

From: cleanair@cleanairtas.com
Sent: Wednesday, 10 January 2024 12:11
To: 'Samela Husakovic'
Cc: 'DVCR RECS Human Ethics'
Subject: RE: URGENT complaint - Human Ethics, Conduct and Integrity
Attachments: BREATHE_project_Prof_Dane_McCamey9.1.2024.docx

Samela Husakovic
Acting Director, [Research Ethics & Compliance Support](#)
UNSW

Dear Samela,

Attached please find correspondence for Professor Dane McCamey, Po Vice-Chancellor Research.

Thanks for forwarding and would you kindly let me know when he has received it?

Thank you.

Best regards,

Clive Stott

From: Samela Husakovic <s.husakovic@unsw.edu.au>
Sent: Tuesday, January 9, 2024 1:56 PM
To: cleanair@cleanairtas.com
Cc: DVCR RECS Human Ethics <humanethics@unsw.edu.au>
Subject: RE: URGENT complaint - Human Ethics, Conduct and Integrity

Dear Mr Stott,

Please find attached a correspondence from the UNSW Pro Vice-Chancellor Research in response to your concerns raised regarding the BREATHE project (HC200477).

Best regards,
Samela

Samela Husakovic
Acting Director, [Research Ethics & Compliance Support](#)
UNSW SYDNEY 2052
T: 02 9065 8520

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Professor Dane McCamey FRSM FAIP
Pro Vice Chancellor Research
UNSW
Sydney.

Dear Sir,

BREATHE project (HC200477) – Kirby Institute

Thank you for your letter received yesterday. I do feel the need to respond to you quickly as something needs to be done in a hurry re your surgical mask participants breathing wood smoke.

This is disappointing for the lung patient participants, their families and anybody else who believes they can wear a surgical mask to stop wood smoke.

With the greatest respect I feel you are just backing up, supporting, other university staff who are receiving funds to undertake this project. You are not supporting the very people you should be, ie the surgical mask participants. You have provided no substantive evidence to support continuation of wearing surgical masks to breathe wood smoke.

To say the project will continue to be monitored shows I feel you do not understand that it could be too late according to published data. Damage most likely could have already been caused to those participants.

This should not be seen as a delaying exercise. The surgical mask arm of this project needs to be terminated 'yesterday'. It should never have commenced.

I simply cannot believe you would not know how dangerous it is to breathe wood smoke of any quantity, or for any duration, especially when wood smoke is a well-known health hazard, and to magnify the issue these participants had to qualify with a known lung disease to be in your study.

It is simply irresponsible to put people in surgical masks and have them breathe wood smoke. Are you sure you have seen everything I have forwarded in relation to this matter? Quite frankly I feel your response to be way off the mark and leaves me in doubt about other university studies which may have used what I would call human guinea pigs, to put out a paper.

**There is no safe level of wood smoke. This is what all the studies say. Why is this project any different and why are these participants deliberately being exposed to wood smoke?
If there was such another study required to prove the filtration efficiency of surgical masks for wood smoke (and I do not believe there does) it does not have to be carried out using humans already suffering diseased lungs!**

And to be completely honest I feel the amount of support offered to these people should their disease turn out to be made worse over the years because of this surgical mask exposure to be most inadequate from an ethical point of view. According to your information down the track they are on their own!

The hypocrisy of Prof Macintyre if as she says she is an asthmatic, to put others in surgical masks and have them deliberately breathe wood smoke is beyond comprehension. We know a much greater percentage of unfiltered smoke is breathed through a surgical mask therefore will be inhaled into the lungs. Some will cross over into the blood stream and the toxins can travel to every organ in the body.

It goes against all known science to expose someone to wood smoke wearing a surgical mask.

I have referred you to CIG findings and provided you with surgical mask filtration % data.

"Every single disease that is non-communicable is impacted by air pollution. It is not only involved in worsening diseases but in causing them, and new diseases that would not otherwise occur are happening because of air pollution" - Sir Stephen Holgate, National Clean Air Conference Nov. 20/21

We know wood smoke mostly consists of fine particulate matter (PM2.5). Surgical masks were never designed to inwardly filter wood smoke or wood smoke gasses.

Air pollution and particulate matter (PM2.5) are listed by the WHO as a Group 1 carcinogen, i.e. known to cause cancer in humans.

Similar Group 1 carcinogens are asbestos, arsenic, formaldehyde, and mustard gas to name a few. Are you saying Human Ethics would allow surgical mask projects on participants subjected to these substances as well?

Human Ethics are there to provide protection in human studies, not to knowingly allow potential harm to participants as is happening here.

Professor, you are telling me you are not going to immediately terminate the surgical mask arm of the BREATHE project and these participants are going to continue breathing wood smoke.

What and how long is it going to take to have you change your mind?

Yours faithfully,

Clive Stott
10th January 2024