

Rapid response to:

A post-covid economy for health: from the great reset to build back differently

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Rapid Response:

Re: A post-covid economy for health: from the great reset to build back differently

Dear Editor

The new "WHO Council on the Economics of Health for All", as described in the article by Labonté [1] was founded to support the "build back better" mission "to bring health and well-being into the centre of how we think about purpose, value and development." But is health really the highest good in a society? Is it more important than the freedom to choose between arguments in democratic decision-making, taking account of how priorities may change in a society over time? The Council, however, demands that "governments must take forceful leadership in mobilising public and private partners...providing a new approach to shape the economy with the objective of building healthy societies that are just, inclusive, equitable and sustainable".

Reflecting on our experience over the last two years during the Covid-19 pandemic, we have developed the following 10 propositions in order to discuss the hidden backgrounds and detrimental consequences of such forceful government policies which put the economics of health at the "centre of how we think about purpose, value and development" by essentially devaluing the infinite potential of each human life [2].

10 propositions against the build back better economics of health as the greatest good

- No-one has a right to health or to being free of disease. Even less is there a duty to health that implies a guilt based view on disease.
- Many attempts have been made to define health and disease in medical, social science, societal, and political terms. During the pandemic, "Protection from Infection" laws enacted in many countries in response to regulations on pandemic preparedness defined "health" as evidence of vaccination or recovery from Covid-19. Everyone else was by definition "unhealthy" and either excluded from social life completely or admitted only for short periods of time after providing proof of a "negative" test result.
- Conflicts of aims between different health and disease paradigms are inevitable on many levels. Such conflicts clearly arose when the health aims of curbing the pandemic led to serious unintended negative consequences not compatible with fundamental democratic principles. These negative effects impacted not only individual lives, but also the legal and social framework of society as a whole.
- The right to bodily integrity enshrined in democratic constitutions is not a positive right to which one is entitled, but rather a defensive right not to be interfered with by the state. For this reason, the state may not impose medical interventions such as vaccination when these are declined by the individual for medical, conscientious or other reasons. If the state breaches this principle without

clear evidence that the desired effect is of overarching importance and cannot be achieved by other means, it is guilty of assault, of infringing human rights and of violating the constitution.

- Pandemic preparedness regulations have converted the organs of state into agents of global pandemic control. In other words, the administrations of a democratic state acted against their own countries' constitution by enforcing a genuinely totalitarian paradigm [3] of health and disease against the individual views of their sovereign citizens. In averting danger, the democratic state is obliged to take the most limited action possible and to ensure the proportionality and constitutionality of its response.
- The „incidence numbers“, which have provided a continuous justification for drastic measures and increasing infringements of basic rights since March 2020, are not a valid indicator of the threat to public health.[4,5]
- By the same token, the often-invoked potential overloading of the health service does not in itself justify drastic limitation of basic rights. Thus the replacement of “incidence” with “hospitalisations”, in the respective legislation is equally lacking justification.
- In either case, drastic measures proposed by pandemic preparedness regulations, such as lockdowns, quarantine, isolation, vaccination, and use of ventilators require an objective risk-benefit assessment vis à vis other effective measures such as treatment with corticosteroids, use of nasal oxygen, reduction of obesity and diabetes, sufficiently staffed long-term care facilities as well as hospitals, and prevention of nosocomial infections.
- Based on the experience of the last two years with regard to infection and mortality figures worldwide, there was no significant benefit from the non-pharmaceutical measures applied against the pandemic. Overall, countries with draconian lockdown measures did not show lower all-cause mortality compared to countries without such measures [6]. Sweden was often criticised for its Covid-19 response, which refrained from mandating population-wide lockdowns [7]. However, in contrast to many other countries, the Swedish approach resulted in only a slight excess mortality in 2020 [8] due to increased deaths among elderly people in long term care facilities [9] but had fewer adverse effects on other public health risks than countries that resorted to strict viral suppression strategies. In 2021 Sweden showed no excess mortality and no return of further pandemic waves.
- “Build back better” economics seek to replace the right of each person to take all reasonable measures to promote his or her individual health with a duty to receive medicinal products deemed to be indispensable for global health. Do we really believe that health is not a spiritual, conscientious, and individual aspect of the human condition, but rather the result of compulsory consumption of medicinal products?

When the World Health Organization in 1978 coined the slogan „ Health for all in the year 2000“, this meant allocation of resources to fight poverty and hunger. Since the times of R. Virchow and S. Neumann the scientific consensus has been that the major determinants of health and disease are poverty and hunger.

It is not far-fetched to imagine that the new approach to shape the economy solely towards healthy societies may lead to a complete medicalisation of society at the cost of increasing poverty and inequality [10]. The new health agenda places virology, genetics, and vaccines in centre stage as it envisages current or future pandemics to be the major threat to global health [11].

In addition, the new health paradigm, i.e. having received a vaccine or tested negative - as was applied during the covid-19 pandemic - ignores basic medical knowledge, namely the important role played by immunity in the course of any pandemic [12].

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