



15 November 2021

The Rt Hon Boris Johnson MP, The Prime Minister
10 Downing St
London
SW1A 2AA

Dear Prime Minister,

I wrote to you a few times in 2020 on the subject of Photohydroionisation™ and Reflective Electro Magnetic Energy™ (PHI/REME) as an established and proven control technology for severely limiting COVID transmission throughout entire indoor spaces by destroying air and surface emissions instantly and continuously at the point of transmission whilst simultaneously improving indoor air quality (IAQ), occupant health, well-being, productivity and preserving energy efficiency. I was hoping for some sort of meaningful engagement with HM Government given the way PHI/REME works and the benefits it can bring to our post pandemic society but alas that hasn't happened yet despite my company's best efforts and being told it should happen by virtually every MP and Peer I have spoken with.

PHI/REME comes with impressive heritage and credentials for an advanced air cleaning technology. It was originally invented in the late 1990s by a world renowned 35 year old US based environmental innovator and manufacturer across air and water purification and food sanitisation. It is widely accepted and used around the world with 5 million installations across numerous verticals including residential, health, education, hospitality, public transport and many others. Most importantly in the context of current air cleaner guidance, it is supported by more than 2 decades worth of peerless independent safety and efficacy credentials from accredited testing labs and universities. It is the only safe, effective and proven air cleaner technology capable of killing viruses instantly at the point of transmission that adds an extra layer of protection beyond what's possible following SAGE-EMG and CIBSE guidance that promotes ventilation air change increases, HEPA filtration and upper room or far UV-C. These are all passive methods that rely on moving live viruses to the point of treatment or removal which means people are at risk of infection until the virus reaches there or is wiped off surfaces. With PHI/REME this risk is drastically reduced to virtually zero. Furthermore it's not behaviour dependent (unlike having to open windows or wear masks or clean filters every

week), it preserves energy efficiency, is completely unobtrusive and can be easily retrofitted onto walls, ceilings or into HVAC systems.

You may wish to note certain scientific “experts” such as SAGE-EMG Chair Professor Cath Noakes have dismissed PHI/REME as “novel” and even unproven and/or unsafe but this myopic rhetoric is without foundation and ignores the independent safety and efficacy evidence and real world experience of millions over 2 decades that supports it. This attitude is typical of the wider problem caused by the “follow the science” maxim that has resulted in government policy on recommended ventilation strategies and air cleaning technologies being controlled by groups like SAGE-EMG comprising highly influential but biased scientists and academics, many with vested interests, who used their position of influence to promote their preferred methods and technologies to the exclusion of alternatives technologies like PHI/REME that offer better and more effective indoor protections against viruses. Consequently the entire country continues to be held back and indoor transmission rates are still a significant problem.

SAGE-EMG’s entire thought process in relation to air cleaner technologies and ventilation is governed by assumption, bias, shallow and inept industry, product and technology research and knowledge and is supported by little or no field experience. Consequently their guidance lacks the insights that deep industry knowledge and experience could provide and excludes the safest, most effective, and most energy efficient measures so by definition their recommendations are not as safe or effective as they could be and are definitely contributing to the high rates of indoor transmission and death we continue to see today. If left unchallenged this will mean prolonged high rates of infection and death and will ultimately impact our health and wellbeing/productivity and Net Zero ambitions.

Your government must stop being led by SAGE-EMG and other scientists on this subject. They are not the experts they say they are that you recognise them as and give them credit for. Listen to their advice yes but also take the advice of others with real field experience and expertise and deep knowledge of the products and technologies.

All of my prior letters accurately predicted the need for more lockdowns and increased rates of infection when lockdown measures are relaxed because as stated above none of the recommended ventilation or air cleaner mitigation measures are capable of destroying COVID emissions instantly and continuously at the point of transmission and vaccines have proved an unreliable means to stop transmission. Ventilation air changes don’t kill viral emissions immediately (and can just as easily help the spread rather than reduce it). Filtration doesn’t kill viral emissions immediately. Upper room or Far UV-C doesn’t kill viral emissions immediately. They all rely on live viral emissions to be moved through the indoor air to the point of treatment or removal and this is where the real risk is even with

fully vaccinated people who can still catch and spread COVID. Airborne virus transmission risk is a factor of how quickly you can remove or destroy emissions and because PHI/REME treats air and surface emissions instantly at the point of transmission it offers the biggest risk reduction. This is a simple matter of fact that SAGE-EMG scientists don't even discuss. They only talk about what their preferred technologies do once the virus is being treated and are therefore guilty of misleading all of us in this respect. It's now time for your government to recognise this essential difference and to promote safe effective and proven active methods like PHI/REME for the extra layer of indoor protection they create. And remember PHI/REME is independently tested and proven to work like this in both air and surface scenarios on SARS-CoV-2 along with many other dangerous pathogens. In fact, the aerosolised protocols created in 2020 by Innovative Bioanalysis, the independent accredited testing lab used to validate efficacy against SARS-CoV-2 were so ground breaking they spawned interest from the US EPA and CDC/University of Georgia for collaboration on airborne virus removal techniques and a recent study by GeorgiaTech concluded PHI/REME was the only air cleaner technology they investigated that met their stringent safety criteria.

The situation the country now finds itself in reflects the continuing problem of many thousands of daily infections and increasing death rates despite many millions of people being double vaccinated. This reliance on herd immunity leaves the most vulnerable in society exposed and can and must be improved for their sake. We should not be putting anyone at risk if it can be avoided and should be taking every step possible to minimise indoor transmission risk especially if doing so is safe, simple, energy efficient, unobtrusive and doesn't rely on behaviour. Further the ongoing health risk that Long COVID presents to everyone who catches the virus places further onus on the need to minimise indoor transmission.

In summary we need the most effective indoor protections in addition to vaccines that minimise or completely prevent transmission and ideally ones that don't penalise energy efficiency and productivity which is what happens when we increase ventilation rates and/or open windows in winter. Protections that are not behaviour dependent or rely on moving live viruses through the air to the point of treatment. An impression has certainly been created by SAGE-EMG that following their ventilation and air cleaner guidance provides the best possible indoor protections but as discussed above this is a myth because of how their recommended mitigations work. For viruses we need better indoor protections. We need active protections like PHI/REME that kill emissions instantly at the point of transmission. These active protections must have the right credentials and PHI/REME is peerless in this regard - over 20 years old, safe and effective, independently tested and approved, 5 million installations across numerous verticals. To again reiterate you don't get these active protections from passive methods like ventilation air change increases, filtration or UV-C because of the differences between how they work and SAGE-EMG doesn't even discuss these

differences which is one of their greatest failings that leaves the consumer not knowing or having even an inkling that there are better protections out there.

Maybe you are now starting to understand this subject requires deep product and technology knowledge and considerable field experience to know the practical and operational differences between ventilation strategies and air cleaner technologies that you just don't find in scientific labs or academia. Only those who commit to researching the entire global market and properly understanding exactly what each IAQ technology is, exactly how they work and how safe and effective they really are can speak with authority on this subject and I've not come across a single scientist, academic, journalist, civil servant or commentator who has taken the time to do this properly. SAGE-EMG never even considered PHI/REME in their guidance and they had never heard of the manufacturer until I made them aware. This illustrates their breathtaking ignorance and indiscipline in terms of market research considering how long the technology has been in the market and the number of installations. On the other hand the business/duty of care owners and homeowners I've come across are professional and well disciplined who do their own research and all of the ones I've met to a person understand the relevance and importance of the differences between active and passive methods and conclude they need active technologies like PHI/REME for best protections against viruses. You should ask yourself why that is because right now many millions of Britons are following SAGE-EMG recommendations thinking it's the best advice when quite clearly it's not. They are being deprived of the best indoor protections against COVID by SAGE-EMG who refuse to recognise it. Put simply official guidance must be changed immediately to include active air cleaner technologies like PHI/REME and those in SAGE-EMG who make baseless inaccurate claims about active products and technologies must be told to stop.

The remainder of this letter is intended to provide you with a brief account of our experiences throughout the pandemic and my company's dogged and continuing attempts to get this game changing technology recognised and endorsed by HM Government. I will summarise some of our successes in terms of projects and contracts. I will also elaborate further on how I believe best advice on ventilation strategies and air cleaner technologies is not reaching HM Government regarding viral transmission but also how it could affect the UK's ambitions for Net Zero and productivity improvement. I am hopeful that after reading this you will want to meet with me but I'm a realist and I've no expectation in this regard. After all most of my letters weren't even acknowledged let alone replied to. I wonder if they were even read considering so many in the Civil Service regard people like me as chancers trying to make a quick buck in the pandemic. Time will tell if I get a response and I live in hope.

Projects & Contracts

Over the past 18 months we've completed a number of significant/influential projects including Lloyds of London, Mishcon de Reya, Birmingham Airport, JLL/RELX, BUPA Care Homes and signed 2 UK wide contracts with NHS Procurement for Infection Control and Air Decontamination technology. Also we just received confirmation of 2 strategic national projects – one from a well known and respected building engineering consultancy firm advising a large UK financial services firm with hundreds of branches up and down the country – and one from a renowned international medical journal publisher. These are major strategic projects undertaken by significant duty of care owners with massive footfall across their UK sites who take their responsibilities seriously and wish to create the safest and most energy efficient indoor environments (the Lloyds of London solution projected a monthly energy saving of 30% compared to SAGE-EMG/CIBSE guidance!). They understood the limitations and drawbacks of official SAGE-EMG and CIBSE guidance – no point of transmission protection against COVID/viral transmission and negative impact on energy efficiency caused by 100% fresh air, zero heat recovery and opening windows - and in all cases wished to establish the extra protections and efficiencies of PHI/REME. They listened to but were not unduly influenced by the negativity and baseless, inaccurate and sometimes inflammatory rhetoric from the scientific and academic community whose only objective is to scare consumers and business from using technology like this. They weighed up the evidence, drew their own conclusions and ultimately decided they needed PHI/REME. I was told one of the most compelling facts that helped them decide was there has never been a health and safety issue in over 2 decades and millions of installations including numerous hospitals, care homes and schools where indoor air quality is constantly monitored for microbials, VOCs and other pollutants. Indeed the only evidence from these verticals is reduced acquired infections, improved patient outcomes and reduced staff absenteeism. It's amazing how these "expert" scientists ignore the weight of this blindingly obvious and convincing evidence in favour of their biased scaremongering tactics. Just imagine how beneficial it would be for your government and for society if NHS hospitals could report reduced acquired infection rates or if care homes and schools could report reduce transmission risk ?

Safety & Efficacy of PHI/REME

We use PHI/REME in our home and have done for over 3 years. We've never had any ill effects from using the technology and it does what it says on the tin. It improves and maintains good indoor air quality, eliminates odours, prevents illness transmission and we are happy and healthy. Regarding COVID transmission our daughter caught the virus while visiting this year's Reading Festival. She was away for 5 days and came back with cold like symptoms. She was tested for COVID a few days later and was positive but none of us caught it despite spending a lot of

time in close proximity to her for those few days before we knew she had it when she had symptoms and was infectious. This is because her emissions were being killed immediately by the PHI/REME process in our home. If we had just filters or passive UV-C per SAGE-EMG recommendations we'd have probably caught the virus because her emissions would have remained in the indoor air and on our surfaces for longer but to date we've never had COVID because of this technology. Just imagine if there was a process like this achieving this level of protection in all the UK's indoor spaces ? We don't ever claim it will stop 100% of transmissions but when the technology is applied that risk is drastically reduced to levels not possible with the recommended mitigations. The potential benefits to NHS hospitals, care homes, schools, government buildings, offices, hospitality, supermarkets, warehouses, airports, public transport, food processors, gyms, the military, you name it are profound.

Safety of PHI/REME - Ozone

In my experience this is actually a poorly understood topic and I think you'd be surprised at how many influential government advisors don't know it as well as they should. The reason why ozone is a concern for air cleaner technologies is because some produce it as a byproduct and it's a known health hazard that irritates the lungs and can trigger asthma attacks. However, whilst scientists and health and safety executives are happy to shout from the rooftops about ozone what they don't tell you is the wider context that humans are constantly breathing it both indoors and outdoors and have been doing so all our lives without any ill effects so therefore what really matters is how much ozone we are breathing.

UK Workplace Exposure limits for indoor ozone is 0.2ppm or 200 ppb which is around 3-4 times higher than ambient/outdoor ozone and 30-40 times higher than typical indoor ozone levels. Think about that for a second and ask yourself if any of your "expert" scientific or health and safety advisors have ever told you this ? Current UK health and safety law doesn't even sound the alarm on indoor ozone until it has reached 30-40 times typical indoor levels which is shocking.

You may be interested (but perhaps now not surprised) to learn regulations and standards for ozone in other countries are more stringent and therefore safer than the UK. The State of California for example, which is the world's only jurisdiction that has legislated for ozone producing air cleaners has a mandatory threshold of 0.05ppm or 50 ppb which is approx. the same as ambient/outdoor ozone and above which air cleaners cannot be sold legally. There is another non mandatory standard called Zero Ozone which tests to 0.005ppm or 5ppb which is approx. the same as typical indoor ozone levels. These thresholds are entirely sensible being broadly similar to ambient levels which are obviously safe to breathe and yet under UK HSE law we allow many multiples for no logical reason which means the risk of health problems from ozone in the UK built environment is much higher.

There are two internationally recognised validation standards for ozone emissions from air cleaners – UL-867 (50 ppb) and UL-2998 (Zero Ozone 5ppb). The State of California operates its own UL-867 testing program that can be performed by any of 15 state approved and accredited labs and its website publishes details of approved (and dangerous) devices. Further many of the accredited labs operate their own non-mandatory UL-2998 Zero Ozone programs and publish lists of approved devices. Therefore, there is considerable transparency relating to ozone from air cleaner devices and PHI/REME is of course independently tested and certified to meet both standards. Whenever we speak to a customer about ozone we advise them to be guided by State of California standards and not UK HSE because it's safer for their staff and customers and they thank us for our expert knowledge and advice in this regard. May I suggest you consider changing UK HSE law in relation to ozone thresholds to make it safer for Britons at home and at work ?

Safety of PHI/REME - H2O2

I've found PHI/REME is often conveniently and erroneously confused with hydrogen peroxide fogging which is wrong. It is usually by ill-informed, biased scientists and academics either misunderstanding the differences or deliberately misinforming people as part of their agenda to discourage people from using it. I wish to correct that here.

H2O2 fogging processes are widely used in commercial cleaning processes. They use around 5% H2O2 concentration which is dangerous for humans hence treatment areas must be evacuated first. Whilst PHI/REME also uses H2O2 the concentrations are far far lower at around 0.000001% (0.001-0.02ppm) which is similar to ambient/outdoor H2O2 and therefore no more dangerous than breathing the outside air. Further, H2O2 is a natural detergent that decays to water vapour and oxygen on contact with organics or naturally so fogging processes must be given time for this decay to occur until the concentrations are low enough to be safe. PHI/REME on the other hand is a continuous process that mimics nature designed for safe indoor use with people present that relies on these ultra low concentrations to be constantly maintained which is the purpose and function of PHI/REME units. They are designed and calibrated to maintain an equilibrium concentration that is broadly similar to ambient H2O2. As with ozone, there are thresholds and standards for H2O2. The UK HSE Workplace Exposure limit is 1 ppm so the levels produced by PHI/REME are a tiny fraction of this (1/1000 to 1/50) and there has never been a situation in any of the millions of installations where measured H2O2 levels got anywhere close to regulatory thresholds.

Safety – VOC and Particulate By-Products

In recent months there has been increasing noise from the scientific community about “additive” air cleaners producing dangerous by-products from secondary chemical reactions in the indoor air. This is based on a number of subjective reports using questionable protocols designed by scientists arguably with an agenda to discredit and vested interests in other products. For example ozone production in a tiny enclosed shoebox sized chamber intended to make concentrations look higher than they would in a real world scenario. These scientists typically generalise the findings of these reports by suggesting all additive products are the same so must be tarred with the same brush. That cannot be acceptable especially considering the core technologies across the various types of additive products are very different. For example, a recent study by GeorgiaTech that tested a hydroxyl generator product has been used by certain influential scientists to discredit PHI/REME when in fact they are completely different products and technologies. Further GeorgiaTech actually performed an internal study of PHI/REME and concluded it was the only air cleaner technology to meet their stringent safety requirements.

I would argue that whilst there should be more research in this area the wider context of indoor air chemistry must be considered. The fact is we are constantly breathing the same VOCs and particulates produced from normal home and office activities, furnishings and products that they claim are produced by additive technologies and usually in far higher quantities. Activities like breathing, making coffee, cooking, washing, showering, cleaning, decorating, putting on make-up etc. Products like furniture, paint, cleaning products, deodorants, shoe polish, air fresheners, deodorants etc. They all produce these pollutants yet we don't stop performing the activities or buying/using the products that produce them. Formaldehyde is one of the most common indoor VOCs that we're always inhaling indoors yet it's carcinogenic but we don't stop buying or using the products that contain it. When we burn gas in our kitchen or wood in our fireplace we produce deadly carbon monoxide and toxic smoke but we don't stop doing these things. When we open a window we let in all sorts of nasty outdoor pollution (nitrogen dioxide, ozone hydrogen sulphide etc), road traffic soot, pollens, mould spores etc yet we don't stop doing this and are in fact being advised to do so right now. Our pets produce dander that can trigger allergic symptoms yet we live with them. The point is society lives with and accepts hazards when they are part of normal/essential living by observing safety thresholds and relying on extant ventilation strategies and air purification methods in our buildings to dilute, displace and remove pollutants. If we take these scaremonger scientists literally we should stop burning gas in our homes simply because it produces deadly carbon monoxide or we should stop buying furniture, new cars, decorating our homes, putting on make-up, cleaning our homes or buying and using the myriad of other home or office products that contain cancer causing formaldehyde yet we

don't and never will because they are part of normal living. The same principle must apply to additive air cleaner technologies which can and do produce byproducts but in concentrations so miniscule (parts per trillion range) they don't present a health risk and are a tiny fraction of what's always in the air we've been breathing all our lives.

Furthermore I would also argue the scientists are being rather hypocritical on this point. SAGE-EMG COVID guidance says the most effective mitigation for the COVID virus that can kill you faster than any VOC is dilution/displacement/extraction ventilation which is the same strategy we've relied on to eliminate VOCs for decades. Why therefore do they not say this same process will work for VOC or particulate byproducts from air cleaners ? After all every air cleaner technology is designed to work within a compliant ventilation strategy with sufficient air changes ?

It is obvious these scientists intend to scare people into not using additive air cleaners but their arguments just don't stack up to anyone with experience. And to be clear regarding PHI/REME there is absolutely no evidence it produces VOCs and particulates as by-products. On the contrary, independent chamber tests by accredited labs confirm it actually reduces concentrations of these to zero after a period of time.

The Problem with Independent Peer Review

SAGE-EMG conveniently created the notion that air cleaner technologies not fitting their preferred passive template are considered "novel" and must be accompanied by independently available peer reviewed papers attesting to their safety and efficacy before they can be considered credible. The problem with this is it makes the peer review process the fundamental determinant of whether a technology is credible rather than the inventor, manufacturer and the resources, methods and processes used to test and validate it which in the case of PHI/REME is ridiculous given the manufacturer's 35 year old history of innovation and manufacture of industry leading products, its enormous commitment to quality and its ISO 9001:2015 certification.

The pandemic has seen huge numbers of new products arrive on the market so its understandable why there was a need to put a control on new technologies to ensure quality but there was a more subtle objective - to create the impression that any technology not fitting this preference template is somehow not compliant and dirty which would make consumers and businesses reading the guidance think twice about using it. In the case of PHI/REME, none of the validation studies over 2 decades have ever been submitted to peer review despite being produced by independent nationally accredited labs and universities and following challenging protocols designed by experienced scientists and academics and yet SAGE-EMG

Chair Professor Cath Noakes won't review or analyse them but at the same time is quite happy to publicly discredit it – all because its test papers aren't peer reviewed and don't fit these subjective requirements.

Peer review should be limited to newly developed technologies or concepts and not those that are well established with independent proof for safety and efficacy. As long as the evidence is from credible independent sources and the protocols are relevant and challenging that's what's important. Also bodies of influence like SAGE-EMG and even CIBSE should be obliged to objectively investigate any air cleaner technology that presents with these credentials. This “guilty until proven innocent” approach, which can easily be manipulated by those with biased vested interests, must stop. For your information in the last 12 months we twice offered Professor Noakes the opportunity to investigate PHI/REME and on each occasion she declined saying she's too busy or has other priorities like her pet projects of the Bradford Schools UV and the St Andrew's and Leeds Universities Far-UV studies which do not and will never deliver point of transmission protection against viruses but perhaps more importantly ASHRAE says about the technology “While safety concerns are reduced, far UV can still cause damage to eyes and skin”. This is truly shocking. Why are we spending huge amounts of public funds on a technology many of us already understand that is known to be dangerous ? Had SAGE-EMG done their job and investigated PHI/REME with an open mind your government might today know about the safe extra protections it offers.

The Problem with Being Guided by the Science

Your decision to be led by the science since the start of the pandemic has politicised the subject of COVID ventilation and air cleaner mitigations and outsourced the questions of what to do and what methods and technologies to use to biased and inexperienced scientists and academics who are now so drunk on their own importance they don't engage with anyone and especially not people like us who will challenge and hold them to account. This problem is then made far worse by the media who assume these scientists are the experts they are described as and never challenge them. Similarly MPs and Peers don't challenge because it would mean disagreeing and stepping out of line with your government's policy. Therefore all roads lead to just a few scientists which is fine if they are balanced, well researched and make informed decisions but that has not been the case during the pandemic. Consequently, the official guidance remains unchallenged, ineffective and at odds with energy efficiency and productivity which is especially poignant given COP26 and the messaging your government is currently putting out about opening windows for a second winter in a row.

Our Efforts to Influence MPs and Peers

My company has spent close to £100,000 in the past 12 months with two PR firms whose only task was to get engagement with MPs and Peers and try to influence government policy for the inclusion of active air treatments to provide best protections to indoor spaces against viral emissions. Being only a small company this is a significant part of our revenues and a considerable undertaking but nonetheless I felt it was worthwhile and in ours and the public interest.

We have spoken to various people (see table below) and have been told in pretty much every case our technology must be used and yet nothing whatsoever has transpired since. For example when I spoke to Lord Best he told me he would introduce me to Sarah Johnson, the CEO of the Palace of Westminster Restoration Project but that hasn't happened. I believe there are reasons for this. Those I spoke to will have quickly realised if they were to champion PHI/REME and active air treatments they would need to:

- a) disagree / conflict with the prevailing scientific opinion from government endorsed bodies such as SAGE-EMG, CIBSE and many others
- b) disagree / conflict with government policy that is to "be guided by the science"

If faced with such challenges it's not surprising nobody wanted to take it up but this further illustrates the stronghold the scientists have on this subject:

Dr Philippa Whitford MP	Shadow SNP Spokesperson (Health and Social Care) and is also a member of the Coronavirus APPG.	15 Jan 2021
Lord Best	Housing and Planning APPG	18 Jan 2021
Earl of Lytton	Vice-chair for the Healthy Homes and Buildings APPG	20 Jan 2021
Sir Paul Beresford MP (my constituency MP)	Officer of the Health APPG	20 Jan 2021
Jim Shannon MP	Healthy Homes and Buildings APPG Chair	25 Jan 2021
Jon Ashworth MP	Shadow Secretary of State for Health and Social Care	26 Jan 2021
Baroness Masham of Ilton	Co-Chair of the Health APPG	29 Jan 2021
Paul Girvan MP	Member of the Healthy Homes and Buildings APPG	3 Feb 2021
Dr Lisa Cameron MP	Chair of the APHG	12 Feb 2021

Bob Blackman MP	MP for Harrow East	16 Feb 2021
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The following summarises our Parliamentary lobbying efforts:

Parliamentary questions tabled x 30:

Helped MPs (including an MP on the Health Select Committee) to table a range of parliamentary questions which aimed to further the cause of Photohydroionisation and put it on the record. The aim was to create parliamentary noise in public so that (a) we could point journalists to them, giving the topic currency and bringing it up to date (b) ministers and officials had to take note of our private correspondence and (c) so that we had up to date statements and policy positions by Government which could inform our future strategies.

These covered a range of issues:

- The recent award of government funding to trial far-UVC light
- SAGE and Department of Health and Social Care guidance on UV light and H2O2 vapour
- SAGE EMG Guidance on air purification devices
- NHS Test and Trace Innovation and Partnership
- Whether the government has developed impartial guidance for air purifiers
- Government trials of Hydrogen Peroxide vapour
- Company risk assessments surrounding fogging equipment
- Explicit government engagement with Photohydroionisation
- Hydroxyl free radical purification devices

Stakeholder mapping:

Key individuals and organisations from across the range of health policy, healthcare provision, building maintenance, groups in parliament, and health editors/correspondents from a variety of news outlets.

Engaged with Jonathan Ashworth, Shadow Health Secretary, and his special advisor & drafted letter:

Engagement with the special advisor of Shadow Health Secretary Jonathan Ashworth, setting out current problems with Covid-19 guidance surrounding ventilation. This resulted in his helpful BBC Andrew Marr Interview. This prompted us to draft a letter to Jonathon Ashworth discussing the problems with office ventilation, and hospital acquired infections.

Regular engagement with the special advisor to the Health Secretary:

Regular exchange of direct messages with the special advisor to current and former Health Secretaries and intelligence gathering from former Health Dept spads to understand the internal positioning of DHSC, what was currently on the agenda, and how aware they were of air purification and the British IAQ sector.

Also sent directly letters to the special advisor and encouraged them to ensure that these letters were seen by key officials.

Authored letters to Matt Hancock and Sajid Javid:

Letter to Matt Hancock:

Requesting that the government engage with British industry and allow for other air purification devices, such as photohydroionisation, to be considered for trial.

Letter to Sajid Javid:

Discussed current guidance and the imperative that PHI be expedited to other healthcare settings as quickly as possible.

These were accompanied by Whatsapp follow up to the Parliamentary Private Secretaries.

Letters to members of the Health Select Committee and Science & Technology Committee:

Letters to all members of both committees, addressing the need to tackle HAI and the need for a recognition of other first-mitigation measures, including PHI/REME.

This was accompanied with a follow up calls and WhatsApp messages to Conservative MPs that sit on the committees.

We wish to continue to lobby government and parliament but it's an expensive process. Ultimately I'd like to see government endorsement of PHI/REME as an approved infection control and air decontamination technology across all UK vertical markets just like it is with NHS Procurement. I would also like to see CIBSE COVID guidance supplemented to include PHI/REME as a recommended "extra layer of protection" mitigation alongside filtration and UV-C and one that can safely allow the continued usage of HVAC recirculation and heat recovery. Right now guidance recommends 100% fresh air because of the concern recirculation helps viruses to spread but it's causing untold harm to UK plc's Net Zero ambitions. PHI/REME eliminates that risk and guidance must be changed urgently to reflect this.

To reiterate, since the independent validations of PHI/REME on SARS-CoV-2 by Innovative Bioanalysis starting summer 2020 and continuing to this day across the manufacturer's product range, US government bodies EPA and CDC/University of Georgia have reached out to learn more about the protocols developed for airborne removal of viruses. PHI/REME has since been independently investigated by GeorgiaTech who found it to be the only air cleaner technology that met their stringent safety requirements and they consequently reached out to the manufacturer to establish collaboration. This is just the latest in a long line of engagements between the US government and the manufacturer going back over 20 years. PHI/REME is widely used around the world with an impeccable safety and efficacy record. It delivers proven point of transmission protections to indoor spaces that are simply not possible with passive methods of ventilation, filtration and UV-C yet it is being actively ignored and unfairly and unreasonably discredited by highly influential government advisors including SAGE-EMG Chair Professor

Cath Noakes while they spend millions of taxpayer funds scaling a learning curve on a known dangerous UV technology that many of us have already scaled. This must stop. PHI/REME must be given fair treatment and be afforded proper exposure given the enormous benefits it can bring to society.

Put simply PHI/REME provides an extra layer of protection to our indoor spaces by killing viral emissions instantly at the point of transmission. It is safe, effective and independently tested and proven. I say it is desperately required across Britain at this stage of the pandemic.

To finish I am a lifelong supporter of the Conservative Party but I must be honest my faith is challenged at present. You have the opportunity to rebuild my faith with a meaningful reply to this letter which I hope to receive along with an appointment for a face-to-face meeting.



Yours sincerely
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