

27 July 2023

Open Letter from the UK Medical Freedom Alliance to:

- **Michael Matheson MSP** – Scottish Cabinet Secretary for Health and Social Care
- **Humza Yousaf MSP** – First Minister of Scotland

Re: Proposed Re-introduction of Face Mask Requirements in Scottish Healthcare Facilities

The UK Medical Freedom Alliance (UKMFA) are an alliance of medical professionals, scientists and lawyers campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved.

We have become aware of a letter sent to you requesting the re-introduction of face mask requirements in healthcare facilitiesⁱ. **We urge you to take a science-based and ethical decision, in line with the overwhelming body of evidence showing clearly that face masks are ineffective and potentially harmful, and never again allow a policy of universal masking for the purpose of preventing respiratory viral transmission.**

We attach a letter sent to the former Cabinet Secretary for Health and Social Care in June 2022, as well as a letter sent to the Chief Executives of NHS Trusts and Health Boards in May 2022ⁱⁱ, in which we outlined the evidence supporting our call to end face mask requirements. We welcomed the decision which finally ended this policy in May 2023.

It is most unfortunate that the widely publicised call for re-introduction of universal masking gives the impression that this is endorsed by a body of “experts”, which on closer reading consists of a very small number “around a dozen”ⁱⁱⁱ. It is irresponsible to give these voices a forum to incite fear in the public by claiming that “at-risk patients have entirely legitimate concerns that they may endanger their health by visiting their GP or hospital”. They state that no health and safety risk assessment was undertaken before the recent policy change, although no such assessment was undertaken before universal masking was introduced in the first place either.

The group complains that “updated guidance is not based on the science of coronavirus transmission” and then calls for the Scottish Government to “follow the evidence”. We could not agree more with the latter. Public trust in science and medical authority has been deeply undermined over recent years, and the introduction of mask mandates based on very limited evidence has contributed to this dramatic decline in trust^{iv}.

We therefore urge you to revisit and examine the published scientific evidence before any further decisions. In addition to the sources and data quoted in previous letters, we refer to more recent evidence for further consideration as below.

1) Face masks do not prevent viral transmission

The use face masks to prevent viral illness has been studied for decades, with no conclusive evidence that they confer any benefit. A recent overview by the [UK Health Security Agency \(UKHSA\)](#) on “The role of respirators and surgical masks in mitigating the transmission of SARS-CoV-2 in healthcare setting” once again concludes that the “evidence for surgical mask versus control was not conclusive”^v. It further states that “Epidemiological evidence (usually of low or very low certainty) from SARS-CoV-2 and other coronaviruses suggests that, in healthcare settings, N95 respirators (or equivalent) may be more effective than surgical masks in reducing the risk of infection in the mask

wearer (*low confidence*)". N95 respirators or equivalent are not recommended for universal masking, and a detailed review by the Brownstone Institute outlined why even these are insufficient to stop the spread of viral particles due to their large pore sizes^{vi}.

A Cochrane review examining "*Physical interventions to interrupt or reduce the spread of respiratory viruses*" was published in January 2023. Cochrane reviews are considered high-level evidence. This review concluded that there is a "*lack of effect of mask wearing in interrupting the spread of influenza-like illness (ILI) or influenza/COVID-19*". Specifically, the results showed that "*wearing a mask may make little to no difference in how many people caught a flu-like illness/COVID-like illness (9 studies; 276,917 people); and probably makes little or no difference in how many people have flu/COVID confirmed by a laboratory test (6 studies; 13,919 people)*"^{vii}.

Regarding the effect of universal masking in healthcare settings on transmission of SARS-CoV-2, a recent study by consultant microbiologist Dr Aodhan Breathnach, from St George's University Hospitals NHS Foundation Trust in London, found that "*removal of the mask policy was not associated with a statistically significant change in the rate of hospital-acquired SARS-CoV-2 infection*"^{viii}.

The recent call for the re-introduction of mask requirements was from a group whose members are all suffering symptoms of Long Covid, and includes the claim that masks would reduce the risk of healthcare workers developing Long Covid. There is no evidence supporting this claim, and none is cited by the group. In fact, it has been proposed that Long Covid could be related to or exacerbated by Mask Induced Exhaustion Syndrome (MIES)^{ix}. Given that healthcare workers were required to wear masks for long hours each day over many months and years, this possibility should be carefully considered and investigated.

2) Face masks may cause adverse health effects

The hypothesis of potential **Mask Induced Exhaustion Syndrome** (MIES) is based on a recent German meta-analysis of 2,168 studies on adverse effects of medical masks, examining the possible toxicity of chronic carbon dioxide exposure and finding a "*possible negative impact risk by imposing extended mask mandates especially for vulnerable subgroups*"^x.

A recently published evaluation of mask-induced **cardiopulmonary stress** showed that wearing an N95 mask for prolonged periods had significant adverse effects on various physiological, biochemical and perception parameters^{xi}. This may be relevant for anyone with cardiopulmonary morbidities, but such chronic stress may also increase the risks of cardiovascular disease, which is already on the rise in Scotland, and overall mortality.

With no evidence of effective reduction in viral transmission, it is important to consider a study published in 2022 which reports significant **bacterial and fungal colonisation of face masks**, especially with prolonged use. These also have the potential to cause respiratory illnesses, especially in vulnerable and immunocompromised groups^{xii}.

Physical and mental adverse effects from face masks that we have previously outlined, and specifically in healthcare settings the adverse effects on communication and effective consultations will need to be carefully considered in the context of mask requirements, especially given the very weak evidence supporting their usefulness with regards to viral transmission.

3) Mask mandates are inappropriate and unethical

Face masks are a medical intervention with the potential for harm, and as such require individual risk-benefit assessments and voluntary, informed consent. Under well-established principles of medical ethics and professional codes of practice, such interventions should never be mandated, especially when there is no robust supporting evidence for their benefit.

Anyone who wishes to wear a face mask, for any reason, may do so voluntarily. However, it is completely inappropriate and unacceptable to call for others to do the same, especially asymptomatic individuals who pose a negligible risk of infection to others^{xiii}.

On 5th May 2023, the WHO declared COVID-19 to be “*over as a global health emergency*”^{xiv}. There should be no question of re-introducing any restrictive measures.

We therefore urge you to continue to align with the decisions that were made as a result of this declaration.

Thank for you reading this letter and considering its content.

UK Medical Freedom Alliance

<https://www.ukmedfreedom.org>

ⁱ <https://www.bbc.com/news/uk-scotland-66215539>

ⁱⁱ <https://www.ukmedfreedom.org/open-letters/ukmfa-open-letter-to-nhs-trust-health-board-ceos-re-face-mask-requirements-in-healthcare-facilities>

ⁱⁱⁱ <https://www.heraldsotland.com/politics/23655321.covid-campaigners-call-immediate-return-facemasks/>

^{iv} <https://www.telegraph.co.uk/news/2023/04/16/facemask-evangelism-has-undermined-trust-in-science/>

^v https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1119590/respirators-and-surgical-masks-in-mitigating-covid-transmission-in-healthcare-settings.pdf

^{vi} <https://brownstone.org/articles/why-n95-masks-fail-to-stop-spread/>

^{vii} <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full#CD006207-sec-0216>

^{viii} <https://www.medscape.co.uk/viewarticle/mask-wearing-hospitals-had-little-impact-covid-19-omicron-2023a100076l>

^{ix} <https://www.brownstone.org/articles/long-covid-could-be-mask-induced-exhaustion-syndrome/>

^x [https://www.cell.com/heliyon/fulltext/S2405-8440\(23\)01324-5#secsectitle0010](https://www.cell.com/heliyon/fulltext/S2405-8440(23)01324-5#secsectitle0010)

^{xi} <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805809>

^{xii} <https://www.nature.com/articles/s41598-022-15409-x#Sec8>

^{xiii} <https://pubmed.ncbi.nlm.nih.gov/33219229/>

^{xiv} <https://www.bbc.com/news/health-65499929>