

Michelle Falkenbach
Scott L. Greer *Editors*

The Populist Radical Right and Health

National Policies and Global Trends

Foreword by Martin McKee

 Springer

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Editors

Michelle Falkenbach
Public Health Program
Cornell University Public Health
Ithaca, NY, USA

Scott L. Greer
School of Public Health, Department of
Health Management and Policy
University of Michigan
Ann Arbor, MI, USA

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Foreword

If anyone had any doubts about the importance of the political determinants of health, the COVID-19 pandemic should have dispelled them. Published only a few months before the onset of the pandemic, the Global Health Security Index looked in detail at pandemic preparedness in 195 countries. The United States and the United Kingdom ranked first and second, respectively. Yet, a year after the first cases were identified, we can see that these were two of the worst-affected countries. Countries that had ranked much lower in apparent preparedness, such as New Zealand in 35th position, Vietnam in 50th position, or Uruguay in 81st position, fared far better in suppressing infections. So, if it wasn't objective measures of preparedness that differentiated how these countries would perform, what was it? When other countries are included in the analysis, such as Brazil, India, or Russia, the inescapable conclusion is that politics matters. As even the casual observer will note, many of the countries that have done worst during the pandemic have one defining characteristic; they are led by politicians that have powerfully promoted populist policies.

This book examines one of the most important political developments of the twenty-first century, the emergence of the populist radical right. By exploiting popular discontent among those who feel left behind in a rapidly changing world, populist radical right politicians have attained power. Once in power, they have often implemented policies that worsen the conditions for those who supported them yet manage to retain their support by blaming others. Aided by social media, they have promulgated the most bizarre conspiracy theories, creating dangerous fractures in society and undermining long-established institutional safeguards of public health. In this way, they can perpetuate the conditions that enabled their rise to power, but at a terrible human cost.

I am writing this foreword a few days after a violent mob stormed the Capitol in Washington, D.C. Those who participated in this insurrection, like many millions of other Americans, firmly believed that the 2020 US presidential election had been stolen, even though this was clearly false. Many believed that they were acting on the defeated President's instructions, someone whose policies have contributed to more than 400,000 American deaths from COVID-19.

Yet for those of us who study population health, the problems lie not only in those countries that are led by populists such as Donald Trump. They also arise in countries where long-established mainstream parties have been pulled away from the center, perceiving a need to adopt the policies of those on the extremes. In the United Kingdom, the shift from one nation conservatism to a nationalism willing to accept enormous self-harm arising from Brexit in the midst of a pandemic has been remarkable.

Our understanding of the determinants of health has evolved. The biological and environmental determinants have been joined by the social, the commercial, and the political. In the same way that we would be shocked if a public health professional failed to understand the importance of tobacco or alcohol in the health of populations, so should we be concerned if they were unaware of the political factors. Among them, one of the most important is exposure to populist radical right policies. We should be grateful to Michelle Falkenbach and Scott L. Greer for assembling what will, in the future, be seen as a warning to us all.

Martin McKee
London School of Hygiene & Tropical Medicine
London, UK

Preface

This volume stems from a generous invitation from Janet Kim, senior editor at Springer. Janet approached me at the 2018 European Public Health Conference in Ljubljana, Slovenia, with the idea to create a compact book based on the 2018 published article, “[Political parties matter: The impact of the populist radical right on health](#)”, by Michelle Falkenbach and Scott L. Greer. She envisioned an elaboration of the piece arguing for its application globally. After consulting with Stefano Guicciardi, a public health, hygiene, and preventive medicine specialist, an initial team was put together.

With the COVID-19 outbreak at the beginning of 2020, the team had to undergo some changes. Dr Guicciardi was needed full-time in his position as hospital unit medical director at the Azienda USL in Bologna, Italy. In March 2020, Scott L. Greer, professor of health management and policy, professor of global public health, and professor of political science at the University of Michigan, joined the team as co-editor. At this point, we decided to expand what was originally meant to be a compact book into a full-length volume.

This book is the result of excellent collaboration among PhD scholars, young assistant professors, established researchers, and senior professors from various countries. Sixteen authors worked together on ten country cases spanning four continents, showcasing that populist radical right politicians, especially when they are in government, do, in fact, impact health policy.

Ithaca, NY, USA

Michelle Falkenbach

Acknowledgements

We are deeply indebted to Marleen Bekker, president of the public health policy and politics section of EUPHA, the European Public Health Association. She included us in her workshop at the 2020 European Public Health Conference in Rome, Italy, and ensured that some of our authors were given access to the conference. Her engagement has resulted in sustained collaboration.

Abbreviations

ACA	Affordable Care Act
AfD	Alternative für Deutschland (Alternative for Germany)
AN	Alleanza Nazionale (National Alliance)
BNP	British National Party
BVA	Insurance Institution for Public-Sector Employees
BVAEB	Insurance Institution for Public-Sector Employees, Railways and Mining
BZÖ	Bündnis Zukunft Österreich (Alliance for the Future of Austria)
CDA	Christian Democratic Appeal
CdL	Casa delle Libertà (House of Freedoms)
CDU	Cristiani Democratici Uniti (United Christian Democrats (Italy))
CDU	Christlich Demokratische Union Deutschlands (Christian Democratic Union of Germany)
CETA	Comprehensive and Economic Trade Agreement
CJEU	Court of Justice of the European Union
CPP	Communist Party of the Philippines
CSU	Christian Social Union in Bavaria
DDS	Davao Death Squads
DPP	Danish People's Party
EEA	European Economic Area
ENDS	Electronic Nicotine Delivery Systems
EU	European Union
FdI	Fratelli d'Italia (Brothers of Italy)
FDP	Freie Demokratische Partei (Free Democratic Party)
FGS	Funding for Growth Scheme
FI	Forza Italia
Fidesz	Hungarian Civic Union
FN	Front National (the French National Front or National Rally (as of 2018))
FPÖ	Freiheitliche Partei Österreichs (Austrian Freedom Party)
FSII	Federation of Social Insurance Institutions

FvD	Forum voor Democratie (Forum for Democracy)
GDP	Gross Domestic Product
GP	General Practitioner
IVF	In Vitro Fertilization
JFvD	Youth Forum for Democracy
Text	Lega Italian League
LGU	Local Government Unit
LN	Lega Nord
M5S	Movimento 5 Stelle (Five Star Movement)
MP	Minister President
MSI	Movimento Sociale Italiano (Italian Social Movement)
MSZP	Magyar Szocialista Párt (Hungarian Socialist Party)
NHS	National Health Service
NPA	National People's Army
NPD	Nationaldemokratische Partei Deutschlands (National Democratic Party of Germany)
OECD	Organisation for Economic Co-operation and Development
OFW	Overseas Filipino Workers
ÖGK	Österreichische Gesundheitskasse (Austrian Health Insurance Fund)
ORF	Österreichischer Rundfunk (Austrian Broadcasting Corporation)
ÖVP	Österreichische Volkspartei (Austrian People's Party)
PD	Partito Democratico (Democratic Party (Italy))
PdL	Il Popolo della Libertà (The People of Freedom)
PiS	Prawo i Sprawiedliwość (Law and Justice Party)
PLN	Polish złoty
PO	Platforma Obywatelska (Civic Platform Party (Poland))
PPE	Personal Protective Equipment
PR	Proportional Representation
PRIKRAF	Private Hospitals Financing Fund
PRR	Populist Radical Right
PSC	Partido Social Cristão (Social Christian Party (Brazil))
PSDB	Partido da Social Democracia Brasileira (Brazilian Social Democratic Party)
PSL	Partido Social Liberal (Social Liberal Party (Brazil))
PT	Partido dos Trabalhadores (Workers' Party (Brazil))
PvdA	Partij van de Arbeid (Labour Party (the Netherlands))
PVV	Partij voor de Vrijheid (Party for Freedom (the Netherlands))
RIVM	National Institute for Public Health and the Environment
SDH	Social Determinants of Health
SHI	Statutory Health Insurance
SLD	Sojusz Lewicy Demokratycznej (Democratic Left Alliance (Poland))
SP	Socialistische Partij (Socialist Party the Netherlands))
SPÖ	Sozialdemokratische Partei Österreichs (Social Democratic Party of Austria)
SVP	Schweizerische Volkspartei (Swiss People's Party)

SVS	Sozialversicherungsanstalt der Selbständigen (Social Insurance Institution for the Self-Employed)
SV-OG	Social Insurance Organisational Act
SZDSZ	Szabad Demokraták Szövetsége (Alliance of Free Democrats (the Netherlands))
UK	United Kingdom
UKIP	United Kingdom Independence Party
US	United States
VAEB	Versicherungsanstalt für Eisenbahnen und Bergbau (Austrian Insurance Institution for the Railways and Mining Industry)
VAT	Value-Added Tax
VdU	Verband der Unabhängigen (Federation of Independents)
VVD	Volkspartij voor Vrijheid en Democratie (People's Party for Freedom and Democracy (the Netherlands))
WHO	World Health Organization

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About the Editors and Contributors

Editors and Contributors

Michelle Falkenbach, PhD, is a postdoctoral associate in the Cornell public health program at Cornell University in Ithaca. Michelle works on research projects that think about and build upon a more effective cross-fertilization between health and political science research. Her publications primarily speak to the impact of the Populist Radical Right on health and her research has been published in the *International Journal of Health Policy and Management*, the *European Journal of Public Health*, and *Health Policy and Technology* as well as other outlets.

Scott L. Greer, PhD, is professor of health management and policy and global public health at the University of Michigan in Ann Arbor, where he also holds a courtesy appointment in political science, and is a member of the HMP Governance Lab. Additionally, he is senior expert advisor on health governance to the European Observatory on Health Systems and Policies in Brussels, Belgium. His recent books include the edited *Federalism and Social Policy: Patterns of Redistribution in Eleven Democracies* (2019), the second edition of *Everything you always wanted to know about European Union health policies but were afraid to ask* (2019), the edited *The European Union after Brexit* (2020), *The Politics of Ageing and Health* (2021), and the edited *Coronavirus Politics* (2021).

Contributors

Marleen Bekker, PhD, is a tenured assistant professor at Wageningen University & Research, Health and Society Department, the Netherlands. She obtained her PhD in sociological studies of science and policy, and public administration science at Erasmus University Rotterdam. Her expertise includes health policy evaluation; new public health governance and health system governance; science-policy

relationships; and environment, climate, and health. She is also president of the EUPHA public health policy and politics section with 3,750 members across Eurasia, dedicated to public health capacity building in health political science with recent focus on populist radical right and health. She has co-published on these various topics in the *International Journal of Health Policy and Management*, *European Journal of Public Health*, *Journal of Public Health Policy*, *Environmental Impact Assessment Review*, and *Science and Public Policy*.

Katharina Kieslich, PhD, is a postdoctoral researcher in comparative public policy in the Department of Political Science at the University of Vienna in Austria. She has published research in the fields of comparative health policy, health technology assessment, health priority-setting, public involvement in health policy, and questions of solidarity in health care. Her work has been published in journals such as *BMJ Open*, *Health Economics, Policy and Law*, and the *European Journal of Public Health*. She is the co-lead (together with Professor Barbara Prainsack at the University of Vienna) of the study “Solidarity in times of a pandemic: What do people do, and why?”, a nine-country comparative and longitudinal study on the role of solidarity during the COVID-19 pandemic. She holds a PhD in political science from University College London in the United Kingdom.

Iwona Kowalska-Bobko, PhD, is associate professor of health sciences, the Jagiellonian University; professor and graduate, the Faculty of Law and Administration, at the Jagiellonian University in Kraków, Poland. In 2002, she received her PhD from the Faculty of International and Political Studies at the Jagiellonian University. Since 2000, she has been employed in the Department of Health Policy and Management at the Institute of Public Health, Faculty of Health Sciences, Collegium Medicum, Jagiellonian University. Currently she is the head of this department. She conducts scientific research and didactic classes in such areas as: health policy, organization of health care, decentralization in health care, health systems, and health policy of the European Union. Since 2006, she has been cooperating with European Observatory on Health Systems and Policies. She is the manager and executor of numerous national and international projects. She is author and co-author of international publications, including in the journals *Health Policy* and *BMC Health Services Research*, as well as national monographs and manuals such as: *Decentralisation and health systems* (2017), *Sketches from the European Health Policy* (2012), *Treatment entities in Poland in view of health reforms: Transformations, structure, principles of operation* (2012), and *Health promotion for the older population* (2017), and editor of *Thoughts on health policy problems, global – European – national* (2013).

Olga Löblová, PhD, is a postdoctoral research associate and incoming Wellcome Trust Fellow in the Department of Sociology, University of Cambridge, United Kingdom. She is a political scientist specializing in health policy. Her research focuses on the political economy of resource allocation in health care and the role of experts and evidence in health policy-making. She publishes on the politics of

health technology assessment (HTA) in healthcare pricing and reimbursement decisions at national and European levels, with a special focus on Central and Eastern Europe, the regulation of in vitro diagnostics, and governance of cancer screening. Her research has been published in journals such as *Policy Studies Journal*, *Comparative European Politics*, *Social Science and Medicine*, and *Health Policy*. She holds a PhD in public policy from Central European University in Budapest, Hungary (2016).

Ian McManus, PhD, is an assistant professor of political science at Emerson College whose work focuses on the effects of macroeconomic changes on political competition and social well-being. His research interests include welfare state politics, social inequality, gender equality, economic crises, labour markets, European politics, and the political economy of technology. He received his PhD from Northeastern University in Boston, Massachusetts, and was an LSE fellow in social policy at the London School of Economics in the United Kingdom and a postdoctoral research fellow at the University of Lisbon in Portugal. He was the recipient of a doctoral research grant from the German Academic Exchange Service (DAAD) and was a visiting scholar at the Free University of Berlin. He has published several articles including in the *Journal of Common Market Studies*, *Comparative European Politics*, and *International Labour Review*.

Alexandru D. Moise, PhD, is a Max Weber fellow at the European University Institute in Florence, Italy. He was previously a visiting lecturer at Ilia University in Tbilisi, Georgia. He obtained his PhD in political science from Central European University in Budapest, Hungary in 2019. His current research focuses on healthcare inequalities and their political and socioeconomic determinants, as well as the role of public opinion in shaping health and other social policies.

Chiara Rinaldi, MSc, is a National Institute for Health Research (NIHR) School for Public Health Research fellow in the Department of Health Services Research and Policy at the London School of Hygiene and Tropical Medicine in the United Kingdom. Chiara holds a master's degree from Wageningen University & Research, the Netherlands, where she conducted research on the relationship between populist radical right parties, party systems, and welfare policy in Europe as a first exploration of the link between the populist radical right and public health. Her work was published in the *International Journal of Health Policy and Management*, where it ignited an academic debate among scholars advancing the research agenda proposed. She now conducts research on local-level public health under economic constraints, health inequalities, and the commercial determinants of health.

Wolfram Schaffar, PhD, is a research associate at the Institute of Asian and Oriental Studies, Department of Japanese Studies, at the University of Tübingen in Germany. Prior to this position, he served as professor of political science and development studies at the University of Vienna in Austria, with frequent visits as lecturer or research fellow to the Chulalongkorn University in Bangkok, Thailand;

the Yangon University in Myanmar; and the Jigme Singye Wangchuck School of Law in Thimphu, Bhutan. In his research, he focuses on new authoritarianism, democratization and de-democratization processes, social movement, and social media, with a regional expertise on East and Southeast Asia. In 2019, he published a study on the global rise of authoritarianism, commissioned by the Center of International Dialogue (ZID) of the Rosa Luxemburg Foundation in Berlin, Germany.

Gábor Scheiring, PhD, is a Marie Curie fellow at Bocconi University in Milan, Italy. He obtained his PhD from the University of Cambridge in the United Kingdom, where he also worked as a political economy research fellow. He also spent half a year in Washington, D.C. as a democracy fellow at the National Endowment for Democracy. His research focuses on the social and political consequences of neoliberal globalization, the political economy of health, and populism. In his doctoral thesis and several related articles, Dr Scheiring investigated the impact of deindustrialization, privatization, and foreign investment on health, using multilevel survival modelling based on a novel dataset encompassing individual, town, and company data, as well as qualitative in-depth interviews. As part of his research on the political economy of populism in East-Central Europe, Dr Scheiring investigates how neoliberal transformations paved the way for the populist backlash. His book, *The Retreat of Liberal Democracy* (Palgrave, 2020), analyses the socioeconomic roots of illiberal populism in Hungary, with a focus on the role of business elites and working-class neo-nationalism. His work has been published in *Sociology*, *International Sociology*, *The Lancet Global Health*, *Sociology of Health and Illness*, and *Geoforum*, among others. He served as a member of the Hungarian Parliament between 2010 and 2014.

Phillip M. Singer, PhD, MHSA, is an assistant professor in the Political Science Department at the University of Utah in Salt Lake City. Dr Singer's research is primarily focused on comparative health policy in the United States and health politics. His research focuses on policies that affect vulnerable populations, as well as the politics of disaster response. Dr Singer's research has been published in *The New England Journal of Medicine*, *JAMA*, *Health Affairs*, *American Journal of Public Health*, *Journal of Health Politics, Policy, and Law*, as well as other outlets.

Carolina Alves Vestena, PhD, is a research fellow at the Institute for Development and Peace, University of Duisburg-Essen (INEF), and a lecturer in the Department of Political Science at the University of Kassel, both in Germany. At INEF, she is part of the project "Digital Tools and Interest Organization in the Global South". She holds a doctorate in sociology of law from the State University of Rio de Janeiro, Brazil, and is working on a second PhD project on legal mobilization and social movements against austerity policies at the University of Kassel. Her research interests are Brazilian and Portuguese politics and social mobilizations, with special focus on legal strategies and collective organization of workers.

Philipp Wacker, MSc, holds a master's degree from the University of Bayreuth (Germany) in health economics. He is a visiting scholar in the Department of Health Management and Policy at the University of Michigan in Ann Arbor and works internationally as a health management and policy consultant. His work focuses on health policy and management-related issues such as care system redesign in high- as well as medium- and low-income countries, the impacts of the removal of nursing costs from the German DRG system as well as the evaluation of business models in secondary hospital services and their impact on care delivery.

Charley E. Willison, PhD, MPH, MA, is a National Institutes of Mental Health postdoctoral fellow at the Harvard University Department of Health Care Policy in Boston, Massachusetts. Dr Willison studies the effects of urban politics and inter-governmental relations on public health political decision-making and policy outcomes. Substantively, her work focuses on health policies that are designed and/or delivered at the local level including: homelessness, behavioural health policies, and disaster responses. Dr Willison's research has been published in *The Milbank Quarterly*, *Health Policy*, *American Journal of Public Health*, as well as other outlets, and she is the author of *Ungoverned and out of sight: Public health and the political crisis of homelessness in the United States* (2021).

Michał Zabdyr-Jamróz, PhD, holds a PhD in political science (Faculty of International and Political Studies at the Jagiellonian University, Kraków, Poland, 2018). He is assistant professor in the Department of Health Policy and Management at the Institute of Public Health, Faculty of Health Sciences, Collegium Medicum, Jagiellonian University; visiting lecturer at the Faculty of Health and Medical Sciences, University of Copenhagen, Denmark (global health programme, since 2015); associate researcher and policy reports author at the European Observatory on Health Systems and Policies (EuroWHO); and visiting researcher at the School for Public Health and Primary Care, Department of International Health, Maastricht University in the Netherlands (2014). He specializes in deliberative governance for health and deliberative policy analysis, health impact assessment, healthcare systems organization, public health programmes organization, public participation, and deliberative democracy. In his studies on policy-making, he focuses on the interaction between expertise, self-interest, and emotions – exploring the possibility of reconciling evidence-based policy-making and medicine with citizens' participation. His work includes the development of tools for the analysis of policy-making processes (the *Three Inputs of Governance* framework) as well as organization of public health interventions (*SPOFER* framework). Research resulting from this include studies concerning nurses' strike as well as health promotion for the elderly. As a prospective policy-making recommendation, he also developed the notion of *omnipartiality* – instead of impartiality – as a guiding principle of deliberative governance for health (2020 book in Polish).

Introduction



Michelle Falkenbach and Scott L. Greer

Introduction

The last decade has been a good one for populists, especially those on the right (Caramani and Manucci 2019; Diamond 2020; Eiermann et al. 2017; Inglehart and Norris 2016; Pappas 2019). In the United States, Donald Trump was elected president in November 2016. In the United Kingdom (UK), the 2016 Brexit vote ushered in a competition to claim populist credentials on the left and right, while the country's departure from the European Union under Prime Minister Boris Johnson in 2020 marked a triumph for populism. Retired military officer and marginal political figure Jair Bolsonaro, to much surprise, won the Brazilian presidential election in 2019. The Austrian and French populist right were strong second-place finishers in presidential elections, the Austrian right went on to enter government, the Five Star Movement in Italy became a major threat to established politicians who faced general elections in 2018, and the German AfD (Alternative for Germany) emerged as the strongest political party in the 2019 Saxony and Brandenburg elections. Populism brought along democratic backsliding in many cases. Donald Trump eroded the quality of democracy and the rule of law in the United States. Poland and Hungary backslid on democracy while led by the populist radical right (PRR), to the point that Hungary is clearly not a democracy (Kelemen 2017), and Rodrigo Duterte's Philippines was tainted with violent securitization – though the government was committed to universal health care. The result of these events has

M. Falkenbach (✉)

Public Health Program, Cornell University Public Health, Ithaca, NY, USA
e-mail: michfalk@umich.edu

S. L. Greer

Health Management and Policy, Global Public Health, and Political Science, University of Michigan, Ann Arbor, MI, USA

seen an increase in research and commentary on populism in public health and health policy (Abbasi 2016; Falkenbach and Greer 2018; Greer 2017; McKee 2017; Rinaldi and Bekker 2020).

COVID-19, the greatest public health threat in the modern history of many countries, has been a major test for governments and an opportunity to understand them better. Choices about how (and whether) to confront the coronavirus were telling. Populist radical right governments adopted strategies from authoritarian lockdowns to a gradual restriction of freedoms to complete denial, distraction, and blame-shifting up to Donald Trump's flat statement that he did not take responsibility at all and his focus on relabelling it the "China virus" (Lasco 2020; Lasco and Larson 2020). While social democratic and conservative leaders chose gradual strategies consisting of school and business closures, curfews, and an eventual stay-at-home orders in some shape or form while communicating messages of solidarity and the importance of health above all else, populist politicians chose alternative strategies and messages. Countries such as the United States, the United Kingdom, and Brazil saw their leaders denying the severity of the disease, ignoring and undermining scientific evidence and advice as to how to combat the spread of the virus and ultimately failing to communicate messages that would protect citizens from mass infection and death (Falkenbach and Greer 2020). Hungary rapidly closed its borders, implemented curfews for restaurants and bars, and restricted access to hospitals to make room for corona patients, thereby avoiding a mass outbreak in the first wave. PiS (Law and Justice party) in Poland used the pandemic to secure more power (Klajn 2020). Populist leaders in opposition, especially those of the right, were quick to advocate for border closures in their respective countries and pointed their messaging against migrants whom they thought were responsible for the spread of the disease (Falkenbach and Greer 2020; McKee et al. 2020).

Both the rise of populist politicians worldwide and the COVID-19 pandemic have made the study of this specific group of populist politicians and their decisions with regard to health and health policy more relevant than ever. While there has been an increase in research surrounding the PRR and their reactions (or lack thereof) to the coronavirus (De Cleen and Speed 2020; Falkenbach and Greer 2020; Labonté and Baum 2020; McKee et al. 2020), what we have found to be distinctly missing is a general discussion surrounding the concrete impact of the PRR and their influence on health and health policies across countries.

This substantial gap will be filled through the presentation of ten country cases including the Austrian Freedom Party (Freiheitliche Partei Österreichs, FPÖ), Jair Bolsonaro in Brazil, the Alternative for Germany (Alternative für Deutschland, AfD), President Trump in the United States, the Lega in Italy, Law and Justice (PiS) in Poland, Rodrigo Duterte in the Philippines, Fidesz in Hungary, Boris Johnson and the United Kingdom Independence Party (UKIP), and the Party for Freedom (Partij voor de Vrijheid, PVV) in the Netherlands. These ten case chapters will highlight the impact of PRR politicians on health policies in their respective countries. The goal of these cases is twofold: (1) to determine how PRR politicians