

# Scottish government scraps mask use in social care settings

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The Scottish government has scrapped the use of masks in health and social care settings. The move took place as of May 16, following their earlier directive on May 9.

The directive came just four days after the World Health Organisation (WHO) falsely declared the pandemic emergency over, giving the green light to governments all over the world to abandon any remaining public health measures.

In its directive, the Scottish National Party (SNP)-Green coalition government justified the abandonment of masks on the grounds that “Scotland continues to adapt to the COVID-19 pandemic and has entered a calmer phase of the pandemic.” What is meant by “a calmer phase” is revealed by government statistics. According to Public Health Scotland, the last week of April saw an average of 725 patients with COVID in hospitals across Scotland and an average of 594 in the week preceding the directive.

COVID remains rampant in hospitals. In the 28 days leading up to May 11, 29.2 percent of infected patients in English hospitals acquired their COVID infection from their hospital stay. Around 8 percent of hospital-acquired COVID infections result in death. Social care settings are also dangerous: the majority of reported COVID outbreaks in Britain continue to take place within care homes. Even with reduced testing, the number of Scottish care homes with suspected COVID is currently more than double what it was two years ago when the vaccination rate for the elderly was far lower, but public health precautions were still in place.

Public health decisions and National Health Service (NHS) spending within Scotland are the responsibility of the devolved government. Throughout the pandemic, fanfare accompanied announcements that Scotland would extend public health precautions longer than those in England before those same precautions were quietly dropped weeks later as the government followed the same deadly “herd immunity” policy as Westminster. Scotland frequently climbed into the ranks of the worst per capita COVID death tolls in Europe.

The façade of benevolent stewardship has been useful in

passing one of the most dictatorial measures in public healthcare: staff working in social care settings *will not be permitted to protect themselves through masking* unless they undertake and meet the criteria within a formal risk assessment. “In practice”—the letter reads, “for social care settings, this will mean that the element of choice to wear a mask outwith when it is recommended in the [Infection and Control Manuals] will no longer apply.”

The letter instructs all health and social care staff to disregard the COVID mitigations contained in the National Infection Prevention and Control Manual, and the Care Home National Infection Prevention and Control Manual. Instead workers must rely instead on their pre-COVID advice. Masks will be neither provided nor recommended to hospital staff as a COVID mitigation.

Preventing care workers from wearing masks is being justified on the grounds that it “can impact on the health and wellbeing of staff and users of social care, especially those with dementia or cognitive impairment... [creating] communication barriers and [impacting] negatively on relationships.”

This newspeak obscures four important facts:

- \* COVID negatively impacts the cognitive functioning of dementia patients, often permanently;
- \* People with dementia are over five times more likely to die of COVID than average;
- \* The implementation of indoor air safety measures and clear face masks would render any specious objections about “communication barriers” and negative relationship impacts void; and
- \* Out of all professions, social care workers face one of the greatest risks of Long COVID.

The government is ditching basic COVID safety advice, made just a few weeks ago. In April, the government’s COVID-19 Recovery Committee’s said of Long COVID, “As a proportion of the UK population, the prevalence of self-reported Long COVID is greatest in people aged 35 to 69 years, females, people living in more deprived areas, *those working in social care*, those aged 16 years and over

who were not working and not looking for work, and those with another activity-limiting health condition or disability [emphasis added].”

The government’s Social Care Support Fund, which guaranteed workers in private care homes £95.85 a week if sick or isolating with COVID, ended on March 31. This leaves staff with no choice but to either work when ill or use up their annual leave.

Scotland has the highest prevalence of Long COVID among the UK’s nations. Despite this, its Long COVID response is uncoordinated and grossly underfunded, even when compared to England and Wales. Long COVID clinics are generally unavailable and patients are left without the multi-disciplinary specialist support needed, relying on overextended and undertrained GPs. Even with appropriate referrals, the specialists required for treatment may not be available: waiting lists stretch to years, and one of Long COVID’s most common complications, dysautonomia in which the autonomic nervous system (ANS) does not work properly, has neither a clinical pathway nor a single Scottish specialist. Many Long COVID patients are simply directed to websites on how to “self-manage” their debilitating and systemic illness. Edward Duncan, a professor of applied research at the University of Stirling, has questioned “how appropriate self-management is as a sole means of therapeutic offer for people with quite complex needs.”

Government funding for Long COVID treatment has been tokenistic and late. Of the meagre £10 million pledged to its Long COVID Support Fund, the government has allocated only £3 million thus far, doled out in small amounts towards more “self-management” tools, and to charities willing to plug the gaps in Scotland’s failing social care system. Only £10,000 has been allocated towards the “delivery of long COVID advertising and signposting activity, aiming to increase awareness of long COVID amongst the general public in Scotland”.

The government does not want the public to be aware that COVID has detrimental and lasting health impacts. It is “a good thing” that Scotland is “[g]oing back to standard rules,” said Scotland’s national clinical director in a recent interview, adding, as apparent justification, “[e]veryone is fatigued with a global pandemic.”

The government is trying to silence anyone who might expose its criminal COVID policies. Shortly after the new mask rules were announced, it emerged that former infection control nurse Lesley Roberts had been rejected as a core participant in the Scottish government’s official pandemic inquiry. Roberts had raised 22 official internal complaints over the handling of the pandemic. Core participants are permitted to make statements and to propose questions to

witnesses. Roberts said, “If I do not meet the criteria for being a core participant, I do not think the inquiry is working fairly or impartially. As I am the only nurse who has reported the former Scottish First Minister [Nicola Sturgeon] to the police for corporate manslaughter, it must raise issue as to the level of evidence that I possess... and it must raise the question as to whether the government is being protected by the system.”

The ease with which the government has been able to implement this latest unscientific and undemocratic measure rests on its collusion with the trade union bureaucracy. Like its British and international counterparts, Scottish unions have worked alongside government to quash health-related industrial actions and pressure key workers into accepting unsafe working conditions and lower living standards. The union bureaucracy was instrumental in the Holyrood government being able to impose below-inflation deals on NHS workers who, in the latest pay settlement, received an average 6.5 percent pay rise—less than half the 13.5 percent rate of inflation as of March 2023.

The union bureaucracy has largely remained silent since the new measures were announced. The only public statement came from British Medical Association Scotland deputy chair Dr Lailah Peel, who stated that “COVID continues to exist and pose health risks” but made no call for public health measures to stop community transmission. He made a plea to “employers to respect an individual’s decision to continue wearing masks”.

With their unions in lockstep with government, health and social care workers have no protection against mass infection. To eliminate the threat of COVID to health, to life, and to society workers must form rank-and-file safety committees independent of the trade union bureaucracy.

The *World Socialist Web Site* has initiated the Global Workers’ Inquest into the COVID-19 Pandemic to break through the cover-up, falsifications, and misinformation deployed to justify policies responsible for the avoidable deaths of millions. We urge health and social care workers to participate in the inquest and let us know your thoughts on the SNP government’s decision.



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