



CHAPTER 7

Mass Paranoia and Hysteria: Turning Society Against Itself

In keeping with totalitarianism, Covid-era psychological warfare worked to turn people against one another, to prevent them from uniting against their oppressors. Mass paranoia was inculcated through the lie that “anyone can spread it.” Guilt was weaponised to blame and shame those not following the “rules” and “protecting others.” Mask mandates segregated society. Dissenters were scapegoated. A new form of hate speech was introduced: “anti-maskers,” “anti-vaxxers,” etc. Members of the public were encouraged to police one another. The public was primed for violence against dissenters misleadingly framed as “fringe.” The “pandemic of the unvaccinated” myth styled the outgroup as vectors of disease, like Jews in Nazi propaganda. The “vaccinated” were turned on the “unvaccinated” through mechanisms of blame, medicalised apartheid, incitement of hatred by the media, and lies that hospitals were filling up with “unvaccinated” patients. Society is now divided between those who can see through psychological operations and those who cannot.

THE PRODUCTION OF MASS PARANOIA

Tavistock’s John Rawlings Rees was inspired by British imperialist methods that enabled limited regular military forces to maintain control over foreign populations that were, in principle, capable of defeating them. This required finding sociological and psychological means of dividing the population against itself, so that the regular military forces

never faced more than a hard core of resistance fighters (Marcus, 1974, p. 14). Similar means can be used against domestic populations. According to Versluis (2006, p. 143), for instance, “The totalitarian system is predicated upon paranoia and division [...] Society turns on itself, urged on by the ruling authorities. The effect of such a collective psychosis is to strengthen the power of the authorities [...]” Similar principles were followed by the “Covid-19” operation.

“Anyone Can Spread It”

The first step in turning society against itself was to create mass paranoia (extreme irrational mistrust) by terrorising the public into believing that *anyone* can be a vector of deadly disease. Thus, in late March and early April of 2020, UK Government/NHS posters urged, “ANYONE CAN GET IT. ANYONE CAN SPREAD IT” and “ACT LIKE YOU’VE GOT IT. ANYONE CAN SPREAD IT.” The public was instructed not to come within two metres of another human being and soon people were swerving to avoid one another, displaying what Lacter (2007), in the context of ritual abuse victims, calls a “global distrust of humanity.” Kidd and Ratcliffe (2020) observed at the time: “People we might once have passed on the street with a smile or a nod are now experienced as potential disease carriers, to be met with suspicion or avoided.”

Kevin Corbett (2020) notes that the government’s list of “very generic and non-Covid-specific symptoms,” which includes such mundane symptoms as a sore throat, temperature, and dry cough, “weaponises the everyday experience of people and instils contagion-fear, loathing and ultimately paranoia.” If “anyone can spread it,” then asymptomatic transmission, too, poses an existential threat. Inculcating paranoia was the name of the game: “Almost every decision now comes with a paranoid new calculus: How do you minimize your risk of contracting or spreading COVID-19?” (Gates & Gates, 2021).

“ANYONE CAN SPREAD IT” propaganda in the UK was put out in late March 2020. Yet, on April 2, 2020, the WHO was still claiming that there was no evidence of asymptomatic transmission, according to later testimony provided by Health Secretary Hancock, and there was “a global scientific consensus” at that time that “coronaviruses do not transmit from people who don’t have symptoms” (Science and Technology Committee and Health and Social Care Committee, 2021, p. 21). On July 5, 2020, Hancock claimed that in the month leading up to

April 16 (when blanket testing of all patients discharged from hospital was introduced), “it was not known about the asymptomatic transmission of this disease, because no other coronavirus transmits asymptotically” (“Hancock: Asymptomatic coronavirus transmission ‘was not known,’” 2020). If there was no knowledge of asymptomatic transmission of “SARS-CoV-2” as late as mid-April, why was UK Government/NHS propaganda premised on that very concept? The only plausible answer is to create mass paranoia and hysteria.

There is a connection in the epidemiology literature between asymptomatic transmission and justification of quarantine measures. For example, “the use of quarantine will be most beneficial only when there is significant asymptomatic transmission [...]” (Day et al., 2006, p. 484). Or “If asymptomatic individuals transmit at a rate that is at least 20% that of symptomatic individuals, quarantine is always more effective” (Podder et al., 2007, p. 185). In the “Covid-19” context, the idea of asymptomatic transmission is needed to justify “lockdowns,” for if the virus were only (or predominantly) spread by those with symptoms, there would be no need to place the whole of society under “a form of house arrest” (Sumption, 2020, p. 1). As in the past, the sick could isolate, leaving the rest of society to get on with life.

The WHO’s Maria Van Kerkhove claimed in a press briefing on June 8, 2020, that asymptomatic transmission of “SARS-CoV-2” is “very rare” (cited in Perez, 2020). The following day, however, having apparently been disciplined for going off message, she changed her position to “there is a subset of people who don’t develop symptoms and to truly understand how many people don’t have symptoms, we don’t actually have that answer yet” (cited in Joseph, 2020). The *Guardian* misreported this as “Maria Van Kerkhove says she accepts models show up to 40% of infections come from asymptomatic people” (Boseley, 2020). Widespread asymptomatic transmission of “SARS-CoV-2” was part of a *narrative* rather than a scientific fact.

What was the scientific evidence of asymptomatic transmission of “SARS-CoV-2” in 2020? According to Craig and Engler (2020), a high volume of CCP-approved studies appeared in the early days, and the most frequently cited Western meta-analyses of those studies, even after excluding most of them for not meeting the qualifying criteria for scientific significance, are based on studies which all come back to the same “surprisingly small number of cases (six in total globally),” involving alleged asymptomatic transmission to a total of just seven other people.

In other words, the scientific evidence base for asymptomatic transmission was practically non-existent.

A new propaganda offensive by the UK Government in winter 2020/21 sought to reinforce the threat of asymptomatic transmission. Everyone was urged to stay at home and “act like you’ve got it,” with the Department of Health and Social Care (2021) claiming that “Around 1 in 3 people with COVID-19 don’t have any symptoms and can pass it on without realising.” “Act like you’ve got it” turns “Covid-19” into a perverse performance, with otherwise healthy people acting as though they are diseased in a kind of mass hypochondriasis. The disease need not even exist in an objective scientific sense for its performance to make it real as a pervasive social phenomenon. The “1 in 3” claim, which was aggressively pushed for months, was incompatible with ONS data; a more accurate estimate, after adjusting for false positive PCR tests, was 1 in 19 (Fenton et al., 2021), assuming the disease exists.

Fauci claimed in January 2020 that “In all the history of respiratory-born viruses of any type, asymptomatic transmission has never been the driver of outbreaks [...] Even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers” (cited in Ballan, 2021). There are obvious reasons for this: viral spread requires viral replication and shedding, and in immune individuals, the virus is prevented from replicating rapidly (Craig & Engler, 2020). The chance of asymptomatic carriers spreading the virus is therefore low. Some people may be presymptomatic, but in the case of “SARS-CoV-2” even this accounts for a “very small proportion of transmission [$< 7\%$]” (Craig & Engler, 2020). Corroborating this figure, laboratory-confirmed “cases” in which no symptoms were reported were consistently between 1 and 7% in 2020/21 according to Fig. 12 of the UK *Weekly National Influenza and COVID-19 Surveillance Report* (e.g., Public Health England, 2021). Some of those “cases,” however, will involve detection of non-viable RNA fragments rather than live virus because PCR and lateral flow tests are incapable of distinguishing between the two (Pollock & Lancaster, 2020). Thus, asymptomatic transmission of “SARS-CoV-2” did not pose a major threat and the paranoia induced by “ANYONE CAN SPREAD IT” was morally and scientifically unjustifiable.

“Protecting Others”

With society having been induced into a state of mass paranoia, a new moral order was introduced under which following orders (“government guidelines”) was equated with virtue (“civic duty,” “protecting others,” “doing the right thing”), while non-compliance (resisting tyranny) was associated with vice (“selfishness,” “irresponsibility,” “putting other people’s lives at risk”).

The “Covid-19” moral order elevates the collective above the individual and represents an attack on liberty. According to Schwab and Malleret (2020, p. 87), “The pandemic has forced all of us, citizens and policy-makers alike, willingly or not, to enter into a philosophical debate about how to maximize the common good in the least damaging way possible.” Maximising the common good is a totalitarian principle. As per Point 10 of the Nazi *25-Point Plan*, “The activities of the individual must not clash with the general interest, but must proceed within the framework of the community and be for the general good.” It is worth remembering that when individual rights and due process were suspended the day after the Reichstag fire—very likely a false flag event (Hett, 2014; Sutton, 2016, pp. 118–19)—this was done in the name of “protecting” the public, via the Decree for the Protection of People and State.

In the “Covid-19” context, the Scientific Pandemic Insights Group on Behaviours, a UK body tasked with using behavioural psychology to help create behaviour change in line with SAGE recommendations, immediately pointed to the need to “emphasise and explain the duty to protect others” and added that wearing face masks outdoors “could complement existing government messaging of social responsibility if communicated alongside the effectiveness of masks in protecting others who are not infected” (SPI-B, 2020a, p. 2, 2020b, p. 1). The NHS contact tracing app was promoted using the slogan, “Protect your loved ones.” Seeking to justify mask mandates on public transport, Transport Secretary Grant Shapps claimed: “a face covering helps protect our fellow passengers. It’s something we can each do to help each other” (cited in Wright, 2020).

Face masks were a powerful tool for promoting the idea of “protecting others.” As early as April 9, 2020, WEF agenda contributor Trisha Greenhalgh made the case for wearing masks to protect others in a *BMJ* comment piece (Greenhalgh et al., 2020). This was followed three days later by a preprint by WEF Young Global Leader Jeremy Howard, who

founded the #Masks4All “movement” and got 100 academics to co-sign an open letter calling for U.S. states to mandate the wearing of cloth masks (Howard et al., 2020). On April 16, Cheng et al. (2020) argued that face mask mandates “shifts the focus from self-protection to altruism.” Stutt et al. (2020) argue that “my mask protects you, your mask protects me.” All four pieces recognise the lack of scientific research on the efficacy of the public wearing of face masks during a pandemic, yet are willing to set aside basic evidentiary standards, based on the *perception* of an existential threat (and public perception is easily manipulated through propaganda). The “precautionary principle,” in this instance an anti-scientific moral imperative based on exploitation of a state of fear, is also invoked by these authors, and SAGE’s recommendations, too, “are based on a precautionary approach” (2021, p. 8). The worst can always happen, but there must be some sensible cost–benefit analysis involved—a risk assessment of the kind that the UK Government failed to conduct when introducing mask mandates. Even cloth masks were recommended, by SAGE (2021) and others, despite the admission of at least one author that “Wearing a cloth face mask is less about science and more about solidarity” (Kolstoe, 2020), i.e., is politically rather than scientifically motivated.

A UK Government and NHS advertisement from September 2020 featured a diverse range of people, speaking in a range of local accents, all reciting the mantra of protecting others:

“I wash my hands to protect my family”; “I wear a face covering to protect my mates”; “I make space to protect my Nan”; “Hands, face, space”; “I wash my hands to protect my colleagues”; “I wear a face covering to protect strangers”; “I make space to protect you”; “Hands, face space.” (James, 2021)

On November 3, 2020, the CDC (2020) released a video titled, “I wear a mask because.” In it, a range of characters meeting the necessary diversity requirements each deliver a line beginning with “I wear a mask because [...],” followed by a formulation of the “protecting others” motif (“I want *you* to stay healthy”; “I want to keep others safe”; “I want to protect everybody,” etc.).

The media conveyed the same message: “The main purpose of face coverings is to protect other people from coronavirus, rather than yourself” (Whitfield, 2021). According to the *Daily Mail* in November 2020,

“Face masks do NOT protect the wearer from coronavirus, but will stop them from infecting other people, Danish study finds” (Kekatos, 2020). In fact, the Danish study finds no such thing. It finds that face masks make no statistically significant difference to the likelihood of the wearer contracting “SARS-CoV-2” but remains agnostic with respect to the role of masks in source control of SARS-CoV-2 infection (Bundgaard et al., 2021). This is yet another example of the media twisting the truth for propaganda purposes.

The “protect others” motif was also applied to “vaccination.” For example, Matt Hancock claimed in November 2020: “Getting a vaccine—whether it’s for flu or hopefully for coronavirus—is something that not only protects you but protects the people around you. So it’s a really important step” (cited in Zeltman, 2020b).

“Protecting others” is a powerful propaganda device. For one thing, who would not want to protect others? It is very hard to resist unless one is willing to go so far as to argue that “government guidelines” were never fundamentally about protecting others—but that is not something that can be dropped into casual conversation or grasped without extensive prior research. “Protecting others” removes the possibility of saying, “I will take my chances” with a disease whose infection fatality rate is 0.5–1% according to the WHO (2020) and 0.23%, falling to 0.05% (corrected median) for the under-70s, according to Ioannidis (2021). Even though 99.95% of under-70s, therefore, survive “Covid-19,” “protecting others” creates a moral imperative to obey instructions that overshadow scientific evidence and common sense. As former Israeli health minister Yoram Lass reasons, “For the sake of a few people who anyways don’t have a long life expectancy, you don’t ruin a country. You don’t ruin the world” (cited in Magen, 2020). It is doubtful that the over-70s wanted the rest of society, including the young, to sacrifice their freedoms on their behalf.

Weaponising Guilt

The deliberate exploitation of guilt as part of psychological warfare is nothing new. Meerloo (1956, p. 81) refers to “the method of systematically exploiting unconscious guilt to create submission”; by such means were the Nazis “able to convert courageous resistance fighters into meek collaborators.” The CIA torture manuals propose inducing feelings of guilt in order to break the prisoner’s will: “Frequently the subject will experience a feeling of guilt. If the ‘questioner’ can intensify these guilt

feelings, it will increase the subject's anxiety and his urge to cooperate as a means of escape" (CIA, 1983, § J-2). For Ellul (1965, p. 312), a key objective of propaganda is to induce guilt feelings.

Guilt is also used as a control mechanism in cults. As "ultimate judges of good and evil within their world," cult leaders use "universal tendencies toward guilt and shame as emotional levers for their controlling and manipulative influences" (Lifton, 1989, p. 424). They set up standards of absolute purity for membership of the cult and wage an "all-out war upon impurity," demanding that cult members "strive permanently and painfully for something which not only does not exist but is in fact alien to the human condition." Every deviation from these impossible standards is used to shame the deviant, who is taught to expect punishment, humiliation, and ostracism. This guilt attachment to the cult serves as a powerful form of emotional bondage.

One way of leveraging guilt is to make the victim feel responsible for their own suffering: "[...] it should always be implied that the subject himself is to blame by using words such as, 'You leave me no other choice but to...' He should never be told to comply 'or else!'" (CIA, 1983, § I-8). In domestic abuse situations, the abuser typically blames the victim for their own suffering, claiming, for instance: "Look at all I have done for you—and you repay me like this!" (Anthony & Cullen, 2021). The victim may internalise the blame: "He only hits me because he loves me. It was my fault really." Responsibility for the abuse gets inverted when abusers paint themselves as victims: "See what you made me do?"

During the "Covid-19" era, the state assumed the role of the abuser, victimising the public. The chief mechanism of abuse was "lockdowns," which caused catastrophic psychological, economic, and social damage (Dettmann et al., 2022; Bhattacharya & Packalen, 2020; Green & Bhattacharya, 2021; Rancourt et al., 2021; Bardosh, 2023; Harrison, 2023), while doing nothing to reduce excess mortality (Agrawal et al., 2023). The "lockdowns" were the result, not of a "virus" with a 0.05% IFR for the under-70s (Ioannidis, 2021), but of government policy, with governments acting in lockstep at the behest of the transnational ruling class.

Yet, the UK Government blamed the public for its own degradation, in line with advice from behavioural scientists. "The public must understand," according to SPI-B (2020b), that "tighter restrictions will be immediately re-imposed if there is an increase in risky behaviour or infection rates—but that good adherence will provide the basis for further

resumption of activity if infection rates remain well controlled.” Beneath the pseudoscience, this amounts to a form of victim blaming: if the public does as it is told, the abuse will lessen; if it breaks the “rules,” the abuse will get worse.

The effect was multiplied by ghoulish propaganda showing “patients” (most likely actors hired by the PR companies responsible) wearing oxygen masks, with the slogan “LOOK [X] IN THE EYES” being variously followed by “AND TELL HIM YOU ALWAYS KEEP A SAFE DISTANCE,” “AND TELL HER YOU NEVER BEND THE RULES,” “AND TELL HIM THE RISK ISN’T REAL”—exactly the “hard-hitting emotional messaging” called for by SPI-B (2020a, pp. 1–2). Television “news” items also showed patients in oxygen masks, although concerns were raised that many of those patients turned out to be actors. Perhaps hiring actors is deemed more ethical than interviewing genuine sick patients, but it only adds to the impression that the “pandemic” was simulated. The aim of the propaganda was to guilt-trip people into complying with the “measures.” It also stoked the desire for retributive justice by showing the alleged victims of outgroup behaviour (cf. Drolet et al., 2016).

On July 15, 2020, the Government announced the “eat out to help out” scheme. Five days later, the *Independent* ran a piece titled “Boris Johnson says it’s our own fault if we face a second coronavirus lockdown” (O’Grady, 2020). This is consistent with narcissistic abuse: first encourage members of the public to get out and about, then blame them for doing so.

When thousands of holidaymakers flocked to British beaches in the spring and summer of 2020, they were portrayed as selfishly risking the health of others (“The weekend’s coastal visitors were irresponsible and selfish,” 2020). Yet, hospitalisation and death rates did not surge in Devon & Cornwall, a key “hotspot.” On the contrary, this was one of the few areas to be placed into Tier 1 (fewest restrictions) on November 26, 2020. Mark Woolhouse, an epidemiologist at the University of Edinburgh, told the House of Commons Science and Technology Committee on February 17, 2021: “There were no outbreaks linked to crowded beaches. There’s never been a Covid-19 outbreak linked to a beach, ever, anywhere in the world, to the best of my knowledge” (cited in J. Davies, 2021).

On October 4, 2020, with the new regional tier system of “lockdowns” imminent, SPI-B’s Susan Michie told LBC Radio that the public had been

“complacent” in not following the “Covid-19” regulations. The abusive relationship between the authorities and the public was established: “We were good, we did our best, but now we have been told we are complacent, and we are now trapped, just like a victim of abuse” (Scott, 2021). The pattern was obvious: “lockdowns are blamed on ‘the selfish’ who aren’t observing ‘The Rules’” (Harradine, 2020).

The authorities narcissistically refused to admit responsibility for their actions. For example, when Boris Johnson announced new “Tier 4” restrictions on December 20, 2020, which threatened to spoil Christmas for millions of people in London and surrounding areas, he claimed in a Downing Street press conference that although he was taking the decision with a “heavy heart,” the scientific evidence had left him with no choice (Cordon, 2020). Thus, the government is never to blame; it is always The Science™ which compels it to abuse the public. In classic abuser fashion, the government in fact blamed the public, as when Matt Hancock branded the huge number of people crowding into London’s railway stations to escape the restrictions in time as “totally irresponsible” (cited in Jones, 2020).

In the run-up to Christmas 2020, Public Health England director, Susan Hopkins, warned that for each day of relaxation on restrictions, five days of tighter restrictions would be needed (Roach, 2020). By wanting to enjoy Christmas, the public was made to feel guilty about spreading the virus and complicit in harsher measures to come. Rising “case” numbers were invoked as the pretext for asking families to reconsider their plans to meet up at Christmas, and a third national “lockdown” was threatened should “infections” continue to rise after Christmas (Rayner, 2020). On December 14, 2020, the 77th Brigade’s Tobias Ellwood told Parliament, “Let’s not begin the New Year with a 3rd Wave. Letting down our guard for 5 days over Xmas could be very dangerous indeed.” The following evening, Ellwood was caught, in the words of Home Secretary Priti Patel, “having dinner outside of the rules with a large number of people” (“Tory MP Tobias Ellwood broke Covid rules,” 2020). The third national “lockdown” in England duly began on January 5, 2021, even though UEA’s Paul Hunter saw no convincing evidence that Christmas did anything to make things worse (cited in Butcher, 2021).

Meanwhile, the “Zero Covid” agenda pushed by Independent SAGE (2020) (and more influential still in other island countries such as Australia and New Zealand) presented an impossible standard, reminiscent of Lifton’s (1989, p. 423) “standards of absolute purity for

membership of the cult” that are “alien to the human condition.” Nothing the public can do, on this agenda, is ever good enough; single “cases” are enough to “lock down” entire societies; and ultimately, only complete surrender to authority will suffice.

CREATING THE OUTGROUP

Scapegoating the “Enemy Within”

Meerloo (1956, 132) writes that totalitarianism “needs the images of outside enemies—imaginary cruel monsters who spread plague and disease—to justify its own internal troubles.” No less dangerous is the “enemy within,” for in totalitarian societies, “there is only a pervasive atmosphere of terror, and a projection of ‘the enemy,’ imagined to be ‘in our midst’”; in such an atmosphere, “no one knows any longer whom to trust”; there is “paranoia society-wide” (Versluis, 2006, p. 143).

Such tactics are not the sole preserve of totalitarian regimes. During the Cold War, similar tactics were deployed by the West, e.g. during the Second Red Scare using the communist “contagion” metaphor. Post-communism, the Club of Rome sought a new “common enemy against whom we can unite” and proposed “humanity itself” for its disastrous inference in natural processes (King & Schneider, 1991, p. 115). When this failed to gain traction, “terrorism” became the new “enemy within” after 9/11, and when that narrative started to wear thin after almost two decades (Hughes, 2022), it was replaced by the Covid-era conception of human beings as potentially deadly disease vectors.

According to Meerloo (1956, pp. 130, 122), “The more fear there is in a society, the more guilt each individual member of the society feels, [and] the more need there is for internal scapegoats and external enemies” against which to direct “the individual’s inner fury and rage.” A “pandemic” represents the ideal vehicle for generating scapegoats: “Throughout history, the important and recurring pattern [in pandemics] has been to search for scapegoats and place the blame firmly on the outsider” (Schwab & Malleret, 2020, p. 9). Befitting of a totalitarian society, Sumption (2020, p. 10) observes, fear “promotes intolerant conformism. It encourages abuse directed against anyone who steps out of line, including many responsible opponents of this government’s measures and some notable scientists who have questioned their empirical basis.” The mass fear propaganda in the spring of 2020 (see Chap. 4) had

predictable and deliberate effects. Lass, for instance, observes: “we have become monstrously hysterical and in the past fascist regimes have come to power. It’s the same type of craziness” (cited in Magen, 2020).

“Lockdowns” are an effective way of creating scapegoats, because they utilise a well-worn tactic of punishing an entire group (in this case, all of society) for the alleged misdemeanours of a minority. For POWs in the Korean War, brainwashing made it hard to observe comrades objectively: “In such surroundings, it is easy to make an innocent scapegoat for all the suffering of the group—and facts can easily be hallucinated in such an atmosphere of mass contagion” (Meerlo, 1956, p. 203). In the Stanford prison experiment, when one of the guards made the other prisoners repeatedly shout, “Because of the bad things that Prisoner 819 did, your cells are a mess,” 819 began shaking out of fear of retribution and immediately became more conformist (Perlstadt, 2018, p. 53). In applied behavioural psychology, a successful tactic has been “to make one gang member’s actions affect all his/her peer group,” e.g. by targeting the entire gang for an offence committed by a single member (Dolan et al., 2010, p. 31).

A well-known concept in psychology is the “fundamental attribution error”: “When things go well in our lives, we attribute it to ourselves; when they go badly, it’s the fault of other people, or the situation we were put in” (Dolan et al., 2010, p. 27). Those tricked into believing that they were behaving virtuously by “following government guidelines” naturally blamed the ongoing restrictions on those who refused to comply, rather than on those instigating them. As Sidley (2020) writes, “the altruistic majority who are openly conforming with the diktats will blame any subsequent increase in coronavirus cases or deaths on those who didn’t comply, while themselves taking the credit for any positive change in the statistics.”

Masks as Symbols of Social Segregation

On April 5, 1968, the day after Martin Luther King Jr. was assassinated, elementary school teacher Jane Elliott gave a famous lesson on discrimination in which she privileged blue-eyed schoolchildren over brown-eyed ones, who were made to wear special collars (Bloom, 2022). The following day, Elliott reversed the roles: now brown-eyed people were superior, while the blue-eyed had to wear collars. The children who were privileged performed better in learning tasks, while those made to

wear collars became miserable. A class of previously happy and friendly children was quickly divided into two antagonistic groups; on one occasion, physical violence ensued. Reflecting on their experiences on the third day, the class unanimously rejected discrimination based on eye colour or skin colour. Whatever one thinks about the ethics of Elliott's lesson in hindsight or its failure to get at the root causes of racial discrimination, it demonstrates how easy it is to divide people and turn them against one another based on arbitrary markers.

In the "Covid-19" context, mask mandates served as an instrument of social segregation, forcing the public to display outwardly who was willing to comply with the "measures" and who was not. In an interesting twist on the collars in Elliott's lesson, face masks were likened by critics to muzzles, putting the wearer "in a state of humiliation, like dogs not trusted off our leads" (Wright, 2020)—only now they served as symbols of belonging to the ingroup rather than the outgroup. "Virtue" and self-degradation were wickedly conflated.

In the view of Holocaust survivor Vera Sharav, "Mandatory masks are an insidious psychological weapon. They demean our dignity as free human beings. They do not work in this or any epidemic and they are the symbolic equivalent of the yellow star" (in Wolfe, 2021). A *Telegraph* reader expresses similar forebodings: "I would no more support masks than I would the dehumanising label of the Star of David forced on Jews in Nazi Germany to separate some people from others based on race marking them as dirty and unsafe to be near" (see InProportion2, 2021). The yellow star marked out Jewish victims of Nazi persecution, whereas the face mask signals compliance with the regime; both are instruments of segregation. Farringtons School in Kent, though, left little to the imagination when it made mask-exempt pupils wear yellow badges (Lewis, 2021).

Hate Speech

According to Meerloo (1956, pp. 137, 203), totalitarian regimes must "fabric a hate language in order to stir up the mass emotions" and the "enemy who is attacked by vituperative slogans is merely the scapegoat and substitute for all the anger and anxiety that lives inside the threatened people." Intergroup psychology lends itself to this: outgroup members are derogated as inferior/defective, meaning that smears and aspersions are "readily adopted and deployed along group lines, turning citizens

into propaganda multipliers, and stoking divide and conquer tactics and discouraging dissent” (Kyrie & Broudy, 2022).

Hate speech deployed against dissidents in the “Covid-19” context included such terms as “Covidiot,” “Covid deniers” (based on “Holocaust denial”), “anti-maskers,” and “anti-vaxxers,” as well as tired pre-existing pejoratives such as “dangerous conspiracy theorists,” “antisemites,” and “far right extremists” (cf. Fleet Street Fox, 2021; “Hardcore vaccine refuseniks could need deradicalising like terrorists,” 2021). The idea is that citizens themselves will amplify this propaganda, as after “9/11,” when the “conspiracy theorist” *ad hominem* proved sufficient to suppress critical questioning of the official narrative among the wider population for the better part of two decades.

In seeking to stir hate by appealing to the emotions, the trick is to present political problems in moral, rather than scientific terms, such that facts come to be discussed “in the language of indignation, a tone which is almost always the mark of propaganda” (Ellul, 1965, p. 58, n. 9). The attempt to repackage matters of scientific fact in moral terms was a feature of the “Covid-19” operation. Since The Science™ was supposedly beyond question, “questions about the adequacy of evidence [were] often reinterpreted in moral terms and dismissed as irresponsible acts of ‘covidioy’” (Kidd & Ratcliffe, 2020). Meanwhile, truthful speech which challenges emergent technocracy is rebranded as “harmful” and gets censored.

As a means of subliminal manipulation, “persuasion-by-association” operates by linking a certain idea, person, cause, etc. with another idea/image that is automatically regarded as either good or bad in a given culture, depending on whether the intended association is to be positive or negative (Huxley, 1958, p. 81). In “War on Terror” propaganda, for instance, ideas about Islam were routinely paired with negative concepts (e.g. “Islamic fundamentalism,” “Islamic extremism,” “religious terrorism”) (Jackson, 2007) to win public support for U.S. interference in a string of Muslim-majority countries. In “Covid-19” propaganda, the idea that is automatically to be regarded as good is The Science™ and the outgroup then appears in negative terms: “anti-masker,” “anti-vaxxer,” “science denier,” etc.

Snitching

Totalitarian societies get the citizenry to police itself: “each citizen is continually watched [...] His neighbors watch him, his postman, his

children, and they all represent the punishing state, just as he himself must represent the state and watch others. Not betraying them is a crime” (Meerlo, 1956, p. 121). With everyone a potential asymptomatic killer under “Covid-19” propaganda, citizens were similarly “enlisted in policing and punishing each other, adding an extra layer of division and fear between members of populations” and corroding popular resistance to abuses of power (Kyrie & Broudy, 2022).

In March 2020, SPI-B (2020a, p. 2) was already proposing strategies for getting community members to police one another: “Communication strategies should provide social approval for desired behaviours and promote social approval within the community”; conversely, “social disapproval from one’s community can play an important role in preventing anti-social behaviour or discouraging failure to enact pro-social behaviour.” Legislation, “with community involvement,” should be used to “compel key social distancing measures” (SPI-B, 2020a, p. 2). This came with the caveat that such measures need to be “carefully managed to avoid victimisation [and] scapegoating,” but the door to scapegoating was nevertheless opened.

British Home Secretary Priti Patel claimed in September 2020 that she would “call the police” if her neighbours broke the “rule of six,” thus giving the green light for the public to do the same (Heffer, 2020). Three weeks later, “Covid marshals” were introduced (Aitken, 2020). The fact that “Covid marshals” had no legal power to enforce any rules was beside the point: their psychological function was to create the impression of a society that must police itself, as well as to “impress pretended central authority upon local people and structures” (Thomson, 2020). Nazi Germany “institutionalized rewards for children spying on and informing against parents” (Zimbardo, 2005, p. 133); in January 2021, a *Telegraph* headline read: “Children can be used as undercover spies to report on parents,” according to a covert intelligence bill (Hymas, 2021). By December 2020, the enforcement mechanisms were clear: as psychiatrist Mark McDonald observes, “It’s actually coming from us, our parents, our children, our neighbors; it’s coming from businesses, corporations” (cited in Tapscott, 2020).

The enforcement was driven, not out of ideological conviction, but by fear. It was carried out in myriad small ways, not by ideological fanatics, but by ordinary people seeking to avoid ostracism and punishment (Hopkins, 2021c). Ostracism activates the same pain centres as physical pain and can be “one of the most aversive experiences for human

beings” (Kyrie & Broudy, 2022). It can therefore be used as a deterrent against dissent and opposition, because most people prefer the comparative safety of belonging to the ingroup (hence the metaphor of “following the herd”).

Fear of being accused promotes conformity and the betrayal of once close relationships (Meerloo, 1956, pp. 131, 103). In totalitarian societies, Hopkins observes, “It isn’t usually the Gestapo that comes for you. It’s usually your friends and colleagues” (2021a). This was certainly witnessed in the “Covid-19” era, with nonconformists unexpectedly, and to their horror, finding themselves discriminated against by those whom they had known their whole lives. Academics who spoke out against the “Covid-19” narrative were discriminated against by their own colleagues, as cases from Yale, NYU, and Stanford illustrate (Abaluck et al., 2020; Miller, 2020; Bhattacharya, 2023).

History teaches that “Institutionalized spying by friends, family, and neighbors” destroys social bonds and relations of trust, creating socially atomized ‘locked loneliness’” (Zimbardo, 2005, p. 134). In totalitarian societies where merit is gauged by denunciation of comrades, it follows that most people will keep to themselves for fear of being accused, creating an “atomized and individualized society” (Arendt, 1962, p. 323). This, surely, was a key purpose of the “lockdowns,” i.e. to atomise society and make people fearful of one another. An atomised society is unable to unite against the predator class that holds it in subjugation.

PRIMING THE PUBLIC FOR VIOLENCE

Manipulation of Base Instincts

Fromm (1960, p. 5) realised during the Hitler years that totalitarianism is “a political system which, essentially, does not appeal to rational forces of self-interest, but which arouses and mobilizes diabolical forces in man which we had believed to be non-existent, or at least to have died out long ago.” Meerloo (1956, pp. 133–4) notes that totalitarianism seeks to manufacture hysteria in order to “awaken the brute Neanderthal psyche in man,” which it can then exploit through the “systematic organization of the lower passions in man” to produce “violent and criminal” behaviour. According to Huxley (1958, p. 45), the demagogue makes his appeal to “subhuman mindlessness” and “moral imbecility,” qualities which are

found, not in individuals, but in crowd-intoxicated masses, as “symptoms of herd-poisoning.”

In the Stanford prison experiment (1971), a simulated prison environment led to unexpectedly sadistic outcomes. Even though participants were selected for their “normal” psychological profile, “episodes of deprivation, bullying, and humiliation emerged unplanned,” guard aggression continued to escalate even after most prisoners had ceased resisting, and the experiment had to be prematurely terminated for ethical reasons (Perlstadt, 2018, pp. 45, 55). “Lockdown” is a prison term, and the “Covid-19 lockdowns” acted as “a form of house arrest” (Sumption, 2020, p. 1), during which everyone was expected to “perform” the “pandemic” (see Chap. 6). Thus, the “lockdowns” produced a simulated prison environment and may have been designed with the Stanford prison experiment in mind, to bring out the worst in people. Like the guards in Zimbardo’s experiment, those who felt they had the power of the state behind them must have felt emboldened in their attacks on dissenters.

Two other experiments carried out by Zimbardo in the late 1960s and early 1970s found that anonymity leads to a greater propensity towards violence, and according to anthropological research, “societies that prepare young men for war by first changing their appearance through painted faces or masks tend to kill, mutilate, and torture their captives significantly more” than those which do not (Zimbardo, 2005, p. 138). One is reminded of *Lord of the Flies*: “[Jack] began to dance and his laughter became a bloodthirsty snarling. He capered towards Bill and the mask was a thing on its own, behind which Jack hid, liberated from shame and self-consciousness” (Golding, 2012, p. 63). The anonymity and deindividuation provided by masks diminishes empathy and accountability and frees hostile impulses. It is for similar reasons that armies give soldiers identical uniforms and haircuts, and why paramilitary organisations often wear balaclavas or cloth coverings to hide the face. A deindividuated persona—someone out of touch with their true self—can commit violent acts without hesitation or remorse. As Zimbardo (2005, p. 131) puts it, “anything that makes us feel anonymous perverts the human spirit into not caring for others—and makes vandalism and violence more probable.”

It is impossible in this context to overlook the role of face masks in the “Covid-19” operation. Among their many evil functions, face masks perform a deindividuating function. The face is traditionally where personal identity is expressed, yet the face mask hides half of it, including

most of the muscles through which emotion is expressed (Fischer et al., 2012, p. 266). Worn with sunglasses and perhaps a hat or cap, the face vanishes almost entirely—and with it nearly all expression of personal identity and indeed humanity. Face masks help to create the anonymity that is known to prime people for violence.

But what unleashes that violence? According to Zimbardo, “anonymity promotes destructive behaviour—*when permission is also given to behave in aggressive ways that are ordinarily prohibited*. War provides the institutionally approved permission to kill or wound one’s adversaries” (2007, p. 304, my emphasis). In that respect, recall the role of the British authorities in giving permission for mask wearers to behave aggressively towards non-mask wearers, viz. the injunction by the head of the London Metropolitan Police, Cressida Dick, on July 22, 2020, that mask wearers should “shame” non-wearers into compliance (“London Police to enforce Face Masks,” 2020). On October 8, 2020, the BBC’s Stephen Nolan ambushed a man who had gone into a store without a mask (perhaps legitimately, for all Nolan knew), harassed him, and was subsequently accused of “shaming ordinary citizens” (Zeltman, 2020a). In January 2021, Matt Hancock called on supermarkets to ban non-mask wearers (Merrick, 2021). Such actions greenlighted a witch hunt against those not visibly signalling compliance.

The actions of Dick, Nolan, and Hancock are consistent with a totalitarian regime under which citizens “no longer [have] to suppress or reject some of [their] own primitive [and sadistic] impulses. The system assumes the full burden of [their] guilt.” Civilised standards, Meerloo (1956, p. 133) continues, are corrupted as “flowery catchwords, such as ‘historical necessity,’ help the individual to rationalize immorality and evil into morality and good.” The flowery catchwords of the “Covid-19” operation included “stop the spread,” “flatten the curve,” and “protect others.” In their name, civilised standards of behaviour were corroded. Some people became giddy at the opportunity to force their irrational beliefs on others, safe in the knowledge that they had the backing of the state.

The results were appalling to behold, and the media were only too keen to report on them. For example, in July 2020, a 24-year-old disabled woman and her 16-year-old sister were verbally attacked on a train after the latter removed her mask to enable lip reading (Rampen, 2020). In September 2020, a policeman pepper sprayed a man who refused to wear a mask for medical reasons (Hodge, 2020). In Barcelona in July 2021,

masked passengers attacked a young man and ejected him from a train for not wearing a mask (“Masked Train Passengers attack Man for not wearing Mask,” 2021). In December 2021, a row over face masks on a train sparked a brawl that left children in tears (Coleman, 2021). One woman, with a mask around her chin, attacked an 80-year-old man in a plane, repeatedly yelling “put your f***ing mask on!” (Bradford, 2021).

Framing Dissenters as “Fringe”

One way of enhancing group-based identification is to “create the perception that the majority of people hold the official view and frame dissenters as minority/fringe/ ‘other’” (Kyrie & Broudy, 2022). A good example is the media’s misreporting of protests against the “Covid-19” countermeasures. Common tactics include: claiming that far fewer people were present than there were in reality; painting the protestors, rather than the police, as violent; not reporting on the protest at all; and giving disproportionate attention to other, astroturfed protests.

For example, when Berlin’s Straße des 17. Juni filled with revellers/fans in 2001 and 2006, the BBC reported 1.3 million and 1 million people, respectively (“No love for Berlin Parade,” 2001; “Germany 1–1 Argentina,” 2006), yet when anti-lockdown protestors twice packed the same boulevard in August 2020 (see the photograph in Manancourt, 2020), the BBC reported “about 20,000 people” and “18,000 people” (“Thousands protest in Germany against Restrictions,” 2020; “Germany coronavirus: Protests call for end of Restrictions,” 2020)—at least 50 times lower than the actual figure—providing minimal coverage and smearing the protestors as “far right conspiracy theorists.” When hundreds of thousands, possibly half a million, people took to the streets of London on April 24, 2021, the BBC failed to cover it; then, a day late, it reported on it in terms of “senseless violence against police” (“Hyde Park: Police Attacks at anti-lockdown Protest condemned,” 2021), even though footage from the event clearly shows the police provoking the crowd (UK Column, 2021, 06:00–25:00). Note that the BBC articles do not provide author names, so that no individuals can be held responsible for these distortions.

Opinion polls offer a powerful means of manipulating public perception. YouGov, for instance, which was founded by Nadeem Zahawi, later the UK Minister for Covid Vaccine Deployment, produced findings that consistently supported the official “Covid-19” narrative. For

example: 54% of the public supports limiting air travel to “vaccinated” people (7/12/20); 75% supports Tier 4 coronavirus restrictions (20/12/20); 62% opposes reopening primary schools” (4/1/21); 82% supports requiring secondary school pupils in England to wear masks (23/2/21); 79% supports mask wearing on public transport (76% in shops), with 65% supporting “social distancing” in pubs/restaurants and 55% anywhere outside (4/8/21); 64% supports 16–17-year-olds getting injected without their parents’ consent (4/8/21); 59% supports masking schoolchildren aged 12 and over (3/9/21); 81% supports mask mandates for public transport (76% for shops), with further support for “social distancing” in pubs/restaurants (67%) and the “2m rule” (59%) (26/10/21); 71% supports mandating a Covid booster jab for high-risk groups (64% for the general public) (22/11/21); and 80% supports showing a Covid pass in order to attend large events (15/12/21).

These results, which suggest that most Britons repeatedly support having their freedoms taken away, their lives made considerably harder, and their children’s lives spoiled, are simply not credible, and they diverge sharply from those of the World Vaccine Poll, where selection bias works in the opposite direction. As Dodsworth (2021) recognises, “When you see a result such as 76% of Britons want to see the return of compulsory face masks in shops and on public transport (YouGov), you are meant to identify with the group and imagine yourself in the majority—‘ah yes, that is what I think too!’” Opinion polls can also be used to collect real information on public opinion while concealing the truth from the public, generating an asymmetry of information that gives social engineers the advantage (much as investment bankers and hedge fund managers principally rely on asymmetrical information to outperform the market).

Matt Hancock claimed in a press briefing on November 30, 2020 (two days before MHRA approval of the Pfizer “vaccine”): “We think that by encouraging the uptake of the vaccine, we will get a very high proportion of people in this country to take up the vaccine [...]” (cited in Hayes et al., 2020). Hancock was attempting to set a social norm, whereby only a “fringe” group would be perceived as refusing the injection. In December 2021, the *Mail* pointed to “Britain’s five million vaccine refuseniks” (Neil, 2021), yet UKHSA data published in July 2022 show that 18.9 million Brits remain “unvaccinated,” including 12.4 million adults (UKHSA, 2022b, Table 5).

Dehumanisation

According to Huxley (1936, p. 99), “The purpose of propaganda is to make one set of people forget that other sets of people are human,” thereby putting them “outside the pale of moral obligation” and helping to legitimise their persecution. Zimbardo (2007, p. 307) concurs: “By identifying certain individuals or groups as being outside the sphere of humanity, dehumanizing agents suspend the morality that might typically govern reasoned action toward their fellows.” New recruits in the army are called names such as “maggot” and “worm” by the drill sergeant to dehumanise them, because without a dehumanised perspective, “there is a direct relationship between the empathic and physical proximity of the victim and the resultant difficulty and trauma of the kill” (Grossman, 1995, p. 97).

Dehumanisation can involve portraying a particular group of people as subhuman. For example, the 1937 Rape of Nanking was made possible, in the words of a Japanese general, “because we thought of them [Chinese civilians] as *things*, not people like us” (cited in Zimbardo, 2007, p. 307). Nazi propaganda that led to the Holocaust depicted Jews as vermin or voracious rats. The stigmatisation of black people as “niggers” was a necessary condition for lynchings in the United States. In the Rwandan genocide, Hutus regarded Tutsis as “insects” and “cockroaches.” According to Hassan and Shah (2019), “every genocide on record has the perpetrators referring to their victims as sub-human, or as vermin.”

The “Covid-19” operation was dehumanising insofar as it primed people to think of one another as disease-ridden biohazards rather than humane participants in a civilised society. Hopkins refers to this as “the pathologization of society,” manifesting “a morbid obsession with disease and death” (2021a). For the first time in history, and against basic standards of epidemiology and medicine, human beings were presumed sick until proven healthy, even if they displayed no symptoms of disease. This flawed assumption led to dehumanising measures such as telling people to stay away from and not hug their loved ones (recalling flawed advice in the 1980s not to touch those with HIV), barring people from seeing their dying relatives in care homes, and use of floor stickers to get people to face away from each other in lifts.

Propaganda played a crucial role in promoting the image of human beings as repositories of disease. In autumn 2020, the government/NHS

released a sinister ad campaign which used CGI to animate “SARS-CoV-2” particles coming out of people’s mouths. As Yeadon (2020) wryly comments, “It seems not to be understood that in the ‘hierarchy of medical evidence,’ the results of a well-conducted, randomized clinical trial is not superseded by someone showing you a video of vapour moving around a person’s head.” A year later, the government and NHS released a similar video in conjunction with the Universities of Cambridge and Leeds (including SAGE’s Catherine Noakes), showing two dummies in an eery green light “exhaling” a mist that steadily fills the room (Baynes, 2021). The advert encouraged people to open their windows over the winter at a time when energy bills were soaring. The Cambridge/Leeds scientists appear not to have considered the role of natural immunity against a virus that had been in circulation for over 20 months, or the alleged protection offered by “vaccination,” or the fact that asymptomatic transmission does not drive disease outbreaks, according to Fauci (cited in Ballan, 2021).

Another aspect of the dehumanising propaganda involved British morning television presenters Holly Willoughby and Phillip Schofield hugging each other through a plastic sheet (Gillibrand, 2020). One company manufactured a plastic “hugging coat.” An expression of affection was, thus, twisted into an act of potential harm. As restrictions were gradually lifted, outrageous headlines appeared, such as “When can we hug again? When can I hug my grandchildren?” (Langton, 2021a, 2021b) and “People in England will soon be allowed to officially hug and kiss again” (Kwai, 2021)—as though the state ever had any right to interfere in ordinary people’s personal relationships. Feeding the propaganda, London mayor Sadiq Khan claimed: “I know people are ready for me to be hugging again. The first person I’m going to hug is my mum” (cited in Kwai, 2021). SAGE’s Noakes claimed it would worry her “if we were advocating we can hug all of our friends every time we meet them again” (cited in Shukman & O’Connor, 2021). The BBC provided “five ways to make hugging safer, from the experts,” namely: “be selective,” “make it quick,” “avoid face-to-face contact,” “do it outside,” and “get tested” (Gillett, 2021). This represents a diabolical attack on human affection.

“Social distancing” is dehumanising because it instils a learned distrust of human contact. Like all the other “Covid countermeasures,” its scientific basis is dubious. As recently as 2018, there was “a paucity of well-designed epidemiological studies” on social distancing in non-healthcare workplaces (Ahmed et al., 2018). The two metres social distancing

rule was scientifically arbitrary: NERVTAG's Robert Dingwall claimed in April 2020 that it had been “conjured up out of nowhere” (cited in Gant, 2020). A report by Rancourt (2021) finds “social distancing” and mask mandates “arbitrary and nonsensical, in light of actual knowledge about transmission of viral respiratory diseases, including COVID-19.” According to Martin (2021, p. 25), “To date, not a single study has confirmed that social distancing of any population prevented the transmission of, or the infection by SARS CoV-2.” In July 2021, the UK Government (2021) published a “social distancing review” that cites no peer-reviewed scientific literature, only organisations such as SAGE, the WHO, the CDC, and the European Centre for Disease Prevention, whose credibility since 2020 lies in tatters. “Social distancing” in fact goes back to computer scientist Robert Glass’ quasi-autistic model of disease control based on forced human separation (Glass et al., 2006); Glass was part of a network, established in 2005, which addressed “infectious disease modelling and *military readiness*” (Feighner et al., 2009, my emphasis). “Social distancing” is a *military* measure.

The face mask serves as an instrument of dehumanisation. “There is something hideous about the suffocating mask,” notes Potts (2020), for masked people “don’t look human. The lower part of their face is disguised by a grotesque protuberance” that prevents expressions of their humanity from being read. A *Telegraph* reader concurs: “I find masks utterly dehumanising. To cover someone’s identity and human expression is to separate us from others, to remove the deeply human aspect of social interaction through our face and facial expression [...]” (cited in InProportion2, 2021). In Fagan’s (2020) view, “The point of face masks is not to protect humans, but to diminish humanity—to rob people of their ego, their identity, and their autonomy. Masks are worn by disposable horror movie villains and ignorable background dancers; they make people less-than-human.” Indeed, when one thinks of masks in popular culture, the examples tend to be horrific, e.g. Hannibal Lecter, Bane, or the masked handmaids in the 2017 television adaptation of Margaret Atwood’s *The Handmaid’s Tale*. Gimp masks, too, create a “sense of dehumanization and degradation” and are “likely to suggest and embody horrific qualities” (Lunning, 2013, p. 100; Needham, 2014, p. 152). The dehumanising aspect of masks may explain why the euphemism “face coverings” is often used instead (Wright, 2020).

Extensive use was made of dehumanising infographics, either online or in physical signage, telling people how to behave. Such infographics

never show flesh and blood human beings; instead, they typically show cartoon characters, sometimes with eyes, nose, and mouth (i.e. facial expression/personal identity) removed for good measure (CDC, 2021; Gillett, 2021). From March 2020 until February 2022, the main BBC News website included a “Coronavirus” or “Coronavirus Explained” bar featuring five articles. Although the articles changed, the thumbnails for articles 1,2,3, and 5 tended to be chosen from a repository of blue and white infographic images—cold, sterile, dehumanised.

SS *Reichsführer* Heinrich Himmler claimed in 1943 that “Antisemitism is exactly the same as delousing. Getting rid of lice is not a question of ideology. It is a matter of cleanliness” (cited in Westermann, 2015, p. 488). In November 2020, 1000 Northern Ireland fans were made to pass through a “disinfecting pod” in order to watch their team play football (Arnold, 2020). In May 2021, a pub owner advocated for the “Steripod,” which sprays a light disinfectant mist onto customers for ten seconds, as a means of helping business get back to normal. These pseudoscientific propaganda stunts, which obviously would not prevent an infectious person from spreading the virus, call to mind how pest control companies treat vermin and are faintly reminiscent of Zyklon B in the showers of Nazi concentration camps. Writing from Germany, Hopkins (2021b) was only half-joking when he claimed, “At this point, I’m just sitting here waiting for the news that mass ‘disinfection camps’ are being set up to solve the ‘Unvaccinated Question.’”

The propaganda term “pandemic of the unvaccinated,” coined by CDC director Rochelle Walensky, paints those refusing the dangerous injections as disease spreaders, much as Jews were treated in Nazi Germany: “the Jewish population was framed as a constant danger to the average German citizen’s health, inspiring disgust as an aversion response [and] maliciously recruiting the basic human revulsion of filth and pestilence into a force for dehumanizing Jews” (Haque et al., 2012, p. 475).

The “vaccination” campaign in Britain was couched in the dehumanising language of “getting jabs into arms,” a phrase repeatedly used by ministers. Human beings are a lot more than just their arms, however: they are sovereign individuals with the final say over what goes into their bodies.

TURNING THE “VACCINATED” ON THE “UNVACCINATED”

Blaming the “Unvaccinated”

In Nazi Germany, a “new moral order” meant that “principles of exclusion and enmity such as antisemitism and anti-Bolshevism reigned supreme” (Westermann, 2015, p. 488). The “Covid-19” new moral order sought to exclude a new category of person, known as “the unvaccinated,” which bears quasi-biblical overtones of being “unclean.” What started small—temperature guns fired at foreheads, encouraging people to report one another for not obeying the “rules,” masks as a visible symbol of division between the rule takers and the rule breakers, etc.—escalated into “vaccine” apartheid in 2021.

First, the minority of “vaccine” refusers was blamed for keeping the UK in “lockdown.” A *Mail* article from February 2021, for example, asks “Why should the whole country be held hostage by the one in five who refuse a vaccine?” (Lee, 2021). Note the use of language: “held hostage,” as though the “lockdowns” were the fault, not of the criminal masterminds behind them, but, rather, of responsible adults concerned for the principle of bodily autonomy. The media also encouraged “vaccinated” people to put pressure on their counterparts. Former Chancellor of the Exchequer, George Osborne, for instance, wrote in the *Evening Standard*: “Whatever Whitehall decides, the vaccinated public is going to demand that those around them are vaccinated too” (Osborne, 2021). The *Guardian* produced a sinister op-ed, titled “It is only a matter of time before we turn on the unvaccinated” (Cohen, 2021).

Sardi (2021) predicted on March 26, 2021, that “deaths will quickly be blamed, not on the vaccinated, but on the unvaccinated. They must be spreading the disease.” The authorities did indeed try to pin “Covid-19” deaths on “the unvaccinated.” In July 2021, the “pandemic of the unvaccinated” concept was propagated by the corporate media. German Health Minister Jens Spahn, a former WEF Young Global Leader, used the same term (“Germany experiencing ‘Pandemic of the unvaccinated,’” 2021). The “pandemic of the unvaccinated,” McDonald argues, has no scientific credibility, but is “full of coercive psychological power”: it is “an expression of propaganda meant to provoke anger toward those who exercise medical choice in deferring or refusing the experimental vaccine

[...] It intentionally divides [the public] against one another” (cited in Hayen, 2021).

Contradicting the propaganda, scientific studies revealed “little to no difference between the COVID vaccinated and unvaccinated in terms of becoming infected, harboring the virus (viral load in the oral and nasopharynx), and transmitting it” (Alexander, 2021). In fact, the “Covid-19 vaccines” did such a poor job of preventing infection and transmission that the CDC was forced to change its definition of vaccination on September 1, 2021, to remove all reference to immunity (Stieber, 2021). Increases of “Covid-19 cases” in the United States proved “unrelated to levels of vaccination across 68 countries and 2947 counties” (Subramanian & Kumar, 2021). Kampf (2021) is, therefore, correct to argue that “stigmatising the unvaccinated is not justified” given “increasing evidence that vaccinated individuals continue to have a relevant role in transmission.”

“New variants,” too, were blamed on “the unvaccinated.” A CNN headline from July 4, 2021, reads: “Unvaccinated People are ‘Variant Factories,’ Infectious Diseases Expert Says” (Fox, 2021). According to the *New York Times* on July 25, 2021, “Were a wider swath of the population vaccinated, there would be no resurgence—of the Delta variant, or Alpha variant, or any other version of the coronavirus” (Mandavilli, 2021). Yet, those who do not get the flu vaccine are not blamed for new flu variants every year. Again, there was no scientific evidence for such claims; on the contrary, one study found that “the vaccine effect on reducing transmission is minimal in the context of delta variant circulation” (Wilder-Smith, 2021).

“Vaccine” Apartheid

In a bitter historical twist, the very state that was founded in response to Jewish persecution was the first to institute a two-tier system distinguishing between “vaccinated” and “unvaccinated” people. Israel’s “Green Pass” programme, announced in late February 2021, required people to show proof of “Covid-19 vaccination” to gain entrance to registered venues (shopping centres, restaurants, sports venues, etc.) (Jaffe-Hoffmann, 2021). A document from the 1942 Nazi occupation of France that was circulating online at the time shows that Jews were prohibited from going to restaurants, concerts, cafes, museums, libraries, and other public venues.

In March 2021, the European Union announced its own “Digital Green Certificate” (note the “green” language, creating continuities with “green” agendas, perhaps in preparation for “climate lockdowns”), the legislation for which was finalised in June. The NHS app was made to function as a “vaccine passport” and in July the European Union and the United Kingdom began work on integrating their two systems (Nuki, 2021). It became increasingly clear that participation in everyday life was to be made conditional upon submission to routine injections and biometric IDs—the biodigital version of a checkpoint society all too familiar from the history of totalitarianism.

Tony Blair claimed on June 6, 2021, that “It is time to distinguish for the purposes of freedom from restriction between the vaccinated and unvaccinated,” granting the former the maximum freedom possible within constraints imposed by “new variants” (cited in Doherty, 2021). The idea that freedom is something that can be given is itself the hallmark of authoritarianism. A BBC headline from July 6, 2021, reads “Covid: Fully jabbed people to be treated differently—Javid”; the headline was later changed, but the original intention is clear enough. In the United States, Anthony Fauci claimed: “It’s almost like it’s going to be two Americas,” namely, “under-vaccinated regions” and the rest of the country (da Silva, 2021). CNN called for “the unvaccinated” to be segregated and made to pay for daily tests (Watson, 2021).

Common shop window signs in Nazi Germany included “*Juden werden hier nicht bedient*” (Jews not served here) and “*Juden sind hier unerwünscht*” (Jews not welcome here). Similar signs were once erected in the United States: “NO: DOGS, NEGROES, MEXICANS” (in that order). Separate shop entrances and rest rooms for “whites” and “coloreds” were commonplace. In Britain, it was “No blacks, No Irish, No dogs” (in varying configurations). Similar discriminatory signage appeared in the “Covid-19” context, e.g. in Ireland: “Covid Passport and ID (for all members of your group) Use Front Door”; “Non-vaccinated Guests use Beer Garden Entrance.” A sign seen on the office door of a French MP in July 2021 read: “*La permanence est interdite aux: animaux; personnes sans pass sanitaire*”: no entry to animals and unvaccinated people, the latter ranking below animals. In Germany of all places, “*Ungeimpfte unerwünscht*” (unvaccinated not welcome) appeared on shop windows on December 1, 2021 (“Ungeimpfte unerwünscht,” 2021). The following week, it was “*Kauft nicht bei Ungeimpften*” (don’t buy from the unvaccinated) (Reitschuster, 2021), recalling “*Kauft nicht*

bei Juden” (don’t buy from Jews) on Jewish shop windows during the Third Reich.

By the autumn of 2021, signs of vaccine apartheid were commonplace. For example, Vancouver International Airport introduced separate lanes for “unvaccinated passengers” and “fully-vaccinated passengers.” In Estonia, “the unvaccinated” were segregated behind metal fences in town squares. In Britain, Suffolk County Council introduced different rules for “vaccinated” and “unvaccinated” children (Turner, 2021), first-year university students were given wristbands to signify their “vaccination” status (Somerville, 2021), and businesses such as Morrisons, Ikea, Next, and Ocado cut sick pay for “unvaccinated” staff (Rodgers, 2022). In Germany, it was announced in late October that “the unvaccinated” would be banned from Berlin’s Christmas market (Bunyan, 2021), and by early December, supermarket shoppers in Berlin were divided by metal fences according to their vaccination status. In Canada, the Royal Canadian Legion (Montgomery branch) denied access to “unvaccinated” veterans, showing how the “Covid-19” operation works to undermine patriotism. When New Zealand Prime Minister Jacinda Ardern was asked in October 2021 if the vaccine passport system was creating two classes of people, “the vaccinated” and “the unvaccinated,” she brazenly replied: “That is what it is, so, yep” (cited in Laila, 2021).

Discriminatory “lockdowns of the unvaccinated,” or calls for similar measures, were issued across a range of European countries, including Austria, Germany, Slovakia, the Czech Republic, the Netherlands, Greece, Romania, and Ukraine (Langton, 2021b). It is telling that Austria, Italy, and Germany—formerly fascist states—were among the first to call for “lockdowns of the unvaccinated” (cf. Ibbetson & Pleasance, 2021). In a referendum in early December, 60% of Swiss voted for the “Covid pass”—“essentially lockdown of the unvaccinated”—following a campaign which “pitted the old against the young, the vaccinated against the unvaccinated, the rural areas [...] against urban areas and even neighbour against neighbour” (Morgan Edwards, 2021). With the UK government remaining silent on “lockdowns of the unvaccinated” instead of condemning them, Deputy Prime Minister Dominic Raab refused to rule out such a policy (Pearson, 2021), and the *Express* planted the idea that the “UK could follow Germany on unvaccinated rules” (Phillips, 2021).

“No jab, no job” policies forced millions of principled people out of work for refusing to surrender their bodily autonomy to the state, while others reluctantly took the shot to be able to keep a roof over their heads

and provide for their families. While the bravest opponents of medicalised tyranny were forced to sacrifice their livelihoods, injection mandates for military and intelligence agency personnel in the United States meant that those left working for those organisations had proven their loyalty by allowing an unknown experimental substance into their bodies amidst enormous safety concerns (Seneff & Nigh, 2021).

As Tucker (2021) wrote at the time, “This is no longer about scientific confusion. This is starting to look like an old-fashioned political purge [...], an intensification of the mask mandate to become a needle mandate as a means of ferreting out dissidents.” The biosecurity paradigm ultimately demands that the state exercise power directly over biological bodies, the rights of citizenship no longer applying (Agamben, 1998, p. 148). In such a totalitarian system, there can be no room for dissidents. The abortive “vaccine mandates” were a first step towards what is to come if the global technocratic coup is not put down.

Incitement of Hatred Against “the Unvaccinated”

In religious and political fanaticism, Versluis (2006, p. 142) observes, “Our’ side is always right; ‘their’ side is of the devil, so fundamentally wrong that one can only detest them. Once one acquiesces in such a view, one is well on the way to becoming a persecutor [...]” In modern societies, however, this does not happen naturally or spontaneously. Rather, it relies upon *instigators* whose role is to “tune and transmit the messages that will effectively motivate others to cause harm” (Mandel, 2002, p. 102). The British media played that role when it came to inciting hatred against “the unvaccinated” (and it was hardly alone, as the infamous *Toronto Star* front page from August 26, 2021, illustrates). For example, ITV’s *Good Morning Britain* in April 2021 featured Edwina Currie claiming: “I don’t want them next to me or anywhere near me or even in the same carriage on the train [...] They can exercise their freedom by staying at home” (cited in McCormack, 2021).

On May 6, 2021, the *Guardian* irresponsibly advertised the fact that, owing to a loophole in NHS Digital’s “vaccine” booking system, “anyone who possesses basic personal details of a friend, colleague or stranger” could find out that person’s “vaccination” status, even explaining how to do so (Hern, 2021). Then, on May 17–18, 2021, the British media unleashed a coordinated campaign of vilification against those not wanting to take the “Covid-19 vaccine.” The *Sun* implored “Jab

them up” (an apparent call for forced injections), taking aim at “anti-vax conspiracy theory clowns” (“Adults of all ages in hotspots should now be jabbed as fast as possible,” 2021). *Sky News* did an interview with Rachel Johnson, the Prime Minister’s sister, who claimed that the government’s priority should be “not allowing anybody not to have the vaccine” (a call for mandatory injections) (see Delingpole, 2021). LBC’s Shelagh Fogarty appeared to issue an incitement to violence on air: “I would literally be in fights with these people. How do you see them at work without wanting to poison their coffee?” (in Delingpole, 2021). Sarah Vine (2021), Michael Gove’s then wife, wrote in the *Mail*: “We can’t let selfish idiots who don’t want free Covid vaccines” (whom she calls “vaccine refuseniks”) “hold us hostage” following “months in lockdown.” A *Mail* + headline reads: “Now vaccine refuseniks threaten freedom [...]” (Groves & Martin, 2021). Historically, “refuseniks” were Soviet Jews denied permission to emigrate to Israel, therefore, the media’s appropriation of the term to stigmatise those unwilling to take the “Covid-19 vaccine” could be construed as antisemitic.

In June 2021, the British media continued its campaign of ostracisation, shaming, and calumny against those not willing to take an unlicensed, experimental drug with no long-term safety data while official reports of serious adverse reactions went off the charts (OpenVAERS, n.d.; MHRA, n.d.; WHO, n.d. [search “COVID-19 vaccine” for over 5.2 million reports]). The *Telegraph*, for instance, ran a callous piece whose author claimed to be willing to sacrifice her “unvaccinated friends” (Mulvey, 2021). Freelance journalist Angela Epstein claimed on Jeremy Vine’s Channel 5 show: “Vaccine refusers are selfish, morally repugnant, irresponsible people who are enjoying their freedom because the rest of us are being vaccinated” (Galpin, 2021).

In the autumn of 2021, a rabid British media establishment engaged in a coordinated hate campaign against those who had refused the “vaccine.” Newspaper headlines appeared such as: “The unvaccinated have become a lethal liability we can ill-afford” (McElvoy, 2021); “It’s time to punish Britain’s five million vaccine refuseniks: They put us all at risk of more restrictions. So why shouldn’t we curb some of their freedoms?” (Neil, 2021); “I’m fed up with the unvaccinated rump who risk pushing us back into lockdown” (Johnston, 2021); “Make the unjabbed face their own lockdown so we can live our lives” (Brady, 2021); “It’s time for London’s unvaccinated to pay with their freedoms, not ours” (Sheffield, 2022); and “Antivaxxers are dumb as breeze blocks—It’s time we stopped

tolerating them” (Baldwin, 2022). “Reserve the harshest restrictions for the 5 million people who have declined to be vaccinated,” Mason (2021) urges. “The unvaccinated must become social pariahs,” writes Hudson (2022): “They shouldn’t be allowed into indoor communal spaces like restaurants, cinemas, shops, gigs and [...] pubs [...] Get jabbed, or else.” Thus, tabloids and broadsheets alike all delivered the same incitement of hatred against “unvaccinated” people.

On mainstream British television, the following views were expressed on the *Jeremy Vine Show*. Vine himself claimed: “We either allow this [vaccine refusal] or we end up holding people down and jabbing them by force” (cited in Investment Watch, 2021). Lucy Beresford claimed: “You have to start taking away freedoms, you have to start putting some kind of punishment in place” (“Watch: UK pundit Lucy Beresford’s deranged plan to take freedoms away from the unvaccinated,” 2021). According to Yasmin Alihai-Brown, “Those who haven’t had jabs but could have jabs need to have a badge saying ‘unjabbed’” (cited in Gantzer, 2022). Carole Malone claimed: “Giving up your human rights is justifiable when you’re in a global pandemic” (cited in Bembridge, 2021).

Benjamin Butterworth opined on TalkRadio that “a lockdown of the unvaccinated isn’t a bad idea” (in Schiavone, 2021). Nick Ferrari on LBC Radio proposed an escalating series of fines for “vaccine refusers.” Piers Morgan produced a stream of vitriol against those who had refused the “vaccine” (see Sherman, 2022).

The media barrage of hate against “the unvaccinated” led seamlessly into political leaders, past and present, becoming openly abusive towards the same group. Tony Blair stated: “If you’re not vaccinated and you’re eligible, and you’ve not got a health reason for not being vaccinated, you’re not just irresponsible, you’re an idiot” (cited in Grylls, 2021). The White House (2021) announced that, “For the unvaccinated, you’re looking at a winter of severe illness and death for yourselves, your families, and the hospitals you may soon overwhelm.” Emmanuel Macron claimed that he really wanted to “piss off” those who had refused the “vaccine” by banning them from public places (“French president Macron vows to ‘piss off’ unvaccinated,” 2022). Justin Trudeau claimed of “the unvaccinated”: “They don’t believe in science or progress and are very often misogynistic and racist,” asking, “do we tolerate these people?” (in Schiavone, 2022). Boris Johnson claimed that “antivax campaigners, the people who are putting this mumbo-jumbo on social media, they are completely wrong”

(Penna, 2022). All five remarks were made within a 16-day period and were obviously part of a transnationally coordinated propaganda strategy.

Were Hospitals Filling Up with “the Unvaccinated”?

Another way of discriminating against those who had declined the “vaccine” was to claim that they took up a disproportionate number of hospital beds. According to the *Guardian* in November 2021, for instance, “In hospital, Covid-19 has largely become a disease of the unvaccinated”—this based on the unverifiable word of an anonymous “secret consultant” (Secret Consultant, 2021). A *Sunday Times* headline a week later reads: “Intensive care beds filled with unvaccinated Covid patients” (Spencer & Calver, 2021). Health Secretary Sajid Javid claimed on December 19, 2021: “In fact, if we look at those most ill in hospital, needing the most care and attention, around 9 out of 10 of them are unvaccinated” (cited in Bosotti, 2021).

UK Health Security Agency data contradicts these claims. For Weeks 49–52 of 2021 (December 6, 2021, to January 2, 2022), “COVID-19 cases presenting to emergency care” numbered 4056 “unvaccinated” and 5791 “vaccinated” (of which 5283 double- “vaccinated”) (UKHSA, 2022a, Table 11), meaning that “unvaccinated” cases accounted for 41% of the total, not 90%. A UKHSA report for data up to December 29, 2021, estimates that the “Proportion of hospitalised cases with confirmed or probable (SGTF +) Omicron who are unvaccinated” is 25% across England (UKHSA, 2021b), however, all regions outside London register 22.6% or lower (as low as 10%, for a mean average of 17.6%). UKHSA data from December 12, 2021, indicates that 19.3% of UK adults had refused the shot, with the total percentage of the population “unvaccinated” rising to 32.1% including children (UKHSA, 2021a, Table 10). Therefore, the proportion of “unvaccinated” people in hospital outside London is *lower* than one would expect given the proportion of “unvaccinated” people overall, and quite why London is such an outlier (39.3% of “Omicron” hospitalisations being “unvaccinated” vs. the 17.6% average elsewhere) requires explanation.

On December 29, 2021, Boris Johnson claimed: “I’ve talked to doctors who say the numbers are running up to 90% of people in intensive care, who are not boosted,” and “If you’re not vaccinated, you’re eight times more likely to get into hospital altogether” (cited in Morris, 2021). The latter claim is an obvious whopper, judging by the UKHSA data

above, but note also how the former claim shifts Javid’s 90% “unvaccinated” claim ten days earlier (Bosotti, 2021) to 90% “not boosted,” now ignoring most intensive care patients who had taken 1–2 shots. Evidently, figures were being plucked out of thin air to push agendas, something previously seen in lies that the Mater hospital in Belfast was “full with young (in 20/30s) critically unwell, UNvaccinated COVID patients on ventilators” (exposed by Citizen Journalists, 2021) and NHS England Chief Executive Amanda Pritchard’s claim that “We have had 14 times the number of people in hospital with COVID-19 than we saw this time last year” (G. Davies, 2021). Far from “vaccinated” people being healthier than “unvaccinated” people, it turns out that age-standardised mortality rates for January to May 2022 were lowest among the unvaccinated population in *every* age group (“Pfizergate,” 2022).

The full ONS dataset on deaths involving “Covid-19” by vaccination status in England between April 1, 2021, and May 31, 2023, shows that only 5% of those deaths involve “unvaccinated” people, vs. 78.7% who took four shots (ONS, 2023). Those who took one dose account for 0.7% of the deaths, two doses 3.8%, and three doses 11.8%. The ONS is at pains to point out that the fourth dose was targeted at the clinically vulnerable and older adults in care homes (i.e. two demographics most likely to die anyway). Even ignoring the fourth dose, however, we see that 5% of deaths involve “unvaccinated” people and 16.3% of deaths accrue among those who had taken 1–3 shots. “Unvaccinated” deaths, then, account for 23.5% of the revised total, which is in line with the 23% of adults who remained “unvaccinated” as of July 2022 (UKHSA, 2022b, Table 5). This correlation only holds, however, if it is assumed that everyone who took a fourth dose would have died anyway *and* that there is no difference in the death rate between “vaccinated” and “unvaccinated” people (a primary purpose of “vaccination” being to reduce the risk of dying). Therefore, judging by ONS data, “Covid-19 vaccines” are at best ineffective in preventing deaths involving “Covid-19,” or—far more likely—they *increase* the risk of death.

THE ROAD TO GENOCIDE?

There has been a deliberate, premeditated, and finely tuned attempt on the part of the transnational ruling class to divide society and to turn it against itself as part of an attempt to destroy democracy and institute a novel, technocratic form of totalitarianism. In certain respects, the

operation was successful. Citizens were made to turn on one another, at times with a “[terrifying] level of cruelty” signifying “the collapse of a moral, decent, and compassionate society” (Blaylock, 2022). Many people imagine they would have been in the resistance in Nazi Germany, Christine Anderson MEP noted in a 2023 interview, yet they need only look at their conduct over the previous three years for an answer. The brute fact is that most of society participated, in some cases fanatically, in the tyranny, not because of inherent character flaws, but because it had been psychologically manipulated into doing so by the orchestrators of the “Covid-19” operation.

The mechanisms of division analysed in this chapter are consistent with the first four stages of Stanton’s (2016) “ten stages of genocide,” i.e. classification (imposing “us” vs. “them” identity categories), symbolisation (naming groups, imposing symbols on them), discrimination (use of power to deny groups their rights and create segregation/apartheid), and dehumanisation (painting outgroup members as sub-human so as to overcome the normal human revulsion against murder). Although “genocide,” defined by Article II of the United Nations Genocide Convention as any of five “acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group” (United Nations, 1948), is not the correct term for what is happening today (because the targeted group is defined by dissidence), we should be on our guard. There are only four intervening stages before Stage 9 (extermination), i.e. organisation (using secret police and arming and training armies and militias), polarisation (arrest and murder of leaders of targeted groups, use of emergency laws/decrees against those groups, e.g. requiring their disarmament), preparation (perhaps disguising genocide as self-defence or counterinsurgency), and persecution (death lists drawn up, property expropriated, victims deported to concentration camps, deprivation of food/water, forced sterilisation, extrajudicial killings, torture, forced displacement). The digital surveillance infrastructure for advanced counterinsurgency is already in place (see Chap. 8).

Preventing the descent into barbarism from going any further requires unified class consciousness. The “Covid-19” operation, however, has sowed deep division between families, friends, and communities. Nearly everyone has lost friends or fallen out with people they thought they were close to since 2020. An atmosphere of distrust pervades society. A minority can see through the psychological operation, but the majority cannot. One side, indoctrinated by propaganda and brainwashed by

psychological warfare, believes in The Science™, trusts the authorities, and mindlessly caricatures the other side as “conspiracy theorists.” Conversely, those who, for whatever reason, have remained immune to the largest psychological warfare operation in history see their counterparts as unwitting victims, trapped in an artificial reality in which their mind is controlled in ways they cannot begin to imagine.

Yet, to borrow Vernon Coleman’s sign-off, more and more people are “waking up,” and, once awake, they stay awake. The real question, as in 1938, is whether subjective consciousness will catch up with objective conditions fast enough. “The objective prerequisites for the proletarian revolution have not only ‘ripened,’” Trotsky (1938) warned: “they have begun to get somewhat rotten. Without a socialist revolution, in the next historical period at that, a catastrophe threatens the whole culture of mankind.” We know what followed between 1939 and 1945. What, then, will be the outcome of World War III?

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