

Tax equality makes economic sense

In the end, the public will decide...

When Wetherspoon first opened in 1979, around 90 per cent of beer was sold in the 'on-trade' – pubs, clubs, restaurants and hotels.

The take-home beer trade was dominated by 'off-licences', typically corner shops, present in most high streets.

In the intervening decades, the market has been transformed.

Today, supermarkets are present in every town and high street – they have cut a swathe through the licensed trade, crushing off-licences and reducing the on-trade market share, pre-pandemic, to under 50 per cent – and probably much less today.

Supermarkets, even so, have generally brought great benefit to their customers, providing an Aladdin's cave of goods, at competitive prices, under one roof.

Success

And their expansion has brought great financial success, with Tesco, the largest of the chains, making, perhaps, more profits than the entire on-trade.

Competition among businesses, the basis of market economies in the free world, is the engine which improves living standards for the country, providing jobs for people and tax for the treasury.

However, it is an important principle of taxation that it should be fair and equitable, treating similar businesses in a similar fashion.

Unfortunately, there is great tax inequality in the licensed trade in two main areas.

The first is in relation to food. Both pubs and supermarkets sell food.

However – whereas pubs pay 20 per cent VAT (value-added tax) in respect of food sales, supermarkets pay nothing.

The second relates to business rates, where pubs pay about 20 pence a pint, with supermarkets paying a mere fraction of that... perhaps around two pence.

Subsidise

Supermarkets have been able to use their tax advantage to subsidise the price of their beer, wine and spirits – which has opened up a massive disparity between the off- and on-trade.

Price matters, so many people have understandably deserted pubs, especially mid week, resulting in swathes of closures in recent years.

The great British and Irish pub culture, the social melting pot across the land, envied throughout the world, is being challenged as never before.

The simple solution is tax equality among supermarkets, pubs, clubs, hotels and restaurants.

Some people worry that tax equality would result in 'profiteering' in the on-trade – that tax would come down, but prices would stay the same.

In reality, that is never going to happen.

The laws of competition mean that pubs will have to bring their prices down to compete with one another and with other on-trade businesses.

The real consequence of tax equality, when you analyse the issue, is that pubs will be more competitively priced, compared with supermarkets, encouraging people to go out for a pint, rather than staring at their own four walls or at Netflix – what's not to like?

Consequences

Other important consequences of tax equality will surely be an increase in investment in the on-trade in beleaguered high streets, with more pubs, restaurants, cafés and clubs opening up, leading to more employment opportunities and, yes... higher taxes for the treasury.

The question of taxes is often thought to be the preserve of politicians alone.

However, it's really a question for you, the public.

Do you want pubs and restaurants to be treated equally?

Supermarket chains are infinitely more powerful than any pub or restaurant company. Surely, they don't need a huge tax advantage.

So, Rishi Sunak and Jeremy Hunt, and also Keir Starmer and Rachel Reeves, it's time to act.

Pursuing a goal of equality must be the right approach – and, as in so many areas of life, will bring great benefits.

Tim Martin

Chairman

There are two sides to the COVID-19 argument But only one can be right...

At the beginning of the pandemic, MPs (ie parliament) granted No. 10 Downing Street (ie the government) emergency powers which allowed four ministers, including the prime minister, known as 'the Quad', to make decisions without the normal scrutiny of parliament.

The results have been plain to see in the release of former health minister Matt Hancock's WhatsApp messages, sometimes called the 'lockdown papers'.

Unfortunately, decisions were often taken for PR purposes or sometimes for personal aggrandisement, rather than as a result of a careful scrutiny of the evidence and a desire to 'do the right thing'.

Insofar as MPs who weren't in the government commented, it seemed to be a question of urging the government to even greater restrictions. There also appeared to be a competition between Westminster and the devolved governments to see who could impose the most restrictions – thereby seeming the most virtuous.

However, many people believe that the Swedish approach, outlined in a transcript of an Aussie TV interview three years ago (see opposite page), in the early days of the pandemic, with Swedish epidemiologist Johan Giesecke, is the direction which the UK and other countries should have followed all along.

Perhaps the most significant difference between the UK's approach and Sweden's was the Swedish mantra, articulated by Professor Giesecke,

of "...trust the people. People are not stupid. If you tell them what's good for them, they'll do what you say". In contrast, for some reason, the decision-makers in the UK, including many of the academics in SAGE, believed that frightening the people into following the government line was the appropriate response.

On page 54, we publish a Guardian article by Professor Francois Balloux, of University College London Genetics Institute, who analysed a World Health Organization report on the pandemic and concluded: "The strength of mitigation measures does not seem to be a strong predictor of excess deaths."

He also said: "The worst performer, by some margin, is Peru, despite enforcing the longest, harshest lockdown."

The World Health Organization's report emphatically discredits arguments, such as those put forward by Professors Michael Baker and Martin McKee (see page 56), who advocated a 'COVID-19 elimination strategy', based on faulty evidence about its alleged success in China.

Elsewhere, we present articles by Jonathan Sumption, ex-Supreme Court judge and historian, and Fraser Nelson, editor of The Spectator, who also opposed the lockdown.

A flavour of the vicious nature of the attacks on people who oppose lockdowns is illustrated in an article (see page 58) by government supporter and MP Neil O'Brien.

Not everyone will agree with this choice of articles or the views expressed in them. They're only opinions.

You, the reader, need to make up your own mind. Luckily, as we've said before, in a democratic society, that's exactly what you're entitled to do.

JOHAN GIESECKE

Swedish epidemiologist

Tim says: “Professor Johan Giesecke, a Swedish epidemiologist, was interviewed on Aussie TV in April 2020, in the early days of the pandemic. This is a transcript of the interview, in which Professor Giesecke explains the Swedish philosophy.

The Swedes didn't get everything right, but many people today believe that their general approach, which avoided lockdowns and heavy restrictions, produced superior results. Whether this view about Sweden is believed to be correct will determine UK and world policy for pandemics in the future.

You, the public, will decide...”

Wetherspoon News autumn 2020

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 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 under-estimating 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 the 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

FRANCOIS BALLOUX

Director of the University College London Genetics Institute

Tim says: “Professor Francois Balloux, of University College London, in this Guardian article, discusses the World Health Organization’s investigation into government responses to COVID-19 and concludes that ‘Sweden’s death rate is ... about half the UK’s and, whereas it is above those of the Nordic countries, it still looks flattering, relative to the majority of the European Union.’”

Wetherspoon News summer 2022

“ SWEDEN? JAPAN? UK? DEBATES OVER WHO HAD A ‘GOOD’ COVID WON’T END

The WHO has spoken but even its huge new report will not settle arguments about pandemic strategies

National Covid death rates are, inevitably, political. How could they not be when they are viewed as evidence for good or bad government on matters of life or death? How did the UK fare compared with, say, Germany? Should both countries have been more like Sweden? However, when new data arrives, far from settling arguments over which pandemic mitigation strategies worked best, it tends to further inflame disagreements or harden pre-existing positions.

So it is with the much-anticipated report by the World Health Organization (WHO) on Covid-associated deaths, released last week. The WHO estimates that around 15 million additional people died because of the pandemic in 2020-2021, about 2.7 times higher than officially recorded deaths.

While staggering, the estimated excess deaths didn’t really come as a surprise to those who have been closely following the situation. If anything, this estimate is lower than many may have anticipated. Indeed, two previous modelling efforts, by the Economist and the University of Washington, suggested around 18 million excess deaths.

That more people died in the pandemic than have been officially registered as Covid deaths should be largely uncontroversial. Many countries simply did not have the diagnostic infrastructure in place to identify every Covid death. The pandemic – and, to an extent, our response to it – has also been devastating to social and healthcare around the world.

Now the WHO report seems to provide ammunition for essentially any narrative and it is unlikely to check the politicisation of the Covid debate – in the UK or elsewhere.

For example, India’s own official excess death estimate is about 10 times lower than the 4.7 million people reported by the WHO. Indian authorities have vehemently rejected the methodology used by the WHO and its estimate for their country. They even opposed publication of the report and released their own 2020 death figures two to three months ahead of schedule to offer a counter-narrative.

Here, many comparisons have been made with other countries to highlight the UK as either the epitome of failure or a roaring success. In fact, according to the WHO report, the UK has fared fairly unremarkably. An estimated 109 excess deaths per 100,000 people places it at 56th in the global ranking of “best performing” countries, and middle of the table relative to the European Union, coming 15th out of the 27 EU member states. The UK’s estimated excess death toll is below Germany’s and Italy’s, but above France’s. According to the WHO estimates, Germany significantly underestimated Covid deaths, France overestimated them and the UK got it about right, suggesting that the much-criticised “death within 28 days of a positive test” approach was a reasonable proxy for Covid death before the Omicron wave.

Some countries became synonymous in the public imagination with particular pandemic mitigation strategies. Sweden has been criticised by some for the lack of stringency of its measures and hailed by others as a shining example of how to protect the rights of its citizens while navigating a health crisis.

To the possible disappointment of both its supporters and detractors, Sweden’s estimated excess death of 56/100,000 is about half the UK’s and, while it is above those of other Nordic nations, it still looks flattering relative to the majority of EU countries.

An additional reason why the WHO report won’t settle many arguments stems from Covid excess death figures being extremely difficult to measure precisely. Even in the absence of ideological disagreements, they do not offer simple, incontrovertible “follow the science” answers. Pandemic excess deaths represent the difference between the number of people who died, relative to a hypothetical number of people who might have died had the pandemic not happened.

The number of actual deaths is accurately registered in high-income countries but this is not necessarily the case in many parts of the world, where estimates can be crude. Getting an accurate number for the hypothetical number of deaths that might have occurred had the pandemic not happened is even more challenging. (The WHO relied on a fairly complex model and the extent to which some of its estimates may have been coloured by modelling assumptions will be scrutinised and criticised.)

The report paints a complex picture supporting no single straightforward narrative. Which shouldn’t be too surprising. A single number for each country is unlikely to capture the full complexity of vastly different socioeconomic situations and two years of often inconsistent policies. Lower-middle income countries in eastern Europe and South America have been particularly badly affected, probably because of a relatively unfavourable age pyramid, low vaccination coverage and disruption to their economy and healthcare systems. Richer countries tended to do better overall, with the exception of the US, which fared quite poorly with 144/100,000 excess deaths.

A few countries kept excess deaths close to, or even below zero, including Australia, Iceland, Japan, Luxembourg, Mongolia and New Zealand. Being rich and geographically isolated helps.

The stringency of mitigation measures does not seem to be a particularly strong predictor of excess deaths. While countries that achieved low excess deaths tended to have fairly tight measures in place, the worst performer by some margin is Peru, despite enforcing the harshest, longest lockdown. This proved ineffective at reducing viral transmission and probably contributed negatively to the excess death toll.

The results from the WHO report will undoubtedly be analysed extensively by pandemic planners, though they are unlikely to be of much help to inform actionable “one-fits-all-follow-the-science” strategies. The major message is that richer, more insular countries kept excess deaths low by limiting the spread of Sars-CoV-2 until the arrival of vaccines and then achieved high vaccination coverage in elderly people. Those relative success stories largely built on pre-existing geographic and socioeconomic advantages rather than unique, well-thought-out mitigation plans.

Read that way, the main thrust of the WHO report boils down to reducing inequality, improving health and providing a robust social and healthcare system offering the best pandemic preparedness. That would be money well spent, even if the next one takes a while to hit.

Francois Balloux is Director of the University College London Genetics Institute.

By Francois Balloux

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ROBERT DINGWALL

Professor of Sociology at Nottingham Trent University

Tim says: “Professor Robert Dingwall, of Nottingham Trent University, like Professor Balloux, discusses the WHO report on COVID-19 and reaches broadly the same conclusion.

He says that ‘unlike the UK, where elites assumed that people should be told what was good for them and then compelled or frightened into doing it, Sweden explained its public health thinking and invited citizens to co-operate.’”

Wetherspoon News winter 2022/23

SWEDEN’S WHO FIGURES MUST RADICALLY CHANGE THE TERMS OF THE COVID INQUIRY

Unlike the UK where elites told people what was good for them, Sweden explained its public health thinking and invited people to cooperate

“Judge me in a year” said Anders Tegnell, Sweden’s State Epidemiologist, in July 2020, when his country was being attacked for sticking to its pandemic plan rather than adopting the novel intervention of lockdown. The latest World Health Organisation figures add to the evidence that has been accumulating since summer 2021. Sweden managed the pandemic more successfully than most, with much less disruption of everyday life and economic activity.

The WHO has published estimates of excess deaths globally for 2020 and 2021. This approach covers all deaths from Covid, whether formally diagnosed or not, together with collateral damage in deaths from other conditions that went untreated. Looking at Europe, where official data are usually robust, Sweden had half the excess death rate of the UK, Germany or Spain – and a quarter of that of many Eastern European nations.

In turn, the UK tends to be mid-table, in line with other large Western European countries, while Eastern European countries have had much worse experiences. There is a widely-circulated view that the UK has had a uniquely bad pandemic. The data simply do not support this.

Nor do they support the view that the outcomes have much to do with the restrictions adopted by different governments, how soon they began, or the stringency of enforcement. The question, then, is how governments came to adopt highly restrictive policies in the first place. This must be the starting point for any national inquiry. Why was the experience of emergency planners, and two decades of pandemic preparation, abandoned everywhere except Sweden?

Sweden never ‘let it rip’. There were restrictions on large gatherings, and on restaurants and some other places of entertainment. Secondary schools and universities switched to remote learning at some points. Masks were never thought to be of benefit but social distancing was encouraged. The approach was based on the minimum intervention necessary to manage the highest risk environments.

Mistakes were made and acknowledged. In the first wave of the pandemic, Sweden had a problem with Covid deaths in care homes, which tend to be larger than in the UK. Once the virus got into a home, it could circulate around a larger number of people than would be possible in UK homes. When additional infection controls were introduced, residents were as

well shielded as anywhere. Unlike the UK where elites assumed that people should be told what was good for them, and then compelled or frightened into doing it, Sweden explained its public health thinking and invited citizens to cooperate.

Many UK problems can be traced to its top-down approach. No-one asked the academics who know about laws and rules whether they would work in this situation. Officials and politicians made those decisions on the basis of their own, often simplistic, beliefs. But rules are inflexible tools, which invite confrontation and dispute. How can anyone comply with a law that cannot differentiate between a party and a work-related gathering? The Swedish approach allowed citizens to think about applying broad public health messages to the circumstances of their own lives.

Sweden shows that there was another path not taken, that could have brought this country through the pandemic in far better shape, socially and economically. The inquiry must not be diverted into the minutiae of arguments about whether we should have locked down a week or two weeks earlier. It must be free to examine the whole strategy - in particular, why robust social science evidence on managing emergencies, and its contribution to pandemic planning since the early 2000s, was abandoned so precipitately.

Robert Dingwall is Professor of Sociology at Nottingham Trent University.

By Robert Dingwall

The Daily Telegraph / 7 May 2022

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MICHAEL BAKER AND MARTIN MCKEE

Professors of public health/ European public health

Tim says: “Professors Michael Baker and Martin McKee advocated a ‘COVID-19 elimination strategy’ and said that ‘elimination is achievable’ which turned out to be wrong, as Professor Johan Giesecke foresaw in his Australian television interview which took place a year earlier.”

Wetherspoon News spring 2021

ALL COUNTRIES SHOULD PURSUE A COVID-19 ELIMINATION STRATEGY: HERE ARE 16 REASONS WHY

Countries trying to eliminate the virus have been far more successful and economically better off than those that have tried to suppress it

The past year of Covid-19 has taught us that it is the behaviour of governments, more than the behaviour of the virus or individuals, that shapes countries' experience of the crisis. Talking about pandemic waves has given the virus far too much agency: until quite recently the apparent waves of infection were driven by government action and inaction. It is only now with the emergence of more infectious variants that it might be appropriate to talk about a true second wave.

As governments draw up their battle plans for year two, we might expect them to base their strategies on the wealth of data about what works best. And the evidence to date suggests that countries pursuing elimination of Covid-19 are performing much better than those trying to suppress the virus. Aiming for zero-Covid is producing more positive results than trying to “live with the virus”.

Here are 16 reasons why we think all countries should at least consider an elimination approach:

1. It saves lives. Not surprisingly, eliminating transmission of the virus minimises Covid-19 deaths. Countries pursuing elimination have Covid-19 mortality rates that are typically below 10 per million, which is 100 times less than many countries “living” with the virus.
2. The elimination of community transmission also spares populations from “long-Covid”, which causes persistent health problems in survivors. These problems are reported by the majority of people hospitalised because of Covid-19 and can also affect those with even mild infection.
3. Elimination is pro-equity. Pandemics almost invariably cause disproportionate harm to the most disadvantaged groups based on ethnicity, income and long-term illness. Eliminating Covid-19 can minimise these inequalities particularly if a suitable social “safety-net” is also provided.
4. Countries that have eliminated Covid-19 are experiencing less economic contraction than countries trying to live with the virus. Mainland China and Taiwan are possibly the only places with neutral or net positive economic growth in 2020.
5. Elimination is achievable and works in a variety of settings. Globally, multiple countries and jurisdictions are successfully pursuing elimination approaches, notably mainland China, Taiwan, Vietnam, Cambodia, Laos, Mongolia, Singapore, Australia and New Zealand.

They are diverse in geography, population size, resources, and styles of government.

6. The virus can be eliminated even after intense local transmission has occurred. Mainland China demonstrated this in Wuhan. The state of Victoria in Australia was also able to eliminate Covid-19 even after a period of intense local transmission with higher rates than were being reported in the UK at the time.

7. It's easier if more countries adopt this approach. Border controls can be relaxed, creating “green zones” and allowing quarantine-free travel with associated social and economic benefits. This opening-up is already happening among Australian states and between Pacific islands and New Zealand.

8. The rollout of effective vaccines will make Covid-19 elimination easier to achieve. Effective vaccines working in combination with other public health measures have been crucial to the successful elimination of diseases such as polio and measles in many countries.

9. Having an explicit “zero-Covid” goal provides a strong motivating and coordinating focus. Suppression does not offer a clear end point, leaving countries vulnerable to rapid resurgences, as seen recently in countries like Ireland. The resulting uncertainty makes it impossible to plan, with enormous consequences for schools, businesses, family life, and much else.

10. It is sustainable. Countries pursuing elimination have had setbacks in the form of border failures and outbreaks, but have mostly been able to contain them and regain their elimination status.

11. If the virus mutates, elimination still works. The major methods used for Covid-19 elimination (border management, physical distancing, mask wearing, testing and contact tracing) are relatively unaffected by virus mutations (though testing could theoretically be less effective if the virus changed markedly, and outbreak control would become more difficult with more infectious variants).

12. It also still works if vaccines provide only limited long-term protection. For example, if vaccines are poorly effective at preventing onward transmission then elimination methods could supplement that limitation.

13. It may reduce emergence of more dangerous virus variants. Elimination approaches result in far fewer circulating viruses. Consequently, there will

be fewer opportunities for emergence of new variants that are more infectious, and that might escape the protective effects of vaccines, or even be more lethal.

14. The use of lockdowns should be less necessary. A relatively short, intense lockdown to eliminate Covid-19 transmission in an area should allow control measures to be relaxed in the absence of circulating virus. Countries such as New Zealand have had far less time under lockdown than most countries pursuing suppression which have needed to go in and out of lockdown for long periods to avoid their health services becoming overwhelmed.

15. Vigorous control of Covid-19 infection has substantial co-benefits. Elimination approaches have reduced transmission of other respiratory viruses, notably influenza, resulting in fewer hospitalisations and deaths from these respiratory pathogens.

16. It provides a good interim strategy while we identify an optimal long-term approach, which is currently uncertain. One scenario could be regional elimination or even global eradication as we saw with Sars. Another plausible option is endemic infection with the health burden being managed with vaccines, as we see with influenza. These benefits of pursuing a Covid-19 elimination strategy need to be balanced against the costs and potential negative effects. However, these costs are also experienced by countries trying to suppress the virus, except in their case they come repeatedly, after each resurgence.

On balance, elimination looks like the “least bad choice” for many jurisdictions. We hope that all governments, and the World Health Organization, will consider the elimination strategy as they plan year two of our global response to the pandemic.

Michael Baker is a professor of public health at the University of Otago.

Martin McKee is a professor of European public health at the London School of Hygiene and Tropical Medicine.

By Michael Baker and Martin McKee

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FRASER NELSON

The Spectator editor

Tim says: “Fraser Nelson, editor of The Spectator, discusses the psychological background to COVID-19, which he attributes to ‘public panic ... that sucked in the government, opposition and most of the media’.

Mr Nelson is perhaps being too kind to politicians and the media.

Many people have presented a good case which says that politicians and the media induced the panic in the first place.”

BRITAIN MAY WELL REPEAT ITS LOCKDOWN BLUNDERS SOONER THAN ANYONE THINKS

From Sweden and the WhatsApp leaks, it's clear what needs to be changed. But will anyone do it?

Almost exactly three years ago, Chris Whitty explained the trouble with lockdowns. Pandemics, he would say, kill people in two ways: directly – and indirectly, via panic and disruption. It's hard to measure the latter but you can count the total number of deaths, from all causes. Such figures are coming in now. The country with the smallest rise isn't Australia or New Zealand, who closed their borders. Nor is it Italy or Canada, who had some of the toughest lockdowns. The winner, with the smallest rise in “excess” deaths since the pandemic began, is Sweden.

For those who had accused the lockdown-rejecting Swedes of pursuing a “let it rip” policy that left people to die, this is all rather baffling. And it raises some interesting questions. Australia had hardly any Covid: just lockdowns. So how did it end up with “excess deaths” – at 7 per cent – more than twice the level of the Swedes? If choosing lockdown was to “choose life” (as Matt Hancock put it) then where, in the world's data, is the correlation between lockdown severity and lives saved?

It may suit the Government to delay the Covid inquiry reckoning until after the general election, but the conversation needs to be had now. There is more than enough evidence to update the pandemic plan, given that a new pathogen could emerge at any moment. And a harder, perhaps even more important question: how to restore trust in public health? What rules need to be in place to ensure that, next time, data is not misrepresented and science is not abused by politicians?

The Lockdown Files give three main insights into what went wrong. First, we have firm examples of “the science” being invoked to impose various measures that turn out to be politically motivated. Then we see the slapdash method in which major decisions were made: how WhatsApp replaces normal government. And finally, the tone. How after taking emergency powers, this group of men go from being thoughtful and open-minded to being flippant and gung-ho. Once again, we see how power corrupts – and absolute power corrupts absolutely.

There is one fascinating exchange where Ben Wallace, who as Defence Secretary has seen his share of emergencies, is roped into one of the WhatsApp decision-making groups. He seems appalled and explains that, if they don't mind, he will leave them to it and keep operating through normal government methods. If others had reacted the same way, things could have been very different.

By showing us the psychology of a group in a crisis, the Lockdown Files explain why previous pandemic planning failed: it didn't factor in human nature. The public panic was so deep that there was huge pressure to impose restrictions, whether they worked or not. This created a gravitational pull that sucked in the government, opposition and much of the media – crushing the normal safeguards (cost-benefit analyses, etc). No one wanted to go against it. Even academics found a huge pressure to be quiet if they had doubts. Oxford's Carl Heneghan calls this the “silence of science”.

Sweden had the unflappable Anders Tegnell as chief epidemiologist, who went all-out to argue against what he saw as populism: lockdowns that were not backed by science and could cause more harm than good. He never stopped arguing, giving television interviews while waiting on train

platforms and publishing study after study. He won people over. Sweden ended up with middling Covid but among Europe's least economic damage and lowest increase in deaths. In an interview last week, Tegnell offered advice for his successor: “Have ice in your stomach.”

Must our next pandemic response be so dependent on personality? Must the fate of nations depend on musical chairs – whether the seat is held by a 63-year-old epidemiologist like Tegnell (whose CV included hands-on experience with Ebola) or a couple of WhatsApping 41-year-olds like Matt Hancock and Simon Case? Safeguards can – and should – be put in place now. There is no need to wait for an inquiry.

The Prime Minister can, at any time, order that from now on modelling needs to follow Treasury standards of transparency and robustness, stating main assumptions and uncertainties. Likely trade-offs (long and short-term) must be clearly acknowledged for every public health response. Complexity must be recognised. Critics should be welcomed, not hounded. Sage, whose very name is now synonymous with spin and bungling, should be disbanded.

It could all be needed sooner than we think. Some 130 million birds now are understood to have died from the latest variant of bird flu, which has already jumped to mammals with a human fatality in Cambodia. We can imagine what could very well happen next: Public Health England starts to do some “scenario” planning for it becoming a human pandemic, with a bias towards the worst case. Sage is exhumed. Professor Neil Ferguson comes up with some doom graphs. The whole merry-go-round could easily start again.

But will politicians be taken seriously next time they say “trust the science”? Polls in the US show that trust in public health bodies has taken a major hit since Covid. While no similar studies have been done here, we do see worrying signs in falling rates of childhood vaccination. Overstating the scientific case during Covid – where the science was genuinely mixed – risks reducing confidence in other areas where the science really is clear.

And the brutal truth? The science on Covid still isn't clear. On masks, on social distancing, even school closures – it's hard to say what difference they make to the spread of a virus. The UK hasn't commissioned a single high-quality study into what works and what doesn't. Even the excess deaths count is complicated – but Sweden is at or near the bottom, whichever way you cut it. But even now, no one seems very interested in the actual science, or learning lessons any time soon.

It's now 20 years since the boring old coronavirus mutated into a killer in the Sars epidemic. Asian countries updated their pandemic emergency plans – but Britain didn't, sticking with its flu-based approach. Are we seeing the same complacency yet again? We have now seen, in the Lockdown Files, much of what went wrong. We have also seen, in Sweden, what can go right. We will now see whether Rishi Sunak can put the two together.

By Fraser Nelson

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NEIL O'BRIEN

Conservative MP for Harborough, Oadby and Wigston

Tim says: "Neil O'Brien was used by the government, during the pandemic, to attack and vilify critics of lockdown tactics, such as Professors Sunetra Gupta and Carl Heneghan of the University of Oxford. In contrast to Professor Balloux's analysis of the WHO report on the subject, O'Brien says erroneously that 'countries taking the toughest measures were getting great results'. The reality turned out to be the exact opposite. As Professor Balloux said: 'The worst performer, by some margin, is Peru, despite enforcing the longest, harshest lockdown.'"

Wetherspoon News spring 2021

I'D LOVE TO IGNORE 'COVID SCEPTICS' AND THEIR TALL TALES. BUT THEY MAKE A SPLASH AND HAVE NO SHAME

The Tory MP on the fantasies of those in the media, and beyond, who oppose lockdown

If you had opened certain newspapers over the past year, you would have read the following. In spring, you'd have been told the virus was fizzling out. You might have been treated to the views of epidemiologist Sunetra Gupta, who claimed: "The epidemic has largely come and is on its way out in this country." This wasn't due to the lockdown, she argued, but "the build-up of immunity", which government advisers were apparently underestimating.

By the summer, you would have read that it was all over. In June, Toby Young, editor of the Lockdown Sceptics website predicted: "There will be no 'second spike' – not now, and not in the autumn either. The virus has melted into thin air. It's time to get back to normal." Telegraph columnist Allison Pearson wrote: "The terrible Coronabeast will be gone from these isles by September."

By July, the sceptical narrative had changed. According to Ross Clark in the Daily Mail, there was nothing to fear. Boris Johnson's warning of a possible "second wave" was an unjustified "emotive" use of language. Rising cases in countries such as Spain were "little more than a statistical illusion" due to increased testing.

Globally, countries taking the toughest measures were getting great results. Australia, New Zealand, Korea, Japan and Taiwan all saw case rates at about a 20th of the EU average. The Covid sceptics trashed their approach as "sheer panic". Instead, libertarian Sweden was all the rage. Never mind that its death rate was 10 times that of its neighbours. They would have no second wave because they had wisely built up "herd immunity". In fact, there was a brutal second wave; Finland and Norway offered emergency medical assistance as Stockholm's hospitals overflowed. Even the king slammed the failed strategy.

As infections built up again in the autumn, the story changed once more. Though it looked like cases were rising, it was a "casedemic" brought on by faulty tests. "At least 91% of 'Covid cases' are FALSE POSITIVES," thundered Talk Radio host Julia Hartley-Brewer in September. "There is no evidence of a second wave."

By autumn, there were more people in hospital with Covid but several papers ran pieces saying our hospitals weren't unusually busy in November. Some continued the pretence for an absurdly long time. On 29 December, Pearson wrote: "ICU occupancy is 78% today. Remarkably low for this time of year" and that "winter 2020 is the lowest hospital bed occupancy for 10 years. Yes, really."

However, as the new variant exploded and television news showed ambulances queuing outside hospitals that were full of people gasping for breath, the story had to change again. Yes, people were now dying but not in unusual numbers. On 4 January, Hartley-Brewer reassured us: "The virus kills. It just isn't causing excess deaths anymore." This was rather difficult to square with the Office for National Statistics saying 2020 saw the largest increase in deaths in England and Wales since 1940. So, others resorted to a different argument. Yes, 89,000 extra people had died but

they would have died anyway. They were old or had "prior conditions", so were already on the way out. They didn't mention that 8,300 of them were of working age or that many "prior conditions" were non-fatal, such as asthma, diabetes, mental health or learning difficulties.

Powerful Covid-sceptics in the media have got it wrong at every stage. They fought to stop or delay every measure necessary to control the virus. They opposed masks, resisted travel restrictions, fought local lockdown tiers as well as national measures, often with conflicting arguments. Clark wrote again in October that local tiers were unfair and the PM wanted to "trash the northern economy", but when national measures proved necessary, he complained "we are going to close down restaurants in Cornwall to try to fight an epidemic in Manchester". In December, he said we should prioritise vaccinations in "the parts of the country which add most to the economy, London especially".

They rubbished those who knew what they were talking about. Professors Chris Whitty and Patrick Vallance were "Messrs Doom and Gloom", "fear-mongering" and "self-serving". That Whitty and Jonathan Van-Tam used their tiny amount of spare time to volunteer in hospitals suggests that's not true. Now, as the death toll still rises, the same people crawl from the woodwork to demand we lift all restrictions as soon as the most vulnerable are vaccinated.

It's great that we are leading Europe in vaccinations and lockdown has meant cases are starting to fall back. But if we drop our guard, we could still risk many lives agonisingly close to the finish line.

Because they are still dangerous, I have pointed out the mistakes of some Covid-sceptics on Twitter. They regard this as outrageous. An MP shouldn't be getting involved in this. I "must not have any constituents who're struggling", says Hartley-Brewer. Young deleted all his tweets from last year and, in a joint podcast with alt-right conspiracy theorist James Delingpole, I was accused of being "a wrong un", a "fascist", and compared to Stalin's secret police chief Lavrenti Beria. (I didn't know you could be a Nazi and a Commie.) I've touched a nerve, it seems. Politicians are used to accountability. The guilty people within the media are not.

The truth is, the Covid-sceptics aren't really sceptics at all. They engage in motivated reasoning; they make stuff up and double down on disproved claims. They are powerful figures, not used to being questioned. But the truth is that they have a hell of a lot to answer for.

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By Neil O'Brien

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JONATHAN SUMPTION

Ex-Supreme Court judge and historian

Tim says: “Jonathan Sumption is a lawyer and historian, ending his legal career as a Supreme Court judge. In this article, he discusses the insights from the release of Matt Hancock’s WhatsApp messages and is surely correct in concluding that they show ‘chaos and incoherence at the heart of government’. One possible additional factor is what investment guru Warren Buffett calls ‘the institutional imperative’, whereby everyone copies everyone else – in this case: ‘China has locked down and many other countries are doing the same, so best if we do, too.’”

MATT HANCOCK WAS NEVER A POLICY MAKER – HE WAS A FANATIC

The Lockdown Files have shown it was a complete lack of leadership that led to the unprecedented historical step of shutting down the UK

The 19th-century sage William Hazlitt once observed that those who love liberty love their fellow men, while those who love power love only themselves. Matt Hancock says that he has been betrayed by the leaking of his WhatsApp messages. But few people will have any sympathy for him. He gluttoned on power and too obviously loved himself.

Some things can be said in his favour. The Lockdown Files are not a complete record. No doubt there were also phone calls, Zoom meetings, civil service memos and the like, in which the thoughts of ministers and officials may have been more fully laid out. Not all the accusations levelled against him are fair. Care homes, for example, were probably an insoluble problem, given the absence of other places for many elderly patients to go, and the scarcity of testing materials in the early stages of the pandemic.

Nevertheless, Hancock’s WhatsApp messages offer an ugly insight into the workings of government at a time when it aspired to micromanage every aspect of our lives. They reveal the chaos and incoherence at the heart of government, as decisions were made on the hoof. They expose the fallacy that ministers were better able to judge our vulnerabilities than we were ourselves. They throw a harsh light on those involved: their narcissism, their superficiality, their hypocrisies great and small. Above all, they show in embarrassing detail how completely power corrupts those who have it.

The case against lockdowns was only partly a moral one. Like Hazlitt, I believe in liberty. But I have never regarded that as a conclusive argument. Even the most ardent lockdown sceptics accept that in extreme cases drastic measures may be required. But Covid-19 was not an extreme case.

Three major problems

Human beings have lived with epidemic disease from the beginning of time. Covid-19 is a relatively serious epidemic, but historically it is well within the range of health risks which are inseparable from ordinary existence. In Europe, bubonic plague, smallpox, cholera and tuberculosis were all worse in their time. Worldwide, the list of comparable or worse epidemics is much longer, even if they did not happen to strike Europe or North America. In future they are likely to be more frequent and more widespread.

No government, anywhere, had previously sought to deal with epidemic disease by closing down much of society. No society has ever improved public health by making itself poorer.

Spanish flu, between 1918 and 1921, was distinctly worse than Covid-19 – about 200,000 are thought to have died in the UK alone at a time when its population was about two thirds what it is now – but governments did not lock down healthy people or destroy their livelihoods. Asiatic flu in 1957 and Hong Kong flu in 1968 also killed millions; the US and the UK made a deliberate decision not to disrupt the life of the nation. No one criticised them on either occasion. Something has changed, but the change is in ourselves, not in the nature or scale of the risks. We are more easily frightened and have unrealistic expectations of the state.

There always were three major problems about lockdowns as a response to this particular pathogen, all of which are thrown into sharp relief by The Lockdown Files.

The first was the catastrophic social and economic cost. Messrs Whitty and Vallance accepted in their evidence to a Parliamentary committee

that this was a serious issue but added that it was not their job to think about it. It turned out to be no one’s job. There never was a proper cost-benefit analysis. The Government went into the lockdowns blind.

The second problem was that lockdowns were indiscriminate whereas the virus was selective. This is the critical point in the view of many reputable epidemiologists. The groups at significant risk of serious illness or death were the old and those suffering from certain underlying health problems. For the overwhelming majority of the population, including almost all of those who were economically active, the symptoms could be relatively mild. It did not matter much whether healthy under-65s were infected, provided that they did not infect others in the more vulnerable categories.

Protecting the truly vulnerable would have been challenging, but not as challenging as keeping most of the population locked up. Only about 8 per cent of people under 65 live in the same household as someone over that age. Humans have a developed sense of self-preservation. They had already begun to limit their social interaction before the first lockdown was announced. What they needed was balanced and trustworthy advice, not coercion or propaganda.

The scientists always understood this. In March 2020, a fortnight before the first lockdown, SAGE advised that social distancing measures, including confinement, should apply to those over 70 and younger people with known vulnerabilities. They proposed that “citizens should be treated as rational actors, capable of taking decisions for themselves and managing personal risk”. Policies designed to limit human interaction among those at risk are often said to require mass coercion as if this went without saying. But it was not obvious to the scientists at the time. The policies originally proposed by SAGE were actually followed by Sweden with results that were notably better than ours.

The third problem was that even the minimum of human interaction necessary to keep basic services like food distribution and healthcare running was more than enough to keep the virus circulating. All that lockdowns could ever achieve in those circumstances was to defer some infections until after they were lifted, to prevent people from acquiring a measure of personal immunity, and to prolong the crisis.

The adrenalin of power

The fateful moment came when the government chose to go for coercion. This ruled out any distinction between the vulnerable and the invulnerable, because it would have been too difficult to police. It also meant that ministers began to manipulate public opinion, exaggerating the risks in order to justify their decision and scare people into compliance. So we had the theatrical announcement of the latest death toll at daily press conferences from Downing Street. Shocking posters appeared on our streets (“Look him in the eyes”, etc). Matt Hancock announced that “if you go out, people will die”.

The scare campaign created a perfect storm, for it made it more difficult to lift the lockdown. The original idea was “three weeks to squash the sombrero”. The peak of hospital admissions came after slightly less than three weeks on April 11 2020, when Covid cases filled less than half of NHS beds. But the lockdown continued until July and was then reimposed in October.



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JONATHAN SUMPTION

Ex-Supreme Court judge and historian

The Lockdown Files show this process at work in awful detail. “We frighten the pants off everyone with the new strain,” Hancock proudly declared. He wanted news of the Alpha variant timed to create maximum fear. Simon Case, the Cabinet Secretary, cheered from the sidelines. “The fear/guilt factor vital,” he assured Hancock. When the second lockdown was being plotted, the hapless health minister called for a projection of the “do nothing” death toll. The result was the notorious graph projecting 4,000 deaths a day, a claim that was manifestly false and swiftly exploded.

Hancock was the chief peddler of the idea that everyone was equally at risk from Covid-19. This proposition was patently untrue, but it was useful because it frightened people. “It’s not unhelpful having people think they could be next,” wrote his special adviser, who knew his master’s mind well. Other countries did not behave like this. In Sweden state epidemiologist Anders Tegnell was able to reassure his public that a lockdown was neither necessary nor helpful. Events have proved him right.

Ministers imprisoned by their own rhetoric found themselves forced to follow public opinion rather than lead it. But it was a public opinion of their own creation. Scientific evidence had very little to do with it. The Downing Street media advisers Lee Cain and James Slack, ex-journalists with no scientific background, appear to have been mainly responsible for persuading the prime minister to prolong the first lockdown. Relaxing it would be “too far ahead of public opinion”, they argued. Matt Hancock insisted on schoolchildren wearing masks in class in spite of scientific advice that it made little difference, because it was necessary to keep up with Nicola Sturgeon. When Rishi Sunak had the temerity to suggest that once the vaccine rollout started the lockdown should be relaxed, Hancock resisted. “This is not a SAGE call,” he said, “it’s a political call.”

Once ministers had started on this course, there was no turning back. It is hard to admit that you have inflicted untold damage on a whole society by mistake. Hancock resisted shortening the 14-day quarantine period in spite of scientific advice that five days was enough, because he did not want to admit that the original policy had been wrong. Relevant evidence was simply shut out. His response to the success of Sweden’s policies was not to learn from it but to dismiss it as the “f--ing Swedish argument”. Having no grounds for rejecting the Swedish argument, he had to ask his advisers to find him some. “Supply three or four bullet [points] of why Sweden is wrong,” he barked.

The adrenalin of power is corrosive. It was largely responsible for the sheer nastiness of the Government’s response to criticism. Hancock lashed out at the least signs of resistance or dissent. He wanted internal critics sacked or moved. He suggested the cancellation of a learning disability hub in the constituency of an MP who intended to vote against the tier system. Ministers “got heavy” with the police to make them tougher on the public. The police responded with oppressive gestures like fining people going for a walk with a takeaway coffee. The prime minister thought it “superb” that two travellers had been fined £10,000 for evading the equally pointless quarantine regulations. Hancock gloated over the discomfort of returning travellers, forced by the chopping and changing of the rules to quarantine in basic hotels at their own expense. “Hilarious,” chipped in Simon Case.

There is no sign that Hancock either thought or cared about the wider consequences of his measures. He seems to have believed that there was no limit to the amount of human misery and economic destruction that was worth enduring in order to keep the Covid numbers down. Rishi Sunak is on record as saying that any discussion of the wider problems was ruled out in advance, and this is fully borne out by the WhatsApp messages. Any hint from Sunak or business secretary Alok Sharma that the cure might be worse than the disease provoked an explosion of bile but no actual answers.

Hancock fought tooth and nail to close schools and keep them closed. Deprived of many months of education, cooped up indoors and terrified by government warnings that they would kill their grandparents by hugging them, children suffered a sharp rise in mental illness and self-harm although they were themselves at no risk from Covid-19. Cancer patients were left undiagnosed and untreated. Old people, deprived of stimulation, succumbed to dementia in large numbers. Small businesses were destroyed which had taken a lifetime to build up. A joyless puritanism infected government policy. No travel. No wedding parties or funeral wakes. No hugs. Anyone who spoke up for a measure of decency or moderation in this surreal world was promptly slapped down as a “w--er”.

Real policy-making is never black and white like this. It is always a matter of judgment, of weighing up pros and cons. In that sense, Matt Hancock was never a policy-maker. He was a fanatic.

A classic failure of government

Why did hitherto decent people behave like this? In Hancock’s case, at least part of the answer is vanity. The crisis was good for his profile. He saw himself as the man of action, the Churchill of public health, the saviour of his people, earning the plaudits of a grateful nation. As early as January 2020, he was sharing a message from a sycophantic “wise friend” assuring him that a “well-handled crisis of this scale could propel you into the next league”. He fussed over his tweets. He pushed his way in front of every press camera. He tried to divert the credit for the vaccines from Kate Bingham to himself. “I think I look great” is one of his more memorable messages.

And what of the prime minister who presided indulgently over this shambles? The Lockdown Files show that Boris Johnson always recognised the totalitarian implications of his administration’s measures. Sometimes he recoiled from the unfolding social and economic catastrophe. Occasionally he even saw through the manipulative statistics presented to him. He toyed with the idea of leaving the over-65s to make their own risk assessments. He would clearly have preferred to end the first lockdown sooner.

But Johnson never had the courage of his convictions. He picked up fag-ends of information from newspapers but lacked the application to get to the bottom of the scientific evidence. He was constantly manipulated by those around him whose agenda was based on little more than public relations. In the end he was always pushed back into the shape that they wanted. He remained the “wonky shopping trolley” derided by Dominic Cummings in his explosive evidence to a House of Commons committee. As Simon Case admitted in one of his more indiscreet messages, by 2021 public distrust of Johnson was too strong for his words to carry any weight.

This was a classic failure of government. Britain has faced many crises over the past century: wars, pandemics, strikes, economic failure. All government and most crises involve conflicting priorities. Departmental ministers fight their corner. The role of the prime minister is critical. He is the only person in a position to decide between the rival claims of public health, education, social policy, economic survival and financial solvency. For that he needs a clear idea of what he is trying to achieve and a strategy for achieving it. He needs strength of personality and the public stature to persuade the public rather than just appease them. He must have command of the detail, and the respect of his subordinates. Boris Johnson had none of these things.

Lack of sense of direction at the top is always fatal, however talented the subordinates. Johnson’s subordinates were not talented. The team in Downing Street was dominated by a failed autocrat in Dominic Cummings and an inexperienced Cabinet Secretary in Simon Case. Both of them grew to despise him, usually with good reason. Apart from Sunak and Gove, his Cabinet was probably the most mediocre band of British ministers for nearly a century. Collectively, they proved unable to look at the whole problem in the round. Their eyes were never on the ball. They were not even on the field. These are the lessons of this sorry business.

Lord Sumption was a Supreme Court justice in the United Kingdom between 2012 and 2018.

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By Jonathan Sumption

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