





Dorset Humanists Bulletin – July 2024 Think for yourself but not by yourself (Julian Baggini)



Cathy Silman and Keir Starmer outside No. 10. Click image to RSVP.

## **Question Time Panel**

### **Can Things Only Get Better?**

Saturday 13<sup>th</sup> July, 2.00pm at Moordown Community Centre, Coronation Ave, BH9 1TW. Please RSVP via Meetup or email.

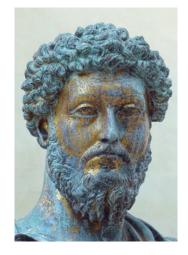
Join us for a post-election special with Cathy Silman, Keir Starmer\*, Roger Eede, David Warden, Daniel Dancey, and Aaron Darkwood. In 2022, Dorset Humanists voted for Cathy Silman to become Humanist Prime Minister. Cathy is a former Secretary of Dorset Humanists and a retired teacher. In real life, we got Liz Truss! So will Keir Starmer do better than his predecessors in the role? What are your hopes and fears for the next phase in British politics? Our panel represents a wide range of perspectives from left to right to green and we are expecting this to be a lively post-election discussion. \*Keir Starmer may be too busy to attend in person but we are confident that he will be present in some form.

### **Stoicism for Humanists**

Wednesday 24<sup>th</sup> July, 7.30pm at West Cliff Hotel 7 Durley Chine Rd, Bournemouth BH2 5JS. Please RSVP via Meetup or email.

#### A talk by David Warden, chairman of Dorset Humanists

Stoicism is much more than "being stoical" in our modern sense (putting up with adversity in an uncomplaining manner). Over the course of many centuries, the philosophers we know as the Stoics developed a range of perspectives and techniques for reducing mental and emotional disturbance, enabling us to live our human lives with less anguish and more equanimity. Stoicism and Humanism fit together extremely well, and David will help us to engage with this ancient tradition of wisdom.



Click image to RSVP

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HMRC Charities Ref No EW10227











## **World Humanist Day Barbecue**

Aaron writes: "Thank you to all for making tonight such a very enjoyable evening, especially our gracious hosts Barry and Helen Newman, and the use of their beautiful home and barbecue. It was lovely to sit down and chat with everyone on a vast array of interesting topics. Special mentions to Daniel Dancey for his fabulous brownies and Chris Smith for her delicious chocolate ice cream - both home made! That personal touch makes ALL the difference. I had a lovely time and enjoyed everyone's company."



### Transhumanism

We had an excellent turnout for David Wood's fast-paced talk on Transhumanism and Superintelligence: the Perils and the Promise. Unfortunately, owing to a technical hitch, we are unable to bring you a video of his talk. But we have linked to a similar talk on YouTube. Click the image if you would like to watch.

# Dates for your diary

Saturday 13 <sup>th</sup> July	Moordown	Question Time Panel		
2pm				
Wednesday 24th	West Cliff Hotel	Stoicism for Humanists		
July 7.30pm				
Saturday 10 <sup>th</sup>	To be confirmed	Summer Cream Tea		
August 2pm		Phone David for details 07910 886629		
Wednesday 28th	West Cliff Hotel	The Ethics of Intergenerational Justice – a talk by Barry		
August 7.30pm		Newman		

Plus other social events and walks which will be announced on Meetup. Please check all events nearer the time in case of any changes.

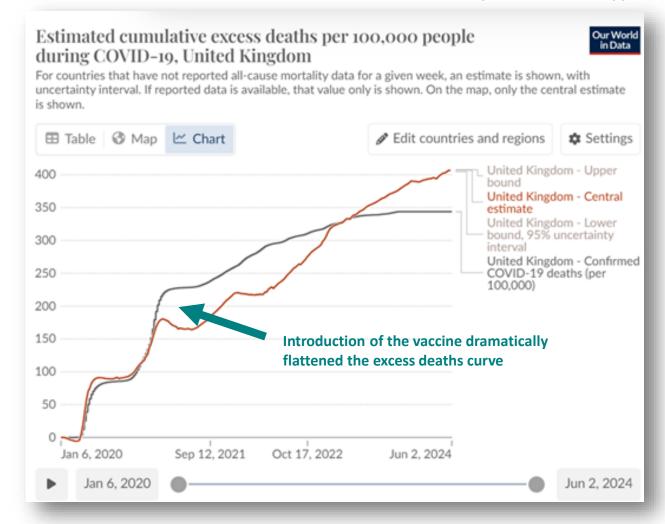


### How can we trust vaccines?

Fifty people turned up to hear Tom Whipple's talk about trust in science and vaccines in particular. Tom is science editor at The Times. You can watch the talk and discussion <a href="here">here</a>. Incredibly, the video was initially rejected by YouTube bots as "misinformation" and we have had to blank out one slide and upload the video as unlisted. We apologise for the clicking noise on the recording. An AI assistant was used to produce readable transcripts included in this report.

Tom presented a series of arguments illustrated by graphs from a variety of sources. The graph below indicates the efficacy of the vaccine in saving lives.

"I am pretty certain that vaccines were not only safe but saved hundreds of thousands of lives in this country alone." Tom Whipple



This graph highlights a pivotal moment: the introduction of the vaccine. The infection fatality rate plummeted as vaccination was rolled out widely, transforming the course of the pandemic. (The COVID-19 vaccination rollout in the UK began on December 8, 2020. The first vaccine administered was the Pfizer-BioNTech vaccine, and the first person to receive it was Margaret Keenan, a 90-year-old grandmother, at University Hospital Coventry. The black line above represents confirmed Covid-19 deaths in the UK and a dramatic flattening of the curve after the vaccine rollout, from approximately one in 100 people dying to fewer than one in 1,000 people. This represents a 90% improvement.)

#### The Pfizer trial

In July 2020, 44,000 people were enrolled in Pfizer's global trial, with half receiving the Covid-19 vaccine and the other half receiving a control vaccine. Safety signals were monitored within these groups, and no significant difference in side effects was found between the control and the vaccine groups. This indicated no obvious adverse effects among a broadly healthy group over the trial period. The trial reached a point where about 1% of participants were infected, then the data was unblinded to determine which group—vaccine or control—had the infections. The results showed that 90% of the infections were in the control group (in other words, the group who had *not* received the Pfizer vaccine got 90% of the infections). Although the absolute number of infections was small, the 90% figure indicated a high level of efficacy. This is statistically significant because if you toss a coin 128 times and it lands heads 110 times (90% of the time), you would be confident the coin is biased.

## Adverse reactions to Covid vaccines in the UK using the Yellow Card system

It's crucial to understand that the Yellow Card system collects all adverse events reported after vaccination. This means that any health event, serious or minor, that occurs postvaccination is recorded. For example, the data includes a range of reported symptoms, some of which might seem trivial or unrelated, such as flatulence, electric shocks, developing tics, floppy eyelid syndrome, screaming, hunger, and more. Among these reports, none of the flatulence cases were fatal. It's often unclear what the point of recording such a wide array of symptoms is, particularly when many might not be directly related to the vaccine. This vast range of reported symptoms can sometimes obscure meaningful signals, making it challenging to determine actual vaccinerelated side effects. When Andrew Bridgen, the MP who has been very vocal about vaccines, stood up and claimed that vaccines were causing heart attacks in young people, it



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A global race won in the bars of Brazil

Tom Whipple Science Editor

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Tom Whipple's front page report on 10<sup>th</sup> November 2020: "Britain should be heading back to normal by the spring, scientists said yesterday, after the announcement of a vaccine that is 90% effective in stopping the coronavirus".

led to a surge in Yellow Card reports of vaccine side effects. The act of publicizing a supposed side effect often results in it being reported more frequently in the Yellow Card scheme, which can make the data statistically messy and less reliable. The Yellow Card scheme is designed to collect reports of adverse reactions to vaccines. While this system can indicate potential safety issues, it is prone to biases, especially when public figures make alarming statements. The increased reporting might not reflect an actual rise in adverse events but rather heightened awareness and reporting.

### AstraZeneca and blood clotting

A more reliable method of monitoring vaccine safety is the rapid cycle analysis. This method uses electronic health records to quickly match vaccinated individuals who experience adverse reactions with a control group of similar age and health status. This helps to identify whether the reported adverse reactions are statistically significant. During the pandemic, extensive studies like the SIREN study in the UK, which followed healthcare workers closely, were crucial. These studies enabled researchers to detect rare side effects, such as the blood clotting issue associated with the AstraZeneca vaccine, which was identified in early 2021.

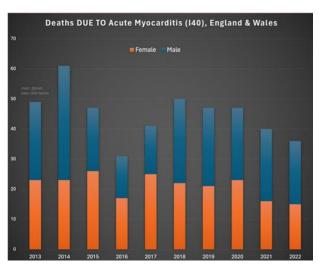
Despite being a rare event (less than one in 100,000), it was detected through comprehensive surveillance systems in Europe and subsequently confirmed in the UK.

### Stopping the AstraZeneca vaccine for younger age groups

David Spiegelhalter, a statistician at the University of Cambridge, illustrated the riskbenefit trade-off of vaccination. His analysis showed that for younger age groups, the risk of adverse reactions to the AstraZeneca vaccine could exceed the risk of severe Covid-19, especially during periods of low virus transmission. In the 20-29 years age group, the potential harm of a blood clot due to the vaccine was given a value of 1.1 per 100,000 people with low exposure risk. This exceeded the benefit of preventing an ICU admission due to Covid-19 which was rated at 0.8 per 100,000 people. This informed the decision to stop using the AstraZeneca vaccine for younger age groups in the UK, given the availability of alternative vaccines like Pfizer. Globally, the AstraZeneca vaccine has been highly effective, saving many lives, comparable to the Pfizer vaccine, even though its use has been limited in some countries due to the rare side effect of blood clotting.

### Pfizer vaccine and myocarditis

We are now very certain that the Pfizer vaccine can cause myocarditis in about 1 in 30,000 people. Most cases occur in young individuals, who typically recover completely. It's important to note that Covid-19 itself also causes myocarditis, which shouldn't be a surprise because much of what the vaccine does is what Covid does without the infectious agent. When we look at the data, we can see the signal for myocarditis, but it's more challenging to determine its broader implications. For instance, if we examine deaths due to myocarditis, almost all vaccinerelated myocarditis cases did not result in death. Therefore, it's difficult to see a distinct vaccine effect on myocarditis-related mortality, and there's no clear indication of a



Deaths due to acute myocarditis, England and Wales, 2013-2022, female (orange) and male (blue). There is upswing in the years after the vaccine rollout.

Covid-19 effect on these deaths at the population level either. This specific side effect, while significant, did not lead to a noticeable change in overall mortality in the UK.

#### **Enter Sir Graham Brady**

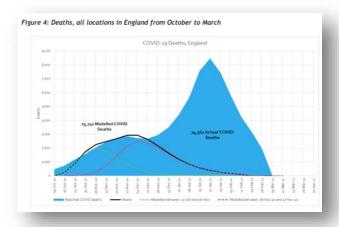
Despite my belief that we had reached a conclusive understanding, more complications arose. I thought this was the end of it, but new issues emerged. I'm now going to discuss some of the misconceptions and misinformation I've encountered, and why I understand people's uncertainty about whom to trust. In March 2021, a report was circulated to MPs, endorsed by Sir Graham Brady, the chair of the backbench 1922 Committee. This report was put together by a group called HART.

Explainer: The group called HART (Health Advisory and Recovery Team) produced COVID-19 and vaccine analyses in the UK. Formed in January 2021, HART describes itself as a collective of doctors, scientists, and other experts who seek to provide scientific evidence and question the consensus on COVID-19 policies and measures. They have been vocal in their criticism of lockdowns, mass testing, mask mandates, and vaccine policies, particularly vaccination of children and the concept of vaccine certification.

The HART report was poorly constructed, using basic tools like Microsoft Word, and it included some strange claims, such as the Alpha variant not being more transmissible. This report argued that all the deaths in the second wave, which we thought were due to Covid-19, were actually caused by the vaccine. This was based on flawed modelling and a misunderstanding of the data. The report suggested that these deaths, which occurred after people tested positive for Covid-19, were somehow linked to the vaccines, even though we had solid evidence by then showing that vaccines were saving lives. By the time this report was released, we already had data showing the correlation between vaccination and reduced mortality. We observed a sequential drop in case fatality rates by age group, which perfectly matched the timeline of vaccine rollout: first among those aged 80-90, then 70-80, and so on. This correlation appeared 21 days after vaccination and was one of the most hopeful signs during that dark winter. Despite the flawed nature of the report, it was endorsed by several prominent figures, including Jonathan Sumption [Lord Sumption, former Supreme Court Justice]. Many endorsers probably hadn't read the report thoroughly. I wrote a 250-word article pointing out that Sir Graham Brady had endorsed this misleading report. Since then, an academic involved in the report has repeatedly criticised me and even threatened legal action. One thing I've learned from this experience is that there is no proposition so absurd that you cannot find a professor somewhere in the UK who will back it.

### Nigel Farage and Reform UK

Farage wants an inquiry into excess deaths and vaccine harms. Reform UK says excess deaths are nearly as high as they were during the Covid pandemic and that young people are overrepresented. In fact we've been trending below on excess deaths for ages. As you would expect, it's not because our healthcare has suddenly got amazingly good. It's because we killed off so many people [during the pandemic]. You can only die once.



This HART report argued that all the deaths in the second wave (the blue peak above), which we thought were due to Covid-19, were actually caused by the vaccine.

We are not experiencing massive excess deaths now, not at all. We were a year and a half ago during the winter. We were experiencing big excess deaths that weren't Covid and I think probably they were linked to the ambulance service entirely falling over.

#### **False positives**

During a pandemic, sometimes all you have are appeals to authority. I'm a generalist, not a biologist, so who do I trust when everyone's got a professor next to their name? The truth is, there were people I trusted in the pandemic who I shouldn't have, and there were mistakes I made. Everyone did. And there are things I'm not proud of. I did come up with some heuristics during the pandemic, and these will be slightly mathsy in deference to my maths background. One example was the false positives debate.

From summer 2020 through to the beginning of the second wave, there was this hallucinatory debate that Covid wasn't here and all the PCR tests were picking up false positives. False positives are a big deal if you're screening a population and it's why we don't screen for things like prostate cancer. If you imagine you have a 90% effective test for breast cancer, you might think that's brilliant. If you got that in your exams, you'd get a first—fabulous. But if you screen the whole population for breast cancer, where 990 ▶

Least Excess Deaths	Excess Deaths 2020-2022	Vaccinated % (end 2022)
Malta	6%	88%
Germany	6%	76%
Finland	6%	78%
Iceland	6%	78%
Sweden	5%	72%
Canada	5%	83%
Norway	5%	75%
Australia	4%	83%
Denmark	2%	80%
New Zealand	-0%	80%

Most Excess Deaths	Excess Deaths 2020-2022	Vaccinated % (end 2022)
North Macedonia	28%	40%
Albania	24%	45%
Bulgaria	21%	31%
Bosnia and Herzegovina	21%	26%
Lithuania	21%	68%
Serbia	20%	48%
Montenegro	19%	45%
Slovakia	19%	46%
Kosovo	18%	46%
Moldova	17%	33%

These graphs show that countries with the lowest excess deaths had the highest vaccination rates, and conversely that countries with the highest excess deaths had the lowest vaccination rates

people don't have it and 10 do, what happens with your 90% effective test? You pick up nine of the women with breast cancer—brilliant. However, out of the 990 without breast cancer, you falsely say that 99 of them do have it. So, if you screen the world with a 90% effective test for breast cancer, you end up finding 11 times more false positives than true positives. Your test becomes completely useless as a screening tool. There was a legitimate worry at the beginning of the Covid pandemic that the tests were doing something similar.

A document from the UK government estimated that the false positive rate could be between 0.8% and 4%. A 4% false positive rate would mean if we did a million tests, you would get 40,000 false positives before picking up any true positives. This would create a massive wave of false positives, making the test completely useless. I spoke to the person who produced this research. You don't need to read the specifics, but here's the crucial point: the document also said that out of 100,000 tests conducted in May 2020, 1,570 were positive. This means the false positive rate couldn't exceed 1.5%. If there was a 4% false positive rate, you would get at least 4,000 positives out of 100,000 tests. We later did more testing in the summer and found that out of 100,000 tests, only 50 were positive. This indicates that the absolute maximum level of false positives, if there was no Covid in the country, is 50 out of 100,000 absolutely minuscule. We now know that the false positive rate was basically zero.

#### Relative risk vs absolute risk

There is one last thing because there's another Telegraph article which I think is really interesting. This article said AstraZeneca is being sued over a defective vaccine. It claimed the vaccine was said to be 70% effective but was actually 1.2% effective. How did they get to that? It's true that the efficacy in trials was about 1% but there are two figures: relative risk and absolute risk. Journalists are always guilty of this. For example, a drug against brain cancer might be reported to reduce your chances of getting it by 90%, or eating tomatoes might be said to increase your chances of a particular brain cancer by 20fold. This sounds really scary until you realize that only one person in the world got that brain cancer last year. That's relative risk. With vaccines, we often use relative risk instead of absolute risk. This is what the Telegraph article was saying. But the answer is simple: the rate of brain cancer doesn't change but the rate of Covid does change and eventually, everyone will be exposed. You can't use absolute risk for Covid because there's no constant background rate. Moreover, if you consider the trial design, the trial was designed to stop when 1% of the population in the trial was infected. This was done to ensure they could get a result. If the vaccine was 100% effective, the absolute risk reduction could only ever be 1%. Therefore, they were criticizing a vaccine for being as effective as was possible given the trial's design—a statistical artefact.

### Some additional comments made by Tom during the Q&A

I can think of examples where we've had to change our understanding. During the pandemic, for instance, it became apparent that vaccines, especially with the later variants, weren't blocking infection as effectively as initially thought.

The key is not to nail your colours to the mast and identify too strongly with one side of an argument. As a news reporter, I cover various perspectives and report on differing sides of a subject. With Covid, you often end up explaining things in a way that might align you with a certain camp, which is problematic because it ties part of your identity to that viewpoint.

Science is about being open to new evidence and willing to update your beliefs when the data supports it. It's crucial to avoid becoming dogmatic and always be ready to reassess in light of new information. The scientists I came to trust were often those expressing the most uncertainty, saying, "We don't know." The most heated debates were always the ones where there wasn't enough evidence. For example, the debate about whether schools should have opened or not. We knew children caught Covid less, but we didn't know if they spread it. During flu season, you can see when school holidays come because schools act like hubs, but that didn't happen with Covid. We just didn't know.

Masks are another example where people got absolutely furious with each other. Across the world, we didn't run enough randomized control trials on masks. There was a lot of anger about masks, but not enough effort was directed at running randomized control trials early on. I hope that we learn from this and run more trials in future pandemics.

People who are modest about their knowledge and say, "I don't really know," tend to be more trustworthy. In the medical field, those who are absolutely certain are often the ones who are wrong.

Investing in high-quality masks like FFP3 would have been a better strategy given the amount spent on lateral flow tests, vaccines, and other measures. I think what we really missed was the chance to properly test and understand the effectiveness of these interventions through rigorous trials.

The World Health Organization didn't acknowledge airborne transmission until it was too late, which made it more difficult to stop. Wearing masks did make a difference, though not a huge one. The effectiveness was limited partly because we were wearing the wrong types of masks and partly because masks weren't worn consistently. While masks weren't a panacea, I'd be surprised if they didn't do something to help reduce the spread.

Regarding adverse reactions to vaccines, every medical intervention carries some risk. It's understandable why someone who had a bad reaction would be hesitant to get vaccinated again. During the pandemic, it was a moral responsibility to take the vaccine because it cut down the size of the wave and helped protect others, even if you were healthy and unlikely to die from the virus.

We've tortured the data far enough on Covid. We have found out everything we can. Now, everyone has entrenched themselves into their particular Covid camps and aren't going to get out of them. There's enough global data that you can probably find what you want to back whichever prejudice you wish to have reinforced. I think a lot of scientists cringed when they heard that phrase "trust the science". I know why they came up with it and why they did it, but science is obviously a process. It's a way of thinking and looking at the world. It's really messy. There are honourable people who just loathe each other after Covid.

We have to hope that this messy process gets there and that we find a way for heterodoxy as well. Ninety percent of the time, the people who go against the herd are going to be completely off, but sometimes they're the ones pointing us in the right direction.



# Letters & Emails

It's your column...

# Aaron Darkwood calls for understanding of those who govern

Had someone else been running the show these last fourteen years, would the country be in a better state? Financial crash recovery, austerity measures, Brexit, energy crisis, Ukraine, immigration influx, cost of living... there's been a stream of unprecedented situations that the UK and its elected governing administration has had to deal with. But we have not been alone in this. Other nations have been impacted hard with many or all of these issues as well. The energy crisis also struck European countries, although France has nuclear energy and Norway is strong in energy resilience. Immigration has been a problem across the world and cost of living has been bad everywhere. Has our government made mistakes? Yes of course. Rushed Covid deals led to waste, deals that anyone would have rushed under pressure. The honesty of MPs was brought into question as the government tried to salvage its public image from situations it was ill-equipped to deal with. Protecting the public twice from energy costs soaring, and then cost of living assistance, has racked up huge debt. But surely all parties would have done the same, wouldn't they?

As we emerge into a new dawn, we need to stay focussed on what the true picture was. This email is no defence of the Conservatives, but a reminder that people are people, and that today's elected officials are just people as well. Not saviours, miracle workers or perfect humans – just untrained elected nobodies whom we entrust to govern us with as much knowledge and wisdom as they take with them into the job.

Right now, YOU could be walking into government. You hold as much knowledge on how to change law, how to make the country safe and grow as any brand new MP does. Judge carefully, be kind, hold some compassion and understanding for newbies in the job. Let's hope for the great of Great Britain, that they find the paperclips quickly, and start shuffling paper into an order that benefits us all.

#### From Paul Entwistle to David Warden

Just to say that 'participation' (one of the watchwords of the events of 1968) is very high on my list of positive contributions to society, so good on you for standing! If more people got stuck in, I think we'd live in a better place. Participation may also be a good subject for a group discussion – what and how much 'should' the Good Citizen do?

Explainer: David Warden stood as an SDP candidate in the Bournemouth West constituency. 'Participation' was one of the key themes of the May 1968 protests in France. These events were marked by a demand for greater involvement and direct participation in political, social, and economic decisions. The protests began with student demonstrations and rapidly escalated to a nationwide movement that included workers' strikes and occupations of factories and universities. The idea of participation was central to the protesters' demands, reflecting a broader desire for democratisation and empowerment of individuals in decisionmaking processes. This emphasis on participation can be seen in various aspects of the movement. The initial student protests at the University of Paris at Nanterre and the Sorbonne were driven by demands for a greater say in university governance and reforms that would allow more student involvement in academic and administrative matters. The movement culminated in strikes involving millions of workers. These strikes were not just about wages but also about workers having a greater role and voice in the management of factories and workplaces.



## View from the Chair

David Warden Chairman of Dorset Humanists

foolishly agreed to stand as a 'paper candidate' for the Social Democratic Party in the General Election. In the event, however, standing for Parliament has been one of the highlights of my life. I recommend it to everyone with a passion for politics!

I first joined the SDP back in the halcyon days of 1983. In 2010, I joined the Labour Party when Ed Miliband was flirting with the concept of "Blue Labour" (socialist economic policies with a conservative emphasis on nation and community). The SDP today is really positioned as a "Blue Labour" party – a blend of socialist economics with conservative policies in areas such as borders and sovereignty. At 5am on Friday morning, I stood in line as the Rt Hon Sir Conor Burns was knocked out by Labour newcomer Jessica Toale. Earlier, I had also watched Tobias Ellwood being defeated by Labour. Both of our erstwhile Tory MPs gave dignified exit speeches.

An independent candidate in Brighton Kemptown got just one vote (presumably her own). I did rather better with 139 votes, despite having done virtually no campaigning (I did participate in one hustings in Westbourne) and standing for a party which most people think died out in the 1980s. Getting just 139 votes could have been experienced by me as a humiliation. On the contrary, I felt proud to have stood in an election and contributed to a party fielding 122 candidates nationally. In total, the SDP got 33,811 votes, a tenfold increase on 2019. But the party chair, Valerie Gray, only got 784 votes in Brighton Kemptown, and William Clouston, the party leader, only managed 1,211 votes in Hexham. So my achievement was far from shameful. And as Paul Entwistle kindly said in an email to me (see our *Letters* page) participation is one of the watchwords of democracy. I hope all of our humanist members and supporters took part in the election, at least by voting, and also by reading manifestos and having debates. Let's not lose faith in democracy which is a core humanist value.

Our guest speaker on science and vaccines Tom Whipple said: "We have to hope that this messy process [science] gets there and that we find a way for heterodoxy as well. Ninety percent of the time, the people who go against the herd are going to be completely off, but sometimes they're the ones pointing us in the right direction." I will always try to maintain a space in Dorset Humanists for people who "go against the herd" – including myself! Another core value of humanism is freedom of thought, which means going wherever the argument leads – even when that takes you away from your peers or an accepted consensus. We know that human cognition is strongly biased towards groupthink and that highly intelligent people can be the most skilful at rationalising their beliefs. As a humanist group, we welcome contrarians and those who have the courage to go against the grain. Our first instinct may be to denounce them as "deniers" or "conspiracy theorists" but these are lazy reactions to heterodox perspectives. Let's make room for the heretics in our midst. They might be on to something.