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Second, capital is flowing out of rich countries. Standard economic theory predicts that capital would flow from rich, high labour cost settings, to poor, low labour cost settings. Thus, as jobs flow to India and China, it is unclear where new employment opportunities will come from for those sectors of the economy that are clear 'losers' from globalisation and trade integration.

Both Brexit and Trump's campaigns tapped into the sense that people were being deprived of opportunity by powerful forces outside their control. Both placed blame on elite politicians. Both were anti-globalisation (and specifically anti-trade). Brexit's slogan, 'take back control', and Trump's narrative, 'make America great again', exemplify this sense of loss (and coincidentally the same Public Relations company developed both sets of slogans).

This narrative would not take hold if there were not an element in truth and did not connect with what people already feel and want to believe. So far, political responses in Europe have failed to articulate a viable alternative. Austerity measures, far from improving people's situations, have further stripped away opportunities for progress in Europe.

This group of people are the 'dispossessed'. They have been left behind by globalisation and excluded from the benefits of development. They believe, justifiably, that opportunity has been taken away from them, and their traditional party leaders have failed to respond with a coherent alternative narrative. They are suffering, in relative terms. It is not just the USA and UK. France, Germany, Sweden and the Netherlands, among others, are all seeing marked rises in support for far-right policies.

## What can the European public health community to respond?

First, we should not sugarcoat the reality; the politics of hatred towards immigrants and antagonism to health protection is a real threat. A failure to respond is a tacit acceptance. Our accompanying paper gives practical advice on how practitioners can deal with authoritarian regimes.

Second, despite the clear downsides, as with any period of policy change, Brexit and Trump's election create windows of political opportunity. The shared concerns about these events could help organise the public health community in Europe around collective goals. To take advantage of this moment, the European Public Health Association is now leading a process of developing a set of 'public health asks' and scorecards for various governments, in partnership with national public health associations. This scorecard can be used to hold them accountable, monitoring and reporting on public health outcomes.

Third, a robust public health response will employ the tools of epidemiology to better understand the forces of globalisation and the root social causes of discontent. At the very least, it will document the harms to health of the far-right policies that are now receiving media and policy attention. More fundamentally, it will mean expanding multi-level and macro-epidemiological thinking to better understand the harms associated with globalisation and identify feasible interventions that can ameliorate them. For researchers, this will mean further developing an epidemiology of resilience and precariousness. This moves beyond conventional social determinants of health to understand the structural changes that are systematically placing people at real or perceived risk of adverse events (precariousness) and undermining their capacity to respond in an optimal way (resilience).

The Vienna Declaration, which updates the landmark Ottawa Charter, now refers directly to the powerful forces of globalisation and commercial determinants of health.<sup>6</sup> It sets the agenda for evidence and practice. Now signed by over 50 organisations at the European Public Health Association Conference held in Vienna in November 2016, it is a place start. We hope you will join us in our efforts.

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## Health professionals must uphold truth and human rights

The election of Donald Trump, a candidate who has attacked women, migrants and people with disabilities, and growing evidence of electoral support for populist politicians promoting divisive and authoritarian policies in Europe has generated concern among health professionals in many countries. Even in countries with a long history of democracy, some politicians are threatening the safeguards that have protected the vulnerable for decades. How should health professionals respond to the threat posed by authoritarian regimes that reject ideas of evidence and truth?

History offers important lessons. In different places under different times, they were either complicit or, in some cases, active

participants in gross human rights abuses.<sup>1</sup> The most extreme examples were under the Third Reich, such as a Nazi official who viewed extermination of Poles infected with tuberculosis as a means of controlling the disease,<sup>2</sup> or those who oversaw programmes in which those with disabilities were sterilised, experimented upon and murdered.<sup>3</sup> However, there have been many other examples of gross human rights abuses, such as in Soviet psychiatry, detention of drug users in South-East Asia, and the involvement of psychologists in the use of torture by US interrogators in Iraq and Afghanistan.<sup>4</sup> Meanwhile, leading British politicians have called for the UK to withdraw from the European Convention on Human Rights, itself

written with substantial input from British lawyers in response to the horrors of the Nazis. Given the publicly stated views of certain extremist politicians in Europe, some who stand a realistic chance of achieving power, health professionals, and especially those working in government and public health agencies must be prepared for the possibility of being told to do things they know to be wrong.

Timothy Snyder, a professor of history at Yale and expert on the Holocaust, has offered Americans living under a Trump presidency a series of twenty lessons drawn from the experience of Europe in the 20th century.<sup>5</sup> Not all of them are directly applicable to Europe, but many are. Here are some of the most important.

First, we must defend the institutions that safeguard our rights. These include an independent judiciary. This is already under threat, with Turkish judges being removed from office. In the UK, senior judges hearing cases on Brexit have been subject to vitriolic attacks in some leading newspapers, while ministers have remained conspicuously silent. Other such institutions include human rights commissions and trade unions.

Second, we must never offer unconditional obedience. The argument that one was ‘only obeying orders’ was dismissed comprehensively at Nuremberg. Health professionals, just like the military under the Geneva Conventions, should never obey an illegal order. Clearly, this is most relevant for those, such as communicable disease or radiation specialists involved in the response to bioterrorism, but it applies equally to all.

Third, ensure that your organisation has developed, and publicised, a clear code of ethics. It is important to do this before an authoritarian regime accedes to power.

Fourth, beware the abuse of language. Terms such as terrorism have many meanings. This is especially important given the many groups that benefit from exaggerated fears about ‘terrorism’, giving them a strong incentive to exploit the inevitable anxiety.<sup>6</sup> It is also essential to realise how labels are applied differently, depending on the ethnicity and religion of the perpetrators. The judge trying the killer of the British politician Jo Cox was clear that it was an act of neo-Nazi terrorism, yet a British newspaper portrayed it as a mental health issue.

Fifth, do not over-react to crises. There are many who will exploit acts of violence or disease outbreaks linked to migrants and others. Avoid anything that stokes the fires of hatred.

Finally, value evidence and truth. Both the UK referendum and the US Presidential election were characterised by a blatant disregard for facts. In both cases, the media failed the people. In the interests of ‘fairness’, they left unchallenged statements that, with a few minutes of fact checking, could be shown to be untrue. Health professionals have a duty to speak out when policy is being driven by lies.

We live in worrying times. The parallels with events in the 1930s are all too obvious. Health professionals must learn from the lessons of the past if they are to avoid repeating them.

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