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## What is the science behind your mask mandate?

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Is the wearing of masks to reduce the spread of the COVID-19 virus “settled science?” Countless articles in the mainstream media simply label critical thinkers as “conspiracy theorists” or “vaccine deniers” without consideration of the facts.

Everybody loves “fact checks.” Let’s “fact check” the “settled science.” Here is an example of the kind of “settled science” you will find in the mainstream narrative:

*Both the Centers for Disease Control and Prevention (CDC) and the World Health Organization now recommend cloth masks for the general public... ([UC San Francisco](#))*

FACT CHECK: The UCSF Medical Center, which is [educating](#) a host of young, enthusiastic medical students, is wrong in the claim that the CDC and the WHO recommend cloth masks:

*More research on cloth masks is needed to inform their use as an alternative to surgical masks/respirators in the event of shortage or high-demand situations. To our knowledge, only 1 randomized controlled trial has been conducted to examine the efficacy of cloth masks in healthcare settings, and the results do not favor use of cloth masks.*

*More randomized controlled trials should be conducted in community settings to test the efficacy of cloth masks against respiratory infections. (CDC, October 2020, [Source](#))*

In fact, that same month, in a [report](#) in Emerging Infectious Diseases, the CDC revealed:

*...more than 70 percent of COVID-positive patients [contracted the virus in spite of faithful mask wearing while in public](#). Moreover, 14 percent of the patients who said they “often” wore masks were also infected. Meanwhile, just four percent of the COVID-positive patients said they “never” wore masks in the 14 days before the onset of their illness. ([Source](#))*

It gets worse. In the same study, the CDC stated:

**“This finding suggest that risk for infection was higher for those wearing cloth masks.”**

The CDC does not recommend cloth masks in protecting yourself and others from the virus. Don't believe me. One needs only to take the time to look at their published position.

As of late March, 2020, the efficacy of any face mask in reducing the spread of COVID-19 was generally questioned. In April 2020, the World Health Organization stated that healthy people don't need to wear face masks to prevent coronavirus spread. Masks, they said, should be for the sick, their caretakers, and healthcare workers. **At the very end of 2020, the WHO updated their guidelines, noting that any kind of mask was ineffective if the wearer come into close contact with someone for 15 minutes or more.** By the end of the year, the WHO was equivocating; they admitted there was no real evidence to support the wearing of ANY mask, but nevertheless recommended them. Their “interim guidance” for the wearing of ANY face masks now contains this:

*The World Health Organization (WHO) advises the use of masks as part of a comprehensive package of prevention and control measures to limit the spread of SARS-CoV-2, the virus that causes COVID-19. **A mask alone, even when it is used correctly, is insufficient to provide adequate protection or source control.***

The European Centre for Disease Prevention and Control reached a similar conclusion:

*“It is not known how much the use of masks in the community can contribute to a decrease in transmission in addition to the other countermeasures” ([Source](#))*

It can be safely concluded that the World Health Organization or CDC have NEVER explicitly supported the wearing of cloth masks. It's clear that both organizations are reluctant to endorse the effectiveness of cloth face masks in reducing the spread of the COVID-19 virus. FACT CHECK: FALSE

If upon actual investigation the oft-quoted WHO and CDC will not commit themselves to the wearing of masks as being effective in reducing the spread of the COVID-19 virus, how can their effectiveness be “settled science?”

Once again: it gets worse.

**In September of 2020, the CDC reported that 85% of COVID-19 cases in July were people who often or always wear masks.** ([Source](#))

Briefly, let's do some simple math. According to a 2015 randomized clinical trial conducted by the University of South Wales, in testing the effectiveness of cloth masks among health care workers in Hanoi against bacterial infections among schoolchildren, cloth masks were found to be wholly ineffective.

*Remember streptococcus cells are between 0.5 and 2 microns, roughly 5-20 times larger than SARS-CoV-2 virions (which are about 0.06-0.14 microns), yet the masks still failed to protect against them and perhaps contributed to the spread of the bacteria.* ([Source](#))

Unless you can establish that a BB cannot easily get through a fish net, or **that a chain-link fence can stop a sandstorm,** you cannot establish that ANY mask (let alone a cloth one) is effective in

any sense against the spread of the COVID-19 virus. It really is that simple.

*The size of the virus based on electron micrographs show that the virus varies from 60 to 140 nanometers in diameter (.06 to .14 microns). N95 filters provide filtration down to .3 microns. On this basis alone, they should not be relied on for protection from small virus particles such as those of SARS-CoV-2. (Source)*

*..the pores in surgical masks are about 30 times larger than the average size of SARS-CoV-2 virions, and some of the cheap (but more comfortable) cotton masks that are commonly worn have pores hundreds of times larger than the virus particles. (Source)*

At .1 micrometers, the size of the COVID-19 virus is about 1000X smaller than the width of a human hair! Until the invention of the electron microscope in the 1930's, a pathogen this tiny could not be seen – even with the best optics. Yet here is another study offered as “evidence” by UCSF Medical Center that that wearing a mask is effective in preventing COVID-19:

*An experiment using high-speed video found that hundreds of droplets ranging **from 20 to 500 micrometers** were generated when saying a simple phrase, but that nearly all these droplets were blocked when the mouth was covered by a damp washcloth. (NEJM: Visualizing Speech-Generated Oral Fluid Droplets with Laser Light Scattering)*

Of course, attempting to prove that a wet washcloth can inhibit the spread of droplets which are thousands of times greater in size than the COVID-19 virus is of course silly and makes no sense. Moreover, within this simple mechanistic study, the authors stated:

*We did not assess the relative roles of droplets generated during speech, droplet nuclei, and aerosols in the transmission of viruses.*

There you have it. The assumption driving the test was the validity of the still-unsubstantiated “droplet theory” promoted by the CDC, as well as their well-documented avoidance of the possibility of aerosol involvement in viral spread. Your taxpayer money probably funded this study. Preschoolers with a box of crayons could have been as persuasive as this one.

How many times have you seen a person wearing a mask below their nose, are constantly adjusting it, or are not changing their mask frequently? According to the World Health Organization (WHO) these are practices which can actually increase the likelihood of COVID-19 transmission!

*The following from WHO is listed as behavior that can increase transmission:*

- *Touching mouth and nose*
- *Touching a mask in use*
- *Touching a clean mask with unwashed hands*
- *Not washing hands every time after touching a dirty mask*
- *Wearing a mask that is not new and clean*
- *Continuing to wear a mask after it has become damp*
- *Re-using a single-use mask*

- *Not discarding a single-use mask immediately upon removal, as opposed to leaving it in the immediate environment*

*(Source: [Alan Stevo](#))*

What do you actually know about masks? A properly-fitted N95 mask is designed for use in a contaminated environment, and can be effective, for instance, in dealing with chemical spills, or working in a fabrication shop, but not in dealing with viruses. If you purchase a domestically-produced N95 mask, read the CDC statement on the box:

*The Centers for Disease Control and Prevention (CDC) does not recommend that the general public wear N95 respirator masks to protect themselves from respiratory diseases, including coronavirus (COVID-19) ([Source](#))*

The CDC continues:

*'Cloth masks actually risk your health rather than protect it. The moisture caught in these masks will become mildew-ridden in thirty minutes. Dry coughing, enhanced allergies, sore throat are all symptoms of a micro-mold in your mask'*

So far, we've been mostly focused only on the combined, dubious wisdom of the CDC and the WHO. There isn't enough room and time to cover all the studies, going back decades, which all call into question the use of masks (particularly cloth masks) in reducing the spread of the COVID-19 virus. [Nomaskers.org](#) is full of resources so you can do your own research. Studies from the Annals of Internal Medicine, Association of American Physicians and Surgeons, World Health Organization, U.S. Navy and more can be found from the Resources menu.

But, again, it gets worse.

The wearing of masks can harm your health. Masks can come from anywhere, and often contain all kinds of toxic substances and material used in their manufacture. Here is an excerpt from a study which contains a long list of them:

*Disposable surgical face masks are made of synthetic fibers, including polymers such as polypropylene, polyurethane, polyacrylonitrile, polystyrene, polycarbonate, polyethylene or polyester. There is an inner layer of soft fibers and a middle layer, which is a melt-blown filter, as well as a water-resistant outer layer of nonwoven fibers.<sup>9</sup> This study shows FT-IR spectra of the degrading fibers of disposable masks. It found that disposable face masks "could be emerging as a new source of microplastic fibers, as they can degrade/fragment or break down into smaller size/pieces . . . .*

*Research on synthetic fibers has shown a correlation between the inhalation of synthetic fibers and various bronchopulmonary diseases, such as asthma, alveolitis, chronic bronchitis, bronchiectasis, fibrosis, spontaneous pneumothorax and chronic pneumonia. Cellular proliferation made up of histiocytes and fibroblasts were found in the lungs of those exposed to synthetic fibers in ambient air. Focal lesions in the lungs showed granulomas and collagen fibers containing both fine dust and long fibers. Some of the lung illnesses from this exposure could be reversed, while others had already proceeded to pulmonary fibrosis. ([Source](#))*

Scores of dermatologists, dentists, immunologists, virologists, pediatricians all over the world have been sounding the alarm for months over the continued use of face masks. They consistently try to communicate to anyone who will listen that patients generally have no training or real understanding of how masks work.

*... untrained members of the public are wearing medical masks, repeatedly... in a non-sterile fashion... They're becoming contaminated. They're pulling them off of their car seat, off the rearview mirror, out of their pocket, from their countertop, and they're reapplying a mask that should be worn fresh and sterile every single time. (Dr. James Meehan, MD)*

Prolonged wearing of face masks has been tied to advanced stage lung cancer. It should be noted here that would-be debunkers like USA Today have attempted to dispute this finding by deceptively tying its source to a Facebook post, rather than a reputable medical journal. Ethylene Oxide, a carcinogen which is found in Teflon, is often used in the sterilizing process of cheap surgical masks. Even though the Occupational Health & Safety Agency (OSHA) has recommended them only for short-term use, our executive figures, the major media, Big Tech, fake science proponents support a mandate that you wear them for many hours you spend at work. In some states, you were even required to wear them in your home! OSHA has also concluded that surgical masks do not reliably provide protection against “smaller airborne particles.” Of course, 100 nanometers is about as small as an airborne particulate can get.

Active duty and defense support personnel know the drill. Handlers in pharmaceutical products production know the drill. So do EMTs and medical professionals. They've all had formal training regarding the selection and fitment of PPE (Personal Protective Equipment). I suspect that all these people should all have spotted by now the many problems with mask mandates.

Face masks for use in limiting the spread of pathogens are classified as Class 1 medical devices by the FDA. Your governors, mayors, grocer, neighbors or evening news announcers are not qualified to prescribe medical devices to you, regardless of how convincing they appear. The use of medical devices require informed consent by the patient. Like many other medical devices, face masks can save your life, but they can also harm you. Know the science about masks, and don't believe everything you hear. *After you have become informed, and you do not agree you should wear a mask, simply do not consent.*

Mask mandates are useless and potentially harmful. There is no “science” behind them. For every resource the major media presents to you in building the case supporting mask efficacy, you can easily respond with ten resources endorsing the opposite position. Truly, their mask “science” is not settled.

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