



Children in Masks: A Question for Teachers

Do you ever wonder why we've heard very little about COVID deaths recently, only cases? Whatever your opinion, few would deny that the media sensationalise stories, so why would stories about the pandemic be any different? One such example is a Sky News report on August 27; its headlines dramatically claimed that positive COVID cases were at their highest level since June 12,¹ there is truth in that but, only in the small print at the bottom of the article, do they allude to the fact that the mortality rate has fallen dramatically. In fact, on June 12 there were 181 COVID deaths whereas, on the date of the article, there were just 16² which indicates a greatly reduced mortality rate in just two months. Another such headline is from the BBC, which simply said "*Pranab Mukherjee: Former president of India dies after Covid diagnosis*", but it is only after deeper research we can see that the 84 year-old was in hospital to remove a blood clot in his brain, when it was discovered he also had COVID-19.³

After very significant and verifiable research, it's obvious to anyone who looks, that we're being fed half-truths, leading headlines and constant 'worse case' scenarios. If you can agree with that, please read on.

The constant stream of such headlines has caused a self-reinforcing cycle of panic and, in some cases, blatant fallacies which have led to political responses, rather than scientific ones. One such



response is the idea that children ought to wear masks at school, but we must question if they actually need them when studies suggest that the probability of a child catching and dying of COVID are a tiny 1 in 5.3 million.⁴ To put that into context it's about the same risk as being struck by lightning four times!⁵ Despite this, the **World Health Organisation (WHO)** now recommend children over six years wear masks in certain circumstances and, in doing so, they have changed the accepted science of the last two decades, as well as contradicting their own advice from earlier this year. Then they stated "*the use of a mask alone is insufficient to provide the adequate level of protection and other equally relevant measures should be adopted*".⁶ Significantly, **Deborah Cohen, BBC Newsnight's medical correspondent**, claimed that the World Health Organisation reversed its advice against wearing masks because of political lobbying. She states, "*we had been told by various sources the WHO committee reviewing the evidence had not backed masks, but they recommended them due to political lobbying, this point was put to the WHO, they did not deny*".⁷ Let's stop and think about that for a second; if true, this means that the WHO's u-turn is a political act rather than a scientific or medical one.

Additionally, this latest guidance contradicts the advice from **England's Deputy Chief Medical Officer, Dr Jenny Harries** who in March said "wearing a covering or mask is not a good idea, you can actually trap the virus in the mask and start breathing it in".⁸ It also contradicts her colleague, **Deputy Chief Medical Officer, Johnathon Van Tam** who said in April, "there is no evidence that general wearing of face masks by the public who are well affects the spread of the disease in our society".⁹

The simple truth is that the science hasn't changed, but the WHO's interpretation of it has, at the behest of political lobbying and because the WHO is considered an authority (despite in January saying there was no evidence of human to human transmission¹⁰). Whatever they say gets continually repeated until it is considered fact. In reality the WHO is an organisation whose advice has consistently changed and contradicted itself. For the record, there are many current studies by equally qualified groups and individuals that say wearing masks will make no difference and may even be counterproductive. **Clinical Virologist Dr David Carrington, of St George's, University of London**, says "routine masks for the public are not an effective protection against viruses or bacteria carried in the air," because they were too loose, had no air filter and left the eyes exposed.¹¹ The **British Medical Journal** says masks have potential side effects that could actually help spread the virus,¹² while the **Association of Health Care Journalists** say that wearing a mask is far less useful than physical distancing, good hand hygiene and the not touching your face, eyes, nose and mouth.¹³



Many people will say, it's not just about the risks of the virus to children, what if they spread it to adults, especially vulnerable adults? Well, let's look at how vulnerable adults actually are. Earlier in the year we knew the chances of catching COVID were around 1 in 1,000,¹⁴ and, for example, the chances of a 40-year old dying if they did catch it were around 1 in 250.¹⁵ Using the maths of probability, we could see the odds of a healthy 40-year old catching and dying of COVID were around 1 in 250,000. To put that into context, the odds of a 40-year old dying of other causes is 1 in 1,106.¹⁶ The same principle of deaths by COVID vs deaths by other causes can be seen across all age groups, genders, and categories of people. To illustrate this we can see that, those over 80 years have a probability of dying of all causes of 1 in 14,¹⁶ whereas the odds of that age group catching and dying of COVID are 1 in 6,750.^{14,15} These probabilities are backed up from new research from Sweden,¹⁷ where it can be seen that the chances of surviving COVID are best in a healthy child aged 0 to 9 years, where they have a 99.99996% chance of survival; a child with one or more greater underlying conditions has a 99.96% chance of survival. If we go to the other end of the spectrum, a male over the age of 80 years with one or more greater underlying conditions has a 79.92% chance of survival.

These findings reflect the situation in the UK; economist Tim Harford examined the numbers collated by the **Office for National Statistics** to assess the current risk. He states, "Covid-19 currently presents a background risk of a one in a million chance of death or lasting harm, every day; the risk of death alone is one in two million."¹⁸

It is true that earlier on in the pandemic the statistics weren't so good but, as we are now seeing, the virus is becoming evermore mild;² as an example, **Dr Alberto Zangrillo, Head of San Raffaele Hospital, Milan**, says the disease is now much less lethal and 'no longer clinically exists' in Italy.¹⁹ Additionally, **Dr Ron Daniels, intensive care consultant at Good Hope Hospital, Sutton Coldfield**, says COVID-19 is not now as deadly as at the start of the pandemic, and there is no reason to fear a second wave because the virus was "getting less angry".²⁰ It is also true to say that the virus is so weak in many people that they now need to have a test to see if they actually have it, even back in June it was thought around 40% of people were asymptomatic.²¹ In summary, any person would now have to be extremely unlucky to die of COVID, and the risk to ALL ages from other causes is far greater.



Let's assume for a while though that the pandemic is raging and the virus is highly potent, will cloth masks help to prevent the spread? Virtually all studies agree that cloth masks do not protect the wearer, but we are told it is the wearer who is protecting other people. As we have seen, some organisations dispute this but, once again the WHO have the ascendancy of opinion for the reasons previously stated. When presented with conflicting scientific opinion, it is up to individuals to decide to do what they feel is best (that is, if their choice had not been removed by mandatory 'guidance'). On the balance of probabilities the author believes general mask use can help to prevent the spread of virus if the wearer is to protect others – however certain circumstances have to be met, specifically; an infected person coughing or sneezing in close proximity to an uninfected person; an infected person always wearing a new mask and not touching it; and that person being asymptomatic, i.e. being in a public place because they have no symptoms. In the unlikely event all these conditions are met, we know the virus still has a recovery rate of around 99.9% for most people, so any positive difference general mask wearing makes will be astronomically tiny. It is therefore vastly disproportionate and disingenuous when we are told that “*masks saves lives*”.

Let's take the previous section and apply it to children and ask ourselves if the conditions mentioned would be met. Anecdotally we probably know the answer to that question but, as the headmistress and founder of **Michaela Community School, Katharine Birbalsingh** puts it quite succinctly, “*Children will swap their masks, ping them, lick them, spit in them and pass them around for fun, will shout obscenities through them, will bully each other over not having the right type of mask, will lose them, will wear them incorrectly and, most of all, their masks will encourage them to touch their faces dozens of times throughout the day. They are children, not lab technicians. That's why we should ask whether masks in schools make children less and not more safe*”.²²

Let's throw all common sense and experience aside and hypothetically imagine the conditions would be met; if this were the case, would long-term mask use for children when at school, be harmless? A simple search online for evidence would appear to suggest they are harmless, but a closer look at the vast majority of these sources reveal they are either talking about physical harm (which is not yet established, as we've never done this before), or they acknowledge that children will be anxious or scared, but dismiss these emotions as those that can be resolved with 'training', with the virus taking priority. Essentially they are saying that we have to accept the anxiety and fear masks will cause our children for the greater good of preventing transmission – now might be a good time to remind ourselves of the self-reinforcing panic and anxiety, created by the media among others, which can lead to unscientific responses – as we have seen, the reality is that the virus is essentially harmless to children. Should we therefore be gambling with their mental health and causing them discomfort when they are actually in no more danger than they were before the pandemic? We could also ask this hypothetical question... if before the pandemic, suggestions had been made to make children wear masks at school as a preventative measure for the winter flu, would the response have been to acquiesce to that suggestion? Under the flu scenario, would we accept that we need to 'train' our children to mentally tolerate masks? Would we accept the phrase 'breathing breaks' for our children, or recognise it for the madness it is?

The WHO, the very people recommending masks for children, even list possible problems that wearing masks may entail including; potential increased risk of self-contamination due to the manipulation of a face mask and subsequently touching eyes with contaminated hands; potential self-contamination that can occur if non-medical masks are not changed when wet or soiled, this can create favourable conditions for microorganism to amplify; potential headache and/or breathing difficulties, depending on type of mask used; potential development of facial skin lesions, irritant

dermatitis or worsening acne, when used frequently for long hours; difficulty with communicating clearly; potential discomfort; a false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene; and waste management issues.²³ Do we still think masks for children are a good idea?

Let's also not forget the reason our children are going back to school – their education.

Psychologist, Paul Ekman, says that the basic building blocks of emotional experience are written all over our faces; joy, anger, fear, surprise, sadness, contempt, disgust – we depend on facial expression to know and understand each other. With physical distancing, increased anxiety and disrupted routines due to COVID, we are primed to seek emotional connection by simply seeing each other's facial expressions. To say that face masks will not have a detrimental effect on children's education is to deny the existence of non-verbal language, which in some contexts account for the majority of what we understand in our social exchanges.²⁴

In summary we are asking a simple question – do the benefits of children wearing masks (which we know from anecdotal evidence and our own experience they probably won't use effectively and which, it appears, is politically motivated anyway) outweigh the implications on their education and the fear and anxiety that even advocates admit will occur, for a disease which is essentially harmless to them?

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