

COVID

Gibraltar's case confutes health emergencyism

WORLD

16-11-2021



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The situation that has arisen in Gibraltar over the last few days is an eloquent representation of the irreconcilable contradictions inherent in the health emergencyism that is prevailing throughout much of the world, and particularly in the West, in response to the Covid-19 epidemic.

In the small British enclave in the far south of the Iberian Peninsula, the percentage of vaccinated people is 118%: i.e. 100% of the adult population has been vaccinated, and a sizeable minority has already received a booster. Nevertheless, since October, diagnosed cases of Covid have been steadily increasing, although hospital pressure is minimal and deaths are episodic, if not completely absent.

In this situation, the government has decided to enact new restrictions on social life. It should be pointed out that, since Gibraltar is a British context, albeit a Mediterranean one, these are not binding rules, but recommendations, and for the moment relatively mild ones: limiting meetings, suspending mass events, wearing masks indoors and similar measures. Yet we are still faced with the umpteenth return of a logic according to which the virus must be fought by restricting and controlling the lives of citizens and economic activities. A logic that has been adopted to a greater or lesser extent in almost all of Europe, but which now, particularly in the case of Gibraltar, clashes resoundingly with the practically total vaccination coverage achieved in that small country, which for months has been touted as an ideal condition, a condition for a return to full normality, the achievement of the mythical “herd immunity”. The population is vaccinated, no one or almost no one dies of (or with) Covid, the situation in hospitals is under control, yet further sacrifices and restrictions are being requested, which could increase if the cases were to grow further. Waiting for what? In anticipation of what? Boosters for everyone, third and fourth doses, and the extension (alas) of vaccinations to youngsters and children aged five and over.

Until when? Until not a single case, hospitalised person, or death attributable to Covid is diagnosed? But this can be ruled out as being the result of the vaccines, which do not prevent the virus from circulating, or the disease from manifesting itself, even in more serious forms. So what next? How many booster shots will there be? And what good will they do? And in the meantime, will social life ever return to normal? Will people have to continue to live under control indefinitely?

In short, Gibraltar is the extreme case that shows the dead end that all countries are heading for if they do not adopt a realistic and proportionate approach to the issue, avoiding making it a factor in the paralysis of society, the economy, and individual freedoms (in Europe, practically only Sweden).

The supporters of health emergencyism, those who still say that “we are at war” against the virus, must choose. They cannot continue to support two completely incompatible theses. If vaccines are the sole and definitive solution to the problem, as

they claim, and the “fragile” sections of the population are sufficiently protected by them, then no lockdown, no restriction, is justifiable. If, on the contrary, the need for restrictions is still invoked out of fear that an increase in the number of cases, foreseeable in the winter months and in any case always possible, could lead to new dangers for the lives of citizens and social security, then it must be explicitly admitted that vaccines are not the ultimate solution, but only one tool among others; and therefore no pressure or blackmail on citizens to vaccinate is justifiable, let alone any obligation to vaccinate. They can't have it both ways.

In both cases, however, a generalised campaign of vaccine boosters, billed as the new “Holy Grail” to be achieved, is completely incomprehensible. If vaccines are effective, no booster is generally necessary, except in specific cases of immune fragility and weakness, which should be monitored on a case-by-case basis. If, on the other hand, the vaccines are not effective, or are only partially effective, what is the point of repeating them over and over, especially as the virus is increasingly different from the original form for which the vaccines were initially developed? How can the promise that the booster vaccines will ensure lasting immunisation be credible in that case, if this promise proved unreliable in the case of the first vaccination? And above all, what is to be done in the meantime? How long can a society remain in check, on probation, given that luckily there does not seem to be the risk of carnage or a health-care collapse on the horizon?

Here we come to the crux of the fundamental problem posed by the way in which most of the world's governments - and in particular those of the West - have dealt with this health problem, allowing it to overflow uncontrollably into political and civil life. If it is deemed necessary to declare a generalised emergency for a viral epidemic (which, moreover, has quite a low lethality rate), it is essential that clear, incontrovertible, publicly verifiable criteria be indicated on the basis of which the emergency can be declared over. In the absence of such criteria, or in the event that they are continually modified in government communications, the state of emergency inevitably tends to result in a state of permanent exception, in which the firm restrictions placed on power and the fundamental rights of citizens are completely undermined.

Before long, Gibraltar's aporia will be that of all the Western states that have staked everything on the “vaccines or lockdown” alternative. And even more so in of a country like Italy, in which the alarmist pressure, the coercive intrusiveness of the government, the censorship of any critical voice have reached paroxysmal levels; the most striking aspects of this are the blanket adoption of the health pass, the threats to those who choose not to vaccinate, the request (absent in any other liberal-democratic

country) of compulsory vaccination by law, and the increasing curtailment of the freedom to demonstrate.