

The case for disbanding public health in its current form

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Sanjeev Sabhlok, December 2022

In March 2020, Sweden showed us how public health should be managed ethically (see my [two articles](#) on [25 April 2020](#)). But the rest of public health entered the territory in which the now-universally-castigated former “scientific discipline” of eugenics is placed. Eugenics breaches essential ethics and causes enormous harm to the fabric of mankind. Likewise, public health has breached ethics, killed millions worldwide and terrorised billions over the past three years.

C.S. Lewis warned us about do-gooders: “Of all the tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive”. “Public health” and “public safety” seem innocuous enough, even attractive. But these concepts have underpinned many episodes of grievous harm. We saw that with Robespierre and the 1793 “Committee of Public Safety”. Whether these people’s intentions are good or bad, this much we do know: that if we give them an inch, they will take a mile.

Things have gone completely awry with public health. Martin Kulldorff, a professor of medicine at Harvard University described “Faucism” (the belief system of Anthony Fauci, America’s public health leader) on 15 December 2022, as the “Blind belief in an all-knowing leader, Government-corporate partnership, Censoring and blacklisting opponents, Disregarding scientific principles and knowledge, Harming workers and the poor, Scapegoating”.

Separately, a doctor wrote on Twitter on 16 December 2022: “Public health recommendations should present facts as the basis for guidance, and never employ fear or shame to manipulate or force people”. While there can be no quibbles with this comment, here’s the problem: No one in the public health industry gives two hoots about such exhortations.

Indeed, there are many books and articles in the public health literature on ethical behaviour. The literature is self-reflecting. It considers various cases of bad behaviour by public health in the past and exhorts public health practitioners to be ethical. But we know by now that these exhortations have never worked in the past and will never work in the future. When the time comes to implement policies, public health imposes the harshest possible totalitarian measures. It would be delusional to expect of public health to ever do the right thing.

What happened in 2020 is not the first time at all. It was typical of public health, with Tegnell’s ethical response being a distant outlier. Public health has always stoked fear and hysteria by focusing on model-created worst-case scenarios. Luc Bonneux and Wim Van Damme explained this in an article entitled, “Health is more than influenza”, in the World Health Organisation’s 2011 Bulletin. They talked about the “culture of fear” in public health and “worst-case thinking” during the avian and swine flu. They stated: “The pandemic policy was never informed by evidence, but by fear of worst-case scenarios”. They called for the WHO to be “accountable for reasonableness in a process of openness, transparency and dialogue with all the stakeholders, and particularly the public”.

Gross over-reaction in all cases by public health leads to enormous harm but there's another associated characteristic we can confirm by now: the complete absence of accountability. The covid episode was not the first and will not be the last, given the people who gravitate to public health and the complete lack of accountability for harms caused.

The WHO pandemic guidelines of 2019 insisted on proportionate measures, had an extensive discussion of the ethics of each measure, and ruled out reckless measures like lockdowns, even border closures.

But never has public health allowed guidelines and ethics to come in the way of trampling on everything that civilisation stands for. Public health will never improve. Each time there will be brand-new officials and politicians to create terror and exploit public health for private gain. In Panjabi there is a term for this: "dheeth", someone who is stubbornly opposed to rationality and good behaviour. Instead, public health has been ratcheting up bad behaviour.

What happened during the swine flu was multiplied a thousand-fold with covid. Public health became a drama queen: exaggerating everything, imposing requirements that can never work. Fixated on the worst-case scenario once again (the Neil Ferguson model of March 2020), it stoked mass hysteria on a scale never before seen, what I have called the Great Hysteria.

The consequences of the hysteria and lockdowns have been so damaging, they rival the Nazi Holocaust, as I will outline below. Public health has become an existential threat to mankind.

Its arrogance is unlimited. It claims that without the power to destroy property rights and people's freedom of movement, it can never (I repeat: never) achieve its goals. Thus, Edward Richards and Katherine Rathbun, writing a chapter (Public Health Law) in the book, *Public Health & Preventive Medicine* (2008) claim that without coercion there can be no public health: "[P]ublic health depends on the power of the state. Public health authorities must seize property, close businesses, destroy animals, or involuntarily treat, or even lock away, individuals. Without the coercive power of the state, public health and modern society would be impossible".

Note carefully the use of the word "impossible". In summary its claim is that without giving control to public health of our entire life, property and guns (to be pointed back at us), we simply can't be saved. Or to paraphrase: "Give me your money and your life, and never ask any question".

The ambit claims of public health are supported by its expertise in the techniques of Goebbels to launch fear campaigns that terrorise the community. These propaganda campaigns (with Big Lies repeated endlessly) ensure that people willingly (even keenly) hand over the power to public health to impose on them the opinion of its "chief" practitioner in each jurisdiction. In its speculative mathematical models (which function like messages from God to the Oracle of Delhi) it treats people as random variables, atoms, or objects to be moved around on a board. And despite being handed over unlimited police powers over the people and therefore in need of even greater scrutiny, it refuses, point blank, to undertake a cost-benefit analysis which is essential for all other public policy. No one can question its oracular predictions, which often change from day to day to suit the mood of its "chief" practitioners.

Its speculative models are not science even by a remote stretch. They are a figment of someone's imagination which must therefore never inform public policy since these models do not even

attempt to consider the harms that could arise from various policy interventions. And most of its remedies (e.g. masks) would never qualify for drug approval, since the results of various studies are all over the place: nothing can be conclusively said. My own econometric study in mid-2022 shows that mask mandates have increased covid deaths globally – the opposite of what is claimed by public health practitioners. Either way, masks definitely did not save anyone, since Sweden, without masks, had virtually no excess deaths in 2020 anyway.

The incentives in public health to abuse its coercive powers were not widely understood in the past, or if known by a few, were tolerated; but these abuses cannot be tolerated any more. A huge rethink about public health is already underway, much of it prompted by the cruel, totalitarian, harmful policies implemented during the covid episode. Public health has over-reached to the point when even former supporters like me are now willing to publicly declare it our public enemy number one.

It should have always been clear to public health practitioners that their wage is paid by the public, that they are servants of the people, and most importantly, that we the people are not their private property. But public health practitioners have forgotten these basic facts. Not only do they insist on not counting the harms they are perpetrating, they refuse to be held to account for the harms and are reckless about intruding into people's private lives and sabotaging private property rights and liberty.

The public health issue is now an issue of human liberty and human flourishing.

On 9 April 2020, concerned with the way public health was going, Prof. Wendy Parmet of Northeastern University asked for an overhaul of public health laws: "the time has come to imagine and implement public health laws that emphasize support rather than restriction".

Wanting to downscale the extent of public health intrusions into people's lives, Prof. Jay Bhattacharya of Stanford University made a plea on 6 December 2022: "let's treat covid as a health problem to be managed by normal means, not an organizational principle of society". Health must always remain a matter of individual responsibility – at best with some minor support from the state. For public health to displace private responsibility crosses basic existential boundaries.

In the past, the few excesses of public health (such as the ones I pointed out [on 20 August 2020](#)) were tolerated since the discipline did adopt a broadly risk-based approach in most cases. Public health quarantined people, but only those who were carrying a severe infectious disease. But in March 2020, public health threw all caution to the wind and jumped onto the CCP bandwagon of lockdowns, imposing blanket mandatory restrictions on people who are otherwise healthy.

Since my appeals since 2020 in multiple articles and books written across two countries, and those of many others like Prof. Kulldorff and Prof. Jay Bhattacharya in numerous articles and interviews have gone nowhere, we now need a comprehensive, first-principles review of public health.

In 2020 one could have perhaps considered a minor change to public health laws, e.g. to mandate a cost-benefit analysis of all public health interventions. But by now it is clear that the practitioners of public health are sociopathic, power-hungry narcissists who will not hesitate to falsify a CBA in order to prove their totalitarian policies. Faucism is real. It reflects the true character of the kind of human beings who run the public health machine. They are completely untrustworthy.

Minor improvements to the public health system are therefore no longer tenable. Abuse of power is etched deeply within every gene in the DNA of public health. Just as eugenics could never be salvaged because of its intrinsically unethical character, public health is beyond retrieval. We need to excise the entire discipline and its paraphernalia, lest mankind is caused even more grievous harm.

In this article I will step through the logic of a first-principles analysis to show that public health is fundamentally impossible. Like its first cousin, socialism, it can never benefit mankind. Disarming public health is now the last frontier, the last battle, for the advancement of human liberty and flourishing. If we fail to excise the public health system, the bio-medical state will eat up all remaining liberty.

1. Lockdown harms a thousand times greater than any benefits

Lockdowns have been a disaster on a scale unimaginable. On [24 March 2020](#) I wrote that “lockdowns won’t defeat the virus but will definitely destroy us all”. On [5 April 2020](#) I outlined a cost-benefit analysis (CBA) approach for lockdowns. But it turns out that the actual harms from lockdowns are much worse than I had imagined.

While no one has done a CBA of lockdowns in India, Prof. Gigi Foster prepared a draft CBA for Australia in mid-2020. In 2021-22 I assisted her in updating the CBA till end-2021. This CBA, published a couple of months ago as a 240-page book, shows that the harms from lockdowns in Australia exceed any benefits by at least 68 times.

Using the same methodology but without undertaking detailed calculations (due to limitations of time) I estimate that the harms from India’s lockdowns most likely exceed any benefit by around a thousand times. That is mainly because hundreds of millions of poor people were prevented from working even as they received no financial support from the government, a vast number of children received no schooling and missed their scheduled vaccinations for other diseases, and a vast number of additional deaths (of young and middle-aged adults) have occurred from delayed diagnosis and prevented medical care from lockdowns. Mental health harms also have been extraordinarily high.

Further, extrapolating from lockdown deaths in Australia to the rest of the world, I estimate that between 3 to 10 million people have been killed worldwide to date by lockdowns. This is a “gift that keeps giving”, though, and lockdown harms will continue well into the future as the consequential harms to children and the youth grow more prominent over time.

Lockdowns did not just increase non-covid deaths and cause havoc. A study I carried out jointly with Jason Gavrilis in mid-2022 (published by the India Policy Institute) shows that lockdowns increased even covid deaths globally. If the findings of my study with Jason are correct (which I believe they are), then the sheer evil involved in lockdown and associated policies will baffle future generations. They will wonder how, despite highly trained people manning positions of authority worldwide, we ended up killing a vast number of additional people from non-covid and covid causes.

Thus, there is not even a slightest redeeming feature of lockdowns. These should never have been considered. Indeed, the pre-2020 public health literature was clear on this – that lockdown-type policies must never even be contemplated since their harms will always exceed benefits. I have summarised this literature in my 2020 book, *The Great Hysteria and The Broken State*, in a complaint to the International Criminal Court in 2020, and in a three-part article [on 21 April 2021](#).

The fact that well-established principles of public health were dumped and totalitarian policies (that had always been rejected in the literature) adopted, points to a fundamental flaw in the discipline of public health. Its underbelly is totalitarian and restraining it through scientific and ethical analysis is simply not viable.

What has made me entirely give up on public health is the fact that its practitioners refuse even today, after nearly three years, to undertake a CBA. They are an extremely devious bunch, indifferent to the harms they have caused (and are causing), even as they exploit the human tendency of fear for their private gain.

(Note: I'm not considering in this article the reported harms from mandatory vaccines which were rushed through without adequate testing. That's a topic for another day, but overall, my analysis at present shows that covid vaccines saved some lives overall even as a number of people have experienced serious side effects, including death.)

2. Gross exaggeration of covid lethality

It has been evident to many since around April 2020 that covid is not particularly lethal. I must admit that it took me till [20 November 2020](#) to downgrade my initial belief that covid is very lethal. Till then I kept giving the benefit of doubt to public health officials who claimed that covid was extremely lethal. (Of course, no matter what its lethality, I have been showing since early 2020 why lockdowns are not the solution.)

More recently, Professor John Ioannidis of Stanford University wrote to me on 9 April 2022 that covid is 50 to 500 times less lethal than the Spanish flu, which brings it squarely within the range of the seasonal flu.

Moreover, Sweden's mortality statistics from its official website, which adjust the death rate for population size, show that there is not even the slightest evidence of excess mortality in Sweden in 2020 once we control for the dry tinder effect of 2019 (i.e. the mild flu season of 2019, which meant that many of the elderly who survived in 2019 were vulnerable in 2020 to respiratory disease).

So we have a "pandemic" which one of the top-most professors in the world says is in the range of seasonal flu, and which caused virtually no excess deaths in Sweden in 2020 without lockdowns. Despite such data, the public health industry has kept up its drumbeat of terror to sustain high levels of fear in the community and buttress its political power. The "culture of fear" pointed out in the 2011 article in the WHO Bulletin is obviously the foundational operating principle of public health.

Public health will never reform. It must go.

3. The creation of mass phobia

Instead of looking after the mental health of the people, the public health industry has precipitated mass-phobia. Terrorised by covid propaganda, people are demanding that everyone around them wear a mask, else they will not work. A person wrote recently on Twitter: "I'm not sorry for not wanting my co-workers to murder me. I have a right to not have Covid coughed in my face for 8 hours a day."

Without mental health, people become incapable of even the most basic functioning. Only Anders Tegnell cared for the mental health of his people. The rest of the public health industry has been drumming up hysteria and causing wide-spread phobias and other mental illnesses in the community. Not just other adults, even children are now considered as biohazards by their own mother.

Research reported on 8 September 2022 shows that "Stress, anxiety and depression may increase the risk of long Covid". Basically, those terrorised by public health practitioners become even more vulnerable to long covid (the total magnitude of which, however, as many studies have shown, is vastly exaggerated).

If public health would have it, they'd perhaps gas everyone but themselves, since we are all now mere biohazards to them. Extremism is always bad. In public health it is fatal. Once again, I see no prospect of redeeming anything of value from public health.

4. Censorship: The government is not the custodian of the truth

One of the major behavioural issues with public health during the covid era has been its direct or indirect suppression of alternative opinions. The 2011 WHO article that I cited earlier called for "a process of openness, transparency and dialogue with all the stakeholders, and particularly the public". But there was no transparency during the covid episode, no dialogue, and active suppression of speech. Mass-scale censorship. Many of those who raised questions were de-platformed on social media at the behest of governments.

A government is not expected to be (and can never be) the custodian of the truth. In a 1963 lecture entitled "The Uncertainty of Values", Richard Feynman said: "No government has the right to decide on the truth of scientific principles, nor to prescribe in any way the character of the questions investigated. ... Instead it has a duty to its citizens to maintain the freedom, to let those citizens contribute to further adventure and the development of the human race."

The best argument for free speech was perhaps made by John Stuart Mill in his 1859 book, *On Liberty*: "If all mankind minus one, were of one opinion, and only one person were of the contrary opinion, mankind would be no more justified in silencing that one person, than he, if he had the power, would be justified in silencing mankind." And: "The peculiar evil of silencing the expression of an opinion is, that it is robbing the human race; posterity as well as the existing generation; those who dissent from the opinion, still more than those who hold it. If the opinion is right, they are deprived of the opportunity of exchanging error for truth: if wrong, they lose, what is almost as great a benefit, the clearer perception and livelier impression of truth, produced by its collision with error."

The idea of public health officials censoring opinions – often from people equally or even more qualified and experienced than them – was perhaps the most egregious of their innumerable attacks on human liberty and dignity. Human society cannot tolerate such attacks – not just on physical liberty but on the very foundation of liberty: individual belief and opinion. Public health has betrayed every single principle of liberty. It has crossed all boundaries: for it has no none. It must be dismantled.

5. Information failure and the impossibility of public health

The logic of public health and collectivism overlap. Both are affected by a serious problem: of grossly insufficient information.

Economists have long written about the impossibility of socialist calculation. A socialist system does not have the capacity to collate and comprehend even a microscopic proportion of the information that is intrinsically embedded in the price system. Decisions in socialist countries (like India) are therefore always flawed and inevitably cause great harm.

Likewise, a fundamental problem with public health is the impossibility of collating the information necessary for it to operate meaningfully. Inevitably, mathematical models underpin both socialism and public health. Such models, always speculative, i.e. never based on real information, end up harming society.

By “real information” I mean (in the case of public health) the detailed information about each individual virus particle and the circumstances of each human being within a jurisdiction. Public health can never know about the immunity levels, mental health status and economic circumstances of all individuals. But without taking into account such detailed information, as well as the precise knowledge about each individual virus particle and the precise knowledge of the aetiology and progression of a disease, there is no possibility of arriving at a viable “remedy”. Public health is like a drunk who tries to kill mosquitoes by swinging at the swarm hovering over his head with a heavy hammer. The virus may be miles away but public health “attacks” it by locking down healthy people.

With its silly mathematical models (which I discussed [on 29 April 2020](#)), public health pretends to be God, claiming to know everything, everywhere: it is supposedly omniscient and omnipresent. An example of its arrogance is the CovidSafe app created by some countries like Australia, which led to the illusion in the community that public health can track every “case”, even perhaps every virus particle. Of course, this mumbo-jumbo could not possibly help for this type of virus, as I had shown [on 3 May 2020](#). Instead, countries with lockdowns and related measures have experienced, on average, more covid deaths than Sweden (which had very limited contact tracing), and in all cases, far more non-covid deaths.

The discipline of public health is thus based on the same fiction which sustains socialism and communism: a pretence of knowledge, a fatal conceit that its “experts” have a “solution” to a problem about which they have not the slightest understanding.

I’m not the only one who has identified information issues with public health. On 18 November 2021, Phillip Magness wrote in his paper, “The Failures of Pandemic Central Planning” that “Public health is identified both historically and in the present day as being acutely susceptible to knowledge problems, which in turn foster the conditions for a public choice trap that causes proposed policy measures to become ineffectual or even counterproductive in disease mitigation.”

Since information is simply not available for the collectivist ambitions of public health, it is inevitable that the harms from its interventions will always exceed any benefit that they might accidentally provide. Public health is thus a logical impossibility. Instead, its actions are virtually guaranteed to cause harm.

Yes, it is reasonable to expect public health to supply clean water and to manage sewage because information is indeed available for these functions, but it is guaranteed to fail in almost all its other ambitions.

7. Options to fix public health

J.S. Mill laid down the basic principle of health in his book, *On Liberty*: “The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it. Each is the proper guardian of his own health, whether bodily, or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest.”

In other words, each of us is responsible for our own health – whether bodily, mental or spiritual. Second, we must not compel others to live “as seems good” to us. Live and let live.

Wendy Parmet said in April 2020 that “the time has come to imagine and implement public health laws that emphasize support rather than restriction”. There is already a requirement for proportionate intervention built into public health laws, so public health is already supposed to be in this “supportive” space.

But public health cannot be trusted. Its practitioners have shown us repeatedly that they will never make use of less restrictive options when more restrictive options are available. They will never undertake a cost-benefit analysis of their interventions since they will claim that they are “saving Granny” or that “every life is priceless and worth saving”, and will always cause reckless harm to millions, even billions, killing as many people as they can while they line their pockets with taxpayer funds and grow their empire.

The only option that suggests itself is therefore to excise this cancerous discipline entirely, in order to save human society from collapse. We are already living in a biomedical state because of public health. It has already attacked and eaten away many of our vital cells of liberty. We can’t move without its permission (lockdowns), we can’t even breathe without its permission (masks).

The society can easily perform the functions of clean water and sewage management by creating a separate department for “public hygiene” which limits itself exclusively to these two issues. And maybe the government can also fund a separate program to vaccinate children. But all other health matters including responding to pandemics must be left to private individuals to manage based on their doctor’s advice.

There would then be no “organisational principle” for health: no “public health”. Public health laws and departments would be repealed/abolished and new laws and organisation created for the limited discipline of public hygiene. All collectivist interventions in the “management” of pandemics would be eliminated. There would be no “pandemic plan” and the role of the WHO would be severely truncated. Ideally, the WHO would be disbanded, given the pernicious role it has played since 2020.