Dear [names],

I wanted to write to you ahead of our upcoming meeting regarding my situation, and the outcome I hope to achieve from this meeting. Please bring a copy of this letter with you to the meeting.

As you know, I have an excellent record of service with the organisation, and have had very few absences from work or disciplinary actions against me. I am very well regarded by colleagues, managers, and clients alike. I have always been happy to abide by the company's policies and procedures surrounding health and safety, since previously, these have always made perfect sense, and it is clear they have practical applications for protecting both myself and those around me.

However, when the Government issued new guidelines compelling the wearing of masks in the workplace, I challenged this, because I see no evidence these measures augment the health or safety of either me or anyone else. If I am to be persuaded otherwise, I will need to see a full risk assessment demonstrating that the wearing of masks is more beneficial to health than the non-wearing of them. The current risk assessment does not do this, as it does not include any reference to the very weighty catalogue of scientific evidence regarding the potential risks of mask-wearing.

Having reviewed the available evidence extensively, it appears quite clear to me that masks do not protect anybody's health, and in fact, have a range of deleterious impacts on health, some of them severe. I will quote some of the existing evidence below.

A 2020 meta-analysis found that evidence from randomised controlled trials of face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility (1).

In another meta-analysis (2), face masks were found to have no detectable effect against transmission of viral infections. It found: “Compared to no masks, there was no reduction of influenza-like illness cases or influenza for masks in the general population, nor in healthcare workers.”

Further, this 2016 meta-analysis (3) found that both randomised controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections.  It was also found that acute respiratory infection transmission “may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday.”

It is therefore quite clear that mask-wearing does not prevent the spread of viral infection. However, if mask-wearing was merely a useless, but otherwise benign, measure - perhaps intended to increase people's feelings of security during an alleged pandemic, even if it has no actual medical effect - then that may be acceptable in some circumstances. Unfortunately, however, that is not the case. Mask-wearing directly undermines and endangers health, as science has repeatedly demonstrated.

A 2018 study showed that surgical mask wearers had significantly increased dyspnoea (difficult or laboured breathing) after a 6-minute walk than non-mask wearers (4).

Researchers are also concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange.  As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis (5).

Further, a study of healthcare workers wearing cloth masks showed that they had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls (6).

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use.  Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes (7)  Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1) (8). This in turn down-regulates CD4+ T-cells.  CD4+ T-cells, in turn, are necessary for viral immunity (9).The above factors will all need to be considered in any comprehensive and legitimate risk assessment regarding mask-wearing.

Leading on from this, government guidelines clearly state that anybody for whom the prospect of wearing a mask causes severe distress is legally exempt from doing so (10). I think it is quite clear from my objections to date that such a prospect does indeed cause me very severe distress; therefore, by law, I am exempt from wearing one.

Please note that the government guidelines referenced at (10) make it very clear that no medical certification is required to evidence a mask-exemption - the mask exempt are simply required to self-certify by stating that they are exempt. Anybody probing further, by asking for a reason why an individual is exempt, or for proof of their exemption, is in breach of the Equality Act 2010, and may find themselves the recipient of a personal fine of up to £5,000 and punitive damages of between £900 and £9,000 (11).

The way I hope to resolve this situation is for my employers to accept I am exempt from wearing a mask, and to exert no further pressure upon me to wear one. If they cannot do this, then, regrettably, I will have no choice but to pursue further legal action.

Yours sincerely,

[Name]

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11) <https://www.laworfiction.com/2020/07/face-covering-for-6-to-12-months-from-24th-july/>