P294 / Global Health Populism: Politics, Public Health, and the Politicization of Health

Topic : Knowledge, Science and Expertise in Policy Process

Chair : Ashley Fox (Rockefeller College, University at Albany)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

This Panel aims to explore the growing trend of “health populism,” which has recently found expression in the global anti-Vax movement and in the Make America Health Again movement in the United States. Largely embraced by the populist radical right, but also sometimes finding expression on the left, health populism refers to political rhetoric that is designed to 1. Appeal to ‘the people,’ (as pitted against ‘the establishment’ or the dominant power structure); 2. Justify swift and decisive action in an emergency; 3. Simplify and dramatize discourse by exaggerating threats and offering of ‘common sense’ solutions to complex issues (Lasco & Curato, 2019).

Concerningly, health populist discourse and coordinated disinformation campaigns around the globe are contributing to the politicization of our everyday health behaviors and have the potential to contribute to the adoption of policies that will lead to thousands of preventable deaths of thousands globally. Related concepts include, anti-science extremism (Hotez, 2023); anti-intellectualism (Motta, 2024), health polarization and the politicization of everyday health behaviors (Gadarian, Goodman & Pepinksy, 2022).

This panel is interested in submissions that seek to:

- Better theorize and define the concept of health populism and its relation to related concepts (e.g., anti-science, anti-intellectualism, right-wing populism; appeal to nature fallacy)

- Explore the root causes of health populism, for instance, the extent to which grounded in the erosion of institutional trust versus more deliberate efforts by bad actors to seed mistrust

- Document case studies from around the globe of health populist movements

- Analyze the impacts of rising health populism on health policies and outcomes

Populist approaches to health have become increasingly visible across diverse political and national contexts. From opposition to vaccination and other public health interventions to challenges to scientific and medical authority, political actors and social movements are increasingly framing health controversies as conflicts between “the people” and powerful or unaccountable elites. These dynamics have been particularly visible in the global anti-vaccination movement and in the recent Make America Healthy Again movement in the United States, but health populism is not confined to any single country, ideology, or political movement. In turn, the politicization of health can contribute the erosion of public health policies that protect population health and the adoption of policies harmful to health.

Drawing on Lasco & Curato’s (2019) concept of ‘medical populism,’ we use the term health populism to describe political rhetoric and mobilization that (1) appeals to “the people” in opposition to an establishment, elite, or dominant power structure; (2) invokes the need for swift and decisive action, particularly in response to perceived emergencies or threats; and (3) simplifies and dramatizes complex health issues by emphasizing threats and offering ostensibly “common sense” solutions (Lasco & Curato, 2019). Health populism may draw on legitimate concerns about institutional failures, conflicts of interest, inequality, or the exercise of expert authority, while also contributing to distrust of scientific and public health institutions.

The rise of health populism raises important questions about the relationship between political contestation and population health. Coordinated disinformation campaigns, anti-science movements, and increasingly polarized health debates can transform everyday health behaviors—including vaccination, masking, dietary practices, and the use of medicines—into markers of political and social identity. Such politicization may undermine collective responses to health threats and contribute to preventable morbidity and mortality. At the same time, health populism may emerge from genuine grievances concerning the distribution of health risks, unequal access to care, institutional failures, and perceived exclusions from health decision-making.

This panel seeks to advance conceptual and empirical understanding of global health populism, including its origins, manifestations, consequences, and potential responses. We welcome scholarship examining health populism across political systems, geographic regions, and ideological traditions, as well as work examining its relationship to broader transformations in trust, expertise, science, and democratic governance.

Central Questions

We invite panel submissions addressing questions including:

- How should health populism be defined, conceptualized, and distinguished from related phenomena such as anti-science extremism, anti-intellectualism, conspiracy theories, health polarization, and right-wing populism?
- Under what political, social, economic, and institutional conditions does health populism emerge and gain political traction?
- To what extent does health populism reflect genuine erosion of trust in health institutions versus deliberate efforts by political actors, organizations, or other “bad actors” to produce or amplify mistrust?
- How do populist actors construct “the people,” “the establishment,” and threats to public health?
- How does health populism influence health policy, public health institutions, scientific authority, and health-related behaviors?
- What are the consequences of health populism for population health, health equity, and the capacity of governments and health systems to respond to collective health threats?
- Under what circumstances can health populist rhetoric produce constructive challenges to established health institutions, rather than undermine public health?
- How do health populist movements differ across countries, political systems, and ideological traditions?
- What policies are likely to be effective at combatting harmful forms of health populism and health disinformation?
- What strategies can public health institutions, policymakers, clinicians, scientists, and civil society employ to respond effectively to health populism without further intensifying polarization or undermining democratic debate?

References

Gadarian, S. K., Goodman, S. W., & Pepinsky, T. B. (2022). Pandemic politics: the deadly toll of partisanship in the age of COVID. Princeton University Press.

Hotez, P. J. (2023). The deadly rise of anti-science: a scientist's warning. JHU Press.

Lasco, G., & Curato, N. (2019). Medical populism. Social Science & Medicine, 221, 1-8.

Motta, M. (2024). Anti-scientific Americans: The prevalence, origins, and political consequences of anti-intellectualism in the US. Oxford University Press.

CALL FOR PAPERS

Populist approaches to health have become increasingly visible across diverse political and national contexts. From opposition to vaccination and other public health interventions to challenges to scientific and medical authority, political actors and social movements are increasingly framing health controversies as conflicts between “the people” and powerful or unaccountable elites. These dynamics have been particularly visible in the global anti-vaccination movement and in the recent Make America Healthy Again movement in the United States, but health populism is not confined to any single country, ideology, or political movement. In turn, the politicization of health can contribute the erosion of public health policies that protect population health and the adoption of policies harmful to health.

Drawing on Lasco & Curato’s (2019) concept of ‘medical populism,’ we use the term health populism to describe political rhetoric and mobilization that (1) appeals to “the people” in opposition to an establishment, elite, or dominant power structure; (2) invokes the need for swift and decisive action, particularly in response to perceived emergencies or threats; and (3) simplifies and dramatizes complex health issues by emphasizing threats and offering ostensibly “common sense” solutions (Lasco & Curato, 2019). Health populism may draw on legitimate concerns about institutional failures, conflicts of interest, inequality, or the exercise of expert authority, while also contributing to distrust of scientific and public health institutions.

The rise of health populism raises important questions about the relationship between political contestation and population health. Coordinated disinformation campaigns, anti-science movements, and increasingly polarized health debates can transform everyday health behaviors—including vaccination, masking, dietary practices, and the use of medicines—into markers of political and social identity. Such politicization may undermine collective responses to health threats and contribute to preventable morbidity and mortality. At the same time, health populism may emerge from genuine grievances concerning the distribution of health risks, unequal access to care, institutional failures, and perceived exclusions from health decision-making.

This panel seeks to advance conceptual and empirical understanding of global health populism, including its origins, manifestations, consequences, and potential responses. We welcome scholarship examining health populism across political systems, geographic regions, and ideological traditions, as well as work examining its relationship to broader transformations in trust, expertise, science, and democratic governance.

Central Questions

We invite panel submissions addressing questions including:

- How should health populism be defined, conceptualized, and distinguished from related phenomena such as anti-science extremism, anti-intellectualism, conspiracy theories, health polarization, and right-wing populism?
- Under what political, social, economic, and institutional conditions does health populism emerge and gain political traction?
- To what extent does health populism reflect genuine erosion of trust in health institutions versus deliberate efforts by political actors, organizations, or other “bad actors” to produce or amplify mistrust?
- How do populist actors construct “the people,” “the establishment,” and threats to public health?
- How does health populism influence health policy, public health institutions, scientific authority, and health-related behaviors?
- What are the consequences of health populism for population health, health equity, and the capacity of governments and health systems to respond to collective health threats?
- Under what circumstances can health populist rhetoric produce constructive challenges to established health institutions, rather than undermine public health?
- How do health populist movements differ across countries, political systems, and ideological traditions?
- What policies are likely to be effective at combatting harmful forms of health populism and health disinformation?
- What strategies can public health institutions, policymakers, clinicians, scientists, and civil society employ to respond effectively to health populism without further intensifying polarization or undermining democratic debate?

References

Gadarian, S. K., Goodman, S. W., & Pepinsky, T. B. (2022). Pandemic politics: the deadly toll of partisanship in the age of COVID. Princeton University Press.

Hotez, P. J. (2023). The deadly rise of anti-science: a scientist's warning. JHU Press.

Lasco, G., & Curato, N. (2019). Medical populism. Social Science & Medicine, 221, 1-8.

Motta, M. (2024). Anti-scientific Americans: The prevalence, origins, and political consequences of anti-intellectualism in the US. Oxford University Press.