

Masks are Ineffective



Masks-for-all Children for COVID-19 not based on sound data

#SHOWMETHE SCIENCE

Source: 1. Center for Infectious Disease Research and Policy,
<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>



MASKING CHILDREN IS HARMFUL INNEFFECTIVE

MASKS ARE INEFFECTIVE

Masks are Experimental for Source Control

CDC is misleading the public and giving them a false sense of security by suggesting masks are valid medical devices for COVID-19. That is why the FDA was forced to use an Emergency Use Authorization – the same process used for the vaccines – to approve masks as medical devices to be used as source control to reduce the spread of COVID-19. And why mask manufacturers must continue to place a disclaimer on their labels that the product does not work for airborne viruses.

<https://www.fda.gov/media/137121/download>

CDC is also violating FDA's experimental medical device policies. Federal law governing the conditions of authorization of unapproved emergency medical products (21 U.S.C. §360bbb-3(e)(1)(A)(ii)(III)) requires the secretary of HHS to "ensure that individuals to whom the product is administered are informed," among other things, "of the option to accept or refuse administration of the product."

https://www.law.cornell.edu/definitions/uscode.php?width=840&height=800&iframe=true&def_id=21-USC-309474065-1242874613&term_occur=999&term_src=title:21:chapter:9:subchapter:V;part:E:section:360bbb%E2%80%9333

MASKS ARE INEFFECTIVE

Masks are Ineffective

While recommending the wearing of masks for health professionals, the World Health Organization acknowledged that there is no evidence that mask wearing prevents the spread of Covid-19 and that the science simply does not support requiring otherwise healthy people to wear face masks all day.

"The CoVID-19 pandemic is about viral transmission. Surgical and cloth masks have repeatedly been shown to offer no benefit in the mitigation of transmission and infection caused by viruses like influenza and SARS-CoV-2. Which is exactly why they have never been recommended for use during the seasonal flu outbreak, epidemics, or previous pandemics. Public health "authorities" flipped, flopped, and later changed their recommendations, the science did not change, nor did new science appear that supported the wearing of masks in public. In fact, the most recent studies and systemic analysis once again confirms that masks are ineffective in preventing the transmission of viruses like CoVID-19."

- Dr. Jim Meehan

- "After subtracting the epidemic and IrNPI effects, we find no clear, significant beneficial effect of mrNPIs on case growth in any country." Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19 study"
<https://pubmed.ncbi.nlm.nih.gov/33400268/>
- "The scientific evidence in total also suggests masks (surgical and cloth masks) as currently used are ineffective in reducing transmission (references 1 to 25). The evidence on mask mandates is also clear in that they are ineffective and do not work (references 1 - 5) to prevent the spread of respiratory viruses like SARS-CoV-2."
<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>
- "did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission." :
https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

MASKS ARE INEFFECTIVE: THE SCIENCE

- “At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19.” World Health Organization (WHO), Advice on the use of masks in the context of COVID-19, Interim Guidance (June 5, 2020) at 6. [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)
- “Neither Lockdowns nor Mask Mandates Lead to Reduced COVID Transmission Rates or Deaths” https://www.aier.org/article/lockdowns-and-mask-mandates-do-not-lead-to-reduced-covid-transmission-rates-or-deaths-new-study-suggests/?fbclid=IwAR30AMux3969e6F9MOI0P_aurg3a_kCTbnNFVVup7BKOZP9Qjx67KreN788
- “that the data trends indicate that non-pharmaceutical interventions (NPIs) – such as lock downs, closures, travel restrictions, stay-home orders, event bans, quarantines, curfews, and mask mandates – do not seem to affect virus transmission rates overall.” https://www.nber.org/system/files/working_papers/w27719/w27719.pdf
- “In conclusion, there is a limited evidence base to support the use of masks and/or respirators in healthcare or community settings.” The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/>
- Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges. Mask mandate and use efficacy in state-level COVID-19 containment <https://www.medrxiv.org/content/10.1101/2021.05.18.21257385v1>
- “There is no good evidence that face masks protect the public against infection with respiratory viruses, including COVID-19.” *Journal of Pediatrics and Child Health*: June 2020
- “During the 2009 pandemic of H1N1 influenza (swine flu), encouraging the public to wash their hands reduced the incidence of infection significantly whereas wearing face masks did not. There is no good evidence that face masks protect the public against infection with respiratory viruses, including COVID-19.” <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jpc.14936>

THE INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION TO OTHER PUBLIC HEALTH MEASURES HURTS CHILDREN

- New England Journal of Medicine- May 2020- Universal Masking in Hospitals in the Covid-19 Era". We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." <https://pubmed.ncbi.nlm.nih.gov/32237672/>
- "we find no conclusive evidence to support the use of masks for Covid-19 (except N-95 type masks in a hospital setting and when appropriately fitted and utilized). In fact, masking appears to carry substantial risks to the user. And we reiterate that our conclusions are not based on the absence of evidence for ineffectiveness alone, but actual evidence of ineffectiveness.
Masking: A Careful Review of the Evidence <https://www.aier.org/article/masking-a-careful-review-of-the-evidence/>

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers STUDY showed:

The first randomized controlled trial of more than 6,000 individuals to assess the effectiveness of surgical face masks against SARS-CoV-2 infection found masks did not statistically significantly reduce the incidence of infection.

- Among mask wearers, 1.8% ended up testing positive for SARS-CoV-2, compared to 2.1% among controls. When they removed the people who did not adhere to proper mask use, the results remained the same — 1.8%, which suggests adherence **makes no significant difference.**
- Among those who reported wearing their face mask “exactly as instructed,” 2% tested positive for SARS-CoV-2 compared to 2.1% of the controls.
- 1.4% tested positive for antibodies at the end of the month-long study compared to 1.8% of controls
- 0.5% in the mask group and 0.6% tested positive for one or more respiratory viruses other than SARS-CoV-2

MASKS ARE INEFFECTIVE: THE SCIENCE

Every other study on masks in the past 20 years showed masks make no significant reduction of spread of respiratory viruses.

Table 7. Description of studies included in the review of face masks

STUDY	STUDY DESIGN	STUDY PERIOD	POPULATION & SETTING	INTERVENTION	OUTCOME & FINDING	QUALITY OF EVIDENCE
Aiello AE, 2010 (20)	Cluster-randomized intervention trial	Nov 2006 – Mar 2007	1437 university hall residents (USA)	Mask; Mask + Hand hygiene; control	Significant reduction in ILI during weeks 4–6 in mask and hand hygiene group compared to control; <u>No significant reduction in ILI in mask and hand group or mask-only group or control</u>	Moderate
Aiello AE, 2012(23)	Cluster-randomized interventional trial	Nov 2007 – Mar 2008	1178 university hall residents (USA)	Mask; Mask + Hand hygiene; control	<u>No significant reduction in rates of laboratory-confirmed influenza in mask and hand group or mask-only group or control group</u>	Moderate
Barasheed O, 2014 (50)	Non-blinded cluster-randomized trial	Nov 2011 – Nov 2011	164 Australian pilgrims (Saudi Arabia)	Mask; control	<u>No significant difference in laboratory-confirmed influenza in two arms; protective effect against syndromic ILI compared to controls (31% versus 53%, p = 0.04)</u>	Moderate
Cowling BJ, 2008 (26)	Cluster-randomized intervention trial	Feb 2007 – Sep 2007	198 laboratory-confirmed influenza case and their household contacts	Mask; Hand hygiene; control	<u>No significant reduction in the secondary influenza attack rate in control, mask or hand group</u>	Moderate
Cowling BJ, 2009 (19)	Cluster-randomized intervention trial	Jan 2008 – Sep 2008	407 laboratory-confirmed influenza case and 794 household members	Mask; Mask + Hand hygiene; control	<u>No significant difference in rates of laboratory-confirmed influenza in hand-only or mask and hand group</u>	Moderate
Larson EL, 2010 (21)	Cluster-randomized intervention trial	Nov 2006 – Jul 2008	617 households	Mask + Hand hygiene; Hand hygiene; control	<u>No significant reduction in rates of laboratory-confirmed influenza in control, hand, mask or hand group</u>	Moderate
MacIntyre CR, 2009 (48)	Cluster-randomized intervention trial	Aug 2006 – Oct 2006 & Jun 2007 – Oct 2007	145 laboratory-confirmed influenza case and their adult household contacts	Surgical mask; P2 mask; control	<u>No significant difference in rate of laboratory-confirmed influenza in control, face mask or P2 mask group</u>	Moderate
MacIntyre CR, 2016 (49)	Cluster-randomized intervention trial	Nov 2013 – Jan 2014	245 ILI index case and 597 household contacts	Mask; control	Clinical respiratory illness, ILI and laboratory-confirmed viral infections were lower in the mask arm compared to control, <u>but results were not statistically significant</u>	Moderate
Simmerman JM, 2011 (22)	Cluster-randomized intervention trial	Apr 2008 – Aug 2009	465 laboratory-confirmed influenza case and their household contacts	Mask + Hand hygiene; hand hygiene; control	<u>No significant reduction in rate of secondary influenza infection in control, hand, mask or hand group</u>	Moderate
Suess (2012) (24)	Cluster-randomized intervention trial	Nov 2009 – Jan 2010 & Jan 2011 – Apr 2011	84 laboratory-confirmed influenza case and 218 household contacts	Mask; Mask + Hand; control	<u>No significant difference in rate of laboratory-confirmed influenza in control, mask, mask or hand group</u>	Moderate

ILI: influenza-like illness; USA: United States of America.

WORLD HEALTH ORGANIZATION

<https://apps.who.int/iris/bitstream/handle/10665/329439/WHO-WHE-IHM-GIP-2019.1-eng.pdf?ua=1>

INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION TO OTHER PUBLIC HEALTH MEASURES

Evidence for Masks:

To be balanced in providing all information, the best evidence for masks we could find was commissioned by the WHO and published in the Lancet in June 2020. "Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta-Analysis," sounds like high-level scientific evidence. After all, systemic reviews and meta-analyses are typically considered the epitome of evidence based medicine. This systemic review/meta-analysis was entirely comprised of low-level observational studies. For a more comprehensive analysis of the flaws of this study, read this: **WHO Mask Study Seriously Flawed, Swiss Policy Research (Sept. 9, 2020)** https://swprs.org/who-mask-study-seriously-flawed/?amp&_twitter_impression=true&fbclid=IwAR0w3I49opglIOpibDIYnzNOcf461kPvVYNYR-ajhHpuDvnnvdUn4fyvzK8

Following publication in the Lancet of the WHO-sponsored review, researchers led by University of Toronto epidemiology professor Peter Jueni, have now come forward asking Lancet to retract the study, citing numerous serious methodological flaws such as (but not limited to):

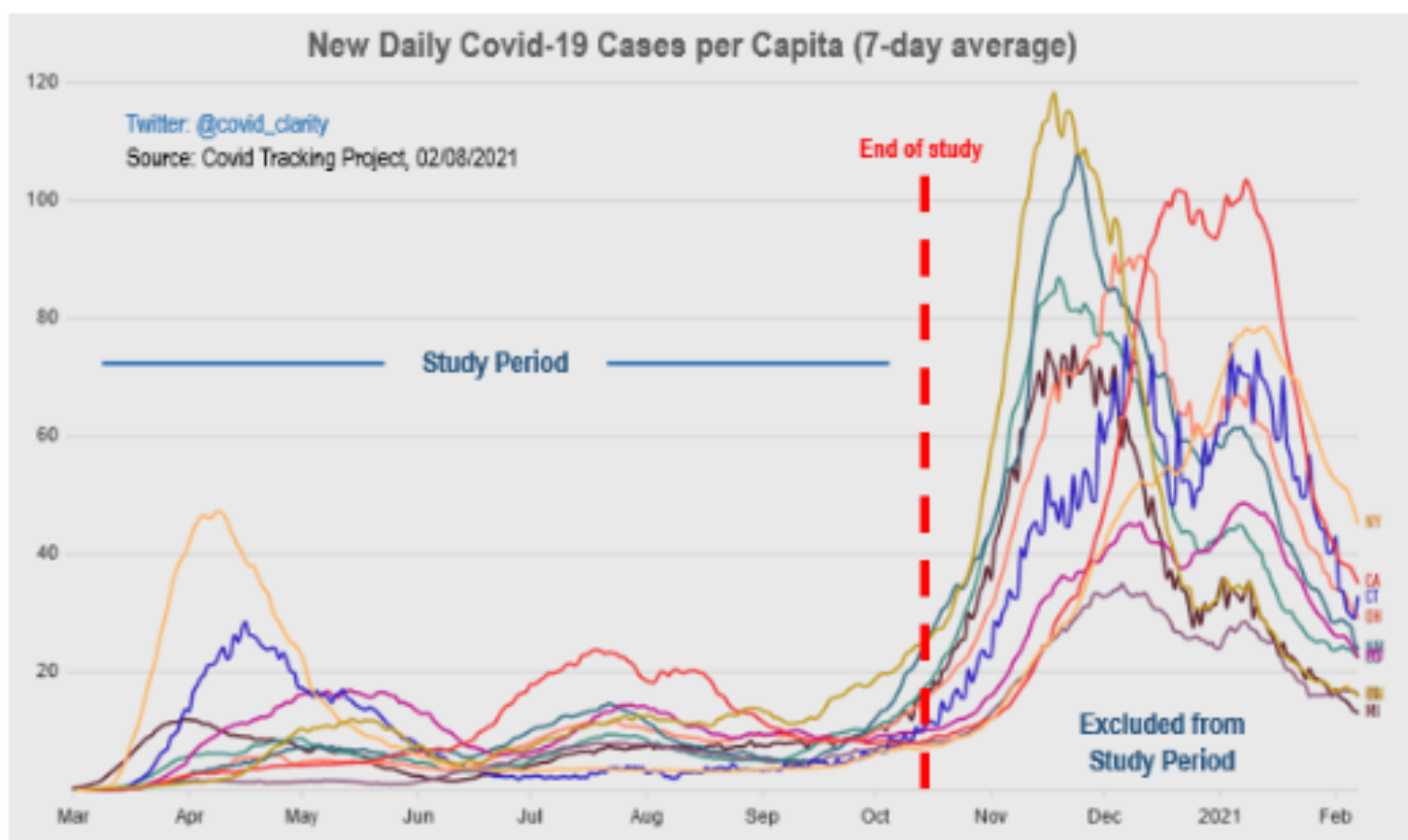
- i) 7 studies being unpublished and non-peer-reviewed observational studies
- ii) failure to consider the randomized evidence
- iii) 25 included studies are about the SARS-1 virus or the MERS coronavirus, both of which have very different transmission characteristics than SARS-CoV-2: they were transmitted almost exclusively by severely ill hospitalized patients and there was no assessment of community transmission; a serious concern in regard to the issues being discussed in this document
- iv) of the 4 studies relating to the SARS-CoV-2, 2 were misinterpreted by the authors of the Lancet meta-study, 1 is inconclusive, and 1 focused on the impact of using N95 (FFP2) respirators which is irrelevant insofar as community transmission, especially in regard to asymptomatic people and also did not address the use of medical grade or cloth masks
- v) this review is being used to guide global face mask policy for the general population whereby one included study was judged to be misclassified (relating to masks in a hospital environment), one showed no benefit of face masks, and one is a poorly designed retrospective study about SARS-1 in Beijing based on telephone interviews. None of the studies refer to SARS-CoV-2.

INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION TO OTHER PUBLIC HEALTH MEASURES

Evidence for Masks:

Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates — 10 States, March–October 2020

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7006e2.htm>



Notice that the study ended before a spike in cases.

INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION TO OTHER PUBLIC HEALTH MEASURES

Dr. Anthony Fauci knew that face masks were and are ineffective. He told the public something different than what he said privately. But what changed? There was no new science to change medical opinion, only politics and a narrative.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a vey low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.

Best regards,
Tony

"This is in line with what MIT researchers concluded in April, as well as what every randomized clinical trial ever done on the efficacy of masks has concluded over the past few decades. Despite the vast majority of scientific studies concluding masks do not prevent the spread of any respiratory infection, Fauci later pivoted on his position, and masks eventually became mandatory in almost every state in the US." <https://www.dailyveracity.com/2021/06/02/newly-released-emails-reveal-dr-fauci-spoke-with-bill-gates-regularly-knew-masks-dont-work-and-was-aware-of-the-likelihood-the-virus-leaked-from-lab/>

INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION TO OTHER PUBLIC HEALTH MEASURES



Doctors and Scientists on Mandatory Masking

“Masks do not and cannot protect from infection... Moisture retention, reuse of cloth masks, and poor filtration may result in increased risk of infection.... Since the government enforced the use of masks, many elderly people believed that they were safe while wearing them. Nothing could be further from the truth. Wearing a mask can entail serious health hazards, especially for people with pulmonary disease and cardiac insufficiency...”¹

—Dr. Karina Reiss, Ph.D.,
award-winning professor of biology, University of Kiel,
researcher and co-author of Corona, False Alarm? & Corona Unmasked



“In fact, there is no study to even suggest that it makes any sense for healthy individuals to wear masks in public. One might suspect that the only political reason for enforcing the measure is to foster fear in the population.”²

— Dr. Sucharit Bhakdi, MD.,
former chair of Medical Microbiology at the University of Mainz,
awarded Order of Merit of Rhineland-Palatinate

“It is a testimony to the power of propaganda, institutional capture, and the desire to socially conform that masking of the general population has successfully been imposed during the COVID-19 era. The harms from this imposition are palpable, and potentially long-term and gargantuan, not the least of which is the psychological training of the public to comply with an absurd measure that has direct personal negative impact. [In my research paper] I review the mounting evidence of the obvious: Universal masking harms people and society, without any detectable benefit.”³

— Prof. Denis Rancourt, Ph.D.,
researcher, Ontario Civil Liberties Association,
member scientist, Pandemics: Data & Analytics Group (PANDA)



“Masks are utterly useless. There is no evidence base for their effectiveness whatsoever. Paper masks and fabric masks are simply virtue-signalling. They’re not even worn effectively most of the time. It’s utterly ridiculous seeing these unfortunate, uneducated people — I’m not saying that in a pejorative sense — seeing these people walking around like lemmings, obeying without any knowledge base, to put the mask on their face.”⁴

—Dr. Roger Hodkinson, MA, MB, FRCPC, FCAP,
certified pathologist with the Royal College of Physicians and Surgeons of Canada,
CEO and medical director of Western Medical Assessments

1-4 Links to source material available at: MuchAdoAboutCorona.ca/mask-notes



INEFFECTIVENESS OF ADDING A MASK RECOMMENDATION ON CHILDREN

If this is not enough “SCIENCE” to convince you, then let’s look at the graphed data comparing mask mandated states vs. no mask mandate states.

In areas of high community transmission, masked school students saw a case rate (defined here as daily cases per 100,000) 37 percent higher than non-masked school students, or 19 cases per 100,000 in 'no masks required' schools vs 26 in 'masks required' schools. Even worse, staff experienced a case rate 84 percent worse in masked schools, at 19 cases per 100,000 in "no masks required" schools vs 35 in 'masks required' schools.

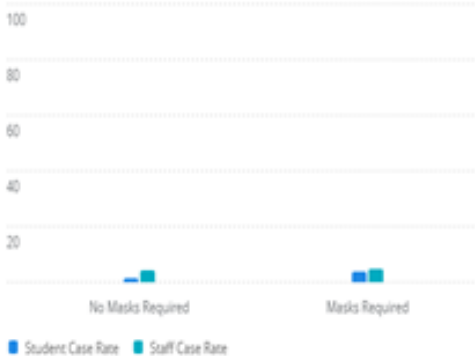
In areas of low or substantial community transmission, students experienced no difference in case rates while staff numbers in "masks required" schools were slightly worse.

Mitigation and In-Person Student Density

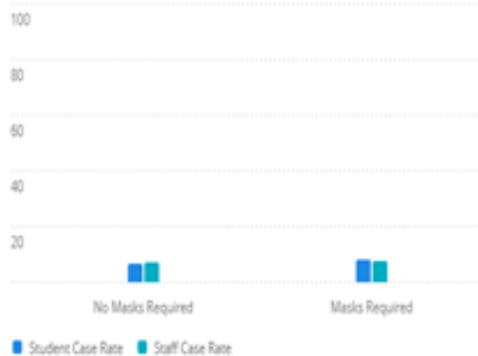
Student Masking

- **No Masks Required:** Schools that do not require students to wear a mask at all times (aside from eating/distancing breaks) are categorized as "no masks required". These schools are largely elementary schools.
- **Masks Required:** Schools that require students to wear a mask at all times are categorized as "masks required".
- Note that masking requirements vary across school levels so this graphs is best understood in conjunction with the school level page filters.

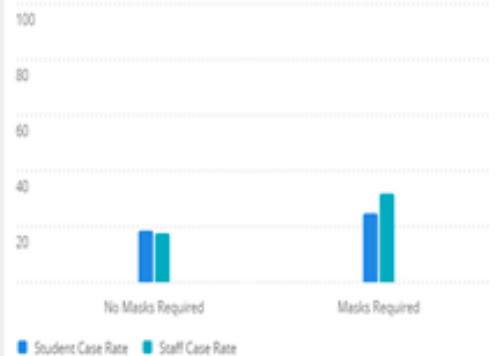
Low/Moderate Community Transmission 11,642 Responses



Substantial Community Transmission 30,999 Responses



High Community Transmission 120,149 Responses



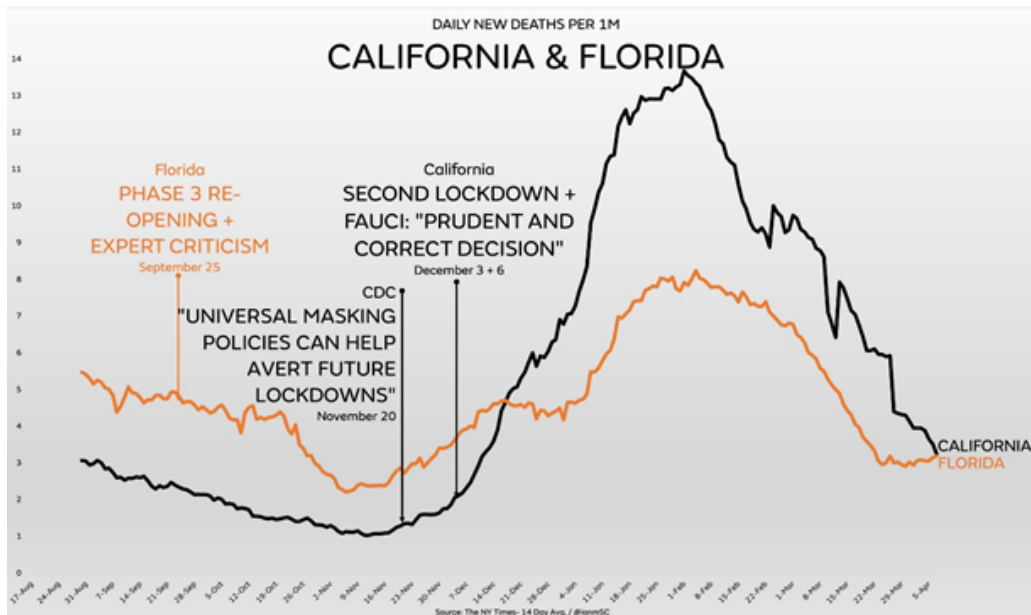
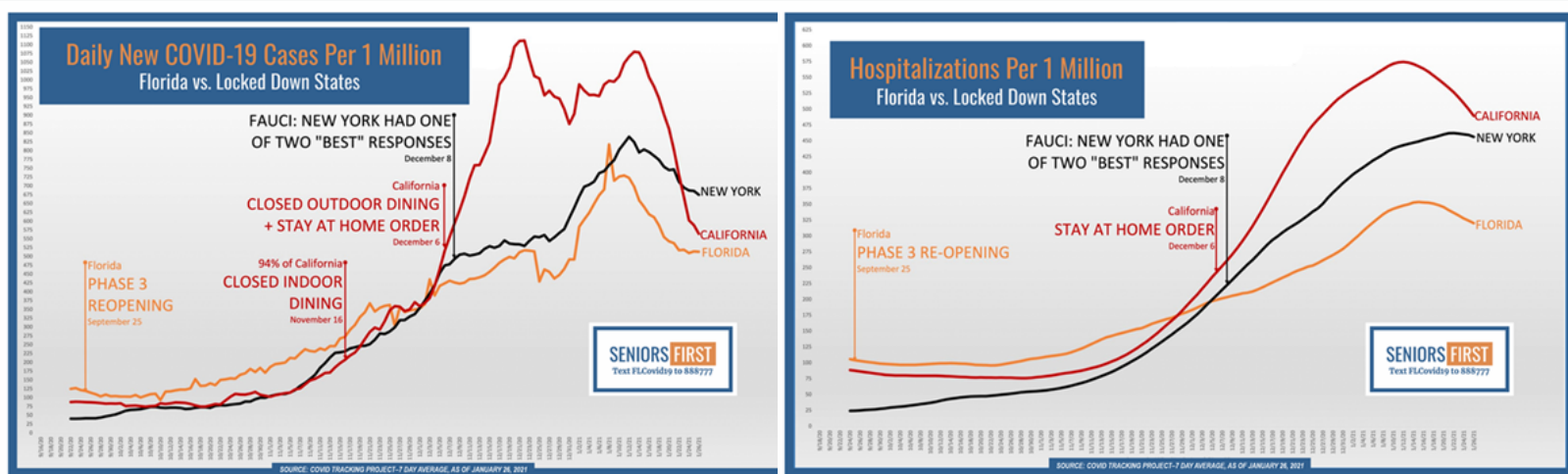
https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f78e5d4de521a001036f78e#/dashboard/5f78e5d4de521a001036f78e?pageId=Page_ffb4dc52-5543-46b2-8126-2b7229fd1b17

A YEAR'S WORTH OF DATA GRAPHED: THE MOST COMPELLING EVIDENCE THAT MASK MANDATES HAD NO IMPACT ON CASES, HOSPITALIZATIONS AND DEATHS.

As of March 23, 2021, California had 3,645,796 confirmed cases of Covid-19, representing 9.24% of the overall population. Florida had reported 2,011,211 cases, representing 9.36% of the state's population. In other words, Floridians and Californians got COVID at almost exactly the same rate, even though schools, restaurants, and businesses were open in Florida but aggressively closed in the California.

Media touted over the past year, Mask Mandates and Lockdowns were the perfect model of leadership and responsibility when it came to confronting the COVID pandemic—while No Mask Mandate and Reopening states were allegedly reckless and put millions of lives at risk.

As you can see from the data over the last year, the opposite was true. The evidence shows Mask Mandates had no significant impact on reduction of cases. In fact, the states that lifted restrictions had better outcomes.



"The mask mandates and lockdowns of varying stringency in place since March 2020 have evidently failed to protect Californians—especially poor Californians—from COVID and have inflicted enormous harm."

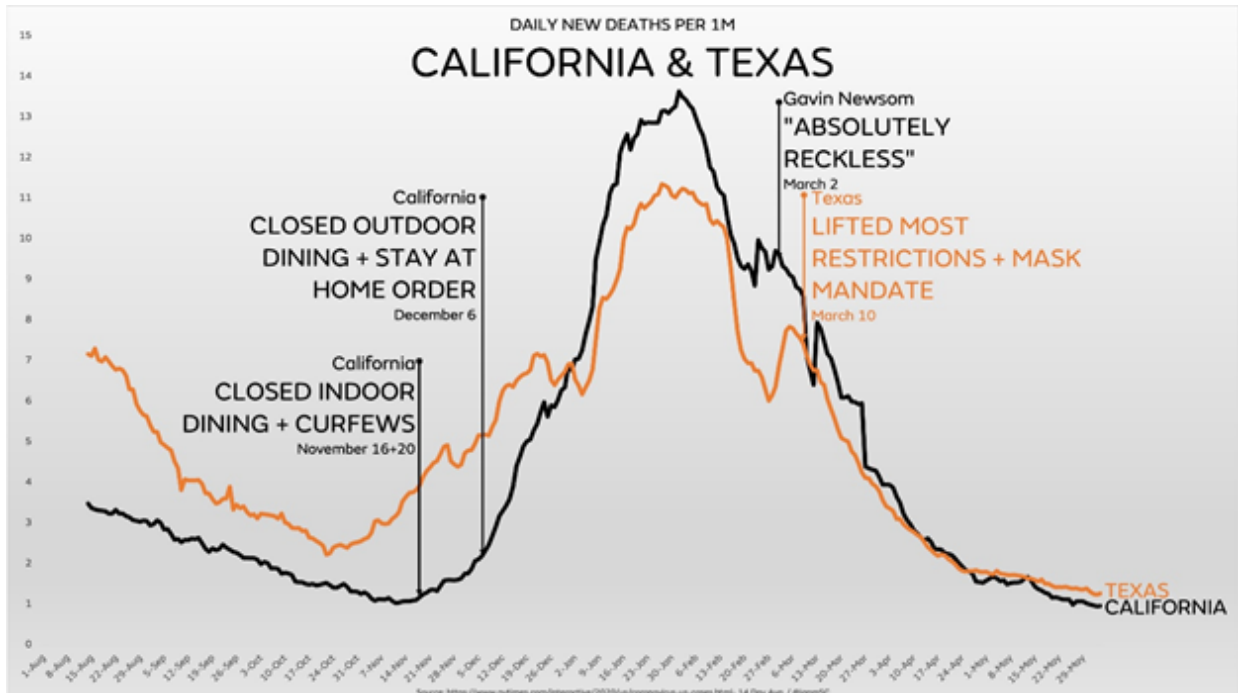
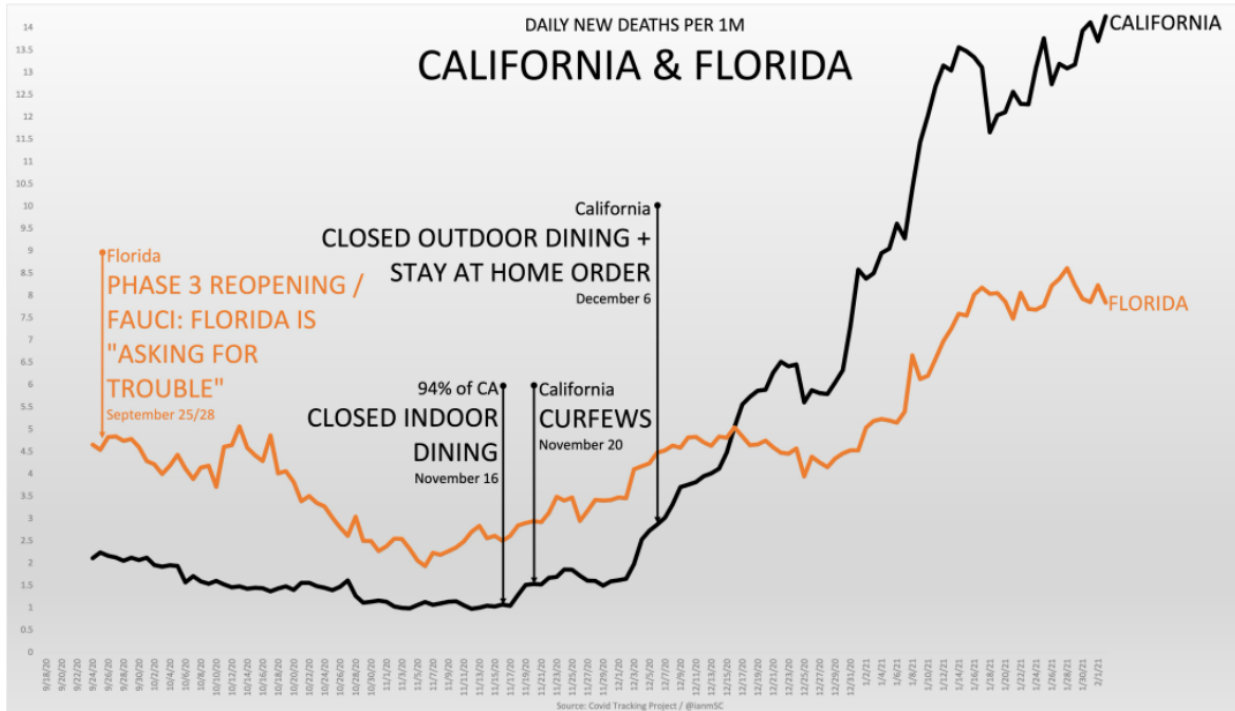
Courtesy of Rationalground.com



MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.

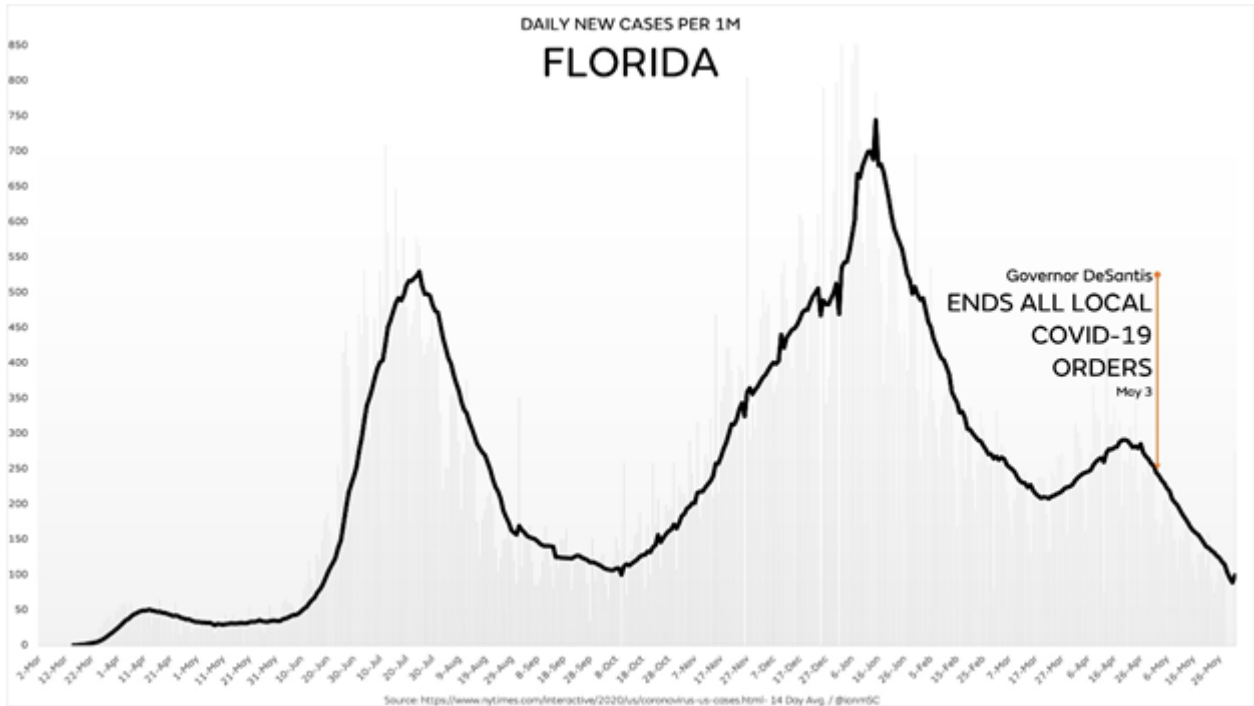
Population studies show that the use of masks either resulted in an increased incidence of COVID-19 or had no impact.

https://pdmj.org/papers/masks_false_safety_and_real_dangers_part4/

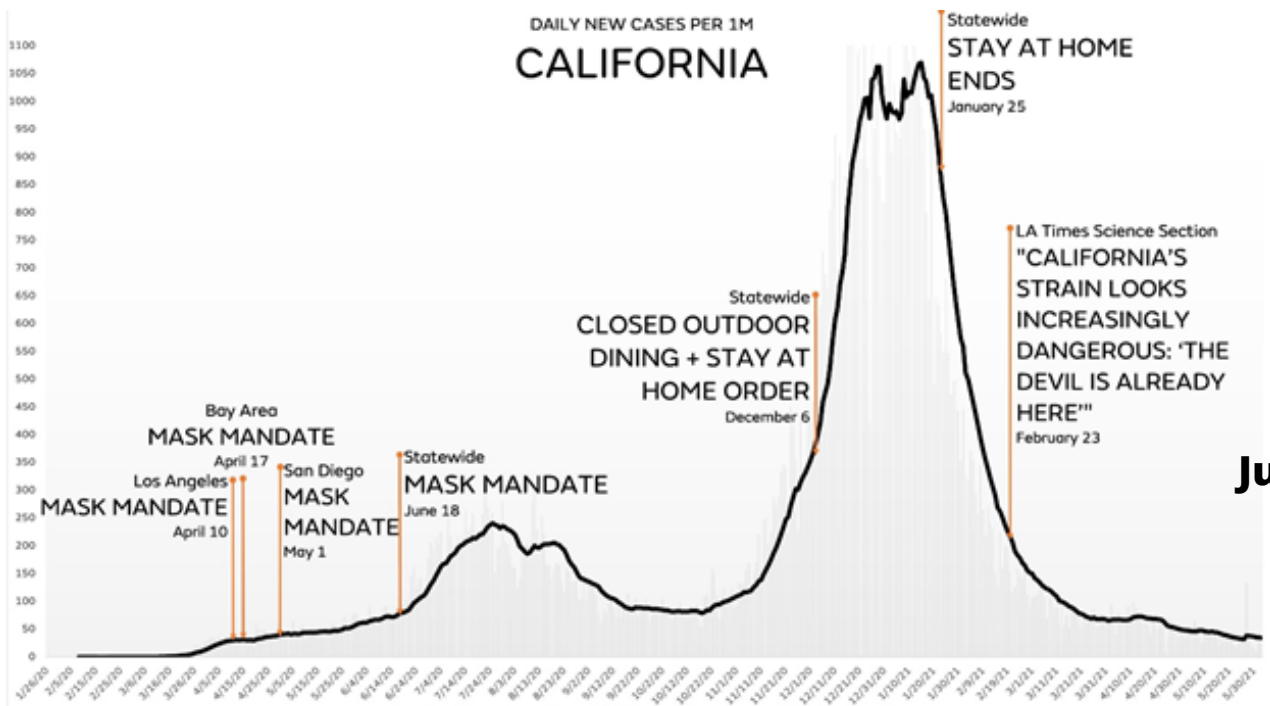


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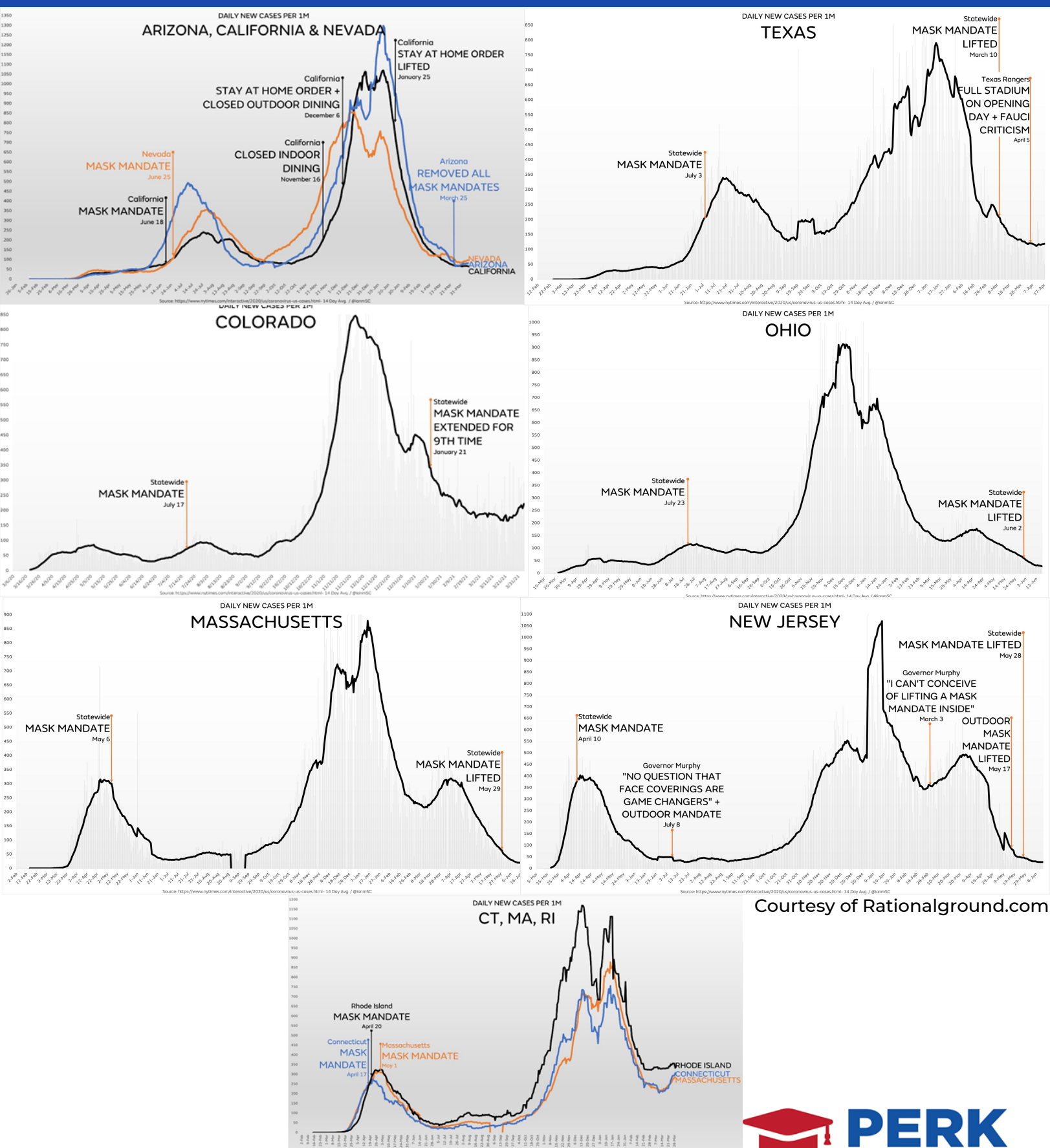
Florida ended all local COVID orders in May, 2021 and received unending political and expert criticism. Cases are down -59% since ending mitigations.



California partially lifts mask mandate for vaccinated only on June 15, 2021.



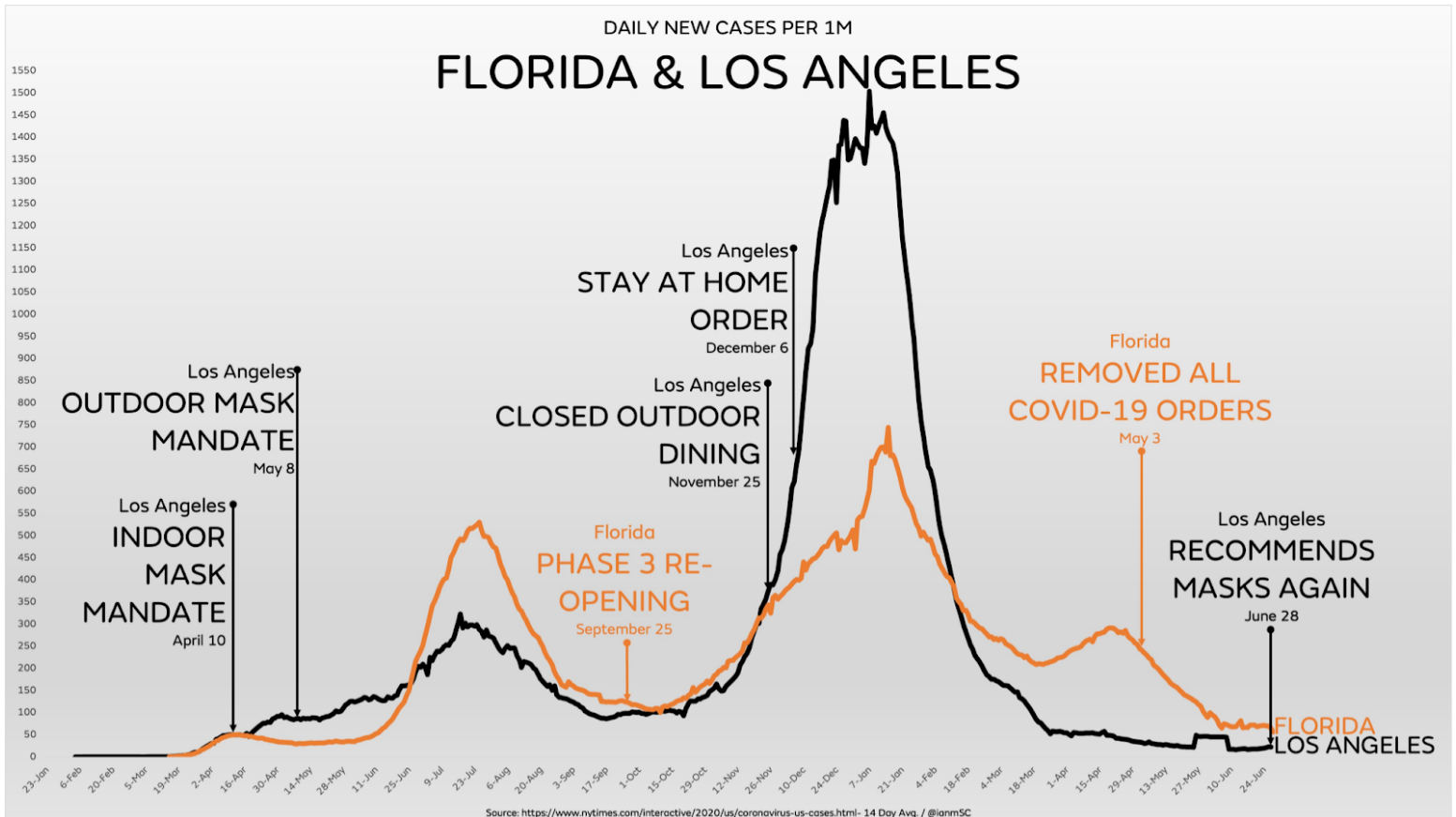
MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.



Courtesy of Rationalground.com

MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.

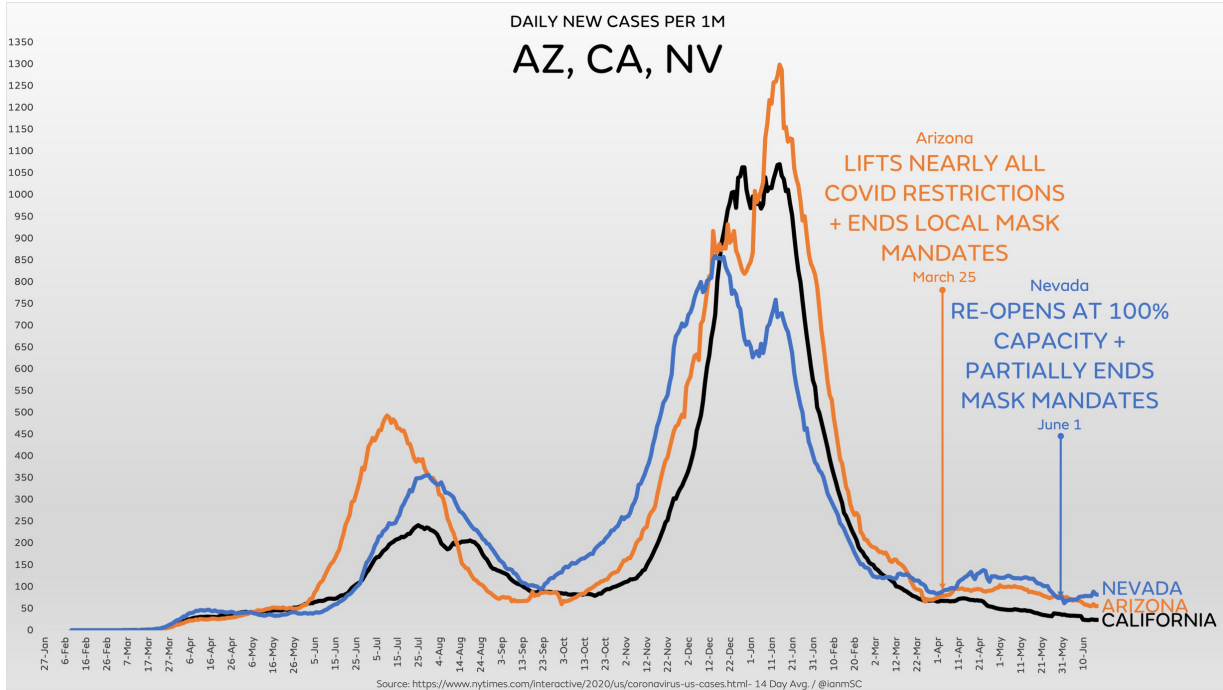
Which state policy did better?



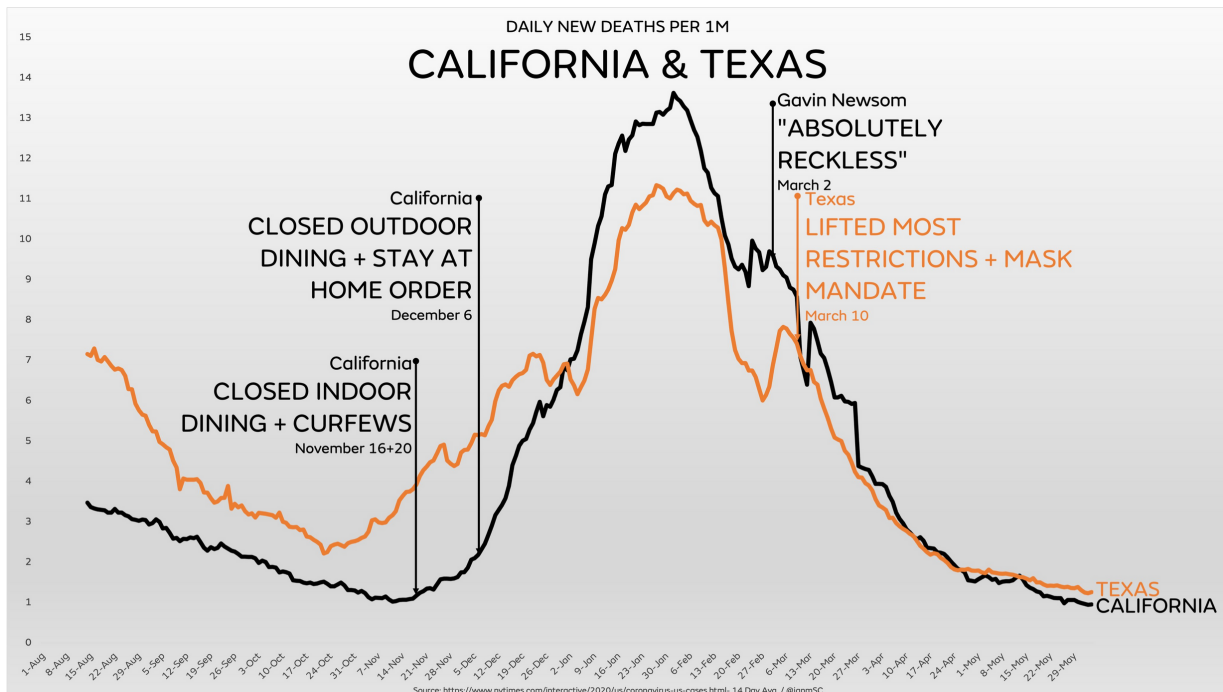
Courtesy of Rationalground.com

MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.

There has been virtually no difference in Covid case rates between Arizona, California & Nevada for nearly all of 2021 despite vastly different reopening timelines

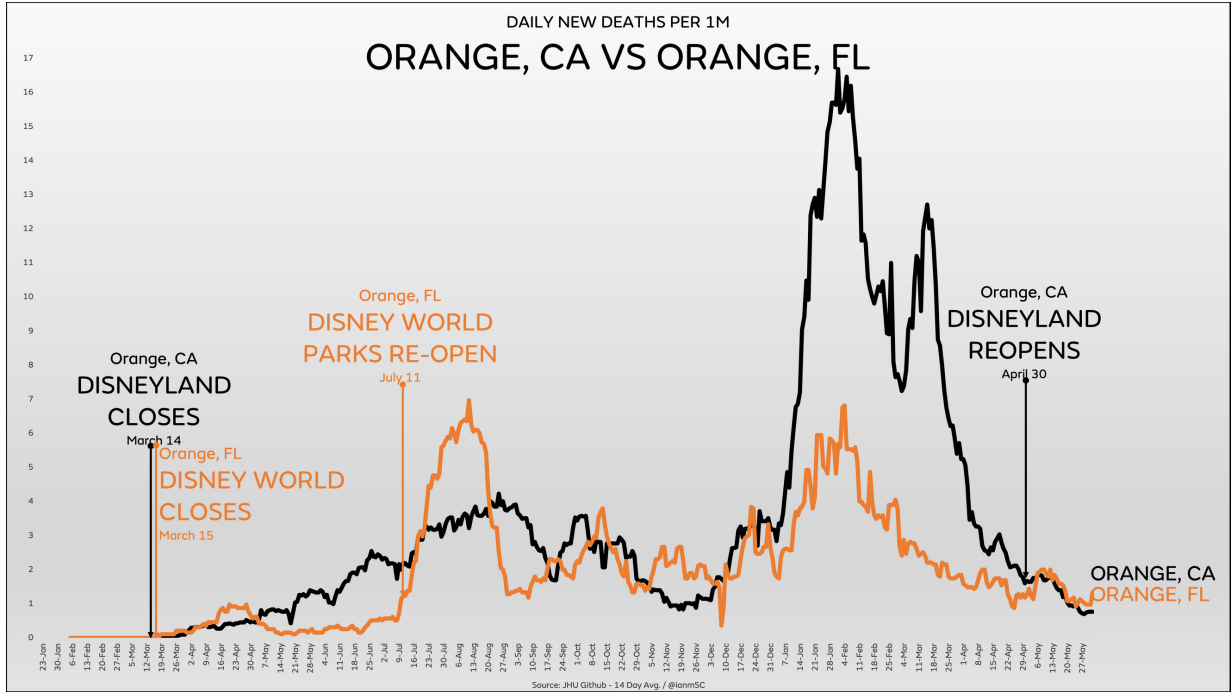


It's a testament to the power of media in shaping public opinion that no one in California seems to care that Newsom was conclusively proven wrong that Texas removing restrictions & mask mandates was remotely "reckless"

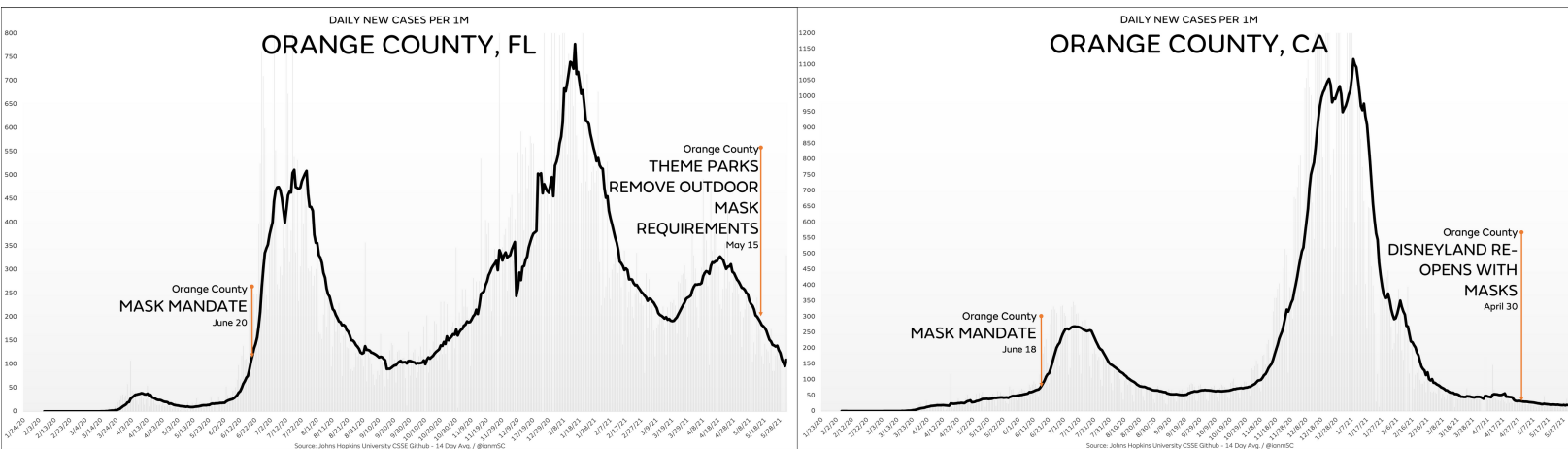


MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.

We can see how much of an impact closing and opening Disney theme parks had on COVID-mortality rates:



<https://ianmsc.substack.com/p/follow-the-pseudoscience>



No difference, low case rates all around.

Did Orange County, Florida have more vaccinations? Is that why their numbers have declined or been unaffected by removing masks, or not having a lengthy list of nonsensical requirements for theme parks.

Vaccination rates:

Orange County, FL: 44.4% (at least one dose, as of June 2)

Orange County, CA: 55.5% (at least one dose, as of June 2)

Nope, that's not it either.

MASK MANDATES AND LOCKDOWNS HAD NO SIGNIFICANT IMPACT ON REDUCTION OF CASES, HOSPITALIZATIONS OR DEATHS.

States with the most restrictive mandates had worse outcomes than open states.
California vs. Florida being the best example.



The ineffectiveness of face masks in stopping the spread of viral respiratory diseases, including Covid-19, is widely known and acknowledged in the scientific and medical literature and scientific communities. Therefore, it seems that the transition in public health recommendations to promote widespread mask mandates was based on a combination of low-level observational studies, speculative mechanistic studies, fear, and, most of all, POLITICS, NOT SCIENCE.

Masks do NOT reduce infection rates.