A FIRST-PRINCIPLES REVIEW OF PUBLIC HEALTH

BOOK 14

THE FIRST-PRINCIPLES REVIEW

AN EXAMINATION OF 10 BASIC QUESTIONS

Draft

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PART 1: INTROUDCTION AND SCOPE

1. Framing the review

1.1 Richard Epstein

https://t.me/sanjeevsabhlok/7481

https://t.me/sanjeevsabhlok/7480

But he fails

https://t.me/sanjeevsabhlok/7482

2. Q1: What would happen without any involvement of the government?

Instructions

- Assume the existence of a limited government (which looks only after defence, police and justice and ensures the rule of law, including enforcement of private contracts): not the absence entirely of government.
- Imagine that the free market applies to this policy area, i.e. there is no law, regulation (e.g. no licensing or registration) or subsidy applicable to this policy area. People are therefore able to freely implement their plans and the role of the government is limited to enforcing contracts and agreements. This may be an unusual situation to visualise today in many policy areas but it is how almost everything evolved in the past. Governments did not operate industry, schools or hospitals; or even build roads, supply water or electricity.
- This situation forms the base case. The general principle of policy design is that any government intervention (Q.4) must deliver "as good or better" outcome for society than this base case.
- In the absence of current evidence for such a situation, **use historical literature or economic theory** to describe what would happen in such a situation. For schools, for instance, James Tooley's book, *The Beautiful Tree*, confirms that prior to government intervention, schools functioned cost-effectively and delivered superior outcomes. The argument that in the absence of the government's involvement, the children of the poor might not get high quality education is only partially supported by such evidence.
- The argument that infrastructure might be under-supplied in such a situation is also very poorly supported by historical evidence (e.g. Walter Block's study of roads). In fact, in France, even today 76% of the total roads in France are operated privately; likewise, trains are operated privately in Japan. And in the USA electricity was almost never supplied by the government. Even nuclear reactors are privately managed. There is therefore no natural basis to claim that infrastructure must be provided by the government. In any event, once property rights can be defined, the market can readily deal with infrastructure provision through user charges and price discrimination.
- But there is some evidence that in the absence of regulation, some areas might fail. We know that under certain circumstances, large buses can be displaced by small buses which then lead to traffic congestion. But this outcome is not innate to the situation and is attributable to the failure of society to define a property right in bus stops (see Daniel Klein's *Curb Rights*).
- Analysis of the specific causes of any problem/s or weaknesses in the base case is considered in Q.2.
- Waving one's arms about and claiming that everything would fail in the absence of government will never be accepted by SBP. There need to be strong proofs of failure.

An exception for first order functions of government. For policies relating to first order functions (e.g. defence and justice), the equivalent to Question 1 becomes: "What would happen in the **absence** of government (state of nature)?"

The question for us is – what would happen in the absence of "public health"? (i.e. base case)

2.1 Exclusions

As discussed in Book 1, the scope of this question excludes the following

2.1.1 *Hygiene: Sanitary function and supply of clean water*

We are excluding the function of water and sanitation which we agree is an essential hygiene-related activity that can be legitimately supplied by a (separate) public hygiene department or agency operated by engineers and plumbers.

2.1.2 *Vaccines*

We are excluding vaccines which are private, individual medicine, and should form part of private heath. People should be able to decide to take a vaccine to protect themselves. And as noted in Book 1, coercing others to take vaccines is unethical and breaches the liberty and bodily autonomy of others. So there is simply no need to link vaccines with the public health department.

2.1.3 *Paternalistic public health interventions*

Finally, we are excluding the concerns of the sort raised by Eric Crampton (Public Health and the New Paternalism) and Matthew Thomas and Luke Buckmaster's Paternalism in social policy—when is it justifiable? These are part of an important but a separate discussion.

2.2 Inclusions

What's left behind is **infectious disease control that's currently managed through "non-pharmaceutical interventions"** such as border closures, lockdowns and mandatory masks.

2.3 The refined question:

The question to be addressed is therefore: What would happen during pandemics without any public health function? An answer is attempted below. Note that we have ruled out border closures, lockdowns and mandatory masks in Book 1, rejected entirely the idea of epidemiological modelling, and ruled out contact tracing for most virues.

2.3.1 *Historical evidence*

2.3.1.1 *Social disorder*

From historical evidence of pandemics and infectious disease, it seems that the biggest issue if there was no public health department is possible social disruption and disorder.

But these are matters for the police, and do not justify a separate department.

2.3.1.2 *Individual quarantine*

What if someone with Ebola wants to move around the country? In the absence of a legislative mandate, it won't be possible for police to isolate such a person (including by arresting him, if necessary).

Historically, we can agree that isolation for Ebola has been beneficial in restricting its spread. There is also evidence that SARS-CoV-1 was largely eliminated through individual quarantine.

To the extent that an individual quarantine is required in extremely limited cases, one can consider options, including a Medical Police located within the regular police department. But even that would not require force in most cases. The concerned (infected) person himself would be keen to isolate if he was rational – as it would limit the spread of the disease to people he cares about, such as his family and relatives. So, there would be little need for coercion.

2.3.2 *Contact tracing*

Contact tracing is relevant only in extremely few kinds of viruses, such as STDs. Those few cases can be dealt with by the Medical Police within the police department. Large scale contact tracing has been ruled out in Book 1.

PART 2: THE ANALYSIS

3. Q2: Identify any problems with the base case and explain why these are a problem

- Identify any market failures or other problems with the situation in base case, i.e. the case "without government (or with limited government)". This analysis should be very precise. Evidence should be adduced to demonstrate that such problems actually arise. Also discuss the magnitude of any such problems.
- Next, identify the likely cause of these societal problems. For instance, we saw above that the failure of competition in the bus market actually originated from a failure to allocate property rights (in bus stops). Such analysis can lead to effective options for solving the problem (Q.4), instead of waving one's arms about and jumping to the conclusion that the government must own and manage all buses.
- Explain why free citizens through their individual voluntary actions (the market) can't resolve these identified problems (e.g. through self-regulation, through reputational effects).
- Retain for any further analysis (Q.3 and beyond) only the *actual* problems identified in Q.2 – problems that citizens are demonstrably unable to resolve on their own.

4. Q3: First principles test (should government intervene at all?)

- We noted above certain "first principles" roles for the government. There is an assumption that a government should perform certain core or first order functions.
- Likewise, there is a clear area in which a government should stay of, unless absolutely necessary. This would include some second order functions and all third order functions.
- If the problems identified in Q.2 do not fall in the first or second order functions, then it is crucially important in this step itself to demonstrate why this problem needs to be considered further. In many cases, the matter will end at this stage itself.

4.1 Negative externalities?

The argument of negative externalities is often used to justify public health "measures", on the basis that we may otherwise cause harm to others.

4.1.1 *Only criminal action can motivate a restriction on people's movement*

Negative externality arguments apply to property. Restricting human freedom is only possible via the criminal law. Does public health have info to prosecute a *specific* person for spreading a virus? Almost never. Therefore, it can't take over other people's body and movement.

Thus, the use of the negative externalities argument to justify restrictions on people's general movement or ability to breathe freely (without masks), or to chose the drug they ingest (e.g. vaccines) is *ultra vires*, beyond the power of the argument.

4.1.2 *Any harm during pandemics is caused by natural process (not man-made), not via a trade*

In the case of a typical negative externality, it is in our profit-seeking transactions that we cause *known*, indirect harm to others. Whether we pollute the water (a river, through sewage) or the air (through a polluting factory), it is generally from a profit-making activity. The idea there is to force the perpetrator to internalise the externality.

In the case of a virus that spread entirely **on its own**, due to a natural process (not from someone's profit making activity), just by the sheer act of being alive. Each potentially affected individual, in consultation with their doctor, might able to take preventative actions based on the state of their own health. But to charge individuals to stop living just because someone else might get infected is beyond the scope of the negative externality argument. Those who perceive themselves to be vulnerable, may choose to lock themselves up, but to lock others for their sake is beyond the scope of any negative externality argument.

Peter Boettke and Benjamin Powell write[1]:

> Unfortunately, when individuals contract COVID-19 they also contract the possibility of infecting others with the disease. If individuals do not account for how their own activities risk their contracting the disease, this raises the risk of contraction for others, causing a transmission externality. It is a classic situation where private marginal costs diverge from the full social marginal costs, so that individuals left to their own devices would engage in inefficiently too much risk taking, leading to inefficiently too much disease spread and death.
>
> The underlying logic of the transmission externality that justifies some form of public policy response to address the COVID-19 pandemic is present with most (all?) contagious diseases. However, when externalities are small, the cost of correcting them is often larger than the inefficiencies caused by the

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8014844/

> externality (Coase, 1990). Presumably, a greater public policy response to COVID-19 than to, say, seasonal influenza, **is justified by the larger externality generated by COVID-19's ease of transmission and higher infection fatality rate**. However, these same factors also might cause people to internalize the COVID-19 externality to a greater extent than they do less serious diseases, somewhat mitigating the rationale.

[DN: See You're quoting us out of context, that section is discussing the position we are about to criticize. https://twitter.com/PeterBoettke/status/1616414567923617793] The argument here is framed in the typical manner a reasonable economist. However, what Boettke and Powell forget is that **the information necessary to intervene is simply not available**, and the science regarding transmission is clear: that one cannot stop these kinds of viruses, no matter how high their transmission or infection fatality rate. Donald Henderson explained that one can't stop even small pox in this manner. Therefore a simplistic "negative externality" view of pandemics is not applicable. There are natural processes at work quite distinct from "pollution" or other externalities that economists are more familiar with. Without fully understanding the science of viruses, economists will merely end up supporting arbitrary, ad-hoc interventions in people's freedoms.

When added to the total incompetence and incapacity of the public health discipline to understand and therefore apply well-targeted individual "remedies", the idea of public health being justified on the basis of negative externalities can be rejected outright.

If I had Ebola and I knew that I am guaranteed to save the rest of my family and society by isolating myself, I would do so voluntarily.

Even in a such case we don't need police-like public health restrictions.

In all other cases, where there's NO prospect of eradicating a virus, restrictions (including border closures) can never be justified.

If people wish, they can voluntarily isolate, but they will STILL catch the virus in the end. We can't hide from Nature or from Death.

If we are old, obese, sick with a myriad diseases, we can extend our lives temporarily by isolating. But to demand that the entire world shut down for us to be able to live another 18 months, is the most extreme form of tyranny.

Here's the typical argument in economics for coercive vaccines - from a 1976 book by Le Grand and Robinson (The Economics of Social Problems).

> Certain types of health care, particularly those concerned with communicable diseases, can create external benefits. For instance, if some people decide to be vaccinated against whooping cough, then not only do they reduce their probability of getting the disease, but they also reduce the probability of others getting it. The vaccination has thus benefited the people vaccinated (an internal or private benefit); and it has benefited others (an external benefit). Similarly, a hospital treatment that cures someone of a particular communicable disease confers external benefits, since it reduces the probability that others will contract the disease.
>
> Since society includes both those who undertake any externality-generating activity and those affected by the externality, the total social benefits (or costs) of an activity is the sum of the private (or internal) benefits (or costs) and the external benefits (or costs). Thus:
>
> private benefits (or costs) + external benefits (or costs) =
>
> social benefits (or costs)
>
> The greater the size of the externality, the greater the divergence between social and private costs or benefits.
>
> What are the implications of this for market provision? Simply that, if these externalities exist to any significant extent, the market can no longer be relied on to operate efficiently. Suppose, for instance, that charges were levied for vaccination against whooping cough. Now in trying to decide whether to be vaccinated, people would take into account the private benefits (the reduction in the probability of their getting the disease) and the private costs involved. The latter would depend on the charge, the inconvenience of going to the vaccination clinic, and any risk that might be associated with the vaccination. Suppose a particular individual decides that it is too expensive and hence that she will not be vaccinated. As a result, not only is the probability of her getting whooping cough increased but so is

> that of everyone with whom she comes into contact. Now if there had been some way of including the benefits to these others in the calculations, the sum of the private and external benefits might have outweighed the private costs. In that case it would have been more efficient for the individual concerned to have been vaccinated, yet, under the market, this did not occur. Hence, in the presence of externalities, without some government intervention, the market cannot be relied on always to produce the most efficient solution.

But if a vaccine ACTUALLY WORKS, then no matter how many don't take the vaccine, the vaccinated will do just fine. ...

And if the vaccine doesn't work, then forcing those who don't want to take it, won't stop the spread, either.

Most of economics is like this: extremely shoddy thinking & fails to recognise that vaccine regulators are captured and public health has incentives for corruption.

4.1.3 *What if we are sure that a vaccine will become available soon?*

As I wrote in my book, *The Great Hysteria and The Broken State*: "We are capable of individually choosing whether we will wait for a vaccine, but waiting for a vaccine can *never* be allowed to become public policy."

Locking up the entire world while everyone waits for a vaccine even though only a small proportion of the population is vulnerable to the virus – and it can never be eradicated anyway – is not justifiable by any stretch of imagination of the negative externality argument.

4.1.4 *The "classic" arguments*

The topic of public health has been very poorly investigated by economists. Apparently von Mises was so confused he thought that public health coercion is justified to protect our "rights" & Nikolai G. Wenzel was busy justifying vaccine mandates in 2015: https://newmedia.ufm.edu/video/what-is-the-proper-role-of-government-questions-from-hayek/

https://mobile.twitter.com/sabhlok/status/1621051820348157953

4.2 The public goods argument

4.3 Economists as useful idiots for the communist agenda

As a government economist, I was often flabbergasted at how incoming young economists were very comfortable with government intrusions. They used words like negative externalities, information asymmetry, public goods, behavioural economics, and of course Keynesian economics, in support.

And the last one - before I left the department: "precautionary principle". And btw, they are ALL (100%) brainwashed into the climate "emergency".

What the economics profession has done (albeit not as a conscious objective) is to create terms to justify "efficiency improvements by the government", which have been gleefully adopted by communists worldwide to justify ALL (and UNRESTRAINED) govt. interventions (like with PH).

Adam Smith would be turning upside down in his grave - and probably flailing wildly, causing a dust storm in the graveyard.

He never could have imagined that the discipline he founded would so powerfully empower the enemies of liberty.

The typical economics graduate from the world's top-most universities will chant the mantra "negative externality" to blindly justify ANYTHING that public health (or climate) "experts" say. I've never seen more STUPID people than young economists: useful idiots for communism.

Without the blind support of STUPID ECONOMISTS, the communists could never have taken over the world.

The typical "economist" has been trained well enough to justify ALL government intrusions - but has no clue about opportunity costs or CBA.

They're also behind the justifications for disastrous intrusions in the name of "climate change".

When an "economist" in the government signs off on an intrusion, the communists leap with joy. They've got yet another sucker to justify their totalitarian control.

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It's been Gramsci's long march through the institutions – (or perhaps Dutschke's[2]). It is similar to what the Fabians taught, which influenced Nehru to pretend to support liberty even as he attacked it at every step. It's now over 100 years of hard work by the socialists. Almost the entire West now welcomes government control.

4.3.1 *Economics as an apologist for public health*

Economics has never asked basic questions re: public health. Some economists have indeed conducted a CBA for some NPIs, but they have never explained that it is the minimally NECESSARY methodology for PH: None of these papers on a special edition on covid, talks about this issue:
http://sanjeev.sabhlokcity.com/Misc/PublicHealth-Economics-South-EconJ.pdf

4.3.2 *The libertarian "non-aggression principle"?*

https://twitter.com/sabhlok/status/1621051820348157953

The libertarian philosophers never gave much time to public health, probably because it wasn't a major issue in their time. But a review of the views of libertarian thinkers finds that some agreed with the lockdowns, others didn't.

The reason why libertarianism fails as a guiding principle in such a matter is exactly the same as we have with ethics. These positions can easily become different when looked at from a slightly different angle.

This means no deontological principle can be a useful guide for action for a society as a whole.

But the utilitarian calculation (cost benefit analysis) can become a minimally agreed position, even though it has enormous defects.

4.4 Positive vs negative public health

I might have found a way to fix the PH problem: define it correctly.

Using Isaiah Berlin's "Two Concepts of Liberty", we have negative and positive public health.

By restricting government intervention only to actions that might cause harm to others, we shortlist (1) sanitation, (2) medical isolation and (3) quarantine as possible candidates.

Of these, only sanitation and medical isolation pass the CBA test. Quarantine is a killer "remedy" that has to be binned.

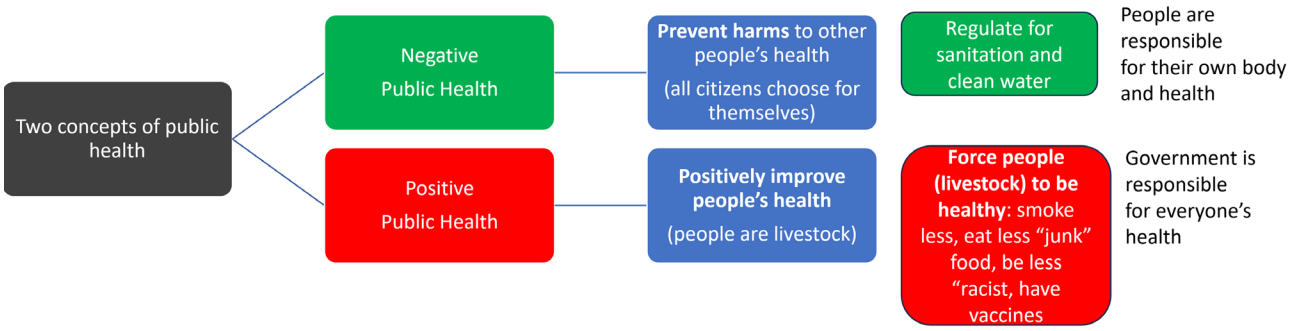
[2] https://en.wikipedia.org/wiki/Long_march_through_the_institutions

And of course, all "positive" measures - "for the GOOD OF SOCIETY" are strictly out of scope of the role for government. We don't want stupid "doctors" or bureaucrats FORCING US TO BE HEALTHIER. We don't want the government to take ANY responsibility for our health.

In this manner, most of "modern" public health (communist Scientism) will have to go.

Only sanitation and medical isolation pass the test. It is fair to state that public health as it exists will need to be abolished: #AbolishPublichHealth

These thugs NEVER DO SCIENCE, only ideology. We need to boot them out.



5. Q4: Options: What exactly can government do about the societal problem?

- If it can be shown clearly that there might be a possible role for the government in dealing with the problem/s identified in Q.2, what exactly can the government do?
- In this section of the analysis, list the **full range of options**, from most onerous intervention to least onerous. A light-handed option to solve the competition failure in the bus market might involve a law that allocates property rights in bus stops. The most heavy-handed option would involve direct ownership and management of buses by the government (sadly, that's the answer most poor quality analysts end up with).
- The pretence of knowledge and the fatal conceit: Heavy-handed options are generally based on socialist ideology or a belief that self-interested bureaucrats somehow know best. Or the proponent of the intervention mistakenly thinks that people are stupid.
- **SBP shuns heavy-handed approaches** and seeks market- and incentives-based solutions wherever possible. For instance, we are fundamentally opposed to the government being a businessman and would resist the thought that the government should own and manage a bus business – unless there is simply no other option. We always look for a way to regulate the market in the least intrusive manner – and even that only where a serious problem has been identified.
- Options analysis: Which of these options can yield a better outcome for society than the base case (free market)? To what extent do the options allow markets to determine supply, demand, and prices? - the more the market testing of a relevant price the better. If an option involves administered prices (e.g. for petrol or education) then SBP would looks askance at the option. If prices are not market-determined, then by what objective mechanism will the government be able to assess actual demand and supply? We are reminded of the impossibility of economic calculation in a socialist economy that does not use market prices.
- If no option conclusively yields a far better option than free citizens (markets) acting voluntarily on their own accord, policy development should stop at this stage. The base case (Q1) is then the best option.
- Remember, the base case is always the first option on the table. If the base case is decided as the best option, go to Q.10.

5.1 Reform options that I have now rejected

There's a key point to note:

It doesn't matter whether you have Fauci, Tedros, or anyone in the PH system. ALL will do exactly the same: Lie, Kill, Loot.

The PH SYSTEM is the problem & must go.

Some of the options I had considered in the past include:

5.1.1 *Compelling public health to do a CBA*

There is an argument to be made that if we compel PH to undertake a CBA, all will be well. Yes, it should of course be mandated immediately, as a first step, even as we consider other issues.

But there are serious problems with the incentives of PH which make this option not really viable. They cannot make money without stoking hysteria. Increase in their private wealth requires fudging of the facts. I'm therefore very confident that they'll fudge CBAS (like they do their epidemiological models). I've seen a lot of fudging of CBAs during my life in the Treasury. This fudging is likely to be supported by politicians who ALSO gain from hysteria.

5.1.2 *What about a Black Hat Commissioner?*

The first is a **parliamentary officer called the Black Hat Commissioner** that I have outlined in my book *The Great Hysteria and The Broken State*. Such a role would provide advice to the Parliament about alternative views. Under the current situation, even if the Secretary of the Treasury provides good advice to the Cabinet, his advice could easily be stifled by the Premier unless he (the Secretary, like me) chooses to resign. But the advice of a Black Hat Commissioner cannot be stifled. His advice would then also become part of discussions in the media, forcing a debate on the topic.

5.1.3 *Freedom Minister*

The second solution is to have a **Freedom Minister** which I have detailed in my 2008 book, *Breaking Free of Nehru*. The Freedom Minister acts as an oppositional minister to other ministers in the cabinet.

5.1.4 *Incentives of bureaucracy to provide frank and fearless advice*

The third solution I considered (and referred to it in The Great Hysteria book) is to **review the incentives of the bureaucracy to ensure it provides frank and fearless advice.**

A bit of background on this third issue. The idea of a modern permanent civil service was created by East India Company and was then adopted by England which created its own civil service. That model was ten replicated in the colonies including in Australia. Australia later moved to contractual civil servants in the 1990s because of the influence of new public management.

Now, at one time I had thought that political appointments of senior officials is a good idea. I'm no longer confident that it is a good thing.

The failure of the Secretary of my former Department (Treasury) to be a diligent public servant has been so stark and problematic (and he continues in his job, unaccountable in any way), we need to redesign the entire system of bureaucracy. It is atrocious for people like the Secretary of the Treasury who earn over $700,000 a year to get away by not providing the most basic honest advice about the magnitude of the pandemic or the complete set of impacts on society of the pandemic. This amounts to, in my view, criminal negligence of duty.

The senior executives of the Treasury have been driven by greed to keep their mouth shut just because the politicians want crazy policies. These officials have kept their jobs and fat cat salary packages by **not** providing honest advice.

I was inclined to recommend a system in which both the politicians and a public service commission play a key role in senior appointments. Further, the appointments would not be possible to terminate at the whim of any politician but would require an independent body to be involved. This would make the new system a hybrid between a permanent civil service and a contractual one.

But I'm not interested in this option any longer. The main option that I believe passes the test of logic is to abolish public health.

5.2 One option that I might support – TO THINK A LOT MORE

A PH model that I'm willing to accept would be similar to that of OHS.

The state of knowledge would be established by the science (based *only* only CBAs, not models). Each individual organisation/individual would then undertake a risk assessment and decide for themselves.

Just as the OHS regulator cannot mandate a PARTICULAR ACTION by any employer, only assess their procedures, so also a PH regulator would never be able to prescribe (let alone mandate) any procedure, just validate that any necessary risk assessment has been undertaken.

A PH model that I'm willing to consider [DN: to think a lot more] would be similar to that of OHS. Public health science (based purely on the use of CBAs, not models) would be allowed to set the state of knowledge but NEVER prescribe (let alone mandate) anything.

Each individual organisation/individual would then undertake a risk assessment and decide for themselves. Just as the OHS regulator cannot mandate a PARTICULAR ACTION by any employer, only assess their procedures,

so also a PH regulator would never be able to prescribe (let alone mandate) any procedure, just validate that any necessary risk assessment has been undertaken.

6. Q5: Freedom and property rights test

This is where the deontological emphasis on liberty and property rights comes in. SBP requires a fundamental analysis of the loss of people's freedoms under various policy options.

- Assuming a policy option is identified that yields a better outcome for society than the base case, does it reduce anyone's freedom? If so, whose? How? And why?
    - Note that taxation, being coercive (even if has been agreed through the legislature), amounts to a reduction in freedom. Likewise any attempt to subsidise something or someone. And just because we always do something in a particular way at present doesn't mean that is the best way of doing it, nor that it was the only way to do that thing in the past. We should thoroughly examine everything which reduces liberty and choice.
- The analysis of freedom is crucial – and should be undertaken first, before a cost-benefit test is undertaken – since qualifying a utilitarian cost-benefit analysis does not necessarily make a policy valid. A CBA test is necessary but not sufficient to support a policy.
- Examples:
    - During the covid pandemic, governments imposed policies that reduced the freedom of billions of people across the world and caused the death or shortening of life of millions from lockdowns. These policies harmed person X in the name of protecting person Y. Such policies will fail the freedom test and not be considered even for a cost-benefit test.
    - It is unacceptable to reduce freedoms for a large group of people to address harm caused by a few.
    - It is entirely undesirable to reduce freedom purportedly for someone's own benefit. ("*That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant*" – JS Mill.)
- If a particular policy option reduces freedom or seizes property, a fundamental analysis is needed to confirm that not doing so will lead to <u>significant harm</u>. The broader gains to law-abiding citizens from reducing someone's freedom must be overwhelmingly greater than the costs imposed on those who lose their freedom. This has to be conclusively proven.
- If the proposed option/intervention is unable to comprehensively and conclusively justify the restrictions it will impose on liberty, then it should be dropped at once and the base case (Q.1) chosen. Or an alternative, less restrictive policy identified.

7. Q6: Strategic gaming test (sabotage by market players)

- Assuming we now have an option that seeks to give the government a role while not reducing freedoms unnecessarily, imagine a situation when such policy has been implemented.
- Put yourself in the shoes of the persons to whom the policy applies. Now:
    - imagine all possible ways by which people can game the system – i.e. how they can take advantage of any loopholes; and
    - identify the (unintended) consequences of such policy failures.
- Policy design is like a game of snakes and ladders. Each time we think we have solved a problem, someone with a sharper mind can unravel the plan and create problems that never existed before.
- A typical unintended consequence of bad policy is the moral decline of society, as people come up with new ways to cheat the government, e.g. through tax evasion or misuse of "free" government services. Distortions of work incentives are a typical aspect of strategic gaming. Some private companies may try very hard to influence any market regulator, as part of their attempted regulatory capture. Pharma companies have basically destroyed the very concept of market regulation by capturing all regulators. Now we are getting the worst outcome – dictatorship by pharma companies, disguised as government-approved "science".
- Given such considerations, how will a proposed policy deal with strategic gaming and unintended consequences?
- Badly designed policy can lead to **far worse** outcomes than the base case. Unless we are sure we have solved the strategic gaming test, we should revert the base case (Q.1).

8. Q7: Government failure test (sabotage by government functionaries)

- Public choice theory (and common experience) confirms that most bureaucrats perform their job indifferently and many will shirk work. (This is apart from any tendency for corruption.) They are often lazy thinkers, indulge in group think, tend to hide the truth about their real performance from citizens and elected representatives, and strategically outwit any audits or evaluations of their work. Their delivery of outputs is often very poor compared with their private sector counterparts, often at double the cost. The reason for this (known as government failure in the literature) is that *all* people are less diligent about spending other people's money (in this case, taxes) than they are about spending their own money.
- Government servants who operate inside regulatory organisations are particularly vulnerable to be captured by industry, often through connections and incentives that are invisible to the rest of the world. Once captured, they undermine the parliamentarians' intent of regulation.
- Assuming that the proposed policy (a) identifies a role for government, (b) does not reduce liberty unnecessarily, and (c) is robust to strategic gaming by the community, now describe how it will overcome the ever-present danger of government failure.
- In particular, what independent scrutiny of implementation of the proposed policy is included in the policy design? How will citizens get to know whether the policy is actually working or they are being deceived through fake reports about claimed outputs that do not exist and are delivered at inflated cost.
- And how will the proposed policy avoid regulatory capture?
- Unless we have very strong incentive mechanisms in place to prevent government failure, we should probably stick to the base case.

8.1 The pretence of knowledge: Public health knows nothing and can know nothing

When we visit a doctor, he or she examines us carefully and prescribes a remedy (if needed) that is tailored to our needs. But public health "doctors" somehow magically know how best to "treat" us with "non-pharmaceutical interventions" (NPIs) without knowing anything about us, as individuals. No "doctor" or "epidemiologist" can ever understand individual health in relation to "pandemics". Its can never obtain the information relevant to determine the health prospects of each individual person.

They look into their tea leaves (models) to tell us to lock ourselves in our homes. We could have done that without them, as well. We don't need their "interventions", which are based on witchcraft and "models", with not the slightest science to back them. True, there does exist a little bit of science that *could* potentially underpin public health. Sunetra Gupta, Donald Henderson and a few others come to mind. Their findings reject the idea of NPIs almost entirely, in any even any mandatory ones. So the only little science that public health has, is rejected by the public health practitioners, who profit enormously by imposing the exact opposite of what science tells them.

Further, around 99% of them are incompetent in basic research methods, thereby misinterpret whatever little science is on offer (e.g. regarding marks).

8.1.1 *Public health suffers an impossible information problem*

Because there is no real science that underpins public health, it has become a pure system of belief. Information failure and the impossibility of public health.

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 are therefore always flawed and inevitably cause great harm.

The logic of public health and collectivism overlap. Public health has the same problem: of grossly insufficient information. 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.

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.

As Hayek wrote in The Use of Knowledge in Society, "This is not a dispute about whether planning is to be done or not. It is a dispute as to whether planning is to be done centrally, by one authority for the whole economic system, or is to be divided among many individuals". Only individuals can possess critically relevant information to inform their own health choices.

Centralised planning of public health doesn't work for infectious disease. (It can, for sewage & water.)

PH practitioners are both personally ignorant (medical science is wrong most of the time) - and know little about the circumstances of the people.

The greatest message of economics since Adam Smith is the message of humility. Not only do we not know, but we can never know, the information necessary to organise the human society. But no one in public health has yet considered a similar message for its conceited practitioners.

8.1.2 *Psychological Totalitarianism*

What we have is best described as Psychological Totalitarianism.
Try being a politician and opposing the climate scam. Or getting a senior role in any government by questioning IPCC.
There is now a clear world-hierarchy, with WHO and IPCC at the top.

- The way groupthink works is that the bureaucracy defers to the "highest" authority - in this case WHO. Politicians are too scared to oppose.

9. Q8: Real experience test (how has the proposed policy worked elsewhere)

- If you've reached this stage, the potential policy is probably quite good. But two more steps remain.
- Has such (or similar) policy been implemented anywhere else? If so, what was the actual experience? What gaps and shortcomings were identified? This needs to be researched thoroughly.
- How will the proposed policy address these and similar gaps? There is never any "poor implementation". There is only poor policy that failed to consider the implementation problem.

10. Q9: Cost benefit test

- Mathematical economic model: It is desirable at this stage to support the proposed policy with a detailed theoretical economic model that identifies its micro-economic logic. There will then exist a *prima facie* theoretical basis as well as practical evidence that the proposed policy is desirable and could work.
- CBA: A cost-benefit analysis: A utilitarian analysis (cost/benefit) can provide many useful insights after the analysis of liberty and other issues has provided justification for such policy.
- The final hurdle is to check whether the policy will actually provide a net benefit under a wide range of scenarios.
- In this step the social costs and benefits of the proposed policy are identified. Cite real evidence (not imaginary models or precautionary principle) to confirm that any asserted benefits are real, not imaginary. All assumptions must be documented clearly.
- It is crucial to also include environmental impacts, community impacts, family impacts and local government impacts.
- Where net benefits can be quantified, quantify them (detailed Net Present Value calculations are needed.)
- Once it is proven beyond reasonable doubt that social benefits will exceed costs even in the worst scenario, then proceed to get the policy implemented.

11. Q10: Transition path to the new policy

- In this last step, key transitional arrangements – that will allow the proposed policy to be implemented successfully should be outlined. In doing so, questions such as these can help:
    - Is it possible to phase-in the introduction of the proposed policy or does it require a sudden break from existing arrangements?
    - Who are the policy's key stakeholders? What are their views, how will they react?
    - Are there any obvious political constraints to implementation of the policy? (i.e. position of opposition parties?)
    - Who might lose from this policy (e.g. people whose property rights might be reduced or whose chances of making money through corruption reduced)?
    - Who will oppose the proposed policy (this might include losers, but also interest groups deliberately provided misinformation and falsehoods by the losers)?
    - How can opponents to the policy be brought on board (e.g. through compensation, persuasion)?

  At the end of this analysis, the policy should be summarised, and the complete analysis appended for public consultation/ discussion.

PART 3: CONCLUSION

12. Conclusion

Aaron Kheriaty states in his book: "we need to start with a basic agreement that something is broken, indeed very badly broken, in our scientific, medical, and public health institutions"

I think there are differences between things listed here:

- things are foundationally broken with PH to the extent it deals with infectious disease. This part cannot be fixed and needs to be dismantled.

- things are pretty sound re: water and sanitation, which should continue.

- things are very problematic when PH goes outside water and sanitation - those must be abolished.

- there's a lot of regulatory capture in pharma; that must go (follow Milton Friedman).

- government must get out of all science funding (follow Terrence Kealey).

Science without balance is a recipe for disaster.

The covid episode has highlighted the need for generalists to assess "scientific" information.

With ever-increasing specialisation in epidemiology, virology, these "experts" have lost sight of the forest for the trees.

The ignorance and arrogance of narrow "experts", their ideologies and in many cases extreme corruption have combined to create a massacre.

Public health needs to be dismantled and sanity restored through a high-quality cost-benefit process supported by ethical analysis.

12.1 PH is not a "necessary evil". We can live without it

We don't **need** to have it. We can live without it.

What would happen in the absence of public health? People would decide based on their own choices. They would take responsibility for their own behaviour.

Do I think that totalitarian public health - the most powerful, richest, global communist/fascist organisation *ever* in world history - will disband simply because I say so?

My response:

Each of us is obliged to take the world forward in the limited time we have, regardless of success within our lifetime.

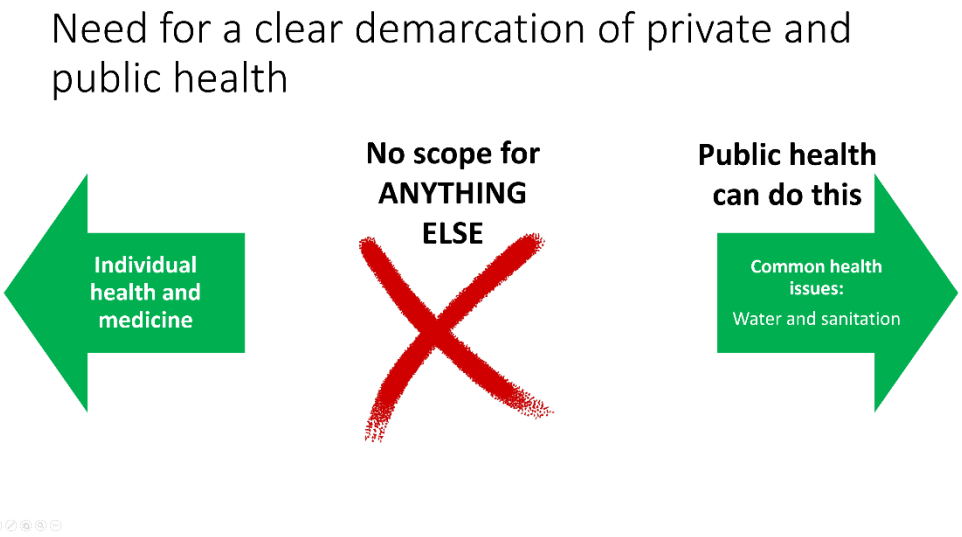
No change has ever occurred without massive pushback for decades, even centuries. Against the divine right of kings, against slavery, against racism.

The fact that it is not instantaneous is no reason to not lay out the full case for change against the intrinsic, foundational criminality of public health.

I believe that incompetent third raters enter the field of public health, with ABSOLUTELY NOTHING useful to contribute. They piggy back on other people's work to claim their are "contributing" to society.

We can let them supply water and manage sewage.

No more.



13. Summary of recommendations

13.1 MY DEFINITION

Here's MY definition of Public Health:

A GANG OF THUGS THAT HAVE TAKEN OVER TOTALITARIAN POWERS OVER OUR EXISTENCE, MOVEMENT AND BREATHING - USING THE PRETEXT OF OUR "HEALTH".

AND THEY WALLOW IN UNBELIEVABLE WEALTH - WITH THE MONEY THEY'VE STOLEN FROM US!

#AbolishPublicHealth

13.2 SCOPE

13.2.1 *Tighten the scope of PH to limit it to the reduction of disease through biological/ environmental means*

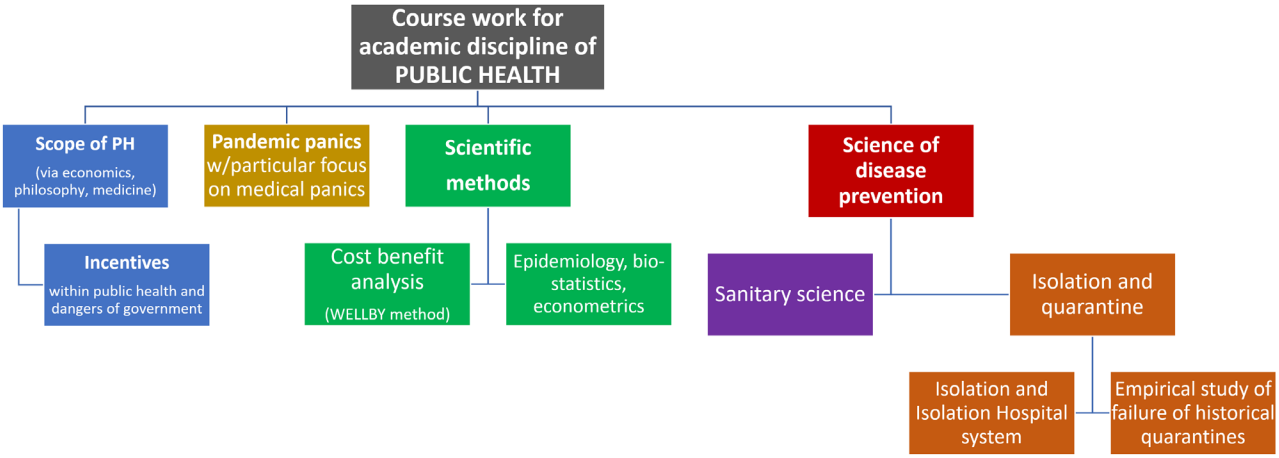
13.3 METHODS

13.3.1 *Within this restricted scope, force PH to undertake detailed empirical analysis including a CBA of its potential "remedies"*

13.4 ABOLISH DANGEROUS ACTIVITIES

13.4.1 *Abolish worthless, misleading things like epidemiological models and ethics.*

13.5 NEW COURSEWORK FOR PUBLIC HEALTH



The degree would assume background knowledge of biology and medical science. Much of what I'm suggesting DOES NOT EXIST in PH textbooks (e.g. CBA/ incentives/ pandemic and medical panics/ empirical studies of quarantine).

ALL epidemiological modelling and "ethics" will be GUTTED - destroyed, wiped out, transferred to the "fiction" shelves.

I would hope for significant future PhD research on medical panics and empirical analysis of historical quarantines; as well as on the incentives that operate within the current PH discipline which have made it the biggest organised gang of killers and thugs in history.

I'll drill into these topics further, as my review evolves. Suggestions welcome.

13.5.1 *A new textbook is needed*

https://twitter.com/sabhlok/status/1776434628783698384

https://twitter.com/sabhlok/status/1776811939672547417

https://twitter.com/sabhlok/status/1776805642432659686

https://twitter.com/sabhlok/status/1776808871526539363

https://twitter.com/sabhlok/status/1776905603652436173

13.6 Accountability for covid crimes

13.6.1 *Boot out ALL "public health experts"/journalists who supported lockdowns and mandates - even for one minute.*

13.6.2 *Lock up the ring leaders like Fauci and Brett Sutton for life.*

13.7 Immediately restrict ALL police powers of public health (except for **individual** quarantine for cases like Ebola)

13.8 Immediately ensure that there is NEVER any border closure in the world in the future, nor any lockdown - of course.

13.9 Immediately expunge the precautionary principle from ALL laws

13.10 Immediately shut down ALL epidemiological modelling across the world

13.11 Repeal all Public Health laws and review them from first principles

13.12 Redefine "pandemic" to relate it with real data and significance

13.13 Rewrite ALL textbooks of public health and health economics.

13.14 Re-educate the world.

THE GOVERNMENT IS THE PROVERBIAL CAMEL WHICH TAKES OVER THE TENT IF GIVEN THE OPPORTUNITY.

1. If you're a doctor who supports occupational licensing of doctors, you can't then complain if your speech rights are CRUSHED by the government.

2. If you (as a citizen) support government management of your health (payment by taxpayers for YOUR health or that of your children), you can't then complain about mandatory vaccines, mandatory masks, lockdowns and border restrictions. You are OWNED by the government.

If YOU CALLED THE GOVERNMENT INTO THE TENT, DON'T COMPLAIN ABOUT THE CONSEQUENCES!

The whole point of the war for liberty waged for hundreds of years was to get the government OUT OF THE TENT.

But the socialists, communists, fascists brought it back - undoing the Magna Carta, the British Civil War, the war for American Independence. Now we are back to where we were in 1000 AD.

ZERO LIBERTY.

PART 4: ANNEXURES

14. Annexure 1: Notes on the history of public health

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170196/

The Cancer that is Public Health

https://brownstone.org/articles/the-cancer-that-is-public-health/

Willingness to accept CBA;

What do we mean by public health?

There's no agreed definition of public health, so we can presume that public health is what public health does. If so, given its claims that its actions are "ethical" and for the "greater good", it is fair to say that public health is the activity of public health officials whose goal is to ensure that the benefit provided to society exceeds any costs of their intervention.

When we approve a drug it is mandatory to ensure that the drug performs better than a placebo.

In the case of public health, what method is used? We cannot use RCTs. These are simply unsuitable (given the impossibility of controlling and monitoring the detailed behaviour of an entire population)[3]. What we therefore need is a cost benefit analysis. That seems to be the only acceptable tool for public health.

[NOW ADD THE DISCUSSION ON A CBA FOR MASKS]

If a person does not provide us with a cost benefit analysis while imposing a mask mandate, that person is a quack and has no clue about public health.

Any public health mass mandate must be accompanied by a CBA. E.g. for masks it would say, here's an RCT which says we can save so many lives using a mandatory policy. And these are the costs. And there is a net benefit, even though children will be harmed and even though the poor won't get enough food to eat.

That's the minimum expectation of analysis, but there is another layer – we need to consider the distribution of these costs. Who pays? Are the young paying the costs? If so, what is their risk in the first place?

The concept of public health cannot be disentangled from the concept of a cost benefit analysis, which is completely missing from the public health literature.

Not a single CBA of mask mandates or other NPIs has been commissioned by public health in its entire history. They have never even thought about the idea of a CBA. As a result, every thing they do is based on one small part of the whole picture. E.g. they will do an RCT of masks and then claim that these are so wonderful. But what about the costs?

And what about the costs of lockdowns? We have seen that, for Australia, these costs are at least 100 times more than any benefits. But that is in a country which paid most of those who were forced to stay at home, some kind of a subsidy. What about a country like India where the poor daily wage labourers are just asked to stay at home and where they were basically massacred from lack of food and money for medicines? For India the harms from lockdowns are therefore at least one thousand times greater than any benefits. So also, for Indonesia and other such countries where lockdowns have been devastating.

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[3] How do people wear a mask, what kind of mask do they wear, do they re-use or get a fresh one each time, etc. There is simply no way to know this, therefore an RCT of masks is largely futile, given a virus just needs a tiny gap to penetrate the "defences" of the masks.

The discipline of public health has no agreed set of policies that all of its adherents agree upon.

Consider the three things that were mandated by PH in 2020, namely, social distancing, masks and travel restrictions. For each of these three cases that is no evidence that these actually do any good. More importantly, it is necessary that these things should not just do some good but that any harms caused should be much less than any good that they may do.

When we look into the literature we find that there has never been a cost-benefit analysis of any of these 3 things.

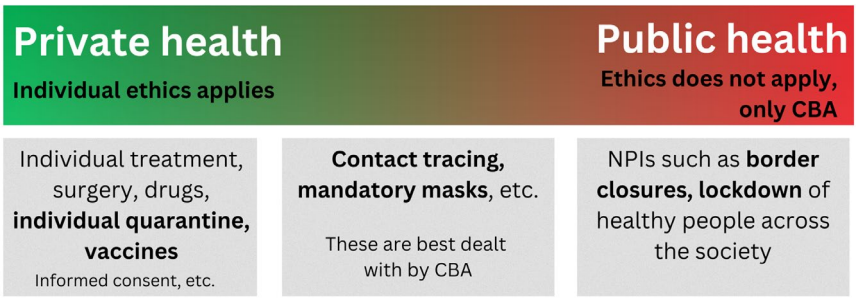
==

Economists have done work on food/ drugs/ vaccines/ alcohol/ tobacco/ fat taxes/ occupational licensing: https://link.springer.com/article/10.1007/s11127-021-00900-2

But little to nothing on things like border closures/ quarantines. It's time to bring the blowtorch of economics to bear on the discipline of PH.

14.1.1 *Distinguishing private from public health*

Figure xx summarises the difference between the two kinds of health.



14.1.2 *A possible plan of action*

1. Shut down all epidemiological modelling. Get rid of people like Neil Ferguson.

2. Boot out ALL "public health experts"/journalists who supported lockdowns and mandates - even for one minute.

3. Rewrite all textbooks of public health and health economics.

4. Review public health from first principles and restrict ALL police powers (except for individual quarantine for cases like Ebola)

5. Ensure that there is NEVER any border closure in the world in the future, nor any lockdown - of course.

6. Re-educate the world.

REFERNCE: EXCELLENT ARTICLES IN PUBLIC CHOICE

https://pubmed.ncbi.nlm.nih.gov/36530350/

Epstein's shoddy logic: see the book, Philosophy of Health. – angus dawson

Consider these suggestions: https://twitter.com/DrJBhattacharya/status/1769161279275712530

15. What can we do?

Public health is winning. Their incessant propaganda has made them safe from any accountability for the harms they have caused. In Australia almost all the people believe they were "saved" from certain death by public health. Bogus inquiries have been established that will only justify all the crimes of public health.

However, one must not be dissuaded by the current situation. Good analysis is needed, from first principles, to tell us what can or should be done. Practicality is a secondary issue: first, we must identify the ideal remedy.

There are only two real options in front of us: abolish the entire function and discipline of public health, or tightly circumscribe it (regulation). While abolishing the function would be good, it is unlikely to be a realistic option, given the terror-creating tools that these criminals possess. Therefore, one may need to consider redesigning both the health and "public health" systems to limit the harms that these criminals can cause.

If we don't abolish public health and fundamentally redo it, humanity is finished. Over.

15.1 Option 1: Abolition of the function of public health

This option is based on a view that public health is fundamentally impossible. It is based on a belief, based on extensive evidence, that minor improvements are unlikely to work.

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 people who run the public health machine.

Abuse of power is rampant and 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 almost certainly beyond retrieval. We need to excise the entire discipline and its paraphernalia, lest mankind is caused even more grievous harm.

Like its first cousin, socialism, the socialist discipline of "public health" can never benefit mankind. Disarming it is 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.

15.1.1 *Counter-argument: There are some good people in public health*

I was considering whether we can split public health into two: the good and the bad. We do have a few good public health people, around 5% of the lot.

But the problem is that the bad will always win the propaganda wars. There is great profit in terror.

Therefore this counter-argument fails. The only way out is to abolish "public health", lock, stock and barrel – before it kills us. Without abolishing public health we will not be able to get away from the perpetual future of tyranny that looms ahead. There's no way that I can see, at least at present, to stop this ugly future.

I am writing this book not because I expect public health to be destroyed, but because sometime in the distant future (maybe a thousand years from now, in a dystopia far worse than what we are undergoing), someone might wake up and ask: "What's been going on?" At least they'll be able to find some preliminary answers.

15.2 Option 2: Options that will fundamentally restructure "public health"

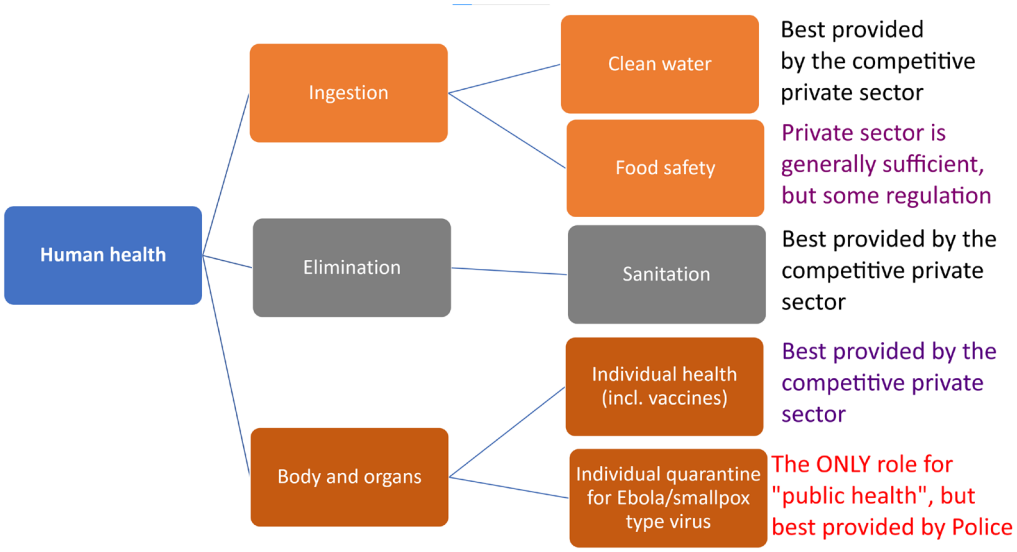
15.2.1 *Separation of private health from "public health"*

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.

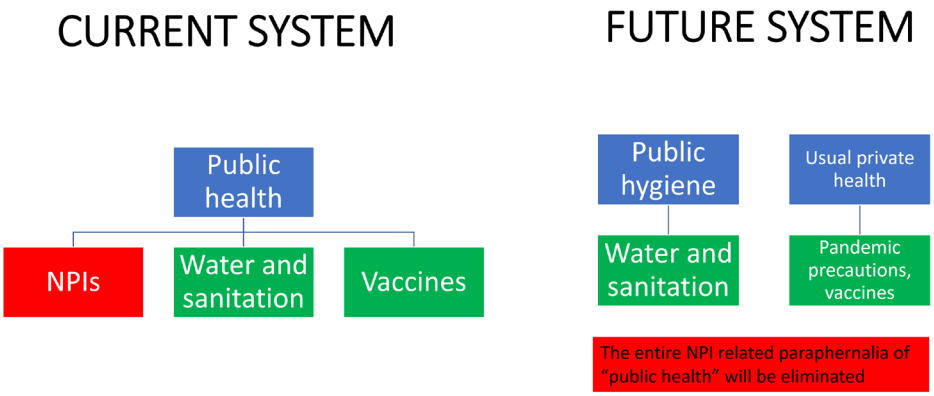
There would therefore be no need for an "organisational principle" for health: no "public health". Public health laws and departments would be repealed/abolished and new laws and organisation created for the limited discipline of **public hygiene**. All collectivist interventions in the "management" 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.

Public health is probably not needed at all. Different parts of human health can be privately managed, with - at most – some light-handed regulation/police powers.



We need a permanent ban on lockdowns, border closures, masks, etc, and amendment to other regulations, including Police. E.g. there could be a Chief Medical Police official who orders individual quarantines. His orders would be subject to Habeas Corpus. An isolated patient could appeal his confinement in many different ways that challenge the Medical Police to prove their case.

While I critique "public health", it is mainly the critique of policies in relation to "pandemics" that I'm alluding to. This option would abolish "public health" and excise its useful functions (of hygiene – water, sanitation – and vaccines) into a separate discipline. Here's the model that we could have:



15.2.2 *Replace the term "public health" with "Health Harms Regulation"*

At a minimum, the term "public health" needs to be abolished. Like the term "social justice", the term "public health" has no meaningful content. Worse, "public health" typically connotes something positive – something that a benevolent government does for our good. That is extremely dangerous. There is no flavour of negative

liberty or restrictions on government intervention associated with the term "public health". Unlimited "health for all" – that's what it basically means.

There is fundamental distinction between preventing harm and doing good. Public health started with the former, but moved well into the latter space. Note, for instance, the words used by Marc Siegel to justify banning unvaccinated children from school: "individual choice has to give way to public health and community preservation or safety"[4]. No! Never. That kind of perspective leads to unlimited totalitarianism and dictatorship. And to the ownership of our body and children by the state.

Therefore, at a minimum we need to look for a different term altogether. Words matter, and this is one of the most problematic terms of all.

The technically correct position is that a discipline of "public health" cannot exist. The only "discipline" that can legitimately exist is a "**Health Harms Regulation**" (HHR) discipline. Since this term is difficult to pronounce, I will continue to use the term "public health" and HHR interchangeably.

15.2.3 *Redesign a limited discipline called Scientific Public Health (SPH)*

This option would be somewhat similar to Option 2 but include other reforms as well, such as completely rewriting public health textbooks, and legislatively making CBA of public health policies mandatory. SPH is in contradistinction to irrational & criminal public health. SPH will start with understanding the incentives of public health professionals and have a sole focus on empiricism – not models, ethics and ideology.

15.3 Simplistic options won't work

A number of simplistic options have been bandied about, too many to list. For instance, Victoria Fox wrote

> Public health need to be more accountable to the people they serve.
>
> Maybe the public health director should be a competent scientist or doctor, elected by the people and required to address public concerns during regular in person town halls.[5]

I have no objection to listing such options as part of a thorough review, but I'd caution against simplistic calims which are not based on an intensive study of the discipline from first principles.

15.4 My current position

A preliminary sketch of my findings/position is beginning to emerge. (Note - I can change my mind throughout the review, so this is tentative.)

[4] https://www.foxnews.com/health/florida-measles-outbreak-surgeon-general-lets-parents-decide-whether-send-unvaccinated-kids-school

[5] https://twitter.com/drvictoriafox/status/1618146704678875136

Scope of my PH review – and current position

Issue	Tentative position	Further action if any
Quarantine	Useless in general but can work if extremely targeted (e.g. Ebola)	Ongoing research
Border screening	Only for extreme cases like Ebola	Ongoing research
Border closure	Outright ban	Ongoing research
Lockdown	Outright ban	Ongoing research
Contact tracing	Almost complete ban	Ongoing research
Masks	Almost complete ban	Ongoing research
Epidemiological models	Outright ban	Ongoing research
Ethics	Outright ban	Ongoing research
Mandatory vaccines	Outright ban	Vaccines are a great invention, only mandates are a concern
COVID vaccine	Has overall saved lives; no evidence of any significant harm; some people died – should never have been mandated	Excluded from my review of PH Let people chose their vaccines as part of their private health care
Options to reform/restructure PH	Mandate CBA for PH; Severely restrict scope of PH to water + sanitation. Vaccines to be excluded from PH.	Ongoing research
Lab leak theory	Complete rubbish; in any case it is not a PH issue	Excluded from my review of PH

If we decide as a society to do nothing, we will get far greater tyranny in the future not just border closures and lockdowns, mandatory masks and vaccines, but much worse. **Public health is more than happy to grind its boot over our face.** We need to choose wisely.

15.4.1 *Practical constraints to implementing a desired solution*

The practical constraints we face include:

1. Human nature: People never think when frightened and will always panic

2. Leaders will always take advantage of panics to fill their pockets

3. Constitutions cannot restrain anyone during panics (e.g. US constitution entirely failed during covid)

We therefore need ways to stop the dastardly massacres of public health that will somehow work in the face of these constraints.

From the next chapter, I will explore some of the issues in more detail.

W

For instance, most remedies offered by "public health" (e.g. mandatory masks) would never qualify for drug approval. My 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. However, public health "experts" insist even now on mandatory masks in many settings.

The consequences of the hysteria and lockdowns have been so damaging, they rival the Nazi Holocaust. Public health has become an existential threat to mankind. 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. There have been significant negative impacts on trust within the community and mental health. And most countries have racked up a massive debt.

W

The only option that suggests itself is 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.

I was considering whether we can split public health into two: the good and the bad. We do have a few good public health people, around 5% of the lot.

Upon reflection, I think it's fundamentally impossible to do so, since the bad will always win the propaganda wars. There is great profit in terror.

The only way out seems to be to abolish public health, lock, stock and barrel.

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We can simplify the whole of public health into two statements:

Quarantine = MASS KILLING OF THE HEALTHY

Sanitation = SAVING MANY (!) LIVES

What about vaccines?

- VACCINES ARE NOT A PUBLIC HEALTH ISSUE. PERIOD.