**From bioethics to biopolitics: “Playing the Nazi card” in public health ethics – the case of Israel**

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**Introduction**

When political scientist Leo Strauss coined the term *reductio ad Hitlerum* (reduction to Hitler) in the early 1950s to denote a fallacy, bioethics did not yet exist in its current form as a discipline.[[1]](#footnote-1) Drawing on the logical argument of *reductio ad absurdum*, Strauss argued that it is meaningless to compare an idea, concept, or practice with those expressed or applied by Hitler or National Socialism. In this paper, we examine the relationship between public health ethics and the Nazi past. Acknowledging that the shadow of the Holocaust and Nazi medicine are key elements in the history of the emergence of modern bioethics and the subfield of public health ethics, we argue that “playing the Nazi card” (that is, invalidating an argument or a position by comparing it with National Socialist medicine and ideology) should not be considered simply as an “end discussion” argument.[[2]](#footnote-2) Playing the Nazi card usually refers to the use of arguments in bioethical discussions that close down the possibility of rational dialogue. Such debates usually pertain to topics such as euthanasia, abortion, or related subjects, with those supporting any of these practices, even under restricted conditions, accused of holding Nazi-like or Nazi-based sentiments, thereby ending the discussion.

Although we agree with bioethicist Arthur Caplan that using the Nazi analogy to disqualify an argument “is equivalent to dropping a nuclear bomb in ethical battles about science and medicine,”[[3]](#footnote-3) we contend that totally excluding the “Nazi card” and drawing a unyielding and impassable line between current practice and Nazi practice are equally problematic. The Nazi card is necessary, not as a rhetorical tactic to win a discussion, but, rather, to emphasize that public health ethics are always embedded in the political.

We argue that, in some cases, playing the Nazi card (i.e., recognizing

a continuity between current and pre-World War II medical and public health

practices) reveals an inherent tension between contradictory trends in public health.

One trend is inclusive and focuses on in-group sentiments; the other

is exclusionary and focuses on the out-group. This tension was expressed in a most

extreme form in Nazi Germany, but still exists in contemporary medicine and public

health. National Socialism represented the radicalization of the exclusionary trend in

public health policy. Nevertheless, some of these features were found, and can still be

found, in post-war public health policies around the world.[[4]](#footnote-4) In this paper, we focus on

health policy and public health measures. Identifying similarities between Nazi

medicine and post-war public health practices, and comparing pre-war medical

practices with post-war facilitates an analysis of bioethics from a biopolitical

perspective has the potential to offer insights into the political essence of bioethics

and to provide a more nuanced account of its continuities and discontinuities.[[5]](#footnote-5)

This paper consists of three parts. The first elaborates on the shadow cast by the Holocaust (the extermination of Jews and other, non-German, victims) and Nazi medicine and public health on post-war bioethical discourse. The second part introduces Roberto Esposito’s concepts of *communitas* and *immunitas* as extensions of our understanding of public health discourse. The third part presents the test case of Israeli public health policies during the mass immigration to Israel during the 1950s. We then discuss the application of Esposito’s concepts to the Israeli case and in the context of public health. The conclusion returns to the relevance of the Nazi past to post-war bioethics and public health ethics.

**The Nazi past in bioethics**

1. **What the Nuremberg Medical Trials missed**

The refusal of some bioethicists to play the Nazi card is, perhaps paradoxically, a continuation of the Nuremberg Medical Trials (NMT). Although the NMT revealed medical atrocities performed by Nazi doctors, they actually repressed the markedly racist past of medicine in general, and of public health in particular, thus rendering them essentially irrelevant to post-war bioethics. The trials sought to sever the evils of Nazi medicine from the future of post-war bioethics. For some, the trials of German doctors were a milestone in the development of bioethics, most notably because of the NMT’s “Nuremberg Code.” Published at the time of the court’s ruling, the Nuremberg Code consists of ten clauses that are quoted in bioethics textbooks to this day.[[6]](#footnote-6) Under this Code, liberal bioethics were conceptualized as free from political power, and Nazi medicine was accordingly framed in bioethical discourse as a deviation from modern Western medicine. The NMT labeled Nazi medical crimes as a unique, one-time phenomenon that had nothing to do with “normative” medicine.[[7]](#footnote-7) The historical-social backgrounds of Nazi medical practice, their implications for both medical and public health policies, and the scientific theories behind them were shunted aside.

By presenting itself as the antithesis of Nazi medicine, liberal bioethics was in fact disregarding the long heritage of medicine and public health prior to the rise of National Socialism, including practices extrapolated from theories of “positive” eugenics, which encouraged the “worthy” to reproduce, and from “negative” eugenics, which tried to prevent the “unworthy” from reproducing. These practices were largely accepted by the scientific world,[[8]](#footnote-8) and were even seen as beneficial in that they reduced social and economic burdens.[[9]](#footnote-9) This heritage created the conditions and context enabling the rise of Nazi medical crimes, ranging from those raised in the NMT, such as experiments on human subject without consent and the murder of patients, to health policies such as euthanasia and forced sterilization.

Framing itself as the antithesis of National Socialism, liberal bioethics severed any link between Nazi medicine and the winning side – the anti-Nazi allies. Post-war bioethics, together with the 1947 Universal Declaration of Human Rights, set the stage for a new moral order centered on individuality, freedom, and self-determination. These values converged with the moral and political agenda of the victorious West, and were contrasted not only with the anti-liberal fascist past of the Axis countries, but also with the menace of Communism and the Cold War. Post-war bioethics rarely focused on public health ethics and mainly addressed doctor–patient interactions. Once liberal bioethics had been designated as the antithesis to Nazi medicine, the next step in denying all links with pre-war practices and World War II medical practices was the refusal to play the Nazi card.

In fact, the Nazi exception illuminates a certain form of biopolitics, variations of which have continued in post-war medical practices, even after the break from the past supposedly marked by the NMT. In fact even during the NMT and the framing of the Nuremberg Code, U.S. public health services were involved in studies of prisoners in Guatemala deliberately infected with sexually transmitted diseases in 1946–1948.[[10]](#footnote-10) Interestingly, the same researchers conducted the infamous Tuskegee Syphilis Study, which was finally exposed, together with other unethical experiments conducted in the 1970s, in the Belmont Report, setting the ethical guidelines for research involving human subjects, which was a cornerstone for American bioethics but which ignored the shadows of the Nazi and Holocaust past.

1. **Stifling discussion of the Holocaust and Nazi medical crimes**

Given that some prominent bioethicists were Holocaust survivors, or came from families of Holocaust survivors, it is surprising how discussion about the Holocaust was almost completely suppressed in post-war bioethical discourse in many countries. Caplan’s criticism of using the Nazi analogy to stifle discussion is part of a continuous process of constructing a sharp dichotomy straight after the NMT between Nazi medicine, labeled as evil science, and “the rest” of contemporary medical science and practice.

To this day, many bioethicists consider the Holocaust to be a subject that inhibits a productive bioethical discussion. Tod Chambers, for example, enforces certain rules during bioethical discussions with students – “No Nazis, no aliens, and no slippery slopes” – claiming that these issues, by drawing attention to themselves, impede dialogue and foreclose thinking about important aspects of bioethical questions.[[11]](#footnote-11) In the same vein, the expression “playing the Nazi card” is used to denote the use of arguments that close down the possibility of rational discussions on euthanasia, abortion, and related subjects by arguing that supporters of those practices – even under restricted conditions – are in fact expressing ideas that echo Nazi practices.[[12]](#footnote-12) In contrast, historians of medicine, public health and medical educators, and some bioethicists have called for better understanding of the continuities in medical practice and policies before, during, and after the Holocaust, and of the role that traditional German medicine – renowned worldwide – played in the regime’s murderous practices.[[13]](#footnote-13)

The paradoxical role of the Nazi past and the Holocaust in bioethics is expressed in the simultaneous references to and suppression of these phenomena in contemporary bioethics. Although many historians see the birth of bioethics in the NMT and in the codes and declarations framed after the trials,[[14]](#footnote-14) most contemporary bioethical discussions do not take into account the Nazi past of modern medicine. We argue, in contrast, that the paradoxical status of the Holocaust and the Nazi past in bioethics should not be disregarded as irrelevant to bioethics. Rather, we call for a more accurate and deeper understanding of the impact of this past on post-war and contemporary issues. It is our contention that delving into the meanings and implications of this two-edged discourse, and comparing post-war bioethics with medical practices before and during the war from a biopolitical perspective, has the potential to foster a critical stance toward contemporary practices, thus contributing to a richer bioethical discussion.

We draw on political scientist Roberto Esposito’s conceptualization of *communitas* and *immunitas* as key elements of biopolitics. *Communitas* refers to the aggregate of people linked by a mutual obligation to give. *Immunitas* refers to an exemption from the obligation to give to others, representing the need to be protected from others who are perceived as a risk. Esposito argued that National Socialism took the paradigm of *immunitas* to its extreme, reducing all politics and public health to the immunitarian logic. In the field of public health, *communitas* relates to solidarity and caring, emphasizing health promotion, health education, and awareness of the social context. *Immunitas* involves a policing approach, emphasizing the threat of contagion and supporting means such as surveillance, isolation, and discipline. The relevance of these two paradigms is evident in public health COVID-19 policies around the world, in which a clear boundary is drawn between those whom the state is obliged to protect in the name of community, such as the elderly, and those from whom the state is obliged to protect these vulnerable populations, such as minorities or migrants.[[15]](#footnote-15)

***Communitas* and *immunitas*: The biopolitics of public health**

Biopolitics can be defined as the governmentality of “life itself;” that is, the practices of control by which state apparatuses construct modern social entities such as “the nation” and “the population.” According to this definition, the liberal aspiration to separate medicine and public health from power relations is an illusion, since the individual body and the population are the result of practices of power, and are continually embedded in those practices.[[16]](#footnote-16) In that vein, Michel Foucault saw racism as an indispensable feature of biopolitics. For Foucault, Nazism exemplifies the total congruence between biopower and sovereign power, with the mandate to shape and protect life, together with the almost unlimited extension of the right to kill, ultimately leading to the elimination of the other and the elimination of self (illustrated, according to Foucault, by telegram 71 of April 1945, in which Hitler, facing defeat, gave the order to destroy the means of life for the German people). Echoing Foucault, Esposito argues that biology is the science that grounds Nazi politics, or, as in the words he quotes of Rudolph Hess: “National Socialism is nothing but applied biology.”[[17]](#footnote-17) Thus, under Nazi rule, not only was the medical profession granted unprecedented powers, and supported the regime more than did any other profession, but, in conjunction, the political leadership drew on medical-biological principles as rationales, or the guiding criteria of their actions, even inscribing the words “Cleanliness and Health.” on the entrance gate to the Mauthausen concentration camp.[[18]](#footnote-18)

National Socialism promoted the protection of “Aryan” lives while pursuing genocidal policies. National Socialists launched public health campaigns advocating hygiene, organic food, and the restriction of asbestos, pesticides, and tobacco to protect the body-nation while simultaneously murdering millions of people, also to protect the body-nation. The German medical profession’s central role in National Socialism was attributable not to an absence of medical ethics, but to a body of medical ethics that presumed that the main role of the medical profession was to protect the health of the German nation. For German doctors, the patient was not a single individual, but the German people as a whole. As we will see below, National Socialism and its medical establishment took the logic of *immunitas* to an extreme.[[19]](#footnote-19)

Seeking to expand upon Foucault’s identification biopolitics with racism, Esposito posits that National Socialism illuminates the fact that contemporary biopolitics has an immunitarian character as well. For Esposito, immunity is one of the central values pursued in political communities. He poses an antithesis between community and immunity, analyzing their differential relation to the term *munus*. The *munus* is an obligatory kind of gift, one that must be given. The obligatory character of the *munus* is reciprocal, and members of a community are linked to each other by the mutual obligation to give a gift. The reciprocal mandate to give creates a bond that grounds the political community.[[20]](#footnote-20) Esposito argues that the etymological roots of the term “community” in the term *munus* indicate that the political community is the totality of persons united “by an obligation or a debt.” Members of a community do not share a common essence which differentiates them from non-members. Instead, what links them is the reciprocal obligation to give: “they share a debt, a lack.”[[21]](#footnote-21)

For Esposito, the essence of community lies not in a shared or common identity of its members but in the bonds that they create, the network that results from the duties of each member of the community toward the others. Thus, Esposito’s view of *communitas* differs from twentieth-century communitarianism, with the latter emphasizing sameness or identity (of origins, of culture) as the characteristic of communities, whereas Esposito stresses the bonds between community members.

Nor is community the product of a conscious contract between individuals. Instead, according to Esposito, it emerges instead out of the mutual bonding that precedes any rational interrelation according to Espoito. Correspondingly, those who are not bound by the mutual obligation to give are considered outsiders, a risk.[[22]](#footnote-22) As Esposito writes, immunity “alludes to a temporary or definitive exemption on the part of a subject with regard to concrete obligations or responsibilities that under normal circumstances would bind one to others.”[[23]](#footnote-23) Building communities, for Esposito, involves mutual obligations and reciprocal practices that strengthen social cohesion. Immunity is the complementary practice that both creates mutual ties within the community and constructs the other, those outside the community, as a threat. The interplay between inside, the in-group (*communitas*), and outside, the out-group (*immunitas*), is, then, the essence of biopolitics.[[24]](#footnote-24)

The permanent obligation of giving to others is demanding and exhausting, and there are two ways to cope with the burden. The first way is to replace the constant duty to give with a contract. Viewing this replacement as the core of the *immunitas* paradigm, Esposito links it to the political philosophy of modernity. In this paradigm, the other individual is considered a threat. As clearly formulated by Thomas Hobbes, modern societies are the product of a contract to overcome the dangers of the struggle of all against all.[[25]](#footnote-25) Esposito argues that when the other is a threat, as Hobbes claimed, the solidarity of the *munus* must be replaced by the egoism of *homo economicus*. Contracts between isolated individuals are the alternative to community. The contract frees the individual from the obligation to give a gift. Individuals are no longer bound by the obligation, and they are protected from the contagion of the relation with others.[[26]](#footnote-26) It is in this context that immunity receives its biomedical meaning. Immunity is not only the removal of the obligation to give, but also protection from contagion.[[27]](#footnote-27) Within the paradigm of *immunitas*, the constant relation to the other represents a threat. If the other is a permanent threat, then distance and immunity are the solution. Thus, we can see semantic and functional similarities in addressing apparently very different issues in which the other functions as a threat, such as a pandemic, immigration, or the challenges of posed by an information society.

From another perspective, the paradigm of *communitas* offers the possibility of total assimilation as a replacement for the constant duty to give. In eliminating the differences between oneself and others, giving to others is like giving to oneself. In sharing the same substance, belonging – even genetically – to a collective where one is all and all is one, the *communitas* becomes a totality. The Nazi regime took the logic of both *communitas* and *immunitas* to their extremes and deployed biopolitical measures to maintain them.[[28]](#footnote-28) Its pseudo-science of race enhanced a deterministic concept of community according to which an Aryan can only be born, not made, and must be protected from non-Aryan elements.

National Socialism exemplifies the dangers of the reduction to *immunitas*. It took the paradigm of *immunitas* to its extreme, to a point where physical elimination became the means of avoiding the contagion of the German *Volk*. The “final solution,” the extermination of all the Jews in Europe, had a biological-immunitarian character. Esposito quotes Himmler: “Anti-Semitism is like a disinfestation. Removing lice is not an ideological question, but a question of hygiene.” National Socialism’s extreme stance, transforming immunitarianism into the fundamental grounding paradigm of all its politics, explains the centrality of medicine and physicians in the National Socialist regime. When politics is reduced to immunity, the political leadership becomes the physician of the *polis*, with its main tasks the surveillance of the body politic and its protection through the isolation and elimination of “pathogens.” At the same time, physicians become political leaders, albeit from a very limited perspective that leaves out the beneficial potential of care and solidarity that is intrinsic to medicine and public health.

Whereas Nazi medicine represented the subjugation of medical practices to the logic of *immunitas*, current medicine and public health are characterized by interplay between the paradigms of *immunitas* and *communitas*. As implied by the above, two different approaches can be distinguished in public health: a caring one and a policing one. The first approach emphasizes solidarity as a way to face public health challenges. The etymological origin of the word “solidarity” is the Latin term *in solidum*, which means “to the whole.” Thus, in its origins, the meaning of solidarity is very similar to the original meaning of *communitas*. It is arguable, then, that the caring approach is consistent with the paradigm of *communitas*. The second approach emphasizes isolation, surveillance, and the production of antibodies in order to avoid contagion. The view that the other is a source of contagion, a danger, can be likened to the paradigm of *immunitas*. The strength of the *immunitas* paradigm is exemplified in many public health responses throughout history, from quarantines through medical selections of migrants to the current COVID-19 pandemic policies. While both approaches may be necessary when facing public health challenges, it is important for bioethicists to be aware of the dangers inherent in conceptualizing public health policies mainly in accordance with the paradigm of *immunitas*. To reach such an awareness, the social and political contexts of public health management must be taken into account. Playing the Nazi card, by revealing the dangers of the paradigm of *immunitas*, contributes to this awareness.

**Playing the Nazi card in Israel: The case of mass migration in the 1950s and public health**

The debate about applying the Nazi past to current practices is of particular interest in the case of Israel. Drawing parallels between that past and Israeli policy in general, and its medical policy in particular, is often considered too radical for the Israeli public, who can be said to represent the ultimate victims of National Socialism. What lessons can be learned from Israel in the face of the legacy of the Holocaust and Nazi medicine? Is such an analysis at all justified? The taboo on historicizing current phenomena to their pre-war roots leads to the silencing and marginalization of critical voices. For example, scholars who criticized Israel for carrying out racist policies toward Mizrahi Israelis originating from Arab countries or, later, toward Jews immigrating from Ethiopia, were often derided or ignored because Jewish racism or racism between Jews was unthinkable.[[29]](#footnote-29) In this connection, it is only recently that the Israeli Health Ministry acknowledged that racism exists in the Israeli health system and launched a commission to fight it.[[30]](#footnote-30)

Mass migration during the first years of the State of Israel provides a paradigmatic case for the tensions between the two trends identified by Esposito. Faced with mass immigration, which tripled the Israeli population in the 1950s, the Israeli authorities enacted policies that aimed to protect the Israeli population from the potential health risks that the newcomers were thought to be carrying. At the same time, the Zionist ideology of absorbing newcomers was phrased in terms of a “melting pot” where differences were to be erased in order to create the new Israeli identity.[[31]](#footnote-31) Thus, cultural heritages were delegitimized, and ethnic origin was legitimized only as a strand of Judaism, stripped of any historical or cultural content. The melting pot policy rendered the immigrant population passive and easy to manipulate. Public health policies, such as mass vaccinations, ringworm screening, and the use of DDT as a disinfectant, were targeted at newcomers in the transit camps that were supposed to be a temporary solution until permanent housing was available.

Vaccinating or screening for ringworm is indeed necessary to promote health, but the manner of implementation, the management of fear and non-compliance, and the use of compulsion and policing rather than persuasion and care posed constant challenges for the new state.[[32]](#footnote-32) Furthermore, the history of public health in Israel tells the story of a continuity from the pre-state, pre-war period to the post-war years. Most historical accounts denouncing Western medicine’s bleak past have not clearly recognized or refuted Israel’s pre-War of Independence ethics. In fact, public health measures in the pre-state and pre-war Jewish Zionist community were characterized by a tension between those (many of them Zionist physicians) who called for exclusionary criteria for Jewish migrants to guarantee a healthy society and those who called for unlimited immigration of all Jews who wanted to come to Israel.[[33]](#footnote-33) Although from the first days of the Zionist movement, there was discussion of the quality of the “human material” of Jewish immigrants, this concern was stressed even more after the establishment of the State of Israel, with hundreds of thousands of Jews waiting to leave their hostile homelands and come to Israel. “Human dust” was the term used by Prime Minister David Ben-Gurion to describe Holocaust survivors coming from Europe’s displaced persons camps. Immigrants from Muslim countries were labeled “primitive,” not only in newspaper reports, but also in scientific publications of the period and in debates in the Israeli parliament (Knesset) on immigration.[[34]](#footnote-34)

The quarantining of newcomers in immigrant camps touched a nerve. Yaakov Meridor, a member of the Israeli parliament, criticized the situation:

Does the honorable minister know that, in appearance, the immigrants’ camp “*Shaar Haaliya*” in Haifa gives the impression of a British concentration camp, or another concentration camp? Does not the honorable minister feel that it is not in accordance with the honor of the Jewish state to be holding new immigrants behind barbed wire?[[35]](#footnote-35)

The quarantining of immigrants was explained as a measure for isolating them so that they could be examined and diagnosed before being allowed to mix with the local population. The barbed wire fences and the police presence were, for many, demeaning and angering, often leading to images and associations from the Holocaust.[[36]](#footnote-36)

The potential controversy that a barbed wire fence could cause was foreseen before the *Shaar Haaliya* (Gate to Immigration) camp was opened, and the political discussion around it shows how it reminded many of “the internment camps in Cyprus, and maybe even the internment camps in Germany.” Nevertheless, public health policy makers insisted that the fence was unavoidable: “There is no way to process and examine the immigrants if they are not initially concentrated in closed camps,” insisted Giora Yosephtal, head of the Immigration Department at the Jewish Agency.[[37]](#footnote-37)

Applying Esposito’s analysis demonstrates how Israeli policy expressed an inherent contradiction between protecting the Israeli population by limiting the movement and freedom of potentially disease-bearing new immigrants and the feeling that the immigrants should be viewed as an integral part of Israeli society (immediately after World War II, the majority of immigrants to Israel were Holocaust survivors). In short, the concerns about population management mainly reflected *immunitas* concerns, whereas the sentiments in relation to the new shared Israeli identity represented the *communitas* paradigm. Although similar debates were expressed in other countries, especially regarding migration and health, within the Israeli/Jewish context, this tension is of special interest. On one side of the debate, Judaism and Zionism emphasized the mutual obligations between members of the Jewish people; on the other side, many Zionist public health leaders had been trained in, and continued to be influenced by, German medical and eugenic thinking.

After World War II, utilitarian approaches to population management carried unpleasant associations. The shadow of the Holocaust and of Nazi medicine loomed over all the discussions and use of language in post-war health-related policies in the Israeli discourse. Immigration camps were compared to “other” camps, and Israeli police to the Nazis. Were Israeli public health policies Nazi-like? Of course not. Nevertheless, like other public health policies, they played on the tension between the *immunitas* and *communitas* approaches, thus continuing a tradition in public health policy pre-dating the war and taken to its extreme and criminal form by the National Socialist regime.

References drawing parallels between Israeli public health policy toward the immigrants, on the one hand, and Nazi medicine, on the other hand, have grown louder in recent decades, within both mainstream academia and public discourse. The cases of Yemenite children in transit immigration camps during the 1950s, who were taken to hospitals and then declared as dead with no identified grave, led to theories that the Israeli authorities were responsible for kidnapping and unethical medical experimentation on these children. There are over 1,000 official reported cases of missing Yemenite babies and toddlers, and some estimates from advocates are as high as 4,500. Their families believe that the babies were abducted by the Israeli authorities and illegally put up for adoption to childless Ashkenazi (Jews of European descent) families. Although the Israeli government is now trying to be more transparent about their disappearances, to this day it denies that there were systematic abductions. However, hundreds of testimonies from families living in the camps were eerily similar. Women who gave birth in overburdened hospitals or who took their infants to the doctor were told that their children had suddenly died. According to the testimonies of some parents, they were instructed to leave their children at nursery schools, and when they returned to pick them up, they were told that they had been taken to hospital. These children were never to be seen again, and the families were never shown a body or a grave. Many never received death certificates. The “Yemenite children kidnapping affair” occupied the mainstream media in the 1980s and then again in the 2010s, when it was whitewashed and silenced by state-led investigation committee reports.[[38]](#footnote-38) The accusations made by the victims’ representatives included a comparison between the actions of the Israeli establishment and the crimes committed by National Socialism. Similarly, the public protest against the mass radiation conducted in the 1950s against ringworm infestations, primarily among immigrants from Arab countries and North Africa used metaphors that associated Israeli policy with Nazi medical crimes.

Although the mainstream media were cautious in drawing parallels with Nazi medical practices and refrained from playing the Nazi card, other voices compared the behavior of the Israeli medical establishment in the 1950s toward immigrants from Muslim countries to that of the Nazis, especially in the case of radiation treatment administered to children who had ringworm and the disappearance of children of immigrants from transit camps. “The Holocaust of the ringworm victims” cried a headline on a popular, yet somewhat speculative website; on another protest website, the unequivocal heading “Jews did to Jews what the Nazis did to Jews” appeared against the background of a famous Holocaust image. Calls to investigate the cases of the Yemenite children are part of the protest against the melting pot policies of the 1950s. However, from another perspective, the efforts of nation-building involved unethical practices that were adopted for the sake of the collective good. The assimilation of a culturally diverse population into one Israeli nation, can be seen, in Esposito’s terms, as a case of *communitas*.

Here, we bring together two very different cases: the affair of the Yemenite children, considered a national scandal that demands investigation, and a public health campaign against ringworms using radiation, the full physical, mental, and social consequences of which were not evident at the time. Interestingly, both cases have recently been discussed by the commission to fight racism in the Israeli health system, creating an almost impossible dialogue that was often blocked by invoking the claim that playing the Nazi card is not constructive.

Although we agree that such Holocaust metaphors and comparisons are too harsh and in character and not supported by history, we argue that the *immunitas* approach taken by Israeli public health policies during the 1950s – policies based on utilitarian practices of risk management, control, and surveillance rather than on solidarity and trust building – evoke an association with the Nazis. In this case, playing the Nazi card was used to raise fundamental questions about public health practices and ethics in Israel after the Holocaust. The card can thus be used to reveal hidden questions that are very important to address. Finding the answers to those questions will require reflection on the history of public health, policy making, and practices and its continuities and discontinuities, including the role of pre-war German medicine, which, historically and in conjunction with the American influence, dominated medical practice in the pre-state period. Such reflection may shed light on the interplay between the *immunitas* and *communitas* philosophies, which are central to almost any discussion of absorption policies.

**Discussion**

For Esposito, modernity traps us between two problematic options. Either we base our relations with others on the paradigm of *immunitas*, in which markets and contracts (or isolation and exclusion) are provide the means for forming social relations with others, who represent a constant threat; or we ground our relations with others on the paradigm of *communitas*, in which community presents itself as a completeness that eliminates the presence of the other, reducing “the generality of ‘in common’ to the specificity of a common subject.” For Esposito, the alternative to this trap is to preserve the community/immunity dichotomy in order to preserve the other. To that end, he underlines the void, the lack, not only as constitutive of community but as its constant characteristic: “[I]n the community, subjects … don’t find anything else except that void, that distance … that constitutes them as being missing from themselves.” This lack, however, is not inherently negative, since it allows for the preservation of the other, and we argue that there is another way of thinking about the community/immunity dichotomy.

Whereas Esposito proposed the essential nature of lack as a means to preserve the *communitas*/*immunitas* dichotomy, we advance a different normative solution that does not regard community as built upon a void or as the lack implied in the obligation to give. Rather, to us, community represents the reciprocity of receiving from others, as the commonality built through solidarity. Thus, we consider the political community as a kind of organization that, while based on our biological limitations, nevertheless allows us to overcome these limitations and become even better. In the field of public health and health policy, the mutual obligation to give is salient. For example, in a single-payer healthcare system, the young and the healthy are those who, in Esposito’s terms, are obliged to give, since they pay more into the system than they receive from it. However, the obligation to give is reciprocal, since they, too, will receive from the system when they are older or less healthy.

Therefore, our critical reflection on disqualifying the Nazi card in bioethical discussions may contribute to the debate about normative bioethics. Positing solidarity and reciprocity as the shared ground for the political community is, in fact, a normative stance. It is in this sense that, as a normative orientation, we can think in terms of a politics of solidarity in public health as an alternative both to the mythification of *communitas* and to the immunitarian/isolationist paradigm.

By playing the Nazi card we retain the ability to discuss the interplay between the paradigms of *communitas* and *immunitas*; we retain an awareness of the abovementioned similarities between policies for coping with a pandemic and public health policies aimed at migrants and asylum seekers; and we retain awareness of the role of power in the field of public health. When Himmler argued that anti-Semitism is not about ideology but about hygiene, that it is not a matter of politics, but, rather, of medicine, his aim was to depoliticize National Socialist racial politics. Bioethical thinking, by demanding that we refrain from playing the Nazi card, also depoliticizes bioethical issues, treating Nazism as an exception totally disconnected from later and even current practices. By eliminating “the Nazi card,” bioethical thinking forecloses the possibility of fully discussing and understanding contemporary biopolitical and immunitarian practices. The way to confront the biological reduction of the political is not to replace it with unencumbered ethical thinking, but rather to historicize and politicize it.

**Conclusions**

When we think about playing the Nazi card, we think not in terms of a heresy that leaves no place for discussion. Rather, we understand that playing the Nazi card as a historical scrutiny of the power relations between the contradictory forces of public health ethics. This historical perspective can contribute to a more open discussion of the ways in which a given public health policy expresses the logic of *immunitas* or *communitas*. In this sense, playing the Nazi card exposes the dialectical role of public health in the history of World War II and in the National Socialist regime. It also exposes the problematic status of the Nazi past in the history of modern medicine and the making of bioethics.

A balanced discussion of pre-war medicine, public health practices, and National Socialist medicine will enable us to study more seriously the inherent tension between the *immunitas* and *communitas* aspects of contemporary public health, and to explore continuities and discontinuities between pre-, during-, and post-war practices in a less dichotomous way. This shift entails detailed and contextualized work in a variety of contexts to help us discuss both past traumatic events and current pressing issues, such as the health of migrants and minorities.

We disagree with the claims of both Chambers and Caplan that playing the Nazi card is a discussion-ending argument. It is true that comparisons are often inaccurate and provocative, and therefore not always constructive. Nevertheless, returning National Socialist medicine and public health to the discussion helps to integrate a biopolitical dimension into contemporary bioethics. A total refusal to play the Nazi card assumes that contemporary medical and public health practices have abandoned once and for all the *immunitas* paradigm. We argue that post-Holocaust medical and public health practices did not really put an end to the *immunitas* paradigm; instead, they embody a complex interplay between *immunitas* and *communitas*. The Nazi exception illuminates the role that biopolitical immunitarian logic still plays in post-World War II societies.[[39]](#footnote-39) Moreover, due to the centrality of the Holocaust in the Israeli collective memory, it might be argued that Israeli activists’ use of the association with National Socialism might be the only way for them to be heard and to break the silence related to their traumatic memory.[[40]](#footnote-40) Within Israeli society, the Holocaust and Nazi medicine are the “benchmark” for collective trauma, and thus they can be used to shift the traditional power balance. In other respects, this can serve to historicize public health interventions and policies along the continuum from “normal” to Nazi medicine, or from public health to eugenics measures.

We do not contend that public health is an incarnation of the dark Nazi medicine; far from it. However, we do argue that in order to develop a fully aware ethics of public health, it is essential to learn about the origins of public health, which are rooted in the nineteenth-century efforts to create sciences of population management that culminated in the policies of Nazi Germany. This discussion is highly relevant to the ways in which current public health ethical discussions on pressing matters, such as migrant health, should be framed.

A reflective approach to similarities between current policies and Nazi practices can enrich the bioethical debate on two levels. First, it exposes the biopolitical underpinnings of public health policies, and second, it enhances awareness of the repressive implications of *immunitas*-like policies. Viewing public health policies through the lens of the Nazi playing card is indeed provocative, but instead of ending discussions, it can lead to the adoption of more inclusive, *communitas*-like policies. Thus, the inclusion of populations, especially marginalized groups, such as immigrants, people with disabilities, and minorities, in decision-making, and becoming more transparent about health policies and their implications can foster in-group sentiments, thereby enhancing trust and, eventually, compliance. Being historically sensitive to the mistakes and wrongdoings of public health contributes to this reflective stance. While bioethical references to the dark history of medicine usually end in apologies, we think that being fully reflective about this past is central to the adoption of a more inclusive public health policy.

1. Strauss, L. (1953). *The natural right and history*. Chicago: University of Chicago Press, pp. 42–43. [↑](#footnote-ref-1)
2. Proctor, R. N. (2008). On playing the Nazi card. *Tobacco Control. 17*, 289–290; Caplan, A. (2005). Misusing the Nazi analogy. *Science. 309*(5734), 535–536. [↑](#footnote-ref-2)
3. Ibid: 535. [↑](#footnote-ref-3)
4. This tension between in- and out-group conceptualization is deeply rooted within the history of public health, especially within the context of responses to epidemics. As a discipline that emerged in relation to modernization processes and the rise of the nation state during the second half of the nineteenth century, public health was connected to other “new” social sciences that were harnessed to social doctrines of population control. See Parker, D. (Ed.). (1994). *The history of public health and the modern state*. Amsterdam-Atlanta: Rodopi. [↑](#footnote-ref-4)
5. Roelcke, V., Topp, S., & Lepicard, E. (2014). *Silence, scapegoats, self-reflection: The shadow of Nazi medical crimes on medicine and bioethics*. Gottingen: V & R Unipress, pp. 47–86. [↑](#footnote-ref-5)
6. Annas, G. J., & Grodin M. A. (Eds.). 1992. *The Nazi doctors and the Nuremberg Code: Human rights in human experimentation.* New York and Oxford: Oxford University Press. Weindling, P. J. (2005). *Nazi medicine and the Nuremberg trials: From medical war crimes to informed consent*. Basingstoke: Palgrave Macmillan [↑](#footnote-ref-6)
7. Zalashik, R., & Davidovitch, N. (2012). The shadow of the Holocaust on bioethics. *Theory and Criticism. 40*, 213–239. [↑](#footnote-ref-7)
8. However, one should bear in mind that there were various interpretations of eugenics from both the left and the right politically; Nazi eugenics involved the actual and systematic murder of the “unworthy.” Other approaches to eugenics ranged from health education and establishment of mother and child heath stations to medical selection of immigrants and even sterilization of the mentally ill or those who were regarded as “unfit.” See Stern, A. M. (2005). *Eugenic nation: Faults and frontiers of better breeding in modern America*. Oakland: University of California Press. On eugenics in other countries, see Promitzer, C., Trubeta, S., & Turda, M. (Eds.). (2011). *Health, hygiene and eugenics in southeastern Europe to 1945*. Budapest: CEU Press. [↑](#footnote-ref-8)
9. Reverby, S., & Rosner, D. (1979). Beyond “the great doctors.” In S. Reverby & D. Rosner (Eds.), *Health care in America: Essays in social history* (pp. 3–16). Philadelphia: Temple University Press. Reverby, S., & Rosner, D. (2004). “Beyond the Great Doctors” revisited: A generation of the “new” social history of medicine. In F. Huisman & J. H. Warner (Eds.), *Locating medical histories: The stories and their meaning* (pp. 167–193). Baltimore and London: Johns Hopkins University Press. [↑](#footnote-ref-9)
10. [↑](#footnote-ref-10)
11. Chambers, T. S. (1995). No Nazis, no space aliens, no slippery slopes and other rules of thumb for clinical ethics teaching. *Journal of Medical Humanities. 16*, 189–200. [↑](#footnote-ref-11)
12. Lowey, E. H. (2001) Terminal sedation, self-starvation, and orchestrating the end of life. *Archives of Internal Medicine. 161*, 329–332. [↑](#footnote-ref-12)
13. See, for instance, the collections of works in Rubenfeld, S. (2010). *Medicine after the Holocaust* (pp. 17–28). New York: Palgrave Macmillan.‏ [↑](#footnote-ref-13)
14. Roelcke et al., op. cit. note 5. See also Jonsen, A. R. (2003). *The birth of bioethics*. Oxford: Oxford University Press. [↑](#footnote-ref-14)
15. Gur Arie, R., Rosenthal, A., & Davidovitch, N. *Governance, quarantine and isolation in light of public health ethics during the COVID-19 pandemic*. Retrieved from https://fulbrightsplitscreen.com/​articles/nadav-davidovitch/ [↑](#footnote-ref-15)
16. Rose, N. (2001). The politics of life itself. *Theory, Culture and Society. 18*(6), 1–30. Agamben, G. (1998) *Homo sacer: Sovereign power and bare life*, trans. D. Heller-Roazen. Stanford: Stanford University Press. [↑](#footnote-ref-16)
17. Esposito, R. (2013). *Terms of the political: Community, immunity, biopolitics*. New York: Fordham University Press, p. 80. [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. Ibid: 85. [↑](#footnote-ref-19)
20. Esposito, R. (2010). *Communitas: The origins and destiny of community*. Stanford: Stanford University Press. [↑](#footnote-ref-20)
21. Ibid: 6. [↑](#footnote-ref-21)
22. Ibid. [↑](#footnote-ref-22)
23. Esposito, R. (2008). *Bios: Biopolitics and philosophy*. Minneapolis: University of Minnesota Press. [↑](#footnote-ref-23)
24. Esposito, R. (2002). *Immunitas: The protection and negation of life*. Cambridge: Polity. [↑](#footnote-ref-24)
25. Hobbes, T. (1958). *Leviathan*. Oxford: Clarendon Press. [↑](#footnote-ref-25)
26. Ibid. [↑](#footnote-ref-26)
27. Op. cit., p. 22. [↑](#footnote-ref-27)
28. The Nazi’s pro-natalist policies, as well as their campaigns against smoking, were intended to foster a sense of *communitas*. On pro-natalism, see Rossy, K. M. (2011). Politicizing pronatalism: Exploring the Nazi ideology of women through the lens of visual propaganda, 1933–1939. *The Graduate History Review, 3*(1), 49–77; on smoking, see Smith, G. D., & Egger, M. (1996). Smoking and health promotion in Nazi Germany. *Journal of Epidemiology and Community Health, 50*(1), 109. [↑](#footnote-ref-28)
29. Herzog, H. Leikin, I., & Sharon, S. (2008). Are we racists? The racism discourse against Palestinians in the daily Israeli press, 1949–2000. In Shenhav, Y., & Yona, Y. (Eds.), *Race and racism.* Jerusalem: Van Leer Institute Press and Hakibutz Hamehuad (in Hebrew). [↑](#footnote-ref-29)
30. Israeli Ministry of Health (2018). *Promoting health equity by eradicating racism in the system: Report recommendations of the Integrative Committee on Racism, Discrimination and Exclusion in the Healthcare System.*  [↑](#footnote-ref-30)
31. Ya’ar, E. (2005). Continuity and change in Israeli society: The test of the melting pot. *Israel Studies. 10*(2), 91–128.‏ [↑](#footnote-ref-31)
32. There is a vast literature covering the tensions in the absorption of migrants into the newly established state of Israel. See Davidovitch, N., & Shvarts, S. (2004). Health and hegemony: Preventive medicine, immigration and the Israeli melting pot. *Israel Studies. 9*, 150–179; Shvarts, S., Davidovitch, N., Goldberg, A., & Seidelman, R. (2005). Medical selection and the debate over mass immigration in the new state of Israel. *Canadian Bulletin of Medical History. 22*, 5–34; Davidovitch, N., & Margalit, A. (2008). Public health, racial tensions, and body politic: Mass ringworm irradiation in Israel. *Journal of Law, Medicine & Ethics. 36*, 522–529; Zalashik, R., & Davidovitch, N. (2006). Measuring adaptability: Psychological examinations of Jewish detainees in Cyprus internment camps. *Science in Context. 19*, 419–441; Seidelman, R. (2019). *Under quarantine: Immigrants and disease at Israel’s gate*. New Brunswick: Rutgers University Press. [↑](#footnote-ref-32)
33. In the 1920s, Arthur Ruppin, head of the Eretz Israeli Settlement Office, discussed the problem of the “human material” of immigrants to Palestine under materially restricted conditions and their prioritization by the Zionist Organization. See Morris-Reich, A. (2006). Arthur Ruppin’s concept of race. *Israel Studies. 11*(3), 1–30. What makes Ruppin an especially interesting case is the coexistence in his work of a deterministic racial outlook, influenced by German racial and eugenic concepts, and a belief in humanism. [↑](#footnote-ref-33)
34. Melamed, S. (2004). Motherhood, fertility and the construction of the “demographic threat” in Israeli marital law. *Theory and Criticism. 25*, 69–96 (in Hebrew). [↑](#footnote-ref-34)
35. Quoted in Seidelman, R. D. (2012). Conflicts of quarantine: The case of Jewish immigrants to the Jewish state. *American Journal of Public Health.* *102*(2), 247.‏ [↑](#footnote-ref-35)
36. Ibid: 244.‏ [↑](#footnote-ref-36)
37. Ibid: 247.‏ [↑](#footnote-ref-37)
38. The affair has drawn international attention more recently. See Fezehai, M. (2019). The disappeared children of Israel. Retrieved from https://www.nytimes.com/2019/02/20/world/middleeast/israel-yemenite-children-affair.html; Knell, Y. (2017). Missing babies: Israel’s Yemenite children affair. Retrieved from https://www.bbc.com/news/magazine-40342143. [↑](#footnote-ref-38)
39. Reverby, S. (2012) Ethical failures and history lessons: The U.S. Public Health Service research studies in Tuskegee and Guatemala. *Public Health Reviews. 34*(1), 1–18. Spector-Bagdady, K., & Lombardo, K. R. (2019). US public health service STD experiments in Guatemala (1946–1948) and their aftermath. *Ethics and Human Research. 41*(2), 29–34. Harris, S. A. (2002). *Factories of death: Japanese biological warfare 1932–1945 and the American cover-up.* New York: Routledge. [↑](#footnote-ref-39)
40. See Alberstein M., Davidovitch D., & Zalashik R. (2016). Introduction. In M. Alberstein, N. Davidovitch, & R. Zalashik (Eds.), *Trauma’s omen: Israeli studies in identity, memory and representation*. Jerusalem: Bar-Ilan University Press (in Hebrew). [↑](#footnote-ref-40)