A good heart is not enough

Policymaking in the shadow of the pandemic

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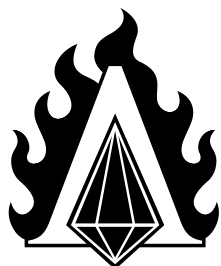

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Version 2.3 published September 2022

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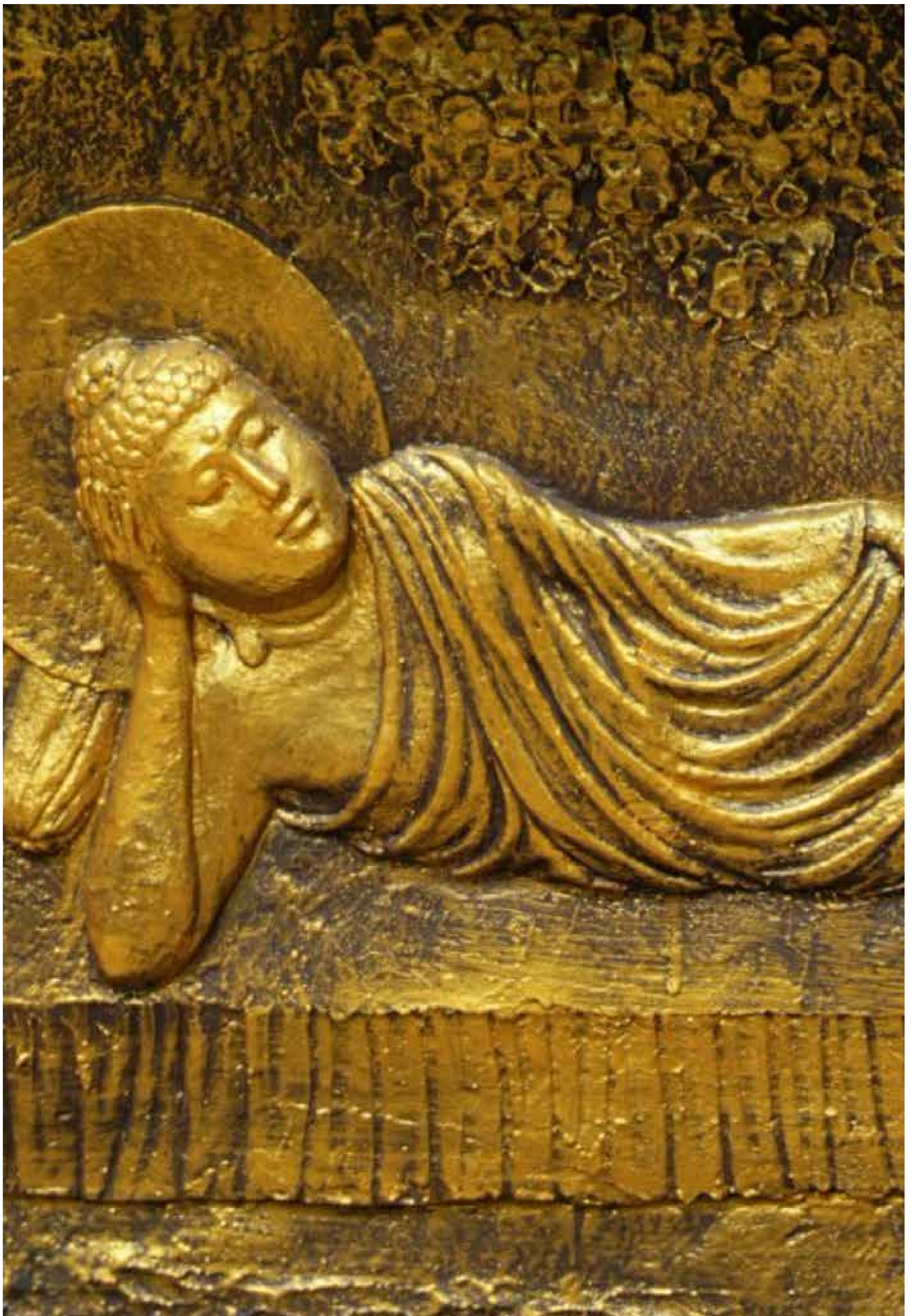

A GOOD HEART IS NOT ENOUGH

Policymaking in the shadow of the pandemic

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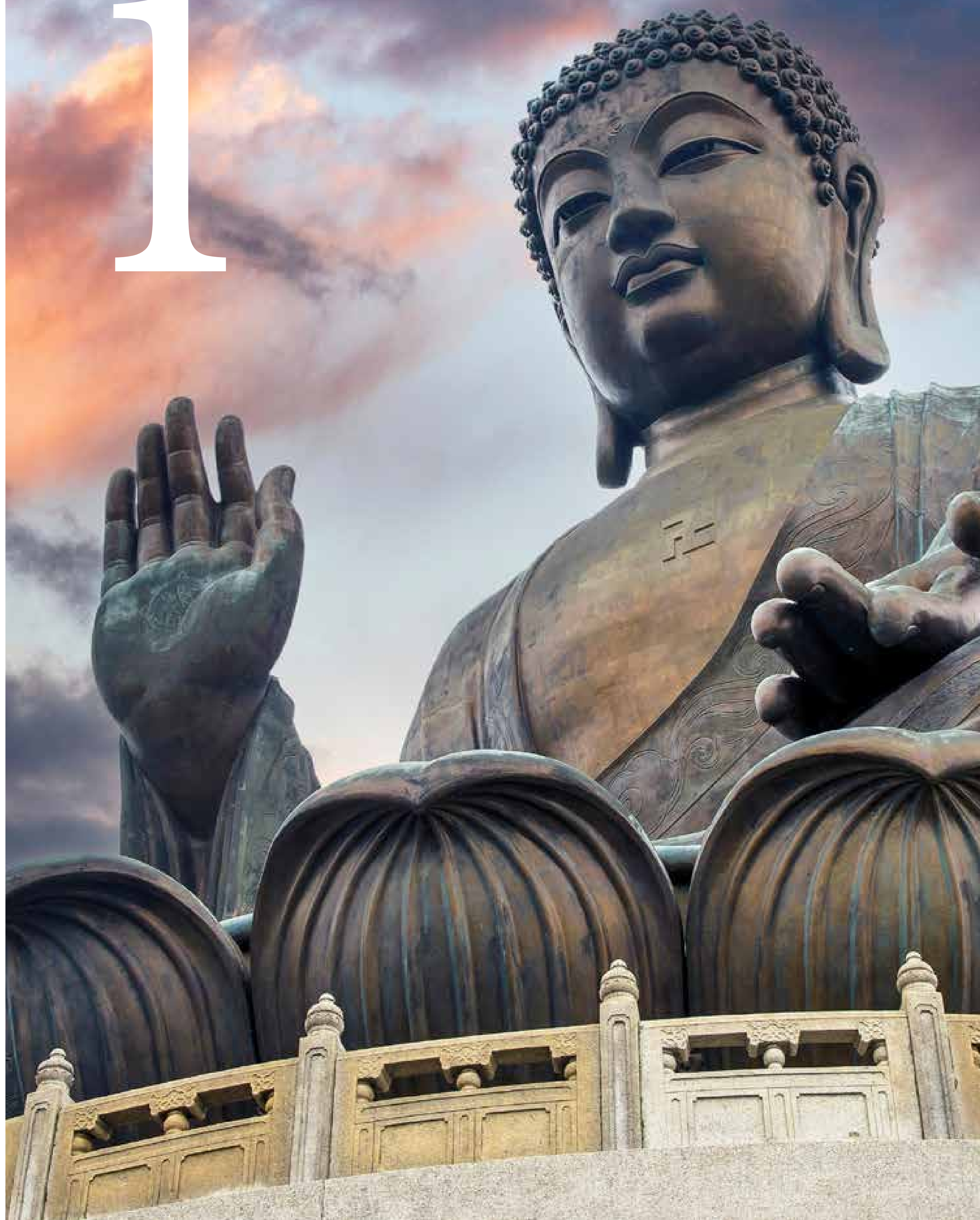
CHAPTER 1



'A CAPABLE PERSON'[1]

One of the most beautiful and influential of the Buddha's teachings is the *Karaniya Metta Sutta* — a discourse on the subject of loving-kindness.[2] In this teaching the Buddha advocates the development of a benevolent heart towards all living beings. Before describing how to do so, he outlines some preconditions:

Start as a capable person, who is upright (really upright), gently spoken, flexible and not conceited.

An interesting feature of these words, not often remarked on, is that the first pre-requisite for loving-kindness is to be a *capable* person. Some translations offer 'able' instead of 'capable', but either word implies that in order to develop a loving heart, a good measure of worldly functional competence is necessary. Why so? Perhaps because if we are truly to will the good, we must see what the good consists in — not just in the abstract but in the concrete particulars of the world through which we move. We must also know how to accomplish the good effectively in that world.

This double aspect of Buddhist ethics — the synthesis of a loving heart and a wise head — is encapsulated in the Pali and Sanskrit word *kusala*. Translating *kusala* is a problem because the meaning has two aspects that seem distinct from one another in English. It is sometimes rendered as 'wholesome' (healthy and beneficial) and sometimes as 'skilful' (guided by knowledge and aptitude). The word alone sends us a clear signal that truly ethical action must be not only motivated by love, but also by intelligent insight into the relation between actions and their consequences.

In this article, I will explore an aspect of the capable person, one that is especially important for anyone in a position of leadership or influence — the ability to make decisions that have a long-term beneficial effect on a community or organisation. When an institution is faced with a challenge, such as a safety issue or a question of how to allocate scarce resources, it must choose from a range of options. Some of these choices will be especially important because they set the framework for whole categories of subsequent decisions.

This process of formulating guidelines and principles behind a plan of action is what I mean by policymaking.

In a nutshell, policymaking demands not only a good heart but also a clear head.

While the importance of metta cannot be overemphasised, this article will argue that policymaking needs to balance the 'heart' aspect of metta – the aspect of love and compassion for suffering — with the 'head' qualities of knowledge, intelligence, and functional competence. That inevitably makes the whole enterprise of policymaking more challenging, but we can console ourselves with the thought that those faculties are likely to strengthen when put to strenuous use. In other words, we can treat the task of policymaking as a kind of developmental practice. For Buddhists, the effort to formulate wise policies can, and should, become almost a meditation on *pratityasamutpada* — the arising of things in dependence upon causes and conditions.

Because of our inability to grasp the full complexity of even the simplest situation, policymaking is immensely challenging. If you have held a position of leadership, you will know how hard it is to formulate policies that achieve the desired results but limit undesired side-effects. For that reason, policymaking is an activity few people relish. Yet wise policies can contribute hugely to a better world. Conversely, when policies are formulated unwisely, a difficult situation will be left worse than we found it. So, whilst the topic at first sight may seem rather dry, policy creation is an important activity, rich with possibilities for beneficial action. This article explores this theme, and offers some helpful principles.

FAITH COMMUNITIES AND COVID-19

The principles I will recommend are, I believe, applicable to the task of policymaking in any public arena. They apply to virtually any institution. But to expound them only in the abstract would be to miss their force — and might make for dull reading too. I want to look at policymaking in the specific context of faith communities. This is only partly for the subjective reason that I myself, as a Buddhist, belong to a faith group. It is also because the issue of policymaking in such groups is especially interesting. By definition, they have values that differ, at least to some degree, from those of the society that surrounds them. This accentuates a challenge familiar to all independent institutions, namely how to pursue their own proper interests while having due regard to the individual interests and rights of their members (such as their safety), and the wider public interest (especially as formulated in law).

Faith communities thus provide me with a context. But to illustrate my principles I also need a scenario — a challenging event, even a crisis, that puts policymaking capacities to the test. Ideally, the event should be one that is current or at least fresh in readers' minds. The Covid-19 pandemic is an obvious choice. With health authorities everywhere convinced that the pandemic required an unprecedented response, faith communities scrabbled to work out policy responses on behalf of their members.

However, even communities that shared similar values reached very different conclusions.

Consider for example the contrasting responses from Christian churches. In the United Kingdom, Justin Welby, the Archbishop of Canterbury, chose to close churches. In March 2020, he announced that the clergy were not to enter their own churches. In Canada, by contrast, three pastors (Tim Stephens, James Coates and Artur Pawlowski)[3], each acting independently, prioritised keeping their churches open during lockdowns. Because of their decision, the pastors were subjected to multiple arrests, but despite this, they deemed that keeping their churches open was the right Christian response. They prioritised spiritual sustenance over physical safety, including their own.

The rights and wrongs of lockdowns were not the only policy dilemma to spring from the Covid crisis. Many national health authorities admonished the public as a whole — old and young, fit and unfit — to accept a vaccination as a civic duty, for the sake of not only personal safety, but also for the safety of others. In some jurisdictions, the admonition came close to compulsion. Members of the public who declined a vaccination were often placed under additional restrictions, affecting their freedom to work or leave their homes.

This raised a predicament for leaders of faith communities. Should those who chose not to be vaccinated be discouraged or even barred from participation in the community's activities? Should scope be allowed for principled dissent? Justin Welby saw no reason to equivocate on this question. In January 2021, he flatly declared, '...the vaccine is safe, and everybody should have it.'[4] Note the sweeping words 'safe' and 'everybody'. Eleven months later, he was even more explicit in proclaiming that vaccination was a moral obligation. 'It is not about me and my right to choose,' he asserted, 'It's about how I love my neighbour.' [5]

Yet by that point it was clear (to anyone who cared to look) that some of the Covid vaccine sceptics were not just reactive and uncooperative. Many were thoughtful people who were worrying about specific issues — evidence, for example, that risks were associated with certain vaccines; or doubts about the logic of universal vaccination when vulnerability to Covid was heavily concentrated in identifiable groups (who could perhaps be more efficiently protected by targeted policies).

My aim in this essay is not to argue whether these worries were ultimately justified or not, but to question whether simple policy imperatives, such as those of Justin Welby, showed due regard for the complexity of the issue. In April 2021, a little more than a year after closing his churches, the Archbishop was reproaching himself for his decision: 'I didn't push hard enough to keep churches available for at least individual prayer in the first lockdown. We also said clergy couldn't go in, and personally, I feel I made a mistake with that.' It is not inconceivable that in due course he may also have second thoughts about vaccinating 'everyone'.

As I write this article, the practical need to ponder such questions has diminished. The pandemic seems to be turning into a less dangerous endemic illness. But the possibility of a resurgence — or of some new pandemic — is by no means zero. The need for principles of policymaking has not gone away.

For the most part, I am going to approach the subject by posing questions rather than providing answers or recommendations. From the questions I pose, you will easily infer my own policy leanings. But — to reiterate — my aim is not to advocate any specific policy, but rather to identify a few overarching principles, five in all, of policymaking. I do not claim that they constitute a complete guide to policymaking. They aim to address the specific weaknesses that, I believe, have been revealed by the pandemic.

Nevertheless, I believe the principles are widely applicable — not just to pandemics, but to a wide range of problems, whether personal, local or global.

As the future can never be known with certainty, these principles do not guarantee the best outcomes, but I believe that if applied faithfully, they offer a large measure of protection against the worst.

I am going to illustrate these principles by reference to the two policy areas already mentioned. These are, firstly, 'lockdowns' (meaning the enforced prohibition of face-to-face association), and secondly 'vaccine mandates' (meaning coercive pressure to accept vaccination, especially pressure upon people who do not need or want to be vaccinated).

To prepare you for the ground we are going to cover, here is a summary of my five principles for policy makers:

1. View the problem in the round
2. Anticipate trade-offs
3. Identify and examine your assumptions
4. Do not blindly follow the herd
5. Hone your truth-seeking ability

PRINCIPLE 1: VIEW THE PROBLEM IN THE ROUND

With policymaking, the first task is to define the goal of the policy. Helpful questions might include, 'what problem are we trying to solve?' or 'what would a successful outcome look like?' In the case of Covid, the questions may seem straightforward at first sight. The goal appears to be purely medical: to protect people from the specific threat of the disease.

But is it as simple as that? It seems to me that there are four angles, apart from the medical one, from which we need to consider the matter. These are the perspectives of economics, civil liberties, social cohesion, and — last but by no means least — the specific moral and religious principles of the faith community itself. I think it is essential to view the matter through all of these lenses, and strive to see the problem 'in the round'. Let's consider each lens in turn.

First, the economic lens. At the national level, lockdowns will certainly cause job losses, with knock-on effects, including health problems triggered by stress and exacerbated by restrictions on access to medical consultations. Faith communities will not be immune from these general effects, and for that reason alone, they might consider lobbying governments against draconian lockdowns, rather than meekly submitting to them. In addition, a lockdown is likely to impose a specific and heavy cost on any institution that charges for events or (like most faith communities) solicits donations from attendees, many of whom might be casual or occasional, and therefore unlikely to contribute when barred from actually attending.

Secondly, the civil liberties lens. Without liberty of religion, no Buddhist faith community could ever have been established in the West, so Buddhists have reason to value civil liberties. Wise policy needs to find a balance between fundamental liberties and the duty to comply with restrictions required for the common good. Should we submit to every law, believing that laws should be followed, even if misconceived? Or contrarily, is there a civic duty to disobey laws that trample on bedrock principles, such as freedom of assembly and movement? It is no small matter for a government to confine people within the prison of their own homes, or prevent them from pursuing a livelihood to support their families — perhaps a cherished but vulnerable small business, built up by years of hard work. When this happens, there are likely to be sincere and thoughtful people — not just irascible contrarians — who get concerned at the overreach of the state.

Resisting this overreach may start to look like the most important issue connected with the future of the faith community.

Thirdly, there is what I am calling the lens of social cohesion. Society is not entirely homogeneous; it is a patchwork of groups. Whilst the groups overlap, the interests and values of one group rarely coincide wholly with those of another. Peaceful co-existence depends upon how far the groups trust each other. Trust depends on perceptions. In the midst of a national emergency, a group's decisions on whether or not to obey the law, or to follow official health guidelines, will be noticed and may have long-term repercussions for the public standing of that community. The Canadian pastors, for example, risked being stigmatised as dangerous cranks. A decision to ignore a policy that everyone else considers vital might even spell the end of a faith community.

In the interests of social cohesion, therefore, it may be advisable to conform to public expectations to some degree.

However, this would be a conscious and provisional choice, not a matter of 'blindly following the herd', as we will see more fully when we reach my fourth principle in chapter two.

Finally, but crucially, a community can hardly be expected to forget the 'lens' proper to its faith. For most religious groups, regular meetings are an important aspect of their practice. For Christians, for example, salvation is found 'in the church', which means, as Luther put it, 'the company of believing people'.
We Buddhists, for our part, have *kalyana mitrata* — meaning 'spiritual friendship', 'beautiful friendship', or 'association with the good'. The Buddha described *kalyana mitrata* as no less than 'the whole of the spiritual life'. The founder of my own Buddhist fellowship was Urgyen Sangharakshita, whose name meant 'the guardian of the spiritual community'. True to his name, he strongly emphasised the vital importance of regular and frequent contact with friends in the Dharma.

In the age of the Internet, it may seem unnecessary to come together in person. But in the recent pandemic, did online conferences offer an adequate substitute for face-to-face meetings, or just a palliative? Few people, if any, truly rejoiced in the temple of Zoom, while some found it so uncongenial they refused to cross the threshold at all.
To be gathered physically in one special place is a powerful practice. It detaches us from the cosy distractions of home, and helps focus our thoughts on what is of ultimate importance. It generates elevated emotions that carry us towards our spiritual goal. When we are face to face, eyes can meet, and each participant can witness the interactions among the others. In particular, devotional and ritual activities call for physical presence in a shared and dedicated space.

Beyond this, there is another policy consideration that is specific to the context of a Buddhist community. The path to liberation involves seeing directly into the nature of reality. That reality includes serious illness and death. Of course, that does not mean actively seeking them out. Buddhism does not advocate reckless behaviour or self-destructive asceticism. Those who know themselves to be vulnerable to a disease — whether on the grounds of age, health, or occupation — are surely right to take reasonable measures to protect themselves. Likewise, governments are surely right to provide guidance and resources to help them do so, provided this is done with due regard to the likely balance of human costs and benefits.

But life is a dangerous business.

For Buddhism, the ultimate refuge from danger is not found in striving to make the world perfectly safe.

In his classic 'The Way of the Bodhisattva', the Buddhist poet Shantideva asks, 'Where would I find enough leather to cover the entire surface of the earth? But with leather soles beneath my feet, it is as if the whole world has been covered.'[6] This reminds us that, if Buddhism does not advocate recklessness, it does nevertheless prescribe the development of a resilient mind, less susceptible to fear.

In his search for Enlightenment, Siddhartha Gautama sought out jungle solitudes where he strove to overcome fear. Even after attaining Buddhahood, he sometimes withdrew to the wild. Following his example, the wandering forest monks of Thailand carried the practice into the modern era, venturing alone into the jungle, fully mindful of its hardships and hazards. And indeed, there were some who never came back.[7]

What should western Buddhists make of this? Should we dismiss it as an outdated folly, incompatible with best practice on health and safety? And if we do not dismiss it, where in our practice do we show a corresponding resilience, whether in relation to Covid or anything else? Perhaps, in the final analysis, these are questions that one can only answer for oneself. But in the case of Covid, a more objective question presents itself. Did governments and public health authorities exaggerate the dangers of the disease — whipping up fear to an unnecessary and counterproductive degree? There is evidence that they did.[8]

Here then are four lenses — public health, economics, civil liberties, social cohesion — through which policy makers should view their task during a crisis like Covid. Depending on which lens we prioritise, our policy choices may vary substantially. And for a faith community, there is also a fifth lens: the specific perspective derived from its own teachings. The way we choose to take account of the first four lenses will be influenced by our conception of what precisely our faith community has to offer the world.

PRINCIPLE 2: ANTICIPATE TRADE-OFFS

Let us imagine that we — the policy-makers of a faith community — have prioritised the lens of public health in dealing with a pandemic such as Covid. And of course, many would argue that this medical lens is a natural choice for Buddhists, flowing directly from the Buddhist aspiration for the wellness and happiness of all beings. Following that logic, we then urge vaccination upon our members — trusting the assurances of the authorities that the vaccines on offer are necessary, safe and effective. As a next logical step, it is very possible that we would decide to exclude from our meetings those who decline vaccination. Indeed, I know of some Buddhist groups in various parts of the world who either did this or seriously contemplated it.

However rational and defensible in itself, that choice might ultimately prove unwise if it were made with no regard to possible trade-offs. A 'trade-off' is an exchange that entails both gains and losses, but here I am referring to the losses — the disadvantages incurred by seeking or obtaining a particular advantage. For virtually any policy choice in any situation, there are very likely to be trade-offs. Shine a light in any direction you like, and it will cast a shadow. Some trade-offs might be minor, but some might be serious. Some might be anticipated, but others might be totally unforeseen — especially if inadequate forethought is given to the policy decision.

Thomas Sowell, a much-underrated economic and political thinker, crystallised this insight in his maxim, 'There are no solutions; there are only trade-offs.' It is worth quoting him at some length:

... individual sufferings and social evils are inherent in the innate deficiencies of all human beings, whether these deficiencies are in knowledge, wisdom, morality, or courage. Moreover, the available resources are always inadequate to fulfil all the desires of all the people. Thus, there are no 'solutions'...but only trade-offs... What is needed in this vision is a prudent sense of how to make the best trade-offs from the limited options available...[9]

There are no solutions; there are only trade-offs.

Sowell is a long-standing critic of the utopian belief that every problem has a solution. He sees the belief as not only mistaken, but harmful. The unpalatable truth, he has argued, is that '...many of today's problems are a result of yesterday's solutions.' In the case of such policies as lockdowns and vaccination mandates, it may be some time until we know the extent of the problems generated by such solutions.

To my mind, Buddhism accords better with Sowell's view than with an unlimited faith in grand social engineering. Buddhism, after all, sees our world as a cyclic order governed by greed, hatred and delusion (corresponding to Sowell's 'innate deficiencies of all human beings'). Yes, we can make some things better to some degree. But the idea that we can make absolutely anything better without simultaneously making something worse — that idea is dangerous.[10]

For example, if members of a faith community are told they must get vaccinated in order to participate in activities, the unvaccinated are thereby stigmatised — deemed negligent of the danger they pose to others. One possible effect will be to drive a wedge through the community. A community's leaders need to be very confident of the evidence for a crucial benefit before imposing a policy that might split its members into mutually aggrieved camps, or at least alienate a significant minority. In the case of Covid, how far was such confidence justified?

For Buddhists, another set of trade-offs is related to the ten essential Buddhist ethical precepts (the *kammapatha*).[11] The second of these precepts says that we must not take from other people anything that they do not freely choose to give us. The precept is framed in this way to encompass more than just the theft of material property. As individuals, we all have the right to choose whether to accept or refuse what others want to do to our bodies, such as injecting substances into them.

The civil liberties lens is relevant here, but more specifically, the same ethic is well established in medicine as the principle of 'informed consent'. To be truly 'informed', such consent must be based on full and truthful disclosure of the likely benefits and risks. If these are not fully known, the gaps in knowledge must be honestly admitted. Hence, the fourth and sixth Buddhist precepts, enjoining respectively truthful and helpful speech, are involved here, as well as the second. Because Covid was deemed an emergency, vaccines were approved for use within a far shorter timescale than is normally the case. This was public knowledge, and not a secret kept by specialists. And it was all the more extraordinary in view of the fact that the vaccines deployed in the West involved novel technology.

In the case of the mRNA vaccines the novelty was radical. How then was it possible for anyone to assert unequivocally that they were 'safe'? This being so, would it not have been prudent to confine the vaccines to those at serious risk from the virus? And even in those cases, should not subjects have been properly appraised of the 'known unknowns'?

If a faith community opts to exclude unvaccinated members, it thereby pressures them to accept vaccination. In doing so, it vitiates the process by which individual informed consent may rightly be secured. Additionally, what if the vaccine causes an injury to a member of the faith community? In such a case, would not the community carry some moral responsibility for the injury?

The principle of informed consent might seem secondary in the face of a health emergency. But the civil liberties perspective is again relevant. If we don't want to live in a tyranny, however benign, the definition of an emergency — and the authority to declare or maintain one — must be subject to limits. What is more, its necessity must be justified. In the case of Covid, it was established at an early stage that risk was heavily concentrated in identifiable groups — older people and those with certain co-morbidities. In a topic where so much is uncertain, that fact was, and remains, uncontroversial. In such a situation, was it necessary to press young and healthy persons to undergo medical interventions that were of little or no benefit to themselves, and perhaps posed some risk, on the grounds that the intervention would protect others more infirm?

Additionally, if the medical lens is prioritised in such a crisis, should that not logically include consideration of the impact on people's health of excluding them from their faith community? Are there not psychological and possibly physical effects upon people's health consequent on isolating them or compelling them to maintain a physical distance?

My questions are meant to illustrate the point that exclusion of the unvaccinated might have serious disadvantages. At this juncture, I had better reiterate that my present purpose is not to take a side but only to show that, for any policy choice, there will be trade-offs that need to be recognised and evaluated against the intended benefits.

And when the thing potentially being 'traded off' is the ethical principles of a faith community, the need for such evaluation is particularly acute.

If we assume a policy to have no trade-offs *at all*, then almost certainly we are taking a too-narrow a view of the problem. We might, for obvious reasons, be focussing too exclusively on the immediate and short-term aspects of the problem. We might simply be failing to make the effort to foresee trade-offs because the task of thinking through the possibilities is too daunting, wearying and time-consuming. Or worst of all, we may be blinding ourselves to potential trade-offs to suit a conscious or unconscious agenda.

If we fail to account for trade-offs, our efforts to remedy a situation may cause more harm than good. In the case of Buddhist communities, dedicated to a path to the end of suffering, it would be bitterly ironic if they made things worse, despite good intentions.

Vigilant policymaking requires a commitment to ethical action and an effort to predict future consequences, which is always difficult. It demands that we go beyond simplistic single-cause theories. Before we implement a policy, we need to consider fully the attendant downsides, recognising a perfect solution can rarely be found, and seeking instead the option that, whilst not perfect, is the least harmful overall.

Chapter two will deal with the third and fourth principles, namely: 'identify and examine your assumptions', and 'don't blindly follow the herd'. The third chapter will deal with the final principle, namely: 'hone your truth-seeking ability'.

CHAPTER 2

In chapter one, I placed policymaking in the context of Buddhist ethics, emphasising the need for a wise head as well as a loving heart. I also suggested that wise policymaking was tantamount to a spiritual practice for leaders of Buddhist communities, and a beneficial activity for the world. I then stated my intention to offer some principles of policymaking — a set of five in total. I proposed to discuss these principles in the context of faith communities, and illustrate them by reference to the Covid-19 pandemic.

Chapter one included my first and second principles. The first was 'view the problem in the round'. Under that heading, I suggested there were five 'lenses' through which policymakers should view a crisis such as Covid-19. The first four are the perspectives of public health, economics, civil liberties, and social cohesion. *For faith communities, there is also a fifth lens, namely* the values and principles that are specific to that community.

The second principle was 'anticipate trade-offs'. A trade-off is an exchange that entails both gains and losses, but in the context of the principle, I used the term to refer primarily to the losses — the disadvantages that result from seeking or obtaining an advantage through the adoption of a policy. I cited the view of the economic and political thinker Thomas Sowell that 'there are no solutions; there are only trade-offs'. I suggested that Buddhism was better aligned with Sowell's view than with utopian philosophies that promise unmixed blessings from large-scale social interventions. With reference to the Covid pandemic, I considered the trade-offs (including ethical compromises) that would arise if a Buddhist community were to choose a policy of excluding unvaccinated members from its activities.

In this chapter, I am going to discuss my third and fourth policymaking principles, which relate closely to each other, and form a distinct sub-set within the five. These are 'identify and examine your assumptions', and 'don't blindly follow the herd'.

PRINCIPLE 3: IDENTIFY AND EXAMINE YOUR ASSUMPTIONS

Suppose we have chosen an appropriate policy lens, and are striving to foresee and evaluate trade-offs. So far, so good. Even then, we are likely to include in our thinking certain assumptions. An 'assumption' is an idea that is uncritically taken to be true, but may prove false.

Caution about assumptions should come naturally to Buddhists.

The Dharma teaches us that we all live under the spell of delusion (Skt. *moha*) or ignorance (Skt. *avidya*), and it warns us against our tendency to cling to false views. Logically then, Buddhists — of all people — should need no reminder of the human bias towards ignorance and delusion, and should proceed with due caution. But how well, typically, do we keep up our guard?

Of course, it is understandable that, in matters of small or merely private concern, we don't have time to re-examine our assumptions constantly. But the task of policymaking is neither small nor private. It has significant consequences for many others. It should call forth from us our utmost in the effort to review all relevant data, carefully teasing out what we know from what is assumed. (I will examine the difficulties of this in principle 5.)

The forms taken by false assumptions are legion: defunct theories, half-truths, 'factoids', fashionable manias, and hearsay.

Such assumptions may spring from the grassroots of public opinion in the form of rumour and folklore. Or they may descend upon the public from above in the form of 'authoritative' pronouncements from governments or officially approved experts. In the case of Covid, the need for caution about assumptions issuing from the latter source was at least as great as the former, but much less recognised. In what follows, I shall therefore concentrate on those assumptions that rained down on us from above.

SOME SPECIFIC ASSUMPTIONS

As our first example, let's start with the assumption that vaccines were the only way out of the crisis. This assumption was dependent upon another, namely that there were no effective treatments for Covid in the early days of the pandemic. Without the latter assumption, pharmaceutical companies could never have secured emergency-use approval for their vaccines.

Yet in the first year of the pandemic (before the vaccines were announced towards the end of 2020) claims had been made for beneficial effects of various drugs, sometimes backed by what seemed to be strong evidence from a variety of sources. One such was ivermectin. The prospect was exciting for several reasons: ivermectin had a long track record of safe use for other conditions. What was more, it was widely and cheaply available because it was out of patent.

Yet the public never got to hear much of ivermectin, and what was reported was mostly negative. The assumption of 'no effective treatments' therefore remained current.

It is worth examining this story in a little more detail. When Covid-19 first appeared, several doctors experimented, using re-purposed ivermectin as an early-stage anti-viral treatment. To check whether the treatment was effective, there were many studies. A meta-analysis that aggregated the results demonstrated a statistically significant improvement in outcomes, leading to the adoption of ivermectin for early treatment in twenty-two countries and sixteen non-government medical organizations.[12] This meta-analysis could have enabled policymakers (or at least, those willing to make diligent effort) to audit the assumption that there were no effective treatments for Covid.

Instead, there was an effective lobby that advocated against ivermectin.

The claims of the meta-analysis were undermined by cherry-picking studies.[13]

Also, critics alleged signs of possible bias and other weaknesses in the studies included in the meta-analysis (such as poor design or reporting of data). On this basis, health authorities in the USA, the UK and the EU withheld approval of therapeutic use of ivermectin for Covid, while giving permission for further clinical trials. At present, studies on the use of ivermectin for the treatment of Covid continue, but with a strange lack of apparent urgency. In the UK, for example, the 'Principle Study' at Oxford has included ivermectin in its research on possible treatments for Covid since June 2021, but has yet to report.[14]

Meanwhile, mainstream media coverage of ivermectin has been limited and has tended to take the form of 'hit pieces'. For example, ivermectin has been contemptuously dismissed as a 'horse de-wormer',[15] or its name associated with 'right wing groups' and 'conspiracy theorists'. Meanwhile, doctors who spoke up for ivermectin and other treatments they had found to be effective (and who had nothing to gain personally for such advocacy) were threatened with the removal of their practice licenses.

The upshot of all this — to reiterate the point — was the assumption there were apparently no therapeutic solutions available for Covid. Thus, the way was cleared for a singular and urgent focus on vaccine development.

Apart from the assumption of 'no effective treatments', there were many other assumptions that have been commonly held during the pandemic, but which are also questionable in varying degrees. There is, for example, the idea that PCR mass testing reliably identifies people who are infectious. This assumption was important because it was the key to whether or not a person with no Covid symptoms, but with a positive PCR test, was required to go into isolation. Yet the reliability of a PCR test as an indication of infectiousness is uncertain because of variations in the number of amplification cycles that are used in the test.[16]

Two of the most important questionable assumptions about Covid-19 provide the illustrative motifs of this essay as a whole. One is the idea that the novel vaccines have been definitively proved 'safe and effective'. The other is the idea that draconian lockdowns can eliminate Covid without imposing economic and human costs that might ultimately outweigh the benefits. I do not claim that either of these assumptions has been disproved. Yet it is now abundantly clear that both assumptions are very questionable.

With regard to lockdowns, a recent major meta-study acknowledges that purely voluntary changes in behaviour, such as social distancing, did indeed play an important part in mitigating the pandemic. But what of lockdowns *per se* (legally enforced measures such as the restriction of movement and the closure of businesses and schools)? According to the study, lockdowns of that sort in the spring of 2020 'had little to no effect on COVID-19 mortality.'[17]

As for the safety and effectiveness of vaccines, there is much that could be said, and here we can only take a lightning tour of some important points. First, we must note there are some novel aspects of the Covid vaccines that warranted special caution. Most notably, some vaccines used an mRNA gene therapy that instructs the recipient's body to produce a spike protein, similar to that produced by Covid. Despite this novelty, the clinical timeframe of the vaccine trials was compressed (being far shorter than what normally would be required even for a conventional vaccine). The trial for the most widely used mRNA vaccine did not test the sample group for prior immunity to Covid. Nor did it test for virus transmission, although this claim was initially made. The vaccine was tested for reduction of symptoms, and found a positive result. But this distracted attention from an increase in all-cause injury and death within the vaccinated group, compared with the non-vaccinated control group.

The section of the population most at risk from Covid (the elderly) was not included in the trial in sufficient numbers to give statistically significant results. (The contrast with ivermectin, where trials were publicly discredited for lack of statistical significance, is ironic.) The vaccine publicity referred to a relative risk reduction of 95%, but that result, whilst relevant for trials, is irrelevant to individuals making a medical choice. They need to know the absolute risk reduction, which was less than one percent - 0.84%.[18]

In terms of safety, the randomised controlled trial for the same vaccine was unblinded early, and the control group was given the vaccine. This means that no long-term safety data will ever be obtainable from that trial. A post-trial follow-up in September 2021 did not prove safety, but suggested harm.[19] We are now at a point where we have the benefit of hindsight, and can assess the health outcomes. Data from the USA Vaccine Adverse Event Reporting System (VAERS), the UK yellow card reporting scheme, and the Office of National Statistics data on deaths (not to mention escalating medical insurance claims) have prompted many health professionals to question the 'safe and effective' assumption.[20]

For anyone lacking relevant medical or statistical expertise, the task of evaluating the mass of information and conflicting arguments about Covid-19 vaccinations is truly daunting. Nevertheless, for a policymaker contemplating a mandate for vaccination within their community, the task should not be shirked. The considerations that flow from the assumption of 'safe and effective' provide a near-perfect example of the gravitas of policymaking and the consequences that can flow from a faulty policy assumption.

THE BIGGEST ASSUMPTION

Underlying all these particular assumptions, there is a deeper and more pervasive assumption affecting the responses of policymakers to the Covid pandemic. This is hard to formulate precisely, but broadly speaking, it involves the narrow identification of 'policy' with the interventions of an increasingly authoritarian welfare state.

In principle 2, I argued that policymakers should not assume that for every problem there will be a solution that is cost-free, or worth the price to be paid. The essence of principle 2 was to anticipate trade-offs, and choose policy options that offered the optimum balance of benefits over costs. But to speak in such terms is to leave untouched the deeper underlying assumption that I am now addressing — namely that the state holds ultimate responsibility for our health, rather than each of us individually. For those who make that assumption, the state will seem entitled — indeed, duty-bound — to make drastic interventions, including interventions that curb the freedom of individuals to decide for themselves how best to protect their own health or that of their children.

I am not saying that interventionist views of public welfare are wrong.

However, such views, if held too narrowly, can lead to a dangerous disregard of other considerations.

As I argued in principle 1, instead of viewing a crisis like Covid exclusively through the 'medical' lens of public health, we also need to view it in the round — meaning through other lenses, such as those of economics, civil liberties, social cohesion and faith.

An assumption that we might call 'authoritarian welfarism' has been very evident in the response of governments all around the world to the Covid-19 pandemic. 'Policy' has been equated with encroachments upon civil liberties that were unprecedented outside of wartime. Such encroachments included lockdowns, enforced by policing; and policies of mass vaccination, pursued aggressively by the threat of exclusion from occupations, travel, and so on.

Here I am touching — very reluctantly — on politics and ideology. I cannot avoid doing so in any adequate consideration of the current principle, which is 'identify and examine your assumptions'. There is of course a spectrum of political views about the proper relation between the individual and the state. To risk simplifying a complicated matter, we can say that the spectrum runs from paternalism at one end to libertarianism at the other. It is not my purpose here to advocate for any particular point on the spectrum. However, I do suggest that policymakers — including those in faith groups — need at least to be aware of three things concerning the spectrum.

Firstly, they need to be aware that the spectrum exists, and that honest and well-meaning people may inhabit very different points upon it.

Secondly, they should be aware that public discourse at any moment may be dominated by views emanating from one part of the spectrum, while other views may be stigmatised unfairly, and effectively excluded. In other words, policymakers should not assume that the mindset that currently prevails in our culture is the only one that is possible or legitimate. Scepticism about lockdowns for example, does not necessarily reflect a callous preference for 'profits over people'. In faith groups, policymakers need to be on guard against any facile equation of an ideology at a certain point of the spectrum with the values and principles of their faith. For Buddhists, the desire for policy to reflect the principle of compassion does not necessarily justify authoritarian interventions in people's lives, especially if the actual outcomes of the intervention are uncertain. The Buddhist Dhamma itself is traditionally characterised as 'an invitation', not a commandment.[21]

Thirdly, policymakers need to strive to be independent in their thinking, and not helplessly subject to whatever ideology holds sway in the mainstream of public discourse. This means attempting to understand the various bands within the spectrum of political thought — to understand the genuine concerns that animate the various positions in the spectrum, as well as the strengths and weaknesses in the ideas and arguments associated with each. In formulating policy to deal with a problem, policymakers should try to formulate their policies upon logic and upon all the relevant evidence, viewed through a range of lenses such as those outlined in principle 1.

Policymakers should not simply succumb to whichever orthodoxy is in fashion.

To all this, I would add a final warning: that the tendency to intervene too officiously can be aggravated by hubris. Policymakers are people who have achieved positions of high responsibility and authority. An acute sense of that position (and of their achievement in getting there) may make them susceptible to the assumption that lesser mortals cannot be trusted to make their own decisions; that they — the anointed policymakers — have the right and duty to take such decisions on their behalf. The irony of this point will not escape my readers: that an article on policymaking includes a health warning about policymaking and policymakers.

INVESTIGATING ASSUMPTIONS

For Buddhists, committed to truthful and helpful speech, all of the foregoing should give added impetus to an investigation into assumptions. We have to realise that misinformation comes not only from cranks and contrarians, but also from institutions that hitherto we may have trusted implicitly. The misinformation may lie less in what is said than in what is left unsaid, or even suppressed. This is called 'the bias of selection'. For those making policy for independent institutions, such as faith groups, the bottom line is that it is not sufficient to rely on mainstream media or official government pronouncements.

But with regard to the pandemic, many readers will protest, 'But how can the leaders of faith groups (who typically have no expertise in any of the relevant specialisms, such as vaccinology, epidemiology or health economics) second-guess the pronouncements of public health authorities?' I will turn to this question in my fifth principle (in chapter three).

A policy based on false assumptions will lead to unforeseen and unintended consequences. Therefore, as policymakers, including Buddhists committed to truthful and helpful speech, we have a duty of care to recognise our assumptions, and audit them for veracity.

To quote Thomas Sowell again, 'It takes considerable knowledge just to realise the extent of your own ignorance.'

PRINCIPLE 4: DON'T BLINDLY FOLLOW THE HERD

This fourth principle flows from the third. It concerns the psychological difficulties of relinquishing our assumptions. We obtain emotional comfort from thinking we know. We therefore grasp after certainty, even when it is unavailable. The Buddha, who identified views as objects of clinging, understood this two and a half millennia ago.

THE POWER OF THE HERD

Why do we cling to views? One of the biggest reasons is that we are affiliative beings. By nature, we tend to follow the herd. We live in fear that the herd will turn upon us, or abandon us. That fear holds us under a spell, paralysing our power of independent thought.[22] Have you ever, whilst enjoying the company of friends, been struck by an insight at odds with the mood of your companions? And in that situation, did you stifle the thought because an instinct warned you not to risk losing their esteem and goodwill?

Such a suppression of independent thinking easily becomes an unconscious habit.

This doesn't mean that our views are fixed or stable. Precisely because we take them from the herd, our views can be swayed by impulses passing through the herd, like gusts of wind passing through a cornfield. One of the great ironies of the Covid crisis is the zeal with which habitual critics of capitalism and mighty corporations have embraced the cause of mass vaccination — despite the fact it has greatly enriched the 'big pharma' corporations whose bloated profits they would usually condemn.

It is true that those corporations have a mixed track record, to put it mildly. Long before Covid-19, Pfizer, for example, had been forced to pay compensation for transgressions during clinical trials, and to pay fines running into billions of US dollars.[23] Moreover, the agencies mandated to regulate the pharmaceutical industry are funded by the same people they police.[24] Yet the failures of policy making in the context of Covid cannot be blamed exclusively on greedy capitalists. That would be to oversimplify the problem. The truth is more complex, involving failings of both private and public sector institutions, together with a cultural mindset that encompasses both — the 'authoritarian welfarism' that I touched on under Principle 3.

There may have been a halcyon time when, in some matters at least, we could unthinkingly but safely defer to an expert authority.

There may have been a time when we could safely follow the bellwethers of the herd. But if so, those days have passed. To grasp this, we must take note of two phenomena, referred to respectively as 'regulatory capture' and 'the replication crisis'.

REGULATORY CAPTURE

Public authorities are supposed to protect us from exploitation by commercial interests, but it has been clear for several decades that such authorities may fall under the control of the very industries they are meant to regulate. This phenomenon is now well known under the name of 'regulatory capture'. The pharmaceutical business is merely one of many in which it goes on.

Governments establish regulatory bodies to ensure that an industry serves the public interest. However, the relationship between the regulators and the industry is often ambivalent — partly adversarial, but simultaneously a partnership.
The public interest requires the existence of a profitable industry — for example, a pharmaceutical industry with the economic and technical firepower to generate rapid fixes for a crisis such as Covid. The regulators therefore cannot regulate too severely for fear of killing the goose, or at least stemming the flow of golden eggs. The industry, for its part, needs the public health bureaucracy (including the regulatory body) to commission and validate its products. The two sides can become further entwined through the exchange of personnel — the famous 'revolving door' phenomenon (the industry, for instance, may recruit insiders with a background in regulation to help them negotiate the regulatory labyrinth). In such ways, the partnership aspect of the relationship may come to predominate, and even develop into collusion.

At its worst, this can amount to 'crony capitalism'.

The phenomenon of regulatory capture was originally understood in material terms as a product of the greed of capitalists — a case of corporate moguls simply bribing their bureaucratic warders. But some analysts now argue that 'non-material' capture (or 'cultural capture'), which may occur in parallel with material capture, is also important.

Cultural capture is the process by which regulators may come to feel part of the same 'in group' as the industry's elite. This has been observed, for example, in the relations between financial institutions and their regulators in the period leading up to the financial crisis of 2008. In the absence of bribery or improper incentives, why did financial regulators fail to stop, or even to foresee the catastrophe? It has been explained in terms of the self-esteem and prestige that regulators obtained from the industry. Overawed by the power and status of the industrial elite — so the argument goes — the regulators felt flattered to gain entry to the same social set. Consequently, they came to share the industry's self-satisfied view of itself.[25] Could something similar have happened in the case of the pharmaceutical industry and its regulators?

But the full truth of cultural capture seems to be even subtler than this.

I've already suggested that the industry and the bodies that serve the public interest need each other. They are constantly interacting with each other, and even exchanging personnel. They all conceive of themselves as essential to the public good. The net result is not a one-way process whereby one entity (the industry) captures others (the regulatory body, the public health bureaucracy, and the government department) in its own selfish interest. Rather, all the entities have been captured by a common mindset. They have sincerely come to believe that they collectively, and *only they*, can 'deliver' health to the public (as if health were intrinsically a commodity or a service that the corporate state provides to us all). In this way, a herd mentality may be born among bodies that outwardly appear to be distinct from, and even at odds with, one another. That mentality may be hardened by the hubris that I mentioned under principle 3.

The combined power of material and cultural capture is awesome. It spreads to encompass the academic world and prestigious scientific journals, which rely for their funding on the industry or the bureaucracy or both. Anybody who tries to step outside the herd — anybody who has a different philosophy of public health, or a dissident view on whether a particular treatment is efficacious or safe — will soon find their reputations and their livelihoods under attack. That is authoritarian welfarism in action.

THE REPLICATION CRISIS

Regulatory capture is not the sole reason for caution about the claims made by scientific or medical authorities. The last decade has seen the dawning recognition of a 'replication crisis' in the sciences, including pharmacology. An alarmingly high percentage of often-cited research findings have proved impossible to reproduce. Subsequent studies may contradict the earlier results, or find a significantly weaker effect than first claimed. A wonder drug may turn out to be far less wonderful than thought. For some findings, no attempt at replication is made at all.

In short, it is becoming clear that what 'scientists say' may sometimes turn out to be less true than we were told.

It might even be plain wrong.[26]

Again, this should not really surprise us if we contemplate the vested interests at stake. Pharmaceutical firms need to come up with a steady flow of new products that can be patented and taken to market. Academic researchers need to get results that help them scale the career ladder, or secure funding streams, or just allow them to keep their jobs. Health services are under pressure to meet patients' demands for *something* — whether a jab, a pill or an operation — that will fix their suffering (or at least promises to do so).

To take a single specific example of the replication crisis, we might step aside from Covid for a moment and consider the case of antidepressants, which apparently are taken by as many as one in six adults in England during a typical year, and therefore represent a slice of the NHS prescription budget that isn't negligible. The most common types of antidepressants — known as SSRIs — are supposed to work by boosting levels of a neurotransmitter called serotonin. This has been a standard theory, taught in medical training for decades. Yet as I write this, a new study from University College, London, based upon a 'comprehensive review' of the literature, finds that 'there is no convincing evidence that depression is caused by serotonin abnormalities, particularly by low levels or reduced activity of serotonin.' The UCL study only reinforced conclusions reached more than a decade earlier by Robert Whitaker in his book *Anatomy of an Epidemic*. Nevertheless, prescriptions for SSRIs still continue to grow.

Nor is the problem confined to the researchers. The typical family doctor who urges a treatment upon patients (such as a Covid-19 vaccination) often lacks the specialist knowledge required to make an independent judgement of the efficacy or safety of that treatment. With their noses to the grindstone of general practice, such doctors may be only faintly aware, if at all, of such problems as regulatory capture and the replication crisis. To complicate matters further, the curriculum that doctors follow at medical school generally does not include statistics, so they may even fail to grasp the difference (for instance) between relative and absolute risk reduction from a vaccine. As a result, your doctor might — with the best intentions in the world — seriously overstate the benefit of a procedure or treatment, and seriously understate its risks.[27]

HEALTHY SCEPTICISM

What does all this mean for policymakers in faith groups? For them — as indeed for the public in general — the lesson to be learned is clear, though not reassuring or comforting. It is that there are rational grounds for a measure of healthy scepticism about the claims issuing from authorities. And by 'authorities', I mean not only pharmaceutical companies. The policy choices of public health authorities and the deliverances of science must also be viewed critically. This must be the greatest challenge that policymakers face at the present moment. Clearly, we can't just disregard science in policymaking. Nevertheless, caution must be applied even to the findings of university professors, and the contents of learned scientific journals. How can we know when to apply a dose of scepticism to our assumptions, or how to optimise that dose? The task is huge, but bear with me: I will offer some guidelines in my fifth principle.

To encourage healthy scepticism is not the same as promoting a conspiracy theory.

Scepticism need not entail paranoia or extreme cynicism about the motivations of powerful individuals or groups. I don't doubt that dirty deals often happen, but the fundamental problem is more diffuse and less conscious than that. We are dealing with a herd, albeit one full of very clever beasts. Vaccine makers, for example, may have a just sense of the historical importance and achievements of their industry, so they are naturally inclined to see convergences between their profits and the public good.

Elected governments are anxious to be re-elected, and consequently persuade themselves that their duty is to appease the electorate's present panic rather than meticulously calculate its long-term welfare. Government medical advisers fear bearing responsibility for a public health disaster, so they may recommend policies based on worst-case scenarios, neglecting to weigh the true balance of probabilities.[28]

All three of them — the vaccine makers, the ministers and the officials — may quietly take solace in the thought that any harmful effects of their policies will be scattered far and wide across an indefinite future — hard to discern and harder to prove. In doing so, they do not have to conspire with one another or even admit to themselves what is guiding their thinking.

The essence of the problem is groupthink — the triumph of a herd mentality.

All of this is in keeping with what psychologists tell us about the way human reason works. We don't look dispassionately at the evidence and then make up our minds what to believe. Rather, we first prefer to believe something, often driven by emotions, and then look for evidence to support our belief. What is more, we do not automatically become exempt from this human weakness just through being highly intelligent, educated and qualified.

BUDDHISM VERSUS GROUPTHINK

Not only psychology, but also Buddhism can illuminate this territory with its insights into the mind and our tendency to grasp at views.

Our views mediate our experience, even modifying our perceptions.

This is why I often compare views to spells: they grip our mind, keeping us blind to reality. They can be difficult to recognise and even more difficult to renounce.

Buddhist practice can help us to break these spells: it shows us how to purify the mind so that reality can shine through, unobscured by the poisons of greed, hatred and delusion. It can help us to cease blindly following the herd — not in order to feel superior to it, or resentful of it. Rather, to help the herd towards safer grazing, or perhaps to save it from stampeding over the edge of a cliff.

But we must understand that Buddhist practice consists in something more than the cultivation of kindly intentions.

If we want to play a role in policymaking, we must recognise that a good heart is not enough.

With the completion of this chapter, we have so far explored four principles for wise policy making. To recapitulate, these are:

1. View the problem in the round

2. Anticipate trade-offs

3. Identify and examine your assumptions

4. Do not blindly follow the herd

In the next and concluding chapter, I will suggest a fifth principle: 'hone your truth-seeking ability'. That principle will include some concrete suggestions as to how policymakers can free themselves of groupthink.

CHAPTER 3

In the preceding chapters, I placed policymaking in the context of Buddhist ethics, emphasising the need for a wise head as well as a loving heart. I suggested that wise policymaking could be tantamount to a spiritual practice for leaders of Buddhist communities, and was without doubt a beneficial activity for the world. I then proposed a set of five principles of policymaking. I promised to discuss these principles in the context of faith communities, and to illustrate them by reference to the Covid-19 pandemic.

In this third and final chapter, I explore the last, and the most far-reaching and challenging, of my five principles.

PRINCIPLE 5: HONE YOUR TRUTH-SEEKING ABILITY

My first four principles take it for granted that there is such a thing as objective truth, and that the human mind has the capacity to discern it.

> In our postmodern era of 'speaking *my* truth', it may be necessary to rebuild our confidence in that capacity to discern objective truth.

Not only do we have such a capacity, but also it can be significantly developed with training and practice. This is vitally important for policymaking. Of course, we might sometimes hit upon good policies from faulty premises or flawed logic. Nevertheless, good policy is far more likely to emerge from clear thinking, built upon reliable evidence.

Although there is such a thing as objective truth, it is also undeniable that there are many barriers that stand in the way of our approach to it. My third and fourth principles had much to say on the subject of those barriers. In Principle 3, I urged policymakers to identify and examine their assumptions. We all hold beliefs that we uncritically assume to be true, but may turn out to be false. In our daily life, of course, we cannot constantly be examining everything we hold to be true. And in any case, perhaps some of our false assumptions do not bring us any great harm. But those of us who are policymakers — making choices that bear heavily on the lives and welfare of others — have a duty to examine not just the superstructure but also the foundations of the policy structures that they build.

In principle 3, I also argued that, in the case of the Covid pandemic, some important assumptions descended on us from above — that is, from authoritative institutions and official experts — rather than from the grass roots of public opinion. I have used two of those assumptions to illustrate this article. One is the assumption that enforced lockdowns were necessary, and would not have detrimental consequences that would ultimately outweigh their benefits. The other is the assumption that the vaccination of the whole population — not just vulnerable groups — was necessary, and that coercive methods, such as the exclusion of people from their jobs or from travel, were justified as means to that end. Both of these assumptions, though not universally operative, dominated public discourse and government policy in many countries. Underlying both, there was a deeper assumption that went unexamined among policymakers in many countries — namely the assumption that 'policy' could be equated narrowly with massive interventions in citizens' lives by an increasingly authoritarian welfare state.

Principle 4 was entitled 'don't blindly follow the herd'. Our tendency to hold assumptions uncritically is in large part a social phenomenon. In the Covid pandemic, the stampede towards lockdowns and universal vaccination was led 'from above' by public health authorities and officially sanctioned experts. I dared to suggest that policymakers in faith institutions can no longer uncritically trust the claims of such authorities and experts. The well attested phenomena of regulatory capture and the replication crisis give grounds for a measure of healthy scepticism towards their deliverances.

To apply such scepticism is by no means to entertain 'conspiracy theories', and it is certainly not to reject science as a whole.

Here then, in my final principle, I am going to outline some thoughts on how policymakers can gradually break the spell of assumptions, cease following the herd, and instead hone their truth-seeking ability.

My starting point is a Buddhist epistemology — an 'approach to knowing' - derived from the grounds for faith in the Dharma. The schema suggests four steps towards knowing whether something is true or not. These are (1) *intuition*, which must be (2) *grounded in reason*, and (3) *confirmed in experience*, aided by (4) *the testimony of the wise*.[29]

A great deal might be said about each of the four steps, and what follows is not intended as an exhaustive guide. In the present context I will only offer some indications of how the steps might be applied by policymakers in a situation such as the Covid pandemic. Within the framework of the four steps, I will offer eight specific suggestions.

THE TESTIMONY OF THE WISE

Though the last of the four steps, it makes sense to start with 'the testimony of the wise' — if only because in practice we usually start there. In any policy question, we rarely break virgin soil. We start by acquainting ourselves with facts gathered and judgments formulated by others, who at least in terms of their precedence must be counted 'wiser'.

SUGGESTION 1: SEEK FACTS AND OPINIONS FROM A RANGE OF SOURCES

In a crisis such as the Covid-19 pandemic, policymakers should look for a range of expert opinion, not just the names that get through the filter of the media. The first step is to face up to the truth that official authorities cannot always be trusted — for the reasons I outlined under principle 4.

We must therefore distinguish the wise from the presumed wise.

In our technocratic era, it is tempting to rely on the latter, and even to adopt a quasi-religious faith in official 'experts'. But, as we have seen, institutions that are meant to serve the public, and even science itself, may sometimes be in thrall to vested interests and to forms of cultural capture.

In seeking a range of relevant facts and opinions, we are both lucky and unlucky to live in the era of the Internet. Unlucky because it makes us vulnerable to overload and misinformation; but simultaneously lucky because the Internet gives us historically unrivalled opportunities to access information and ideas from a variety of sources.

Of course, one's use of the Internet should be intelligent and cautious. Any search for names or ideas that challenge current orthodoxies is likely to stumble into an avalanche of low-quality journalism, not to say a hail of 'hit pieces'.

Then there is the knotty problem of Wikipedia. This addictively useful website has become the first port of call for anybody looking to bone up on an unfamiliar topic. And indeed, it is undoubtedly a mine of useful information on neutral subjects. On any issue that is politically controversial, however, Wikipedia shows unmistakable signs of cultural capture. But rather than take my word on the question of Wikipedia's bias, you could listen to what its co-founder, Larry Sanger, has to say about the direction it has taken since its inception.[30]

Despite these problems, judicious use of the Internet allows us to review the qualifications and track-records of a wide range of experts, and to find source material for their lines of argument. Such source materials may include important books that don't get reviewed and leading thinkers whose names don't get mentioned in the media channels we may have previously relied on.[31]

> The good news is that whilst vested interests often try to discredit or suppress alternative views, they have not yet succeeded in establishing a monopoly over all information.

SUGGESTION 2: LOOK FOR WARNING SIGNS OF BAD POLICY-MAKING

But if we are to consult a range of opinions, how are we to choose between them? How can we decide whose testimony is truly wise? One effective strategy is to look for the weaknesses that reveal the *un*wisdom of the presumed wise. There are often warning signs that suggest their testimony springs from dubious motives or relies on flawed arguments.

As an outline guide to such warning signs, may I humbly commend the first three principles of this article? Following these principles, one should ask, firstly, do the supposed authorities view a policy challenge from a single angle, rather than in the round? Secondly, do they seem eager to impose a 'solution', while indifferent or oblivious to its trade-offs? Thirdly, does their account of the problem (or of its solution, or both) depend upon questionable assumptions? If the answer to all or any of those questions is 'yes', the testimony under consideration is, in all likelihood, less than truly wise.

There is a further warning sign that may alert us to the unwisdom of the presumed wise.

They can sometimes be identified by the tactics they use to dominate a debate. Throughout the pandemic, there were repeated attempts (by mainstream media and public authorities) to silence or discredit highly qualified individuals who disputed the official narratives. Among these were scientists with excellent academic reputations in fields closely relevant to policymaking on Covid.

As an example, we can once again look at the policy of lockdowns. From an early stage of the pandemic, certain experts argued that this was an unwise strategy, and would do more harm than good. Among other things, they argued that lockdowns would cause long-term medical, psychological, educational, and economic harms that might easily outweigh any advantages gained from slowing the spread of infection. Instead, they recommended focussed protection of vulnerable individuals, together with voluntary measures of social distancing to limit the spread of infection. Also — and unlike most official narratives and media reports — some of these lockdown sceptics didn't attend only to the domestic balance sheet. They also considered the damage that lockdowns in rich countries caused to poor countries by disrupting supply chains, reducing the income of people whose livelihoods were already precarious, and whose access to supportive welfare systems was much more limited than ours.[32]

Once again, I stress it is not my purpose here to argue whether or how far the lockdown sceptics were right or wrong. My point is that they were credible and important voices that should have been heard with openness and respect. But for the most part, the wider public never got to hear them at all, or only heard negative accounts of them.[33] In some cases they were subject to harassment and smear tactics.[34] Nevertheless, their message was available to any policymaker willing to take the time to seek out smaller, independent media outlets.

SUGGESTION 3: BUILD NETWORKS OF KNOWLEDGE AND WISE JUDGEMENT

Our appropriate use of testimony of the wise will be augmented if we build opportunities to participate in networks, where we can tap into the expertise of people more knowledgeable than ourselves. Buddhist policymakers should be eager to form networks of mutual support with other individuals with independent minds. They should seek collaborators who share their desire for the good, and are equipped with greater expertise in fields relevant to the crisis. Knowledge and insight can be shared.

INTUITION

SUGGESTION 4: DON'T IGNORE, BUT DO TEST, YOUR INTUITIONS

Intuitions are moments when a new understanding dawns, without yet being able to explain or justify itself. Intuition probably springs from an unconscious recognition of patterns subliminally registered over a lifetime: we 'see' something before we can articulate what we've seen.[35]

Intuition cannot tell us anything about the risk associated with a virus, or the medical efficacy of a treatment (unless we happen to be specialists in the relevant areas). However, intuition can alert us to many of the human factors that impinge upon society's response to a crisis such as Covid.

Throughout the pandemic, intuition sounded alarm bells for many thoughtful people.

The alarm bells were about the policy choices being made by governments. No great knowledge of medicine or science was required for one to sense troubling contradictions, inconsistencies, or gaps in pronouncements from governments and health authorities about both the pandemic and the measures to limit its spread or defeat it.

Take for example, the way that strict lockdowns were justified. TV and newspapers showed us anxiety-provoking graphs of possible mortality from the disease, modelled by statistical epidemiologists. Yet we were given no comparable expert modelling of the problems that lockdowns might cause. One didn't have to be any kind of expert to intuit that shutting down society, while perhaps solving or mitigating one big problem (the spread of infection), might cause numerous other problems. Or that those in positions of responsibility ought to be trying (whatever the difficulties) to define and quantify those potential problems as well as the supposed gains in terms of slowing rates of infection. But if anybody was trying, we heard next to nothing about it. (As I write this, Rishi Sunak, the Chancellor of the Exchequer throughout the height of the Covid crisis, has at last frankly admitted that the British government never undertook a proper cost-benefit analysis.[36])

For some of us at least, intuition sounded a warning bell about that lack of comparison between policy options. Were the authorities responding wisely? Or were they perhaps panicking? Or, worse still, were they entangled in a web of groupthink, in which the true public interest was no longer distinguishable from an array of vested interests, whether political, bureaucratic or corporate?

Similar intuitive misgivings should have accompanied the stories we were told about vaccine development. First, we were told that effective and safe vaccinations would take years to develop. Then we learned that they had been developed in just one year. But wait: wasn't part of the reason for that long development period to do with the need for testing? And as the technology used was profoundly novel, should we not have expected the testing period for these vaccines to be protected, perhaps even extended, rather than compromised? Instead, the processes for approval of the vaccines were rushed or abridged. Perhaps that was justified for those at severe risk, yet, in a relatively short time, the vaccines were also being urged upon all age-groups and upon the healthy and the unhealthy alike. How did all that add up?

How many of us had such intuitions in connection with lockdowns and vaccines? Whether or not an intuition proves correct in the long run, it is unwise to ignore it in a case where much is at stake — just as it is unwise to leap to premature conclusions from it. Yet many of us did ignore our intuitions, spellbound by trust in authorities.

GROUNDED IN REASON

SUGGESTION 5: SYSTEMATICALLY CULTIVATE CRITICAL THINKING

Having been warned against suppressing intuition, we must also recognise that it is a blunt instrument — the least reliable of faculties, the one that most easily leads us astray. That is why the suggested Buddhist epistemology specifies that our intuitions must be tested in reason and experience (and, as we've seen, checked against 'the testimony of the wise'). Let's consider reason next.

Reason is the ability to produce, or to evaluate, a cogent line of argument.

It includes our capacity to form a theory, to identify and audit premises, to apply inductive and deductive logic, and to conceive real-world tests to assess the veracity of our conclusions.

Now let's go back to our intuition that we weren't being given the whole story about the case for lockdowns. The faculty of reason could unpack that intuition in detail. If people are told to stay at home and 'protect the NHS', they might evade Covid for a time, but will they miraculously be free from the other natural shocks that flesh is heir to? Will they not lose vital opportunities for the diagnosis or treatment of other serious medical conditions, such as cancer or heart disease?

And what about education? What happens to learning if schools are closed, and children left to learn as best they can online — in the absence of the routine and discipline of the classroom, and amid all the distractions of home? How will that affect the rest of their lives? Similar questions might be asked about the psychological harms of social isolation, or the inflationary costs of paying workers not to work for weeks or months on end. To ask these questions, one need not be a qualified epidemiologist, educationalist, clinical psychologist, or economist. One simply needs an ordinary familiarity with the world, illuminated by some capacity for reasoning.

For policymakers, including those who lead faith communities, reasoning skills are not a luxury. Such skills can be developed with applied effort and guidance. Accordingly, I would urge policymakers in faith communities to undertake some formal study of logic and critical thinking. For Buddhists, such training could be seen as a working-out (in the complex conditions of modern society) of the fundamental teaching of *pratitya samutpada*. This is the insight that everything arises in dependence on conditions, and not by either the random operation of chance or the mysterious ministrations of a divine will. There are regularities in the processes of arising — regularities that we can observe, and from which we can learn to anticipate the future. That is the very essence of reasoning.

It is true that, for Buddhism, reason alone cannot adequately capture the ultimate truth of things.

Yet of all religions, Buddhism is the most reasonable — in the sense of 'rational'. And this is precisely because it bases its teaching upon the arising of all things in dependence upon conditions.

To give some concrete examples, a training in critical thinking can acquaint us with the various types of logical fallacies, which lie in wait to ambush policymakers on route to their conclusions. One example of such a fallacy is the common assumption that 'correlation is causation'. For instance, in 2021 the falling rates of Covid infections were used as evidence of the effectiveness of vaccines, despite the fact the infection rate (which varies with seasons and with the natural progress of an infection through a population) had fallen in a similar fashion the year before, when no vaccination programme was present.

Another common fallacy or error is that of ‘equivocation’. An apparently cogent argument may be fatally flawed by the use of a single word in two different senses, with the changed meaning going unnoticed. Consider, for example, the word ‘vaccination’. Does it connote an intervention by which full immunity is conferred? In standard medical usage, yes it does — as in the cases of smallpox, polio, or MMR vaccinations. While the Covid vaccines were being developed, there was a common assumption that they would be vaccines in this sense. Yet since the rollout, it has become ever clearer that at best they reduce (rather than eliminate) transmission or severe illness, that their protective effect (in terms of antibody levels) decays rapidly, and that they are not equally effective against all variants of the virus. Hence the official drive to repeat ‘vaccination’ through a potentially endless series of boosters.

Another equivocation error was the change in the definition of ‘case’. A ‘case’ originally meant an instance diagnosed by a qualified doctor, but it came to mean a positive lateral flow or PCR test. Statistics on ‘case numbers’ therefore became contingent on testing rates, which in turn were contingent upon the availability of test kits. They were also compromised by the failure to publish the false positive rate.

We need to test all arguments with basic logic. In the case of Covid, one may not be expert in virology or epidemiology, or any of the relevant fields, but one can learn to detect gaps, inconsistencies, and blatant contradictions in the way that these things are talked about.

We can see when things don’t add up.

For example, if a vaccine confers immunity and the vulnerable have been vaccinated (or at least, those who are willing to be), why press vaccination upon others for the sake of the vulnerable? And if Covid is known to be less dangerous than the flu for children (as indeed it is) why would vaccination against it be recommended for children?

CONFIRMED IN EXPERIENCE

SUGGESTION 6: NEVER FORGET THAT ‘EXPERIENCE’ MEANS REAL-WORLD OBSERVATION

But critical thinking skills are not enough. The postulates produced by intuition and reason must be checked against real-world observations and data. This is where the rubber meets the road: we move from the abstract to the concrete and draw on empirical observation. This means not waiting passively for experiential data to find its way to us. We must constantly ask ourselves, ‘If this is accurate, what will I observe?’ And then we must actively look for data that either supports or contradicts the resulting expectation.

According to the Buddhist tradition, the Buddha urged his followers to test his teaching as rigorously as a goldsmith would test gold.

Likewise, in the Kalama Sutta, the Buddha recommends judging teachings by experience. He urges the Kalamas to 'know for yourselves' whether teachings are beneficial or harmful when put into practice. But in a situation such as the Covid pandemic, how are we to 'know for ourselves'? This question leads me to my next, more specific, suggestion.

SUGGESTION 7: LEARN TO THINK QUANTITATIVELY

Looking only at one's individual experience cannot give certainty about what is generally true. How can we know whether we are like or unlike people in general? When the Buddha refers the Kalamas to their own experience, he is in effect asking, 'What *typically* happens when X happens?' He illustrates this with reference to Buddhist moral principles. For example, what typically happens when people get what they want by violence, or by seizing other people's property? Or what typically happens when they seek pleasure and release in drink or drugs? To ask what *typically* happens is to situate the question in the context of a whole community — which of course is precisely what the Buddha was doing in his dialogue with the Kalamas. The Buddhist appeal to experience therefore contains within itself a rudimentary quantitative element.

Modern science has elaborated and systematised this common-sense quantitative approach to experience.

In the scientific method, the quantitative principle is present, for example, in the demand for replication — which means that confidence in a finding accumulates in proportion to how reliably it can be repeated. In any question involving *populations*, whether human or non-human, the quantitative approach entails the use of statistical data. In popular opinion, statistical measurement has a mixed reputation (hence the old saying about 'lies, damned lies and statistics'). Nevertheless, if we want to get to grips with a crisis such as the Covid pandemic, we can't get away from statistics. The challenge is not whether to use quantitative data; it is to learn how to interpret and apply them rightly.

Through the course of the pandemic, a grasp of the use and misuse of statistics might have been very helpful to policymakers in faith communities. It would have helped them to grasp certain important items of information that, for the public at large, either went under the radar altogether, or if picked up were not fully understood. I have already referred to some of these in the course of this article. One example is the difference — in relation to vaccine efficacy — between absolute and relative risk reduction.[37] A second example is the misleading nature of the type of statistical modelling (of infection rates, for instance) that considers only worst-case scenarios and therefore repeatedly overestimates likely figures for hospitalisation and death.[38] Another is the capacity to distinguish between significant numbers that the unwary might easily confuse with one another, such as the Case Fatality Rate, the Crude Mortality Rate, and the Infection Fatality Rate.

I fully realise that my suggestions, and this one in particular, amount to a pretty tall order. With a phenomenon such as Covid, the task of gathering and assessing experience takes on a magnitude and complexity that even the Buddha could not have foreseen. For the Kalamas, the experiential testing of the moral precepts was straightforward because violence, theft, and so on are rooted in everyday experience. Anyone can validate these universal moral principles in the course of an ordinary life in any era.

In contrast, the Covid pandemic was a 'black swan' event, unlike anything seen for a century.[39] Furthermore, it spread its wings over not just one community, like that of the Kalamas, but the whole world (though with varying impacts in different places). In such a case, wise policymaking must be informed not just by one's personal experience, nor even the experience of one's local or national community, but by scientific and statistical data of global scope. Of course, policymakers in faith groups will hardly ever be in a position to collect their own scientific or statistical data, or to read everything that might be relevant. But what they can usefully do is learn something about how to find, interpret and assess relevant data collected by others.

SUGGESTION 8: STAY OPEN TO NEW ARGUMENT AND EXPERIENCE

I often call to mind some wise words spoken by a friend of mine. I was apologising because I had mistakenly judged him too harshly for some past events. He generously replied, 'No need to apologise – you could have come to no other conclusion, based on the information you had.' This is apposite for policymakers, who are ever at risk of reaching wrong conclusions through the lack of relevant information. Capable policymaking demands an active quest for necessary experiential knowledge.

Under this, my fifth principle, I have argued that policymakers should seek information from a range of sources, and learn how to assess it — including, for example, how to spot warning signs that reveal bad motives or flawed logic.

They should neither suppress their intuitions nor jump to conclusions from them.

Rather, they should clarify those intuitions with critical thinking, and test them in experience. To do this ever more effectively, they should train themselves in relevant skills — learning to think both critically and quantitatively.

Yet having reached some conclusions on that basis, policymakers still should not hold to those conclusions too tightly, but remain open to new evidence and logic. The Buddha taught that we humans tend to cling to things that we like, and this clinging is a major cause of our suffering. He also pointed out that our *views* figure prominently among the things to which we cling. We treasure our views because they are part of our identity. They usually form part of our emotional bonds with our family and friends. They boost our sense of self-esteem and belonging. Modern psychology confirms the point. Once we have 'picked a side', we tend thereafter to be interested only in information that confirms our choice, eager to protect our self-esteem and our membership of a group, rather than the truth. This is called 'confirmation bias'.

To overcome an attachment to views is not easy, requiring as it does the persistent honing of our truth-seeking faculties.

But then, as I mentioned at the start of this article, nothing about policymaking is easy!

CONCLUSION: A GOOD HEART IS NOT ENOUGH

'L'enfer est plein de bonnes volontés ou désirs' — 'hell is full of good intentions and wishes' — wrote a Christian saint centuries ago.[40] The idea is proverbial in English too, but we begin with 'the *road* to hell…'. With such precedents, I can make no claim to originality in the central theme of this article: that a loving heart, well furnished with good intentions, does not suffice to guarantee a happy ending. Indeed, such intentions, though they might not literally lead to hell, can undoubtedly make a bad situation even worse if they are not accompanied by relevant worldly knowledge and experience, coupled with a capacity for critical thinking. We need a cool, clear head as well as a warm heart when we make choices that will shape the future.

Samsara (the Buddhist word for our conditioned world) is to some degree predictable. As already stated, things arise in dependence upon conditions, and there are regularities — or patterns, to put it plainly — in the way things arise. That is precisely why, following the Buddha's advice, we can test teachings in experience. Yet samsara is also to some degree unpredictable because of the infinitely complex, 'assembled' nature of phenomena. In short, groups of events may have a family resemblance to each other, but no one event is exactly like another.

Because of the unpredictable side of samsara, we can never know with certainty how our policy choices will unfold.

The best we can do is to make those choices according to wise principles. To that end, I have suggested in this article a set of five principles.

I do not claim that the set of five principles is an exhaustive guide to policymaking. I have chosen these particular principles because to my eye, they emerge clearly from the way that most nations have handled, or rather *mis*handled, the Covid pandemic. Specifically, I have been looking at two key measures deployed by governments to combat that pandemic. Those measures were lockdowns and vaccination mandates.

Thus, my principles derive from a particular scenario. Furthermore, I have applied them to policymaking in a particular context: that of faith communities. But if they are valid for Covid, they will also come in handy for any future pandemic — an eventuality which sadly is all too likely in our globalised world. And looking beyond such crises of public health, I dare to think that the principles are wide-ranging in relevance to all sorts of problems, whether personal, local or global.

The journey to this conclusion has led us far and wide. For that reason, a retrospective summary of the main points should help readers to crystallise in their minds what is essential in it. I shall therefore end with a brief recapitulation of my five principles.

Firstly, policymakers who are confronted with a problem should view that problem in the round, and not from a single angle. Never mind if a single angle is dominating public discourse to the exclusion of other valid perspectives. In a crisis such as the Covid pandemic, viewing the problem in the round means formulating policy responses not only from a medical viewpoint, but also from the perspectives of economics, civil liberties, and social cohesion. Above all, a faith community should surely view the problem through the lens of the values and principles that the community itself, perhaps uniquely, has to offer to the world. For Buddhists these include spiritual friendship (*kalyana mitrata*), which can hardly thrive when association is hampered by draconian lockdowns. They also include the cultivation of fearlessness (which is not the same as recklessness).

Secondly, in choosing policy solutions, policymakers should anticipate trade-offs. Just as all medicines have unwanted side-effects, any policy solution will entail some loss or damage alongside whatever good it brings. We should strive to foresee the downside of any policy option, and weigh the costs (financial, moral, reputational, and so on) with the benefits. Nothing in Buddhism leads us to expect that every problem will have a solution; or that where a solution is available, the price for it will be worth paying. On the contrary, human existence is unsatisfactory (*dukkha*) by its very nature.

Buddhism therefore does not sit very comfortably alongside a worldview that assumes that technology or political ideology can provide us with a cure for every ill.

Thirdly, policymakers should seek to identify and audit their assumptions. They should understand that in the culture we presently inhabit, erroneous assumptions may flow not only from below (which is to say, from folklore, superstition or prejudice) but also from above — in other words, from 'authorities' such as ministers, public bodies, and official experts, including highly qualified scientists.

Consequently (and fourthly) policymakers will be wise, to apply a measured dose of healthy scepticism to the deliverances of such authorities. They should be mindful of two things that may vitiate such pronouncements. The first is the material and cultural 'capture' by vested interests of bodies supposed to protect the public interest. The second is the replication crisis in the sciences. To sound this warning is not to indulge in a conspiracy theory; nor is it to deny the importance of science.

Fifthly and finally — and precisely because of the difficulties defined by the third and fourth principles — policymakers should engage in an open-ended endeavour to hone their truth-seeking ability. In the case of Buddhist faith groups, Buddhist tradition provides the outline of an epistemology for evaluating the truth of any proposition. Policymakers should attend to the testimony of the wise, but they must learn ways to distinguish the truly wise from those merely presumed so. They should not ignore their intuitions, but should submit those intuitions to the test of reason, and find ways to confirm or disconfirm them in experience.

The Buddhist endeavour is ultimately to achieve transcendental insight. That wisdom is beyond mundane knowledge or reasoning. Nevertheless, our ordinary human capacity to know the world and to think clearly about it forms part of the foundation of such wisdom. Conversely, the attainment of transcendental insight will bring with it a clarity that can only strengthen and purify the exercise of rational thought. I have heard it said that Sangharakshita (the founder of the Buddhist fellowship to which I belong) when asked on one occasion what he considered his legacy would be, replied, 'An example of clear thinking'.

For those in positions of leadership or influence within faith communities, the effort to formulate wise policy is one of the most challenging, yet potentially fruitful, aspects of their task.

To the extent they participate in wise policymaking, they will help bring something rare and precious into this world.

ENDNOTES

Note: the links contained within endnotes can be found on the online version of this article published at www.apramada.org

[1] From the outset, the author wishes to express his gratitude to Subhamati (a contributing editor of Apramada), whose considerable help as a conversation partner and editor has transformed the whole of this article.

[2] Urban Retreat - Karaniya Metta Sutta (thebuddhistcentre.com) https://thebuddhistcentre.com/system/files/groups/files/Urban%20Retreat%20-%20Karaniya%20Metta%20Sutta.pdf

[3] https://premierchristian.news/en/news/article/third-canadian-pastor-arrested-over-breaking-coronavirus-rules

[4] Archbishop of Canterbury Justin Welby gets Covid jab - BBC News: https://www.bbc.co.uk/news/uk-england-kent-55717713

[5] Getting a Covid jab is a moral issue, Archbishop of Canterbury says | The Independent: https://www.independent.co.uk/news/health/justin-welby-archbishop-canterbury-vaccine-moral-b1980400.html

[6] Shantideva, Bodhicaryavatara: The Way of the Bodhisattva, Chap. 5, verses 12-13.

[7] For a vivid and inspiring account, see Kamala Tiyavanich, Forest Recollections: Wandering Monks in Twentieth-Century Thailand, University of Hawaii Press, 1997 (especially Chapter Three).

[8] See Laura Dodsworth, A State of Fear: how the UK government weaponised fear during the Covid pandemic, Pinter and Martin, 2021.

[9] Thomas Sowell, 'The Vision of the Anointed' p. 113

[10] Thomas Sowell writes about this theme in his book 'A Conflict of Visions', suggesting there are two conflicting underlying views that underpin political outlooks — the 'constrained' vision and the 'unconstrained' vision. He wrote, 'In the constrained vision, whatever artifices or strategies restrain or ameliorate inherent human evils will themselves have costs, some in the form of other social ills created by these civilizing institutions, so that all that is possible is a prudent trade-off' and also 'in the constrained vision, injustices are inevitable, with the only real question being whether there will be more with one process than another…… where those with an unconstrained vision see a solution, those with a constrained vision see a trade-off'.

[11] https://www.freebuddhistaudio.com/texts/lecturetexts/161_The_Ten_Pillars_of_Buddhism.pdf

[12] A summary of the meta-study can be found at https://c19ivermectin.com. The compiled results make for compelling reading. Studies are usefully separated into (a) prophylaxis, (b) early-stage treatment, (c) late-stage treatment. The efficacy for those treatment regimes, averaged over the studies, is 83%, 62% and 39% (average of means). We should be guided by the totality of study results available, thereby avoiding the accidental or deliberate cherry-picking of data or trials. For early-stage treatment, many of the studies are not statistically significant, but the ten that are all show efficacy. (Also, many studies which are not individually significant gain statistical significance when appropriately aggregated because almost all show efficacy).

[13] One clinical trial that was used to undermine the results of the meta-study was the Lim et al. trial. This was a late-stage trial, with a mortality efficacy in line with other trial results. A comprehensive statistical analysis is contained here: https://c19ivermectin.com/lim.html. It showed a reduction of mortality of 69% for those treated with ivermectin but this was only mentioned in the footnotes, which described a control group mortality rate more than three times greater as 'similar'. A Bayesian analysis (which is appropriate for these results) at Probability, Risk and Statistics | Norman Fenton https://www.normanfenton.com/ refers to a 97% probability that ivermectin reduces mortality. Whilst the results were not statistically significant, it would only have taken 13% more participants or a two-week extension for the result to become significant. The 69% reduction in deaths is consistent with other trials. This is a non-trivial result which would equate to c. 4 million lives saved if this protocol had been adopted at the start of the pandemic.

[14] The PRINCIPLE Trial - two years on — Nuffield Department of Primary Care Health Sciences, University of Oxford: https://www.phc.ox.ac.uk/news/the-principle-trial-two-years-on

[15] Ivermectin is an antiparasitic drug that has been in use since the 1970s. While used to treat a wide range of conditions in various animals, it has also long been used for humans. In 1987, the World Health Organisation promoted the use of ivermectin for onchocerciasis ('river blindness' – a disease that is estimated to affect 15.5 million people) and it remains the standard treatment. It is also used to treat a variety of other parasitic conditions in humans. It is absurd to suggest that William Campbell and Satoshi Omura (the discoverers of ivermectin) were awarded the 2015 Nobel Prize in Physiology or Medicine merely for the discovery of a 'horse de-wormer'. The Nobel citation specifically referred to the drug's uses in River Blindness and Lymphatic Filariasis. Of the two discoverers (together with another scientist, cited for her work on malaria) the citation concludes with these words: "The global impact of their discoveries and the resulting benefit to mankind are immeasurable." (See citation at http://www.nobelprize.org/nobel_prizes/medicine/laureates/2015/press.pdf). What then of ivermectin's potential as an antiviral drug? Over the few years preceding the appearance of Covid-19, there was evidence from in vitro studies of antiviral properties in ivermectin (see Discovery of berberine, abamectin and ivermectin as antivirals against chikungunya and other alphaviruses - ScienceDirect): https://www.sciencedirect.com/science/article/abs/pii/S0166354215300516?via%3Dihub. Thus, the possibility of its relevance to Covid was not prima facie absurd. It is true that, with most doctors in the West either prohibited or discouraged from prescribing ivermectin, rumour has led some anxious Covid sufferers to self-medicate using ivermectin preparations designed for animals, and without a proper understanding of dosage. Unsurprisingly, this has led to incidents of harm, which have been reported as though such incidents altogether discredited ivermectin as a potential treatment.

[16] In order to detect the presence of Covid-19, the PCR test 'amplifies' the DNA or RNA of the virus by making it copy itself through repeated cycles. If the virus becomes detectable after only a small number of amplification cycles, that points to a high viral load in the sample, and hence a higher probability of current infectiousness. Conversely, if numerous cycles are required to make the virus detectable, that indicates a low viral load, and lower probability of infectiousness. The number of amplification cycles is

known as the Cycle Threshold (Ct). A January 2021 study published in Nature compared how well RNA detected by PCR tests matched evidence of the presence of infectious virus obtained by other means. It found that 'Detection of the subgenomic RNAs outlasted the detection of infectious virus, and predicted poorly if virus cultures were positive (positive predictive value of 37.5%).' In other words, positive PCR tests, if they are obtained on the basis of a high Ct, might be detecting non-viable fragments of virus perhaps lingering from an earlier infection, meaning that the source of the sample was no longer infectious. (Duration and key determinants of infectious virus shedding in hospitalized patients with coronavirus disease-2019 (COVID-19) | Nature Communications): https://www.nature.com/articles/s41467-020-20568-4. Dr Carl Heneghan, Director of the Centre for Evidence-Based Medicine at Oxford, has commented: "In the UK, by design, we carry out a large amount of asymptomatic testing, but we rarely, if ever, report on an individual's Ct numbers of these tests. If we look at these findings in the context of reducing the amount of testing done in the UK, for example, it could be that by reporting people's Ct numbers, we could better determine if someone should isolate or not. This would have multiple positive effects on both people, such as saving them the worry of being notified they may have been in contact with someone infected, and society, by stopping people needlessly having to isolate and all the problems this causes people and communities as they go about their daily lives." (see: PCR cycle threshold may be key to predicting infectiousness of people with asymptomatic and pre-symptomatic COVID-19, suggests new review. — Nuffield Department of Primary Care Health Sciences, University of Oxford): https://www.phc.ox.ac.uk/news/new-review-of-the-evidence-suggests-pcr-cycle-threshold-may-be-key-to-predicting-infectiousness-of-people-with-asymptomatic-and-pre-symptomatic-c-ovid-19

[17] Herby, Jonas and Jonung, Lars and Hanke, Steve, A Literature Review and Meta-Analysis of the Effects of Lockdowns on Covid-19 Mortality – II, Cepos, Copenhagen, Dept of Economics, Lund University, Johns Hopkins Institute for Applied Economics, May 2022. Available online at A Literature Review and Meta-Analysis of the Effects of Lockdowns on Covid-19 Mortality - II Munich Personal RePEc Archive (uni-muenchen.de): https://mpra.ub.uni-muenchen.de/113732/. Advance reports (during the spring of 2022) of the findings before the publication of the study were met with a storm of criticism in the media, which the authors patiently deal with in the final, published version (dated May 2022).

[18] See https://rumble.com/vobcg5-relative-vs-absolute-risk-reduction.html and the next note for information on absolute risk reduction and relative risk reduction.

[19] A 2021 report by Canadian Covid Care Alliance gives the Pfizer clinical trial data, together with an explanation on how to read trial data: https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf

[20] The original vaccine trial data are now in the public domain, and the health protection and injury results of the vaccines are now auditable. Therefore, with the wisdom of hindsight, a reassessment is possible. A 15-minute overview interview between Mark Steyn and Dr Aseem Malhotra (broadcast by the UK media channel GB news) contains a number of references, including references to BMJ papers. Dr Malhotra also touches on how many of those

who promote the vaccine, including regulatory authorities and many medics, do not critically appraise the data. Regulatory capture and excess death figures are discussed. https://youtu.be/DWaYdDKKTXc

[21] According to a canonical formula in Pali, the Tiratana Vandana, the Dhamma is ehipassiko. Literally, the Dhamma invites us to 'come and see' for ourselves, not to compel us or scare us.

[22] Dr Matthias Desmet offers a perspective on this, describing a phenomenon he calls 'mass (crowd) formation'. Taking vaccine policy as a case study, he talks about it in an interview with Dan Astin-Gregory September 2021: https://youtu.be/uLDpZ8daIVM.

[23] In 2009, in the largest health care fraud settlement in history, pharmaceutical giant Pfizer paid $2.3 billion to resolve criminal and civil allegations that the company illegally promoted uses of four of its drugs, including the painkiller Bextra, the U.S. Department of Justice advised. https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617

[24] For evidence of the conflicts of interest, read this peer-reviewed British Medical Journal paper - https://www.bmj.com/content/376/bmj: https://www.youtube.com/watch?v=vZlZIXHT0yA.o702 or listen to this thorough commentary on the paper by John Campbell: The illusion of evidence based medicine - YouTube. For an overview of the conflicts of interest at work read https://www.ukcolumn.org/article/Covid–19-big-pharma-players-behind-uk-government-lockdown

[25] See, for example, the discussion at The Lobbyists and the Regulators Were Really, Socially and Culturally, the Same People | Oxford Law Faculty.

[26] A seminal study in the medical field can be viewed at Contradicted and Initially Stronger Effects in Highly Cited Clinical Research | Research, Methods, Statistics | JAMA | JAMA Network: https://jamanetwork.com/journals/jama/fullarticle/201218

[27] For a succinct introduction to these problems, see the talk by Dr Aseem Malhotra at Aseem Malhotra: Evidence-Based Medicine Has Been Hijacked - YouTube – also 8.07minutes onwards for education of doctors and RRR versus ARR: https://www.youtube.com/watch?v=UDXOArxFAGQ

[28] In December of 2021, the journalist Fraser Nelson of The Spectator reported an online conversation with Graham Medley, Professor at LSHTM and Chairman of the modelling committee of SAGE (the body responsible for giving the UK government scientific advice relating to public emergencies). The focus of the conversation was the number of deaths per day to be expected from the Omicron variant. Professor Medley appeared to confirm that he and his committee focused on worst-case scenarios. This was partly because that was what they were asked to do ('We generally model what we are asked to model.') But it was also partly because of an assumption that policymaking as an activity is all about responding to worst-case scenarios ('Decision makers are generally only interested in situations where decisions have to be made.') In other words, outcomes that are possible, but require little or no change in policy, need not be included in the range that scientific modellers present to policymakers. The folly of this should be obvious: a decision not to impose a lockdown, for example, is no less a decision than its opposite. Yet it is easy to see how such thinking could take hold and become routine in the machinery of government. It reflects the view that 'policy' equates with intervention

and compulsion. See the report at My Twitter conversation with the chairman of the Sage Covid modelling committee | The Spectator: https://www.spectator.co.uk/article/my-twitter-conversation-with-the-chairman-of-the-sage-covid-modelling-committee

[29] Intuition, grounded in reason, confirmed in experience, testimony of the wise: derived from Sangharakshita's 'A Survey of Buddhism' 9th edition 2001, pp 319.

[30] Wikipedia co-founder: I no longer trust the website I created - YouTube: https://www.youtube.com/watch?v=l0P4Cf0UCwU&t=86s Also, for a first-hand account of how a website has the power to destroy a reputation but escape accountability for doing so, see Wikipedia and the War on Science: Bret Speaks with Norman Fenton - YouTube: https://www.youtube.com/watch?v=-PRefQ2o6QI

[31] On this matter, a search of the BBC News website can be revealing. Try searching for the name of the Thomas Sowell (whose work I have mentioned appreciatively in this article, especially in principle 2), and you will find nothing. But if you search for a different Thomas — Thomas Piketty — you will find no less than 16 items — many giving a sympathetic account of Piketty's views, or defending him against critics. Both economists are significant and original thinkers. Both have been mentioned as potential winners of the Nobel Prize. Yet Sowell is older, has published far more over a long lifetime, and has even produced more books than Piketty in the course of the last decade (the time during which Piketty has become famous). Sowell's views are towards the libertarian and free market end of the spectrum, whereas Piketty favours state intervention to remedy inequality. Both are legitimate views, but it is fair to ask why the BBC has paid such diligent attention to one thinker and none at all to the other.

[32] Among the voices raised on behalf of one or more of these views were, for example Sunetra Gupta, Carl Heneghan and Karol Sikora (in the UK). In the USA, similar positions were taken by Jay Bhattacharya, Martin Kulldorff and John Ioannidis. The high standing of these names in fields relevant to the questions associated with lockdown can easily be established by anyone who cares to spend some time on an internet search. The same search will reveal the dismissive or outright hostile treatment they received from politicians and media outlets.

[33] This point is particularly relevant to the UK. For evidence of this, readers might try once again going to the BBC News website (as I suggested in note iii, above) and searching for any of the names mentioned in the preceding note. The search will produce nothing, or at least nothing relevant to the Covid-19 pandemic.

[34] For example, public health officials in the USA are known to have ordered a 'quick and devastating public takedown' of the authors of the 'Great Barrington Declaration' (Jay Bhattacharya, Martin Kulldorf and Sunetra Gupta). They became subject to 'hit pieces' in the press. See the interview with Dr Bhattacharya at Covid Dr. Jay Bhattacharya on Our Covid Response - YouTube: https://www.youtube.com/watch?v=MpnbMIOvbjc

[35] In the traditional Buddhist view, intuition may also draw on siddhis — sensitivities that may develop with spiritual practice and cannot be explained in terms of present cognitive science. In the present context, however, it is not necessary to go into this possibility. I therefore treat intuition simply as a kind of rough-and-ready, inarticulate form of reason: it senses a conclusion without

being able to spell out the intermediate steps by which that conclusion can confidently be reached.

[36] This was first reported by Fraser Nelson in the Spectator on 25 Aug. 2022: see The lockdown files: Rishi Sunak on what we weren't told | The Spectator: https://www.spectator.co.uk/article/the-lockdown-files-rishi-sunak-on-what-we-werent-told. It has subsequently been reported across a range of media outlets. At the height of the pandemic in the UK, there were some fleeting reports of government agencies estimating deaths that might be caused by lockdowns. See for example, the Daily Mirror report at Impact of UK coronavirus lockdown may cause 200,000 extra deaths, report finds - Mirror Online: https://www.mirror.co.uk/news/uk-news/impact-uk-coronavirus-lockdown-cause-22382184. However, such reports generally presented such deaths as part of the overall impact of Covid itself — as if there were no question over the actual necessity of lockdowns.

[37] For example, at the initial stage of testing of the vaccines, a figure for risk reduction of 95% was publicised for a certain vaccine. Inevitably, this was widely understood as meaning that it reduced one's chances of contracting Covid by 95%. In fact, the 95% reduction was not absolute, but relative only to a control group over a short period in a randomised controlled trial. Each group (vaccinated and placebo) comprised approximately 18,000 people. In the vaccinated group, 8 people (0.04% of the group) contracted the disease by seven days after the second jab. In the control group, the number was 162 (0.88%). Therefore, the figure of 95% refers only to the difference between these two small percentages. The absolute number of people who contracted the disease in either group was very low and the Absolute Risk Reduction was less than 1% (0.84%). See the video by the Canadian Covid Care Alliance at Relative vs Absolute Risk Reduction (rumble.com): https://rumble.com/vobcg5-relative-vs-absolute-risk-reduction.html

[38] For plentiful examples of overestimation by SAGE (the UK's Scientific Advisory Group for Emergencies), see the Spectator data tracker at The Spectator Data Tracker | Sage | The Spectator. For evidence of an over-focus on worst-case scenarios, see the note in chapter two of this article about the journalist Fraser Nelson's correspondence (reported in the Spectator) with the chairman of the SAGE Covid modelling committee: https://data.spectator.co.uk/category/sage-scenarios

[39] Whether Covid-19 was in reality a 'black swan' event is itself open to doubt. But my point is that when a crisis is or even just appears to be global, the task of gathering data is bound to be formidably complex.

[40] St. Francis of Sales in Correspondence: Lettres d'Amitié Spirituelle (1640). Francis believed he was quoting St. Bernard of Clairvaux, but no source has been found in Bernard's writing. Hence there is some uncertainty about which Christian saint and how many centuries ago.