WHN Voices Magazine

Issue 2: COVID-19 precautions in the workplace

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WHN Voices Magazine is a magazine published by the World Health Network every two months. It's a magazine for the COVID-cautious and the COVID-curious.

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This magazine was made to be accessible to dyslexia by including:

- Low contrast text-to-background colours
- Headings and Subheadings
- A Content page
- Pictures
- 1.5-line spacing

Suggestions for inclusivity were found through Dyslexia Scotland, Springfield Business Papers, and the British Dyslexia Association.

With thanks to Sohniya Johal

Editor’s Note

Welcome to the second issue of Voices magazine! This time we are focusing on COVID precautions in the workplace. Many of you are still masking at work, and you might find some useful resources in this issue. Unfortunately the wonderful psychology students have finished their placement (we all miss them!) but I have included some of the articles they wrote in this issue too. The reason we focused on the topic is because Jenayne, one of the placement students was really interested in it. Soniya’s article on effective collaboration and Jenayne’s article on COVID precautions at work are two of my favourites in this issue. But the article that really stood out for me is the very last article, ‘You are not alone, restarting precautions in 2026’. It has so much compassion and steadfastness, and it really highlights for me that many people might want to mask but they might not have been able to. It’s never too late. Heaven knows it’s not always easy to take COVID precautions. I am particularly grateful to medical doctors across the world who still mask at work and elsewhere, including Dr Nancy Malek, an anaesthetist from Australia, and Dr Yahia Mezied, a doctor from Gaza, Palestine, both of whom you’ll find in our pages. Remember: this magazine is not just for the COVID cautious, but also for the COVID curious. Hang in there, we shall overcome, one day!

Contents

Mask Fit Matters – Don't Share Your Air

by Covid Action Group

Why Wear a Mask?

COVID-19 is airborne, highly contagious, and can cause serious long-term health effects for anyone who is infected. Transmitted through aerosols, the virus can linger in the air and spread further than six feet, like smoke. Even vaccinated people can be contagious and breathe out the virus before they have symptoms. Breathing in the virus is how it infects you. Masks and respirators help to prevent you from becoming infected.

Learn more:

COVID-19 is airborne and highly contagious. You become infected mainly by inhaling aerosols which are exhaled by an infected person ("source"), even if they are vaccinated and feel well.

The virus in these aerosols is more concentrated in the air around the source, but they float and spread like smoke and linger in the air for hours, even if the source has left the room. While social distancing helps, when you're indoors or in outdoor crowds, ultimately everyone is breathing in some of each other's air.

The probability of encountering a contagious person is high, and it's not always apparent.

COVID is contagious for a few days before symptoms start, and about half of all infections are spread by people before they realize they are sick. While COVID tests are helpful, accuracy varies and there are many false negative results. Vaccines reduce the chance that an infection results in a severe case or death, but breakthrough infections are common and they can become severe. Long COVID can happen to vaccinated or unvaccinated individuals who have even mild cases, with potential for damage to the lungs, brain, heart, kidneys and other organs.

So, while it takes a combination of several layers of protection to stop transmission, the most effective measures are those that prevent us from sharing our air.

How Do Masks Work?

Masks and respirators reduce the risk of COVID infection by reducing the amount of virus in the air we share. They accomplish this by filtering exhaled and inhaled air through the mask's filtering material. Higher quality masks filter more effectively than cloth or surgical masks.

Continue reading the article here

whn.global

It's not "flu season." It's stacked transmission.

Multiple respiratory pathogens are spreading at the same time— flu, COVID, RSV, measles, and more.

The World Health Network is a network devoted to global compassion—working together to inspire collective action through science for a safer, healthier world.

Trump's Cronies Aren't What Broke Public Health

World Health Network Article:
The structural blind spots that undermine medical progress and how to fix them.

Public health didn't die when RFK Jr. became Trump's Health Secretary. It was already on life support, hamstrung by a siege mentality, turf wars, and an erosion of its connection to science.

Recently, the Canadian Task Force on Preventive Health Care had its activities paused by the federal government after it recommended that breast cancer screening not be offered to women aged 40–49, despite sharply rising cancer rates in this age group. The controversy raised a deeper question: how exactly is medical guidance made — and why does it so often resist change, even in the face of compelling evidence?

Problems with the Task Force are well-documented. But they aren't unique, and they aren't new. In 1846, maternal deaths at the Vienna General Hospital were dramatically higher in the doctors' ward than the midwives' ward. The difference was staggering: 11.4 per cent of patients seen by doctors died, compared to just 2.7 per cent of those seen by midwives. Hungarian physician Ignaz Semmelweis noticed that doctors were going directly from autopsies to deliveries without washing their hands. He introduced a handwashing protocol. The next year, mortality fell to just 1.27 per cent.

The evidence was clear. But Semmelweis was ridiculed and rejected by the medical establishment of his time. His career, and then his mental health, suffered greatly. In 1865, he was committed to an asylum. He was beaten to death by attendants while trying to escape. His story isn't a metaphor. It's a mirror. Ignoring inconvenient scientific truths is a longstanding, dangerous pattern.

So, why is medicine still like this? The answer lies in structural flaws in medical decision-making.

The most spectacular failure in recent memory was the refusal of international health leaders to address the cold, hard, scientific reality of airborne COVID transmission.

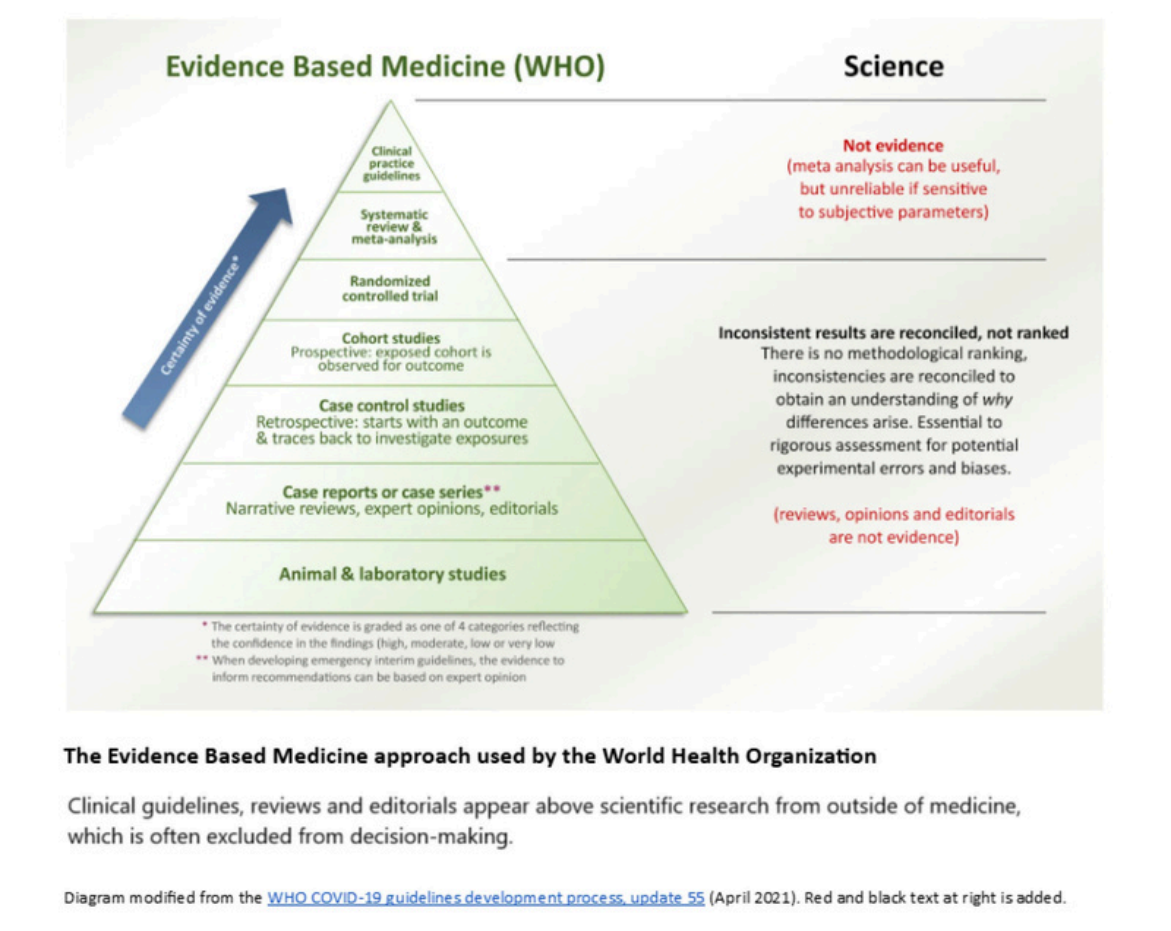
In the words of the WHO's current Chief Scientist, it was a "very big mistake," which cost "an enormous number of lives." So, why did they get it so wrong (and how do we stop them from doing it again)? Five years ago, on April 3, 2020, the world's top bioaerosol scientists warned the WHO that COVID was transmitted in infectious aerosols, tiny particles that drift in the air like smoke. They were right. And they were shouted down.

The WHO's guidance for managing the novel pathogen, SARS-CoV-2, rejected the latest science along with lessons learned from mistakes made twenty years earlier with SARS-CoV-1. In an instant, decades of evidence were brushed aside. The refusal to "follow the science" on airborne transmission may well be one of the deadliest mistakes ever made. It wasted our best chance to stop the pandemic before it got started. Excess deaths are already estimated to exceed 25 million, and are still climbing. Millions of years of human life and something in the ballpark of a trillion dollars per year are still being lost to long COVID — in the OECD alone.

This exemplifies a recurring pattern of similar institutional failures, in which medical decision-making rejects outside expertise, replacing it with opaque processes biased towards inaction, that often seem strangely consistent with the personal opinions of those involved. Just like the Task Force, the WHO relies on a simplistic framework called Evidence Based Medicine (EBM), a system designed to help front-line clinicians make quick decisions when they don't have the time or expertise for a deep dive into the science.
It's a legitimate approach under the right circumstances, but it's not rigorous science.

Somewhere along the way, that distinction got lost. What began as a practical tool for non-experts was rebranded as definitive science. EBM's dogmatic authorities claimed the right to override both science and clinical expertise, cherry-picking which evidence counts and which gets discarded.

In its increasingly rigid hierarchy, secondary sources are elevated above primary data. That's a huge red flag akin to watching only a movie trailer and pretending you've seen the film. Clinical trials land somewhere in the middle. And everything else — science, engineering, occupational health and safety — is shoved to the bottom, beneath even the editorials of EBM's true believers.



The Evidence Based Medicine approach used by the World Health Organization

Clinical guidelines, reviews and editorials appear above scientific research from outside of medicine, which is often excluded from decision-making.

Diagram modified from the WHO COVID-19 guidelines development process, update 55 (April 2021). Red and black text at right is added.

Evidence can be down-ranked (or occasionally up-ranked) by a level or two based on evaluators' subjective judgments, through processes such as GRADE — "Grading of Recommendations, Assessment, Development, and Evaluations." While often marketed to policymakers and the public as a rigorous scientific approach, even EBM adherents recognize GRADE is unavoidably prone to bias. Different evaluators produce different results.

The outcomes depend on who is selected to participate — and how much expertise they bring to the table. Different pickers, different cherries. Despite being tasked with evaluating science, these groups often actively exclude scientists. Their leaders frequently lack PhD- or even MSc-level scientific training outside the EBM echo chamber. And an MD is not a PhD. Not better, not worse. Just different.

This is important, because any research can contain errors that require deep expertise to identify, and the clinical trials EBM practitioners hold up as their "gold standard" are no exception. There simply are no shortcuts to scientific expertise. You can't find errors you don't understand. Without a rigorous scientific foundation, a clinician assessing biomedical research is like a molecular biologist observing brain surgery. No matter how good they are at the job they trained for, the fact that they don't see a problem doesn't mean there isn't one.

EBM often functions as a closed loop, producing studies of variable quality, marking its own homework, and rolling the results straight into guidance. Problems go unnoticed. Basic mistakes accumulate. Inconsistent data get averaged into statistical noise. And no intervention — be it masking or breast cancer screening — ends up looking like it works. The result is a celebration of do-nothing medicine: smug commentary on "overdiagnosis" and "overtreatment," that never stops to consider whether the failure lies in the intervention — or the analysis.

It's easy to see how institutional medical cultures become trapped in tar-pits of groupthink, as we've seen with COVID, incapable of admitting, or even recognizing, their own mistakes. Medical chauvinism has left public health leaders decades out of date on critical topics, and getting it right often seems to matter less than avoiding the admission that they got it wrong the first time. The public is right to ask why glaring, deadly failures in public health communication still haven't been addressed.

EBM's own methods for detecting bias are themselves vulnerable — to bias, to conflicts of interest, and to the Dunning-Kruger effect. That becomes dangerous when practitioners are assessing research tied to their own past decisions. The reputational stakes are obvious. In the U.S., fringe ideologues now hold the reins of key health science institutions. And the subjectivity at the core of EBM makes it alarmingly easy to manipulate.

The same system that once laundered the opinions of establishment authorities can also be weaponized to legitimize pseudoscience.

Junk research will be cherry-picked, then mass-produced, to rewrite medicine, distort science and revise history. Some of the same actors who failed so catastrophically at the outset of the pandemic may join in the fun, hoping to rewrite their own roles.

Watch closely. There will be attempts to normalize a new Lysenkoism — to declare that vaccines are dangerous, long COVID isn't real, respirators don't work, and that "lockdowns" (many shorter than summer vacation) caused rising illness in children who weren't even born at the time.

The medical profession has an obligation to speak out publicly.
A few courageous clinicians have already joined transdisciplinary teams pushing back against misinformation spread by official sources. But too many have stayed quiet. And silence, in the face of failure, is complicity.

Too often, those who do speak up are unsupported by their colleagues, and pay a significant personal price. We're living out the ethics essay you wrote for your med school application. Did you mean it?

With measles staging a comeback, H5N1 a looming threat and COVID out of control, we urgently need to restore trust in our public health institutions. That starts with transparency, humility, and a respect for other disciplines that has been so strikingly absent throughout the pandemic. It also means walking away from a toxic orthodoxy that stretches back in time through the turf wars of SARS, to Semmelweis and beyond.

The public has a right to trustworthy medical guidance for everything from COVID to cancer screening. It should be built on a foundation of rigorous science and diverse expertise — not simplistic shortcuts, political games, and opinion-laundering.

The suspension of the Task Force is a good start, but we still have a long way to go.

What I saw in my daily walk

by our masked photographer

When I go out on my daily walk with my camera, I tend to look for what we have in common with other creatures who are out and about. Here are a few examples, with pelicans, cats and a squirrel. Pelicans sometimes look like they have family quarrels. And sometimes cats and their servants get confused about who owns who. Even squirrels can act like we do: walking softly and carrying a big stick.

Why I Still Wear an N95: A Doctor's Perspective

By Nancy Malek
@N95Anaesthetist

Dr Nancy Malek is a Senior Visiting Medical Officer Anaesthetist in Sydney, Australia. She is currently leading a research project exploring Australian anaesthetists' experiences during the ongoing COVID-19 pandemic. She is actively involved in improving education around COVID and advocates for evidence-based airborne precautions in hospitals to safeguard both staff and patients. She believes that all doctors have a duty of care to understand the science of COVID.

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Ever since January 2020, I've been extremely COVID-cautious.
That might seem strange, given that I live and work in Sydney, Australia—where, until mid 2021, we had relatively low community transmission compared to many other countries. But from the outset, I chose to take a precautionary approach. I saw doctors and healthcare workers dying overseas, and I didn't want to risk my health—or my life—for my job.

Adopting that stance so early on, I quickly gained a reputation for being anxious and alarmist. Some colleagues even worried about my mental health.

But in truth, I was preparing for the worst-case scenario. I assumed COVID was airborne, even when our hospital's Infectious Diseases team insisted it was spread by droplets.

As an anesthesiologist, I was automatically at high risk. I regularly perform aerosol-generating procedures, which were recognized as dangerous from the beginning. Now we know that even breathing and speaking generate aerosols — but that wasn't widely known at the time.

To be fair, my colleagues did take the situation seriously in the early months. We practiced donning and doffing of respirators and gowns and avoided touching our faces. For me, though, I saw COVID everywhere. While my colleagues removed their N95 masks once away from patients and sat shoulder to shoulder in the tearoom for lunch, I put my fit-tested N95 mask on in the hospital carpark and didn't take it off until I was back in my car. These days, I take it off as soon as I step outside the hospital into the fresh air.

To this day, I keep my N95 mask on at all times. In other words, I don't eat or drink during my shift. I pre-hydrate before leaving home and wait until I'm home in the evening to eat and drink again.

When I'm on call overnight, I bring a portable HEPA purifier for the on-call room—and sleep in an earloop P2 mask that I've also been fit-tested for.

At home, I take many precautions, too. I use three CO2 monitors, open windows to maintain airflow, run at least one HEPA purifier in every room, and use far-UV disinfection lamps. I believe that clean air starts in the home!

All of these precautions have kept me safe throughout the pandemic. In contrast, almost all my colleagues have contracted COVID at least once —some multiple times. Some of them even have Long COVID.

I continue to speak to my colleagues about COVID. I make it clear that I am following the science, yet most mistakenly believe that COVID no longer poses a threat—to their health or their patients'. Over time, I hope to change that. I'll keep advocating, educating, and encouraging my colleagues to look at the evidence.

I believe all doctors have a duty of care to learn about COVID.

Last reviewed on July 6, 2025

Medical Doctors with respiratory conditions in Gaza, Palestine

by Aspa

Dealing with COVID-19 is not easy. But imagine how difficult it is if you are a medical doctor in Gaza, Palestine, which has been described by the International Court of Justice (ICJ) and the Israeli Information Center for Human Rights, B'Tselem, as under occupation and apartheid. Then it's almost impossible to protect yourself while caring for your patients under the harshest of conditions.

That is where **Dr.Abdalqader A.K. Wishah** finds himself. Two months ago, I noticed that he started sending LinkedIn posts about a respiratory illness, possibly COVID-19 or flu. I am pasting these posts here (with his permission) to give you a flavour of what he is going through:

I am now experiencing severe respiratory symptoms—tightness and suffocation in my chest, profound weakness, shortness of breath, and a relentless cough.
Is this the new virus sweeping through Gaza?
Gaza is dying slowly.

From the heart of my shift,today I had to go to the hospital because of the severe shortage of medical staff. I went while exhaustion filled every part of my body, and breathing became harder with each moment. I took some medications and painkillers, but they brought little relief.
I ask you to keep me in your prayers for healing. 🤍

Hello my friends,
I want to reassure you that I am feeling better now and in good health, though I still have some fatigue and mild shortness of breath.
What is sweeping through Gaza is by no means an ordinary virus. I have had COVID-19 before, and I can tell you with certainty that this illness is far more severe, with similar but much harsher symptoms.
Your support means a great deal to me!

We wish we could send you and your colleagues FFP3 respirators Dr Wishah! Thank you for all the amazing work you do for your community! Keep masking as much as you can - and cover your nose with the mask too! We send all our best wishes to you and your colleagues!

Masking in a hospital in Gaza, Palestine

by Aspa

I often complain about how difficult it is for me to be a lone masker at work. And then I saw this photo by Dr Yahia Mezied, a medical doctor from Gaza, masking while attending one of his very young patients. That photo was accompanied by a poem and plea for support, which I will include here. That LinkedIn post made me think of the following: Being a medical doctor is challenging enough, even in ideal circumstances. Imagine being a medical doctor in the midst of genocide, risking your life to save everyone. Imagine while doing that, having enough capacity to also write beautiful poems, fundraise, write heart-breaking LinkedIn posts, and wear a mask to protect yourself and your patients.

Multi-tasking can be tricky at the best of times. But if this doctor can multitask in the worst possible conditions, the rest of us can definitely multitask and do our best for public health and each other. I will never complain again about how difficult it is for me to wear a mask and be a lone masker after seeing this photo. Please support Dr Mezied and his colleagues, and wear a mask.
We wish we could send you FFP3 respirators Dr Mezied!

By Dr Yahia Mezied:
In the pediatric ward, every claim collapses

Here, in the children's ward,
we are not fighting illness alone.
We are fighting hunger, siege, lack of medicine, and deliberate neglect.

Fragile bodies.
Newborns without adequate milk.
Infants whose breaths we count because the most basic medications are unavailable.
Mothers handing over their children knowing there are almost no options left.

This is not a temporary emergency.
It is a systemic collapse of a health system left alone under bombardment and blockade,
while international institutions issue statements
and fail or choose not to deliver the most basic right: medicine.

Every shift forces impossible choices:
between one child and another,
between limited supplies that cannot serve all,
and a professional conscience eroded by inhuman conditions.

What kind of global system allows a child to be denied antibiotics?
What kind of institutions speak of "concern"
while children die quietly?

We work with what little remains
of equipment,
of strength,
of humanity.

Through our medical tent, we try to fill a void left by everyone else.
But the painful truth remains:
children cannot be saved by intentions alone.

🔗 Medical tent support link:
https://lnkd.in/dVf-cydS

This is not a call for sympathy.
It is a call for accountability.
Children's health is not a political file.
It is a non-negotiable right.

What can psychology tell us about effective collaboration?

by Sohniya Johal
a first year psychology placement student

What is collaboration?

Collaboration is the process of multiple people being involved in the completion of a task.

Why is collaboration important for fighting COVID-19?

Since COVID-19 first spread globally, there has arguably been an unaddressed divide between COVID-cautious people, and non-COVID cautious people. This could be due to the lack of communication between both groups, which can lead to misconceptions, and ultimately the public's attention drifts away from what is important- a pandemic free society.

But are there really two distinct groups, or is it more of a spectrum of COVID-cautiousness? My feeling is that it's a spectrum; for example, some people will wear mask some of the time, and others all the time.

Therefore, there is room for collaboration for us to:

- De-escalate hostility and build community bonds.
- Become more adaptable in case of future pandemics.
- Combine lived experience with scientific awareness to make policies inclusive and realistic.

In a Stanford University study, it was found people who worked collaboratively rather than individually were 50% more effective at completing the task at hand. This research teaches us that we can achieve more for society if we work together!

Moscovici's Research on the importance of Flexibility:
Moscovici's research into minority influence highlights that for a minority to successfully persuade a majority, they must acknowledge the majority's viewpoint and understand it. They must compromise where necessary and collaborate to ensure everyone's needs are met.

Policies shaped by one group can often feeling imposed upon another, which could explain the hostility and cause for the divide. Therefore, working together can produce strategies that are achievable and accepted by everyone to ensure better public health.

How can we effectively collaborate?
An analysis of classroom learning by Ellerton et al (2025) found five key components to collaboration:

1. Collaboration requires active learning.

This is because different perspectives must be understood and remembered. You should try to integrate others' opinions and ideas into your own to adapt behaviour and update any previous negative assumptions.

2. Collaboration is purposeful and driven by shared goals.

Our shared goal is a pandemic free, healthy society. WHN aims to "save lives and livelihoods." Their mission is "to end the spread of COVID-19 and other preventable harms by mobilizing science and compassion into action, advising policymakers and empowering communities with practical strategies for public health and wellbeing".

3. Collaboration is fluid and dynamic.

Everyone must work together for groups to adapt, integrate new information and achieve a common goal.

4. Collaboration values diversity

Everyone's ideas should be listened to and incorporated while forming a solution. The World Health Network welcomes everyone, no matter how COVID cautious you are, we can all learn and work together!

5. Collaboration involves effective communication.

Communicating allows us to expand our personal and collective knowledge, as we can learn from others and use their expertise.

The Neuroscience behind effective collaboration:

Oxytocin- the trust hormone

Neuroscience studies show that oxytocin plays a crucial role in social bonding. A study by Shiyi Li et al showed it is released during positive social interactions and collaborative work towards the same goal, and it can help build trust which leads to greater cooperation. High oxytocin levels can also boost empathy and create a greater sense of belonging in a group, all of which can improve collaboration!

Neural coupling:

Research by Reinero et al (2020) has shown that when individuals collaborate and focus on the same goal, their brainwaves can synchronise and align in a process known as neural coupling. Alignment in brain activity particularly occurs in regions that are associated with communication and problem solving. This synchronisation enables smooth task execution and communication between the individuals, as it believed synchronized brainwaves reflects a shared mental state.

Key Messages:

In summary, collaboration reduces fear, strengthens trust, and turns fragmented communities into resilient ones; COVID-19 is not just a biomedical challenge, it is a social one. If we want a pandemic free, safe society, we need to rebuild the habits that make societies strong: communicating, compromising, and collaborating. The path forward is not complicated. It is collective!

Music as a Stimulant and a Regulator

In the face of confinement to one's house, how can you remain positive, stimulated and keep stress levels low?

A blog by Jenaye Kelly-Smith
a first year psychology placement student

8 Benefits of Music for the Mind

1. Listening to music impacts the cerebral cortex, which houses our motor cortex, responsible for dancing and movement to the rhythm. Physical activity releases neurotransmitters like endorphins, serotonin and dopamine which directly positively influence mood.
2. Listening to songs you liked in childhood activates the hippocampus and limbic system to create nostalgic memories producing emotional feelings of pleasure and reward
3. Listening to music can decrease cortisol levels and lower heart rate and blood pressure, reducing stress
4. Listening to music activates parts of the brain which enhance creativity, providing an outlet for emotions
5. Listening to music can improve attention, focus and concentration allowing for task completion, which causes positive feelings of accomplishment and satisfaction
6. Performing music can help with development of motor skills, promote brain connectivity and enhance cognitive potential, improving general functioning and quality of life
7. Music creates community - including online spaces - which can significantly improve mood by providing social connections, and a sense of purpose and belonging
8. Exposure to various cultures, messages and personal stories through music can be emotionally moving and enriching

Enjoying music in all of its forms from the comfort of your own home carries many benefits for both mental and physical health, as well as bringing about social opportunities.

Sources:
https://health.clevelandclinic.org/how-does-music-affect-the-brain
https://thesciencesurvey.com/editorial/2024/07/05/musics-impact-upon-society/

COVID-cautious gardening in Australia

A WHN member is a keen gardener, and we wanted to share with you some of their garden updates! Thank you for allowing us to use these beautiful pictures in the magazine!

Garlic cloves planted on 21 April 2025 are growing well.

May

The Crocus bulbs (Saffron) are growing well!

May

How do our workplaces influence how COVID-cautious we are?

A blog by Jenaye Kelly-Smith
a first year psychology placement student

Week by week, we spend many hours at work, surrounded by other people who can influence how we feel, speak, act, and even think, through unspoken rules and hierarchies, and implied norms.

However in 2020, during the first outbreak of Covid-19, the way we operate, interact and earn an income took a progressive turn as we tried to manage the pandemic, with social distancing and remote communication coming into play, and an even higher importance placed on hygiene, masking, and disinfecting shared surfaces.

Now in 2026, steadily approaching 7 years from this point, why does it all seem a distant memory?
Is the reduction in our awareness really justified?
What factors influence our collective approach to COVID-19 now as a society?

Let's explore the psychology of how our social settings, specifically work spaces can create norms and standards which impact the way we think about and navigate the ongoing COVID-19 pandemic.

Many places of work involve being sat at a desk for hours on end, with just a lunch break to separate the time.

Our office windows get cracked when the sun comes out, just to be shut up again at the first hint of a dropping temperature.
We share desks, equipment, and small spaces, often rushing around too much to even consider what could be being transferred between us.

It appears the standard way our workplaces operate naturally drive us to give less attention to airborne threats like COVID-19.

Still, as individuals, we could always mask, right? We could make extra efforts to sanitise shared surfaces and keep an eye on the airflow and be wary of those who are ill, even just with a common cold.

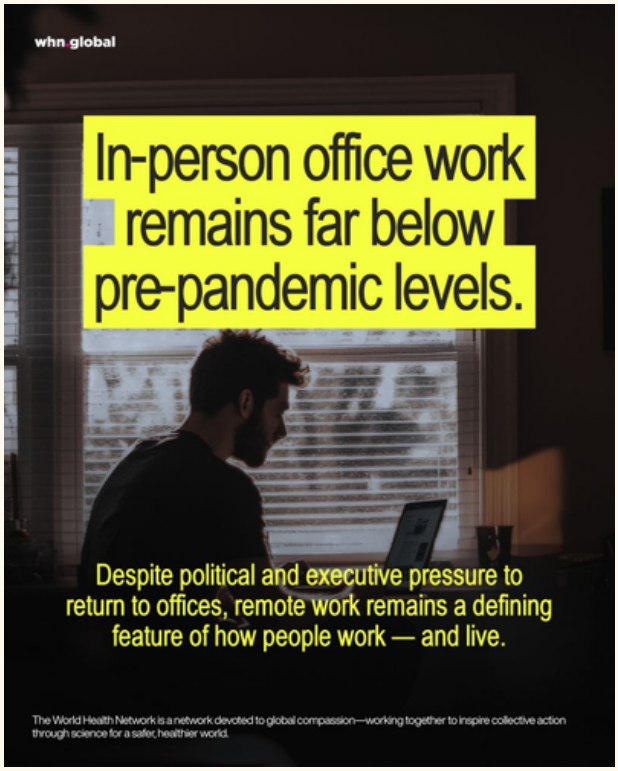
So... why don't we?

We were all greatly impacted by the coronavirus since 2020, in various ways. We all know how serious it is.
So why did we stop giving it attention after just a couple of years?
What is the psychology behind these choices?

Bandura's social learning theory suggests that we take influence from people around us we consider to be role models. In our workspaces these could be our bosses, superiors, even other colleagues who may be more experienced.

If our employers do not make efforts to mask or encourage masking, perhaps it has a kind of knock-on effect, whereby those under them may not feel as comfortable to mask or even consider it one of their options.

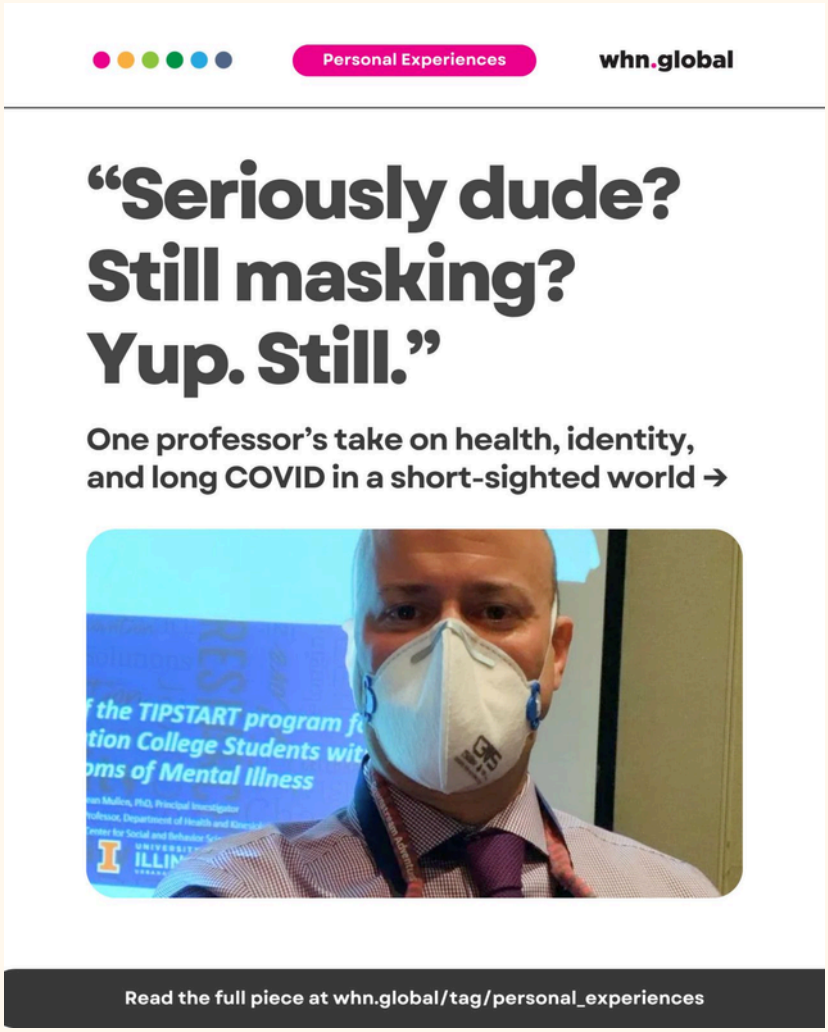
It is likely we are subconsciously influenced not to mask, or take any other safety precautions against COVID-19, because we do not see these things demonstrated by those above us, integrated into our everyday at work, or even spoken about much of the time.



Though Bandura's theory of role modelling was made to be applicable to children, arguably we see the same principles of influence in adults – though we are much more capable of making our own choices, we can still tend to follow what is going on around us, especially in professional settings where impressions have a big impact.

Even more strongly linked with this concept in adults are the Asch Conformity Studies, during which it was discovered that participants were likely to conform to whatever the majority in the room were saying/ doing, even when they themselves thought differently.

This research can be easily applied to workplace settings, where even those who believe they are not taking enough action to protect themselves and others against COVID-19 may decide to continue not masking, not sanitising, not ensuring there is enough airflow through the building etc regardless, since they see that nobody else is doing it.



Stuck in the Middle with Masking: Playing the Long Game in a Short-Sighted Age - WHN

We may understand that COVID-19 has not disappeared and still requires for us to be cautious, but not take any action simply because despite the seriousness of the virus, this did not remain the standard since around 2021.

We may shy away from masking, distancing, advocating for safety because we notice that many of those around us are just getting on with life, as if COVID-19 is a mere thing of the past.

But things do not have to continue in this way.
One of the key ways to elicit change in ourselves is by understanding the reasons for our behaviours in the first place. Acknowledging that we may often just conform to the norms set around us, especially in the workplace, can help us to take a step back and ask ourselves if certain things being normal makes them correct.
We may have to step out of our comfort zones at first to begin making workplaces more covid-cautious, but the more of us that have the courage to be the first, the fewer of us that will have to. Let's not be deceived by the general approach society seems to have taken to COVID-19, in adopting an unwarranted amount of lenience around safety and protection from it.
Giving more attention to masking, ensuring airflow in all of our spaces is good and being careful with contact will help us to protect our immune systems better from all disease and infection, not just COVID-19.

SOURCES
Bandura's Social Learning Theory - https://www.simplypsychology.org/bandura.html
Bandura's Bobo Doll Experiment - https://www.simplypsychology.org/bobo-doll.html?ezoic_amp=1
Asch's Conformity Studies - https://doi.org/10.2307/2786436


whn.global

Experts are calling for N95s to replace surgical masks

As flu and COVID spread at high levels, public health experts warn that loose-fitting surgical masks were never designed to stop airborne transmission are no longer enough.

The World Health Network is a network devoted to global compassion—working together to inspire collective action through science for a safer, healthier world.

Do astronauts wear in helmet in space Nina?

‘Not quite. The suit and helmet are from a "pressure suit" - the type worn by fighter pilots, and not a "space suit".

A space suit costs about £15 million and they don't let just anyone handle them!’

‘A pressure suit is intended to protect people from high G forces. All astronauts will have used them during their training.’

Nina Wildflower is a science teacher,songwriter,musician, and COVID-19 campaigner.

Working When Safety Isn't Shared: A Balanced Approach

A WHN blog

I've been at the same digital marketing agency for 15 years. Previously full-time in the office, everyone has been permitted to work remotely since March 2020. A handful of people like to go into the office – some daily, others a few days each week. But the majority work from home.

A few times each year, we host events that bring most people into the office, whether it be for learning opportunities, collaborating, or socializing at holiday parties. As a leader at the company, it's important that I show up for some of these events, and I do genuinely enjoy hanging out with my colleagues.

So on those days, when I can expect up to 40 people be in the office, I do whatever I can to make it safe for me to be there. I wear a KN95 or an N95. I use nose spray and mouth spray. There are large air purifiers running in the conference room. I eat alone in my private office.

Unfortunately the windows throughout the office don't open, so ventilation isn't an option. I'm also unsure of how the shared air through the building's HVAC system impacts our office's air quality.

So I follow wastewater data to help me decide whether it's worth the risk to go into the office. I've lucked out with our Halloween party the past two years where we've had low levels of COVID-19 transmission. But I continue to skip the holiday parties at the end of the year when transmission is high.

In the Spring we have a tailgate and go to a baseball game, and while the first few years I skipped it altogether, the past 2 years I've felt comfortable hanging out in a parking lot reasonably spaced from my colleagues, throwing beanbags and bonding in what I consider to be as low-risk an activity as I can get. I still skip the game since that's a lot of people tightly packed into seats, but the tailgate is a great work social event.

Ahead of each event, we remind everyone not to come in if they have any sick symptoms. We stream everything via Google Meet so anyone who doesn't come in can still learn and participate from home.

Out of the 40+ people who come into the office, I am the only one masking. It's disappointing that some of the people I've spent so many years working with don't consider putting a mask on even as a courtesy to me.

But in a time where Return to Office mandates have become the norm, I consider myself lucky to be afforded the flexibility to work remotely full-time and maintain relationships with my colleagues over video chat and the occasional in-office get-togethers.

In Italy, four years after the COVID Games, Olympic teams are still isolating – FasterSkier

The Last Mask On: How SARS-CoV-2 Changed My Life Without Even Touching Me.

A WHN blog

My encounter with SARS-CoV-2 at work was abrupt. On Monday, March 9th, 2020, my boss called to say he would stay home out of caution due to a mild fever. The following day, lockdown was announced, and we all began working from home. By the weekend, my boss was admitted to the local hospital's emergency room, where he would remain for two months in intensive care, unconscious and intubated. Initially, I feared I had been infected (fortunately, I hadn't). The uncertainty about my boss's fate lingered much longer, as I became the sole liaison between his wife and our coworkers, sharing what little information I received.

During that period of emergency, very terrifying even though somehow sweet, I started reading about COVID on Twitter, connecting with many other people, choosing to follow the more sensible, scientifically-oriented and rational voices, eventually joining-in a community which would grow and keep me well-informed through the following years, up until now (having recently mostly moved to Bluesky...).

After an extended period of remote work, we returned to the office, all wearing masks, "protected" by a massive set of safety measures: plexiglass barriers, spaced-out seats in the canteen, two-lane corridors, disinfectant gel everywhere, increase in cleaning staff disinfecting handles and desks, flexible work-from-home arrangements, elbow sneezing. We were shooting strong but we were shooting wrong. We didn't know yet, but we were mainly shooting wrong. At the beginning very little was known and clear. Even masks, the one potentially effective tool among our arsenal, were largely misused—most of us wore surgical or fabric masks because they "could let you breathe better," while remaining unaware that properly fitted FFP2/FFP3 respirators, even though initially scarce and prohibitively expensive, were what we would have truly needed.

Then came the so-called “end of COVID”, brought by extensive vaccination and dearly supported by strong economic interests and by the Great Barrington declaration.

Meanwhile, scientific understanding had advanced significantly, with many researchers accurately explaining SARS-CoV-2’s nature, but nobody would listen anymore. Mainstream media kept on repeating the new dogma: COVID had become “just like the flu,” the pandemic was over, only “weak” people could be seriously affected. Only through my COVID-aware Twitter community could I learn that COVID is airborne and that long COVID is an important problem.

The initial protective measures, right or wrong, were to stay for a very long time, at work and everywhere. But none of the subsequently proven evidence-based protective measures became mainstream. They missed the magic moment when government would care and people would listen. Consequently, we never saw comprehensive clean-air initiatives in public spaces, proper ventilation and air filtration in schools, systematic wastewater surveillance for infection monitoring, or risk-based activation of public health measures. Mask requirements disappeared entirely, even in hospitals and crowded venues. No coordinated effort was made to maintain Rt below 1 and truly end the pandemic.

For the first time in my life, I personally experienced the extreme power of social media. I trusted my twitter community composed of scientists and rational thinkers who consistently shared links to respected scientific publications – Nature, The Lancet, BMJ – journals I’d known since I was a child, my mum being a biologist. I am not a scientist myself (I am an engineer) but I can grasp the gist of what I read. Especially when I read it hundreds of times, in different articles, across multiple credible sources. COVID is still among us, in a pandemic form, and it is still very dangerous, more silently but massively. It can damage every organ of our bodies. It is dangerous for everyone, strong or weak, young or old.

Only thanks to my COVID-conscious Twitter community am I still taking precautions against SARS-CoV-2. But in my town and in my workplace I am literally the only one. From the COVID experience I have learned that we are mainly, and strongly so, social animals. We are just feeling safe doing what the fellows around us are doing. In my physical environment, people have reverted to pre-2019 behaviors. But in my Twitter (now Bluesky) world they are still caring. And I am completely divided and torn amid these two communities, being a social being myself, navigating membership in both worlds.

Each workday, I wear my conspicuous 3M Aura FFP2 mask for eight hours. I've abandoned the cafeteria, choosing instead to eat lunch in the nearby fire-escape stairwell. I share an office with three colleagues and attempt to maintain ventilation by opening windows, but I seem to be much more cold-resistant than my co-workers. I think I became so in these years of tentative outdoor-only social life. To minimize friction, I use an Aranet4 to monitor CO2 levels and optimize air quality without continuously keeping the windows open (which I would do if I were alone).

I do take coffees with my colleagues during breaks, but always opening a window nearby while sipping.

It is not easy. It is becoming more and more difficult. It is difficult to be a supervisor with a mask. It is difficult to socialize and network while being the strange one. It is difficult to decline every invitation to work lunches and parties. It is difficult being the sole mask-wearer among 2.500 employees.

I no longer try to speak my mind out. Nobody will listen. The social bias is too strong. Science is not a reference for most people.

Recently, the directional markers that once guided COVID-safe foot traffic through our office corridors have been removed. While this particular charade is finally over, I continue to struggle with each workday, longing for a new job that would allow me to work outdoors.

Why do I persist? Perhaps I do not know, some days I really don't. But perhaps it is because I feel that behind the COVID-conscious accounts I follow are wonderful human beings – a community whose only shortcoming is not living in my town or working alongside me in my workplace – and they may be right about this SARS-CoV-2 thing. Even though I hope they, we, are not.

Luca Bricarelli
Genoa, Italy, 18/12/2024

You’re Not Alone: Restarting Protection in 2026

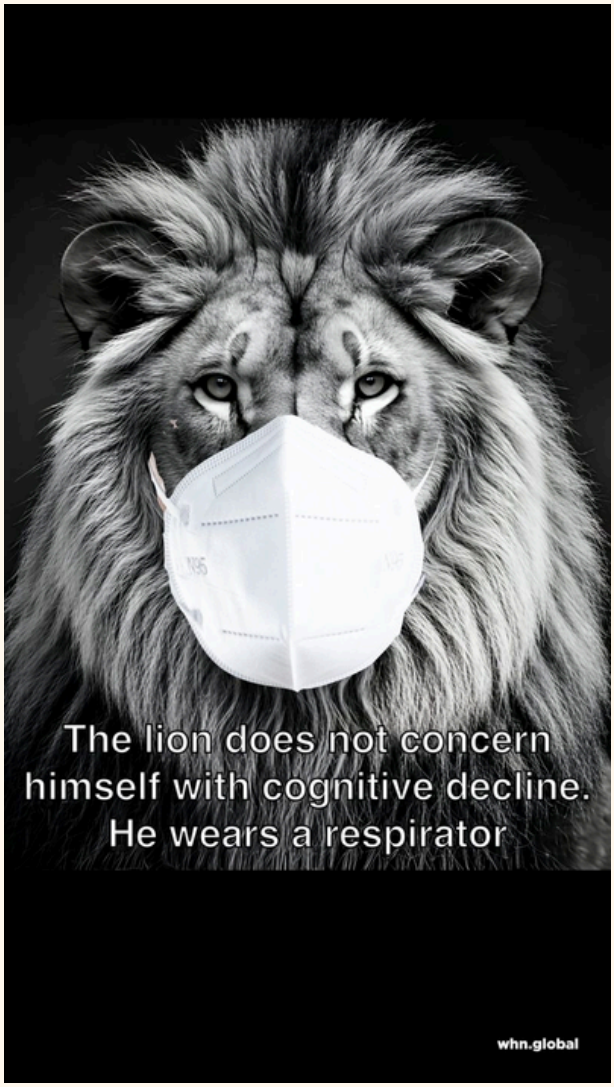
A WHN blog

The global COVID pandemic is in its 7th year. Unfortunately, the virus did not get the government and WHO memos that the pandemic is over.

Science and medicine have learned a LOT about COVID in the last 6 years: its short and long-term impacts; its effects on our immune systems, our organs, our brains. Things we did not understand in 2020. We are also learning effective ways to prevent and mitigate this disease.

Each of us has also learned and experienced a lot in the last 6 years. We, our children, loved ones, friends, colleagues are experiencing first-hand the effects of COVID that science is studying. We are all subjects in this uncontrolled experiment.

At WHN and in other organizations, we are hearing from people who had stopped taking precautions when our countries and communities “opened up” again and are now rethinking how to protect themselves. They are asking us very important and reasonable questions. The WHN website (whn.global) has many science-based resources and guidelines.



A few are linked here.

1. I’ve had COVID a few times. What is the value of protecting myself now?
2. What about if I have Long COVID?
3. What about other airborne diseases like measles, RSV, flu?
4. What can I do to protect myself?
5. I have other medical conditions that require medical appointments. What are the best ways to protect myself in a medical setting?
6. How can I be safe in my workplace? The supermarket? In my day to day life?
7. How can my children be safe in school and their other activities?

As you navigate your situation, now, in 2026, know that:

1.It is NEVER too late to begin taking precautions from future infections. In the last few years, we have learned that infections build on one another. Long-term damage in the form of Long COVID and also organ damage is more likely and worse with each new infection, even if the symptoms of the infection itself are mild.

2.You are not alone. Sometimes it feels like no one else is taking any precautions. People taking precautions aren't out and about as much in crowded spaces. Also, some precautions are more visible than others. So, while it seems like no one around you is doing so, many people are, in fact, reevaluating their precautions.

3.There are many ways to take precautions. You must decide in what settings to take which precautions. What is your objective in taking precautions? COVID and other airborne diseases put everyone, even the healthiest, at risk for serious health consequences. This is especially so if you or a loved one already has health challenges, including previous infections. What are the most and least safe places you are in each week?

4.COVID is a moving target. So is our knowledge about it. And so is each of us. As you become more informed and aware, and as scientific and medical knowledge grows, your precautions may change.

5.Taking precautions is hard. It requires ongoing consideration of your fluid situation, and it will likely mean making different choices than those around you and even asking for their support. Whatever you decide to do, protecting yourself and others can bring a deep sense of: integrity, your actions are in line with what you now know; accomplishment, it takes courage to go against the grain in any area; connection, you are part of a growing community of people acting similarly. And, your actions will ripple out and encourage and support others. How cool is that?

6.World Health Network is here to help. Our guidelines on all these topics are reviewed carefully by WHN scientists and medical professionals and are updated as new information and research become available. This information is there to help you make the best decisions you can in your situation. Our community welcomes you, wherever you are in the world, and invites you to ask questions, share your concerns, and learn from each other's lived experiences.

7.Tell us about your journey. One important way to know you are not alone is to hear the stories of others who are reevaluating their own precautions. We invite you to share your journey, to date. We will post stories on our website for others to learn from. Let us know why you started, or are considering, taking precautions again!

You don't have to go back to the beginning—you're starting from where you are now, with new knowledge, deeper experience, and renewed care. Whatever step you take next, it matters. World Health Network is here with you—with science-based guidance, shared stories, and a global community of people who are choosing protection, connection, and hope. Let's keep each other safe—one thoughtful choice at a time.

Professor Deborah Luptons' reflections

While scrolling on LinkedIn, I am so often impressed by Professor Lupton's reflections. She very kindly agreed to allow us to use these reflections for our magazine.

Hanging out with Blinky Bill at the National Film and Sound Archive of Australia. Also saw an amazing commissioned multimedia installation, 'Inferno', by Mikaela Stafford

WHN Voices Magazine

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Issue 3 will be about Vaccine +

Find out more about how to get involved with WHN