

Written Evidence Submitted by Ken Evans

(C190100)

1 - My Email (Appendix 1)

1.1 The question I set out in my previous email is concise and complete. It illustrates the folly of government claims to 'follow the science' while ignoring data literally 'in front of their faces'.

1.2 Behavioural scientists are fully familiar with the concept of 'Hygiene Theatre'. It is pointless and falsely comforting, and it has been used by the UK government to divert public attention away from effective pandemic-control measures, such as masks.

1.3 Since its discovery, SARS-COV-2 has always been classified as an AIRBORNE RESPIRATORY VIRUS. However, relevant scientific knowledge of physics (surface tension), chemistry (lipid and protein adhesion), and biology (virus physiology) was ignored in order to promote POINTLESS (as shown by the graphical data presented in daily briefings) hand and surface hygiene.

2 - Illustrative Example : Sunscreen.

2.1 If the emerging threat had been a new frequency of ultraviolet radiation, then early government advice was equivalent to telling people they must keep their skin wet when going outdoors.

2.2 'Spray water each time you go out, and keep spraying until your skin is thoroughly wet. Spray again if you feel like your skin is drying off. Don't wear hats or shirts - they keep the water away from your skin.'

2.3 'The evidence for sunscreen is unclear - it may give a false sense of reassurance, people don't know how much to apply and how to apply it properly, and it's often waterproof, so it can repel the all-important water spray.'

2.4 In this example, the inappropriate nature of the advice is obvious. Anybody giving such advice would clearly bear criminal liability for avoidable deaths so caused.

2.5 In the case of Covid-19, an airborne respiratory disease, the promotion of hand and surface hygiene was equally foolish, lethal, and culpable.

3 - Committee Tools

3.1 I have supplied the Committee with a practical instrument which can STILL, in August 2020, be used TO SAVE LIVES.

3.2 The committee operates by asking questions. My question, about the ongoing use of pointless hygiene propaganda in the face of clear evidence that it has been wholly ineffective, can be used to reinforce a more humane approach to tackling the pandemic. Against a disease that has always been classified as AIRBORNE and as RESPIRATORY, masks were always the most important and available obstacle against transmission.

3.3 However, the government chose to ignore this airborne threat, and instead to mislead the public with Hygiene Theatre. Relevant data was being gathered, prepared and presented daily to the public. With a wealth of scientific expertise on hand to analyse and interpret the data, that perverse choice cannot be considered accidental.

4 - Conclusion

4.1 If this email is to be treated as 'written evidence', and buried in the House of Commons Library for perusal by future generations of political historians, then my previous email should be attached as 'appendix 1 - a lifesaving tool for use by the committee'.

4.2 If, on the other hand, the Committee wishes to take immediate action to save lives during the ongoing pandemic (with futile and misleading Hygiene Theatre STILL in use !), then I would simply repeat my original plea :

4.3 Please, ask the question.

Thank you.

Ken Evans.

Appendix 1:

Dear SciTech Chairman,

I watched your recent evidence session with interest, because one particular mystery about the government's relationship with science seems extremely important right now, as the lockdowns relax. The oddity that concerns me didn't appear to be mentioned during your session.

The mystery is why the upward part of the epidemic's 'curve' (the graph displayed at almost every daily briefing) is almost exactly the same shape as textbook curves for an *uncontrolled* epidemic. That's odd, because we were told (and still are) that the most important way to control the virus is thorough hand and surface hygiene.

So at the time when we were enthusiastically handwashing to the tune of 'Happy Birthday' (twice) and using hand sanitiser like never before, the epidemic was progressing as if NO effective measures were in use. The handwashing campaign's protective effect is *undetectable* in measurements of the UK epidemic.

Covid19 has always been described as an *airborne respiratory virus*, and if its main 'vector' is direct lung-to-lung transmission through breathing, that might explain why the hygiene campaign had NO detectable effect. It would also explain why the disease spread so much faster in London, where the Tube was being disinfected and deep-cleaned as thoroughly as any other transport system in the UK, but was (as always) more tightly crammed with people sharing each other's air.

However, the mystery remains: WHY are we still being told that hand and surface hygiene is 'the most important way' to control the virus, if it has had *no detectable effect* on the epidemic's first spike ? Even more significantly, how well can we control the expected 'second spike', if our most diligent efforts to flatten that curve are *going to achieve nothing* ?

I have copied this message to my own MP, with a request to pass it on as a formal query. If it is possible to raise the strange congruence of these curves at your next evidence session, I would love to find out how this particular inconsistency can be explained

Many thanks for your attention.

Ken Evans,

(August 2020)