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# The Emergence of Neo-Fascism in Public Health

BY DAVID BELL JUNE 14, 2022 PUBLIC HEALTH 5 MINUTE READ

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**F**ascism is the art of hiding the truth behind a facade of wholesome virtue. It is, presumably, as old as humanity. Mussolini just gave it a name – hiding his authoritarian ideas behind the drainage of swamps, village renewal, kids in school, and trains running on time. The 1930s picture of Nazism was not broken windows and old men being beaten in the street, but happy smiling youths working together in the outdoors to rebuild the country.

Putting such labels to the present time is dangerous, as they carry a lot of baggage, but it also helps to determine whether the current baggage we had thought was progressive is actually regressive. Those happy smiling youths of the 1930s were actually being trained in the arts of self-righteousness, denigration of wrong-think, and collective obedience. They knew they were right, and that the other side was the problem. Is that familiar?

The societal changes of the past two years have been defined by, and led by, ‘public health.’ So it is right to look for public health analogies in the past to help understand what is happening, what the drivers are, and where they might lead. We have witnessed our public health professions and the associations that represent them call for active discrimination and coercion over medical choice. They have advocated for policies that impoverish others, whilst maintaining their own salaries, controlling normal family life and even dictating how they can mourn their dead.

Hospitals have refused transplants for those who made unrelated medical choices the hospital did not like. I have witnessed them refuse a family access to a dying loved one until

they accept injections they do not want, then allow immediate access thereby confirming it was not immunity, but compliance, that was sought.

We have all seen prominent health professionals publicly vilify and denigrate colleagues who sought to restate principles on which we were all trained: absence of coercion, informed consent, and non-discrimination. Rather than put people first, a professional colleague informed me in a discussion on evidence and ethics that the role of public health physicians was to implement instructions from the government. Collective obedience.

This has been justified by ‘the greater good’- an undefined term as no government pushing this narrative has, in two years, released clear cost-benefit data demonstrating that the ‘good’ is greater than the harm. However, the actual tally, though important, is not the point. The ‘greater good’ has become a reason for the public health professions to annul the concept of the primacy of individual rights.

They have decided that discrimination, stigma and suppression of minorities is acceptable to ‘protect’ a majority. This is what fascism was, and is, about. And those who have promoted slogans such as ‘pandemic of the unvaccinated,’ or ‘no one is safe until all are safe’ know the intent, and the potential outcomes, of scapegoating minorities.

They also know, from history, that the fallacious nature of these statements does not impede their impact. Fascism is the enemy of truth, and never its servant.

The point of writing this is to suggest that we call a spade a ‘spade.’ That we state things as they are, we tell the truth. Vaccines are a pharmaceutical product with varying benefits and risks, just like trees are wooden things with leaves on. People have rights over their own bodies, not doctors or governments, in any society that considers all people of equal and intrinsic worth.

Stigmatization, discrimination and exclusion on the basis of healthcare choices, whether for HIV, cancer or COVID-19, is wrong. Excluding and vilifying colleagues for differing views on the use of safe medications is arrogant. Denouncing those who refuse to follow orders conflicting with ethics and morals is dangerous.

Blindly following government and corporate dictates simply to comply with the ‘group’ has nothing in common with ethical public health. These all have more in common with the fascist ideologies of the past century than with what was taught in the public health lectures I attended. If that is the society we now wish to develop, we should be up front and state this, not hide behind facades of false virtue such as ‘vaccine equity’ or ‘all in this together.’

Let us not get tied down with political niceties of ‘left’ and ‘right.’ The leaders of Europe’s two main fascist regimes of the 1930s emerged from the ‘left.’ They leaned heavily on public health concepts of ‘greater good’ to weed out the inferior thinkers and non-compliers.

Our current condition calls for introspection, not partisanship. As a profession, we have complied with directives to discriminate, stigmatize, and exclude, whilst blurring requirements for informed consent. We have helped remove basic human rights – to bodily autonomy, education, work, family life, movement and travel. We have followed the corporate authoritarians, ignoring their conflicts of interest and enriching them whilst our public has become poorer. Public health has failed to put the people in charge, and has become a mouthpiece for a small, wealthy and powerful minority.

We can continue down this path, and it will probably end up where it did last time, except perhaps without the armies of others to overthrow the monstrosity we supported.

Or we can find humility, remember public health should be a servant of the people and not the instrument of those who seek to control them, and remove the monster from our midst. If we do not support fascism, we can cease to be its instrument. We could achieve this simply by following the fundamental ethics and principles on which our professions are based.

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David Bell, senior scholar of Brownstone Institute, is a public health physician based in the United States. After working in internal medicine and public health in Australia and the UK, he worked in the World Health Organization (WHO), as Programme Head for malaria and febrile diseases at the Foundation for Innovative New Diagnostics (FIND) in Geneva, and as Director of Global Health Technologies at Intellectual Ventures Global Good Fund in Bellevue, USA. He consults in biotech and global health. MBBS, MTH, PhD, FAFPHM, FRCP

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