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# WETHERSPOON NEWS

Good decisions depend on a wide range of views and backgrounds... but lack of diversity among political leaders leads to dangerous groupthink...



Boris Johnson  
(Prime Minister)  
Oxford University  
1987

Nick Thomas-Symonds  
(Shadow Home Secretary)  
Oxford University  
2001

Chris Whitty  
(Chief Medical Officer)  
Oxford University  
1991

Dominic Raab  
(Foreign Secretary)  
Oxford University  
1993

Dominic Cummings  
Oxford University  
1994

LOCKDOWN STREET

HERD IMMUNITY AVENUE

SWEDISH APPROACH

VACCINE ROAD

Anneliese Dodds  
(Shadow Chancellor)  
Oxford University  
1998

Neil Ferguson  
(epidemiologist)  
Oxford University  
1990

Rachel Reeves  
(Shadow Chancellor of the  
Duchy of Lancaster)  
Oxford University

MORE CHARTS

SWEDISH  
EYE TEST

really, really  
MOST UP-TO-DATE  
LOCKDOWN  
CHART

LOCKDOWN

really, really  
MOST UP-TO-DATE  
LOCKDOWN  
CHART

Keir Starmer  
(Leader of the Opposition)  
Oxford University  
1986

Ed Davey  
(Leader, Lib Dems)  
Oxford University  
1988

Matt Hancock  
(Health Secretary)  
Oxford University  
1996

SWEDISH  
APPROACH

Michael Gove  
(Chancellor of the Duchy of Lancaster)  
Oxford University  
1988

Rishi Sunak  
(Chancellor)  
Oxford University  
2001



Are lockdowns the medical equivalent of the Maginot Line?  
Many doctors and scientists believe that lockdowns are counterproductive.  
Wetherspoon News presents the arguments on pages 4–23.

# Weak leaders follow the crowd – only the brave will stand alone

## Politicians have become disciples of failed forecasters – and continue to promote lockdowns

**Johan Giesecke, the Swedish epidemiologist, said in April ([interview on page 14](#)) that it was “fascinating” how deeply flawed Imperial College research “changed the policy of the world”, causing “100 countries” to lock down in the face of the COVID-19 pandemic.**

Until that point, it seems, lockdowns had been almost universally regarded, by health authorities worldwide, as counterproductive.

In fact, calculations using Imperial's ‘modelling’ indicated that, without a lockdown, there would be 82,000 fatalities in Sweden.

Yet, alone in Europe, the Swedes rejected the Imperial model and refused to lock down – and fatalities from COVID-19 were less than eight per cent of the number predicted.

Wetherspoon has presented complex accounts and explanations of our business to shareholders, the City and the media, twice per annum for the last 28 years.

Had we made the same awful mistakes as Imperial, this surely would have resulted in the dismissal of directors and the loss of all credibility.

### Hysteria

A contrasting view to the hysteria of Imperial College, SAGE and the government is exhibited in an open letter (8 November) to the Prime Minister from Dr Rosamond Jones and several hundred health professionals and scientists.

They say that the “management of the crisis has become disproportionate and is now causing more harm than good”.

The letter blames “politicians and the media” for “fuelling the idea that we are dealing with a global killer virus” and for presenting a “rising death toll”, without comparing it with “flu deaths in other years” or “deaths from other causes”. The letter is reprinted on [pages 12/13](#) of this magazine.

Anyone familiar with the stock market will be painfully aware of the limitations of experts' forecasts, such as those of Imperial College or SAGE.

As the world's most successful investor, Warren Buffett, known as the Sage of Omaha, has said: “Forecasts tell you a lot about the forecaster, but nothing about the future.”

The universal failure of economists to predict the

‘Great Recession’ of 2008–10 is a fairly recent example.

No sector of the economy comprises more top-class university graduates than the banks, brokers and fund managers of the City of London and Wall Street.

### Herd

Yet ‘groupthink’ in the finance world is legendary – not for nothing are financial institutions known as the ‘thundering herd’.

The comfort blanket of groupthink, in all walks of life, probably offers greater personal safety.

Being wrong together, as part of the herd, is easier than being right alone.

It has required immense bravery and conviction for people like Dr Rosamond Jones, Professor Carl Heneghan and Professor Sunetra Gupta to counter, publicly, the powerful SAGE and government orthodoxy.

Isolation and vilification by the herd are unattractive prospects for contrarian thinkers.

Buffett calls the compulsion to copy others the “institutional imperative”: a deep human craving to conform, especially when faced with difficult decisions.

You might think that a university education would help to avoid groupthink, yet, sadly, the evidence in the finance world and elsewhere is the opposite – albeit with honourable exceptions, universities often encourage, perhaps not deliberately, tramline thought processes.

### University

This is an important point, since the most senior UK politicians and their advisers come from a very narrow clique, as the front cover of this magazine illustrates.

They are far more prone to tramline thinking than they realise.

Einstein was nothing if not original, but he never went to university.

Likewise, Shakespeare had ‘no Latin and but little Greek’ and was deprecated as an ‘upstart crow’ by the pompous ‘university wits’ of his era, whose own literary efforts have not passed the test of time.

Churchill, often regarded as the greatest Briton, is another example.

Struggling with exams, he nevertheless became the

country's highest-paid journalist as a young man, then a renowned historian – and, against the odds, rallied the country in its darkest hour to battle for survival.

By a similar token, Steve Jobs, Bill Gates, Michael Dell, Mark Zuckerberg and many other titans of the technology world chucked in university long before finishing their degree.

For a pub business, like many businesses, there has been perpetual danger from groupthink in the last 40 years, disguised as the latest economic or political fashion.

In the early 1990s, for example, the UK joined the fashionable currency experiment – the exchange rate mechanism (ERM). It was supported almost unanimously by politicians, economists and the media.

This disastrous economic experiment, the forerunner of the euro, pushed interest rates up to 15 per cent, precipitating widespread mayhem, recession and bankruptcy.

In the early noughties, there was a subsequent mighty struggle against the groupthink of the UK and European establishment to avoid joining the euro – a currency which has subsequently caused so much hardship across southern Europe.



**Forecasts tell you a lot about the forecaster, but nothing about the future**



Anyone running a pub business has to declare a personal interest in respect of the latest product of international political groupthink – lockdowns.

Clearly, if maintained for long enough, they will eventually prove fatal to our business.

So, there is an inevitable risk of lack of objectivity in our hostility.

### Solve

However, it is now surely crystal clear, as Professor Mark Woolhouse of the University of Edinburgh says, that lockdowns “defer a problem, they don't solve it”.

It's also now clear, as indicated above, that lockdowns cause immense collateral damage – to the

economy and to mental and physical health.

In addition, as former Supreme Court judge Jonathan Sumption emphasises (opposite), the emergency legislation through which lockdowns have been instigated in the UK is a serious threat to democracy and ancient civil liberties.

In fact, in spite of these criticisms, following the first lockdown, a sensible enough set of rules for pubs and restaurants was nevertheless agreed on among government, civil servants, the police, local authorities and pub companies, before pubs reopened on 4 July 2020.

Since then, disdaining consultation and acting under emergency powers, a small band of ministers and government advisers has run amok, relentlessly moving the goalposts, capriciously changing the rules with the introduction of curfews, masks to visit toilets and many other initiatives with no scientific basis.

### Information

Most people today struggle to find objective information about the conflicting views on COVID-19 – especially since a section of the media, SAGE and leading politicians of all parties have been almost unanimously pro lockdown – and have deliberately stoked public fear, as Jonathan Sumption also highlights ([next page](#)).

In this edition of Wetherspoon News ([pages 4–23](#)), we've tried to provide some alternative views to the prevailing orthodoxy promoted by SAGE and the government.

It's vital for the public to consider all sides of the argument, so as to keep the government and vested interests in check.

It was the opposition of the public, not that of politicians, universities, the media or experts, which kept the UK out of the euro, after all.

There have already been two lockdowns – owing to colossal costs, money is in short supply, for both companies and the country.

Let's make sure that future government policies are based on common sense and careful arguments – not groupthink.

**Tim Martin** Chairman

*Tim says:* “Lord Sumption has been a dogged defender of democratic and human rights, following lockdown. Some supporters of Brexit are cross with the Supreme Court for perceived bias in the aftermath of the referendum. They’re not right about that, in my opinion. Whatever Sumption’s views about the EU, the points which he makes below are bang on.”

# LORD SUMPTION: MINISTERS STOKED FEAR TO JUSTIFY LOCKDOWNS

**Retired supreme court judge will say Government imposed draconian measures on public by instilling fear about the dangers of the Covid-19**

**A former supreme court judge will accuse the Government on Tuesday of “propaganda and stoking fear” in order to justify Covid lockdowns.**

Lord Sumption, a retired supreme court judge, will say the Government has been able to impose draconian measures on the public by instilling fear about the dangers of the Covid-19 virus.

Giving the Cambridge Freshfields annual law lecture he will say ministers sidestepped Parliament through the Public Health Act which, unlike other legislation, allowed them to introduce lockdowns and other measures without the same level of scrutiny by the Commons or Lords.

In announcing the first lockdown, he will accuse the Government of “tendentiously” presenting guidance - such as two metre social distancing - as if it was law.

At the same time, he will say the Government has given the police “unprecedented discretionary” enforcement powers, some of which have been used to suppress opposition to its policies.

Lord Sumption will argue the way ministers have gone about creating new criminal offences, sometimes several times a week on the “mere say-so of ministers” and with fines of up to £10,000, is in constitutional terms “truly breathtaking.”

In Britain’s traditional liberal society, police should not have such arbitrary enforcement powers without them having been properly debated, amended or rejected by a democratic legislature, he will say.

This has been achieved through ministers’ “language of impending doom,” “alarmist” projections of mathematical modellers, manipulation of statistics and claims that Covid is an indiscriminate killer when it affects identifiable groups like the elderly and those with underlying health conditions.

This propaganda was necessary to justify the Government’s extreme steps and to promote compliance but the use of fear of an external threat, he will say, has been a “potent instrument” historically of authoritarian states.

Lord Sumption, an author and medieval historian, will warn that the actions of the Government during the pandemic threatens to re-shape the relationship between state and the public in a dangerous way.

He will say it marks a move to a more authoritarian model of politics which will outlast the present crisis. It may be a “desirable outcome” for some ministers and their advisers but Lord Sumption fears it will fracture and have a corrosive effect on the societies they govern.

**By Charles Hymas** *The Daily Telegraph* / 27 October 2020

Print credit: © Charles Hymas / Telegraph Media Group Limited 2020

# Alternative views

On the following 13 pages, Wetherspoon News presents several critiques of the political establishment's views regarding COVID-19 policies. Current or former government advisers Chris Whitty and Neil Ferguson also have their say. In the end, readers and the public will decide...

## LARRY ELLIOTT

The Guardian economics editor

*Tim says:* "Great to see The Guardian's economics editor, Larry Elliott, emphasising Swedish success and the obvious dangers of lockdown."

### BRITAIN'S COVID-19 STRATEGY SIMPLY ADDS UP TO MANY MORE JOBLESS PEOPLE

**Every country wants to fight the virus with minimal economic damage. Our attempts have created the worst of all worlds**

**It's the textbook example of being caught between a rock and a hard place. The number of people being treated for Covid-19 in hospital is rising fast and is currently higher than it was when the UK went into full national lockdown on 23 March. Worse is to come.**

Simultaneously, the threat of mass unemployment looms ever larger. More workers were made redundant in the three months to August than at any time since the period when the banks almost went bust a decade ago. Worse is to come here, too.

Opinion is divided on what to do next. There are those who think the second wave of Covid is potentially so serious that a full national lockdown is necessary, whatever the cost. Labour's plan for a two- or three-week circuit breaker is really a national lockdown, merely a time-limited one.

Then there are those who question the wisdom of pushing the economy back into deep recession when young people are the main victims of unemployment and the average age of those dying from the virus is 80-plus. For this group, the answer is to shield the vulnerable and let everybody else get on with their lives.

The government's desire to avoid another total lockdown in England is understandable. Shutting schools harms children, especially poor children. Millions of routine cancer scans have been cancelled so far this year. The 25% contraction in the economy between February and April has been hardest on the youngest and most vulnerable workers. Who is to say that one circuit breaker won't be followed by a second, a third and a fourth, given that it might be years rather than months before a vaccine is available?

What's more, the idea that the whole country should be put into lockdown simply to show that we are all in it together makes little sense. Forcing a hotel in the south-west of England, where infection rates are low, to go out of business would do nothing to

engender a sense of national solidarity. Quite the reverse, in fact. Ideally, the response needs to be more local and more granular, rather than broad-brush and national.

It is also a mistake to imagine that there is a binary choice between saving lives and saving the economy – that the only way to prevent an exponential increase in the number of Covid-19 cases is for the government to keep people penned up in their homes.

There are two reasons for that. The first, as Prof Paul Anand of the Open University noted in a letter to the Guardian, is that there is evidence that transmission is linked to living in shared accommodation, and is most marked in cramped housing, where physical distancing is a problem.

The second is that epidemiological models come up with scary forecasts for death rates because they assume no change in people's behaviour in the absence of government-imposed lockdowns or other restrictions.

Yet the world doesn't work that way. Confronted by a pandemic, people do change the way they live. They go out less, and when they do venture from their homes they take more precautions. They do their own risk assessments, based on the available evidence.

Scientific models suggested that Sweden would suffer 96,000 Covid-19 deaths in the first wave, owing to its government's decision to have only mild restrictions, but they presupposed that Swedes would carry on as before. They didn't, with the result that the death toll is fewer than 6,000 – a figure that would have been substantially lower had it not been for problems in Swedish care homes.

That doesn't mean Sweden has been immune from the recessionary fallout from the pandemic. According to forecasts from the International Monetary Fund, Sweden's economy will contract by 4.7% this year. That, though, contrasts with the 9.8% pencilled in for the UK.

Every country in the world is trying to find the sweet spot where the virus is suppressed

with the minimum amount of economic damage, and most are making a better fist of it than the UK. Take South Korea, which has so far had just 438 deaths. It has had clusters of cases, and is projected by the IMF to see its economy contract by no more than 1.9% this year.

There are, clearly, lessons to be learned. Sweden shows the merits of a clear strategy and sticking to it. This is in marked contrast to the UK, where the government initially downplayed the threat, imposed some of the world's toughest restrictions, eased up as the economic cost mounted, actively encouraged people to eat out to help the hospitality sector, and is now back to where it started. Here the mixed messaging has left people confused, and in the circumstances it is surprising compliance with the restrictions is as high as it is. That, though, may have more to do with people taking steps to safeguard themselves voluntarily than any faith in the government.

The lesson from South Korea is that an effective track-and-testing system is the key to limiting the number of Covid-19 deaths and protecting the economy. Boris Johnson's government has had seven months to provide something comparable, and has failed to do so.

The UK has so far had the worst of all worlds: a high death rate and colossal economic damage. This unfortunate combination looks set to continue.

On past form, Johnson's government will no doubt insist that it is committed to its current strategy up to the moment it hits the panic button. Blanket restrictions will then be imposed, and will be more than likely to remain in place for the rest of the winter. There is no guarantee that the virus will have been finally defeated by the time restrictions are lifted in the spring. The dole queues, though, will be a lot longer. That is for certain.

**By Larry Elliott**

*The Guardian* / 15 October 2020

Print credit: *The Guardian*

*Tim says:* "Even the World Health Organization (WHO) is sceptical of lockdowns. As Dr David Nabarro, WHO's special envoy, says in this article: 'Lockdowns have just one consequence that you must never ever belittle, and that is making poor people an awful lot poorer.'"

# WHO BACKTRACKS ON CORONAVIRUS LOCKDOWN ADVICE...AS BORIS JOHNSON ENFORCES TOUGH NEW RULES

**THE World Health Organisation (WHO) has performed a dramatic U-turn by backtracking on major coronavirus advice and condemning national lockdowns - just as Boris Johnson enforces strict new rules on COVID-19 hotspots in England.**

Dr David Nabarro, the WHO's special envoy on COVID-19, has urged world leaders to stop "using lockdowns as your primary control method" of the global health crisis. He warned the only thing lockdowns achieve is poverty - with no mention of the potential lives they can save. The expert said: "Lockdowns just have one consequence that you must never ever belittle, and that is making poor people an awful lot poorer."

"We in the World Health Organisation do not advocate lockdowns as the primary means of control of this virus."

"The only time we believe a lockdown is justified is to buy you time to reorganise, regroup, rebalance your resources, protect your health workers who are exhausted, but by and large, we'd rather not do it."

Dr Nabarro's main criticism of enforcing national lockdowns is the huge impact it has on poorer countries around the world.

He continued in an interview with *The Spectator*: "Just look at what's happened to the tourism industry in the Caribbean, for example, or in the Pacific because people aren't taking their holidays."

"Look what's happened to smallholder farmers all over the world. Look what's happening to poverty levels."

"It seems that we may well have a doubling of world poverty by next year. We may well have at least a doubling of child malnutrition."

National lockdowns became a regular feature earlier this year, with countries desperately trying to curb and control the rapid spread of coronavirus.

Some nations enforced stricter measures than others - in Spain, people were only allowed to leave their house to walk their pet while in China, authorities even welded doors shut to stop residents from leaving their homes. The WHO now claims these steps were largely unnecessary, with

Dr Nabarro suggesting a new strategy for containing the spread of coronavirus.

He said: "We really do appeal to all world leaders: stop using lockdown as your primary control method. Develop better systems for doing it. Work together and learn from each other."

Last week, several health experts came together to call for an end to coronavirus lockdowns by creating a petition called the Great Barrington Declaration, which said the strict measures were doing "irreparable damage".

The petition, which has had more than 12,000 signatures and was authored by Sunetra Gupta of the University of Oxford, Jay Bhattacharya of Stanford University, and Martin Kulldorff of Harvard University.

It says: "As infectious disease epidemiologists and public health scientists, we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies and recommend an approach we call Focused Protection."

But the latest warning from the WHO and global medical experts comes as Mr Johnson announces strict new measures across several areas of England where there has been a significant spike in coronavirus cases.

The Prime Minister has announced a three-tier system of local lockdown restrictions for England, which will see different parts of the country split up into "medium", "high" or "very high" local coronavirus alert areas.

Tier one restrictions will be baseline restrictions in place throughout the country, including the hospitality sector closing at 10pm and a ban on most gatherings of more than six people.

The second tier of restrictions will be rules currently in place throughout much of the North East, where indoor mixing of households is not allowed.

Residents living in areas under the third tier will have to avoid all non-essential travel and not travel between areas.

Bars, restaurants, clubs and cafes may have to close. Schools and places of worship are likely to remain open, but gyms, beauty salons and hairdressers may be among venues that could be shut down by local authorities.

Earlier today, Mr Johnson chaired a meeting of the Government's COBR committee to finalise what will be announced in the House of Commons.

He is then holding a press conference from Downing Street from 6pm and will be joined by Chancellor Rishi Sunak and England's Chief Medical Officer Professor Chris Whitty.

**By Paul Withers**  
Daily Express online / 12 October 2020

*Tim says:* “Oliver Shah calls the most recent lockdown ‘an act of serious national self-harm’. He rightly points out that advocates of lockdowns, including ‘most SAGE members ... have never had to meet a payroll or a rent quarter date’. He memorably refers to ‘Johnson and his punch-drunk government, stumbling after the Pied Piper scientists onto a barren mountainside, where commerce and employment count for nothing’.”

# STEM THE TIDE. PROTECT THE ECONOMY. SAVE JOBS

**This national lockdown threatens us all. Businesses need an exit strategy**

**The retail chief executive on the other end of the phone yesterday morning was fuming. He and his peers had spent weeks with the business secretary, Alok Sharma, discussing how to make their shops Covid-secure. He had spent hundreds of thousands of pounds on one-way systems, Perspex screens and personal protective equipment for staff. In anticipation of Black Friday, the discount extravaganza at the end of this month, he had loaded up with £300m of stock — three times the amount he would normally carry.**

Then he saw the front page of The Times yesterday, and the news that the government was abruptly planning to bring in a second national lockdown. Boris Johnson confirmed the story at 6.30pm: from Thursday, England will go back into full shutdown until December 2 — in effect, cancelling most of the golden Christmas season for the retail industry.

“For all our planning to be thrown into reverse with 48 hours’ notice at the best time of year will have untold consequences,” the retail boss said. “For no health benefits, we’re going to jeopardise hundreds of thousands of jobs and hundreds of millions of pounds in tax. We are going to have to go back to suppliers and start cancelling orders, and the economic benefits of Christmas will fall away.”

Make no mistake: this is Waterloo for Britain’s battered businesses. After seven months with next-to-no revenues, many shops, restaurants and pubs are on their knees. It’s not just hospitality and retail: airlines, events organisers, hotels, transport networks — thousands of companies upon which millions of jobs depend have been crippled by stop-start restrictions that make planning impossible.

Now, just when many were being hammered again by the nightmarish patchwork of tiered regional restrictions, Johnson is about to bring the guillotine down on their necks.

The chancellor, Rishi Sunak, having fought the good fight, has lost the argument against a second national lockdown. Under pressure from business leaders, he has extended the original furlough scheme, paying 80% of staff’s wages until December. About two million people were still on furlough when the scheme was due to end last night. If Sunak is to avoid many of them being thrown onto the jobs bonfire, he will have to do

more than extend the scheme for one month. The chancellor has already injected more than £200bn into the economy since March. He will need to pump in billions more, but the brutal truth is that no amount of taxpayers’ cash can compensate for a healthy business ecosystem — and companies cannot function when demand has been cut off and they have no visibility of the future.

Despite the horrific infection rates and justifiable fears over the capability of the NHS to cope, the mass shutdown forced on a reluctant Johnson remains an act of serious national self-harm. A few weeks ago, Steven Riley, an Imperial College London professor and member of the Sage advisory group, made the case for a two-week “circuit breaker” and claimed — questionably, it seemed to me — that it was the virus rather than government restrictions that was damaging the economy. “The hospitality industry has got to take a long-term view,” he said.

I’ll bet most Sage members — like many in the public sector — have never had to meet a payroll or a rent-quarter date. Johnson and his punch-drunk government, stumbling after the Pied Piper scientists onto a barren mountainside where commerce and employment count for nothing, have come to see the world upside down. It is public health officials who should be taking a long-term view of the economy, not vice versa. Millions of people’s futures are being obliterated by blunt and disproportionate measures taken to control the coronavirus.

Many statistics are being bandied around. Let’s take two simple ones: 61,000 and three million. Since the start of the pandemic, 61,000 people have died in the UK with Covid-19 noted on the death certificate. The vast majority have been over 65 — the average age is 82 — and almost half have been in care homes. Meanwhile, UK unemployment has risen from 3.8% to 4.5% — 1.5 million out of work. Most economists think that number will be three million by the end of the year. In keeping with their upside-down vision, Johnson and Sage have managed to reverse his hero Winston Churchill’s wartime phrase: in today’s dystopian reality, never was so much owed by so few to so many.

A long, cold winter of discontent stretches ahead of us, with more corporate collapses and redundancies. About 11 million people

in England have been living under the toughest tier 3 measures. Wales is already subject to a “firebreak”. Sage has warned that we are likely to breach its worst-case scenario of a second wave that lasts until March and contributes to 85,000 deaths. The group — and NHS bosses — clearly won over Johnson, who previously questioned the logic of national lockdowns, which seem simply to delay the inevitable at great cost.

Our Business section has presented, in agonising detail, the stories of broken dreams, lost livelihoods and redundancies that constitute that economic and human cost, from taxi drivers to events entrepreneurs and restaurateurs to young graduates.

The absence of dissent from big business — maybe cowed by its defeat over Brexit or anxious not to cut across Sage’s advice — has been disappointing. There are laudable exceptions: the restaurateur Richard Caring, hotelier Sir Rocco Forte, our columnist Luke Johnson and his Pizza Express frenemy Hugh Osmond, the Ocado chairman, Lord Rose, and the Icap brokerage founder, Lord Spencer, have spoken out. Yet most public company bosses have chosen to keep their heads down rather than engage in public debate.

Perhaps the job cuts do the talking for them: on Thursday, Pizza Express said it would make a further 1,300 staff redundant, on top of 1,100 already announced. Also shedding thousands of roles are giants such as British Airways (12,000), Rolls-Royce (9,000), Marks & Spencer (7,000) and Premier Inn owner Whitbread (6,000). Britain’s economy, which contracted by 20% in the first half of the year, cannot afford another national shutdown. We cannot afford to wait for a mass vaccine, which could be months, if not years, away. We need to find a way of living through a better combination of testing, tracing, social distancing and shielding the most vulnerable. Boris and Sunak must plot the quickest way possible out of this shutdown and then vow never to do it again. It must not become open-ended. The alternative is to risk the destruction of a generation’s prospects. To flip around another slogan, we should let the NHS protect us — and let us concentrate on protecting our ailing economy.

**By Oliver Shah**

The Sunday Times / 1 November 2020

Print credit: Oliver Shah / The Sunday Times

*Tim says:* "In this article, Professor Neil Ferguson stokes project fear by saying that the number of COVID-19 cases is 'probably doubling every two weeks or so – and some areas faster than that, maybe every seven days'. Professor Ferguson appears to have achieved herd immunity from criticism. Despite getting almost everything wrong so far, he appears to be doubling down on his original gloomy predictions."

# CORONAVIRUS: NEIL FERGUSON WARNS FURTHER RESTRICTIONS MAY BE NEEDED TO PREVENT NHS BEING OVERWHELMED BY SECOND WAVE

**Epidemiologist says reducing contact between different households most important measure**

**The former government adviser Professor Neil Ferguson has said that further restrictions may be necessary to stop the NHS being "overwhelmed again", as the UK struggles to contain the growing rate of coronavirus infection.**

The epidemiologist and former Sage adviser told the BBC Radio 4's Today programme on Tuesday morning that the number of Covid-19 cases "are probably doubling every two weeks or so – and some areas faster than that, maybe every seven days".

While acknowledging that hospitals are now treating cases better and are "less stressed", the Imperial College London professor suggested that the NHS would not be able to cope if the current rate of transmission continues.

Referring to the doubling of admissions to hospital every fortnight, Prof Ferguson said: "We just cannot have that continue indefinitely, the NHS will be overwhelmed again."

"If we allow the current trend to continue, all the modelling done by multiple groups for the government at the moment is indicating that there is a risk" of the NHS being overwhelmed, he added.

The epidemiologist pointed to new Covid-19 restrictions imposed in Paris and Spain, which he said were introduced because of the strain that rising coronavirus cases were having on hospitals there.

Speaking about how the UK might stem the spread of coronavirus, Prof Ferguson, whose modelling contributed to the decision to impose a nationwide lockdown in March, said the most important measures were reducing contact between members of different households.

He added that the closure of hospitality venues and an "extended half term" were also potential options to be considered.

"You will have heard measures being discussed across society as a whole such as extended half terms where we try to reduce transmission

for a concerted period. I think those measures should be considered," he said.

His comments came as the number of deaths from the virus in England and Wales has risen for a third successive week, with 215 deaths recorded in the week ending September 25, compared to 138 the week before and 99 a fortnight ago.

**By Rory Sullivan**  
*The Independent* / 6 October 2020

Print credit: Rory Sullivan / The Independent

Tim says: "Dr Mike Yeadon has had a distinguished academic and business career. He is a stern critic of lockdowns and particularly of SAGE. He says that SAGE has misled the public and government, has been 'appallingly negligent' and that he has no confidence in its advice. As far as I am aware, SAGE has not argued with Dr Yeadon's conclusions."

THREE FACTS NO 10'S EXPERTS GOT WRONG: DR MIKE YEADON SAYS CLAIMS THAT THE MAJORITY OF THE POPULATION IS SUSCEPTIBLE TO COVID, THAT ONLY 7% ARE INFECTED SO FAR AND VIRUS DEATH RATE IS 1% ARE ALL FALSE

Earlier this week, my wife and I were congratulating ourselves on being in France, far from the draconian Covid restrictions now spreading throughout Britain.

Then, on Thursday, with less than 24 hours' notice, President Emmanuel Macron announced his plan to plunge the French into a second national lockdown for at least a month.

And if everything I hear and read about the UK is to be believed, this country is heading in the same direction.

On Monday more than 30million Britons will be under Tier Two and Three restrictions.

We will then have days – a few weeks at best – until the inevitable total lockdown.

While Boris Johnson will be the person announcing that catastrophic decision, the measures are being dictated by a small group of scientists who, in my view, have repeatedly got things terribly wrong.

The Scientific Advisory Group for Emergencies (Sage) has made three incorrect assumptions which have had, and continue to have, disastrous consequences for people's lives and the economy.

Firstly, Sage assumes that the vast majority of the population is vulnerable to infection; second, that only 7 per cent of the population has been infected so far; and third, that the virus causing Covid-19 has a mortality rate of about 1 per cent.

In the absence of further action, Sage concludes that a very high number of deaths will occur.

If these assumptions were based on fact, then I might have some sympathy with their position.

After all, if 93 per cent of the country – as they claim – was still potentially vulnerable to a virus that kills one in 100 people who are infected, I too would want to use any means necessary to suppress infection until a vaccine comes along, no matter the cost.

The reality, though, is rather different.

Firstly, while the Covid-19 virus is new, other coronaviruses are not.

We have experience of SARS in 2003 and MERS in 2012, while in the UK there are at least four known strains of coronavirus which cause the common cold.

Many individuals who've been infected by other coronaviruses have immunity to closely related ones such as the Covid-19 virus.

Multiple research groups in Europe and the US have shown that around 30 per cent of the population was likely already immune to Covid-19 before the virus arrived – something which Sage continues to ignore.

Sage has similarly failed to accurately revise down its estimated mortality rate for the virus.

Early in the epidemic Sage modelled a mortality rate of around 1 per cent and, from what I understand, they may now be working with a number closer to 0.7, which is still far too high.

After extensive world wide surveys, pre-eminent scientists such as John Ioannidis, professor of epidemiology at Stanford University in California, have concluded that the mortality rate is closer to 0.2 per cent.

That figure means one in 500 people infected die.

When applied to the total number of Covid deaths in the UK (around 45,000), this would imply that approximately 22.5million people have been infected.

That is 33.5 per cent of our population – not Sage's 7 per cent calculation.

Sage reached its conclusion by assessing the prevalence of Covid-19 antibodies in national blood surveys.

Yet we know that not every infected individual produces antibodies.

Indeed, the immune systems of most healthy people bypass the complex and energy-intensive process of making antibodies because the virus can be overcome by other means.

The human immune system has several lines of defence.

These include innate immunity which is comprised of the body's physical barriers to infection and protective secretions (the skin and its oils, the cough reflex, tears etc); its inflammatory response (to localise and minimise infection and injury), and the production of non-specific cells (phagocytes) that target an invading virus/bacterium.

In addition, the immune system produces antibodies that protect against a specific virus or bacterium (and confer immunity) and T-cells (a type of white blood cell) that are also specific.

It is the T-cells that are crucial in our body's response to respiratory viruses such as Covid-19.

Studies show that while not all individuals infected by the Covid-19 viruses have antibodies, they do have T-cells that can



respond to the virus and therefore have immunity.

I am persuaded of this because, of the 750million people the World Health Organisation says have been infected by the virus to date, almost none have been reinfected.

Yes, there have been a handful of cases but they are anomalies, a tiny number among three quarters of a billion people.

The fact is that people don't get reinfected. That is how the immune system works and if it didn't, humanity would not have survived.

So, if some 33.5 per cent of our population have already been infected by the virus this year (and are now immune) – and a further 30 per cent were already immune before we even heard of Covid-19, then once you also factor in that a tenth of the UK population is aged ten or under and therefore largely invulnerable (children are rarely made ill by the virus), that leaves about 26.5 per cent of people who are actually susceptible to being infected.

That's a far cry from Sage's current prediction of 93 per cent.

It is also worth contextualising the UK death toll.

Ministers and some parts of the media present the pandemic as the biggest public health

emergency in decades, when in fact mortality in 2020 so far ranks eighth out of the last 27 years.

The death rate at present is also normal for the time of year – the number of respiratory deaths is actually low for late October.

In other words, not only is the virus less dangerous than we are being led to believe, with almost three quarters of the population at no risk of infection, we're actually very close to achieving herd immunity.

Which is why I am convinced this so-called second wave of rising infections and, sadly, deaths will fizzle out without overwhelming the NHS.

On that basis, the nation should immediately be allowed to resume normal life – at the very least we should be avoiding a second national lockdown at all costs.

I believe that Sage has been appallingly negligent and its incompetence has cost the lives of thousands of people from avoidable, non-coronavirus causes while simultaneously decimating our economy and today I implore ministers to start listening to a broader scientific view.

My argument against the need for lockdown isn't too dissimilar to the Great Barrington Declaration, co-authored by three professors from Oxford, Harvard and Stanford

universities – laughably dismissed as 'emphatically false' by Health Secretary Matt Hancock who has no scientific qualifications – and signed by more than 44,000 scientists, public health experts and clinicians so far, including Nobel Prize winner Dr Michael Levitt.

In my opinion, this government is ignoring a formidable collective of respected scientific opinion and relying instead on its body of deified, yet incompetent advisers.

I have no confidence in Sage – and neither should you – and I fear that, yet again, they're about to force further decisions that we will look back on with deep regret.

If we are to take one thing from 2020, it is that we should demand more honesty and competence from those appointed to look after us.



**By Dr Mike Yeadon**

Daily Mail / 30 October 2020

## DAVID MELLOR

The Mail on Sunday

*Tim says:* "David Mellor accuses Boris Johnson of a lack of courage and of following the mob, rather than leading. In particular, Mellor accuses Johnson of following the 'inaccurate data of Sir Patrick Vallance and his chief medical adviser Chris Whitty'.

"David Mellor is right – leading politicians of all parties have let the country down in their approach to the COVID-19 problem."



### DAVID MELLOR: THEY'RE SENDING US TO HELL IN A HANDCART ON THE BACK OF A DOSSIER SO DODGY EVEN TONY BLAIR WOULDN'T HAVE TOUCHED IT

**Surely now is the time for Boris Johnson to offer the courage of his hero Winston Churchill.**

We need it more than ever. Yet last week he became the reincarnation of LedruRollin, the French revolutionary, who, as the mob rampaged through Paris in 1848, declared: 'I must follow them, for I am their leader!'

What else can we make of his decision to hide beneath the mess of unreliable and inaccurate data from Chief Scientific Adviser Sir Patrick Vallance, and his Chief Medical Officer Chris Whitty?

After some pretence of sticking up for his Chancellor Rishi Sunak, the one resolute figure this Government has yet produced, Johnson then followed his Brexit supremo Michael Gove, and his Health Secretary Matt Hancock, in swallowing everything Vallance and Whitty served up.

There seems no statistic so obviously exaggerated, no invitation to lock the country down too economically disastrous, no appeal to save the NHS too ridiculous for Gove and Hancock to swallow hook line and sinker.

You'd think that Boris would have learnt his lesson about Gove, who did for him in his first run to be PM. He should perhaps recall the wise words of David Niven about Errol Flynn: 'You always knew where you were with Errol. He'd always let you down.'

Hancock and Gove are a sad example of what Margaret Thatcher especially deplored in her Ministers: 'agency capture', being taken over by the entity you were sent to reform. But it seems this unlikely duo nevertheless persuaded Boris to abandon Sunak, and throw his support behind a lockdown.



The comparison with Thatcher is telling. As a junior Health Minister, I worked on the 1980s Aids pandemic. Another coronavirus, as it happens, HIV was a horrific development, a death sentence for most who caught it in the early stages. There was every reason for serious concern and individual caution.

Yet Norman Fowler, the then Health Secretary, did not wheel out grim-faced scientists and medical officers to terrify the public with charts and graphs. He did not allow the equivalents of Professors Gloom and Doom to dictate Government policy.

And we Ministers most certainly did not hide behind their skirts while claiming to be 'led by the science'. Instead, we listened carefully to the advice the experts gave us behind closed doors – and then told the public what they needed to know and how to change their behaviour in order to keep themselves safe. It worked.

Despite her powerful convictions and strong views, Thatcher surrounded herself with considerable politicians who were capable of giving her courageous advice. I am talking about the calibre of such people as Willie Whitelaw, Nigel Lawson, Kenneth Clarke, Leon Brittan and Lord Carrington. These were not only men of high intelligence, but characters willing to brave her anger and argue back.

I cannot say the same of Boris, whose Cabinet seems utterly feeble by comparison. At times, it seems the Government itself has been reduced to the single Rasputin-like figure of his chief adviser, Dominic Cummings. It was not only at Westminster that Thatcher was well-advised, of course.

Still more essential was the support of her husband Denis at home, a source of emotional support and shrewd guidance. It is hard to imagine the arbitrary shutdown of bars, rugby clubs and golf courses were Denis still in Downing Street.

What sort of help or advice, I wonder, does Boris get at home?

To me, he cuts a lonely, isolated figure and one who, increasingly, seems to have little appetite for the momentous job in hand.

It's perfectly obvious to all but the wilfully blind that this appalling lockdown decision was made using flawed data.

At the PM's much-delayed press conference last weekend, Whitty and Vallance insisted that – in the worst case – a terrifying 4,000 a day could soon be dying of Covid-19 unless we were locked in our homes.

That bogus, exaggerated statistic fell apart within a matter of hours.

The main estimate offered by Whitty and Vallance of 1,500 deaths a day was soon exposed as too high by at least 30 per cent.

Boris should have known that the methodology was all wrong well before his lockdown decision was announced on Monday because that very same data had predicted 1,000 deaths the previous day.

In fact there were only 200. Why look in the crystal ball when you can read the book?

The evidence to stop this catastrophe was all there but Boris was too lazy to turn the pages.

Professor Carl Heneghan of Oxford University and his team, beacons of common sense in the encircling gloom of risible rubbish, said this of the Government's lamentable decision: 'Continually they have overestimated the numbers that are going to die, mis-categorised Covid-19 deaths, and exaggerated the impact on hospitals.'

Just so. Heneghan condemned their insistence on rushing out worstcase scenarios, irrespective of accuracy.

Which is exactly what happened last weekend and why we are in the mess we're in now. If this is so obvious to Heneghan, why isn't it obvious to Boris, with all the access to information he has at No10?

The data in the latest dodgy dossier is so spurious that even Tony Blair and Alastair Campbell at their most cynical would not have embraced it. It is hardly reassuring to know that the British economy is going to hell in a handcart on the basis of such exaggerated nonsense.

And yet Johnson, Gove and Hancock wolfed it down like starving animals. It's getting to the point in this pandemic where none of us

can readily believe a word they say. When I was Chief Secretary 30 years ago, the National Debt was 20 per cent of our annual GDP.

Now it's more than 100 per cent, and will rise sharply in the coming weeks as a result of the extension of the furlough scheme till next March, and other excessive spending decisions. I look at my two-year-old granddaughter playing happily and I think, with near certainty, that she'll be paying for all this for the whole of her adult life.

And so, maybe, will her own children and grandchildren. When Boris was a kid, he apparently said he wanted to be 'world king'. He's got a lot nearer to that than most of us expected.

So why doesn't he try a bit of hard work to ensure that the decisions he takes are sensible and will enhance his reputation and the country's prosperity, instead of misusing his exceptional ability simply to disguise with verbal flourishes how little real effort he actually puts in?

The greatest violinist of the 20th Century, Jascha Heifetz, was so gifted that he could have skated through every concert he gave without preparation.

But in fact, he practised incessantly. He said: 'If I don't practise for three days, the public notices. If I don't practise for two days, the critics notice.' And then, the cruncher: 'If I don't practise for a single day, I notice.'

For Heifetz it was a matter of pride to be the best he possibly could be. So why doesn't Boris take pride in being able to see through these Covid charlatans, and set a clear course for the country, and then stand by it, as Churchill would have done?



**By David Mellor**

*The Mail on Sunday / 7 November 2020*

*Print credit: Text by David Mellor © The Mail on Sunday*

*Tim says:* “Some people advocate the approach of Australia and New Zealand which involves locking down for a long time and sealing borders. But, as James Bolt points out, this approach comes at a tremendous cost. Around 20 per cent of jobs in the Aussie state of Victoria have been lost as a result of a prolonged lockdown.”

# A WARNING FROM AUSTRALIA: BORIS JOHNSON'S CURE IS WORSE THAN THE DISEASE

**The state of Victoria is a shell of the vibrant place it was, and its people live in constant fear. Britain is about to follow the same path**

**Victoria has become famous for using lockdowns to 'defeat coronavirus.' Dr Anthony Fauci mentioned Australia as a country that did "quite well". We haven't defeated the virus. The virus is at bay but the only thing truly defeated is Victoria and Victorians.**

The state last week got out of its second lockdown of the year. Just like you were told yours will only last one month, we were told it would last six weeks. It lasted 112 days.

Like Brits are about to re-experience, all non-essential retail and hospitality have been closed, businesses have been shuttered and we have been cut off from friends and family. At the lockdown's peak we were only allowed out of our homes for one hour a day between 5am and 9pm.

Cases have come down, but what has exploded is a mental health and economic crisis that will take this state decades to recover from.

Melbourne has been declared the world's most liveable city six out of the last seven years by the Economist Intelligence Unit. Now look at what 112 days of lockdown has done to this city and the state.

Victoria lost more than 1,000 jobs a day through this second lockdown. Since lockdown strategies began in March, 696,000 jobs have been destroyed in Victoria, according to Institute of Public Affairs research. Given that 3.3 million Victorians are employed, those job losses are equivalent to 21% of the Victorian workforce.

Streets that once boasted the country's best culture and nightlife are empty. Shops that displayed cutting-edge fashion, antique goods or any matter of personality now simply hang 'For Lease' signs.

The mental health figures are just as concerning. Victorians have been cut off from so many things that make life worth living these 112 days. We have been banned from seeing friends who live further than five kilometres away from us (it's now 'only' 25 kilometres), we could not visit family or friends in their homes, or walk in groups of more than two – and even then only once per day. The effects have been devastating.

In the last two months calls to the mental health support hotline Beyond Blue are 77% higher in Victoria than in the rest of the country. Most disturbing, hospitalisations for attempted suicides are up 6% from last year – and for those aged 17 and under the increase is 31.3%.

Now that the state is finally starting to take steps towards opening up, a new fear has come forward: the deep fear that we will return to lockdown again.

This is a fear we share. Boris Johnson promised that Britain would never return to lockdown – that promise is now broken. He has promised this new lockdown is only for a month, but how can Britons believe that now?

Victoria's freedom relies on our state's contact tracing team, whose incompetence meant the government did not feel it was safe to ease restrictions even when daily new cases was as low as seven per day. There will be another outbreak in the state, it is inevitable. If the team fails, we go back to lockdown.

Our two countries are destined to spiral in and out of lockdown until a vaccine arrives, always fearful that at any time the government can take away our livelihoods.

This is the warning from Victoria. This state is a shell of the vibrant place it was, and its people live in constant fear. Britain is about to follow the same path.

Johnson is following this path as he believes that lockdown is the only remaining weapon he has against this virus. But it isn't.

It's not even the best one. Dr David Nabarro, the World Health Organisation's Special Envoy on Covid-19, said to Andrew Neil last month: "We really do appeal to all world leaders: stop using lockdown as your primary control method."

Why? Because "lockdowns have one consequence that you can never belittle, and that is making poor people an awful lot poorer."

Lockdowns destroy livelihoods, throw people out of work, spark mental health crises and make poor people poorer. Meanwhile, treatment of coronavirus is improving.

A new paper accepted for publication in the journal *Critical Care Medicine* tracked mortality rates from Covid-19 in the UK. "In late March, four in 10 people in intensive care were dying. By the end of June, survival was over 80 percent," said the paper's author John M. Dennis, a University of Exeter Medical School researcher. It is now November, so Britain's medical experts have spent another four full months learning more about this virus.

Sending Britain into another lockdown means Johnson is ignoring the steps Britain's medical community has made in limiting the virus's threat. He has chosen to send all of Britain into another lockdown rather than isolate and support those for whom the virus is still life-threatening.

And Britons will have their way of life destroyed. Let's hope Johnson keeps to his word just once and only locks down for a brief period of time, and not 112 days. But that's what we were told too.

**By James Bolt**

*The Daily Telegraph* / 2 November 2020

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*Tim says:* “The government relies on SAGE for advice on COVID-19 policies, but SAGE may well be in a minority among health and academic professionals – both SAGE and the government have tried to stifle debate or, at least, have given the impression that views opposing their own do not exist. This open letter from respected health professionals calls for the ‘restoration of normal democratic governance and for politicians to be independently informed in the decision-making process’. What the health professionals are really saying is that important information is being held back from both politicians and the public. You can hardly believe, in modern Britain, that people have to call for ‘restoration of normal democratic governance’. The reason for this is that the irresponsible government is ruling the country through emergency powers at the current time.”

## OPEN LETTER FROM HEALTH PROFESSIONALS AND SCIENTISTS TO THE PRIME MINISTER

We the undersigned British health professionals and scientists, wish to express our serious concern about the current situation regarding the outbreak of the SARS-CoV-2 virus. The management of the crisis has become disproportionate and is now causing more harm than good.

We urge policy makers to remember that this pandemic, like all pandemics, will eventually pass but the social and psychological damage that it is causing, risks becoming permanent.

We call for restoration of our normal democratic governance and for politicians to be independently and critically informed in the decision-making process. After the initial justifiable response to Covid-19, the evidence base now shows a different picture. We have the knowledge to enable a policy that protects the elderly and vulnerable without increasing all other health and economic harms and which is not at the expense our whole way of life and particularly that of the nation’s children.

‘First do no harm’ is a basic tenet of medical ethics, understanding that a cure must never be worse than the disease itself. However, there is increasing evidence that the collateral damage now being caused to the population will have a far greater impact in the short and long term, on all sections of the population, than the number of people now being safeguarded from Covid-19. In our opinion, the current measures, and the strict penalties for non-compliance, are contrary to the values formulated by Public Health England, which states, ‘We exist to protect and improve the nation’s health and wellbeing, and reduce health inequalities’.

We have somehow reached a situation where the whole of life in Britain, as in many countries, has focused on a single condition and one which is now endemic. ‘Zero’ Covid is not a realistic option in a global

world. In this letter, we highlight many other areas of health and well-being that are now largely overlooked. We also look at an alternative strategy which we believe can best protect the vulnerable, whilst allowing most people to return to near normal life and provide references to just some of the many scientific papers which explain why we have reached this conclusion.

### Our current knowledge about covid-19

At the beginning of the pandemic, the WHO predicted a disease that if uncontained would spread to maybe 50% of the world’s population claiming 3.4% victims, in other words millions of deaths by a highly contagious novel virus for which no pre-existing immunity or vaccine was available. Measures were understandable and widely supported, as there was concern that unprecedented pressure would be placed on our hospitals. Thus, the stated purpose of the initial lockdown was to “flatten the curve” and protect the NHS. Hospitals rose to the occasion, Nightingale Hospitals were built, no one died for lack of intensive care facilities - a huge credit to the staff of the NHS.

Gradually, as our knowledge has accumulated, it has become clear that objective facts show a different reality. The known global infection rate to date stands at less than 1% of the world population. The true mortality rate is also over-estimated as we now know that many people have very mild or no symptoms and were thus not included in the testing regime at the start of the pandemic in the UK or elsewhere. We also know that serious disease and indeed death are linked to older age and pre-existing health conditions, so it is on protecting this group that we should be concentrating.

It has also become clearer that the pandemic has not exhibited truly exponential growth; rather, it has been shown to follow a classic Gompertz curve from the very early stages of each outbreak. The Gompertz curve is used as the classic model of population dynamics in conditions where there is some limiting factor to the rate of growth. In the case of Covid-19 this observation supports the theory that a level of pre-existing immunity was present in the population prior to lockdown, thus limiting the spread of infection. This pre-existing immunity is probably due to immunity to common cold viruses which, in 40-60% of individuals, is thought to give some protection against

Sars-CoV-2. In addition, we now know that exposure to the virus, even without symptoms, generates robust cellular immunity that is likely to have a long duration. Consequently, measurements of antibody prevalence in populations almost certainly give a serious underestimate of both exposure and immunity. It is vital we build on this immunity that is developing naturally in the population. Perversely population lockdowns could impede this process. Indeed, new evidence published this week, reports the potential increase in total deaths resulting from school and university closures. We also know a lot more about effective ways to treat Covid-19, such as early use of anticlotting agents and dexamethasone, plus avoidance of invasive ventilation. Evidence from both Germany and the UK show a significantly lower in-hospital mortality rate in the later stages of the epidemic.

### Waiting for a vaccine

This would appear to be the government’s main exit plan and is a strategy fraught with risk. We do not know when, or even if, an effective vaccine will become available. Any vaccine is unlikely to give complete protection against the virus and any protection may only be of short duration. A vaccine is also unlikely to provide superior protection to immunity that is developing naturally. Thus, a vaccine is only one tool to help limit viral spread and alone will not eliminate the disease. We feel these facts have not been made clear to the general public, many of whom view a vaccine as a simple solution to the pandemic.

### Widely publicised data is exaggerating the current risk

Widespread population testing using PCR is distorting the current risk. Use of such a test in a clinical situation (as in pillar 1) was very helpful as a rapid screen but the testing strategy now seems to be driving policy. The problem of functional false positive rates has still not been addressed and particularly in the context of low prevalence of disease whereby false positives are likely to exceed true positives substantially and moreover correlate poorly with the person being infectious. Alongside this we have the issue that it is normal to see an increase in illness and deaths during the winter months. This is well known in the case of pneumonia and influenza. Any increase in positive cases and deaths therefore needs to

be presented in the context of the normal seasonal illness/death rate. It is notable that UK death rate is currently sitting around average for this time of year. The use of the term 'second wave' is therefore misleading.

### Adverse consequences of current measures in adults

Social isolation has led to an increase in depression, anxiety, suicides, intra-family violence and child abuse. Fear and persistent stress have a proven negative influence on psychological and general health. Yet fear seems to be the main strategy for inducing compliance with government measures, whether fear of contagion, fear of prosecution or indeed calling on neighbours to report transgressors to the police, leading to further societal fracturing. The way in which Covid-19 has been portrayed by politicians and the media has done little to promote well-being. Metaphors invoking war and an invisible enemy have been widespread, together with phrases such as 'care heroes in the front line' and 'corona victims', fueling the idea that we are dealing with a global 'killer virus'. Pervasive 'stay safe' messages give the impression that normal life has become perilously dangerous. The relentless daily presentation of the rising death toll was unleashed on the population in March, without interpreting those figures, without comparing them to flu deaths in other years, without comparing them to deaths from other causes. As death rates fell, the media swapped to highlighting rising 'cases'. This coverage has induced unparalleled levels of fear in the population and, in particular, indoctrinates young children with a negative and potentially damaging narrative. Widespread use of masks may well be adding to fear but this is not being considered, despite limited scientific evidence of benefit.

The NHS has been all but shut to non-Covid conditions and delays in diagnosis have been highlighted in general practice and this is beginning to be revealed in rising waiting lists for cancer diagnosis and treatment and excess non-Covid deaths. Moreover, the huge adverse effect on the economy and people's livelihoods will have its own effect on increasing poverty and the health consequences of that, widening the gap between rich and poor.

### Adverse effects on children and young people

As a demographic, children are disproportionately affected by the restrictions. Effects on children are particularly concerning especially knowing their extremely low likelihood of serious disease and the small part they play in viral transmission. The Royal College of Paediatrics and Child Health has reported delays in referral for diabetes, cancer and child protection issues. Development and growth are also hampered through reduced social and family interaction, exacerbated by the 'Rule of 6'. Reduced access to learning in schools, educational groups, extra-curricular activities, sport, nurseries and baby classes,

all impact on children's physical health and on their mental health. Parents at many primary schools are now being asked to wear masks when collecting their children, so despite spending months explaining that this virus is not dangerous to kids or young adults, we are graphically showing them the reverse, adding to levels of fear.

Widespread and excessive testing in educational settings is having an additional impact, exacerbating these issues. The parent group UsforThem has evidence of wide variation in how self-isolation rules are applied, with some schools sending home children with minor coughs and colds who are then refused re-entry to school without a negative test. Whole year groups are sometimes being sent home for a single 'positive' test but with no knowledge whether the child in question is truly infectious. The emotional, physical and economic impact of such measures on young people and families is unparalleled.

Lack of leadership and varied interpretation of guidance by individual educational settings, has resulted in the adoption of disproportionate Covid measures in large numbers of schools, nurseries and other childcare settings. Many of them raise serious issues of child welfare and safeguarding. The lack of any credible milestones to return to normal, cast-iron, full-time schooling, risks causing irreversible harm to the socio-educational prospects of a generation of children.

### Another way forward

At present, there appears to be no clear exit strategy, other than waiting for a vaccine. It is clear that this virus has become endemic, yet current 'protective' measures are causing avoidable and likely long-term harm to society as a whole. People's health, quality of life and livelihoods are in peril for a disease with a mortality rate comparable to many other diseases that befall us.

We welcome the proposals by many respected medical professionals in recent open letters, in this regard and we ask the government to urgently consider the following strategy:

1. Acceptance that Covid-19 will remain as one of several winter viruses.
2. Public restrictions should be informed by a broad range of independent scientific and medical views, assessed on a benefit to harm ratio and debated in parliament before implementation.
3. Urgently address the unreliability of PCR testing, by adhering to a published cycle threshold cut-off. Discontinue testing of asymptomatic adults and mildly symptomatic children.
4. Produce a balanced long-term sustainable plan for dealing with NHS winter pressures.
5. Consider fully the impact on children, young adults and family life in consultation with those who have the welfare of these groups at heart.

6. Provide factual balanced and contextual advice to the public which allows individuals to manage their own risk.
7. Concentrate efforts on supporting and protecting the most vulnerable. For example, urgently identify health or social care facilities where COVID infected patients can convalesce until no longer infectious, thus avoiding early discharge to care homes.
8. Encourage the return to normal life for the less vulnerable members of society with the understanding that this will help to generate population immunity and thus suppress the spread of the virus in the longer term.

**We urge policy makers to remember that this pandemic, like all pandemics, will eventually pass but the social and psychological damage that it is causing, risks becoming permanent.**



**By Dr Rosamond Jones**, MBBS, MD, FRCPC (paediatrician, grandparent, #UsforThem)

**Dr Charlotte R Bell** MA, VetMB, PhD, MRCVS (immunologist, veterinary surgeon, parent)

**Malcolm Loudon**, MB ChB, MD, FRCSEd, FRCS, MIHM (consultant surgeon, parent)

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### Co-signatories

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**Professor David Livermore**, Professor of Medical Microbiology, University of East Anglia

**Professor David King**, Emeritus professor of clinical psychopharmacology

**Professor David Paton**, Professor of Economics, University of Nottingham

**Professor Keith Willison**, Professor of Chemical Biology, Imperial College, London

**Professor Kenneth Strain**, Professor of Physics, Glasgow University

**Professor Martin Evison**, Emeritus Professor of Pathology

**Professor Mike Hulme**, Professor of Human Geography, University of Cambridge

**Professor Richard Ennos**, Professor of Biological Sciences, Edinburgh University

**Professor Stephen Cooper**, Professor of Psychiatry, retired, grandparent

*Tim says:* “This interview on Australian TV, back in April, with Swedish former chief epidemiologist Johan Giesecke exposes the defects of the Imperial College research, on which so many governments relied. Giesecke boils down the arguments about COVID-19 to their basics – and cuts through the confusing detail of conflicting arguments. He also accurately foretold the problems which the Aussies and Kiwis would have, if they were to rely excessively on lockdowns...”

**Sky News:** *You've been a strong critic of the idea of lockdowns, Sweden has avoided these sort of lockdowns that we're seeing here in Australia. Tell us your thoughts – are lockdowns the correct way to go?*

**Johan:** You introduced me by saying that I would say that you got it all wrong. I don't think you got it all wrong, but you painted yourself into a corner and I'm watching with interest how you and 100 other countries will climb out of the lockdown, because I don't think any government that I know gave a minute's thought about how they would get out of the different lockdowns that are installed.

Take the school closure for example, if you close the schools, when are you going to open them, what's the criteria?

I don't think anyone thought about that when the closure was decided on. Anyway, so Sweden doesn't have such a strict lockdown, there are a few things that are forbidden – the crowd can't be more than 50 people, at restaurants that are mostly open, there should be 5ft or 1.5 meters between the tables, you have to sit down to eat, there are a few things like that, but rather mild things... there are very few laws and [regulations] passed, you can go out without being stopped by the police and fined or threatened with prison and mostly we talk about trust... we trust the people – people are not stupid.

That's... the basic line [in Sweden]. If you tell people what's good for them and what's good for their neighbours and other people, they do that. You take a restriction that's sensible and understandable, people will follow it.

**Sky News:** *You said that you think the results are going to be similar across most countries regardless of the approach they've taken, can you take us through that?*

**Johan:** There is a tsunami of a rather mild infection spreading around the globe and I think that's there's very little chance to stop it by any measure we take.

Most people will become infected by this and most people won't even notice. We have data now from Sweden that shows between 98 and 99 percent of the cases have

had a very mild infection or didn't even realise they were infected. So we have this spread of this mild disease around the globe and most of it is happening where we don't see it.

It's among people that don't get very sick, spread it to someone else that doesn't get very sick and what we're looking at is a thin layer at the top of people who do develop the disease and even thinner layer of people that go into intensive care and then even thinner layer of people who die.

But the real outbreak is happening where we don't see it.

**Sky News:** *So...you're saying that at some point pretty much everybody is going to get this disease to some degree or another.*

*Here in Australia we've done an incredibly good job suppressing it.*

*I'm wondering do you think we've done too good a job, is it possible to do too good a job suppressing it in the early stages such that you won't ever be able to take the foot off the break on your restrictions to get the disease just to a manageable flow of cases that the health system, which we were told this was all about preparing for that, be allowed to handle the cases as they come through.*

**Johan:** Yes... one point is to flatten the curve a bit so that the health care isn't overused.

You may succeed, and New Zealand may also succeed, but I've been asking myself when New Zealand or Australia has stamped out every case in the country, what do you do for the next 30 years.

Will you close your borders completely? Quarantine everyone who is going to Australia or New Zealand? Because the disease will be out there. I don't know how you are going to handle that.

That's your problem.

**Sky News:** *You've said you think in most countries regardless of the measures we take, eg. Taiwan has been very successful and other countries like Italy have been disaster cases, but you think at the end of the day they're all pretty much going to end up with the same fatalities, the same results, the same deaths regardless of what measures they took. Explain that.*

**Johan:** Yes. Basically I think it will be the same because, like I said, the real epidemic is invisible and it's going on all the time around us.

The other thing with a lockdown is when you open it, you will have more cases, so the countries who pride themselves in having a few deaths now, will get these deaths when they start lifting the lockdown.

**Sky News:** *Tell us briefly about the Imperial College results that sparked this worldwide panic.*

*You believe they were flawed, these were the initial results that were coming out and the modelling that was saying millions are gonna die. You thought that was flawed, tell us why.*

**Johan:** Yes, there are a few procedural things... One is that the paper was never published which is normal scientific behaviour.

The second thing it wasn't peer-reviewed, which means it wasn't looked upon by other people, which is also normal scientific procedure.

So it was more like an internal departmental communication, a memo.

And then the big mistake of the Imperial group was underestimating the proportion of the very mild cases that would never be detected, that's the main thing with that prediction.

And it's fascinating how it changed the policy of the world.

The UK made a U-turn overnight [upon] the publication of the paper which is fascinating.

So, yes, there were several other mistakes with the paper, but it gets very technical to get into that.

**Sky News:** *You mention that the overwhelming majority of people that get this disease have no symptoms or very minimal symptoms.*

*Do we even know the real fatality rate of the coronavirus?*

**Johan:** No. Well it's around 0.1%.

**Sky News:** *We were told it was 3% initially, initially 2%, are you saying now that it's 0.1%, that's pretty much the same fatality rate as the regular flu isn't it?*

**Johan:** I think it's a bit higher actually. I said before in Sweden that this is like a severe influenza. I don't think that's completely

true – it will be a bit more severe than the influenza, maybe double, but not tenfold.

**Sky News:** *With all of the health care systems focusing on flattening the curve and being prepared for these waves of infection, which aren't necessarily coming because of the very restrictive measures, overall are we gonna see more people dying, we talked a little bit about this before on the show, of cancers, heart attacks, things like that, simply because they're too scared to go to the hospital because they think they won't get treated.*

*Is there going to be other deaths that are going to be caused by our overweighting focus just on this one particular disease?*

**Johan:** Could well be.

The emergency rooms here in Stockholm have about 50% of the usual number of patients coming in, and one reason is probably that people are scared of contracting the disease when they go into hospitals, and another is that, I think, they say they can wait a bit until the thing is over.

**Sky News:** *You've said the best policy, the correct policy, would be to simply protect the old and the frail. Is that correct?*

**Johan:** Yes, and that's the Swedish model. It has... two pillars.

One is only use measures that are evidence-based.

And there are two that are evidence-based... one is washing hands... we've known that for 150 years since Semmelweis in Austria a long time ago.

The other is social distancing.

If you don't get too close to other people, they won't infect you.

And the third may be trust people.

People are not stupid, if you tell them what's good for them they will do what you say.

You don't need soldiers on the street – and police.

It's unnecessary.

● Transcript of interview, Swedish former chief epidemiologist Johan Giesecke

**By Sky News Australia**  
29 April 2020

*Tim says:* "Government chief medical officer Chris Whitty presents a false dichotomy when he says, below, that 'it's a balancing act between two harms: a harm for society and the economy on the one hand and a harm for health on the other hand'. If you harm society and the economy, Chris, as all health professionals are aware, you also harm health. The fact of the matter, which you have not addressed, is that, by not locking down, Sweden has performed better than the UK, in terms of both health and the economy."

## CORONAVIRUS LATEST: CHRIS WHITTY ADMITS STRICTEST TIER 3 LOCKDOWN RESTRICTIONS 'NOT ENOUGH' TO STOP COVID-19

**Chief Medical Officer says local areas will have to go beyond toughest restrictions**

**Ministers refused to adopt far stricter measures put forward by scientific advisers in a bid to stop the fresh outbreak of Covid-19, official documents have revealed.**

England's Chief Medical Officer warned that the areas worst hit by Covid-19 will need extra measures on top of those announced on Monday if the infection rates are to be significantly lowered.

Minutes released by Sage revealed that a month ago scientists had called for the Government to go much further with its interventions to stop the spread of the disease.

They suggested a range of measures, including a "circuit-breaker" lockdown over a short period, banning all mixing outside of households, closing all hospitality venues, gyms and hairdressers, and switching to online-only teaching in universities. The Government refused to adopt any of these measures, apart from telling people to work from home.

### **Lockdown latest**

Boris Johnson announced the new, simplified system for local areas, which saw the Liverpool City Region as the only part of the country to be placed under tier three or "very high" measures.

But in a frank admission, Professor Chris Whitty insisted even these tougher set of regulations, which will see hundreds of bars, gyms, betting shops and casinos close across Merseyside, will not by themselves be enough to stop the spread of the disease.

### **Not confident**

The Government's chief medical adviser told the Downing Street press conference he was "very confident" the measures would help slow the virus in parts of the country suffering a rash of outbreaks.

However, he added: "I am not confident, and nor is anyone confident, that the tier three proposals for the highest rates, if we did the base case and nothing more would be enough to get on top of it."

Prof Whitty said the new system was designed to be "flexible" and enable local leaders and public health officials to do "significantly more" in areas classed as tier three.

"The base will not be sufficient, but there are additional things that can be done within that guidance," he said.

News that the toughest local restrictions will not go far enough will be of serious concern for many MPs, particularly those representing areas that are on the brink of being hit with tougher measures, such as parts of Greater Manchester and Newcastle.

Prof Whitty fired a warning at local leaders that are refusing to undergo tighter measures for fear of damaging their economies. He said the notion that restrictions can be imposed "without causing harm is an illusion."

"We're going to have to do more, that's the whole point of what the Prime Minister has just announced, and probably in some areas significantly more."

He added: "It is a balancing act between two harms: a harm for society and the economy on the one hand and a harm for health on the other hand."

Local leaders in the rest of the North West and the North East refused to give their backing to the Prime Minister's proposals, meaning areas with infection rates almost as high as Merseyside have escaped tougher measures.

### **Fraying relations**

And in an early sign of fraying support from leaders in Liverpool, Steve Rotheram,

Liverpool Metro Mayor, accused Mr Johnson of being "disingenuous" and insisted the restrictions were imposed by central government.

Chancellor Rishi Sunak said it was wrong to suggest particular areas in the UK were being treated differently to others.

"The schemes that we have put in place are national so wherever you happen to be, whatever job you have, not just in regions in England but wherever you are in the UK, you'll be treated the same," he said.

This story has been updated after documents from Sage were released.

**By Richard Vaughan**

iNews / 12 October 2020

Print credit: Text by Richard Vaughan & Jasmine Andersson Copyright iNews

*Tim says:* “The headline below, accurately reflecting the comments of a government scientific adviser, is a typical example of project fear being unscrupulously promoted, in the name of science. There is no attempt, for example, to deal with the obvious downsides of a further lockdown. In this report, Professor Andrew Hayward makes the absurdly contradictory arguments that (a) ‘a two-week lockdown would save thousands of lives’, but (b) ‘a four-week lockdown will cost lives’. Just because you’re a scientist doesn’t mean that you can’t make crazy arguments.”

# EARLIER LOCKDOWN WOULD HAVE SAVED THOUSANDS OF LIVES, SAYS SCIENTIST

**Thousands of lives would have been saved if Boris Johnson had imposed a short lockdown when experts recommended it in September, a scientist advising the Government’s coronavirus response has said.**

Professor Andrew Hayward said the move would also have “inflicted substantially less damage” to the economy than the new national lockdown for England, which will be imposed on Thursday.

Chancellor Rishi Sunak said it is his “expectation and firm hope” that England will exit the second shutdown on December 2, but ministers are unable to guarantee that.

The Prime Minister will use a statement in the Commons later on Monday to say that “we will seek” to ease restrictions back into the local tiered system next month.

And he will warn that Covid-19 deaths over the winter could be twice as high as during the first wave without the move, with several senior Conservatives likely to rebel against the Government.

There is anger over the severity of the restrictions, the length they will be needed for and over the delay to imposing them.

The Scientific Advisory Group for Emergencies (Sage) recommended on September 21 that a shorter “circuit-breaker” lockdown was needed.

Prof Hayward, who sits on the Government’s New and Emerging Respiratory Virus Threats Advisory Group, which works with Sage, acknowledged “we can’t turn back the clock” on imposing restrictions.

“But I think if we had chosen a two-week circuit-break at that time, we would definitely have saved thousands of lives,” he told BBC Radio 4’s Today programme.

“And we would clearly have inflicted substantially less damage on our economy than the proposed four-week lockdown will do.”

Meanwhile, Mr Sunak said that he appreciated “everyone’s frustration” but assured MPs that the lockdown will “as a matter of law” expire on December 2.

“Our expectation and firm hope is, on the basis of everything we know today, the measures we put in place for the time they are going to be put in place for will be sufficient to do the job we need. And we will seek to exit these restrictions back into a tiered approach at the end of the four-week period,” he told Today.

Mr Sunak, who has extended the furlough scheme across the UK throughout the second lockdown, also said there would be an increase in support in grants for the self-employed.

He said “directionally of travel” they will increase from 40% of profits but said the full details would be announced in Parliament by Mr Johnson.

The Prime Minister pulled out of a speech to business leaders at the CBI conference and will instead address MPs over the lockdown that will close pubs, restaurants and non-essential retail, while schools, colleges and nurseries can stay open.

People will also be allowed to exercise and socialise in outdoor public spaces with their household or one other person.

Facing growing unrest on the Tory backbenches, Mr Johnson is expected to say there is “no alternative” but to take national action.

“Models of our scientists suggest that unless we act now, we could see deaths over the winter that are twice as bad or more compared with the first wave,” he is to add.

“At the end of four weeks, on Wednesday December 2, we will seek to ease restrictions, going back into the tiered system on a local and regional basis according to the latest data and trends.”

MPs will debate and vote on the new measures on Wednesday but any Conservative rebellion is likely to be only symbolic with Labour poised to back the Government on the measures.

But opposition leader Sir Keir Starmer warned of the “human cost” of the Government’s inaction, with the daily death toll having increased since Labour called for a circuit-breaker last month.

Sir Keir told the CBI conference: “Make no mistake, the Chancellor’s name is all over this.

“His decision to block a circuit-breaker, to dismiss it as a ‘blunt instrument’ and to pretend that you can protect the economy without controlling the virus will now mean that businesses have to close for longer, more people will lose their jobs, and the public finances will be worse than they needed to be.”

Downing Street attempted to head off a rebellion by guaranteeing MPs a further vote “on the proposed way forward” when restrictions expire on December 2 after Cabinet Office minister Michael Gove raised concerns over the weekend when he said the national lockdown may need to be extended.

Conservative former Cabinet minister Esther McVey said she would vote against the four-week lockdown because the “‘lockdown cure’ is causing more harm than Covid”.

And Sir Graham Brady, the influential chair of the Tories’ 1922 Committee, said: “If these kinds of measures were being taken in any totalitarian country around the world, we would be denouncing it as a form of evil.”

In other developments:

– A further 23,254 people tested positive for coronavirus as of Sunday, while another 162 deaths were reported in the UK.

– Wales will introduce new national measures when its 17-day firebreak lockdown ends but will permit two households to meet at home if they form a “bubble”.

– Scotland moved to a new five-tier level of restrictions on Monday, as First Minister Nicola Sturgeon warned she would not hesitate to increase the level of protection either locally or nationally if required.

– Schools in Northern Ireland reopened on Monday after an extended half-term holiday, though other lockdown restrictions will remain in place until November 13.

**By Press Association**  
2 November 2020



*Tim says:* "Ross Clark, a freelance journalist, pours scorn on the views of the government and SAGE. Very strangely, the Department of Health attacked Clark's article on Twitter and said it was 'misleading'. After criticism of the tweet by scientists and some politicians (journalist Stephen Glover reports in the Mail), the tweet was removed. So, it would seem that Mr Clark's views below are not being disputed by the government."



# WHAT THEY DON'T TELL YOU ABOUT COVID: FEWER BEDS TAKEN UP THAN LAST YEAR, DEATHS A FRACTION OF THE GRIM FORECASTS, 95% OF FATALITIES HAD UNDERLYING CAUSES... AND HOW THE FACTS CAN BE TWISTED TO STRIKE FEAR IN OUR HEARTS

With the nation's health at stake, it was revealed this week that GCHQ has embedded a team in Downing Street to provide Boris Johnson with real-time updates to combat the 'emerging and changing threat' posed by Covid-19.

The intelligence analysts will sift through vast amounts of data to ensure the Prime Minister has the most up-to-date information on the spread of the virus.

But what exactly should Mr Johnson be looking for? Here, ROSS CLARK reveals what he should be asking...

## How accurate were the Government's grim predictions?

The short answer is: not very. In a July report commissioned by Chief Scientific Adviser Sir Patrick Vallance, scientists estimated that there could be 119,000 deaths if a second spike coincided with a peak of winter flu. Yesterday, that figure stood at 54,286 – less than half that.

In fact, the second peak seems to have passed – over the past week there has been an average of 22,287 new infections a day, down from 24,430 the week before.

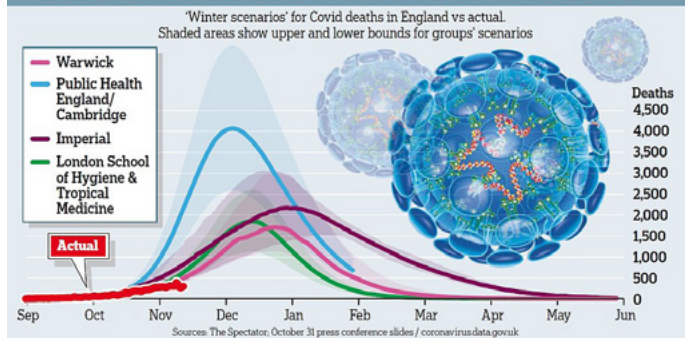
In mid-September, Sir Patrick made the terrifying claim that the UK could see 50,000 new coronavirus cases a day by mid-October unless more draconian restrictions were introduced. Yet we have never got near that figure.

## What about its prophecies on deaths?

Ditto. Its warnings simply don't bear any relation to reality.

During the 'Halloween horror show' press conference used by Sir Patrick and Chief Medical Officer Professor Chris Whitty to scare the Government into implementing a second lockdown, one of their slides suggested that daily Covid-19 deaths could reach 4,000 a day by December.

## DEATH PREDICTIONS - AND REALITY



With ten days to go, we're still at less than 15 per cent of that figure. In fact, as the graph above shows, the current death rate is significantly below almost every modelled winter scenario.

## Are hospitals close to full capacity?

The answer is 'no' – contrary to what the Government experts would have you think after they last month published a chart that gave the impression that hospitals were close to overflowing, when at least half didn't have a single Covid-19 patient.

Currently, only 13 per cent of NHS beds are occupied by patients with Covid-19.

On Monday this week, 16,271 hospitals beds across the UK were taken up with patients who had tested positive for Covid-19.

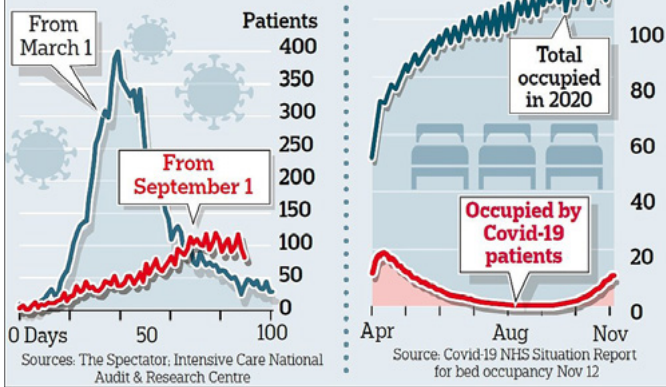
This did show a steady rise from the previous Monday, when there were 14,279 patients with Covid.

But to put this figure into perspective, the NHS in England had 101,255 general and acute beds available in March of this year plus 15,392 in Scotland and 10,563 in Wales.



## CRITICAL CARE CAN COPE

Two Covid waves compared: New Covid patients admitted to critical care in England, Wales and Northern Ireland, by days. Later figures are likely to be revised up



### How does it compare with last year?

Remarkably, as the graph shows, the number of NHS England beds currently occupied is lower than last year's average.

On November 5, the most recent date available, there were actually 1,293 fewer patients in hospital beds than last year's November average.

### Surely intensive care beds are full?

Some hospitals are under pressure but that is not the picture everywhere as the chart above shows. On Wednesday, 1,430 people with Covid-19 were occupying beds with mechanical ventilation.

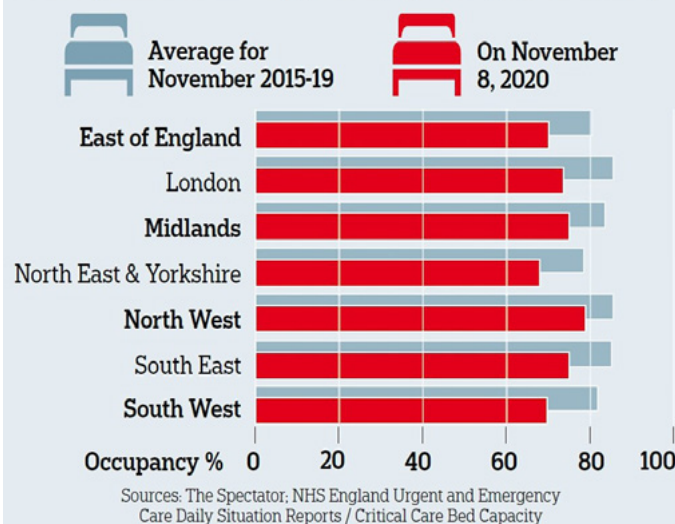
Given that before the crisis there were 4,119 intensive care beds in England plus 269 in Scotland and 153 in Wales, roughly only 31 per cent of ICU beds – not including those which have been recently converted from normal beds – are currently occupied by patients with Covid.

In fact, on November 8, the number of occupied critical beds was actually lower than five-year average for 2015-19.

Even at the height of the first wave in the spring, the percentage of mechanical ventilation beds in existing NHS hospitals that were used never exceeded 62 per cent, according to a study by University College London.

## BEDS AREN'T FULLER

Critical care bed occupancy rates vs 5-year average. For hospital trusts with a Type 1 A&E, by NHS region. Adults only



### But wasn't that because of the Nightingale hospitals?

Not at all. In fact, despite all the fanfare surrounding the Nightingale hospitals' rapid construction, they were never more than 1.23 per cent full.

Moreover, doctors are now far better prepared to treat Covid-19, such as knowing when and when not to put patients on ventilators.

### So who is Covid-19 killing?

To put it simply, the victims are overwhelmingly the elderly and those with pre-existing conditions.

Of the 37,470 Covid-19 deaths recorded by NHS England up to November 18, 53.7 per cent were of people aged over 80.

In comparison, there have been just 275 deaths (only 0.7 per cent of the total) in people under 40.

And crucially, those who have died from Covid-19 are overwhelmingly likely to have suffered from a pre-existing condition.

Of those who have died from coronavirus, 35,806 people (95.6 per cent of the total) had at least one pre-existing serious medical condition.

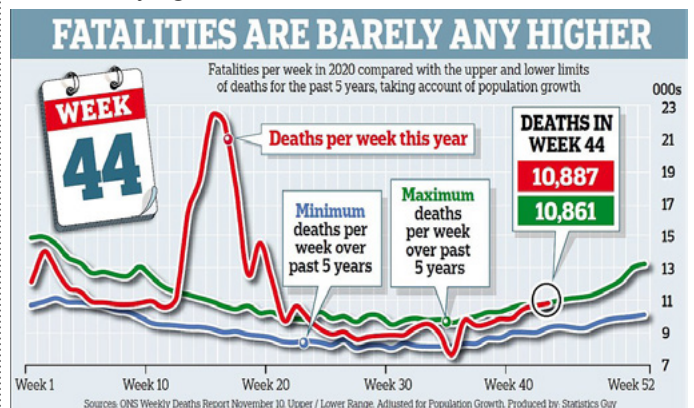
In fact, there have been just 42 deaths of people aged under 40 without a pre-existing condition.

### What count as pre-existing conditions?

While there has been lots of discussion about how a person's lifestyle – their weight or general respiratory condition, for example – makes them more vulnerable to Covid-19, the truth is that those who die with pre-existing conditions tend to be suffering from serious, debilitating diseases.

Some 27 per cent of them had diabetes, while 18 per cent had dementia – both of which render a person extremely vulnerable to any viral infection.

### Are more dying now than in the first wave?



No. The number of Covid-19 deaths is significantly lower than the peak in April as the graph above shows. On April 21, for example, there were 1,224 Covid-19 deaths, and a daily average for the week of 838. Yesterday, 511 new deaths were reported.

### Are more dying now than last year?

Despite what the fear-mongers would have you think, deaths are not far above average for this time of year as the graph above shows.

Yes, in the week to November 6, overall deaths in England and Wales stood at 11,812 – which was 14.3 per cent, or 1,481 deaths higher, than the five-year average.

But that hides the fact that in contrast to the spring, when deaths from non-Covid-19 causes were running above average, non-Covid-19 deaths in recent weeks have actually been running substantially below average.

### Surely more elderly people are dying than normal?

It doesn't look like it. According to the latest Office for National Statistics (ONS) figures – for October 2020 – in spite of all the Covid-19 deaths, the average deathrate in the over-75s was significantly lower this year than it was last October – 6,901.7 per 100,000 people, compared with 7141.7 for last year.



**But isn't the infection rate now going up?**

The latest ONS estimate shows that in the week ending November 14, new infections were already levelling off: one in 80 people in England had the disease that week, compared with 1 in 85 the week before.

And it could now be falling: according to research published this week by scientists at Cambridge University – whose data is used by the Government's Sage advisory group – infection rates of Covid-19 have actually stopped growing across England.

Indeed, they claim, the R rate – the average number of people infected by somebody with the virus – has fallen to one.

If the figure is below one, the epidemic subsides; above one and it grows; and if it is one, infection rates stay the same.

**Couldn't that just be an anomaly?**

Actually, that figure for the R rate tallies with a number of other studies.

The Government's latest estimate – derived from Imperial College London's REACT study, which has been swabbing tens of thousands of people every week – is that the R number for England as a whole is currently between 1 and 1.2.

Meanwhile, the Covid-19 Symptom Study run by King's College London, even puts the R number at 0.9 – the lowest it has been since August.

Whatever the truth, data released by the ONS yesterday confirmed that infection rates are levelling off in England and Scotland.

**Does it matter when the elderly are more likely to be infected?**

That's the claim of critics of the Great Barrington Declaration – which in October called on governments to abandon one-size-fits-all lockdowns in favour of targeted shielding – who believe that the current wave of infection will tear through the elderly.

Yet the infection rate is actually highest in school-age children and students – the least vulnerable demographics – and lowest among the over 70s.

In the week to November 14, the infection rate among secondary school pupils was 2.03 per cent, while in those over 70 it was just 0.48 per cent and falling.

**What about the areas seeing a spike?**

There is certainly a regional variation when it comes to rates of infection – with the North generally seeing higher levels than the South.

One of the reasons the figures may seem particularly striking is because, embarrassingly for the Government, the same figures over the autumn were based on a data error, which reported student infections as happening at their parents' address – predominantly in the South.

At the height of the problem, in September and October, one in eight cases was reported to the wrong local authority.

**Isn't mass testing going to fix all this?**

Don't bet on it. The Government has put a lot of faith in Operation Moonshot – its plan to test the entire population once a week using 'lateral flow tests', a type of Covid-19 test that give results in only an hour. Yet their rapidity comes with a cost: they are not very reliable.

According to a recent study by the University of Oxford and Public Health England's Porton Down laboratory, the LFT being used in the pilot scheme across Liverpool succeeded in detecting Covid-19 in only 79.2 per cent of cases even when performed by laboratory staff.

**Is that really so bad?**

Just wait. When used by trained health professionals in the community, the detection rate fell to 73 per cent and when used by self-trained members of the public it fell to just 58 per cent.

Worse, in a way, were the false positives.

Overall, 0.32 per cent of people given the tests were falsely told they had the virus.

If the entire population were obliged to take the tests it could mean that 200,000 – a city the size of Portsmouth – would be ordered to self-isolate when they don't actually have the disease.



**By Ross Clark**

*Daily Mail / 20 November 2020*

*Text by Ross : Copyright The Daily Mail, Mail Online*

*Tim says:* “Kamran Abbasi, executive editor of the British Medical Journal, says here that ‘COVID-19 has unleashed state corruption on a grand scale’ and that science is ‘suppressed by the medical-political establishment’ and by pressure for ‘political and financial gain’.

Quite, Kamran...”

# “WHEN GOOD SCIENCE IS SUPPRESSED BY THE MEDICAL-POLITICAL COMPLEX, PEOPLE DIE

**Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments. They do so to support innovation, to bring products to market at unprecedented speed. Both of these reasons are partly plausible; the greatest deceptions are founded in a grain of truth. But the underlying behaviour is troubling.**

Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health.<sup>1</sup> Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency—a time when it is even more important to safeguard science.

The UK’s pandemic response provides at least four examples of suppression of science or scientists. First, the membership, research, and deliberations of the Scientific Advisory Group for Emergencies (SAGE) were initially secret until a press leak forced transparency.<sup>2</sup> The leak revealed inappropriate involvement of government advisers in SAGE, while exposing under-representation from public health, clinical care, women, and ethnic minorities. Indeed, the government was also recently ordered to release a 2016 report on deficiencies in pandemic preparedness, Operation Cygnus, following a verdict from the Information Commissioner’s Office.<sup>3,4</sup>

Next, a Public Health England report on covid-19 and inequalities. The report’s publication was delayed by England’s Department of Health; a section on ethnic minorities was initially withheld and then, following a public outcry, was published as part of a follow-up report.<sup>5,6</sup> Authors from Public Health England were instructed not to talk to the media. Third, on 15 October, the editor of the Lancet complained that an author of a research paper, a UK government scientist, was blocked by the government from speaking to media because of a “difficult political landscape.”<sup>7</sup>

Now, a new example concerns the controversy over point-of-care antibody testing for covid-19.<sup>8</sup> The prime minister’s Operation

Moonshot depends on immediate and wide availability of accurate rapid diagnostic tests.<sup>9</sup> It also depends on the questionable logic of mass screening—currently being trialled in Liverpool with a suboptimal PCR test.<sup>10,11</sup>

The incident relates to research published this week by The BMJ, which finds that the government procured an antibody test that in real world tests falls well short of performance claims made by its manufacturers.<sup>12,13</sup> Researchers from Public Health England and collaborating institutions sensibly pushed to publish their study findings before the government committed to buying a million of these tests but were blocked by the health department and the prime minister’s office.<sup>14</sup> Why was it important to procure this product without due scrutiny? Prior publication of research on a preprint server or a government website is compatible with The BMJ’s publication policy. As if to prove a point, Public Health England then unsuccessfully attempted to block The BMJ’s press release about the research paper.

Politicians often claim to follow the science, but that is a misleading oversimplification. Science is rarely absolute. It rarely applies to every setting or every population. It doesn’t make sense to slavishly follow science or evidence. A better approach is for politicians, the publicly appointed decision makers, to be informed and guided by science when they decide policy for their public. But even that approach retains public and professional trust only if science is available for scrutiny and free of political interference, and if the system is transparent and not compromised by conflicts of interest.

Suppression of science and scientists is not new or a peculiarly British phenomenon. In the US, President Trump’s government manipulated the Food and Drug Administration to hastily approve unproved drugs such as hydroxychloroquine and remdesivir.<sup>15</sup> Globally, people, policies, and procurement are being corrupted by political and commercial agendas.<sup>16</sup>



The UK's pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines.<sup>17</sup> Government appointees are able to ignore or cherry pick science—another form of misuse—and indulge in anti-competitive practices that favour their own products and those of friends and associates.<sup>18</sup>

How might science be safeguarded in these exceptional times? The first step is full disclosure of competing interests from government, politicians, scientific advisers, and appointees, such as the heads of test and trace, diagnostic test procurement, and vaccine delivery. The next step is full transparency about decision making systems, processes, and knowing who is accountable for what.

Once transparency and accountability are established as norms, individuals employed by government should ideally only work in areas unrelated to their competing interests. Expertise is possible without competing interests. If such a strict rule becomes impractical, minimum good practice is that people with competing interests must not be involved in decisions on products and policies in which they have a financial interest.

Governments and industry must also stop announcing critical science policy by press release. Such ill judged moves leave science, the media, and stock markets vulnerable to manipulation. Clear, open, and advance publication of the scientific basis for policy, procurements, and wonder drugs is a fundamental requirement.<sup>19</sup>

The stakes are high for politicians, scientific advisers, and government appointees. Their careers and bank balances may hinge on the decisions that they make. But they have a higher responsibility and duty to the public. Science is a public good. It doesn't need to be followed blindly, but it does need to be fairly considered. Importantly, suppressing science, whether by delaying publication, cherry picking favourable research, or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions and preventing them from benefiting from better ones. When entangled with commercial decisions it is also maladministration of taxpayers' money.

Politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now regrettably commonplace in democracies.<sup>20</sup> The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die.



**By Kamran Abbasi**

*The British Medical Journal* / 13 November 2020

<https://bmj.com/coronavirus/usage>

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Covid-19: politicisation, "corruption," and suppression of science

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## COMMENTS ON AN INTERVIEW WITH ANDERS TEGNELL IN THE NEW STATESMAN

*Tim says:* “Anders Tegnell, the chief Swedish epidemiologist, explains his country’s approach to COVID-19: no lockdowns, no fines and, so far, a better health and economic outcome than that of the UK.”

# “ THE NEW STATESMAN INTERVIEWED SWEDEN’S CHIEF EPIDEMIOLOGIST ANDERS TEGNELL ON THE WAY IN WHICH SWEDEN HANDLED COVID-19 AND THE WAY IT WAS BEING DEALT WITH IN THE UK

### **Asked by the New Statesmen about Sweden’s response in March, Mr Tegnell stated:**

“I want to make it clear, no, we did not lock down like many other countries, but we definitely had a virtual lockdown. Swedes changed their behaviour enormously. We stopped travelling even more than our neighbouring countries. The airports had no flights anywhere, the trains were running at a few per cent of normal service, so there were enormous changes in society.

“In March there was a situation where the health service in Stockholm, and many other places, was threatening to become overwhelmed. There was no possibility to test, contact trace and so on. So we did what you do in those circumstances when you have a pandemic: we went into a mitigation phase and did our best to diminish the speed of the spread.

“That was reasonably successful, the Swedish health service was never overwhelmed, there were always free intensive care beds; the results from our intensive care for Covid-19 is at least as good as other countries. The spread never really took off after that. We had a peak somewhere in April, and since then the spread has slowly been diminishing over time with the measures we had in place.”

### **Mr Tegnell was asked if the absence of a formal lockdown accounted for the high number of deaths in the country.**

He told the magazine: “The pandemic took off in Sweden in a different way to our neighbouring countries. We had a huge spread in Stockholm early on, which was much more like the spread you saw in London, Amsterdam, Brussels, which in many ways are more similar to Sweden than our Nordic neighbours are. Stockholm and those other cities have big populations from other countries, which is important, because the spread is much bigger and quicker among those populations.”

He was asked whether the flouting of lockdown rules by individuals such as the adviser, Dominic Cummings, and SNP MP Margaret Ferrier had undermined the UK’s approach.

Mr Tegnell said: “I think it’s very important to have trust, and I think it’s been shown over time, with Ebola in west Africa, with many big outbreaks in the world, you need to have public trust to stop the disease. It’s important that the public understand what you are trying to achieve and work with you. I think that’s what we’ve managed to achieve in Sweden so far.”

He stated: “For once we need to be humble, it is still early days... We feel we have [the virus] under control but things might still be happening, this disease continues to surprise us. On the other hand, we haven’t locked down and opened up again. We had a virtual lockdown and we still have a virtual lockdown in Sweden and so in that way I think we can feel a little bit confident that we will not land in any big changes.”

*Interviewed by the New Statesman / 19 October 2020*

# TALKRADIO INTERVIEWS PROFESSOR ANTHONY BROOKES, A GENETICIST AND HEALTH DATA SCIENTIST AT THE UNIVERSITY OF LEICESTER

*Tim says:* “Professor Brookes is optimistic about vaccines, but highlights some of the unknowns. He says that COVID-19 is ‘a political pandemic, not a medical pandemic’ and that there has been ‘fear-mongering’ and that a lot of the data has been ‘misrepresented’.

## “ TRANSCRIPT - TALKRADIO 17 NOVEMBER 2020

**Edited interview with Professor Anthony Brookes by Julia Hartley-Brewer (JHB) of TalkRADIO.**

**JHB:** *The number of people dying is the same as it would be any other year, despite coronavirus, according to health data scientist Professor Anthony Brookes. Good morning to you Professor.*

**Professor Brookes:** Good morning.

**JHB:** *What about the argument that we'll vaccinate the vulnerable people first, so people over 80, people over 70 ... and people who work with them closely, care home workers and the NHS staff. Once that is done, and we're told we could possibly get that done by Easter, if we have enough vaccines and we've got the logistics going, if that were done could everyone else go back to normal?*

**Professor Brookes:** Well, best case scenario the vaccine does provide immunity, it does make you less infectious and we manage to get all the relevant people vaccinated, then yes by next spring things could look very different, but that's with everything going well.

There's all sorts of possible explanations why it might not go so well, but I'm hopeful that we'll get to a much better situation by next spring but what do we do in the meantime?

Do we just keep having lockdown after lockdown down, destroying the economy and causing other negative consequences, or do we switch to mass screening so that people every day, or several times a week, are testing themselves at home and then essentially getting a freedom pass to go and engage in society?

That's now the big push, the Moonshot project from the government, and that really is a problematic concept. It's not viable, it's not effective, it's not appropriate – it will create hundreds of thousands of false positives each day, so people will be isolating unnecessarily.

It will create hundreds of thousands of false reassurances each day, people told they're negative when they're actually positive, they'll go out there and intermingle with others.

The cost will be the equivalent of about six times the cost of the whole UK police force and almost approaching the cost of the whole NHS.

So that approach I think needs to be... re-evaluated. But ... targeting environments like care homes, is actually a very sensible thing as long as we do it the right way. There are ways to do it wrong, but there's ways to do it right, so I am optimistic there...

I can't remember who it was but someone said this has been a political pandemic, not a medical pandemic and I think there's a lot of truth in that – the decisions made, how the data have been misrepresented and the fear-mongering, I think the average member of the UK population is now much more scared than they really need to be about this whole thing.

So there are political aspects to this, and you know it's probably not my role as a geneticist and data science expert to start going into what those reasons might be, but there clearly are a lot of other motives and considerations beyond just the medical here.

**JHB:** *Is it a matter of fact that we are not seeing excess mortality in our hospitals right now?*

**Professor Brookes:** That's right, I'm glad you've made that point because there's too much fear around.

Let me just state some very basic facts ... I'll give you the absolute numbers today and people can then take that away and make their own decisions... The number of people dying today is the same as it would be any other year in total.

People dying of respiratory diseases today, it's about the same as it normally would be.

The thing is they'd normally die of flu and pneumonia, those diseases are very, very much reduced this year and it's been replaced with Covid.

The Covid deaths, just predicting from the charts and all the other considerations, will continue to go up from here, I actually agree with the government that it could approach the level of deaths per day that we had in wave one, I don't think it will I think it will top out about two-thirds of that level in a couple of weeks' time.

The hospitals, they've increased their capacity beyond normal years so they are less full in emergency care units than they would normally be, so it's normally about 90/95% they're about 85% this year- that's because they've increased the capacity but, in general, they're in no way struggling to cope...

So the virus exists, it's real, we need to be careful, but we shouldn't be thinking of it as a major player.

**JHB:** *Exactly, no one is saying ... this is a hoax, it exists, it is real and it is a dangerous disease... it's about proportionality...*

*Edited transcript of talkRadio interview with Professor Brookes  
17 November 2020*