**Open Letter To UK Prime Minister, First Ministers Of The 4 Nations And Secretaries Of State For Education**

**We, the undersigned doctors, psychologists and teachers, call upon the government to discontinue the use of face masks for children and adults in school and preschool settings.**

For many months throughout the main Covid-19 pandemic, WHO advised that there was no evidence to support the use of facemasks in community settings and this advice was also followed in the UK.  But the use of masks has been gradually implemented in recent months, despite very little evidence that they significantly reduce the spread of Sar-Cov-2 or any other respiratory viruses. [[1]](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full%22%20%5Ct%20%22_blank),[[2]](https://www.acc.org/latest-in-cardiology/journal-scans/2020/11/23/18/24/effectiveness-of-adding-a-mask%22%20%5Ct%20%22_blank),[[3]](https://www.sciencedirect.com/science/article/pii/S1201971220324504%22%20%5Ct%20%22_blank)

The evidence is overwhelming that children are at extremely low risk from this infection.[[4]](https://www.bmj.com/content/370/bmj.m3249%22%20%5Ct%20%22_blank) They also play a minimal role in transmission [[5]](https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.14937%22%20%5Ct%20%22_blank) and it has been shown that teaching is a low risk occupation.[[6]](https://www.gov.scot/news/coronavirus-covid-19-in-schools/%22%20%5Ct%20%22_blank) Thus, introducing mask usage in schools is likely to have at best an extremely **small effect** on the pandemic. Given there is no likelihood of benefit to children themselves, then the need to avoid harm is all the more essential.

The Government justified their recommendation for face masks in schools by citing WHO guidance.[[7]](https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1) However, within the same guideline, the WHO states that when authorities recommend masks for children, monitoring and evaluation should be established at the onset.  This should include measuring the impact on children’s physical and mental health; reduction in transmission of SARS-CoV-2; secondary impacts on children’s development, learning, school attendance; and impact on children with developmental delays, health conditions, disabilities or other vulnerabilities. UsforThem has submitted FOI requests but neither the Department of Education nor the Department for Health have followed this recommendation.  Risk assessments received from individual schools have referred only to potential benefits and have not considered potential harms, mostly quoting advice from Public Health England.

Mask usage in corridors and communal areas in secondary schools was mandated in tier 3 and for all schools during the current 4-week national lockdown, with schools instructed to treat any exemptions with sensitivity.[[8]](https://www.gov.uk/government/publications/face-coverings-in-education/face-coverings-in-education) But UsforThem has significant evidence of children with valid exemptions not being treated in this way but instead being excluded from communal areas, being made to use separate entrance and exit points from other pupils and being branded as selfish (see example [[9]](https://www.dropbox.com/s/yzyt29ppheh6bta/Masks%20poster%202.jpg?dl=0)).

Moreover, many secondary schools and even some primaries are requiring children to wear masks in class, despite no government request for this to happen (examples shown here [[10]](https://chauncyschool.com/face-coverings-required-indoors-from-thursday-5th-november-2020/),[[11]](https://twitter.com/PolesworthSchl/status/1323291489800171520?s=20),[[12]](https://www.miltonkeynes.co.uk/news/people/milton-keynes-head-teacher-orders-all-children-age-5-wear-surgical-masks-or-face-shields-when-they-return-school-next-month-2947472)). The Government guidelines to schools specifically states that face coverings can have a negative impact on learning and teaching and so their use in the classroom should be avoided.[[13]](https://www.gov.uk/government/publications/face-coverings-in-education/face-coverings-in-education) Masks for teachers especially impedes learning for those children with special educational needs and adds to the climate of fear.Masks for parents collecting children from primary school playgrounds is now being required across large swathes of the country, including areas with relatively low numbers [[14]](http://www.bournesgreenjuniorschool.co.uk/news/?pid=6&nid=10&storyid=553), giving young children a strong visual message of risk. This, despite lack of evidence for transmission outdoors.[[15]](https://covid19settings.blogspot.com/p/blog-page.html) There is also a substantial safeguarding risk in parents and carers who collect children from school having their faces covered, making their identity more difficult to determine.[[16]](https://www.stir.ac.uk/news/2020/november-2020/new-study-reveals-impact-of-face-masks-on-person-identification/%22%20%5Ct%20%22_blank) In preschool settings, parents are being asked to wear masks for toddler groups, paying no regard to the importance of facial mimicry in development of both social and language skills.[[17]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7598570/%22%20%5Ct%20%22_blank) In some maternity units, mothers have been asked to wear masks when handling their babies, a huge cause for concern in infant attachment.[[18]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7598570/%22%20%5Ct%20%22_blank)

Almost no studies have been done on any physical harms arising from masks.  It is known that masks increase the work of breathing.[[19]](https://pubmed.ncbi.nlm.nih.gov/29395560/%22%20%5Ct%20%22_blank)  Masks improperly worn or worn for long periods are susceptible to bacterial and fungal contamination.[[20]](https://pdmj.org/Mask_Risks_Part2.pdf%22%20%5Ct%20%22_blank)  Fragments of cotton fibres have been demonstrated on the insides of masks and there is no knowledge of whether these can be inhaled and set up any chronic inflammatory processes.[[21]](https://pdmj.org/Mask_Risks_Part1.pdf%22%20%5Ct%20%22_blank)  Thus the potential long term physical harms are unknown.[[22]](https://pubmed.ncbi.nlm.nih.gov/32590322/%22%20%5Ct%20%22_blank)

We do know that children have suffered huge mental health impacts from lockdown [[23]](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/09/cco-childhood-in-the-time-of-covid.pdf%22%20%5Ct%20%22_blank) and a recent Ofsted report has shown worrying increase in self harm.[[24]](https://schoolsweek.co.uk/rise-in-self-harming-pupils-exclusions-concern-and-heads-firefighting-ofsteds-latest-visits-analysis/%22%20%5Ct%20%22_blank)  Non-verbal communication is such a vital part of human interaction and blocking facial expression will likely have both short and long-term implications for children’s development and their emotion regulation.  The distress caused to an infant of only two minutes of interaction with an expressionless face (not dissimilar to a masked face) is demonstrated from the still-face experiment shown here.[[25]](https://youtu.be/GSqjW9I1IcQ%22%20%5Ct%20%22_blank)  Facemasks impede interpretation of emotion and empathy.[[26]](https://www.frontiersin.org/articles/10.3389/fpsyg.2020.566886/full%22%20%5Ct%20%22_blank),[[27]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879648/?fbclid=IwAR0bhRWsIw9IZ4R43P8T-l5bNkPriW30JJVBMwXajH78_C0kQ8JTdjtNLVg" \t "_blank)  The ongoing damaging effects of fear, social distancing and mask usage in society as a whole, has been highlighted in a psychology focussed open letter.[[28]](https://www.psychologycounts.com/%22%20%5Ct%20%22_blank)

**We call upon the government to send urgent instructions to all schools and preschool settings, that any excess measures are not only unnecessary but potentially harmful and must stop forthwith.  We also call upon the government to review and reverse its own advice on masks in corridors and communal areas as a matter of urgency.  Masks should play no part in the life of healthy children.**

Dr Rosamond AK Jones, (MBBS, MD, FRCPCH) retired Consultant Paediatrician

Dr Harrie Bunker-Smith (BSc, MSc, DClinPsy) Clinical Psychologist

**Co-signatories:**

Professor Ellen Townsend, Self-Harm Research Group, University of Nottingham

Professor Anthony Fryer, Professor of Clinical Biochemistry, University of Keele

Dr Camellia Kojouri, Educational Psychologist

Dr Charlotte Ingham, Clinical Psychologist

Dr Clare Craig, Consultant Pathologist

Dr Damian Wilde, Specialist Clinical Psychologist

**Co-signatories:**

Dr Mark Bell, Consultant Emergency Medicine

Dr Rachel Mahoney, Clinical Psychologist

Dr Renee Hoenderkamp, General Practitioner

Dr Ricky Freeman, General Practitioner

Emma Poulton, Teacher

Tom Lawrence, Teacher     and hundreds more…..