

SESSION EIGHT OF THE ALL PARTY PARLIAMENTARY GROUP

Pandemic Response and Recovery

Monday 17 October 2022, 5.00pm, Room R Portcullis House and by Zoom

MINUTES

In Attendance: Esther McVey MP (Chair), Graham Stringer MP, Miriam Cates MP, Chris Green MP, Henry Smith MP, Sammy Wilson MP, Baroness Fox of Buckley, Baroness Foster of Oxtou, Earl of Leicester, Lord Strathcarron.

Apologies: Sir Graham Brady MP, Greg Smith MP, Emma Lewell-Buck MP, Dawn Butler MP, Andrew Rosindell MP, Sir Charles Walker MP, Ian Paisley MP, Paul Girvan MP, Lord Moylan, Baroness Noakes, Baroness Morrissey, Philip Davies MP, Lord Robathan.

1. The Chair welcomed the APPG members to the eighth meeting of the Group to discuss the use of face coverings to protect against Covid-19.
2. The Chair introduced the first speaker:

Dr Colin Axon, senior lecturer in engineering at Brunel University, London.

Dr Axon introduced the other speakers and outlined key evidence that would be discussed during the meeting. He described four types of evidence, touched on the hierarchy of evidence-based medicine, proxemics and the question of harms relating to masks all of which the speakers would cover. He emphasised that all interventions should respect the Precautionary Principle, which he explained does not mean doing something just in case, rather doing nothing until you can work out what all the positives, negatives and possible risks might be before potentially proceeding.

Dr Tom Jefferson, medically trained epidemiologist, researcher and Cochrane member and campaigner for access to randomised controlled trial data.

Dr Jefferson began by explaining what a Cochrane review involved and that they are considered the gold standard of evidence-based medicine. Talking specifically about the Cochrane review, now on its fifth update, on physical interventions, he focussed on the 18 mask trials, 16 conducted before the pandemic and two during, which found no evidence to back the use of masks for the interruption, slowing down or transmission of acute respiratory viruses. He also made the point that mask harms were either not reported, under reported or not mentioned at all in some of the trials. He finished by saying the best evidence is supervised hand washing in schools which has been shown to result in an 11% decrease of acute respiratory infections among children.

Professor Robert Dingwall, consulting sociologist, researcher and writer

Professor Dingwall spoke about observational studies, the second evidence tier on the hierarchy and what might be called found evidence. He highlighted the difficulty of

observational studies, namely how the observations are selected, the controls, confounding and cherry picking and gave as examples two mask studies which illustrated his points.

Dr Axon spoke again about the physics of airflow and the engineering of masks, explaining the differences between, and misunderstanding of, the behaviour of droplets, molecules and aerosols in the context of mask wearing. He related this to the validity and limitations of laboratory studies, computational modelling and computational fluid dynamics to look at mask efficacy, concluding that among other problems, they require assumptions to be made which are not good representations of the real world.

Dr Gary Sidley, former NHS consultant clinical psychologist and author

Dr Sidley began by saying that public health interventions should not cause harm and that masks and masking healthy people in the community are not benign interventions. While the research is in its infancy there is growing evidence of the physical harms including headaches, bacterial infections/dermatitis, reduced heart and lung efficiency, exposure to microplastics and other contaminants and increased risk of falls in the elderly. Dr Sidley then highlighted the social and psychological harms such as the one in six hard of hearing for whom lip reading is affected, the negative impact on children's social and emotional development, masks can re-traumatise those with histories of abuse and aggravate existing mental health problems as well as act as barriers to therapies and therapeutic relationships. Dr Sidley finally considers why the government u-turned on mask wearing, despite no robust new evidence, concluding masks greatly strengthened key behavioural science nudges, fear, shame and scapegoating and promoted compliance.

3. Dr Axon summed up the consensus among the experts that there is no strong evidence that masks reduce transmission of respiratory infections. If there is any impact it is too small to be measurable and with that number of studies you would have expected a signal if there was any real effect. The physics and engineering of the materials support this and most studies are of poor quality. The benefits must outweigh the harms, concluding the Precautionary Principle was misused and abused. He ended by saying, while there may be some benefit to high risk individuals, the choice to impose community mask wearing was moral and political.

4. The Chair opened the meeting up to Members' questions and discussion, which touched on the environmental damage caused by masks, whether the use of fear and nudge methods coerced people to wear masks or whether it was solidarity. Particular reference was made to the advertising that was used to frighten the public into mask wearing and the consequences of ignoring the precautionary principle.

5. The Group then gave consideration to actions arising from the discussion.

6. The Chair thanked all the Members who attended and the speakers, confirmed the date of the next meeting, 5pm, Monday 14 November 2022 and brought the meeting to a close.