

Foreign Affairs Committee

Oral evidence: Global health security, HC 200

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Members present: Tom Tugendhat (Chair); Stewart Malcolm McDonald; Andrew Rosindell; Henry Smith; Royston Smith; Graham Stringer; Claudia Webbe.

Questions 96-152

Witnesses

I: Rt Hon. Jeremy Hunt MP, former Foreign Secretary and former Health Secretary.

II: Niall Ferguson, historian and commentator.



Examination of witness

Witness: Rt Hon. Jeremy Hunt MP.

Q96 **Chair:** Welcome to this afternoon's session of the Foreign Affairs Committee. In a repeat of a few years ago, we have Jeremy Hunt, no longer the Foreign Secretary, before the Committee—I will call you Jeremy if that's all right, because it would be weird not to. You are unusual in having held two of the great offices that specifically affect global health diplomacy: you were Health Secretary for nearly seven years and Foreign Secretary for nearly two years. Does the UK co-ordinate health and foreign policy well?

Jeremy Hunt: I think we do it better than most other countries, but clearly not well enough. The big lesson of the last year is that we are going to have to raise our game massively. When I was Health Secretary, pandemic planning was left entirely to me and very rarely raised at Cabinet level or with the Cabinet Office. We did extensive preparations and planning, but we now know that we over-prepared for flu pandemics and under-prepared for SARS-like pandemics. We clearly did not get it all right. To make the kind of changes that we will now need to protect ourselves against the next pandemic will need much more influence than the Health Secretary alone can muster in Government.

Q97 **Chair:** May I draw your focus away from your responsibility as Health Secretary, where clearly preparing for a pandemic at home is a prime aim, and push it on to the overlap between the two roles? One of the things that we have learned—as Chair of the Health Committee you have exposed this extremely powerfully in different evidence sessions that I have watched—is that there has been a series of lessons over the past two years from which we have learnt a bit, learnt partially or not learnt at all. Taiwan, South Korea, Japan and Australia are just a few examples where we have seen that some countries seemed to have learnt a better lesson in co-ordinating between foreign affairs and health because they have learnt from others. Who does it best?

Jeremy Hunt: That is a good question. I am not sure that you can look at what has happened in the past year and say that the generality is that this one country does it better than others. It is clear that the countries that had experience of SARS had a better response to covid than the countries that had experience of flu. That is why you see Taiwan, Korea and, indeed, Australia, New Zealand and Japan doing much better than Europe and North America.

Two elements of international co-ordination now need to happen if you are talking about the direct link between the two. First, it is now very clear, in a way that was not top of mind when I was doing all our pandemic planning—it was never suggested as a key factor in our pandemic response—that a willingness to close borders quickly and co-operate on the closure of borders quickly will be a vital element in stopping pandemics in a globalised world. That would obviously make far more



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sense if there were internationally agreed protocols rather than countries going it alone.

Secondly, if we are going to have a better response internationally, someone will have to corral together all the different countries of the world and say, "Look. Isn't this what we need to do?" Britain is one of a small group of countries that could play a defining leadership role because of international respect for the NHS and our global connections. Despite the things that went wrong last year, we are respected as a country that tends to take things such as the threat of pandemics seriously.

- Q98 **Chair:** In some ways, the countries that had a SARS experience and learnt from it are less interesting for the purpose of this inquiry than the countries that didn't have a SARS experience but learnt from others that did. Even though they did not have an immediate domestic national experience of a pandemic or epidemic, are there examples of countries that learnt from others and saw best practice?

Jeremy Hunt: You could put Australia and New Zealand in that category. I don't think SARS or MERS directly affected them. They are obviously closer to China and Korea and that may have been a reason.

The interesting thing is that last year, this country—and not just this country, but those across the whole of Europe and North America—clearly had a blind spot about the very successful pandemic responses that were happening in east Asia. That is recognised now as something that held back our pandemic response, but it wasn't just us; it was across the whole of Europe and North America. However, the one area where we didn't have a blind spot was in vaccine preparation and vaccine policy. This was not just the setting up of the vaccine task force. If you go back to the Ebola outbreak in 2016, when Chris Whitty was the chief scientist at the Department for International Development, you see that the UK Government then funded Oxford to carry out research into a MERS vaccine that became the foundation of the AstraZeneca vaccine.

The curious thing is that we had a blind spot in some areas but not in others, and often it was the same individuals in both. The real lesson at a national level is that we need much more openness about what is going on in every corner of the world. At an international level—and, Chair, I think you understand this particularly well—we have to work out how we deal with countries like China when you think about things such as the Wuhan leak theory. We will need international protocols about how you keep secure any laboratory that is dealing with potential pathogens.

There are models for this, such as the international co-operation on keeping nuclear power stations safe, so it has been achieved in the past. Even countries that don't necessarily trust each other co-operate in this area. The question is who will bring countries together to make sure that we do these things. I hope that Britain will play an important role in that.

- Q99 **Chair:** Funnily enough, you are bringing me straight on to questions that I was going to come to on the WHO. Before I go there though, one of the



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things you will have seen is how the Foreign Office is both an organisation and a platform. It conducts its own business as a strategic influencer and shaping the foreign environment, but it also acts as a platform and has attachés or envoys from other Departments. Most traditionally of all, it has military attachés. Do you see a time when we will have health attachés whose role, in effect, will be to be the diplomatic eyes and ears for medical co-operation?

Jeremy Hunt: Yes. I think there are certain parts of the world where that is more relevant than others. We do have people playing that role in the United States, for example, where there is a huge amount of medical innovation even though our systems are very different. In Africa and India, a key priority now is to strengthen rural health systems if we are to be more resilient in future pandemics. Many people think that covid would have been a lot worse if it had started in Africa rather than in China, which, for all the problems there, does have a moderately developed healthcare system. The role of our aid budget will become very significant going forward. Absolutely, I think this issue will rise right up the agenda of what our embassies around the world do.

Q100 **Chair:** You kindly led me on to China. You have an awful lot of personal experience of both China and Japan. Your experience of dealing with China over many years gives you remarkable insight, so how do you think we should approach the conversation that we are currently having with China? Plenty of people are critical of me and, no doubt, many others for exploring the ideas on the lab leak theory that you brought up, and there is clearly a strong possibility that the virus simply emerged naturally in the atmosphere, as it were, as a result of transmission among animals. There is also the possibility that it might have leaked from a laboratory or whatever it might be. How do you think we should approach this issue so that we can try to get co-operation to protect ourselves in the future?

Jeremy Hunt: We have to find a way of being able to pursue areas where we want to work together with China—whether this area or climate change—while not compromising our own principles when it comes to human rights and the rights of people in Hong Kong, for example. That is a diplomatic tightrope, but the FCDO has diplomats who are extremely experienced in walking that tightrope and have done so for many years.

I mentioned nuclear power stations because in the last century a number of accidents, including at places such as Long Island, led countries with very opposing philosophies—the United States, the Soviet Union and China—to co-operate in setting up an international inspectorate of nuclear power stations. It was not able to prevent what happened at Chernobyl but it has been very important in raising standards. I may be wrong, but my understanding the last time I looked at this is that the only country that was not co-operating with that framework was North Korea. That is an example of something that is safety-critical for humanity and on which countries have found a way of coming together.



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In order for those kinds of things to happen, there needs to be a lot of diplomatic energy and that is the challenge facing the United States and the United Kingdom. For people who say that Britain is a small power that is declining in relevance, I would say that in this area people would not say that. They would say that Britain has one of the most influential and important voices on the global stage.

Q101 Chair: Can I bring you straight on to the World Health Organization, of which there has been a lot of criticism of late? How do you think it has performed?

Jeremy Hunt: I think the low point for the WHO was its response to Ebola, when it essentially failed to put together an international response, to such an extent that Britain, France and America had to take one country each and lead a nationally driven response. That was because the regional structures were so cumbersome that the WHO was unable to act fast. It has not got everything right, but I would point out that all UN organisations operate by consensus. Because it is difficult for the director general to criticise China, America, Britain or any significant player, what we have learned is that we need a structure whereby there is a pandemic virus-spotting organisation that can operate without fear or favour under WHO auspices and that is able to go freely anywhere in the world and has sufficient independence from the people who run the WHO that it is able to say what it thinks is happening in black and white. That is what is missing at the moment.

Q102 Chair: I think I am right in saying that, at the moment, if you want to report the emergence or possible emergence of a pandemic or major new disease, that has to be done by a country—it has to report it as a nation to the WHO. Would you support the idea that anybody can report?

Jeremy Hunt: Yes. For example, we saw the ridiculous thing in a global emergency whereby the WHO had to get the agreement of China before it could send anyone into China and had to agree who was going to China. What we need is an international agreement so that representatives of a designated body, which would be our global pandemic spotter, can go anywhere without fear or favour and talk to anyone. That is obviously a big thing to negotiate, but we need something like that. It would also be in China's interests. The next virus may well not come from China, but China could be affected by it just as anyone else could. That is a big challenge, but it is the direction in which we have to go.

Q103 Chair: That is moving from being a UN agency in the traditional model to something like the International Committee of the Red Cross.

Jeremy Hunt: Yes. These things can be set up only by international agreement. That is the tricky bit, but there are ways. The UN, for example, has found ways of speaking openly about human rights abuses—even though that will make some permanent members of the Security Council uncomfortable—by having independent rapporteurs on media freedom who say what they want. They say it at arm's length from the Secretary-General, so the UN has found a way to give a voice on issues



such as human rights. We need to find a parallel way of being able to spot viruses quickly and talk about them openly.

Q104 **Chair:** I am interested in exploring some of that. We did have such a system when the BRIXMIS teams used to go in and out of the Soviet bloc and Soviet soldiers came into the western bloc and occupied Germany, as it was then. By agreement, they could look at each other's activities, so presumably we can find ways of setting up something similar.

Jeremy Hunt: We can. The cold war is an interesting parallel. The two superpowers recognised, especially post the Cuban missile crisis, the dangers of accidental nuclear war and set up hotlines. The other interesting parallel is the global consensus. It is beginning to fray but has broadly held on the use of chemical and biological weapons. With the exception of the holocaust, it survived the whole of the second world war. It is possible to have agreements that have lasting impact, even between powers that do not trust each other further than they can throw each other.

Q105 **Royston Smith:** Thank you, Jeremy, for joining us today. We are very grateful to you. You touched on the worldwide response to the pandemic and whether it was adequate. What could have been improved?

Jeremy Hunt: It is a very important question. We need to be much faster at learning from best practice around the world. We need to recognise that pandemics are more dangerous now than they were 20 or 50 years ago, because of globalisation. We need to be willing to do things such as shutting borders much more quickly than we did last year.

Europe and North America held a view, I think, that there was not terribly much to learn from China because it is a communist country that does not share our values, and people would not be willing to have their freedoms curtailed in the way that happened in China. That was completely understandable—I think I would have taken the same view—but right next door are democratic Taiwan and South Korea, very lively democracies where citizens are very conscious of their rights and in many ways give their politicians every bit as much of a hard time as we give our politicians in the west.

We could have learned a lot more a lot more quickly. That was the big mistake and it is what we need to do better.

Q106 **Royston Smith:** I am interested in that, with all due respect—I know people hate it when someone says that because it normally means they don't mean that, but I do. We need to learn from the best. If we look at China's handling of the pandemic, I don't know how much truth there is in people being welded into their tower blocks, but we could not do that.

Taiwan, a democracy, is a great friend of the UK. It did temperature checks on people arriving from Wuhan in January, took them to hotels to quarantine for two weeks, gave them an iPhone that they had to answer within 15 minutes otherwise someone knocked on their door, and the next thing was not a hotel room but perhaps a prison cell. It was very



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strict. It clearly worked really well. Having learned from that, could we implement such a system in this country?

Jeremy Hunt: Some of it, yes; some of it, no. In South Korea, another lively democracy not far away, the Government had access to mobile phone records and credit card bills. They could see exactly where someone with covid had been. I think that would be a step too far, but we would accept some of the interferences with liberty more than you or I would have imagined a year ago if they prevented the lockdowns that mean a more generalised restriction of liberties.

South Korea has had no national lockdowns since the start of covid. People found to be positive have a lot of interference with their civil liberties, but that trade-off has been made. People here would say that the restriction of liberty has been so much as a result of the lockdowns that we would perhaps consider things that we did not previously think would be sellable.

Q107 **Royston Smith:** If we had a pandemic in the next 12 to 18 months, people would tolerate a lot. If we had one in the next 100 years, they would not have the memory of what can happen. I understand, but I am not entirely sure that people would be that compliant. May I ask about countries such as China and Russia using vaccine supplies to gain influence overseas? Do you see that having long-term impacts?

Jeremy Hunt: Not really. They clearly tried to do that, but they did not release the clinical trial data on vaccines for us to look over independently, and some of them have been found to be not very effective at all. Countries that depended on some of the vaccines have been very disappointed with the outcome.

Contrary to the narrative that autocracies deal with pandemics better than open societies, we have found that open societies do vaccines far better because we are completely transparent about the scientific results and there is therefore trust. With vaccines, we are generally injecting healthy people, so we really need trust if we are to get a high uptake.

Q108 **Royston Smith:** Do we have reliable data on how effective their vaccines are?

Jeremy Hunt: We are now getting data—real-world data based on the use of vaccines in places such as Chile. The impact has been very mixed.

Compare that with AstraZeneca, which has been through the mill publicity-wise—it had a lot of grief from the European Commission for delayed deliveries and European leaders openly questioned the effectiveness of its vaccines, which I thought was wholly irresponsible—and we know that it is 92% effective against the delta variant if you have had two doses. We know that as a scientific fact and people trust that. It is responsible for one in three of the vaccines distributed globally, which shows that our open approach is much better.

Q109 **Stewart Malcolm McDonald:** Thank you for your time, Jeremy. Do you think that the pandemic has been a godsend for the Kremlin, as it was described by a former Under-Secretary of State in the US?



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Jeremy Hunt: I don't think it has. The big surprise of the pandemic, building on what I said to Royston earlier, has been that at the start of the process the general view was that this would be a big threat to the legitimacy of open societies and democracies because we would see that autocracies were much more effective at quickly doing the draconian things that you need to do in a pandemic.

We found the opposite: yes, democratic societies made some mistakes at the start of the pandemic but we are willing to do what it takes to protect public health. We just have to be smarter about working out what we need to do more quickly.

At the same time, there has been a growing realisation that there is a battle of ideas this century between open and closed societies. When it comes to the scientific research and trust needed to get people to take vaccines, open societies very much have the edge.

Q110 **Stewart Malcolm McDonald:** I was quoting Tom Shannon, who went on to say that it was a "godsend" because it allowed Russia to "restart their diplomacy in the hemisphere"—the Americas—"with a whole new face of public health intervention and they are taking full advantage of it."

I take your point entirely about how they deal with the issue domestically, but countries such as Russia and China—Royston mentioned them specifically in connection with vaccine diplomacy—have been able to put on what looks like a good face, even if we do not buy that line, and perhaps will be able to call in favours in years to come. What is your assessment of how successful that might be?

Jeremy Hunt: That was certainly their intention, but little old Britain backed the AstraZeneca vaccine, which is being used in a third of cases all around the world, with our much more limited budget and much less pushy diplomacy. We have scored a win in that respect.

Some of the countries that do not share our values ask themselves whether a global pandemic is an opportunity to further their agenda. I fear that that may be what happened with the removal of freedoms in Hong Kong: "While the world's attention is focused elsewhere, let's crack on and do the stuff we want to do anyway."

The G7 summit in Cornwall saw the start of a global alliance of democracies. It has a long way to go, and I know that your Committee will think hard about what more needs to happen. You have to ask whether that was such a smart thing to do. My view is that if you are going to deal effectively with a global health emergency, openness and transparency are by far the best way forward.

Q111 **Stewart Malcolm McDonald:** I agree with all of that. The UK's vaccines have undoubtedly been good, not just domestically but internationally. All that is correct—sign me up to that. But let us take China as an example and how it has woven its international vaccine distribution, either in selling it or giving it away, into its belt and road initiative. How do you see that playing out? We are doing G7 and open society. That is great,



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but will the competition come back to haunt us? If so, in what way do you see it playing out in years to come?

Jeremy Hunt: There was clearly an attempt to create dependency, favours, relationships on the back of the global pandemic. I don't think it has particularly succeeded, but, to support the direction of your argument, yes, that is clearly happening around the world at the moment.

Q112 **Stewart Malcolm McDonald:** How do we counter it? If we are looking for pandemic watchers and all these new rules but China is calling in favours from various countries around Africa, or Russia is calling in favours from South America, how do the UK and the G7 rise to that challenge years from now?

Jeremy Hunt: What was the phrase that Mrs Obama used? When they strike low—

Stewart Malcolm McDonald: When they go low, we go high.

Jeremy Hunt: Some of us may have tried to use vaccine diplomacy to get narrow diplomatic advantage, but right now there is a global challenge to make sure that we are not paralysed by a future pandemic, which we know is likely to happen if we don't change the way we do things. Let us work together on protocols to make sure we can close borders quickly when we need to, to make sure there is free flow of information, and to make sure there is sensible regulation of laboratories because it is in all of our interests. That is the only way we can tackle this.

Q113 **Stewart Malcolm McDonald:** Let us take the Sputnik vaccine in particular. Mark Galeotti, whom I am sure you will know, was before us a couple of weeks ago. I put to him the point made by the Lithuanian Prime Minister: that the Sputnik vaccine was being used as a weapon of hybrid warfare. Mr Galeotti hit back by saying, "Well, that's because we've made it one." What do you think of Mr Galeotti's assessment, or would you tend more towards the view of the Lithuanian Prime Minister that the Sputnik vaccine is indeed a hybrid weapon?

Jeremy Hunt: I probably veer more towards the Lithuanian side of that argument, although I don't think it has succeeded in being a hybrid weapon. The fact that we are not asking anyone to pay fees for the intellectual property in the AstraZeneca vaccine speaks far louder than any of the hollow gestures that other countries have made in this process.

Q114 **Graham Stringer:** Can I follow up the questions on China and the World Health Organization and the difficulties that there have been? I paraphrase, but I think you were saying that in order to deal with China not playing the game we should look for areas where we can co-operate. Is that a fair reflection?

What was forgotten during this epidemic was that during the SARS epidemic the World Health Organization did extraordinarily well. It was led by Gro Harlem Brundtland, an ex-Prime Minister. It was very similar to covid. China kept SARS a secret and wouldn't co-operate. The World Health Organization found out about it by monitoring the internal



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noticeboards, and when the Chinese still wouldn't co-operate, rather than saying, "Our constitution says we cannot deal with it", Gro Harlem Brundtland called them out and they backed down relatively quickly.

In those situations, should the World Health Organization and other countries be more prepared to play hardball? If we had, we might have got further than we did more quickly.

Jeremy Hunt: I completely agree that we need a structure that allows someone to speak truth to power where a new pandemic is brewing. The big difference between the situation you describe and the current one is that China is a very different animal. It is a much bigger country economically and in its global reach and power.

I appreciate that this might be a different view from the one the Committee has taken in the past, but I think that Dr Tedros has had an impossible job to do, just as the UN Secretary-General has an impossible job when one or other of the major global powers steps out of line.

We need to recognise that there is a system problem here. We haven't created the structures that allow somebody to speak completely openly and transparently about a problem, to travel where they need to travel and to get the information they need to get without fear or favour. That seems to be at the heart of the issue. It is a systemic flaw and we need a World Health Organization agency that operates at arm's length to the director general and WHO leadership and is officially licensed, rather in the way, to use a much more parochial example, we give Ofsted, the CQC or the Government's new panel on climate change licence to speak openly and independently. We need some structure whereby someone who knows it is their job to say it how it is says, "This is what the world needs to do to stop this new pandemic that we think is starting here."

Q115 **Graham Stringer:** I accept that China is a much more powerful country than it was in 2002—there is no arguing with that—but isn't part of the problem that the person running the World Health Organization was essentially put there by China and does not have the background that Brundtland had, he having already operated on the world stage? I don't want to lionise Brundtland, but had there been an ex-Prime Minister there, things might have worked faster. It is personality as well as systemic, and it is also the initial influence of China.

Jeremy Hunt: This is the problem with international organisations. All of you on the Committee will be as aware as I am of the sclerosis in organisations such as the UN and UN organisations, which find it utterly impossible to say anything with unanimity on, for example, Venezuela—it is a nightmare. But we have to recognise that when it comes to global health emergencies, we share an international interest in make sure that there are people licensed to speak the truth as it is, and we don't have that.

Q116 **Graham Stringer:** I think you have called for a patent waiver on vaccines but some powerful voices have said that this would slow down the process and could harm innovation. How do you respond to that?



Jeremy Hunt: First, I wasn't advocating that a patent waiver should be imposed on drugs companies. If you did it that way, it would be a big deterrent to innovation. If you were to do something like that, there would have to be international agreement that drugs companies were compensated. The long and the short of it is that we need to find a way to get vaccines out more quickly even than is being planned after the G7 summit in Cornwall. One of the main reasons for the hesitation in lifting lockdown in this country is the delta variant that originated in India many thousands of miles away. Because the number of cases there exploded, we ended up with the new variants. That is why a risk in another part of the world is a risk for all of us.

Q117 **Graham Stringer:** I think that deals with the point about financial compensation and innovation, but it does not deal with the point about speed. You know from the joint inquiry that Professor Sarah Gilbert, one of the people responsible for the Oxford Astra Zeneca vaccine, has made a powerful statement—I can read it out exactly if you wish—that essentially says that if you withdraw the patents so that all countries that want to manufacture the vaccine can do so, the regulators would have to re-regulate because we would, in effect, be dealing with a different vaccine. That would slow the process down. I have not heard an argument against that.

Jeremy Hunt: I would not pretend to know as much about vaccine regulation as Professor Gilbert so I take what she says very seriously. All I would say is that I think we have shown it is possible to regulate nimbly and quickly. Professor Gilbert may correct me—and I would stand corrected if she did—but I am surprised that, in a pandemic, we have not been more willing to accept decisions made by other regulators given that, for example, the EMA knows just how good the MHRA is in the UK. I am surprised that the EMA wanted to wait before approving vaccines that we had approved here. I would say the same vice versa. When the FDA approved Pfizer as safe for the over-12s, I am not sure why we necessarily needed to wait. That doesn't mean that we want to give it out to the over-12s, but the point is about the safety inspection.

Q118 **Graham Stringer:** On a different point that hits the same question, what is your position on giving vaccines away or selling them to parts of the world before our younger people and teenagers are vaccinated? Where do you stand on that?

Jeremy Hunt: I have thought about this a lot. Normally in this debate, I am against our cuts to the aid budget and in favour of giving as much support as possible to poorer countries. But I do think it is unrealistic in a pandemic to ask an elected Government to give vaccines abroad when you still need them at home. I recognise that in this unique situation any Government will want to make sure that it distributes the vaccines at home first, difficult though that is. Whether it is right or wrong is a different question, but that is the reality in an emergency like a pandemic in a democracy.

Q119 **Chair:** It is interesting that you made the realistic point, I think, that the



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aid budget should support the prevention of future outbreaks that may lead to further variants that affect us, but the reality is that all Governments have a moral responsibility to look after their family first in the way that we all do. In that balance, where do you see the tipping point when you start saying, "Okay, the UK is vaccinated enough and the emphasis now needs to be on connected countries, such as Nigeria, with which we have a link"? What is that moment?

Jeremy Hunt: That is a very difficult question to give a swift answer to—that is of course why you asked it. I think the answer is that it is not something that we can do on our own. In the end, although we have 100 million vaccines that we will be giving out, which is welcome news, that alone will not do it when there is a 10 billion global shortage of vaccine supply. I would favour coming to that decision as part of a global plan to make sure that all developing countries have access to the vaccines they need. It is much easier to make a decision when you know that, in concert with what the United States, France, Germany and Japan are going to do, it will make a difference in making us more secure because we will make sure that developing countries across the world get the vaccines they need.

Q120 **Chair:** You will have seen the maths: 100 million doses is probably 50 million people and, although it is not entirely clear, that is probably a fifth or a sixth of the population of Nigeria.

Jeremy Hunt: Exactly. That is why I made the point.

Q121 **Stewart Malcolm McDonald:** We talked about this earlier and I take your point that we would want to act in concert with your G7 allies or whoever that might be, but authoritarian states will take advantage—of course they will. You strike me as incredibly optimistic that we can somehow come out at the other end of this and all the attempts by the Chinas and Russias will not come to very much in the long run. Why are you so optimistic about that? I am less optimistic for sure.

Jeremy Hunt: I am optimistic by nature. I don't pretend—

Q122 **Stewart Malcolm McDonald:** You said earlier that it's all starting to fray around the edges a bit in terms of consensus building.

Jeremy Hunt: I think it is possible to build these consensuses. It is possible through international action to do amazing things. I think of the Gleneagles summit that set the world on the path where everyone with HIV/AIDS was able to get antiretroviral drugs. That was a UK-US initiative that was extraordinarily successful in global terms and saved huge numbers of lives.

With the aid debate, I would just say that for many years there has been a tension in thinking about how you help countries to develop. Do you focus on things that help their economic infrastructure—the roads and the railways that Governments in developing countries tend to want—or do you do what DFID tended to focus on in the past decade, which is health and education? We felt in the past few years that we were on the wrong side of that argument. When you went around African countries, what they



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said was, "What we really want is what the Chinese are offering us." Now, with a global pandemic, people can see that investing in health infrastructure that makes sure that you are able to distribute medicines at pace throughout a country is a very good investment for anyone to make. I think people may reassess that argument.

Q123 **Stewart Malcolm McDonald:** Do you think the integrated review gives enough focus to global health security?

Jeremy Hunt: I think we can do better. In fairness to that integrated review, it was written and published mid-pandemic and there will be lots of lessons that we want to learn post-pandemic. When it comes to global health security, there is a big job that now needs to happen. I hope it is something that the Prime Minister will decide he wants to lead, because I don't think it is possible for any one Government Department to make this happen; it is about leaders talking to leaders and coming to agreements about the big changes that need to happen.

Q124 **Stewart Malcolm McDonald:** You have alluded to this already, but do you think what is needed is some sort of pandemics treaty or something as big as that?

Jeremy Hunt: Yes, I do.

Q125 **Stewart Malcolm McDonald:** Talk us through that.

Jeremy Hunt: I think we need to have agreement between leaders. It is probably still too early; I think we are probably talking about something happening during the course of next year, and the leaders of the world coming together to agree a set of actions that will more effectively secure the world.

You asked a number of questions about Russia. I am more optimistic, funnily enough, that China will be willing to participate in that agreement. For all the things we disagree with China about, it wants global trade stability because it sees that as important to the Chinese economy. I am afraid that the Russian Government sometimes seem to want instability. The extent to which the Russian Federation will want to be part of such an effort is an open question, but that is what will need to happen.

Q126 **Stewart Malcolm McDonald:** Let us say that you are right and next year international work on a pandemic treaty starts. Is there a danger that once the covid pandemic starts to be behind us—you can translate that into whatever you think it might mean—and we get a pandemic treaty that is job done, this will slip down as a priority for this Government and others?

Jeremy Hunt: That is always the nature of politics. I hope your Committee will say something profound and important to make sure we don't let the opportunity pass.

Q127 **Stewart Malcolm McDonald:** You have been very vocal in your opposition to the aid cuts. What do they mean for the UK's ability to lead in recovering from the pandemic? How do they impact on the UK's ability



to do the things it wants to do around the world?

Jeremy Hunt: If it is any more than a short-term cut to our aid budget, it will reduce our ability to lead, our moral authority and our international influence. Everyone would understand if you made a temporary cut to the budget. I would oppose that as well, but people would understand it internationally. People find it much harder to understand when our economy next year returns to pre-pandemic levels but we still haven't returned our aid budget to its pre-pandemic levels.

Q128 **Stewart Malcolm McDonald:** Who benefits from a cut?

Jeremy Hunt: Balancing the books is a challenge for any Chancellor. I completely understand that and I defended unpopular cuts on many occasions in my time in government, but we should be listening to people like Bill Gates on this issue. Bill Gates correctly predicted after the Ebola pandemic that the two things that needed to happen if we were to avoid Ebola becoming a global pandemic were, first, to speed up the process of discovering new vaccines and, secondly, to strengthen the health care systems of developing countries. He did a famous TED talk shortly after the Ebola issue—I was closely involved in the UK response to Ebola, which is why I was interested in what he had to say.

Unfortunately, the world did not learn the lessons that Bill Gates taught us, although on the vaccine side the UK did. When it comes to aid, the clear lesson is that if the next pandemic starts in Africa and is deadlier than covid—many pandemics could be deadlier than covid—I heard leading scientists say the most extraordinary thing about the past year: thank goodness it was covid. What they mean is not that covid was a wonderful thing but that there are so many pathogens that are much more lethal than coronavirus. Putting all that together, a cut in the aid budget does not make sense.

Q129 **Stewart Malcolm McDonald:** Who benefits from the cut?

Jeremy Hunt: I don't think anyone benefits. That is why I am against it.

Q130 **Stewart Malcolm McDonald:** You don't think any of the UK's adversaries benefit in terms of image and opportunity to have a pop?

Jeremy Hunt: They may try to benefit from it, but given that our aid budget is many times their aid budgets, even after the cut, I don't think that is the issue. As a patriotic Brit, I want us to be a force for good in the world, and that is done best when we champion causes that are bigger than our own narrow national interest. A big aid budget is very much part of that.

Chair: I agree. Britain has a powerful role in the world. We should be proud of what we can achieve and how we shape it, given reports from Lebanon today of increased instability. This is slightly tangential from a global health inquiry, so forgive me, but we are cutting aid to Lebanon by some 80% or 90%. We will reap that whirlwind quite soon if we don't respond. Forgive me: that was a separate intervention.



Q131 Claudia Webbe: Thank you, Chair, and I thank Jeremy Hunt for being with us today. I have listened carefully to everything you have said. I am slightly worried. I feel that the UK has a bit of a laidback approach to the crisis we face, where only 1% of Africa is vaccinated. Let us hope that there isn't something worse or more lethal than coronavirus, because the UK's response has not been as dynamic or forthcoming as that of other countries. Even the US has said it would support a temporary waiver of the vaccine.

You may recall that you said at a Policy Exchange event that it was nonsensical for the UK to leave the EU health worker networks, such as the European Centre for Disease Prevention and Control. Why did the UK leave? What will be its impact?

Jeremy Hunt: I won't reheat the Brexit arguments, which I am sure we have all had enough of in recent years. It is an important question. I stand by my view that we should be part of the European Centre for Disease Prevention and Control. The free exchange of information on health issues, especially on pandemics, between all European countries, whether inside or outside the EU, is a good thing.

With an event like Brexit there is a disruption to these relationships that you hope will be temporary. Sometimes you are excluded from these organisations, even though it is against the interests of the EU, because they want to make a point. You hope that after a period of time everyone will realise that it is in all our interests to restart co-operation, but on a different basis. I think the same can be said for a number of the security databases and counter-terrorism databases that we currently don't appear to have access to.

I hope that as we settle into a new relationship with our European neighbours, we can restart some of the co-operation in those areas that is in everyone's interests.

Q132 Claudia Webbe: And if we don't? What will be the impact?

Jeremy Hunt: I don't believe that it will be the UK Government who are responsible if we don't. I think they do want co-operation in these areas, but if we don't we increase the risk of a pandemic taking hold, or of a less effective response when a pandemic does take hold. That can't be in anyone's interests.

Q133 Chair: Thank you very much, Jeremy, for agreeing to appear. It is unusual for Chairs of other Committees to agree to appear before another Committee. I am grateful for your time and incredibly grateful for your insight, you having straddled two of the most important Departments.

Jeremy Hunt: It is a pleasure—always at your service.



Examination of witness

Witness: Niall Ferguson.

Q134 **Chair:** Welcome back to this afternoon's session of the Foreign Affairs Committee. We are extremely lucky to have Dr Niall Ferguson with us. He has written an awful lot, on many subjects, but most recently "Doom", a book that covers many of the subjects that we are thinking about today. Thank you very much for making time to appear before the Committee. You have written that disasters are always in part man-made. Which countries have had the most and the least effective responses to the pandemic, and why?

Niall Ferguson: When I wrote those words, there was still a great lack of clarity about the origins of the covid-19 pandemic. Suffice to say that in the months since I signed off on the proofs, the probability that it was in some sense a man-made disaster has gone up, even if we don't yet have conclusive evidence that it originated with a lab leak.

If you just rank countries by deaths per million or per thousand, it is pretty clear who has done worst—it is a group of countries in Latin America and eastern Europe. Peru, with something like 5.7 deaths per 1,000, is the worst affected major country. At the other extreme, you have countries such as Vietnam, which has an astonishingly low mortality rate, something like 0.7 per million. China's is a very low number of 3 per million; New Zealand, 5 per million; Singapore, 6; Taiwan, 24; Thailand; South Korea—those are the countries that have done best. Despite what you may read in the media, the UK and the US are not exceptionally poor performers by this metric—they are ranked 19th and 20th in terms of deaths per million.

But I actually think there is a better way of looking at this, which is to look at excess mortality. We don't have excess mortality data for all the countries in the world, but if you look at the ones for which we do have data, the UK and the US are firmly in the middle of the table, with 17% or 18% excess mortality, close to Belgium, close to Italy, close to Spain.

Some countries in Europe did slightly better—France, Sweden, Switzerland—but there are a great many countries that did a good deal worse. I won't recap the countries you are expecting to hear—once again, it is Latin American and east European countries that have the worst excess mortality. Of course, some countries in Europe have done significantly better, to the point, in the case of Denmark, of having no excess mortality, or virtually none in Norway. I think this is probably the best measure to use.

You might say, "Well, don't we need to factor in economic outcomes?" and I would say yes to that, but it is actually a very difficult thing to do, in the sense that there is not a great correlation between the management of the public health disaster and the economic shock. The US has done, as I said, moderately badly in public health terms, but very well in terms of overcoming the economic shock.



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One of the puzzling things—this is the last thing I will say on this—is that when you look at the excellent Blavatnik School data on government stringency, which is a sort of measurement of how severe lockdowns were, there is no correlation between stringency and public health outcomes, but there is a correlation between stringency and economic shock administered.

As I try to argue in “Doom”, one comes to the conclusion that there was an extraordinarily difficult set of policy choices to make in early 2020, and nobody—least of all an academic historian—should sit in an armchair or desk chair confidently saying that there were easier or better ways. This was extremely difficult.

The overwhelming majority of western countries have done relatively poorly, suffering significant public health and economic shocks. The number of countries that really did well—really, it’s a handful of east Asian or Australasian countries.

Q135 Chair: The real challenge that we will see in the future is how we learn from each other. As I say, you have written extensively about this, including quite a lot of history. Are there any good examples of countries learning through foreign policy, or through foreign reach, from each other about pandemics, or is this, I am afraid to say, one of those incidents where people only learn by experiencing things?

Niall Ferguson: No, I don’t think it’s quite such a discouraging picture. The world began some kind of co-ordinated international public health strategy in the late 19th century. There were numerous international conferences, and I talk about them in the book, in which the countries of the world—principally the European countries, but later others—gathered together and thought about common responses to problems of pandemics. Pandemics are nothing new; they have been a feature of human history since recorded history began, going all the way back to Thucydides. So it is not surprising to find that there have been efforts, particularly beginning in the 19th century, to try to apply science to policy.

However, it is easy enough, as you will know, to gather together international representatives, but hard to come to agreements on issues that involved, in the late 19th century, restrictions on trade. And there were divisions between British and continental leaders then.

In the 20th century, there were significant steps in the right direction in the League of Nations, which created quite a significant infrastructure for collaboration and sharing of information, to try to identify early warning signs. But all of those more or less fell apart during the second world war and had to be put back together again, with the creation of the United Nations and later the World Health Organization.

I think that the best example that comes to mind, and I talk about it in the book, is the eradication of smallpox, which was a tremendous achievement of global public health policy. As my former colleague at Harvard, Erez Manela, pointed out, it was one of those rare occasions when, even during



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a cold war, the Soviet Union and the United States were able to collaborate.

However, there are other interesting examples that I had not been familiar with until I wrote the book. There is a significant international effort to deal with influenza as a source of epidemic disease. In the 1950s, the Asian flu strikes, which by the way is the nearest pandemic in terms of its scale that I think we have for comparisons with covid—covid is a bit worse, but only a modest amount worse. In the 1950s, there was really quite a lot of international co-operation and collaboration with respect, for example, to vaccine development.

If one looks at the more recent past, what emerges is a quite chequered picture, with steps forward and steps back, and a series of imperfect conclusions learned from the SARS and MERS episodes. If there is one thing that seems pretty clear at this point, although of course we are writing the history of an event that isn't over, it seems pretty clear that the countries that really thought through the implications of SARS and MERS did much better than those that didn't fully appreciate the risk of a mutated coronavirus that could be simultaneously quite deadly and very contagious. The South Koreans clearly did, the Vietnamese clearly did and the Taiwanese clearly did. Not many public health agencies in the western world appear to have thought through what a very contagious, not-so-deadly version of SARS might be like. As far as I can tell, it was more that the western health bureaucracies were expecting influenza, because that was the kind of epidemic they were familiar with.

Let me add one final point. If you revisit the history of HIV/AIDS, it is actually a pretty unedifying story. People talk a lot as if covid is the worst pandemic in living memory. That is not true, because HIV/AIDS has killed more than 30 million people, albeit over a relatively protracted time period. If one looks back at the early response to HIV/AIDS, it was actually a pretty dismal one in terms of international co-ordination and co-operation, as well as in terms of national responses. You might have expected us to have learned a lot more than we have since the late 19th century when all this began. One of the puzzles that my book addresses is why, despite massive advances in scientific knowledge, we are still not really that good at this, because that is actually a bit of a puzzle. It is not for want of scientific knowledge, clearly.

Q136 Graham Stringer: Your account in "Doom" of the 1957 flu epidemic in the States was very interesting, particularly the development of the flu vaccine, done very quickly at that time. What I wasn't sure about when I read that part of your book was whether you drew the lesson that Eisenhower did not have a lockdown of any part. Life continued as normal during that period in the States. Is that a lesson that you would apply now to the United States and the United Kingdom?

Niall Ferguson: No, I don't think that one could have inferred from what happened in '57-58 that we should just have done what they did, for a couple of reasons. First, they did not really have the option of doing the kind of non-pharmaceutical interventions that we did. Lockdowns were not



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really something that you could do in the 1950s, because almost nobody could work from home, so there was not really any serious consideration given to such a policy. They understood that really the only way they could cope was to try to keep things going and accept that there would be a significant increase in mortality.

It is worth bearing in mind that although covid is certainly going to kill a larger proportion of the world's population than the '57-58 influenza did—it already has done; it recently overtook it—and although it has clearly been much worse in the US in our time than it was in '57-58, young people were much more vulnerable to the so-called Asian flu in '57-58, and that is important because in many ways the number of potential life years lost was likely, or could have been, higher.

The other thing that I think is important to notice is that in '57-58 there was actually quite a lot more hospital capacity, certainly in the United States, relative to the population than is typical today. We run more optimised hospital systems generally, with rather less spare capacity, and so they really did not have to worry about hospitals being overwhelmed. I found no discussion of that as a risk in the '57-58 documents.

It is clear, though—this is the point I wanted to make in the book—that attitudes were very different. It is not just that the politicians accepted that they could not stop the spread; it is also clear that the population accepted that an infectious disease with an increased risk of death, with a spike in excess mortality, was a part of life, so there is remarkably little extensive memory of the event. You will be surprised to find—it is not in the book because I only found it out recently—that the spike in mortality caused by influenza was even higher in England in 1951. In fact, the spike in mortality in '51 looks very similar in scale, on an age-adjusted basis, to the spike in 2020, and almost nobody now remembers the 1951 episode, which was especially severe around Merseyside.

The illustration I am trying to make here is that our attitudes have changed a lot. We are going to remember covid far longer than we remember these 1950s episodes, because our expectations have changed. It's not only that we can work from home in significant numbers; it's also that we really don't expect a sudden surge in excess mortality on this scale. We expect the Government and public health agencies to be able to prevent that, which I don't think people in the 1950s did.

Q137 Graham Stringer: There were a couple of really interesting points there. Obviously, the one about hospital capacity is interesting. It is also interesting—in this country, I don't know what the situation is in the States—that we've demolished and got rid of all our isolation hospitals, which would have been very helpful in this epidemic.

I would like to take you to the chapter "The Science Delusion" from your book "Doom". You made the point that there are going to be more pandemics, that viruses and pathogens develop as we develop weapons to fight them. Is it fair to conclude from that chapter that you are pessimistic



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that we will do anything as effective as was done against smallpox, against a lot of pathogens, viruses and bacteria?

Niall Ferguson: I think the key to that chapter is the fact that as science has advanced, so has our vulnerability to various forms of contagion. This the “two steps forward, one step back” problem. If you create global integration on an unprecedented scale, as we had by the end of 2019, you may have a better understanding of the genetic structure of viruses, but you are far more vulnerable than previous generations to the rapid spread of a novel virus.

Let me refer you to one of the great epidemiologists, Larry Brilliant, whom I got to know over the last couple of years, who greatly influenced my thinking and whose TED talk, by the way, is much more interesting, important and informed than Bill Gates’s.

Brilliant and co-authors just published a very important piece in “Foreign Affairs” where they essentially make the pessimistic case that this virus can’t be eradicated; that we can’t easily imagine getting to herd immunity globally at present rates of vaccination; and that, in the intervening period, the risk is of a more transmissible, vaccine-resistant strain.

However, Brilliant, who was personally involved in the eradication of smallpox—that’s really where he made his reputation—says that, actually, we can do a 21st-century version of what they did then, with the idea of ring vaccination, of targeted, very rapid response vaccination, of identifying outbreaks early and trying to get vaccinations to outbreak zones before the spread gets out of control.

In the piece, he makes a series of recommendations about what we can do better, echoing some of the recommendations of the independent panel chaired by Ellen Johnson Sirleaf and Helen Clark whose report came out last month.

I do think they are right that we have the technology, to use an old cliché; it is just that we didn’t use it very well. At this point, it’s not remotely where it could be in terms of contact tracing, which is patchy globally, and in terms of the speed of response. “Early detection, early action”, was Larry Brilliant’s famous catchphrase from that TED talk I mentioned, and we just didn’t do either of those things in most western countries early last year. However, I think his point is that if we look at what they did well in places like Taiwan and South Korea, we do have the technology to do early detection and early action. If you are quick enough with testing, tracing and isolating potentially infected people, you can prevent this disease from becoming something that we have to live with indefinitely, rather like the bubonic plague after the 1340s.

So no, I am not pessimistic. If anything, I am a little bit more optimistic than I was when I was finishing the book in August, September, October last year, before we even had the phase 3 results for the Pfizer and Moderna vaccines. Those turned out much better than even I dared to hope. Equipped with the MRNA technology and using technology in the



ways that the South Koreans and Taiwanese have pioneered, we can get the better of this, even if it will not be this year.

Q138 Graham Stringer: For my final question, I would like to ask an historian a question about the future. Pandemics are going to be with us for a long time, however good our science gets. How can countries co-operate on a more effective response to future pandemics?

Niall Ferguson: They will certainly be with us—they have always been with us throughout recorded history. Indeed, we are probably more susceptible now than ever, because of our enormously increased mobility and numbers. The increasingly urbanised nature of the world's population makes it inevitable that there will be other pandemics.

The key lesson is not to assume that the existing institutional set-up is perfect and that we just need to make it work better. Something went very wrong at the World Health Organization at the beginning of this episode. It is pretty clear what it was—that WHO felt far more inclined to mollify the Chinese Government than when SARS happened, when WHO was quite tough towards Beijing. This time around, I am afraid it was not.

If one looks back at the way the director general handled Beijing, it is not an edifying story, because WHO echoed the Chinese line—that there was no evidence of human-to-human transmission—and did not declare a global public health emergency. Basically, it is fair to say that it connived with the Chinese attempt at a cover-up, and that was disastrous, because instead of early detection and early action, we had a cover-up and delay, which made action happen far too late. The end of travel from Wuhan on 23 January was probably a month too late to prevent the virus from spreading everywhere.

This is an extremely important failure of an international agency, which raises questions about how other international agencies have become too beholden to China, too much under the influence of the People's Republic. I think that this is an issue that requires some institutional innovation. I was interested to see Larry Brilliant argue in his recent piece that we need to have a greater role for the Connecting Organisations for Regional Disease Surveillance—CORDS—which is not under the direct control of WHO, although WHO is part of it.

Another question that we need to ask is: does the world have a sufficiently good surveillance system for research into problems like bat coronaviruses? If the lab leak hypothesis turns out to be right, it will raise some pretty powerful and difficult questions about the role of the US NIH and co-funding research at the Wuhan Institute of Virology.

This is an opportunity to take a long, hard look at the bureaucracy, at the international structure of public health and to wonder whether in fact there need to be some changes. Clearly, if one looks back on 2019, what was on paper a high level of pandemic preparedness not only in the US but in the UK turned out to be anything but. In the same way, on paper the World



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Health Organization was going to do a good job—as it arguably did in the case of SARS—but it really, really didn't.

This is an opportunity to ask some hard questions. We have to keep asking those questions and we must not be discouraged from asking those questions by people who say, as we heard far too often last year, "It's a conspiracy theory to claim that there was a lab leak." It seems highly likely that there was, and that was why the Chinese have been covering up the way that they have.

Graham Stringer: Thank you very much.

Q139 **Stewart Malcolm McDonald:** Thank you, Niall. Can I talk to you about disinformation over the course of the pandemic? I am interested to know the extent to which you think it is a threat. How can national Governments not just better counter disinformation, particularly foreign disinformation, but better co-ordinate with each other in doing so?

Niall Ferguson: I wrote a book three years ago called "The Square and the Tower" in which I argued that the public sphere had been dangerously compromised by the power of a relatively small number of network platforms, such as Facebook and Google, and that this was going to create bigger problems than those that had become obvious during the 2016 US election. Essentially, there are two pandemics going on in the world now: the one we have been talking about and the so-called infodemic, the pandemic of disinformation and misinformation online.

Unfortunately, the second pandemic reflects that we did not do anything significant to restrain or constrain the network platforms after the near-disaster of the 2016 US election. I say near-disaster because, although it was very obvious that all kinds of things went wrong during it, the system ultimately was able to withstand the shock. However, if you look back not on the Russian involvement but the role of fake news and the network platforms in promoting extreme views, it was an alarming sequence of events.

The problem is that the United States, where the biggest and most important tech companies are based, didn't really do anything significant. It bought the story that Facebook was going to fix itself. So we have a very strange state of affairs that reminds me of "Catch 22". The network platforms have no liability, even when they carry harmful content that creates, or threatens to create, harms because if you complain they say, "We are not publishers, just platforms." On the other hand, if they engage in systematic censorship, for example suppressing discussion of the lab leak hypothesis, nobody can land a punch because they say they are private entities and the first amendment does not apply to them.

The US has created a huge problem for itself, and consequently for the world, because these enormously wealthy and powerful companies now dominate the public sphere, not only in the United States but to a shocking extent in nearly every country outside of it except China, which has its own versions of the companies. If you look at what happened last



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year, it is clear that viral content on the nature of the virus, potential remedies against it and vaccines was spread through Facebook groups and YouTube influencers in the same way that the virus itself spread—by super-spreaders. There is terrific research on this, for example by my colleagues at the Stanford Internet Observatory and people such as Renée DiResta, showing that anti-vax, which is proving an enormous source of problems in the United States, is a set of ideas spread by super-spreaders online. Facebook and others have done little, if anything, to prevent this kind of thing from going on.

Ultimately, there will eventually have to be some reckoning with this problem. It is not happening though because the new Administration of Joe Biden is going down the road of anti-trusts, which does not really address the central problem you have raised. Fortunately, anti-vax sentiment in the UK is much less than in the US. In the US it means there certainly will be another wave of covid, either this summer or in the fall, because the people not getting vaccinated are those that ought to be—southern conservatives, African Americans. That is where vaccine hesitancy is the greatest. It is very clear that stories about side effects of vaccines get massively blown up on social media where a great many people get their news.

Q140 Stewart Malcolm McDonald: If we are going to deal with this issue, and work together as likeminded democracies, what lessons from history would you have us apply? You have talked a lot about previous pandemics; how did disinformation used to present itself and how was it best dealt with?

Niall Ferguson: It is a recurrent problem. When Daniel Defoe wrote his account of the 1665 bubonic plague outbreak in London, one of the more intriguing passages concerns all the strange pamphlets that sought astrological or pseudo-religious explanations for what was going on. If you go even further back to the time of the black death—which, just to remind everybody, was a far more disastrous episode in terms of the mortality it inflicted—even in the 1340s there were all kinds of crazy ideas doing the rounds about what was causing the disease. People at the time had no idea about the science of bubonic plague. So this is an old problem.

The one thing that I would say is that in the 20th century, certainly in the mid-20th century, that problem to some extent receded. That was because of the changed structure of the public sphere; there was a finite number of radio or television broadcasters, and although there were many newspapers, quite a lot of the news came from a finite number of news agencies. The editorial gatekeepers, whose job was to stop fake news getting published, were simply more powerful. When you read accounts of the influenza outbreaks of the 1950s, it is striking how little crazy stuff is there. I can speak about this with some authority, having carefully looked through the *Daily Mail's* coverage of the 1951 influenza outbreak. The *Mail* said it was the worst pandemic in history, but newspapers will say that about most disasters. There is not much crazy stuff, even in the mid-market or downmarket press.



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In '57 and '58, Eisenhower is not contending with a lot of fake news about the cause of the so-called Asian flu at that time. The Soviets tried, as you may know, to create a fake news story about the origins of HIV, planting a series of stories in obscure third-world newspapers that it originated in a CIA experiment. But it was much harder to get that stuff to go viral in the time of the cold war, and it did not really. It got some traction, but by our standards it did not spread very far. There is clearly a big difference.

If you have a media ecosystem in which editors and professional journalists play the kind of role that we expect them to play, there is not so much room for the peddlers of conspiracy theories. But the trouble is that the people who used to write letters in green ink now have websites and YouTube channels. That does make a difference. The key takeaway for me, looking back over 18 months, is that the sheer proportion of disinformation and misinformation has been absolutely staggering. The proportion of people susceptible to conspiracy theories always comes as a surprise when you look at the polling data. A really large proportion of people started to believe that there was a conspiracy behind the pandemic and the goal was to get people vaccinated because there was some ulterior motivation for the vaccines.

That stuff attracts a really large percentage of the following. The simple reason is that the business model of the big internet companies—to sell ads—requires eyeballs to remain on screens as long as possible, which incentivises them to disseminate fake news and extreme views, because those things get eyeballs on screens. We just have not come up with a solution to this problem. We pretended that the solutions have been implemented; in reality, almost nothing significant has changed and the incentives remain fundamentally the same, whether it is Facebook or YouTube.

Q141 Stewart Malcolm McDonald: You're quite right. Added to that is the fact that people are sat in the house all day every day for over a year, or the majority of it—that can be quite a poisonous cocktail. Can I ask about vaccine diplomacy: the opportunities that countries such as Russia and China sought to gain from the pandemic and, once we get to the vaccine stage, how they weaponised, or sought to weaponise, that? I asked Jeremy Hunt, before you came on to this panel, whether covid was godsend for the Kremlin. How would you respond to that question?

Niall Ferguson: Last year, quite a lot of commentators thought that this was going to be a godsend as much for Beijing—perhaps more for Beijing—than for Moscow, because although the pandemic had very clearly originated in China, they were quick to dispute that and then create an alternative counternarrative, in which China was going to save the world. Xi Jinping pledged last year, as you will recall, to make vaccines freely available around the world. Indeed, the Chinese have exported a lot of vaccine—about 200 million doses of their four vaccines.

The problem is that the vaccines do not seem to have high efficacy. I say "seem", because there never were good phase 3 trial data on the Chinese vaccines at any point. People who bought those vaccines, or who accepted



them when they were made available gratis, had to take it on trust that the vaccines would work. The problem is that they don't seem to. If they did work well, Chile would not be grappling with very rapid increases in case numbers. It seems as if the new variants are particularly well able to evade the Chinese vaccines, and this will mean that China's vaccine diplomacy is going to backfire quite badly, along with the broader wolf warrior diplomacy that they used last year to try to intimidate Europeans and others into a posture of gratitude—not only for vaccines, but for personal protective equipment.

My view in the book is that this has all gone very badly wrong for China and, to a lesser extent, for Russia, but I don't think the Russians were betting quite so much on Sputnik as the Chinese were betting on their vaccine diplomacy. I observe in the book that it was highly unlikely that China would produce very good vaccines, because they just never have. In fact, their record on vaccine safety, going back 10 or 20 years, is quite bad. I would probably sooner take a Russian than a Chinese vaccine if I had to choose, but of course I would prefer to take neither and to take a western vaccine.

Q142 Stewart Malcolm McDonald: You have gone one further than Jeremy Hunt went, and you have gone further than Mark Galeotti went when he came before the Committee. You said that the vaccine diplomacy attempt would backfire. Both Mark and Jeremy reckoned it was short term. Why do you use the term "backfire"? How does it backfire, and what does that look like?

Niall Ferguson: I think the backlash against China's diplomacy was actually quite well advanced by the autumn of last year. When Pew produced their survey of attitudes to China and Xi Jinping in developed countries, in nearly every one there had been a really significant shift towards a negative view. I think that reflected the fact that Chinese diplomatic tactics—the attempt to deny that the virus had originated in Wuhan, and the attempt to pose as the saviours of Europe—had actually blown up. The wolf warrior style that the Chinese Foreign Ministry has been practising, especially in some European capitals, has been a real shot in the foot of Chinese diplomacy, as I think they have come to realise. But what is happening now is the next phase. Countries that essentially bet on Chinese vaccines are discovering, to their dismay, that they might actually have to vaccinate their populations again with western vaccines, which is hardly going to endear the populations or Governments to China.

I think this is actually a slow-moving, or perhaps rapidly moving, train wreck for Beijing. The data on vaccine efficacy that one can back out of the case numbers and hospitalisation numbers in countries that have used Chinese vaccines a lot are pretty dismal. A lot of countries, of course, have been using these vaccines, which is why you get these non-correlations. There is an exceptionally high vaccination rate in Chile, but the results are very disappointing, and the same is true in a number of other countries. I think this story will become more significant. As the Delta variant spreads, which it seems likely to do, across North America then elsewhere, it will be

a major issue if the Chinese vaccines do not cope with it at all or only very poorly.

Q143 Stewart Malcolm McDonald: If we think about how this backfires, we are in this competition between the open society and the closed society over who gets to write the rules around the various things that we now need to write rules around—disinformation, data, cryptocurrencies, artificial intelligence and a new pandemic treaty, if it were to happen. It sounds like what you are saying is that open societies, liberal democracies, or whatever term you want to use, are in a much stronger position than perhaps we thought they might be, in terms of asserting themselves to set good rules that are sound for the future. How do we capitalise on that?

Niall Ferguson: The way we capitalise on it—I was going to say, “Yes, but”—is to do a much better job of vaccine diplomacy ourselves. That means that the drive to achieve higher levels of vaccination in the poorer countries of the world needs to be given a much bigger push from the US and US allies. Ultimately, the commitments made at the G7 are really far too small to move—I hesitate to say this—the needle. It is just a huge task that we face to vaccinate the developing world.

We will only be able to claim some kind of victory if we are able to pull off the large-scale global vaccination strategy that the Chinese and Russians have failed to pull off. COVAX is miles from being able to get 1 billion doses to 92 countries. It is extraordinarily important that the US, the UK and the European countries, rather than stockpiling vaccines—that is basically what is going on at the moment in the developed world, especially in the wealthy countries—come up with a much more convincing plan to accelerate the global vaccination strategy.

This does not need to be based on altruism. It is absolutely based on self-interest. The longer South America and south Asia—not forgetting sub-Saharan Africa—are left with almost no significant or effective vaccination campaigns, the more the chances are that there will be a new strain of the virus that is able to evade our existing efficacious vaccines. That is the nightmare scenario. As I said to somebody the other day, it is not the Delta variant that I worry about; it is the Omega variant. There are going to be multiple variants emerging over the coming months and years until we have a coherent global strategy. We certainly didn’t see that at the G7; the numbers were not big enough.

Stewart Malcolm McDonald: Thank you so much. Fascinating, thank you.

Chair: Thank you very much, Dr Ferguson. Royston, you wanted to come in.

Q144 Royston Smith: Thank you for coming before us today, Niall. The Foreign Secretary said recently that it will no longer be “business as usual” with China after the pandemic. Do you agree with that, and do you think the Government has followed through on that statement?



Niall Ferguson: I think the change in the atmosphere between not only Washington and Beijing but London and Beijing is pretty clear. There has been a big shift, as far as I can see—certainly in conservative thinking, and I like to believe that this is bipartisan. The scales have been falling from many eyes about the nature of the Chinese regime. I am glad to say that in the US, where I am based, there is—this is almost the only example—a bipartisan view on this, namely that the Chinese Government poses a significant threat not only to some of its own people, not least the Uyghurs in Xinjiang and the citizens of Hong Kong, but to people not only in its immediate vicinity in east Asia but globally because of the goals it is pursuing. Those goals include the creation of something like parity, if not global hegemony. I hope that the mood has changed as much in London as it has in Washington, and I hope that that will translate into concrete steps, which it is clearly beginning to do.

It is interesting that what is going on in Xinjiang is no longer something that just a few of us talk about. It has now become front-page news. The recent diplomatic steps to apply more pressure on this issue, which have enraged the Chinese, are to be welcomed. It was also a healthy sign at the G7 that there was a greater unity of purpose on this issue, even if it has not yet translated itself into very clear terms.

The fact that the Royal Navy is sending a major expeditionary force all the way to east Asia is another sign that we are thinking differently about China. It is only—let's see now—12, 13 or 14 years ago that we seemed to live in the era of Chimerica, as I called it back in 2007, where China and America had fused economically. There were high hopes that that fusion would produce significant liberalisation in China.

The realisation that just the opposite was happening under Xi Jinping was a bit slow to sink in. I have been arguing for a while that, in effect, we are in the early stages of cold war two, a view from which even Henry Kissinger did not dissent, when I asked him about it in late 2019.

Ultimately, we are all in our different ways reassessing the relationship that we are going to have with China. Of course, China is reassessing the relationship it is going to have with the west. Sometimes people push back when I argue about cold war two. I never had any push-back from Chinese intellectuals and officials when I began to make that argument back in 2018-19, because they already understood that that was exactly the situation. It is the west that has been a little slow on the uptake.

Q145 **Royston Smith:** Understood. You have answered my question about where we have fallen short in the international community and the WHO, and you have made some comments about how things might have been. Could you expand on that and give me a sense of what things should look like between the WHO, obviously, the international community and China?

Niall Ferguson: Let me give one concrete example, which I didn't mention before. One of the few countries that did get this right—not perfectly, because they've recently had a wave of infections, though they



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have brought that under control—was Taiwan. Taiwan is not recognised by the WHO and, early in the pandemic, an official of the WHO simply refused to continue a discussion when Taiwan was brought up. That was despite the fact that the Taiwan strategy for dealing with covid was much superior to that of the People's Republic of China.

I argue in "Doom" that we copied the wrong China. If we had been paying attention in January, we would have realised that the Taiwanese were going to take an approach, using testing, tracing and isolation, that would avoid the need for lockdowns, and would impose far lower costs, socially and economically, than the mainland Chinese strategy of draconian lockdowns after the spread had got going.

We need to recognise that Taiwan is a very different case from Hong Kong. Taiwan is a functioning, autonomous country, with a highly successful democracy. Yet we all have to pay at least lip service to the claim of Beijing that it is a province of China, which just happens to be a little out of control. We are not going to be able to maintain that fiction if, as I think highly likely, Xi Jinping tries to assert Chinese control over Taiwan, whether through military or other means. This is going to be, I think, the big diplomatic geopolitical issue of the coming years because we know that it is Xi Jinping's ultimate goal to bring Taiwan back into the fold. That is his stated reason for extending his time in office.

The United States has been gradually moving away from its ambiguous stance on Taiwan, which took the form of agreeing to the Chinese claim that it was part of China while at the same time committing to defend Taiwan and prevent forcible change of the status quo. We have moved away from that, not just in the Trump Administration; it has continued under Joe Biden. I think the UK and other US allies need to recognise that Taiwan is going to be in cold war two what Berlin, Cuba and the Persian Gulf were in cold war one, but all rolled into one place.

Taiwan is key, and it is key in one particular way: we all need to learn more from it. I would like public health officials, and perhaps people from other parts of the UK civil service, to go to Taipei and learn from my good friend the Digital Minister there, Audrey Tang, how you can use technology not to make the people accountable to the Government, as in mainland China, but how to make the Government more accountable to people, which has been Audrey Tang's message since she entered the Government.

Taiwan is not just an exemplar of how to do public health policy in the 21st century but of how to do policy in the 21st century. We cannot go on essentially accepting the Chinese diktat that it is not really a country and we are not allowed to call it a country. That is going to have to stop, at the expense, of course, of the sensibilities of the Government in Beijing.

Q146 **Royston Smith:** That is really interesting, and I am grateful to you for that, but do you think that it is just the sensibilities of Beijing or is there a sort of tipping point? You have made references to how British airlines have now called Taiwan essentially a province of China because otherwise



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they would be banned from flying to places like Beijing, but if the pushback is such that there is a pivot towards Taiwan as an independent country that we all acknowledge, would that not push what may be more than a cold war to almost breaking point? Is there a diplomatic point beyond which we should not go?

Niall Ferguson: I don't think there is a need to be provocative because there is 1979 legislation that commits the US to preventing a forcible change in the status quo. I think that is an appropriate red line, and we would, I think and hope, want to be on the same side as the United States if there were an attempt by Beijing to use force against Taiwan, which one cannot rule out.

Let's remember that seven years ago there was a forcible annexation of Crimea by Russia, not long after the Sochi winter Olympics. What if after the Beijing winter Olympics the Chinese Government attempt the same thing, calculating that they have a chance militarily, because at this point the United States does not really have the deterrent capability that it did in the 1990s, when you could send aircraft carriers to the Taiwan Strait and that was it—Beijing backed down?

I think this is a dangerous moment because I am not sure that the commitment to Taiwan is 100% credible right now. At the same time, the Chinese may sense that the window of opportunity is closing, and these will be, I think, dangerous years for Taiwan, but the most effective signal that would help to deter China would be one of western unity—a unity of the democracies—not to accept a violent imposition of Communist rule on what is a highly successful democracy, and an amazing advertisement for the fact that the Chinese people can make the rule of law and democracy work.

I urge you all, if you haven't, to visit Taipei. You will be deeply impressed by what you see there. The more we signal that we are on the same page as the United States on this issue the better. China looks isolated on a whole range of issues now. Going back to an earlier part of our conversation, it has not come out of 2020 with its geopolitical position enhanced. If you are lining up with Russia, Venezuela and Syria on international votes, you are the definition of diplomatically isolated.

This issue of Taiwan will be a real test. Corporations, as you rightly say, are very easily intimidated by China on this issue. There isn't a great deal of courage in the multinational community, but if Governments make it clear that the red line on "no violent change to the status quo" is a meaningful red line, I think that begins to help the corporations and take them out of their current cringing posture.

Royston Smith: That was very thorough. Thank you very much for those answers.

Q147 **Chair:** I should say that this Committee has the ambition to get to Taipei as soon as possible. There are some obstacles in our way right now, but as soon as they clear.



Niall Ferguson: I can well imagine. I applaud that intention.

Chair: We have also spoken through a different organisation to Joseph Wu, who has been an extremely powerful advocate for Taiwan and a very cogent thinker on foreign affairs in the region.

Claudia, did you want to come in at this point?

Q148 **Claudia Webbe:** I will, if we are able to move on to globalisation and trade. It is really a pleasure to hear from you—thank you for being with us today, Niall. What impact will the pandemic have on globalisation and trade? I am mindful of your comments that the pandemic has set globalisation back. What are your thoughts going forward?

Niall Ferguson: We have some new data from the World Trade Organisation that came out just a few weeks ago, which is very striking and suggests that the pandemic's impact, at least on trade, may be quite transitory. The volume of merchandise trade is projected by the WTO to increase by 8% this year, having fallen by 5.3% last year, and this rebound, which kind of matches the rebound that we are seeing in gross domestic product in most major economies, might imply that this has been a temporary shock and we are seeing a V-shaped recovery of trade.

It is worth noticing that the impact of the pandemic was very uneven on global trade. Exports from Europe, which I think in the WTO classification includes the UK, were down 8% last year. From Asia, exports were actually up.

When you look at globalisation from what you might call a Trumpian perspective, if Donald Trump thought that tariffs were going to stop Americans buying Chinese goods, he was very much mistaken, as some of us foresaw. In fact, the tariff strategy did nothing to prevent the US-China trade deficit from growing. So in terms of trade, there has been a temporary, pretty asymmetric shock that we seem to be coming out of.

However, trade is only part of globalisation. I would suggest the way to think about this is that globalisation peaked in around 2007 and that we have been in some kind of disorderly retreat from that peak since the financial crisis. Certainly, the flows of capital across borders were significantly impacted by the financial crisis and continue to be at much lower levels. Interestingly, China's cross-border investments in the US declined drastically even before the trade war began in 2018.

Migration flows have been to some extent impacted, although in fact migration restrictions during the pandemic have been less impactful than you might have thought. I am still amazed to see how much there have still been cross-border flows into Europe, or out of Venezuela or in the Middle East. So that part of globalisation—the part that involves labour mobility—has been diminished, but not as much as you might have thought by a pandemic.

I would say that the big shock to globalisation really has more of an institutional or a geopolitical character to it. There was a consensus back



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20 years ago—it used to be the Washington consensus—on how economies should be run and how all economies ultimately, if they took the cookie-cutter model, could be integrated, through the WTO, into one global free trading system. I think that vision has largely died and now every country seems to be engaged in some kind of copycat approach with industrial strategies and five-year plans to match the Chinese. So I sense that although in terms of the volume of trade, the shock does not look that great, in truth the pandemic was the latest blow to a vision of a global order based on free trade, free capital movements and free migration. But the first blow that really struck was the financial crisis.

Q149 Claudia Webbe: That is interesting. I am interested in issues of inequality and equality in that process and whether this shone a light on the extent of inequality in terms of globalisation and free trade—some countries have benefited pre pandemic, yet other countries with significant resources have not—and whether this is now a check or wake-up point. We heard from the chief executive of India’s vaccine powerhouse, who said that this, in terms of the vaccine, will effectively move many countries to producing their own. What are your thoughts about the notion of whether, in terms of globalisation and free trade, we will see more equity in the process?

Niall Ferguson: Globalisation, if one takes the timeframe from the 1980s to the recent past, definitely reduced inequality globally—that is to say, if one just looks at a global Gini coefficient, it went down. The main reason for that was that countries—particularly China and India, but a whole bunch of countries that had been relatively poor countries in the 1980s—were able to enter the global trading system, get access to global capital and achieve much higher growth rates than they had achieved in the period from, let’s say, 1945 to 1979. Of course, globalisation coincided with significant increases in inequality within countries, including within China, but the big story was one of reduced inequality, mainly because of the rapid growth in the most populous countries in the world.

The ending of globalisation, or its reduction, probably had somewhat negative implications globally even before you had a pandemic, but if you then add a pandemic on top of some deglobalisation, it’s bad news for poorer countries, because they are not only cut off from or at least have reduced access to western capital; they also—I think this is the really worrying thing—have very limited access to western vaccines at this point. As the IMF, the World Bank and others have made clear, that will be the biggest cause of trouble in terms of economic performance in the second half of this year and into next year.

One interesting point you raised is about supply chains. Just to make a vaccine, in the case of some of the sophisticated western vaccines, is really quite a complex international process that involves ingredients from multiple countries. The supply chains for vaccine manufacture are surprisingly complex. The notion that we can all be self-sufficient and make our own mRNA vaccines is a complete fantasy. It is actually going to be very difficult to manufacture those vaccines in the majority of countries in the world. So I think globalisation lives on just because supply chains



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are indispensable for so many different things that we want to make. If we dismantle global supply chains, we will just make the cost of these things, whether it's vaccines or iPhones, prohibitively high.

My view is that, on balance, globalisation has been a force for good. Deglobalisation has created probably more net harms than goods. If one is concerned about inequality, it's mainly a challenge for domestic policies of distribution. If you look at the OECD countries, you can see that you start with a pretty unequal distribution of income pre-tax, but in some countries you radically change that after tax—in Scandinavian countries and some European countries—and in other countries you don't do anything. In Chile, for example, there is no significant redistribution through the tax system.

I think the key thing is not to conflate the two issues. Globalisation, broadly, is reducing inequality and making things available to poor countries that they would not otherwise be able to access. De-globalization is probably pretty bad news for those countries. If you are worried about inequality, talk to your national politicians about tax policy and welfare reform.

Q150 Claudia Webbe: Let us explore that a bit further. In your view, which regions have benefited most, or suffered least, from this turmoil? What are the lessons in terms of dependence on trade routes and supplies?

Niall Ferguson: By turmoil, do you specifically mean the pandemic?

Claudia Webbe: In terms of the pandemic.

Niall Ferguson: The region that has had the worst experience is Latin America. By the way, this is not the first time that a pandemic has hit Latin America hard, because it did pretty badly in the big influenza pandemics too. The problem is that Latin America has a relatively old population compared with sub-Saharan Africa or south Asia, but a relatively poor public health infrastructure, so it has lots of vulnerable people. There is a lot of obesity in Latin America, much more so than in sub-Saharan Africa or south Asia, and you have lots of comorbidities, but you have these really rickety public health systems, and also significant inequality.

It has been very bad for countries such as Peru and Ecuador, and pretty bad for Brazil and Argentina. That is why it is those countries that have these shockingly high excess mortality statistics—much the worst in the world. I think they will emerge from it, but they will emerge from it with very significant death tolls. That is the interesting thing.

At the moment, apart from South Africa, which is in many ways the most developed of the African countries, the other sub-Saharan African countries have not been as badly affected. Now, is that because we just don't have the data and are missing some terrible problem? The economists conjectured that and imagined that the death toll from covid was much higher there than we realised. I think that is probably wrong, because if you look at the age structure of sub-Saharan Africa, there is a



relatively small proportion of people who are vulnerable to this disease. It is a youthful population. Plus there is relatively more outdoor activity and relatively less work indoors. For a whole bunch of reasons, I think sub-Saharan Africa has been less vulnerable to covid than might have been predicted at the beginning.

Q151 **Claudia Webbe:** Thanks for that. It is complex, isn't it? You can take many different views on this. Obviously the pandemic has meant that people have closed their borders at a time when globalisation, if it is going to gather pace, needs free movement, but at the same time we are not in a situation where all countries are protected from the virus. You speak of Africa, where 1% of the population is vaccinated. Places such as Uganda are suffering, I am told, but we are not seeing it in the media. We do not have a media that focuses on it, but I am told that it is pretty bad.

Then you have places, such as Brazil, that are making vaccines. They have just launched their new vaccine. These are dynamic, fluid realities across the world. I suppose I will end on this: if you were to look ahead, what do you think will happen?

Niall Ferguson: Although volumes of passenger traffic, particularly over long-haul routes, have been much reduced, the same is not true of commodities and manufactures. The volumes of trade have bounced back because we have realised that you can't really catch the virus from a package; you need to catch it from another person. In that sense, the pandemic didn't do as big a job on globalisation as you might have thought.

Long-haul flights to places such as China will not recover to their old level for a long time, because the Chinese have vaccinated their own people with a Chinese vaccine. They won't be able to reopen, for fear of importing vaccine-evading variants. A bunch of barriers, particularly to travel, will remain in place and we will get used to international travel having many more frictions, just as we got used to travel having frictions after 9/11. A lot of these frictions will persist, and I speak with feeling, having recently made the journey from San Francisco to London, which was not fun. That will continue to be true.

But in other respects the global economy will heal surprisingly rapidly. Notice that the protectionists are losing ground politically. Trump has gone, and although Joe Biden hasn't exactly proclaimed himself a believer in free trade, instinctively this Administration are much more open to trade than Trump was. I would not be surprised to see some moves on US-China trade, just as we have seen some moves on US-Europe trade. The high tide of protectionism has receded and, in the wake of the shock of the pandemic, there is going to be such a rush to try to restore economic growth that the debates of the pre-pandemic era on globalisation will have lost some of their force.

My sense is that the trend will be for partial re-globalisation, but it will be partial because the geopolitical divisions that we have been talking about



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today between China and the west are not going away. The vision of one world, Chimerica, and the visions of 20 years ago have faded and we are all going to have to come to terms with the new realities not just of an ongoing pandemic but an ongoing cold war.

Claudia Webbe: Thank you for that. Let me just make a quick correction. I think I said Brazil when talking about innovation in vaccines when I actually meant Cuba. The notion of whether Cuba-US relations will get better, given that Cuba has so much to offer, will be interesting. Thank you for your response. That is all from me.

Q152 **Chair:** Thank you, Claudia.

Thank you, Dr Ferguson, for your time this afternoon. You have answered our questions in extremely fluent detail, for which we are enormously grateful. Given that I will be in the Chair for the few moments before I close, I would just like to say that your book "Doom" is absolutely fascinating reading and I really enjoyed it—there is a little plug. Thank you for appearing before the Committee this afternoon.

Niall Ferguson: Thank you. I wish that you had reviewed it, rather than the chap on the *New Statesman*. But I don't suppose they have ever asked you to review for the *New Statesman*, Tom.

Chair: They don't often ask me to review for the *New Statesman*; the *FT* sometimes and *The Spectator* occasionally, but never the *New Statesman*.

On that note, thank you very much indeed.