

Masks Pose Health Risks and Are Not Effective at Protecting You or Others from Covid-19

◆ In an interview on May 15, 2020, Immunologist and Molecular Biologist Dr. Dolores Cahill, a worldwide renowned expert and pioneer in high-throughput proteomics (the large-scale study of proteins) technology development and automation, definitively states that masks do not protect you from coronavirus and in contrast, stress your immune system, putting you at a greater health risk.

“If it was an ebola virus outbreak, then a mask would be effective because ebola viruses are transmitted through the air. But in the case with coronavirus, it’s not transmitted through the air, it’s transmitted through droplets that then will drop on the surface like a door handle. So in coronavirus, there is absolutely no need to wear a mask . . . because the mask is covering you, you have less oxygen and that puts your immune system under stress. And then the latent viruses that are in your body because you’re under immune stress will reappear and not only will you have more coronavirus but if you had other latent viruses it will allow them to re-emerge . . . And in this case in coronavirus the immune system can clear the virus within 10 or 11 days. So I would definitively say for coronavirus there is no need for masks and also there is no need for social distancing.”

[youtube.com/watch?v=cziAebDKsEw&t=810s](https://www.youtube.com/watch?v=cziAebDKsEw&t=810s)

◆ **Neurosurgeon Dr. Russell Blaylock: Face Masks Pose Serious Risks to the Healthy**

“The researchers found that the mask reduced the blood oxygen levels (paO_2) significantly. The longer the duration of wearing the mask, the greater the fall in blood oxygen levels . . . The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.” technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/

◆ **A randomised clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children**

Study dated December 2019:

A randomised clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children

“Several studies have investigated the effectiveness, safety, fit and comfort of different types of masks However these studies were done only in adult populations. Even alternatives such as cloth masks have been tested only in adult populations¹⁶. In another study, the facemasks for paediatric use (FPU, the masks that are not specifically designed for paediatric use but are the existing mask that may be used for children during emergency situation like that of airborne disease outbreaks) were tested mainly to evaluate the leakage associated with donning the FPU. This study did show superiority of FPU in comparison to surgical masks in certain aspects, however, the study was not performed in children. One study was performed in children to evaluate the redesigned open system face mask. However, the objective of this study was to evaluate the mask for monitoring PETCO₂ during sedation in clinical practice and the children in this study donned the mask only for 30 sec. These and other similar studies merely point to the fact that there are no masks that are specifically designed and tested in children such that they can be prescribed for paediatric use in the setting of daily routine activities.” ncbi.nlm.nih.gov/pmc/articles/PMC6908682/

◆ **Facemasks, Hand Hygiene, and Influenza among Young Adults: A Randomized Intervention Trial**

Masks alone did not provide a benefit, suggesting that single personal protective interventions do not protect against incidence of ILI or influenza. ncbi.nlm.nih.gov/pmc/articles/PMC3266257/

◆ **A Cluster Randomised Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers**

Health care workers using cotton cloth masks were at increased risk of infection and influenza like illness compared with those who wore medical masks.

“...until such research is carried out, cloth masks should not be recommended. We also recommend that infection control guidelines be updated about cloth mask use to protect the occupational health and safety of HCWs.”

ncbi.nlm.nih.gov/.../.../pdf/bmjopen-2014-006577.pdf

◆ **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.”

[nejm.org/doi/full/10.1056/NEJMp2006372?fbclid=IwAR2Jhn3SBCthQKyo2_ICirYcl3OVFf0LhzroW75loN58PVereMjIWO06mqM](https://doi.org/10.1056/NEJMp2006372?fbclid=IwAR2Jhn3SBCthQKyo2_ICirYcl3OVFf0LhzroW75loN58PVereMjIWO06mqM)

◆ **Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19**

Conclusion: Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders. pubmed.ncbi.nlm.nih.gov/32232837/

◆ **Optical microscopic study of surface morphology and filtering efficiency of face masks**

Filtering efficiency of CM for ambient PM10 was poorer than in SM. The poor efficiency was due to the presence of larger sized pores. Our study also demonstrated that washing and drying cycle deteriorates the filtering efficiency due to change in pore shape and clearance. We also found that stretching of the CM surface alters the pore size and potentially decreases the filtering efficiency. The findings of this study suggest that CM are not effective, and that effectiveness deteriorates if used after washing and drying cycles and if used under stretched condition. [ncbi.nlm.nih.gov/pmc/articles/PMC6599448/](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC6599448/)

◆ **The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence**

“The initial review was performed in November 2009 and updated in June 2010 and January 2011. Inclusion criteria included randomised controlled trials and quasi-experimental and observational studies of humans published in English with an outcome of laboratory-confirmed or clinically-diagnosed influenza and other viral respiratory infections. There were 17 eligible studies....None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” pubmed.ncbi.nlm.nih.gov/22188875/

◆ **The Physiological Impact of N95 Masks on Medical Staff**

“Wearing N95 masks results in hypooxygenemia and hypercapnia which reduce working efficiency and the ability to make correct decisions. Medical staff are at increased risk of getting 'Severe acute respiratory syndrome'(SARS), and wearing N95 masks is highly recommended by experts worldwide. However, dizziness, headache, and short of breath are commonly experienced by the medical staff wearing N95 masks. The ability to make correct decisions may be hampered, too. The purpose of the study was therefore to evaluate the physiological impact of N95 masks on medical staff.”

clinicaltrials.gov/ct2/show/NCT00173017

◆ **Unmasking the surgeons: the evidence base behind the use of facemasks in surgery**

“Examination of the literature revealed much of the published work on the matter to be quite dated and often studies had poorly elucidated methodologies. As a result, we recommend caution in extrapolating their findings to contemporary surgical practice. However, overall there is a lack of substantial evidence to support claims that face masks protect either patient or surgeon from infectious contamination. More rigorous contemporary research is needed to make a definitive comment on the effectiveness of surgical facemasks.” [ncbi.nlm.nih.gov/pmc/articles/PMC4480558/](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC4480558/)

◆ **Preliminary report on surgical mask induced deoxygenation during major surgery**

“Results: Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO2) and a slight increase in pulse rates compared to preoperative values in all surgeon groups.” pubmed.ncbi.nlm.nih.gov/18500410/

◆ **Effectiveness of N95 Respirators Versus Surgical Masks in Protecting Healthcare Workers from Acute Respiratory Infection: A Systematic Review and Meta-Analysis**

“...our meta-analysis showed that there were insufficient data to determine definitively whether N95 respirators are superior to surgical masks in protecting health care workers against transmissible acute respiratory infections in clinical settings.”

cmaj.ca/content/cmaj/188/8/567.full.pdf

◆ **World Health Organization: Advice on the Use of Masks in the Context of COVID-19, 5-June-2020**

“At present, there is no direct evidence (from studies on COVID19 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...At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider.”

apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y

◆ **World Health Organization: Advice on the Use of Masks in the Context of COVID-19, 6-April-2020**

“There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure. However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.”

who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings

◆ **World Health Organization: COVID-19 Advice for the Public: When and How to Use Masks**

“If you are healthy, you only need to wear a mask if you are taking care of a person with COVID-19.”

who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

◆ **Masks-for-All for COVID-19 Not Based on Sound Data - Commentary by Dr. Brosseau, national expert on respiratory protection and infectious diseases and Dr. Sietsema, expert on respiratory protection.**

“Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year. Our review of relevant studies indicates that cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE.”

cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data

◆ **Why Face Masks Don't Work: A Revealing Review**

“It should be concluded from these and similar studies that the filter material of face masks does not retain or filter out viruses or other submicron particles. When this understanding is combined with the poor fit of masks, it is readily appreciated that neither the filter performance nor the facial fit characteristics of face masks qualify them as being devices which protect against respiratory infections.” oralhealthgroup.com/features/face-masks-dont-work-revealing-review/

◆ **Masks Don't Work: A Review of Science Relevant to Covid-19 Social Policy**

“No RCT study with verified outcomes shows a benefit for HCW or community members in households to wear a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public”

researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

◆ **Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial**

“Conclusion: Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.” pubmed.ncbi.nlm.nih.gov/19216002/

◆ **The Surgical Mask Is a Bad Fit for Risk Reduction**

“Histories of the surgical mask offer some clues about our contemporary risk profile, a profile that is, according to the nature of risk, future-oriented. The birth of the mask came from the realization that surgical wounds need protection from the droplets released in the breath of surgeons. The technology was applied outside the operating room in an effort to control the spread of infectious epidemics. In the 1919 influenza pandemic, masks were available and were dispensed to populations, but they had no impact on the epidemic curve. At the time, it was unknown that the influenza organism is nanoscopic and can theoretically penetrate the surgical mask barrier. As recently as 2010, the US National Academy of Sciences declared that, in the community setting, “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards.” A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus.” ncbi.nlm.nih.gov/pmc/articles/PMC4868614/

◆ **Medical Masks**

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by healthcare workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.”

jamanetwork.com/journals/jama/fullarticle/2762694

◆ **Simple respiratory protection--evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles**

“To address the filtration performance of common fabric materials against nano-size particles including viruses, five major categories of fabric materials including sweatshirts, T-shirts, towels, scarves, and cloth masks were tested for polydisperse and monodisperse aerosols (20-1000 nm) at two different face velocities (5.5 and 16.5 cm s⁻¹) and compared with the penetration levels for N95 respirator filter media. The results showed that cloth masks and other fabric materials tested in the study had 40-90% instantaneous penetration levels against polydisperse NaCl aerosols employed in the National Institute for Occupational Safety and Health particulate respirator test protocol at 5.5 cm s⁻¹. Similarly, varying levels of penetrations (9-98%) were obtained for different size monodisperse NaCl aerosol particles in the 20-1000 nm range. The penetration levels of these fabric materials against both polydisperse and monodisperse aerosols were much higher than the penetrations for the control N95 respirator filter media.” pubmed.ncbi.nlm.nih.gov/20584862/

◆ **N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial**

“Conclusions and relevance: Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”

pubmed.ncbi.nlm.nih.gov/31479137/

◆ **Face masks to prevent transmission of influenza virus: a systematic review**

“There is little evidence to support the effectiveness of face masks to reduce the risk of infection. Current research has several limitations including under-powered samples, limited generalizability, narrow intervention targeting and inconsistent testing protocols, different laboratory methods, and case definitions.” doi.org/10.1017/S0950268809991658

◆ **Do face masks protect against COVID-19?**

“...many people in Asia and elsewhere walked around wearing surgical or homemade cotton masks to protect themselves. One danger of doing this is the illusion of protection. Surgical face masks are designed to be discarded after single use. As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS-CoV-2 (COVID-19) virus, which can be detected on the outer surface of the masks for up to 7 days.^{7,8} Thus, a pre-symptomatic or mildly infected person wearing a facemask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others.” ncbi.nlm.nih.gov/pmc/articles/PMC7323223/

◆ **Masks Prevent You from Infecting Others with Coronavirus, But May Not Protect You from Being Infected**

“The average healthy person does not need to have a mask, and they shouldn’t be wearing masks,” Dr. Perencevich said. “There’s no evidence that wearing masks on healthy people will protect them. They wear them incorrectly, and they can increase the risk of infection because they’re touching their face more often.” forbes.com/sites/tarahalle/2020/02/29/no-you-do-not-need-face-masks-for-coronavirus-they-might-increase-your-infection-risk/

◆ **Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations** “Therefore, it can be concluded that N95 and surgical facemasks can induce significantly different temperatures and humidity in the microclimates of facemasks, which have profound influences on heart rate and thermal stress and subjective perception of discomfort.” ncbi.nlm.nih.gov/pmc/articles/PMC7087880/

◆ **Effect of a Surgical Mask on Six Minute Walking Distance**

“Introduction: Six minutes walking test (6MWT) is regularly used in pulmonology.
Aim of the study: To evaluate the effect of wearing a surgical mask during 6MWT in healthy subjects.
Conclusion: Wearing a surgical mask modifies significantly and clinically dyspnea [shortness of breath] without influencing walking distance.” pubmed.ncbi.nlm.nih.gov/29395560/?from_term=effects+of+wearing+mask&from_pos=8

◆ **Carbon Dioxide Rebreathing in Respiratory Protective Devices: Influence of Speech and Work Rate in Full-Face Masks**

“Carbon dioxide (CO₂) rebreathing has been recognised as a concern regarding respirator use and is related to symptoms of discomfort, fatigue, dizziness, headache, muscular weakness and drowsiness ... The results showed that phonic respiration and low work rates contributed to significantly higher levels of CO₂ rebreathing.” pubmed.ncbi.nlm.nih.gov/23514282/

◆ **Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission**

“No recommendation can be made at this time for mask use in the community by asymptomatic persons, including those at high risk for complications, to prevent exposure to influenza viruses.” cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm

◆ **Effect of face veil on ventilator function among Saudi adult females**

“Results: Mean values of FVC, FEV₁, FEV₁/FVC (%) and MVV for niqab wearers were significantly lower than the corresponding values for non-niqab wearers. Significant negative correlation was found between the FVC and FEV₁ values and the number of hours of the use of face veil per day. Conclusions: Long-term use of traditional niqab use can affect VF.”
Terms: forced vital capacity (FVC), forced expiratory volume in one second (FEV₁), ventilator function (VF), and maximal voluntary ventilation (MVV)
researchgate.net/publication/244485085_Effect_of_face_veil_on_ventilator_function_among_Saudi_adult_females

◆ Carbon Dioxide Re-Breathing with Close Fitting Face Respirator Masks

“A healthy intensivist (SF), wearing such a respirator (Tecno Fluidshield PFR95, Kimberly Clark Corporation, Roswell, GA) to perform a percutaneous tracheostomy on a patient with multidrug resistant pulmonary tuberculosis, experienced dyspnoea, tachycardia and tremor after 30 min. End-tidal carbon dioxide measured at the mouth by hand-held capnometry was 6.3 kPa (normal value 5.3 kPa). We postulated that the symptoms were due to hypercapnia.” doi.org/10.1111/j.1365-2044.2006.04767.x

◆ Non Pharmaceutical Measures for Pandemic Influenza in Non Healthcare Settings—Personal Protective and Environmental Measures

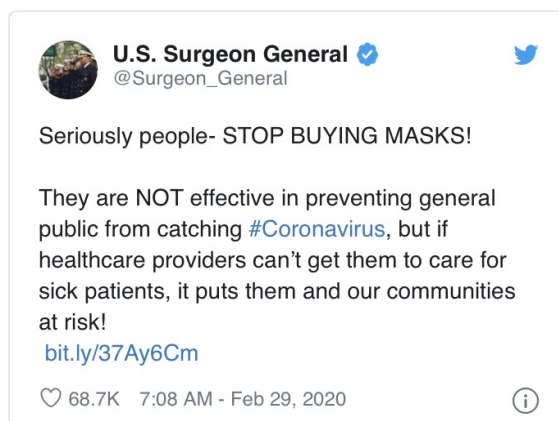
“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility” wwwnc.cdc.gov/eid/article/26/5/19-0994_article

◆ No Good Choices: A Mask May Block Out Some Pollution but Have Other Ill Health Effects

“A mask may also cause respiratory distress and become a hotbed for microbes to thrive... It can lead to oxygen shortage, suffocation, respiration trouble, and heart attacks,” said Dr D Saha, scientist and additional director at the Central Pollution Control Board. He pointed out that masks are a potential source of bacteria and viruses. “The moisture from exhalation inside the mask, when in constant contact with the 37 degrees Celsius warm human body, becomes an ideal place for virus and bacteria to thrive,” he said. This could result in the growth of microbes on masks and aid the spread of airborne diseases like influenza.” scroll.in/pulse/860276/no-good-choices-a-mask-may-block-out-some-pollution-but-have-other-ill-health-effects

◆ Surgeon General Doubles Down: Masks Increase Virus Risk

“Surgeon General Jerome Adams Tuesday doubled down on his advice against healthy people wearing face masks to protect themselves from coronavirus, saying that wearing one improperly can ‘actually increase your risk’ of getting the disease.” newsmax.com/us/surgeon-general-adams-masks/2020/03/31/id/960679/



◆ Two Boys Drop Dead in China While Wearing Masks During Gym Class

“Two Chinese boys dropped dead within a week of one another while wearing face masks during gym class, according to a report.” nypost.com/2020/05/06/two-boys-drop-dead-in-china-while-wearing-masks-during-gym-class/

◆ Jogger's Lung Collapses After He Ran for 2.5 Miles While Wearing a Face Mask

“But the mishap was directly caused by the sudden increase of pressure in Mr Zhang's lung due to intense running while wearing the face-covering, Dr Chen said.”

dailymail.co.uk/news/article-8311179/Joggers-lung-collapses-ran-2-5-miles-wearing-face-mask.html

Lessons from the Spanish Flu Pandemic of 1918

◆ **Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness**

“The majority of deaths in the 1918–1919 influenza pandemic likely resulted directly from secondary bacterial pneumonia caused by common upper respiratory–tract bacteria.”

ncbi.nlm.nih.gov/pmc/articles/PMC2599911/?fbclid=IwAR1QJZJPu1dpPOUVbHt6DXKd7QVUXb7DqkWtFuxl29I5cKOLXThClS-7IbU

◆ **A Working Program Against Influenza**

In December 1918, the American Public Health Association recommended that the “wearing of proper masks” should be compulsory for medical staff, occupations such as “barbers, dentists, etc.,” and “all who are directly exposed to infection.” However, they found that “as to beneficial results consequent on the enforced wearing of masks by the entire population at all times was contradictory,” and thus DID NOT recommend “the widespread adoption of this practice.”

ncbi.nlm.nih.gov/pmc/articles/PMC1362453/?fbclid=IwAR2ojPXDZ5mzOhOEUIiGyjVa0OCicM2Scqf_KnNjBrQNI7hj5Fz_KzQyFA

◆ **Influenza, a Study of Measures Adopted for the Control of the Epidemic**

In 1919, Wilfred Kellogg’s study for the California State Board of Health concluded that mask ordinances “applied forcibly to entire communities” did not decrease cases and deaths, as confirmed by comparisons of cities with widely divergent policies on masking - “very complete records at the disposal of the California State Board of Health indicate conclusively that the compulsory wearing of masks does not affect the progress of the epidemic... The case against the mask as a measure of compulsory application for the control of epidemics appears to be complete.”

catalog.hathitrust.org/Record/011933637?fbclid=IwAR2dYuhRKajVV4nyXntOiXawVrXeSsYGOqerE6yTFimkZXPNaRsod_E2NzY

◆ **Influenza; an Epidemiologic Study**

In a 1921 study, Warren T. Vaughn declared “the efficacy of face masks is still open to question. Certainly the face mask as extensively used during the 1918 epidemic was of little benefit and in many cases was, without a doubt, a decided detriment.” Vaughn’s sobering conclusion: “It is safe to say that the face mask as used was a failure.”

catalog.hathitrust.org/Record/001583712?fbclid=IwAR2NQwOhcmLr2vUio8YVWVYyDRp0qzAIs0UIRgxA2dqaTvbG11bcyuUAKcs

◆ **The Influenza Epidemic of 1918: II Preventive Measures**

In 1927, Edwin Jordan’s study, published in the Journal of the American Medical Association as a series of articles and then as a book, determined that masks were effective when worn by patients already sick or by those directly exposed to victims, including nurses and physicians. But he admitted “The effect of mask wearing throughout the general community is not easy to determine.”

jamanetwork.com/journals/jama/article-abstract/251741?fbclid=IwAR39_D9pE1Nmea5NJF2aTCyhQXZDY4RQzKwyA6D_CuNgFHaNZfGP_z-XwM4