Why is it important to learn about the grim history of public health in Nazi Germany as a lesson of the Covid-19 Pandemic?

A Viewpoint essay

Hagai Boas and Nadav Davidovitch

The ethical training of medical students marks the "Nuremberg Trials" and the "Nuremberg code" as the birth of post-war bioethics (1,2). The code focused mainly on consent to medical experimentations and founded the basis of clinical oriented bioethics that further strengthen the significance of patients' rights and autonomy. Interestingly, the Nuremberg code did not refer to the centrality of public health in supporting and executing National Socialist policies in Germany. The marginalization of the place of public health within the developing post-war bioethics as an important lesson to be learned and discussed from the Nazi past is a significant lacuna in bioethics foundation, and more important, in the ethical training of medical students. The almost forgotten public health and health policy foundations of Nazi medicine is a gap to be filled if we want to learn more on the development of public health policies. This gap became even more evident during the Covid-19 pandemic, when dramatic public health policies from lockdowns to vaccination campaigns were enacted by states and implemented within different societies. This gap and the reflections on it should be an important component in medical education and how we should integrate lessons from Nazi medicine into it.

Post-war bioethics presented itself as the opposite to Nazi medicine, framing it as a deviation from modern Western medicine and as a standalone phenomenon (3). While this simplistic dichotomous framing refers mainly to human experimentation and treatments aberrations, it almost ignored the field of public health. It suppressed the understanding of the continuities and discontinuities of public health biopolitics that endure to our days. In fact, we claim that exploring the continuity between current and pre-WWII medical and public health practices, discloses the inherent tension that reached a radical peak in Nazi Germany but still exists in contemporary medicine and public health (4). The Covid-19 outbreak, and the ensuing policies enacted emphasized even further the importance in exploring the roots of public health for a better understanding of their trajectories, implementation, and resistance.

Innuendos and often even clear allegations against public health practitioners as "Nazis" were unfortunately widespread during the pandemic (5). References to totalitarian regimes, coercive health policies and violation of human rights presented public health as unethical medicine. While medicine is conceptualized in liberal bioethics as free from political intervention, the pandemic proved this assumption to be wrong as the involvement of public health in interfering, controlling, and restricting a growing number of spheres of life increased (6,7). Pandemic responses re-introduced the debate on public health as a form of biopolitics and exercising political power on population that in turn, raised questions about the past of public health. While these debates are not new, the scope and intensity of these discussion moved them from internal professional debates to become much widespread and outside traditional circles.

Whereas the birth of bioethics is ascribed to the post-war era and the rise of liberal values in the West, the roots of modern public health are rooted in 19th century rise of the nation state and the inception of social sciences (8,9). These disciplines constructed the concept of "population" and gave the foundation of how populations' control, governmentality and social interventions become "objective" and "scientific". Public health in this respect, with its different branches based on epidemiology, biostatistics and other social sciences, is preoccupied with collectives, groups, and populations and is concerned with social determinants of health rather than the clinical oriented doctor-patient relationships. Within this context, the Nazi project should be contextualized as a project of public health taken to the extreme (10). Public health should be a crucial perspective through which the Nazi ideology, its racist obsession can be understood. Nazi medicine racial policies, in that sense, are part of a twisted view of politics as a form of public health.

The centrality of public health in Nazi ideology was already pointed by historians (11). Political Scientist, Esposito quotes Rudolph Hess who stated, “National Socialism is nothing but applied biology” and mentions the inscription "Cleanliness and Health' at the gate to Mauthausen concentration camp (12). National Socialism combined the protection of “Ariyan” lives with genocide. National Socialists launched public health campaigns advocating hygiene, organic food and restriction of asbestos, pesticides and tobacco, to protect the body-nation while simultaneously murdering millions of people also to protect the body-nation.

There is an inherent tension in public health, that was radicalized in Nazi Germany, but is still relevant today. Public health is comprised of two contradicting approaches: a caring one and a policing one. The caring approach stresses values such as solidarity and encourages participation in carrying the burden of health such as in adopting preventing conduct. The second approach is more coercive and concerned with identifying and eliminating health risks. Together, both approaches yield a strong paternalistic standing where policies are implemented top bottom to achieve health objectives for the collective goods. The tension between the two approaches leads to the politicization of public health. The paternalistic approach, the science of public health - that transform groups, communities, and collectives into statistical data of risks – reduces further trust and leads to lower level of compliance. Community participatory approaches and critical public health thinking are aware of the complicated public health histories and are trying to build trust and engage different stakeholders. Yet, there is a constant need for reflection, starting from training medical and public health practitioners to the discussion of interventions planning and implementation.

Furthermore, public health experts always served as the gatekeepers of the body politic. They decide who is entitled to cross borders, they determine entitlement to deservingness and the allocation of public health resources. Deciding on who's in and who's out entangles public health in politics in a gordian knot. This is not meant to turn public health into an impossible mission.

Understanding public health as inextricably political should stand at the core of public health ethics. Its grim past as a central force of Nazi medicine and as a metaphor for its political leadership cannot be understood as a standalone phenomenon or a deviation in the history of medicine. Ethical training of medical students should be acquainted with this part in the history of western medicine mainly for recognizing the fact that medical practice in general and public health in particular, cannot escape their political aspects. During the covid pandemic, the need for a distinct public health ethics became evident as guidelines seemed to be too coercive, arbitrary, and impartial. The crisis compels us to rethink public health ethics and to develop an updated ethical framing. Such a framing should be reflexive to the extreme uses of public health in Nazi Germany and other totalitarian regime and the current potential to reach these extremes even today and to the dangerous role that public health may play in assisting implementing exclusionary and coercive policies. Public health ethics should be therefore more sensitive to vulnerable groups, to the inclusion of population groups in its decision making, to transparency, and to a more nuanced and culturally sensitive understanding of the concept of health. Thus, public health should turn into publics' health.

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