

18th February 2021

Open Letter from the UK Medical Freedom Alliance to:

Rt Hon Boris Johnson – Prime Minister

Rt Hon Nicola Sturgeon – First Minister of Scotland

Rt Hon Mark Drakeford - First Minister of Wales

Rt Hon Arlene Foster - First Minister of Northern Ireland

Rt Hon Matt Hancock – Secretary of State for Health and Social Care

Jeane Freeman – Scottish Government Health Secretary

Vaughan Gething – Welsh Assembly Minister of Health and Social Services

Robin Swann - Northern Ireland Assembly Minister of Health

Re: Current Face Covering Mandates for Children and Adults

The UK Medical Freedom Alliance (UKMFA) is an alliance of UK medical professionals, scientists and lawyers who are campaigning for Medical Freedom, Informed Consent and Bodily Autonomy to be preserved and protected. Face masks are a medical intervention, with risks associated, so should be subject to the same requirement for informed consent and right to refuse as all other medical treatments. **We note the absence of any compelling medical or scientific evidence to support the mandatory wearing of face masks for children and adults in certain settings.**

We call upon the Governments of the UK to retract, with immediate effect, any guidance which relates to, and revoke any laws which mandate, the wearing of face coverings for all children under the age of 18 in all settings and under any circumstances.

In relation to **adults**, we call for the **Governments of the UK to retract with immediate effect any guidance which relates to, and revoke any laws which mandate, the wearing of face coverings until the following has occurred:**

Independent, peer-reviewed evidence has been published showing their use to be necessary to prevent, protect against, control, or provide a public health response to the incidence or spread of infection with coronavirus; and

Detailed impact and risk assessments have been carried out and published which demonstrate that the benefits of wearing face coverings far exceed the risks to the individual and society.

We present evidence to support this letter in four sections as follows:

- 1. Questionable benefits of face coverings**
- 2. Potential risks of face coverings to physical health**
- 3. Potential risks of face coverings to mental health**
- 4. Specific concerns in relation to children**



Questionable benefits of face coverings

1. In April 2020, the Scottish government's National Clinical Director, Prof Jason Leitch, stated, **"The global evidence is masks in the general population don't work"**ⁱ. Other senior health officials, including Mr Matt Hancock, Mr Christopher Whitty, and Sir Patrick Vallance, made similar statements.
2. More recent WHO guidance from December 2020, entitled "Mask use in the context of COVID-19," states that at present **"there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people in the community"**ⁱⁱ.
3. Nevertheless, national policies have changed dramatically, gradually mandating face coverings in almost every indoor setting, including for children aged 11 years and above. This has resulted in the **potential for masks to be mandated for secondary school pupils throughout the entire school day, 5 days a week**. Mandates are now even being proposed to include outdoor settings. **The proposal and implementation of these policies is unsupported by any compelling or high-quality scientific evidence**ⁱⁱⁱ. It is also unclear as to whether the purpose of face mask guidance and mandates for the public is for **source control or personal protection**.
4. **Currently available scientific evidence does not support the hypothesis that face coverings are an effective protective measure to prevent viral transmission** and this has been highlighted by several scientific bodies, detailed below. In addition, results from studies done in healthcare settings may not be applicable to public settings and **no published studies have included children**.
5. A recent **Cochrane review**, dated November 2020, concluded that there is **"uncertainty about the effect of face masks"**^{iv}. Detailed analyses by the **Oxford Centre for Evidence-Based Medicine highlight the paucity of reliable data** on the subject, which do not allow the conclusion that face coverings should be widely recommended^{v vi}. They noted that twelve randomised controlled trials (RCTs) with 13,259 subjects showed **no significant effect in interrupting viral spread**.
6. Lack of good, supporting evidence was also found in an executive summary by the **Scientific Advisory Group (SAGE) in September 2020**^{vii}. The US Centres for Disease Control and Prevention (CDC) also published a policy review in May 2020 stating that **evidence from 14 RCTs did not support a substantial effect of face masks on reducing transmission of laboratory-confirmed influenza**^{viii}.
7. Only **one trial assessed the effects of cloth masks**, which are currently worn by most of the population. This trial showed that the **wearing of cloth masks increased the risks of influenza-like illness (ILI) 13 times compared to medical masks, and 3 times compared to no masks**^{ix}.
8. The **risk of potential self-contamination**, especially with prolonged mask wearing, has also been raised, questioning the value of face masks as a means of source control^x. Studies show masks worn by pre-symptomatic or mildly infected people may **increase the risk of spreading disease, due to virus accumulation on the outer mask surface combined with touching the mask**. **No good evidence for the protection of the public through the wearing of face coverings was found**^{xi}.



9. Most available studies have evaluated the effects of masks on transmission of influenza-like illness. **One published study relating to Covid-19, which supports the use of face coverings, included only observational and comparative studies^{xii}.** The type of masks evaluated was also not specified.
10. **The Danish mask study, DANMASK-19, was recently published^{xiii}.** This was a large RCT, with 6,000 participants, designed specifically to investigate the effectiveness of face coverings in preventing transmission of SARS-CoV-2. **It did not show a statistically significant reduction in SARS-CoV-2 infection rate in participants wearing masks in addition to other precautions** including social distancing and hand hygiene (1.8% masks v 2.1% no masks). **This large trial did not show face coverings to have a protective effect on the wearer.**
11. A recently published Spanish study adds further evidence of the lack of efficacy of masks in reducing viral transmission. 314 people in 282 clusters of Covid-19 cases and contacts were studied. The scientists observed **no association between risk of transmission and reported mask usage by contacts^{xiv}.**
12. Source control of asymptomatic individuals would only be required if they can transmit the virus to others. There is **currently no evidence to support the hypothesis of asymptomatic transmission of SARS-CoV-2.** On the contrary, **data from a recent large Chinese population study suggests there is no risk of viral transmission from PCR positive, asymptomatic people to others^{xv}.** A further detailed analysis of the available published literature highlights the lack of persuasive evidence that asymptomatic transmission is of any clinical significance^{xvi}.
13. **The presented evidence does not support face coverings to be effective for the purposes of either source control or personal protection, in the general population or in schools.**

Potential risks of face coverings to physical health

14. The WHO stipulates that decision-makers implementing mask policies for the public should **“clearly communicate the purpose of wearing a mask” and “inform/train people on when and how to use masks”**. They also state that **“the impact (positive, neutral or negative) of using masks in the general population (including behavioural and social sciences)”** should be evaluated **“through good quality research”^{xvii}.**
15. Currently in the UK, there has been little public education about the different types of masks, how to wear them, how long they may be worn, any additional precautions that may be necessary and how to dispose of them safely. Furthermore, there has been no clear advice on washing cloth masks to maintain good hygiene, particularly for masks worn for extended daily periods e.g., children in schools.
16. To our knowledge, **no impact or risk assessment relating to widespread mask wearing by the public has been considered, undertaken, or published to date in the UK.** The recent **Cochrane Review** on the use of physical interventions to reduce viral spread commented that **“Harms associated with physical interventions were under-investigated”^{xviii}.**
17. According to the available evidence outlined above, mask wearing (especially cloth masks) may not only **increase the risk to the wearer of contracting a respiratory illness but also increase the**



risk to others, especially when worn and handled incorrectly^{xix xx xxi xxii}. This was acknowledged by the Deputy Chief Medical Officer Jenny Harries in March 2020 who stated that **“people can adversely put themselves at more risk than less” by wearing a face mask^{xxiii}**.

18. There are many potential harmful effects from wearing face masks, in addition to the increased risk of respiratory viral infections. The **WHO acknowledges “potential disadvantages of mask use by healthy people in the general public”** including **“headache and/or breathing difficulties”, “facial skin lesions, irritant dermatitis or worsening acne” and “difficulty with communicating clearly”^{xxiv}**.
19. Rebreathing exhaled air may **increase the risk of bacterial respiratory infections** and consequently **increase the risk of bacterial pneumonia^{xxv}**. Surgical face masks were found to be a repository of bacterial contamination in a study on surgeons^{xxvi}. Notably, this study recommended changing the mask after every operation, especially those taking more than 2 hours, and surgeons are trained not to touch their masks.
20. Face coverings may also be associated with **an increased risk of bacterial skin infections around the mouth^{xxvii xxviii}**. This may be particularly distressing for children and teenagers, affecting their confidence and self-image.
21. Several studies highlight **detrimental effects of face coverings on gas exchange**. The WHO states that **“several studies have demonstrated statistically significant deleterious effects [of masks] on various cardiopulmonary physiologic parameters during exercise”^{xxix}**. Even in healthy people, masks caused breathing difficulties during a six-minute walk test. Face masks have been shown to **lower oxygen saturations during exercise^{xxx} in pregnant women^{xxxi}** and in patients during dialysis^{xxxii}. This may lead to **increased adverse respiratory effects and thus to aggravation of established chronic disease^{xxxiii xxxiv}**.
22. **Cloth face coverings increase exposure to chemical substances in the textiles** used, which may be harmful. Many chemicals are used in the manufacture of textiles including dyes and “finishes” (e.g. crease-resistant, anti-microbial, hydrophilic, anti-static and fire-retardant finishes)^{xxxv}. Frequent washing of cloth masks will result in contamination from laundry detergent chemical residues including surfactants, alkalis, ion-exchangers, complexing agents, bleaching agents and other additives^{xxxvi}. **Prolonged daily wearing of a cloth mask leads to inhalation of these chemical substances**, which may be enhanced by the breathing action and the moist surface of the covering. It has also been **suggested that the inhalation of small fibres shed by masks may cause harm. We are unaware of any published risk assessments that investigate the potential for local respiratory and systemic adverse health effects that may result.**
23. **No studies have examined the long-term safety or harmful effects of wearing of face coverings, for several hours a day over weeks, months, or years**, as is currently required of many UK employees and schoolchildren.

Potential risks of face coverings to mental health and society

24. **Widespread and prolonged masking of a healthy population over months/years is highly experimental**, with no attempt to study **the impact on mental health and social interactions**. Healthy communication depends on facial expressions and non-verbal cues and is crucially important for the **emotional and social development of children**. The UK Parliament acknowledged that **masks impede communication**, making it harder to recognize who is speaking



and to be heard^{xxxvii}. The UK Government's own advice mentions the **"negative impact" of face coverings on communication, especially in the context of education**^{xxxviii}.

25. The mental health charity MIND has raised concerns about the negative impact of face coverings on mental health^{xxxix}, highlighting the **risks of increased anxiety, worsening of mental health conditions and the harm caused by seeing other people in masks, which may feel threatening and induce a natural fear response**. This may apply specifically to survivors of rape^{xl} and domestic abuse^{xli}, especially if the abuse included their faces or mouths being covered or being choked or smothered^{xlii}.
26. Effects on, and risks to, mental health are most important to be considered, especially amid **concerns regarding rising suicide rates and an explosion of mental health issues** being reported during the Covid-19 pandemic^{xliii}.
27. Face covering legislation recognises that **some people have physical or mental health conditions that are exacerbated by wearing masks** and have granted these people an exemption from the mandate. However, we believe that **this has not been communicated clearly to the public**. The Scottish government acknowledged that clarity of communications around exemptions would help mitigate instances of disability discrimination, but this has not happened to any meaningful degree^{xliv} and has led to **continued incidents of illegal and often hostile discrimination towards vulnerable members of the community**, by other members of the public and by law enforcement officers, posing further risk to mental health.
28. **Despite the substantial body of evidence that raises serious concerns about the harmful effects of face coverings on physical and mental health, no impact or risk assessments have been carried out to demonstrate that these are outweighed by potential benefits.**

Specific concerns in relation to children

29. Children have negligible risk of serious morbidity or mortality from Covid-19^{xlv}. They play a minimal role in transmission^{xlvi}, supported by the data showing that teaching is a low-risk occupation^{xlvii}. **In children, potential benefits of face coverings are expected to be minimal. It is therefore vital to ensure there are no harmful effects.**
30. There are **no published studies investigating the effectiveness of face coverings in children** in reducing transmission, morbidity, or mortality. **Children are likely to wear masks incorrectly and touch their faces, which will increase the risks to their respiratory health**. The increased risk of **facial dermatitis and acne** is specifically relevant for teenagers, as it may **negatively affect their body image and consequently their mental health**.
31. Inhaling sufficient oxygen is vital for optimal health, particularly for children whose brain development and function (allowing optimal learning) relies on adequate oxygen supply. **The long-term effects of face coverings on brain development, educational attainment, or any other aspects of children's physical and mental health, have never been studied.**
32. The Education Act 1996 (Part 1, Chapter 2)^{xlviii} asserts that **schools have a statutory duty of care towards pupils, in relation to their mental and physical well-being, and a duty to promote and provide for education and development of children**. Yet, this recently published Government document acknowledges that **face coverings "can have a negative impact on learning and teaching"**^{xlix}. A group of **70 Flemish doctors stated that "mandatory face masks in schools are a**



major threat” to children’s development and reported an increasing number of children presenting with anxiety, sleep problems and behavioural disorders^l.

33. The only published **impact assessment on mask wearing in children** is a German registry, reporting results from **parents, who entered data on a total of 25,930 children**. The average wearing time of the mask was 270 minutes per day. **Impairments to children, caused by wearing face masks, were reported by 68% of the parents**. These included **irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)^{li}.**
34. Experts have raised concerns, not only regarding **potential harms to children’s physical and mental health, but also to their academic, social, and emotional development**.

Conclusions and Requests

35. We conclude, based on the presented evidence, that there is **no justification for mandated wearing of face coverings in the healthy population, particularly in children under 18 years**.
36. **Impact Assessments generally accompany all UK Government interventions of a regulatory nature** that affect the private sector, civil society organisations and public services. These allow a thorough exploration of; why the intervention is proposed, other options to be considered, how and to what extent new policies may impact those affected, and the estimated costs and benefits of proposed measures.
37. To our knowledge, **no relevant Impact Assessments providing a detailed and transparent review of the available evidence has been carried out or published by the Government**. Therefore, there is no reassurance that any perceived benefits of face coverings outweigh the risks and harms to individual members of the public, especially children, and in all possible environments, and with prolonged and long-term use.
38. Therefore, the UK Medical Freedom Alliance are calling for:
- **An immediate suspension of all regulations and related guidance that mandate the wearing of face coverings in any setting, with urgent priority given to those regulations affecting children under 18 years, both in and outside of schools**
 - **Education of the public and law enforcement officers regarding the scientific evidence relating to potential benefits and risks of face coverings, to help people to make their own, individual, risk assessment around voluntary wearing of face coverings.**
 - **Publication of detailed impact assessments, as stipulated by the WHO, regarding the effects recorded to date, since the introduction of face covering mandates.**

We thank you for your time in considering our points and await your urgent response to this letter.



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- xxv <https://unitynewsnetwork.co.uk/medical-doctor-warns-that-bacterial-pneumonias-are-on-the-rise-from-mask-wearing/>
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