



# Existenz

Volume 15, No 2, Fall 2020

ISSN 1932-1066

## COVID-19 Vaccination – Facing a Dilemma Restoring Trust in Public Health

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**Abstract:** This essay engages critically with Mattias Desmet's book *The Psychology of Totalitarianism*. I argue that Desmet's notion of "mass formation" has some validity, yet it needs to be refined, differentiated, and complemented with further aspects that contribute to the emergence of a totalitarian mindset. By doing so—alluding to present COVID-19 vaccination issues—I also explore how to advance public health in the United States so that people can maintain faith in the system and trust its decisions that infringe upon liberty. An honest and respectful discussion is needed in order to overcome polarization of individual positions in these matters.

**Keywords:** Desmet, Mattias; Jaspers, Karl; Arendt, Hannah; *The Psychology of Totalitarianism*; public health; scientific debate; healthcare, ideology; technocracy.

Mattias Desmet's bold and ambitious book *The Psychology of Totalitarianism* is causing a stir by stating that public health in the US and elsewhere is neither fair nor person-centered.<sup>1</sup> In this essay, I will advance a different perspective. Dealing with the current COVID-19 virus crisis, humans presently have, to a certain degree, no choice other than to learn as we go.

My main argument against Desmet's book is that he does not acknowledge public health as a social good. Since ancient times in civilized societies, public health has always existed as an essential resource for one's individual health. In modern times, it has been an amazingly constructive force in eradicating smallpox and many other deadly illnesses. But, for the first time since the last century, we are being

confronted with the unprecedented disaster of an emerging new and often deadly virus which we do not have the luxury of years and years to study. It is here, now, and needs to be addressed in an urgent and decisive way. In this context, one must to a certain degree accept the inevitability of acting on the basis of best expert opinion, which differs from acting based upon full scientific facts as there is no other choice available. It also needs to be pointed out that in the context of human medicine merely partial predictability of outcomes is normal. Admittedly, it is possible that some public health efforts have gone too far, yet safety measures needed to be implemented to protect the public.

This overall situation poses a serious challenge, since there are conflicting narratives that compete against each other, for example, regarding the origin of this virus and the treatment options for combating this

<sup>1</sup> Mattias Desmet, *The Psychology of Totalitarianism*, transl. Els Vanbrabant, White River Junction, VT: Chelsea Green Publishing, 2022. [Henceforth cited as *PT*]

disease. Time presses on unrelentingly and treatments may have to be available before it is possible to perform all the under normal circumstances typical trials and testing. Further complexity and confusion have been added to the situation by the introduction of a novel method of vaccine development. As of today, there seems to be no evidence that negative side effects have been recorded in significant numbers, although all side effects are not known. Granted, there are claims to the contrary, some have suggested that unexplained sudden deaths are due to the mRNA vaccine or even that it will or could eventually shorten the life of older people.

Public health is built upon a fundamental faith in the system. This means that once trust in the public healthcare system is eroding, all kinds of theories can be developed, based on conspiracy or investigative fact gathering. Unfortunately, upholding such faith in the system can be a difficult task, since there is no doubt that in the past some who work for governments have profited at the expense of the public good. The presence of corruption is always a real worry. However, human beings are currently faced with a huge crisis and establishing and maintaining a certain level of trust is more important than ever. We are dealing with an unprecedented situation in which mistakes can and will happen. These are honest mistakes that happen to professional, caring individuals who are acting with the most sincere and noble motives and giving their best. And yes, there may be some agents—both in the private and public sector—who will be driven by a desire for power, influence, and wealth.

Public trust in matters of healthcare and government regulations has been undermined due to several misguided communication patterns, such as disregarding warnings about potential side effects of treatments, disallowing established treatment protocols against viral infections, and interfering with the doctor-patient relationship by undermining the legitimate authority of physicians in their efforts to develop treatment modalities. Another example of eroding public trust consists in the alleged lack of information given to parents regarding the potential side effects and benefits of mRNA vaccines for their infants and children. Some parents have learned from unofficial sources that the pharmaceutical industry has an additional significant benefit from adding the mRNA vaccine to the inoculation schedule, namely the release from financial liability for side effects and complications. Against this backdrop, upholding

public trust becomes a challenging task. Maintaining public trust requires open transparency, even though this may shed light on errors regarding initial assumptions and information. As science progresses, such errors are inevitable.

Furthermore, there is a civic need for reliable information and certainty that is not being served well when public officials fail to share a lack of knowledge on a subject matter. Both educated and even uneducated guesses can drive an official narrative and need to be corrected once the facts do not support the narrative. This is an unfortunate human dilemma that does not need to have its origin in a nefarious motive, as it is extremely difficult if not impossible to opt out of public health measures even at times of insufficient scientific knowledge. In an unparalleled crisis this can be a problematic yet inevitable feature of public health.

Going forward, maintaining the equilibrium between trusting public institutions and being guaranteed personal safety and rights requires the implementation of safeguards. For example, the conflict between permitting opting out to alternatives that do not uphold public safety while at the same time acknowledging inalienable rights of human beings who live in democratic societies needs to somehow be addressed. Trust needs to be earned first as it is not simply automatic. Hence, from the outset, checks and balances in the context of a pandemic need to be put in place.

The problem with Desmet's argument is his lack of developing a fair discussion—instead, he labels and targets a cabal of "leaders" with alleged totalitarian motifs. Rather than making himself available to engage in dialogue, he disregards critique and labels it as an example of being hypnotized or of being supportive of these sinister motifs. This way of proceeding does not foster but rather hinders a fair intellectual discussion. In contrast to this approach, Hannah Arendt (whom Desmet refers to as being inspirational) had always demonstrated an openness for academic discourse and learning and had deeply engaged in such discourse, as she did for example with her teacher, friend, mentor, and colleague Karl Jaspers, despite the fact that they often disagreed vehemently on philosophical and political topics.<sup>2</sup>

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<sup>2</sup> Lotte Kohler and Hans Saner, *Hannah Arendt Karl Jaspers: Correspondence 1926-1969*, transl. Robert and Rita Kimber, San Diego, CA: Harcourt Brace & Company, 1992.

Arendt writes that in totalitarian regimes the distinction between fact and fiction and true and false no longer exists.<sup>3</sup> One difference between the writings of Arendt and Desmet consists in Arendt restricting her analysis of totalitarianism to governments, while Desmet uses the concept of totalitarianism mainly in order to address social forces.

Desmet is not seeking discussion with stakeholders who are opposed to his own convictions. Rather he is avoiding controversial debate and what Jaspers calls the loving struggle. I have learned from Jaspers that a philosophy is inseparable from the philosopher who developed it. Regrettably, Desmet is hardly advancing objections to other thinkers' arguments, neither is he inviting a response to his theses. He is disqualifying his responders as being either ideologically misguided, hypnotized, or conspirators. This means that there is no genuine possibility left for engaging with him as, according to him, one is either part of the conspiracy or one is being hypnotized by it. Within this logic there is no point even talking to someone who is hypnotized. This results ironically in a situation in which there is an authoritarian component to Desmet's own approach: by disqualifying any objection to his position, others are being denied the right to disagree.

In consequence, distressingly, Desmet is further adding to the polarization of society and to the political and health discourse that individuals in these crisis-ridden times are being exposed to. Yet, there must be room for criticism in order to avoid mere political fighting. The authoritarian tendencies of modern times that Desmet brings up or adduces in order to substantiate his theory of mass formation, are linked to the mass media that dominate the public narrative and the financiers of corporate control with respect to governments. However, Desmet's account of the psychology of totalitarianism is over-simplified for there is more to it than just that. In my view, "mass psychosis" simply does not exist. By definition, "psychosis" is an idiosyncratic, ego-consuming, unalterable, incorrigible, preoccupying phenomenon. This means that it is impossible to have a social psychosis or "collective psychosis" as Desmet calls it (for instance on the publicity flyer for the book under discussion). Yes, there certainly can be overvalued

ideas—sustained beliefs that are less strong than mass formation phenomena that can be held as a group—but these are by no means delusions. And they can certainly, with difficulty perhaps, be discussed, debated, subject to reason, and changed.

At this juncture Wilhelm Dilthey's distinction between *Verstehen* (understanding) and *Erklären* (explanation) comes into play as well. Science relies on mathematics and quantification (on *Erklären*) with the aid of which it can provide causal explanations of phenomena. Against Desmet, I insist on the validity and on the necessity that the findings of science must be recognized. Desmet's concept of mass formation is an interesting way of understanding (*Verstehen*) how individuals are being manipulated in such a manner that they end up having a lack of meaning in their lives. Meaning is removed through upholding totalitarian beliefs as a group. For instance, Desmet holds that

science adapts its theory to reality, whereas ideology adapts reality to theory. [PT 44]

He identifies this approach as being characteristic of mechanistic ideology on which technocracy rests without noticing that this charge can be used against his own theory. I object to Desmet's procedure of using science himself in support of his anti-science stance.

The new virus does pose an extraordinary and unheard-of challenge to the concept of public health. For decades and decades, the public has learned to trust public health which contributed to the improvement of the quality of life and to the extension of the length of one's life. Now, for the first time, a significantly large percentage of the population is suspicious of public health and considers this institution to be corrupt. Despite it being true that the rules of public health can at times be arbitrary, it is vitally important to not give up on it all together. Experts are not being asked to commit a crime, they are simply asked to endorse with some seemingly supporting evidence a narrative that is handed to them. And it is true that the rewards for such endorsement include financial gain and good standing in academia.

### Changing Narratives

My position has moved from where I started, which was simply a strong endorsement of the value of COVID-19 vaccination. As most physicians did, we, as a profession, trusted the rules of public health, presuming that appropriately credentialed and placed

<sup>3</sup> Hannah Arendt, *The Origins of Totalitarianism: New Edition with Added Prefaces*, New York, NY: Harcourt Brace & Company, 1979.

scientists were doing the necessary studies, that relevant information and valid conclusions were documented and available. Hence, we went along, including having our families vaccinated against COVID-19. We were very grateful to have this vaccination which seemed to be just like the other inoculations, such as the ones preventing the transmission of measles or smallpox. In retrospect, possibly, what might have been left out were gaps and shortcuts taken, consequent to not knowing enough in this unprecedented crisis situation. Responsible parties did not encourage open discussion of shortcomings—apparently a decision made by them, and looking back, perhaps a decision that went too far. I find it extremely unlikely that such a decision was based on nefarious motives. It appears to me that in the context of this extraordinary crisis, public health officials disinclined any dialogue.

The fundamental problem is that in the face of the completely unprecedented COVID-19 crisis, the response was perhaps too one-sided. Establishing a well-constituted advisory committee to work with the deciders and policy-makers could have been helpful in dispelling doubts and improving consensus. It would have been essential that such a committee have genuine influence. In this context mere tokenism is an insufficient solution.

Presently, many unknowns continue consequent to this still circulating and mutating virus. For example, it is possible that individuals will suffer for decades from the effect of putting masks on young children for extended intervals causing communication issues and mental health problems from the lack of routine in-person face-to-face interaction; or, whether there are indeed long-term consequences of the COVID-19 vaccines. And there is so much more.

In summary, going forward what can be done? First of all, in the United States the importance of having an open society must be stressed. The potential advantages, disadvantages, risks, and benefits of inoculation—to the best level of present knowledge—must be disclosed and clarified and open to further discussion. There is an obligation to inform the public regarding what we know, what we do not know,

what we anticipate, and what our concerns are going forward. Public health leaders must be willing to have their decisions scrutinized. Open, unbiased, and nonpoliticized transparency between citizens and officials is critical. A related problem that must be faced going forward is a need to avoid inflammatory politicizing of the above.

Second, given the fact that there are risks as well as benefits from vaccines, and as our free society is educable, it is imperative to explore possible pathways for opting-out from vaccination. As we are dealing with the public's health, it is clear that a person's opting-out cannot be just a private matter. Opting out of being vaccinated potentially endangers others and not just oneself. Hence, guidelines for opting out and addressing the consequences for that person and for others would have to be established. There is much to discuss and debate here. Furthermore, it needs to be investigated whether there are other feasible measures that would allow the upholding of inalienable personal rights during this new and unprecedented crisis. The answers are presently not clear and they are certainly not obvious. But the solution cannot consist in sweeping the problem under the rug. Given the present unprecedented COVID-19 crisis, an expert national taskforce must be created to explore and deal with this problem. How this is to be constituted, structured, and empowered is yet again not a simple matter, but its need is clear and now long overdue.

It additionally needs to be acknowledged that public health includes by definition a certain level of conformity and is, therefore, to a certain degree a matter of social convention. Ours should be a truly open society—free to debate options and policy decisions. And currently—notwithstanding the fact that there is an emergency caused by an unprecedented problem—there is a lack of readiness to concede that there might be another side to the argument that needs to be respected. Going forward, all sides need to agree that we are all in this together and we must strive to the best of our abilities to work together to forge a path forward.