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Experiencing Biopolitics: A Personal Story

Keywords

hospitals, medical care, ageing, death, parasitism, symbiosis, Covid-19, epidemiology

Abstract

I examine the tension between biopolitics and necropolitics through three themes that I have perceived and that are related to my life in Japan. First, I examine the transformation of hospitals and medical care, particularly for the elderly, through my experience of sharing the end of my mother's life. Modern medicine has made great achievements in treating diseases that used to be fatal, but it has become institutionalized in the context of Big Pharma interests, with no insight into the natural ageing and death of human beings. Second, I discuss how the ecological worldview on parasitism and symbiosis has been distorted by industrial logic, drawing on the work of my esteemed friend and parasitologist Professor Koichiro Fujita, who passed away in 2021. Finally, with regard to the Covid-19 pandemic, I would argue that it is not a sudden phenomenon triggered by a new virus, but in a sense a disaster that has been prepared for decades and must be seen as a war using bioengineering and epidemiology as weapons, rather than tanks and bombs.

Doživljanje biopolitike: osebna zgodba

Ključne besede

bolnišnice, zdravstvena oskrba, staranje, smrt, parazitizem, simbioza, covid-19, epidemiologija

Povzetek

Avtor razišče napetost med biopolitiko in nekropolitiko skozi tri teme, ki jih je zaznal in so povezane z njegovim življenjem na Japonskem. Najprej preuči preoblikovanje bolnišnic in zdravstvene oskrbe, zlasti za starejše, in sicer na podlagi svoje izkušnje v času

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materinega umiranja. Sodobna medicina je dosegla velike uspehe pri zdravljenju bolezni, ki so bile nekoč usodne, vendar se je institucionalizirala v kontekstu interesov velikih farmacevtskih podjetij, brez vpogleda v naravno staranje in smrt človeka. Dalje avtor razpravlja o tem, kako je industrijska logika izkrivila ekološki svetovni nazor o parazitizmu in simbiozi, pri čemer se opira na delo svojega spoštovanega prijatelja in parazitologa, profesorja Koichira Fujite, ki je preminil leta 2021. Nazadnje, v zvezi s pandemijo covid-19 avtor trdi, da njen nenaden izbruh ni rezultat nekega novega virusa, temveč katastrofa, ki se je pripravljala desetletja in jo je treba obravnavati kot vojno, ki za orožje uporablja bioinženiring in epidemiologijo, ne pa tankov in bomb.



Introduction

First, let me explain my writing style for this article. I am well aware that this esteemed journal is an academic publication, but I am trying to write this text as a philosophical essay in a freer style based primarily on my own experiences. That is all I can do at this time. I hope the tolerant reader will forgive me for this, which may not be in keeping with the general purpose of this journal.

I graduated from Kyoto University in the 1980s and have been a researcher and teacher of aesthetics and philosophy at various Japanese universities for 37 years since then. Most of my papers and writings are in Japanese, but since the late 1990s, at the suggestion of my friend and colleague Professor Marina Gržinić and other friends, I have also written some papers and essays in English. I retired from Kyoto University in 2022 and am still writing quite actively. However, I have since lost interest in writing in the form of academic papers. The reason is not that I no longer trust the academic world or the activities there. I think it is because of my own personal characteristics.

I understand that the specific topic of this journal is “the body in the context of biopolitics and necropolitics.” I believe that this topic, regardless of how one writes about it, is of critical importance in today’s world, and this is also true in my personal life. It is a topic that is more tangible and urgent in Japan today than ever before.

The first insight I would like to share with you on this topic is that biopolitics and necropolitics are not opposites in their essence, but rather emerge from a continuum of power that controls human life and death. Biopolitics is the aspect of power that operates through individual as well as public health, medicine, population control, etc. in a relatively peaceful and seemingly depoliticized everyday life. Such control appears at first glance to be a favorable policy for promoting our well-being. No violence is revealed. However, the way you keep people alive is inextricably linked to how to kill them, which are basically two sides of the same control.

The continuum between biopolitics and necropolitics is also linked to war. War is not necessarily caused by the arrival of an evil enemy from the outside that destroys peace. It is caused by the spread of a destructive force that has always been latent, even in times of peace, when there is a lack of power to deter it. This is similar to the situation where a virus is not necessarily an external evil to our body, but is always present and latent in our body and becomes uncontrollable due to the weakening of our natural immunity. When the conditions in which we live become less tranquil and emergencies such as wars and pandemics occur, death, not life, becomes the direct and explicit object of control.

A phenomenon that is becoming increasingly important in the 21st century is war in the broadest sense of the word, war that can have a massive impact on social life without the obvious signals of war that we have known in the past. Without tank invasions and bombardments, it achieves the same destruction of production and economy, impoverishment of people and displacement of assets as the wars of the past. In this war, biopolitics reveals its relentless nature as necropolitics, and it becomes clear that even in the peaceful days of biopolitics, necropolitics lurked. The present age is just such an age.

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Medical Care

The first issue I want to address is medical care. I do not want to deal with medicine in general, but with the modern medical procedures that people receive at the end of their lives. Modern medicine has had great success in surgery and in treating infectious diseases. In other words, it has been very successful in saving people who have yet to die. However, medicine has become so convinced of its achievements that, toward the end of the 20th century, its role in society be-

gan to change. It became clear that modern medicine, which had answered the question of how to save people from unnecessary death, had no answer to the question of how people should end their lives.

In recent years, I have experienced the loss of my parents, one by one. While this in itself is natural for someone my age, the process of their death was not always natural. Medical care is an unnatural and unnecessary intrusion into the natural process of dying. This disturbs the peace of the dying person and increases their suffering. In the medical industry, this is profitable and socially justified. I became very aware of this fact during the dying process of my own immediate family member. Through this personal experience, biopolitics, which I had previously understood as a philosophical concept, became clear to me in very concrete terms as a force that directly and relentlessly extends its power to the human body. I would like to talk about this.

In 2012, my mother, who lived alone in the same city, developed cataracts that made it difficult for her to read, so I took her to an eye clinic near my university. She was examined and explained about cataract surgery, which involves replacing the cataract with an artificial lens. For the surgery, she had to undergo several tests, one of which, a blood test, diagnosed her as diabetic. She was told that cataract surgery with high blood sugar levels would put her at risk for diabetes-related retinopathy and that the surgery could only be performed if her blood sugar levels were lowered to a certain level beforehand.

Therefore, she was to be hospitalized for a short period of time to improve her diabetes, followed by a diet at home. My mother disliked hospitals and had never had regular checkups. Therefore, she did not know her blood sugar levels, although she was actually perfectly healthy and active, without any symptoms. She had a good appetite for her age. However, due to the strict dietary regimen, she gradually lost strength and had difficulty walking long distances. However, her blood sugar level dropped and she managed to undergo cataract surgery. Instead, she eventually developed hip problems and could no longer walk.

She had a hip abnormality at birth and had surgery as a newborn. But that was in 1930, and the precision of the surgery was not perfect from today's perspective. Since childhood, I have always thought that my mother's gait was somewhat unbalanced, but the weakness in her hip joints was completely compen-

sated for by her muscle strength, so she had no problems walking until old age. It is believed that this was due to the loss of muscle strength from the diet that made it difficult for her to walk. Her diabetes treatment did not make her healthier. The orthopedist suggested she have an artificial hip replacement. Although she was hesitant to undergo surgery in her late 70s, she decided to take the plunge, believing that her life would be over if she could no longer walk.

However, this led to regular checkups at the hospital. One day, after several years had passed, a malignant tumor was discovered during a medical examination. The progression of the tumor was slow and not immediately life-threatening, but the internist told me that I should have her operated on. By this time, my mother was showing symptoms of dementia, and it was difficult for me to understand what exactly was going on. When I accompanied her, I was hesitant about the surgery. I thought I should follow the doctor's advice as a specialist, but I felt I could not trust the doctor, who only looked at numbers and pictures on her monitor. She did not even touch my mother's body or look at her or me. So I asked her, "When do you think the tumor will reach life-threatening levels?" She replied, "Well . . . not now, but in my late 90s at the earliest."

I could hardly believe my ears. Could not this doctor reasonably compare the damage to the body caused by a series of surgical procedures on the elderly to the risk of a tumor that could take the life of a 100-year-old or so? But of course, this doctor is not joking, nor is she saying this out of malice. She is simply following her professional guidelines as an internist and recommending that malignant tumors be removed in their early stages. That's when I realized that modern medicine is of no use to us at all if we seriously think about how to live a better life in the face of death. I decided to bring my mother home from the hospital and with the help of a home health nurse, my sister and I would take care of her.

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After that, there were several more situations where I had to make a decision. For example, what should I do if she could no longer take in food by mouth? Should I give her intravenous fluids when she was diagnosed with dehydration? Thanks to my experience with my mother over the past few months, I now know with certainty that when the human body is dying, it rejects food and water. It loses its appetite and does not become thirsty. This is because natural death is nothing but a peaceful process of starvation. Medicine is merely a means of interfering with this natural process and prolonging biological survival somewhat.

Since many of us cannot bear the sight of our own sick and dying families, we resort to the various life-prolonging measures that modern medicine has made possible. But force-feeding through a tube is often painful for the patient, and feeding fluids through an intravenous drip requires suctioning of phlegm, which is also painful. However, it is important to know that the doctors and nurses who suggest such life-prolonging measures do not intend for the patient to suffer. They are simply recommending the various options offered by modern technology. The doctors, nurses, and family members are all doing something tremendously stupid without realizing it.

Despite state-of-the-art medical care, the dying are left to suffer. This is partly because all of us, doctors and lay people alike, are less willing to face death today. Taking advantage of our mental weakness, a vast medical system invades our bodies. While many of those who work in this system faithfully do what they have been taught and recommend various drugs and medical procedures “in good faith,” so to speak, there is no doubt that this vast system as a whole results in huge profits for Big Pharma and medical business capital. It can be said that biopolitics is spreading as an anonymous web of power within these institutions and practices of medicine.

What is death? Death is not so much an inescapable fate for humans as an inevitable one. Yet, in modern society, we are conditioned to avoid death. You could say that we have been brainwashed to remain mentally childlike. There are those who claim that immortality can be achieved through bioengineering, and there are those who predict that the mind can be altered by software to escape physical death, but all of this is nonsense that magnifies a childlike mind incapable of facing death. Not only these extreme technological hyperbolics, but many of us have lost the mature power in our minds to face death. Why have we degenerated into a mind that is so vulnerable to death?

Globalist and neoliberal educational and cultural policies since the 1990s have unwittingly diverted people’s gaze from death and led them to a worldview as if death does not (or should not) exist. Aging has been viewed as a disease to be treated, various prescriptions for it have been marketed, and the spirit of taking death seriously has been treated as if it were a relic of the past. Thus, biopolitics has never only directly affected the body, but has also controlled the role of

thinking about the body. It permeates our minds through schooling, mass media, and social life in general.

Parasitism and Symbiosis

Schooling, mass media, politics, and the social life significantly influence and have had an enormous impact on the basic ideas we acquire about our own bodies. One of these is our basic conception of cleanliness and health. With the spread of modern hygiene thinking, we have developed a need to defend our bodies against various outside invaders and to view this cleanliness as an advance of civilization. In doing so, we have adopted a false view of the body that simply contrasts the elements that belong to our own body with the external elements that might pose a threat to it, and considers protection from the latter as a task for attaining health.

For about three years from 2000, I was the editor-in-chief of *Diatxt.*, a critical journal published by Kyoto Art Center, and in the sixth issue I dealt with the problems of this modern understanding of the body and health. I asked Dr. Koichiro Fujita, a parasitologist who at the time had written on this subject in many of his books, to discuss and contribute to that issue, and I have been friend with Dr. Fujita ever since; he passed away in 2021 but we had several opportunities to talk further in the last decades.

Until the 1960s, the presence of parasites (tapeworms) in the body was a common phenomenon in Japanese society. Fujita's hypothesis was that the relationship between parasites and humans was symbiotic rather than parasitic. This view was triggered by the hypothesis that the reduction of these parasites through eradication was associated with an increase in immune system diseases such as atopic dermatitis and hay fever. The mechanism was that the parasites deprive the human digestive tract of nutrients and in "return" produce secretions that block receptors that trigger a hypersensitive immune response, thus stabilizing the immune response. This idea, initially not taken seriously even among experts, is now accepted by many medical and biologists.

If we look at this from the point of view of biopolitics and necropolitics, we see that this issue is closely related to the image we have of our bodies and our general understanding of cleanliness and health. Of course, most of us are not bi-

ologists. The knowledge about the body and health that we are taught in school is limited and not always current or accurate. The image we have of our physical environment is strongly influenced by the prevailing worldview of the time. Today, our general understanding of the body and health is primarily shaped by the influence of mass media such as television, newspapers and magazines. Especially the influence of commercials is crucial. It goes without saying that it is large companies that finance such mass media, and it is hard to overlook the fact that many of these investors are companies involved in body care, health and medicine.

At one point, Dr. Fujita pointed out a problem with booths advertising new facial soap products on the street. Passersby on a main street in Tokyo are invited to have their facial skin examined for free. The booth is equipped with a small microscopic camera and a monitor. When passersby are interested in trying out the product, the monitor shows images of mites magnified hundreds of times in the pores of the skin, causing the uninformed viewer to cry out. However, these mites are normal inhabitants of the human skin. They feed on the sebum secreted on the surface of human skin and produce a slightly acidic excretion. This keeps the surface of our skin at an acidic level that inhibits the growth of harmful bacteria. In other words, our skin is clean thanks to these creatures. This is also a kind of symbiotic relationship. If we use strong soaps to get rid of the mites, the ecosystem of the skin surface is disturbed and we become unhealthy.

We need to examine closely the way power operates in these everyday situations. First, for many people who are not used to seeing microscopic creatures, it is natural to perceive the tick that in reality protects us as a grotesque and disgusting foreign body. Knowing this, they intentionally show pictures of microorganisms to people who are not trained in biology without properly explaining them. Unlike the shocking appearance of the tick, the microscopic camera and monitor are symbols of modern science that many respect, and appear neutral because they are science. But the setting is clearly not as neutral as a scientific experiment. Behind it is the highly contrived intention to strongly induce consumers to behave in a certain way.

For capitalism, the body is, in a sense, the last and ultimate market. As products that alter the body's condition—food, drugs, cosmetics, and various health and beauty services—become widely available, the altered body creates new prob-

lems—diseases and weak immune systems—that in turn create new demand. This chain of events can be multiplied as many times as it takes to control the side effects of a single drug. And it is not easy to criticize the multiplication of this chain of events. This is because it is guaranteed by the authority of medicine (science), which is inaccessible to the general public.

But what is science anyway? At least until the 18th century, it meant the freedom of thought to resist metaphysical dogmatism based on visible evidence in an intellectual world where religious authority was overwhelmingly powerful. With the Industrial Revolution, however, the role of science changed dramatically. Science became a means to contribute to human progress. In today's world, where science is used to support global industry, science is not a free intellectual pursuit. Science is closely intertwined with political economy, and what scientists say has great political power. Many scientists are not fully aware of this and are therefore easily politicized.

Of course, not all scientific fields are equal. The areas that are most politically important are those that can (or may) generate large profits or are used for military purposes. Parasitology, especially research related to symbiotic evolution such as the work of Dr. Fujita, is considered almost as unimportant and useless as philosophy by the ruling industry. On the contrary, understanding our body as a complex symbiotic system can be considered an obstacle for the pharmaceutical and medical industries. The pharmaceutical and medical companies make more money when people do not understand their bodies as a complex symbiotic system with viruses, microorganisms and other living beings, but simply fear them as foreign bodies to be eliminated and imagine that they are protecting their bodies from these threats.

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I would like to conclude this chapter by introducing a relatively innocuous but important topic that Dr. Fujita and I have discussed so far. It is about the extermination of cockroaches in the home. If you visit a Japanese drugstore, you will find a wide selection of insecticides sold in large quantities to control cockroaches. However, this has not always been the case, but has been a phenomenon since the 1970s. Cockroaches have been parasites in human dwellings since ancient times. Unlike mosquitoes and flies, however, cockroaches transmitted few diseases, so most people did not worry about their presence. Around 1970, however, as the postwar food situation improved and heating systems became

more widespread, cockroaches began to enter homes more easily, and the business of selling insecticides as “enemies” of cockroaches began.

In order to sell insecticides, people had to be made to physiologically avoid cockroaches. This is where television advertising came into play. Various visual and theatrical techniques were used to create the impression that cockroaches were dirty, disgusting, and more dangerous creatures than they really were, and the commercials were very successful. As a result, many people have developed a conditioned reflex that instills in them a strong aversion to this insect for no reason. When you ask such people why we should get rid of cockroaches, they answer that they are simply disgusting. Rationally speaking, the insects are not that dirty, they do not bite or sting, and they are not poisonous. The strong dislike is a purely irrational reaction acquired through media manipulation. But this irrationality is an extremely powerful motivator to control people’s behavior.

Current Situation

It is impossible to make philosophical reflections against the background of the issues of biopolitics and necropolitics without mentioning Covid-19 and the global turmoil it is causing. But the problem is not over yet, especially in Japan, where by October 2022 most people will even be walking around outdoors wearing masks, and the government is promoting fourth and fifth doses of mRNA vaccination even among young children. Although the pathogen has already mutated and attenuated to the same degree as normal upper respiratory infections, the legal classification as a dangerous infectious disease has not been corrected, so even those who die in traffic accidents are counted and reported as Covid-19 deaths if they test positive on PCR testing. Despite the fact that the number of excess deaths is far higher than the death rate so polished, which is comparable to that of a major earthquake or war, a causal relationship with mRNA vaccines has yet to be proven.

However, it will be some time before objective data on this issue are available. In what follows, we would like to discuss our current situation from a broader perspective. First of all, we would like to draw attention to the fact that people’s social behavior regarding public health may be changing significantly. In the 1990s, during the globalization of many countries, negative campaigns against smoking were launched all over the world. This led to a strong public aversion

to the smoke and smell of cigarettes. Just as in Japan in the 1970s, when people were conditioned to avoid cockroaches more than necessary, smoking was banned from social life as an anachronistic and undesirable habit that was more dangerous than necessary.

I am in no way suggesting that smoking is harmless to the body. Of course, there are aspects of smoking that are detrimental to health, while there are many other habits that are detrimental to health. Yet, in the 1990s, I could not understand why smoking was the only habit that should be specifically eliminated. I only vaguely understood that it was probably due to people's changing living conditions and their growing concern for health and cleanliness. In retrospect, however, the campaign of 30 years ago could be interpreted as an experiment in how to control the behavior of people around the world through public health awareness campaigns.

What the anti-smoking campaigns and today's Covid-19 situation have in common is that the mechanisms by which power works are difficult to discern. This is because the issue in question itself seems neutral, apolitical, and rather trivial. Smoking cessation, like wearing masks and vaccinations, does not seem political in the least, but a desirable and harmless act of maintaining health. Another commonality is that they are urged not only to preserve their own health, but also to protect the health of others. In other words, those who smoke are considered "terrorists" who endanger society, as are those who do not wear masks or get vaccinated.

I spent the last two years before I retired from Kyoto University under the Covid-19 state of emergency: in 2020, lectures were held almost entirely online, and in 2021, small classes were allowed to be held in classrooms, but the entire campus had to wear masks and lectures were masked. In 2022, some of these rules were relaxed, but it is still something of a taboo to speak freely about the pandemic or topics related to its official countermeasures. Quite a few students looked uneasy when I mentioned such things. In other words, I think that even young people who do not explicitly think about such topics are unconsciously aware that these are not just neutral topics of infectious diseases and their countermeasures, but extremely politically sensitive topics that they are not allowed to talk about.

However, I have not taken any particular position on the pandemic or its countermeasures, but have spoken only on the basis of indisputable facts. For example, what is usually referred to as a “vaccine” is not necessarily the correct term because it is produced by technology that is fundamentally different from conventional vaccine production. The mRNA “vaccine” is actually a type of gene therapy that has never had the dramatic success that the smallpox vaccine has had in the past and is not yet an established treatment. The “vaccine” currently being promoted is still a harmful drug undergoing clinical trials, with much uncertainty about its future effects. There is a case for vaccinating those who understand this and can judge that the risk is less than the risk of Covid-19 infection itself. In contrast, the policy of vaccinating as many people as possible to “protect others”—sometimes accompanied by the evocative slogan: “Those who do not vaccinate are terrorists who endanger society”—is fatally wrong. These are not conspiracy theories, but perceptions that can be derived entirely from pure facts, and there is no reason why they should be taboo.

The current situation is also a good example of how science plays a role in our society similar to that of a religion. Science is no longer a free intellectual activity, but a kind of religious authority that cannot be questioned. Every day, TV and newspapers publish the numbers of “infected” people in each Japanese prefecture, and most people behave according to these “scientific” reports. “Infected” actually means those who tested positive in a PCR test. But it is scientifically clear that PCR-positive is not synonymous with Covid-19-infected. This gross scientific misuse of the term goes unchallenged by widespread scientific indifference. I have asked on several occasions if people know what the PCR test is that they get so worked up about every day, and I have found that most do not even know what “PCR” stands for, let alone by what mechanism it works. The level of indifference to the test is astounding, even though it is talked about so much every day and many people feel the need to have it done. The reason people trust it, even though they know nothing about it, is that it is “science” and the latest technology. This is a clear example of how science is accepted like a religion for many people today.

PCR (polymerase chain reaction) is a device that duplicates part of a gene to determine whether or not it matches that of a particular virus or organism. In other words, it only indicates the likelihood that a fragment of a particular viral gene is likely to be present, but never that the virus in an active state is certain to be

present in sufficient numbers to be pathogenic (i.e., “infected”). Human physicians are the ones who can diagnose whether or not a patient is infected with a particular disease. Clearly, replacing a physician’s diagnosis with a simple output from a mechanical device would lead to great confusion. This is precisely why the inventor, Kary Banks Mullis (1944–2019), was so adamant that PCR tests should never be used to detect infection. Again, these are purely objective facts and not political statements of any kind.

However, in the last two years, I have often encountered very strange reactions when I have pointed these things out at universities and other places. I have never been contradicted on this point, but I have encountered many reactions of bewilderment, silence, and deliberate indifference. In other words, many people acted as if they did not want to know what I had to say. It was especially painful for me to see the confused faces of those who had previously trusted me. But I believe there is a reason for this. The reason for their reaction seemed to be their fear that they would be isolated from the rest of society if they accepted stories that cast doubt on their consent to PCR testing and vaccination. Most of them had already consented to such testing and vaccination because they had been extremely and irrationally intimidated by the government and the mass media about the fear of Covid-19.

In recent months, there has been a not insignificant increase in the number of deaths, unnatural worsening of circulatory problems and cancers, and various other physical symptoms suspected to be related to mRNA vaccination, even among people I know directly. The number of excess deaths is expected to continue to rise. I have come to understand that the current situation is obviously one of those cases in which biopolitics manifests itself as necropolitics, a case of war without tanks and bombs taking place in the midst of everyday life (although at the same time the threat of war in its traditional form is also approaching the country). However, I am not yet ready to make a definitive statement on this topic and would like to discuss it at another time in the near future.