

**SafeEdForAll's response to the
COVID-19 INQUIRY 'TERMS OF REFERENCE' SURVEY**

7th April 2022

Please explain why you think the draft Terms of Reference do not cover all the areas that the inquiry should address.

We are grateful to Baroness Hallett for the opportunity to contribute to the structuring of the inquiry. **"Safe Ed For All"** represents thousands of parents in the UK who are concerned about high viral transmission rates in schools. We have prepared the following 2 sections explaining our answer to this question:

- A) Problems with existing terms of reference (March draft).
- B) New suggestions from the perspective of parents who have suffered.

SECTION A: PROBLEMS WITH UK COVID-19 INQUIRY DRAFT TERMS OF REFERENCE – MARCH 2022

A1 - Under Section 1 (*Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account; In relation to central, devolved and local public health decision-making and its Consequences*) is listed: ***"the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings"***

Useful distinctions are vital to understanding events properly and identifying success/failure. There are major flaws in i) grouping *LOCKDOWNS* (unpopular for good reason) with *MITIGATIONS* (that would enable us to live with the virus more prosperously; previously termed "non-pharmaceutical interventions").

The obfuscation of *LOCKDOWN* with *MITIGATIONS* (reflected in the current March 2022 embodiment) is commonly favoured by the Prime Minister. Tarnishing good viral hygiene by grouping with the unpopular (government prescribed) *LOCKDOWN* undermines the UK's covid response even further. *MITIGATIONS* are sensible (non-draconian) measures to reduce risk and disruption from infection. We apply *MITIGATIONS* routinely as a nation to avoid catastrophe (eg seatbelts, water-purification, and sanitary systems) without any reference to *LOCKDOWN*. Therefore, *TRANSMISSION MITIGATIONS* or *ENVIRONMENTAL IMPROVEMENTS* deserve their own category. *VENTILATION* and *AIRFILTERS* in public buildings also deserve explicit mention as they fulfil local authority duties under Health and Safety legislation. They remove virus from the air. Therefore, we recommend this problematic item is refined to the following 3:

- 1) The use of lockdowns and government messaging to the public.***
- 2) The use of environmental improvements (eg ventilation, filters) in public buildings, especially in SCHOOLS where space is limited, attendance is not 'voluntary', and conditions are conducive to viral spread.***

Overlap between items 1 & 2 obfuscates government and local authority responsibilities and would therefore undermine the inquiry. Finally, while *MASKS* are a form of filter, they also deserve their

own category because they CAN obstruct expression, and were politicised (for various reasons). In practical terms, masks are very different from ventilation and filtration (*which don't obstruct expression and actually REDUCE the need for masks*). Accordingly our 3rd recommendation becomes:

- 3) *The use of, supply, decisions, and messaging around appropriate grade masks to reduce airborne infection (especially in times when schools and hospitals are overwhelmed by the impacts of airborne infection).***

A2 - PROBLEM: *“consider the experiences of and impact on health and care sector workers, and other key workers, during the pandemic”*

This is a good entry. However, parents should not be excluded. Besides also being key caregivers, their actions are a crucial link in the chain of transmission. Parents who knew better were forced to send their children into needlessly dangerous environments (eg no filtration, poor ventilation) and are now suffering the consequences. They were effectively coerced into generating more infection through sending their children into dangerous environments, often against their wishes and under threat of prosecution. Drawing input on this subject needs to be invited if we are to learn and achieve AIM 2 of the Covid Inquiry: ***Identifying the lessons to be learned from the above to inform the UK's preparations for future pandemics***

Accordingly, we recommend the following item is added:

- ***Consider the experiences of parents who were made to stand by, ignored, or silenced while they witnessed the spread of infection in schools, causing many thousands of children to be orphaned and/or suffer from long-covid (examples include authorities rejecting airfilters, not allowing children to move away from infected individuals, and instructing schools to not be transparent about cases)”***

SECTION B: ADDITIONAL TERMS OF REFERENCE

B1 – General

The current terms do not appear structured to sufficiently identify the i) responsibilities of government in public buildings, or ii) main locations of infection. *Why is it that the DfE's standards for good air quality are lower than the HSE or CIBSE for public buildings?* (where loud speaking is expected) Since these HIGH-DENSITY, under-mitigated areas are the main cause of high and prolonged infection rates (and generation of variants), they should be explicitly prioritised. We propose this is done through the following terms of reference:

- **“Scientific consensus”** should be a i) term of reference and ii) applied in proper context. “Scientific consensus” means the majority understanding. Previously government advisors have cherry-picked studies (or ‘guided’ studies) which support false government narratives (“following the science”). It is vital that distinctions are made between “favoured science” (siloes, partial) and “scientific consensus” (international, open). “Following THE science” actively teaches away from the notion of consensus, and suggests that ONE science can be presented. “Scientific consensus” is more stable, sensible, and vital for a pandemic response. We must identify where and how this was undermined.

- **Obstacles to grassroots action:** understanding why action and assistance from the community was blocked at local level (eg blocking donations of new airfilters) leading to huge numbers of avoidable infections and long-covid rates.
- **Investigate interference by government aligned disinformation groups** (and misrepresentations of parents via this 'astroturf' group "**Us For Them UK**").

Why was the government allowed to select its own mouthpieces to represent parent opinion and fail the majority of parents who are not affiliated with this covid-skeptic group? This 'astroturf' organisation was consistently platformed by main media outlets. As a result, "ProCovid" (or "antimitigation") rhetoric was reported as popular opinion, and helped to propagate this opinion. This manipulation of public opinion contributed to fatigue and resistance against 'mitigations' which were further undermined by the government's "no problem here" approach (do nothing). Connections between **UsForThem** with **HART** and the **CRG** are not widely known. **If we are to avoid making the same mistakes, we must ask:**

- **how media bias and covid-denial thrived.**
- **how our systems (supposedly designed in the public interest) are so flawed as to allow such manipulation by those in public office.**

In contrast to "US FOR THEM", genuinely grassroots parent group @SafeEdForAll_UK were not platformed by the majority of state-affiliated media. One exception: the famous interview with Lisa Diaz on GMTV (10th Jan 2022) – which showed how a good parent's grasp of genuine data with respect to children and schools was attempted to be undermined and minimised. She was even accused of keeping her children prisoner (the truth is her children live an incredibly enriched life with more freedom and opportunities than many others will experience).

Inquiry question: Which issues or topics do you think the Inquiry should look at first?

HIGH PRIORITIES

Terms of Reference need a framework that draws in evidence with questions centred around the real causes of the UKs high and repeated infection and child & parent hospitalisation rates. We maintain that this is poor provision for SCHOOLS, and poor communication with PARENTS.

A basic understanding of epidemiology teaches that forcing the children of 30 families together into an undersized, under-ventilated & *unfiltered* classroom every day, for 6 hours a day, will generate huge concentrations of virus and spread it to the community quickly via the 'school hub' (as will PARENTS sending in children who have covid).

HARMFUL ACTIVITIES IN LOCAL AUTHORITIES MUST BE STOPPED: for example so-called "#HEPAblocking" (preventing the installation of safe, new, HEPA filters gifted by parents). "Terms of Reference" should therefore contain explicit reference to:

1) IMPROVING THE PHYSICAL SCHOOL ENVIRONMENT (filters, ventilation)

2) BEHAVIOUR OF SCHOOL AUTHORITIES (in connection with child and public health)

3) PROTECTING UNVACCINATED GROUPS (still an urgent priority).

4) CONSIDERING WHERE CHILD HOSPITALISATION RATES JUSTIFY THE TEMPORARY USE OF MASKS (why this was not done, and continues to not be done).

LOWER PRIORITIES:

The historic claims of several professionals in the field of paediatrics and public health (eg Alasdair Munro, Shamez Ladhani) should be drawn up and re-scrutinised as they consistently undermined and confused efforts to control the virus (and were a favoured source of rhetoric for “UsForThem”). We, and thousands of parents believe they twisted the evidence to support the government aligned “do nothing” approach. We can find no other explanation for their outlandish interpretations.

Questions need to be asked about how our systems allowed/enabled The Prime Minister’s “Chaff Tactics” to evade responsibility. How did such an odd and outlandish set of disinformation narratives escape proper scrutiny at the time? This should facilitate the gathering of relevant evidence making clear the i) examples, ii) perpetrators, iii) motivations, and iv) mechanisms of opinion disruption which undermined the UK’s pandemic response. Examples of school-specific misinformation that need capturing by the inquiry are: ‘**children don’t catch covid**’ (debunked), ‘**children don’t transmit covid**’ (debunked), ‘**schools are not drivers of transmission**’ (debunked, schools are clearly hotspots for infection as supported by ONS occupational data, term-times and infection lags, and several international studies), ‘**children don’t benefit from vaccination**’ (debunked), ‘**ignoring transmission is the best way to get back to normal**’ (debunked).

How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered serious harm or hardship as a result of the pandemic have their voices heard?

Terms of reference should be structured to draw in the input from parents who have witnessed the spread of infection among children by authorities who refused to listen to reason (from respecting individual circumstances, to simply protecting the interests of children legally in their care). Many parents who knew the risks, were forced to send their children into needlessly dangerous environments (no filtration, poor ventilation). Drawing input on this subject needs to be invited if we are to achieve **AIM 2: Identifying the lessons to be learned from the above to inform the UK’s preparations for future pandemics**

Accordingly, we recommend the following items are added:

- Gather the experiences of parents who were ignored, silenced, or made to stand by while infection was needlessly spread in substandard classrooms, causing many thousands of children to be orphaned, or suffer long-covid (examples include authorities rejecting airfilters, not allowing children to move away from infected individuals, and DfE encouraging schools to hide cases and threaten parents wishing to temporarily home educate and protect their children).
- **IDENTIFY COVID-RELATED OFFICIAL COMPLAINTS TO SCHOOLS/GOVERNORS** (The hard work, requests and suggestions of many parents, health-, and environmental-professionals were crushed, buried or denied by local school authorities (from School Governors to Local

Authorities). **If the inquiry seeks to identify what went wrong in schools between March 2020 and July 2022, then official complaints submissions that parents lodged with schools should be invited.**

At the discretion of the inquirer, the board of governors or local authority may be invited to submit their case in hindsight, BUT WE RECOMMEND FINAL INPUT IS INVITED FROM THE PARENT (typical procedure is to give the authority the final word which explains why so much positive action was prevented).

Still today, most schools are without mitigations for this airborne virus and as a result the NHS is on its knees. Over 20K children have been ill for more than a year, education losses from this virus and the UK's sub-par response are to blame. Many reckless individuals are as keen as the government, CRG, and HART to blame all of this on lockdown (and reframe 'mitigations' as 'restrictions') – as it is falsely seen as 'progressive', which undermines the UK's capacity to deal with the next pandemic responsibly, or for those who have been bereaved or impacted to obtain any sense of respect for the establishment.

NOTE: Early Day Motion "EDM 829" tabled on 10 January 2022 was supported by 19 MPs. We would be happy to provide the briefing document that accompanied our EDM proposal to MPs.

With thanks and regards,

#SafeEdForAll