

what about masks?

RESOURCES TO DIG DEEPER + MAKE INFORMED DECISIONS

FOR INFORMATIONAL PURPOSES ONLY

WHAT DO THE 'EXPERTS' SAY ABOUT MASKING CHILDREN?

WHO and UNICEF specifically state “**children aged 5 years and under should not be required to wear masks.** This advice is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance.”

<https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>

<https://www.unicef.org/rosa/stories/everything-you-need-know-about-children-and-mask-use>

<https://www.cnn.com/2020/08/24/health/who-masks-children-coronavirus/index.html>

WHO's advice on the use of masks for children pertaining to Covid:

- WHO admits there is an “absence of strong scientific evidence” and they have very limited data on masking children.
- “One study suggested children between 5 and 11 years old were significantly less protected by mask wearing compared to adults.”
- “Children aged up to five years old should not wear masks. This advice is motivated by a ‘do no harm’ approach. Do no harm: the best interest, health and well-being of the child should be prioritized.

ARE CHILDREN LIKELY TO SPREAD OR CONTRACT COVID-19?

A January 2021 study involving 100,000 students and staff says 99.968% of children do not get Covid-19 from school. There were only 32 reported cases of infection (.032%), and there were zero instances reported of a child infecting an adult.

An April/May 2020 Danish Mask study of 6,024 people determined asymptomatic people, especially children, do not have a substantial role in coronavirus spread. It also concluded medical masks were not effective protection against infection. The recommendation to wear masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50%.

ARE CHILDREN LIKELY TO SPREAD OR CONTRACT COVID-19?

A Switzerland study (April–June 2020) of 4,524 people concluded that the risk of infection from exposure to a household member was four-times more likely than from someone outside the household.

- Children had a lower risk of infection from household members than adults.
- Asymptomatic infections are far less likely to transmit than symptomatic ones.

Kids catch and spread coronavirus half as much as adults, Iceland study confirms (December 2020)

- A study of 40,000 people in Iceland found that children under 15 were about half as likely as adults to be infected, and only half as likely as adults to transmit the virus to others. Almost all the coronavirus transmissions to children came from adults.
- Pre-pubescent kids have a significantly lower likelihood of getting sick.
- Children under the age of 12 were less likely to contract the disease after an exposure than adults.
- Children from 5 to 9 were up to 22.7% less likely to be infected, and their risk increases with age.

A June 2020 medical paper by British scientists concluded that “children do not appear to be super spreaders.”

Data compiled in 2020 by two Paediatric registrars (in Australia and UK) and a paediatric trainee in Australia conclude that multiple reviews and contact tracing studies have failed to find instances of children infecting teachers.

Asymptomatic adults and, especially, children do not play a substantial role in the spread of Covid-19. (December 2020)

Emily Oster, an economics professor at Brown University and author of books on pregnancy and parenting, completed a study on Covid-19 transmission in child settings in July 2020, determining child settings are not the reason for outbreaks, and asymptomatic spread is possible but uncommon in childcare settings.

ARE CHILDREN LIKELY TO SPREAD OR CONTRACT COVID-19?

A July 2020 German survey, where most states do not require masks, hypothesized from studying 2,045 children and teachers at 13 schools that not only do schools not play a major role in spreading Covid-19, but keeping schools open actually slowed transmission by acting as a 'break' in the virus. Prof Reinhard Berner, the head of pediatric medicine at Dresden University Hospital and leader of the study: "The majority of schoolchildren do not get infected themselves despite an infection in the household."

A June 2020 Norwegian Institute of Public Health study estimated that, with low community transmission, 200,000 people would need to wear facemasks to prevent one new infection per week. These figures suggest that if Philadelphia or Washington, DC, opened their public schools, having every student wear a mask would prevent one infection (not one hospitalization or death) per week. Further, children are unlikely to wear masks with the degree of compliance found in adult studies, leading to reduced benefits.

Pediatric professors Christèle Gras-Le Guen (vice-president of the French Society of Pediatrics) and Régis Hankard (coordinator of the Pedstart pediatric clinical research network) are adamant: "Covid-19 is not a pediatric disease." Children must not be subjected to drastic measures, painful to live with, that could disrupt their daily lives, when this microbe really is of little concern to them."

DO MASKS HARM CHILDREN PHYSICALLY?

A May 2020 CTV News article states masks are especially problematic for asthmatic, allergy-prone, hearing-impaired, or children on the spectrum. Asthma Canada President and CEO Vanessa Foran says if a mask inhibits the ability of someone to breathe in any way, it's recommended to not wear one.

In an October 2020 German study of mask wearing in nearly 30,000 children, 68% of the parents reported impairments caused by wearing the mask. The 24 distinct health complaints include irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school (44%), malaise (42%), shortness of breath (29.7%), impaired learning (38%), and drowsiness or fatigue (37%). Nearly a third of children experience more sleep issues than they had previously, and a quarter of children developed new fears. Hundreds of the participants reported experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness. Children who have problems with the mask should be taken seriously and not socially excluded or pressured.

DO MASKS HARM CHILDREN PHYSICALLY?

A study from June 2008 says masks cause people, especially children, to touch their face more, and touching one's face increases risk of infection.

The January 2021 Let Them Play MN! Youth Sports Mask Impact Survey received 2,720 responses.

- 74% reported at least one clinically significant symptom.
- 60% reported parents felt coerced to do something that could risk their child's health and safety because sports are important to children's mental health.
- 56% reported increased level of anxiety due to feeling like not able to breathe/catch breath.
- 56% reported masks interfered with main vision, peripheral vision or depth perception.
- 52% reported excess fatigue (more than normal).
- 46% reported not able to drink water as needed.
- 45% reported masks reduced ability to concentrate due to wearing mask.
- 44% reported shortness of breath.
- 39% reported I (my child) feel very anxious about wearing masks when playing and worry that there will be a serious injury.
- 38% reported reduced ability to concentrate due to wearing mask.
- 36% reported skin issues due to mask.
- 35% reported dehydration.
- 31% reported my (my child's) mental health is still suffering.
- 26% reported dizziness.
- 17% reported wearing the mask effects my balance.

Facial Deformities: Masking children triggers mouth breathing which has been shown to cause "long, narrow faces, narrow mouths, high palatal vaults, dental malocclusion, gummy smiles, and many other unattractive facial features." (2010)

In China, several children who had to wear a mask during sports classes fainted and died; the autopsies found a sudden cardiac arrest as the probable cause of death.

"Masks cause people, especially children, to touch their face more, and touching one's face increases risk of infection."

DO MASKS HARM CHILDREN DEVELOPMENTALLY, PSYCHOLOGICALLY, SOCIALLY, OR EMOTIONALLY?

"[Wearing masks and being around others wearing masks] may have an impact on [preschool-aged children's] speech and language development. They rely a lot on reading mouths and facial expressions to learn words and language. [Masks] will definitely interfere with social and emotional development." -Wendy Ell, Occupational Therapist and Executive Director of the Missouri Child Psychiatry Access Project (July 2020)

A psychology research article says "Humans appear to have brain regions specifically dedicated to processing information about others' faces. These brain regions are active and developing even in infants." And "Due to our brain structure, our bodies are equipped to readily communicate through [facial] expression."

Philippe Rochat, PhD, Professor of Psychology at Emory University, states children begin to identify their image in the mirror as "self" between age 2-3 years. Between 4-5 years old, they begin to realize what they see in the mirror is how everyone else sees them. (2003)

Pediatric mask-wearing has been found to have discernable effects on fear, anxiety, and language development. (2015)

An April 2020 Brookings Institution article says "Covering children's faces has the potential to impede verbal and nonverbal communication and, by extension, language development, and social skills – among the very things we send children to school to learn. It is near-impossible to imagine effective phonics instruction with everyone masked, especially for a phonetic (not pictographic) language such as English, which has a highly irregular system."

The Royal College of Pediatric Health says eating disorders among children have doubled, triple, and quadrupled since March. (December 2020)

Babies start lip-reading between 4-8 months old. (2012)

4-6 year-old bilingual children lip-read more when confronted with speech in their non-native language. (2018)

Babies who lip-read more have better language skills later in life. (2014)

DO MASKS HARM CHILDREN DEVELOPMENTALLY, PSYCHOLOGICALLY, SOCIALLY, OR EMOTIONALLY?

“Italian President Frattini of Section III of the Italian Council of State issued a decision condemning the use of masks in schools among minors.” (February 2021)

An article written by Dr. Joseph Mercola, osteopathic physician trained in both traditional and natural medicine, Board-certified in family medicine, explores the effects of masking facial expressions, especially on children.

- When facial expressions are not fully visible, the recognition of someone else’s expression is hampered. Humans process a person’s whole face rather than paying attention to a singular feature, such as the eyes, nose or mouth. “When we cannot see the whole face, such holistic processing is disrupted.”
- Mask-wearing could cause increased mental health problems such as PTSD, depression, anxiety, substance abuse, and suicide.
- This video shows how children are experiencing distress from adults wearing masks. Babies learn to recognize emotion and distinguish physical characteristics associated with those emotions at 6 months and continue to use that connection for social understanding through age 14. For example, a child will hear a happy voice but see an angry face decipher the situation using both characteristics.
- Kang Lee, Ph.D., from the University of Toronto, says children don’t have full facial recognition abilities until they’re about 14 years old. Until that time, children see individual features rather than the entire face. When adults and children use masks, it becomes more difficult for children to recognize individuals and understand emotional signals.
- Young children look to their parents and caregivers to interpret new situations. The reliance on facial expressions and tone of voice is distorted by a mask and may make it challenging for them to regulate their response. This “social referencing” develops in children through the early preschool years.

In a July 2020 interview, Dr. Brett Enneking, child psychologist at Riley Children’s Health in Indiana says emotional, intellectual, and language development could be delayed or stunted due to mask use.

A Lancet journal says the negative effects of antisocial measures may profoundly affect adolescents because they’re at a crucial stage of their lives where their social environment has an enormous impact on many vital functions such as brain development, self-construction, and mental health.

DO MASKS HARM CHILDREN DEVELOPMENTALLY, PSYCHOLOGICALLY, SOCIALLY, OR EMOTIONALLY?

Canada's largest children's hospital, Hospital for Sick Children (SickKids), says children do not have to wear masks or maintain social distancing. (June 2020)

- "Strict physical distancing should not be emphasized to children in the school setting as it is not practical and could cause significant psychological harm."
- "Close interaction, such as playing and socializing, is central to child development and should not be discouraged."
- "Requiring masks could lead to more infection, not less, while separating children as they socialize outside the classroom would have negative psychological effects."
- "Schools are not likely to be a significant amplifier of Covid-19 as children do not seem to be "super-spreaders" of Covid-19. In fact, it's more common for adults to infect young people than the other way around."
- "In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes which could increase the risk of infection."

A September 2020 article by Dr. Pascal Sacré, a medical-surgical intensive care doctor for 35 years in Belgium hospitals, specialization in anesthesia, intensive care, and critical care, wrote an article citing a plethora of studies, stating the consequences of pandemic precautions, including mask use, are harmful, serious, long-lasting, and significant, in children and adolescents. The consequences are physical, psychological, and mental and involve disturbances in sleep, nightmares, separation-related disorders, emotional communication and maturation, learning, brain development, depression, and even excess mortality. Physical problems in children wearing masks include skin, eye, and respiratory problems. 400 articles all confirm, without exception, that Covid-19 is rare and almost always benign in children, that children under 19 are not contaminated by schoolmates but by parents at home, that they do not contaminate adults, and that the confinement of children is responsible for frequent behavioral and social psychological disorders in addition to a clear negative impact on their schooling. Even temporary antisocial measures can have a profound and prolonged negative impact on children's development

"The consequences are physical, psychological, and mental and involve disturbances in sleep, nightmares, separation-related disorders, emotional communication and maturation, learning, brain development, depression, and even excess mortality."

WHAT DO THE 'EXPERTS' SAY ABOUT MASKS?

Dr. Fauci says not to wear a mask because "wearing a mask might make people feel a little better... but it's not providing the protection people think it does." (March 2020)

Dr. Fauci says, "an epidemic is not driven by asymptomatic carriers." (June 2020)

Five days after Dr. Fauci said it's common sense to wear two masks, he admits there is no data supporting that statement. (February 2021)

A May 2020 meta-study on pandemic influenza published by the CDC found that face masks had no effect, neither as personal protective equipment in the general community nor as a source control, including when infected people and their close contacts were masked.

In March 2019, CDC says masks don't work for the flu.

The U.S. Surgeon General said, "Masks] are not effective in preventing the general public from catching the corona virus" in February 2020. In a March 2020 interview, he said, "One of the things they shouldn't be doing, the general public, is going out and buying masks. It actually does not help, and it has not been proven to be effective at preventing the spread of Corona virus decreasing amongst the general public."

Dr. Mike Ryan, executive director of the WHO health emergencies program, says in March 2020, "There is no specific evidence to suggest that the wearing of masks by the mass population has any potential benefit. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly."

WHO video stating how to wear a mask. These standards are impossible for majority of adults and all children. It specifically states the mask becomes a source of infection if not worn to these standards due to the bacteria that will get and stay on the mask.

A CDC report released in September 2020 shows masks and face coverings are not effective in preventing the spread of COVID-19, and always wearing a mask did not reduce the risk of infection. 85% of people infected with the coronavirus reported wearing a mask "always" (70.6%) or "often" (14.4%).

The WHO says there is no evidence that masks worn by healthy people reduce the spread of viruses including covid-19. "The evidence is not sufficiently strong to support widespread use of facemasks as a protective measure against covid-19." (April 2020)

WHAT DO THE 'EXPERTS' SAY ABOUT MASKS?

On cloth masks, the CDC says the “risk for infection was higher for those wearing cloth masks” [vs. medical masks]. And “the filtration, effectiveness, fit, and performance of cloth masks are inferior to those of medical masks and respirators.” October 2020

WHO's Dr. Maria Van Kerkhove (Technical Lead Covid019, WHO Health Emergencies Programme) says asymptomatic spread is very rare. (Begin at marker 1:16.)

Dr. Fauci wrote a paper in 2008 that found the main cause of death from influenza pandemics was bacterial pneumonia rather than viral pneumonia. His team found that incidence of viral pneumonia “appears to be low, even in pandemic peaks.”

Lung tissue from 58 autopsies data from 109 published autopsy series that described 8,398 individual autopsy investigations were examined and found the majority of deaths in the 1918–1919 influenza pandemic were caused by common upper respiratory-tract bacteria. Less substantial data from the subsequent 1957 and 1968 pandemics are consistent with these findings. Fauci's team found bacterial pneumonia as cause of death in every specimen they studied from that time.

DO MASKS PREVENT INFECTION?

A paper written in April 2020 by psychology professors in London says in order to limit the spread of Covid19, avoiding touching the mouth, nose and eyes. We know that masks cause us to touch these areas more, especially children.

A 2009 study in Japan concludes face masks on healthcare workers have not proven to provide any benefit in getting colds or cold symptoms.

A May 2020 Korean Medical Science journal entry states, “The single most important protective measure is hand washing, rather than mask wearing.”

A June 2020 medical journal reminds us that during the 2009 swine flu pandemic, “encouraging the public to wash their hands reduced the incidence of infection significantly whereas wearing facemasks did not.”

Researchers from the University of Minnesota found that the **infectious dose of SARS-CoV-2** is just 300 virions (viral particles), whereas a single minute of normal speaking may generate more than 750,000 virions, making cloth face masks unlikely to prevent an infection. (November 2020)

Japan, despite its widespread use of face masks, experienced its most recent influenza epidemic with more than 5 million people falling ill just one year ago, in January and February 2019. However, unlike SARS-CoV-2, the influenza virus is easily transmitted by children, too.

Austrian scientists found that the introduction, retraction and re-introduction of a face mask mandate in Austria had no influence on the coronavirus infection rate. (August 2020)

London researchers determined available evidence from many studies is equivocal as to whether or not wearing face masks in community settings results in a reduction in viral respiratory infections. (May 2020)

An April 2020 Australian News segment showing that masks are ineffective at spreading infection.

A study based on data supplied by USA Facts, a nonpartisan data compiler used by the CDC and other federal agencies, noted that during the US surge in the fall, 97 out of 100 counties with the most confirmed cases had either a county-level or state-level mask mandate, or both. (December 2020)

Mask use may increase the risk of infection. (April 2020)

The first randomized clinical trial ever conducted on cloth masks was in April 2015 and showed that the rate of infection was significantly higher in those that wore masks, and it cautions against the use of cloth masks.

An article written by Dr. Lisa Brosseau (a national expert on respiratory protection and infectious diseases and retired professor of the University of Illinois at Chicago) and Dr. Margaret Sietsema (an expert on respiratory protection and an assistant professor at the University of Illinois at Chicago) states “we continue to conclude that cloth masks and face coverings are likely to have limited impact on lowering COVID-19 transmission” because the virus particles are small enough to go through masks. (April/July 2020)

DO MASKS PREVENT INFECTION?

An April 2020 review by the Norwich School of Medicine found that “the evidence is not sufficiently strong to support widespread use of facemasks.”

A May 2020 cross-country study by the University of East Anglia found that a mask requirement was of no benefit and could even increase the risk of infection.

An August 2020 review by a German professor in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of cloth face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections.

Wearing masks does not reduce flu-like illness case compared to those not wearing masks. (April 2020)

A 2011 meta-analysis of 17 studies, not one of the studies could find evidence of masks protecting against influenza infection.

A 2014 study of 44 mask brands found an average 35.6% penetration. Most medical masks had over 20% penetration, while “general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency.” “Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols.”

Cloth masks were found to have low efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through cloth masks is between 74-90%. The filtration efficiency of fabric materials was only 3-33%. (2010)

This 2015 British Medical Journal shows cloth face coverings allow up to 97% of viral particles to move freely through and may increase infection risk by retaining moisture or repeated use. 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. And healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks.

This New England Journal of Medicine editorial from May 2020 concludes wearing a mask offers little to no protection from Covid-19 in everyday life. “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.”

DO MASKS PREVENT INFECTION?

This 1920 analysis of cloth mask use during the 1918 pandemic by Dr. W. H. Kellogg (Secretary and Executive Officer of California State Board of Health) and Gracie MacMillan (Bacteriologist in the State Hygienic Laboratory) 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.

Doctor Ted Noel, an anesthesiologist with 36 years experience wearing masks in operating rooms, demonstrates how small particles escape or go through masks by vape example.

DO MASKS CAUSE HARM?

According to Antonio I. Lazzarino, Medical Doctor and Epidemiologist, of the University College London, wearing a mask can cause people to touch their eyes more, restrict airflow, spread disease, cause skin irritations, and more. (May 2020)

A 2005 Taiwan study shows even the use of N95 masks can cause dizziness, headache, shortness of breath, and impair the ability to make correct decision.

Singaporean doctors conducted a study in March 2020 determining "the prolonged use of masks has been shown to cause headaches or exacerbate pre-existing headache disorders."

In a 2008 study, Turkish doctors determined "masks lower oxygen levels. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. And "the increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use."

A 2014 Singaporean research article states "mask-wearing can alter breathing physiology by increasing nasal congestion."

Masks produce subconscious anxiety and fear. Fear and anxiety activate the fight-or-flight nervous system which down-regulates the immune system. (2004)

"Masks produce subconscious anxiety and fear."

DO MASKS CAUSE HARM?

The current focus on protective precautions [including masks] during this pandemic is a “worst nightmare” situation for those with OCD or other mental illness. The stress and anxiety of precautions may worsen a mental illness or cause one in someone previously unaffected. (June 2020)

Many masks and face coverings (including cloth) are made with toxic and carcinogenic chemicals including fire retardant, fiberglass, lead, NFE, phthalates, polyfluorinated chemicals and formaldehyde that will outgas and be inhaled by the wearer. (2018)

A January 2021 study in the Cancer Discovery journal found that inhalation of harmful microbes can contribute to advanced stage lung cancer in adults. Long-term use of face masks may help breed these dangerous pathogens, thus long-term mask use may contribute to advanced stage lung cancer.

A July 2020 MSN article discusses the dangers of wearing a mask while exercising:

- “A mask makes it harder to inhale the quantity of air needed to perform at the highest levels. We know that wearing a surgical mask can increase the resistance to airflow. Exercise invariably leads to faster and harder breaths, so wearing a mask during exercise places a further strain on airflow.” – Lindsay Bottoms, of University of Hertfordshire
- The increased breathing and lower airflow would require more effort to do low to moderate-intensity physical activities. People may face more challenges when doing heavy exercise.

A June 2020 article by Jennifer Margulis, Ph.D., investigative journalist, author, and Fulbright awardee, compiles medical studies listing 9 ways masks harm our health including reducing blood oxygenation, increasing blood carbon dioxide levels, concentrating the exhaled viruses in the nasal passages, causing problems for people with special need, causing skin problems, and increasing the risk of headache, cancer, and infection.

According to Patricia Neuenschwander, MSN, RN, CPNP-PC, a board-certified pediatric nurse practitioner and emergency room nurse with over two decades of experience, the science doesn't support healthy people wearing masks. (May 2020)

Mask-wearing at longer durations can impact thermoregulation and thermal stress. (2011)

DO MASKS CAUSE HARM?

A recent German study found masks to have a negative impact on cardiopulmonary capacity and quality of life. (2012)

A driver passed out and crashed from wearing a mask in April 2020.

A June 2020 article says wearing masks causes the inhalation of carbon dioxide which causes headaches, hypoxia, skin problems, breathing difficulties, rapid heart rate, emotional upset, etc.

An April 2020 medical journal says wearing a mask increases blood carbon dioxide levels.

A June 2020 article cites many sources listing the side effects of wearing a mask including fabric masks (vs surgical masks) being harder to breathe through and become wetter quicker, masks are also almost never worn in the correct, hygienic way, and masks prompt the touching of the face which can increase the likelihood of infection.

This June 2020 study demonstrates that skin biophysical characters change as a result of wearing a mask or respirator, causing skin reactions.

Colleen Huber, MND and prominent cancer doctor/specialist, examines research from 42 studies to determine masks are neither safe nor effective. (July 2020)

Masks reduce forward airflow by 90% or more over wearing no mask. (May 2020, January 2021)

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (2018)

Researchers are concerned about possible burden of face masks during physical activity on pulmonary, circulatory and immune systems which may result in more critical health problems. (June 2020)

Wearing a mask lowers oxygen rates (2006 study) which down-regulates the cells necessary for viral immunity (2012 study).

"Possible burden of face masks during physical activity on pulmonary, circulatory and immune systems which may result in more critical health problems."

DO MASKS CAUSE HARM?

A May 2020 [journal](#) by Dr. Russell Blaylock, a nationally recognized board-certified neurosurgeon, health practitioner, author, and lecturer who practiced neurosurgery for 26 years in addition to having a nutritional practice, says if you're not sick, you should not wear a facemask because not only do they fail to protect the healthy from getting sick, but masks pose a serious risk to the healthy.

- Problems with wearing a mask: headaches, increased airway resistance, carbon dioxide accumulation, hypoxia, reduced cognitive function, and even serious life-threatening complications.
- Low oxygen promotes inflammation which can promote the growth, invasion and spread of cancers. Hypoxia also increases all cardiovascular (heart attacks) and cerebrovascular (strokes) diseases.

An October 2020 [paper](#) by Colleen Huber (MND and prominent cancer doctor/specialist), Maria Crisler (microbiologist and clinical laboratory scientist), and Boris Borovoy (research partner) explain why the 45 million of the 50 million Spanish Flu deaths were bacterial-driven.

- The last time America experimented with public use of masks was the 1918 pandemic. Then as now, there is a rise in bacterial pneumonia in hospitals.
- In both the 1918 and 2020 pandemics, mask-wearers suffer more flu-like and respiratory illnesses than the unmasked.
- Upper respiratory microbes are more likely to enter deeply into the lungs of a masked individual. There, microbes are more life-threatening and harder to eliminate, so mask-wearers have a higher risk of bacterial pneumonia than non-mask wearers.

An [interview](#) with two OSHA (Occupational Safety & Health Administration) experts specializing in PPE and respirators say masks for the general public are not safe. (Stop video at 29:00 to save time.) The one-size-fits-all mask order is "incredibly dangerous, unsafe, and unhealthy."

- They are hired by hospitals and doctors to determine what PPE should be used and train healthcare workers on how to properly use them. Each healthcare worker has to do a medical evaluation to make sure they are fit enough to work in the PPE, and hospitals have increased ventilation standards to accommodate PPE usage in the building.
- The interview also demonstrates the alarming change in CO2 levels using a carbon dioxide monitor and a child wearing a mask even after only a minute or two. (250-1000 is normal level, and the demonstration reached approximately 9,000 after just a couple minutes.)

DO MASKS CAUSE HARM?

An August 2020 Fox News article compiles expert findings on the negative effect masks have on oral health and how that leads to more serious health problems including decaying teeth, receding gum lines, dehydration, gum disease which can lead to strokes and increased risk of heart attacks. Dentists are seeing a 50% increase in negative health effects due to masks.

In this video (for time purposes start at marker 6:05, skip marker 40-59:30, stop video at 1:17:00), Dr. Shiva Ayyadurai (PhD, holds four degrees and a systems biology doctorate, all from MIT) determines “there’s no clinical evidence showing [masks are] effective, but there is emerging clinical evidence showing they can actually be harmful” as well as concluding the stress of pandemic precautions leads to the deterioration of the immune system and diseases, starting with oral health. Mask wearing increases the bad bacteria in the mouth which attacks the immune system and opens one up from to heart disease, diabetes, osteoporosis, hypertension, anxiety, COPD, preterm and low birthweight with women, glaucoma, pancreatic cancer, and arthritis, respiratory diseases, negative lung health.

DO ASYMPTOMATIC PEOPLE SPREAD COVID-19?

An August 2020 PubMed study of 455 people showing zero cases of asymptomatic spread.

A December 2020 JAMA meta-analysis of 54 studies with 77,758 participants finds an asymptomatic infected person only has a 0.7% chance they will infect someone they live with. We can obviously assume that number is even lower when not living in the same household.

Asymptomatic transmission of Covid-19 didn’t occur at all in a study of 10 million people in Wuhan. (December 2020)

<https://www.nature.com/articles/s41467-020-19802-w> | <https://www.bmj.com/content/371/bmj.m4695>

<https://www.lifesitenews.com/news/asymptomatic-transmission-of-covid-19-didnt-occur-at-all-study-of-10-million-finds>

QUOTES FROM DOCTORS AND EXPERTS:

“The psychological aspect of masks we need to be most worried about for children is that they internalize the idea that the world outside, and the people living in it, are inherently dangerous. This perspective can lead to long-lasting anxiety disorders, and difficulty with their ability to function socially after guidelines are relaxed.”

Dr. Aaron Weiner, PhD

board-certified and licensed clinical psychologist

“Children, especially in early childhood, use the mouth as part of the entire face to get a sense of what’s going on around them in terms of adults and other people in their environment as far as their emotions. It also has a role in language development as well.”

Dr. Brett Enneking

child psychologist at Riley Children’s Health in Indiana

“Kids in general struggle with [communication] quite a bit more than adults do... understanding and expressing their emotions... and it might be a challenge if they are wearing a face mask to accurately assess emotions, especially negative emotions.”

Dr. Brett Enneking

child psychologist at Riley Children’s Health in Indiana

“[Masks] can make people feel as if their voice is muted, or that they are not allowed to speak. So, kids may especially feel like you don’t want them to ask you questions or to tell you how upset the masks make them feel.”

Dr. Carole Lieberman, MD

psychiatrist and best-selling author

“Some children have told me that they don’t like not seeing people’s smiles especially and it makes them feel ‘weird’ and alone even when with people. It can make forming new friendships harder because of that.”

Dr. Elena Lister, MD

adult and child psychiatrist on the faculty at Columbia and Cornell Medical Center

“It’s adults transmitting disease, even in childcare settings.”

Susanne Kuger

Director of the Center of Social Monitoring with the German Youth Institute

“In the case of the surgical masks which are made of nonwoven fabric, the exposure for some people can trigger an asthma-like inflammatory response in the lungs. This is likely due to the inhalation of the microfibers in the material that forms the masks.”

Dr. Sanul Corrielus

Philadelphia based cardiologist

“I believe the real threat right now is what we’re doing to sabotage the mental, emotional and physical health of... our children, whose development is dependent on social interactions, physical contact and facial expressions. Between mask wearing and social distancing, I fear the impact on children in particular may be long-term, if not permanent.”

Dr. Joseph Mercola

osteopathic physician trained in both traditional and natural medicine, Board-certified in family medicine

“There is a lack of official recognition in the media or in government reports of all the deleterious effects of the continuous wearing of masks, as if the most important thing is to do everything possible to get people to allow themselves to be masked, regardless of the consequences. This particularly concerns children and adolescents whose brains, especially emotional and relational brains, are in full development. Children depend largely on facial expressions to understand and apprehend their environment. Hiding the lower half of the face diminishes the ability to communicate, interpret and imitate the expressions of those we come into contact with. Positive emotions become less recognizable and negative emotions are amplified. Emotional mimicry, contagion and emotionality in general are reduced as well as teacher-student bonding, group cohesion and learning – of which emotions are a major driver.”

Dr. Pascal Sacré

medical-surgical intensive care doctor for 35 years in Belgium hospitals, specialization in anesthesia, intensive care, and critical care

Dr. Andreas Voss, member of the World Health Organization expert team and head of microbiology at a Dutch hospital in Nijmegen, on July 24, 2020, told I Am Expat that masks were made mandatory “not because of scientific evidence, but because of political pressure and public opinion.”

“In essence, your mask may very well put you at an increased risk of infections, and if so, having a much worse outcome.”

Dr. Russell Blaylock, MD

nationally recognized board-certified neurosurgeon, health practitioner, author, and lecturer who practiced neurosurgery for 26 years in addition to having a nutritional practice

“[Wearing a mask] promotes fear, which we know is bad for the immune system. It reduces breathing in fresh air, which is also bad for the immune system, and it does little to nothing to prevent spread of a virus.”

Paul Thomas, M.D.

Dartmouth-trained pediatrician with over 30 years of medical experience

“The research is showing [masks] are not a protective barrier.”

Dr. Shiva Ayyadurai, PhD

holds four degrees and a systems biology doctorate from MIT

The one-size-fits-all mask order is “incredibly dangerous, unsafe, and unhealthy.”

Tammy Clark

OSHA (Occupational Safety & Health Administration) Environmental Health & Safety Specialist

“One of the richest and most powerful tools in social communication is the face, from which observers can quickly and easily make a number of inferences.”

Aleix Martinez

Ohio State University researcher

“It is not a question of being anti-masked for the pleasure of opposing authority without any valid reason, or just to avoid some itching or irritation. This article has documented all the serious deleterious effects that the continuous wearing of a mask and the antisocial measures can have on physical and mental health, especially of children and adolescents.”

Dr. Pascal Sacré

medical-surgical intensive care doctor for 35 years in Belgium hospitals, specialization in anesthesia, intensive care, and critical care

“Depriving the body of oxygen creates long term health effects. We are creating a cure [masks] that is worse than the disease [Covid-19].”

Tammy Clark

OSHA (Occupational Safety & Health Administration) Environmental Health & Safety Specialist

“The psychological aspect of masks we need to be most worried about for children is that they internalize the idea that the world outside, and the people living in it, are inherently dangerous. This perspective can lead to long-lasting anxiety disorders, and difficulty with their ability to function socially after guidelines are relaxed.”

Dr. Aaron Weiner, PhD

board-certified and licensed clinical psychologist