease. (ibid) (underlines added)

<https://www.centerforhealthsecurity.org/event201/scenario.html>

Multiple questions arise from this short passage: Are we willing to suspend individual rights for at least 18 months? How will our civil life, political systems and economy survive prolonged “new routine” of economically devastating PH corona policies? Moreover, if the actual numbers and risks of the corona pandemia are so significantly lower than predicted, shouldn't policies be revised?

The EVENT 201 scenario ends after 18-month point, “until [a] there is an effective vaccine” or [b] “until 80-90 % of the global population has been exposed”, that is, with “herd immunity”, in which the virus is “likely to be an endemic [i.e., mostly harmless] childhood disease”.

Current “flattening the curve” policies slow down the process of acquiring herd immunity, leaving only scenario A: “an

effective vaccine". Then, the coronavirus, instead of becoming "endemic childhood disease" will become another vaccine routine for children (to prevent infecting the vulnerable), imposing on them unnecessary medical treatment (vaccine), whose (unregistered) side effects might outweigh the small benefit, as in the case of other formerly mild childhood diseases (measles, rubella). Natural herd immunity isn't a priority for PH experts; they prefer vaccines.

## **19. Internal-disciplinary Logic**

Currently, the world is acting according to public health experts', a sub-discipline in medicine; The basic assumptions of medicine in general, and of public health in particular, are suddenly enforced on all, in the name of "science".

"Heresy" is impossible. Critical voices are hardly heard in the media and censored by social networks and search engines (often classified as "Fake News" or "fake science").

Heresy is impossible for simple reason: it is allowed only in only relation to religion, not "science", at least not in relation to medicine, especially not in the field of "public health", certainly not during "emergency".

In Israel, all complementary and alternative health treatments were suspended as part of the emergency guidelines of the Ministry of Health, after being classified in the category of "Culture, Recreation and Sports". Very convenient: eliminating the competitors. If this is not a violent use of force to control a worldview, then what is it?

Disciplinary logic now underpins academia and technocracy, forming the "rule of experts." This logic assumes that science is no longer unified, but speaks a multitude of different professional languages and dialects (modern Tower of Babel), where in each field or sub-domain the experts have relative absolute dominion, in semi-feudal system, each controlling her own domain. Therefore, there is almost no academic or scientific challenge to the logic of PH experts, during routine or emergency.

The few critical voices are hardly echoed in the media. Decisions are made in limited forums that include the "experts" and a handful of government or international officials. In Israel, there was no challenge in the political system to the corona policies, as if it was a matter of experts only, not of public policy or of political significance, thus exposing a meta-ideology which currently governs all parties, making any political argument redundant: not (yet) any alternative/opposition to current policy logic, just like in the case of vaccines.

## **20. Big Brother and the Panopticon**

Most frightening of all measures taken so far in the name of "public health" is the establishment of the "Panopticon": the "Big Brother" which always observes citizens, through the permission given to security agencies in Israel to monitor the movements of civilians (mobile and digital surveillance), in complete violation of their privacy.

The "Panopticon" is an architectural proposition conceived by philosopher Jeremy Bentham (1787), as a means to govern people, for example in prisons. In a circular structure, the guards are in the center, secreted from the cell dwellers. The prisoners cannot know if guards are watching them, but they must assume they are constantly being watched. For Foucault, this means individuals' internalizing the authoritarian gaze, even when they are not watched at.

In Israel, The Ministry of Health completely fails to understand the sense of threat and complete disruption of privacy. In their opinion, in the circumstances of an epidemic outbreak, "it is difficult to say that the patient will feel despised or humiliated by the information gathering and processing". This was their argument during a hearing in the High Court of Justice, in which they revealed that "the extension of the [digital] tracking [of citizens] will also include the [secret-service's] tracking of contacts with corona patients, and of contact with those who were in contact with a patient." (Bandel, 16.4.20).

At present, Israeli citizens are only one step away (government decision and Knesset approval) from setting up surveillance cameras with a facial recognition algorithm, thus closing the "Big Brother Always Watching" circle, which might be followed by a Chinese-like "Social Credit System", which in China include violating traffic rules such as jaywalking and red-light violations. As of June 2019, millions of air tickets and high-speed rail tickets have been denied to people deemed "untrustworthy" (on a blacklist).

So far, most PH experts have not cried against such measures, which are a smaller step toward a freedom-less future than steps already taken during the corona crisis.

\*

Moreover, the Israeli Prime Minister suggested that, in order to prevent infections, children will have to wear "sensors", prisoners-like electronic bracelets, like those already used for kindergarten toddlers in Millan Italy (LANDONI, 6.5.20), and by dock workers in Belgium (Meisenzahl, 9.5.20).

These electronic bracelets emit radiation, which might endanger the children, and are in total violation of any sense of privacy.

## **21. Public Trust, Civil Disobedience, and the Bigger Big Brother**

So far, many people in Israel and elsewhere have shown they are capable of standing up for their rights and adopt various forms of civil disobedience in the tradition of Henry David Thoreau and Mahatma Gandhi. Without jeopardizing public health, they left their homes for a run, led their dog beyond the arbitrary 100 meters distance, breathed fresh air, sipped sunlight, and tried to maintain "normalcy" that does not endanger others, including in parks or beaches, mostly during hours that police and municipal supervisors were not imposing governments emergency regulations which expelled the public

from public space (supposedly the commons, belonging to the public).

In doing so, citizens proved that public trust is limited, and may collapse completely when facing disproportionate policies (PH equivalence of over-medication), whose medical, economic, civic and democratic logic could be questioned. Meanwhile, civilians practice evading police and city inspectors, trying to maintain sanity for a morning run or walk in the park, sensing the burden of extreme biopower, which makes most normal behaviors legal transgressions, and transforms the state and its authorities into a scary enemy.

## **22. Public Space Permits?**

The closure policies began in Israel with the scandalous and medically-senseless decision to enclose the beaches, parks and natural reserves. Now the Israeli government is contemplating a “green badge” for the elderly, aged 65 and over, theoretically a risk group and therefore the last to be freed from closure policies. In fact, the so-called risk group of 60-69 has a 96% chance of recovery, 70-79 have 92%, and 80 and older 85% recovery (Barnea, 1.5.20). If infection rates are higher than registered, the recovery rate is even higher and the risk milder.

This “ingenious” idea comes from the Ministress of Social Equality (Gamliel, 3.5.20): “The green note will be a kind of license for [the elderly—above 65] to move in public space, just like the younger ones. This process will include a health statement, a physician's approval of normal health, and a commitment to update the Ministry of Health on any health change. Anyone who meets these conditions will receive a valid green license for a year from the Ministry of Health.”

This paternalistic system of “public space health permits”, “in favor” of the elderly, presumes the elderly don’t have independent judgment. This solution is designed to “prevent the directive that all senior citizens should not leave their homes.” In fact, this policy institute a regime of license for public space, later to be applied to all citizens, whose coronavirus and later

measles, flue or any other infectious-diseases (vaccination?) status will be examined. Only PH-approved licensed citizens will be allowed in formerly “public” space.

Citizens should reclaim the commons of public space and Nature (Mishori, 2014); otherwise, they might be lost, governed by priests-experts of PH Medical technocracy, based on false presumptions that people are vulnerable to viruses to the extent they better stay home, or may be dangerous for others and therefore stay home unless proved harmless (incapable of causing infection), presumably by vaccine permits.

### **23. The Shock Doctrine?**

The "shock doctrine" is a nickname given by journalist and author Naomi Klein (2007), for using actual or apparent crises to advance policies considered desirable (for example, privatization of Louisiana's education system after Hurricane Katrina).

In recent years, fierce suppressed controversy erupted over vaccine safety. Skeptics (and victims) of vaccines have been portrayed as irrational "opponents" or “anties” (derogatively referred as “antivaxers”), allegedly relying on “fake science” and questionable facts. During the measles outbreak in 2018-9, and in WHO’s “ten global threats to global health 2019”, they were portrayed as spreading diseases, and demands for mandatory vaccines policies were proposed.

As we have seen, it is a PH convention that the current crisis will continue, including limiting freedoms, until a vaccine or treatment is found for Covid19.

This suggests that we might be approaching an era of forced-vaccination, under the auspices of the Corona panic crisis.

The corona vaccine will probably be approved at record time, shortening safety procedures, incapable of monitoring long-term "side effects". “Digital immunity proof” requirements might be instituted at border crossings, as an international policy to-be recommended by the WHO. Such requirements will

effectively make vaccines mandatory for those who wish to travel.

Demands for mandatory corona vaccines (starting with children) will follow, to a disease that is clearly not dangerous to 99% of the population, certainly not for children. The excuse would be the potential infection of the vulnerable, a "vaccinated herd immunity" instead of natural herd immunity (healthy population exposed to viruses and becoming resistant)—ending the "antivaxers" debate. In the future, they'll say the controversy over vaccines ended when a "real" crisis broke out, and then everyone "understood" vaccines were the answer. "Everyone" is those identifying "health" with pharma-based "medicine".

## Conclusions

Based on epidemiological theories and statistics, the experts warned of a medical-epidemiological *tsunami*. People were affected by the coronavirus, and many suffered and died, but the medical-epidemiological tsunami wasn't as high as predicted by the statistics, and was dwarfed by the unjustified Panic and Hysteria and by the "side-effects" of the "treatments" prescribed by PH experts, whose power to govern social policies supersedes the power churches used to have in the past. Science and medicine emerged as belief-systems, with professional hierarchies and modern demons (bacteria and viruses), mostly unaware of their scientific (reductionist, materialistic and atheistic) and ethical presumptions.

PH models and theories led to a world-wide state of "emergency" that created two "Siamese crises" in public health: (A) An epidemic threat; (B) numerous economic, social and health "side effects" of PH policies, which prolong natural "herd immunity", and involved disproportionate violation of individual rights, exposing the fragility of democratic institutions: no check and balances on power of well-meaning experts, who speak in the name of "science".

The question of the "scientificity" of PH should be evaluated according to science philosopher Carl Popper's (1902-

1996) criterion of “refutability” or Falsificationism. According to Popper, an idea is “scientific” if it can be refuted in principle, through an empirical or logical test (1935). Since predictions are accepted as criteria for refutability, the corona models and predictions, which proved utterly false (whether because of missing or insufficient data, professional biases or errors), should be counted as disproved scientific theories.

Alternately, if PH experts insist their corona policies were justified, despite the fact their predictions and models were wrong, it means there are no conditions for refutability, and thus their theories might not qualify as “science” (hence, they are either *wrong or unscientific*). Or we could adopt a fallible conception of science, as an art rather than an undisputable description of reality. The Art-science will be less dogmatic, open to discursive ethics and pluralist contributions, which could counter the human tendency for errors. Popper’s criteria also provided protection of truth and liberty from philosophical presumptions that underlie various versions of totalitarianism (Popper, 1945). Presently, Truth and Liberty are threatened again by PH authoritarian policies and disrespect of individual rights.

We therefore urgently need an open public and scientific controversy (Dascal, 1998), regarding the causes and aftermath of the corona policies, including individual rights and ethical considerations. Such a debate (which shouldn't degrade to disputes on “who is right”) is essential to current and future integrity of Science and Medicine, as an antidote to scientism. This debate should include rethinking scientific, medical, social and ethical presumptions, including regarding relations between the state and experts, the boundaries of science (incorporating non-experts eco/biohacking), and restatement of individual rights which ought to include, explicitly, the rights to natural health, freedom from biopower and enforced medicine (including PH measures), or the separation of medicine from the state.

Currently, people around the world are forced to live according to PH questionable scientific theories, whose

authoritarian power resemble that of churches in previous eras. We therefore urgently need the explicit freedoms of religions and conscience to include freedom from "orthodox" medicine and science. The old science/religion divide had collapsed, in a world of questionable alleged scientific PH statements, beliefs and enforced practices.

The "negative" freedom from "orthodox" medicine and science could have a positive spiritual interpretation, as firm belief in the basic health, integrity, wisdom and beauty of the human Form and the human body (Hebrew: Tzelem צלם), as created by evolution and the Ultimate supreme intelligence of Nature. This conception corresponds to the ecological outlook, as depicted in "deep ecology" (Capra, 1987). There is an urgent need to re-establish individual rights, most notably the right to natural health and freedom from enforced medicine and from oppressive biopower, including "public health" policies. Freedom of conscience and religion requires that citizens could live according to principles of natural health, which includes clean and safe unpolluted environment (radiation and LED included), unprocessed food and a viable ecology.

The right to natural health also include the right to consume (non-medicalized) cannabinoid nutrition (including extracts and oils), to grow or share herbal & food medicines and to make informed & responsible use of psychedelia.

The corona EVENT had some positive consequences: cleaner air in cities, reduced traffic and congestion, time for reflections, life relatively out of the greed, being in the same place for a while, cessation of thought-less practices such as over-consumption, intimacy with family or neighbors, new social habits, and more. We should cherish such experiences, and wish for humanity and ecology successful integration of insights, for a better and healthier future.

## References

- Barnea N. (1.5.20). At six after the epidemic. Yediot Achronot. [Hebrew] <https://bit.ly/2y13tJP>
- Bendel N. (16.4.20). Head of public health services in the Supreme Court: Consider expanding the ISA surveillance significantly. HaAaretz. [Hebrew] <https://bit.ly/3bhaFig>
- Dascal M. (1998). The Study of Controversies and the Theory and History of Science. *Science in Context*, 11 (2): 147-154.
- Dover, SH. (12.5.19). How to deal with those who oppose vaccines? Globes. [Hebrew] <https://bit.ly/3arjUfL>
- Experts Forum (2020). 2020 Expert Forum: Wireless and Cellphone Radiation and Public Policy. Tel Aviv University [English] <https://bit.ly/3dMUdZ8>
- Foucault, M. (1976). The History of Sexuality (Part I).
- Gamliel, G. (3.5.20). The exit strategy from the crisis for senior citizens. TheMarker. [Hebrew] <https://www.themarker.com/news/.premium-1.8816997>
- Gostin, L. O. (Ed.). (2010). *Public health law and ethics: a reader* (Vol. 4). Univ of California Press: Ch 1: Public Health Law, Ethics and Human Rights: Mapping the Issues <http://publichealthlaw.net/Reader/ch1/ch1.htm>
- Hayek F. (1944). The Road to Serfdom.
- Kass, N. (2001). An Ethics Framework for Public Health, *American Journal of Public Health* 91: 1776-1782. <https://bit.ly/2KiOhdC>
- Knesset (16.3.16). Protocol of a meeting of the Knesset's Interior and Environment Committee. [Hebrew] <https://bit.ly/2MBT8ab>
- Klein, N. (2007). The Shock Doctrine: The Rise of Disaster Capitalism.
- Lavi, A. (25.2.20). Angry researchers: Tel Aviv University canceled conference on radiation damage [EHS]. [Hebrew] <https://www.zman.co.il/84512/open/>
- Landau & Liss (19.3.20). "A Total Break of Individual Freedom": The Protocol of Closure Discussion on the Corona. Haaretz. [Hebrew] <https://bit.ly/2xY066e>

- Landoni L (6.5.20). Bambini all'asilo con il braccialetto che vibra e si illumina quando ci si avvicina troppo: l'idea nel Varesotto. La Repubblica. <https://bit.ly/3fCnwPx>
- Maboloc C.R.B. (2020). Editor. *Ethics in Contemporary Philippine Society*. SMKC Publishing, Davao City, Philippines.
- Meisenzahl M. (9.5.20). Dock workers in Belgium are wearing monitoring bracelets that enforce social distancing — here's how they work. Businessinsider. <https://bit.ly/2WsKlh7>
- Mill JS (1859). On Liberty.
- Mishori, D. (2019). The Rule of Experts: Academic Freedom, Professional/Academic Ethics and Disciplinary Science. *Social Ethics Society Journal of Applied Philosophy* 5, (2): 23-62. <https://bit.ly/2VE7QIP>
- Mishori, D. (2019a). Water Keepers, Fluoridation and the Rule of Experts: Bioethics, Biohacking, and Disciplinary Science, *Eubios Journal of Asian and International Bioethics EJAIB* Vol. 29 (1): 18-27. <http://www.eubios.info/EJAIB12019.pdf>
- Mishori, D. (2018). *Firmness (Firmeza): Meditations on First Philosophy and Environmental Ethics* (Research on Body, Consciousness and the Environment). Graff Publishing. [Hebrew] <https://environment.tau.ac.il/FirmnessBook>
- Mishori, D. (2014). Reclaiming Commons Rights: Public Ownership, Human Rights and Future Generations. *Journal of Law and Ethics of Human Rights* 8 (2): 335–366.
- Popper, K. (1945). *The open society and its enemies*. Routledge, 2012.
- Popper, K. (1935) (1959—1<sup>st</sup> English edition). *The Logic of Scientific Discovery*. Routledge, 2002.
- Sargusti, A (13.4.20). Surveillance State — A Comparative Review of Corona's Struggle in Countries Around the World: Israel has gone far beyond all democratic countries in using invasive and intrusive technological means and invading privacy. *The seventh eye*. [Hebrew] <https://bit.ly/2LoyaM7>

WHO (2018). Essential steps for developing or updating a national pandemic influenza preparedness plan. Geneva. <https://bit.ly/3cB1lHr>

WHO (2018a). A checklist for pandemic influenza risk and impact management: building capacity for pandemic response. Geneva. <https://bit.ly/2XU0Cg2>

Yarkatsi, D. (16.4.20). Aged 70 and over at home, graded return to work: The Ministry of Health's plan to return to routine. Walla. [Hebrew] <https://bit.ly/2KdlGGy>