

Carlsbad 1819

Like another Chouannerie

Judeo-reaction and the great COVID-19 swindle

April 6, 2020 by Nulle Terre Sans Seigneur

Hi, I'm Nigel Carlsbad, and this used to be a blog about obscure 19th-century counterrevolutionaries that I haven't updated or done research for in ages. Perhaps one day I'll actually get back to it, but not likely at this point. I guess it has good kvlt value, though.

What I will be doing instead is temporarily resurrecting this place to pontificate about that novel coronavirus that has us all under house arrest in an indefinite state of emergency. It's the Schmittian dream come true. It didn't come from the expected source, but no matter. I'm quite confident that compulsively disinfecting every surface you touch, getting fatter while 'sheltered-in-place' and not getting some virus-disinfecting sunshine (<https://www.medrxiv.org/content/10.1101/2020.03.23.20040501v1.full.pdf>) won't in any way contribute to a particularly bad flu season next year. Like the one we're in right now. Sorry, I know it's not just the flu. You'd think someone would do a good comparative analysis on previously identified human coronaviruses like HCoV-NL63 and HCoV-OC43, but in 'normal times' not too many people care about those. How lethal are they, really? Who knows? Out of sight, out of mind — this is a common thread in all this.

I'm not an epidemiological expert by any stretch, but much like the rest of the West I am on the verge of becoming one overnight with all the free time to debate CFR, R0, ICU capacity, IL-6 levels, antibody testing and other things most people had no clue existed until last month.

One thing I am absolutely positive (*not* test-positive, I assure you) about, though, is that this pandemic has definitively discredited transnational progressivism. What we need is a strong state run by techno-dweebs who will take decisive action in turning the entire population into smartphone zombies, scanning a QR code every time they want to cross the street. Wait a second... is this the endgame of far-right politics? Man, it sure sounds like something the Bill and Melinda Gates Foundation could get behind. We have so much in common. For all the talk about vaccine and antiviral development, "flattening the curve" and whatnot, I would have assumed that the reasonable response would not be staying at home, but a mass mobilization of the workforce (wearing mandatory face masks) so as to use up all the slack capacity for that end. I'm probably just too dense.

I haven't visited The American Sun in ages, but I just did and found this from March 31 (<https://theamericansun.com/2020/03/31/the-plague-and-human-stupidity/>):

By now, it is obvious to those who follow the news even in the smallest regard, that the Coronavirus Pandemic is a major international crisis. As of writing this, over 500,000 people have been infected worldwide, and there have been over 25,000 fatalities – with Italy suffering over 600 deaths a day. Those of us in the Dissident Right who followed this from the beginning predicted what could happen if China was not sealed off – and we have been proved right to a large degree. It is remarkable that anonymous online accounts correctly sensed the danger that was looming, and even more remarkable that most governments and international organisations did not.

Despite having access to classified intelligence reports and other sources of information, most countries sat on their hands for weeks and maintained air travel with China, and simply watched the horror show unfold in Wuhan. Italy, Spain and Iran are now paying the price for that complacency, and it seems the rest of the West will follow their fate. The reports from various news agencies, which alleged that Tucker Carlson had to persuade President Trump to take the crisis seriously, really do sum up the caliber of the West's politicians. Meanwhile the mainstream media, who for weeks claimed that travel bans would not stop the virus and were racist, are now currently complaining that politicians aren't implementing travel bans fast enough. Indeed, journalists in Britain are (rightly) now trying to lobby the government to stop air passenger traffic coming into the country, yet just two weeks ago they were calling anybody who wanted a ban on travel from Italy bigots.

[...]

However, by far the largest group in denial – even when Italy is experiencing 600 deaths a day from the virus – has been centre-right conservative libertarians. Some of these are online personalities, others have huge influence in the real world, yet they all descended into 'cope mode' as soon as things got bad. The reason for this I suspect is that their entire political philosophy and political loyalty is based around the free market and economic growth – both of which are being brought to their knees by the pandemic. Considering that Goldman Sachs has predicted a 24% (temporary) contraction of GDP in America, they're not going to feel better anytime soon.

One of their 'cope' arguments is to point out the low death rate in South Korea, Japan and Taiwan, and use it to persuade people that no major response to the virus is needed. Of course, what they conveniently don't mention, or are unaware of, is that these 3 countries have been partially shut down for two months, and they also acted immediately after the crisis in Wuhan was revealed. This is why the different death rates in South Korea and Italy are so stark – the latter foolishly hesitated and has paid the price. However to Conservatives, especially Republicans in America and Libertarians in Britain, this reality does not seem to shift their judgement. People on this side of the internet have often made fun of the centre-right's loyalty to the stock market, yet few of us probably thought it would extend to allowing a pandemic to sweep across the West rather than see the Big Line on a screen going down.

Why, it's settled. The weak-willed women and slaves desperate for a change of pace from their dreary normalcy were the ones who got it right all along – 600 deaths *a day*? Why didn't you listen to us, you globohomo filth? It's time for the lions to step up and drive out the foxes. On the other hand, didn't this happen under Drumpf in the White House and a 'spring of nations' across Europe? Perhaps what we need is a dictatorship of the proletariat, after all. So many good ways to read into a crisis – you get exactly what you want to see! With all the rats and snitches we have (<https://wmbriggs.com/post/30139/>), we may be seeing a new class consciousness in the making. A "new normal," as I recall it.

Of greater prominence is the return of Curtis Yarvin to the spotlight, now fully devoted to punditry after leaving his company behind. I had been meaning to rebut the numerous historical misconceptions that were peddled in *Unqualified Reservations* for a while, and my previous post on Whig history was partially written with UR in mind. This will have to wait, but nonetheless behold as the same man so contemptuous of anthropogenic global warming speaks with great indignation (<https://medium.com/@curtis.yarvin/plan-a-for-the-coronavirus-7db3997490c1>) at just how weak our current measures are against this dire threat that will have “you or someone you love drown of a cough” in the next few months. “In an exponential epidemic, *all experts agree*, the virus has to be hit as hard, accurately, and fast as possible,” says the man whose writing was devoted to a discrediting of public expertise.

In between vivid daydreaming of an American command economy, Yarvin is quite unambiguous about what the outcomes should be for the moronic denialists and their skepticism regarding cooked-up numbers:

In a sane world, anyone with a public record of minimizing the coronavirus would be cancelled — unfit for any further employment, let alone in this crisis. Old friends would edit their phonebooks and duck them in public, worried about being linked to a coronavirus minimizer.

If that’s going to far — benching the whole current team is not going too far. Their results speak for themselves. As Cromwell said: “you had sat too long here for any good you have been doing. Depart, I say, and let us have done with you. In the name of God, go!”

“A” is for aggression. Plan A chooses the most aggressive strategies it can copy or invent. It is as economically aggressive as Denmark; as socially aggressive as Korea; more scientifically aggressive than anyone. But the right strategy is wasted on the wrong generals. Who can run this thing?

(This is a clear allusion to “coronavirus minimizers” becoming what “Nazis” are today, but the gravity of his words are clear.)

Any chances of ever having another baby boom are probably sealed shut in this ‘new normal’ of regular society-wide lockdowns and lectures about ‘don’t you understand exponentials, bro’ in response to peaks and troughs of respiratory illness. Those who most bemoaned social atomization are now its champions. After all, a social credit score is an illiberal thing to have, and everything illiberal is good.

I’ve recently posted a couple of comments over at William M. Briggs’ weekly Tuesday takes on the COVID-19 crisis with links to various sources bolstering the COVID19-skeptic position. I figured I’d turn it all into a single effortpost.

The single best resource on COVID-19 at the moment is the page at Swiss Propaganda Research (<https://swprs.org/a-swiss-doctor-on-covid-19>), updated daily with reports on both new epidemiological data and political developments.

Otherwise, my own takes are as follows:

1. As banal as it has become to point out, excess mortality attributed to seasonal influenza has been estimated to be in the hundreds of thousands annually. People will criticize these numbers for their speculative nature and rightly so, but the same applies for COVID-19 and other respiratory diseases. No one does ultra-precise data mining regarding exact causality of death, co-infections, and all other

contributing factors in 'normal' circumstances. A late 2019 study estimates 389,000 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6815659/>), flu-related deaths globally every year on the basis of various demographic indicators. The 2017/18 flu season was a hard one that not many noticed (presumably they were too busy fighting fascism), possibly sending 152,000 (<https://www.ncbi.nlm.nih.gov/pubmed/30790685>), people in Europe to their graves ahead of their average life expectancy. Italy had approximately 25,000 (<https://www.sciencedirect.com/science/article/pii/S1201971219303285>), deaths during the 2016/17 season and 20,000 in the 2014/15 season.

A tangent on Italy in particular: a great comment here (https://www.reddit.com/r/COVID19/comments/fpar6e/new_update_from_the_oxford_centre_for/fll7ko7/), summarizes that higher levels of air pollution (related: study showing (<https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-2-15>), significant mortality rate variance for SARS based on air pollution levels), antibiotic deaths, susceptibility to seasonal influenza and age skewing high among the Italian population make it exceptionally vulnerable in the 'developed world.' In addition, Swiss Propaganda Research unearthed an article from 2018 (<https://www.aerzteblatt.de/nachrichten/97750/Vielzahl-an-Lungenentzuendungen-beunruhigen-Behoerden-in-Norditalien>), regarding a pneumonia outbreak in Lombardy that was traced to a contaminated water supply. Every other country will have its own confounding factors.

2. Infection rates are mostly a clinical indicator of testing rates than of the actual underlying rate of infection in a population, which is again speculative. First, on a purely 'common sense' basis, if this disease is truly highly infectious and has been around since either November or December 2019, there seems like little chance with modern transportation and supply chain management that it hasn't hit people globally via superspreaders far ahead of the first confirmed cases in February and March. As of March 24 (<https://www.channelnewsasia.com/news/singapore/coronavirus-new-cases-imported-travel-history-uk-us-malaysia-12570840>), the Singaporean Ministry of Health was reporting a disproportionate number of their new infections as being imported from the UK. These are all positive cases, and there is obviously a great deal of selection bias in most countries' policies of testing only those who exhibit clinical symptoms.

2.1. The evidence for a high degree of asymptomatic and mild cases is significant. The BMJ reports as of April 2 (https://www.bmj.com/content/369/bmj.m1375?utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=te xt), that 4 of 5 cases in China identified in the 24 hours to the afternoon of Wednesday 1 April were asymptomatic. Naturally, people are calling for this to be retracted on the basis of uncertainty as to whether these asymptomatics are really pre-symptomatic. A study of 86 Dutch healthcare workers (<https://www.medrxiv.org/content/10.1101/2020.03.23.20041913v1>), under surveillance showed that nearly half didn't develop a fever and resumed working — indeed, nosocomial (hospital-acquired) infections play a significant role in transmission. Development of clinical symptoms appears to be strongly age-dependent (<https://www.medrxiv.org/content/10.1101/2020.03.24.20043018v1.full.pdf>), as with fatality. Obviously you can't surely know what isn't recorded, but probabilistic estimates (<https://www.sciencedirect.com/science/article/pii/S1201971220301399>), exist. Contact tracing (<https://www.sciencedirect.com/science/article/pii/S1201971220301740>), studies (<https://link.springer.com/article/10.1007/s11427-020-1661-4>), lead to a similar inference. See also this Mar 16 model (<https://science.sciencemag.org/content/early/2020/03/24/science.abb3221.full>), regarding undocumented infections. In a similar vein, an Imperial College model (<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-Europe-estimates-and-NPI-impact-30-03-2020.pdf>), estimates attack rates for Italy and

Spain at respectively 9.8% and 15%. A [Mar 26 model](https://www.medrxiv.org/content/10.1101/2020.03.24.20042291v1) (<https://www.medrxiv.org/content/10.1101/2020.03.24.20042291v1>), estimates that infections in Italy and the UK were going on at least a month before the first confirmed death, which highlights the need for immune antibody testing. A [Mar 31 model](https://www.medrxiv.org/content/10.1101/2020.03.18.20037994v3) (<https://www.medrxiv.org/content/10.1101/2020.03.18.20037994v3>), estimates a very high R0 by including asymptomatic transmission and factoring in the rapid spread across the globe. This is also in line with many of the reports about superspreaders. This in turn will mean a lower infection fatality rate, as opposed to the misleading case fatality rates obtained only from confirmed tests and mortality rates that often make no distinction between test-positive and died-of-COVID-19, nor factor in potential co-infections with other respiratory viruses and preexisting conditions.

2.2. Another reason to assume significant undercounting is the seldom explored issue of patients co-infected with SARS-CoV-2 and other respiratory viruses. A [clinical report from China](https://wwwnc.cdc.gov/eid/article/26/6/20-0299_article) (https://wwwnc.cdc.gov/eid/article/26/6/20-0299_article) deserves to be quoted in depth: "This case highlights 2 challenges in the diagnosis of COVID-19. First, the sensitivity of tests to detect SARS-CoV-2 from upper respiratory specimens might be insufficient. Repeated rRT-PCR testing of nasopharyngeal swabs was negative for SARS-CoV-2 before the patient was admitted to the intensive care unit. To date, diagnosis of COVID-19 is made mainly on the basis of nucleic acid detection from nasopharyngeal swabs. Second, differentiating other causes of respiratory illness from COVID-19 is difficult, especially during influenza season, because common clinical manifestations of COVID-19, including fever, cough, and dyspnea, mimic those of influenza (6–8). In patients with COVID-19, blood tests typically show leucopenia and lymphopenia and most chest computed tomography scans show ground-glass opacity and consolidation with bilateral lung involvement (7–9). Unfortunately, influenza A and other respiratory viruses share these characteristics (10). Co-detection of SARS-CoV-2 and influenza A virus in this case demonstrates that additional challenges to detection remain, especially when patients test negative for SARS-CoV-2 but positive for another virus. In summary, our case suggests that COVID-19 might be underdiagnosed because of false-negative tests for upper respiratory specimens or co-infection with other respiratory viruses. Broader viral testing might be needed when an apparent etiology is identified, particularly if it would affect clinical management decisions."

A [sample of 30 patients from Qingdao](https://www.medrxiv.org/content/10.1101/2020.02.29.20027698v2) (<https://www.medrxiv.org/content/10.1101/2020.02.29.20027698v2>), shows significant rates of co-infection on the basis of serological tests, as does [Stanford study](https://medium.com/@nigam/higher-co-infection-rates-in-covid19-b24965088333) (<https://medium.com/@nigam/higher-co-infection-rates-in-covid19-b24965088333>) of 49 samples. Besides misdiagnosis and undercounting, this may be an undetected contributing factor to mortality.

3. The risk factors for death are the same as with other influenza-like illnesses, i.e. the elderly and those with comorbidities, particularly the intersection of the two. The Italian integrated surveillance report [as of Apr 2](https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_2_april_2020.pdf) (https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_2_april_2020.pdf) on 12,250 deaths attributed to COVID-19 shows over 74% of deaths being in the regions of Lombardy and Emilia-Romagna. Mean age of death is 78, median 80. 35 of 12,550 deaths below the age of 40. From a sample of 1102 dying patients, only 2.8% exhibited no comorbidities, with a mean of 2.7 (~3) preexisting conditions overall. For 14 patients under the age of 40 years no clinical information is available; the remaining 18 had serious pre-existing pathologies (cardiovascular, renal, psychiatric pathologies, diabetes, obesity) and 3 had no major pathologies.

This demographic profile holds up just about everywhere. In France [as of Apr 2](http://www.rfi.fr/en/france/20200402-france-health-coronavirus-covid19-demographics-mortality) (<http://www.rfi.fr/en/france/20200402-france-health-coronavirus-covid19-demographics-mortality>), 84% of deaths are over 70 with <2% under 50. [Spanish data as of Apr 3](#)

(<https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Paginas/InformesCOVID-19.aspx>), is in the same ballpark regarding the strong dependence of CFR on age and preexisting conditions. A small proportion of deaths in NYC (https://www.reddit.com/r/COVID19/comments/ftlqqx/nyc_health_only_18_of_deaths_in_new_york_city/) occurred without preexisting conditions.

All-cause mortality is up (<http://inproportion2.talkigy.com/>), but not by much as in 2017-01, 2018-09 and 2019-05, for instance. It's an open question (<https://off-guardian.org/2020/04/01/could-the-covid19-response-be-more-deadly-than-the-virus/>) of whether the deaths avoided from e.g. car accidents and COVID-19 are canceled out or dwarfed by excess fatalities from institutional shutdowns and economic turmoil.

4. Besides the general problem of most countries not making a distinction between death while test-positive and death from COVID-19, with ill people that had very low average life expectancy to begin with being added to an absolute total of COVID-19 deaths as if the latter was what monocausally led to their demise (see for instance this Spectator column by Dr. John Lee (<https://www.spectator.co.uk/article/The-evidence-on-Covid-19-is-not-as-clear-as-we-think>)), there are even bigger and more outrageous problems with reporting on fatalities.

An Off-Guardian article from Apr 5 (<https://off-guardian.org/2020/04/05/covid19-death-figures-a-substantial-over-estimate/>) reveals that many countries have some rather fascinating reporting guidelines regarding COVID-19 deaths. CDC guidelines in the United States put emphasis on the personal discretion of medical personnel regarding “probable” and “presumed” COVID-19 deaths as acceptable causes in a death certificate. Northern Ireland seems to explicitly define COVID-19 fatalities as “individuals who have died within 28 days of first positive result, whether or not COVID-19 was the cause of death.” Worst of all: NHS statistics were amended so as to include estimates of so-called “provisional figures,” meaning they can effectively double-count deaths. “Suspected” cases from non-test-positive individuals will also be extrapolated in the death tolls. NHS guidances for doctors filling in death certificates outright permit that “if before death the patient had symptoms typical of COVID19 infection, but the test result has not been received, it would be satisfactory to give ‘COVID-19’ as the cause of death, and then share the test result when it becomes available. In the circumstances of there being no swab, it is satisfactory to apply clinical judgement.” Neither do jury inquests seem to be permitted, nor is a referral to a coroner required.

This means that for all we've heard about coffins in Bergamo, ice rinks in Madrid and crematoriums in China, there is good reason to believe that in some cases (especially the UK, but many other countries likely have less egregious but still serious data reporting issues) the death tolls are borderline forgeries, to put it bluntly. Perhaps they cancel out with underreported deaths, or perhaps they don't.

5. The current ‘shelter-in-place’ strategy has the effect of quarantining both the sick and the healthy in the same closed quarters. Contact tracing studies ([1] (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6909e1.htm>), [2] (<https://www.medrxiv.org/content/10.1101/2020.03.03.20028423v3>)) show that household transmission is a major infection vector with an estimated attack rate of 15%. Further still, the panic-induced hypochondria and rush to get tested may increase the rate of nosocomial (hospital-acquired) infections, also a significant vector. Numerous field reports from healthcare workers [Italy (<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080>), UK ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30727-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30727-3/fulltext))] complain about shortages of personal protective equipment, protocol violations, with the Italian report stating: “For example, we are learning that hospitals might be the main Covid-19 carriers, as they are rapidly

populated by infected patients, facilitating transmission to uninfected patients. Patients are transported by our regional system, which also contributes to spreading the disease as its ambulances and personnel rapidly become vectors. Health workers are asymptomatic carriers or sick without surveillance; some might die, including young people, which increases the stress of those on the front line.” 14% of cases in Spain as of Mar 24 (<https://www.reuters.com/article/us-health-coronavirus-spain-cases/health-workers-make-up-nearly-14-of-spains-coronavirus-cases-idUSKBN21B1MF>), were those of Spanish healthcare workers.

6. The real risk of the whole affair appears to be the demand shock on the healthcare system, much of it a self-fulfilling prophecy. This is nonetheless a real problem in some areas, even if heavily exaggerated in others (<https://www.youtube.com/watch?v=5pIMD1enwd4>). To put this in perspective, however, overcrowding of hospitals *does* happen for seasonal influenza, as well.

According to Time magazine (<https://time.com/5107984/hospitals-handling-burden-flu-patients/>), the 2017/8 flu season was marked by overcrowding, the erection of surge tents and in the words of Dr. Braciszewski: “Almost every patient in the hospital has the flu, and it’s making their pre-existing conditions worse,” she says. “More and more patients are needing mechanical ventilation due to respiratory failure from the flu and other rampant upper respiratory infections.” Now isn’t that familiar?

A 2018 article (<https://www.statnews.com/2018/01/15/flu-hospital-pandemics/>), on the flu season of that year by STAT has a comment that is funny in retrospect: “Then in 2009, the first flu pandemic in four decades did hit. But instead of bird flu, it was a swine flu virus called H1N1. There were not mass casualties. In fact, the global death toll was estimated at just over 200,000 — fewer people than the World Health Organization says die from seasonal influenza most years.”

Back then, 200k was not considered mass casualties. Today it would be the cause of many sleepless nights and compulsive hand washing.

In 2018, Alabama declared a state of emergency over the flu (<https://www.abn.alabama.gov/2018/01/12/governor-ivey-declares-state-of-emergency-due-to-flu-outbreak/>), which was met by the indifference of the nation at large to the overreaction of those backward hicks.

The San Diego Tribune (<https://www.sandiegouniontribune.com/news/health/la-me-ln-flu-demand-20180116.htmlstory.html>) compared the conditions of California hospitals to a war zone. The article goes on: “Hospitals across the state are sending away ambulances, flying in nurses from out of state and not letting children visit their loved ones for fear they’ll spread the flu. Others are canceling surgeries and erecting tents in their parking lots so they can triage the hordes of flu patients.”

The Fresno Bee reported that (<https://www.fresnobee.com/news/local/article196914064.html>) “California has reported 97 influenza deaths of people younger than age 65 through Jan. 20. There could be more – **influenza deaths are not tracked by the state for people 65 and older.**” (out of sight, out of mind!) Further that “this flu season is not the first time hospitals have been forced to lock down an emergency department or to erect a tent-waiting room to handle coughing, sneezing, feverish flu patients. Every winter, a bump in patients with influenza makes already-busy emergency departments in the central San Joaquin Valley swell to capacity, increasing the time emergency patients wait to be seen and treated.”

The Guardian was sounding the alarm (<https://www.theguardian.com/society/2018/jan/11/nhs-patients-dying-in-hospital-corridors-doctors-tell-theresa-may>), of healthcare strains so intense that patients were dying in corridors.

The Houston Chronicle reported that (<https://www.houstonchronicle.com/news/houston-texas/houston/article/Intense-flu-season-strains-area-care-centers-12492582.php>). “As of Dec. 31 [2017], there have been 1,155 such deaths in Texas this season, according to the state department of health, including 258 in a 16-county region including Houston.” In addition, “The surge of patients has become so intense emergency department leaders, such as those at Texas Children’s Hospital, urge parents to take their non-severely flu-ridden kids to urgent-care centers or doctor’s offices. They estimate those without a life-threatening case will wait hours for care.”

The Daily Mail wrote of (<https://www.dailymail.co.uk/health/article-5229341/Crowded-hospitals-turning-flu-patients-away.html>). Minnesotan hospitals sending people home due to overcrowding. Similar guidance over in Ottawa (<https://ottawacitizen.com/news/local-news/queensway-carleton-hospital-beyond-capacity-as-flu-cases-mount-in-region/>).

Hong Kong in 2017 was also said to be ravaged (<https://vigilint.com/hong-kongs-summer-flu-crisis-leaves-200-dead-and-thousands-more-infected/>), with 200 deaths in a two-month period. The South China Morning Post reported in 2016 (<https://www.scmp.com/news/hong-kong/health-environment/article/1922697/hong-kong-hospital-crisis-overcapacity-overworked>): “The occupancy rate on all medical wards in 16 public hospitals has consistently been around 110 per cent, with some as high as 130, meaning temporary beds have even filled up all spaces in corridors. Some patients complained of waiting for days in observation units before they could be moved into a room.” Again a year later (<https://www.scmp.com/news/hong-kong/health-environment/article/2125722/eight-hour-waits-emergency-rooms-hong-kong>) about eight-hour waits.

So, yes, all of this has happened before. But you don’t need to look back to the Plague of Justinian, or even to the flu pandemics of the 50s and 60s. Simply look back to a couple of years ago.

Now if you’ll excuse me, I’m off to buy more toilet paper to contribute to my retirement fund.

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25 thoughts on “Judeo-reaction and the great COVID-19 swindle”

1. Pingback: Judeo-reaction and the great COVID-19 swindle | Reaction Times

2. Spurdo sparde says:

April 9, 2020 at 4:20 pm

Thanks. This is all good info.

I have enjoyed this blog for a good while now, totally understand you have other commitments, but is there any ideas in the future for new articles?

Reply.

◦ Nulle Terre Sans Seigneur says:

April 9, 2020 at 6:45 pm

A commentary on the six volumes of the *Restauration der Staatswissenschaft* is an obvious (and involved) direction — if I could be bothered to get around to writing it.

Reply.

- Spurdo sparde says:

[April 16, 2020 at 12:47 am](#)

Great, thank you.

Reply.

3. cyanpretaporter says:

[April 11, 2020 at 6:28 pm](#)

So glad to see you writing again! Hopefully you can get back to writing about those obscure 19th century counterrevolutionaries, I for one, would appreciate it.

Reply.

4. Rothblatt says:

[April 14, 2020 at 9:29 am](#)

Such a great thing to have churches closed down too! It is especially important not to have access to the Sacraments during dangerous times, not to mention if they happen to land on Lent and Easter.

P.S. I have actually seen libertarians who went full panic-mode ON and threw their libertarianism out-of-the-window and called for FULL-COMMUNISM-NOW. I have also argued to fellow Christians in vain that man does not live on bread alone, and that mere biological survival equals not human flourishing.

Reply.

- Nulle Terre Sans Seigneur says:

[April 14, 2020 at 11:25 am](#)

Everyone's millennialist fantasies of social renewal have basically kicked in — the 'dissidents' who beat their chests at calling out the apocalypse before the globalists did. There's a heightened sense of anomie and mediocrity that people naturally want to overcome, and this crisis is the false hope.

Man may not even have bread if the 'lockdown-until-vaccine-is-available' strategy is executed to the bitter end, this assuming that such a vaccine is even practically achievable without exhibiting antibody-dependent enhancement, non-specific effects or other immunopathologies (high modernist triumphalism about Fucking Science(tm) has made people forget that modern medicine is not sorcery and there are real limits). Even if it gets to the level of influenza vaccination, that's still highly ineffective and short-lasting, which means perpetual cycles of social distancing and vaccination updates.

Reply.

5. fjwawak says:

[April 15, 2020 at 8:29 pm](#)

At least children have fun as they don't have to go to school.

Glad to hear from you. Still interested in 19-century counterrevolutionaries.

Reply.

6. thePrince says:

June 2, 2020 at 11:21 am

I came across your article on the so-called alt-right by pure happenstance upon searching for one “Costin Alamariu” after it had been alleged inter alia that he is the (in)famous bronze age pervert with affiliations to such lovely institutions as the Jewish Institute for National Security of America https://twitter.com/devine_shane_/status/1267559528373026817

I’d read that article absent-mindedly when you posted it then, but it seems to have increased in significance given the above. Looking forward to your piece on Moldbug which is very much needed, but it might also be appropriate to revisit the alt-right, given BAP’s recentish fame after the Anton review of his book.

Regards

Reply.

- Nulle Terre Sans Seigneur says:

June 2, 2020 at 12:18 pm

Well, that’s an interesting twist if it pans out.

> it might also be appropriate to revisit the alt-right, given BAP’s recentish fame after the Anton review of his book

I have long ceased to follow that scene, and have no clue what’s happening there. Is ‘alt-right’ even so much as a modicum of a movement these days, and not purely a left-wing term of opprobrium?

Reply.

7. Mike says:

June 6, 2020 at 6:54 am

Good post. With all the recent chaos and mass rioting following the death of George Floyd, it has become obvious that Corona was overblown as fuck, and that the Leftist medical “experts” never actually believed what they were selling. They only were using it as an instrument of anarcho-tyranny on right-wingers. Hundreds of thousands now march in the streets and the “doctors” merely throw up their hands and declare racism a public health crisis.

Reply.

8. jack says:

June 26, 2020 at 7:15 pm

Judeo-Reaction? Hmm.

<http://www.renegadetribune.com/tucker-carlson-advocates-child-rape-thats-why-andrew-anglin-promotes-him/>

Reply.

9. Oscar_Cc says:

July 29, 2020 at 5:06 pm

Nice having you back. Please don’t delete the blog since it is very nice to have a site devoted to non-mainstream rightist thought.

Reply.

- Nulle Terre Sans Seigneur says:

July 29, 2020 at 6:05 pm

I hope to reemerge in a month.

Reply.10. Dividualist says:August 20, 2020 at 5:10 pm

Do Haller, please. This project seems cursed, first Thermidor goes tits up before The Dissenting Sociologist do it, then you stop blogging for half a year.

I am pro-Schopenhauer, hence anti-Hegel, so the basic fact that Hegel was pissed at Haller alone makes him interesting.

Maybe I could overcome my laziness and read him, but while a modern German text would be right up my alley, I don't want to deal with that 18th century Fraktur font.

Reply.o Nulle Terre Sans Seigneur says:August 21, 2020 at 6:19 am

There's about five other posts I want to get to before I begin with v. Haller, but yes, it's been a long time coming and I ought to get on with it sooner. Interestingly enough, Hans-Hermann Hoppe could have beat me to it. He was supposed to give a speech on 'The Idea of a Private Law Society: The Case of Karl Ludwig von Haller' (<http://propertyandfreedom.org/2019/10/pfs-2020-annual-meeting/>) this September at the PFS before the meeting was cancelled. I'll probably send him an email after I publish my first post on v. Haller, which will likely be on the 'Handbuch der allgemeinen Staatenkunde.'

Reply.11. Dividualist says:August 23, 2020 at 6:03 pm

Interesting, I wasn't aware he had other words beyond the Restoration.

Reply.12. Dividualist says:August 23, 2020 at 6:04 pm

Works, not words, sorry.

Reply.13. Dividualist says:September 3, 2020 at 5:03 am

I have managed to find some very succinct summaries of Haller in modern German. And I think you won't like the guy.

It seems the core of his ideas was that if we look at the law of nature, it is always so that the weaker serves and obeys the stronger, and the stronger protects and helps the weaker. This is observable with animals, observable with humans in the private sphere, and this is just what the state should be, that is, there is not a special category of the public sphere, but the state is a similar private arrangement. And this law of nature is the revelation of God.

One of Hegel's criticisms of this was that this law of nature is not the revelation of the God of the Bible. Indeed, it seems Haller was more talking about the Gnon of NRx than the God of the Bible. And I think you never really liked this aspect of NRx, sounds like Haller was kind of a proto-Darwinian way before Darwin. Or rather, that taking the observable law of nature for animals as the

basis of society has nothing to do with Darwinism as such, it predates it. However, it seems you never really liked this approach much, seems you were always of the opinion that humans should try to work on a higher moral level, the moral level of the revelation of the God of the Bible.

There is an argument in favor of this, I am not sure if Haller used it. Namely that the idea of the “stronger”, when talking about warrior-princes, means someone who can attract and keep the loyalty of a lot of warriors. Those guys cannot be too bad. Basically, the job of the warrior-prince is to coerce everybody else to cooperate in the game theoretic sense via coercion. However, they are using their warriors to coerce everybody else with, they cannot coerce the warriors themselves, so they have to win their loyalty by different, “nicer” ways.

Reply.

- Nulle Terre Sans Seigneur says:

September 3, 2020 at 8:03 am

I’m aware. Those are also criticisms of Haller that were levied by Catholic conservatives like Franz Josef von Buss, and so his naturalistic account of the state was met with disfavor by both the Lutheran pietists among the reactionary court camarilla, and liberal Kantians like Wilhelm Traugott Krug. Worth noting is that Haller began writing the Restauration before his public conversion to Catholicism c.1821, but even then this does not temper his patrimonialism at all, with some of his last works like the “Staatsrechtliche Prüfung des vereinigten Preussischen Landtags” (1847) all following the framework of the Restauration.

I’ll get there eventually.

Reply.

14. Aldon says:

September 19, 2020 at 6:07 pm

I have a question. What is your appraisal of the Roman Republic and the Roman Empire? And if not yours, what are some appraisements you’d recommend?

Reply.

15. Aldon says:

November 10, 2020 at 5:20 am

If you have the time, could go over SOME (not all) of your issues you found with Moldbug’s work? I myself have never really found Moldbug’s work to be all that special and wondered how an atheist Jewish liberal ever got the respect he did in the NRX/Aut-Rite scenes.

Reply.

- Nulle Terre Sans Seigneur says:

November 10, 2020 at 10:16 am

It’s one of the many planned posts for whenever I wake up out of my hiatus. You are right — Moldbug’s corpus at UR has aged very badly, and his recent career revival with ‘Gray Mirror’ and random podcast appearances is only getting worse.

Reply.

- Aldon says:

November 11, 2020 at 4:30 am

<https://salo-forum.com/index.php?threads/the-clear-pill-part-1-of-5.7963>

<https://salo-forum.com/index.php?threads/new-moldbug-a-general-theory-of-collaboration.8733/>

Some hostile sources to Moldbug.

Reply.

16. Aldon says:

January 13, 2021 at 12:18 am

<https://mobile.twitter.com/ImperiumPress/status/1328170449713332224>

<https://mobile.twitter.com/ImperiumPress/status/1328170899514638337>

<https://mobile.twitter.com/ImperiumPress/status/1328177879872487424>

<https://mobile.twitter.com/ImperiumPress/status/1217335139262328833>

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<https://mobile.twitter.com/ImperiumPress/status/1319475835066171393>

<https://mobile.twitter.com/ImperiumPress/status/1319480763406929920>

<https://www.eurozine.com/change-course-human-history/>

<https://mises.org/wire/david-graebars-response-my-article>

Are you familiar with David Graebar's work? As noted in the above tweet threads, he's a proclaimed Anarcho whose work undermines said ideology.

Reply.

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