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FACT CHECK – Face Coverings are unsafe and ineffective – Here’s all the evidence...

Daily Expose

9-11 minutes

In the middle of Summer in 2020 the UK Government thought it would be a great idea to enforce the wearing of face masks in all indoor public settings. Why did they think it was a great idea? Because all respiratory viruses such as influenza and the common cold causing viruses such as rhinovirus and coronavirus are seasonal.

So therefore the authorities no longer had the numbers to justify the reign of terror that they had subjected the British public to for the last five months. So they needed to find a way to reinforce the illusion of “a problem”. And what better way to do that than to enforce a policy that would serve as a constant illusion of there being “a problem” every time a member of the British public ventured out of their front door and found themselves surrounded by swarms of face nappy clad alarmists.

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Fast forward 7 months and the deputy chief medical officer for England, Professor Jonathan Van Tam said the wearing of face masks “may persist for many years and that may be a good thing”.

But if we rewind just a few months before the heinous policy came into force you may or may not remember Professor Van Tam saying the following –

Van Tam told the British public that he had spoke with a colleague in Hong Kong who had

carried out an evidence review for the World Health Organisation and stated they “were of the same mind that there is no evidence that the general wearing of face masks by the public affects the spread of a disease in our society, what matters right now is social distancing. In terms of the hard evidence, we do not recommend face masks for general wearing by the public.”



The contradictions throughout this alleged pandemic are never ending, as is the UK Governments line that they are being “guided by the science”, a line which they have used throughout the past year to justify dictatorial, authoritarian tyranny.

The problem with their claim as that when we actually look at the science it becomes pretty clear that they are lying. Because here’s what the science on mask wearing actually shows us...

[This 2020 meta-analysis](#) published on the CDC website in the USA found that evidence from randomized controlled trials of face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, either when worn by infected persons or by persons in the general community to reduce their susceptibility.

[This review carried out by the Norwich School of Medicine and the School of Environmental Sciences](#) found that masks had no effect specifically against Covid-19, although face mask use seemed linked to, in 3 of 31 studies, “very slightly reduced” odds of developing influenza-like illness.

[This 2019 study](#) of 2862 participants showed that both N95 respirators and surgical masks “resulted in no significant difference in the incidence of laboratory confirmed influenza.”

[This 2016 meta-analysis](#) published on the Canadian Medical Association site found that both randomized controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections. It was also found that acute respiratory infection transmission “may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday.”

[This review](#) carried out health workers in Japan found face mask use was likewise found to be not protective against the common cold, compared to controls without face masks among healthcare workers.



[A study of 44 mask brands](#) found mean 35.6% penetration (+ 34.7%). Most medical masks had over 20% penetration, while “general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency.” The study found that “Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols.”

[In another study](#) published on the BMJ, penetration of cloth masks by particles was almost 97% and medical masks 44%.

Honeywell is a manufacturer of N95 respirators. These are made with a 0.3 micron filter.

N95 respirators are so named, because 95% of particles having a diameter of 0.3 microns are filtered by the mask forward of the wearer, by use of an electrostatic mechanism. The coronavirus is approximately 0.125 microns in diameter.

[This meta-analysis](#) found that N95 respirators did not provide superior protection to face masks against viral infections or influenza-like infections. (13)

[This study](#) found that surgical masks offered no protection at all against influenza. [Another study](#) carried out in 2018 found that surgical masks had about 85% penetration ratio of inactivated influenza particles and about 90% of Staphylococcus aureus bacteria, although S aureus particles were about 6 x the diameter of influenza particles.

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[A controlled study](#) carried out in 1991 found that the use of masks in surgery were found to **increase** incidence of infection over not masking in a study of 3,088 surgeries. The surgeons' masks were found to give no protective effect to the patients.

[This study](#) found that "there is a lack of substantial evidence to support claims that face masks protect either patient or surgeon from infectious contamination."

[In another study](#), that observed subjects while coughing, "neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients." And more viral particles were found on the outside than on the inside of masks tested.

[Cloth masks were found](#) to have low efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through the various cloth masks examined in this study were between 74 and 90%. Likewise, the filtration efficiency of fabric materials was 3% to 33%.

[This study](#) published on the BMJ in 2017 found that healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks.

[This 1920 analysis](#) of cloth mask use during the 1918 pandemic examines the failure of masks to impede or stop flu transmission at that time, and concluded that the number of layers of fabric required to prevent pathogen penetration would have required a suffocating number of layers, and could not be used for that reason, as well as the

problem of leakage vents around the edges of cloth masks.

[The New England Journal of Medicine editorial](#) on the topic of mask use versus Covid-19 assesses the matter as follows –

"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 20 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."



[Researchers are concerned](#) about possible burden of face masks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis.

[Various respiratory pathogens were found](#) on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use.

[Surgical masks were also found to be a repository of bacterial contamination.](#) The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks.

Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

[This BMJ study](#) found healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls.

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes.

As you can see the science actually shows face masks to serve as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore the UK Government is not being guided by the science, and if they are they need to be asking to see the qualifications of these scientists.

Stop worrying what the neighbours will think and take off the mask.