HEALTH FREEDOM LOUISIANA

HealthFreedomLA.org

July 9, 2020

RE: Request for Evidence of Safety

Dear Superintendent Brumley and members of the Louisiana Board of Elementary and Secondary Education:

The unprecedented closure of American schools in March, due to fear and flawed SARS-CoV-2 predictive models, started the ball rolling for irreparable harm to many of our children. And now, even with overall death rates dropping by 90% we are being told that we must continue to sacrifice all aspects of our lives, and accept all collateral damage, no matter how severe. We are here to say we are out of patience, and we will not sacrifice our children.

We are deeply concerned that the Guidelines from the Louisiana Department of Health and Louisiana Department of Education regarding schools reopening do not take into account the impact, both short and long-term, on children's health and well-being.

We are therefore asking you to provide by July 31, 2020, the following information:

- Evidence of physical safety for children to wear masks or shields 7 hours a day;
- Evidence that mask or shield wearing is safe with respect to emotional and psychological health;
- Evidence that social-distancing and promoting fear of pathogens is safe with respect to immune, physical, emotional, and psychological health;
- Evidence that mask and shield wearing by children and educators does not negatively impact learning and brain function;
- Evidence that masks and shields prevent virus transmission rather than enhance it, given real-world conditions such as homemade masks, poor fit, constant mask or shield and facial touching;
- Evidence of necessity of masking and social-distancing based on most current data;
- Evidence that the risk of severe disease in children is not rare;
- Evidence that children have been significant sources of transmission to individuals at risk of severe disease;
- Evidence that avoidance of natural exposure, natural immunity, and natural herd immunity is a safe approach for children.

If you have no evidence that the experimental measures in your Guidelines would do no harm to the physical, emotional, and psychological development of our children, then eliminate them. Promote the existing effective treatment protocols, and set our children free to learn in a normal and socially interactive environment.

Sincerely,

The Concerned Parents of Health Freedom Louisiana

Cc The Honorable John Bel Edwards, Governor
Louisiana Department of Health
Members of the Louisiana House of Representatives
Members of the Louisiana Senate

Our Research Highlights

Our Position

We oppose the Guidelines and are seeking to return to normalcy at school. Our combined research and life experience lead us to conclude that grave concerns are warranted over such measures as prolonged mask wearing, physical distancing, excessive sanitation, and the cancelling of field trips, assemblies, and performances. These measures are unhealthy and dehumanizing.

Such measures are not necessary for our schools; recent worldwide data evaluation is revealing that children are neither extremely susceptible to severe outcome from SARS-CoV-2 infection, nor are they asymptomatic "super-spreaders" as once suggested.

Surgical and cloth masks are incapable of preventing the spread of SARS-CoV-2. ***See Appendix A***

Implementation of these measures may not only injure more children than the virus itself but will undoubtedly create great financial, logistical, and emotional challenges for both schools and families alike.

Children are unlikely to transmit the virus.

The WHO's chief scientist states that children seem "less capable" of spreading coronavirus and are at "very low risk" of illness.[2] The same scientist reports that no major outbreaks have resulted from schools re-opening. As stated recently in the Archives of Disease in Childhood, "Children are not COVID-19 super spreaders: time to go back to school" and that there is "no evidence of children infecting teachers[3]." In one study, most admissions to pediatric intensive care units involved children with "significant preexisting comorbidities[4] "; these children would most likely not be in school.

The casualty rate predicted by models was vastly overestimated.

According to current data from the best-studied countries and regions, including the CDC, **the overall lethality of COVID-19 is now estimated at about .07-.26%**[5][6]**.** COVID-19 is far less deadly than originally predicted, with the risk of death for adults "roughly equivalent to the risk of death from driving a car[7]. The death rate in children who experience the infection is virtually zero—for ages 10-19, it is 0.2%, and there have been zero fatalities for children under the age of 10[8]. The death of even one child is tragic, of course. However, it must be kept in mind that according to CDC estimates[9], as many as 600 children in the United States died from seasonal influenza in 2017-18[10]. A just-released JAMA Pediatrics study flatly states: "Our data indicate that children are at far greater risk of critical illness from influenza than from COVID-19[11]."

Other important factors to consider:

- In many countries, the peak of the spread was already reached well before the lockdown[12] and there are several studies, such as this, by Stanford University researchers, which "implies that the infection is much more widespread than indicated by the number of confirmed cases[13]." In other words, many people have already cleared the infection without knowing they had it.

- The median or average age of the deceased in most countries (including Italy) is over 75-80 years[14], and only about 4% of the deceased had no serious preconditions[15]. In many countries, up to two thirds of all extra deaths occurred in nursing homes, which do not benefit from a general lockdown[16].
- For deaths coded as "COVID-19," it is often unclear whether they died *from* or *with* coronavirus[17] (*i.e.*, from underlying diseases) or if they were counted as "presumed cases" and not tested at all [18] [19].
- Asymptomatic carriers in general may not be sources of contagion, as concluded in a Chinese study on infectivity of asymptomatic SARS-CoV-2 carriers: "In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak[20]."

Prolonged mask wearing by healthy children is unnecessary and poses risks.

- This detailed literature review finds that "between 2004 and 2016 at least a dozen research or review articles have been published on the inadequacies of face masks. All agree that the poor facial fit and limited filtration characteristics of face masks make them unable to prevent the wearer inhaling airborne particles." It stands to reason such masks are unable to prevent releasing airborne particles[21], either.
- On March 4, 2020, the Journal of American Medical Association stated, "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[22]."
- Results from a random controlled trial published in the British Medical Journal caution against the use of cloth masks, finding that: "Penetration of cloth masks by particles was almost 97%" and "moisture retention, reuse of cloth masks, and poor filtration may result in *increased risk of infection*.[23]"
- Prolonged masking of healthy children can interfere with breathing, decrease oxygen uptake, and lead to carbon dioxide buildup in the body. Neurosurgeon Russell Blaylock warns that "Face Masks Pose Serious Risks To The Healthy – Hypoxia And Hypercapnia[24]." It is established that hypercapnia (elevated carbon dioxide) "adversely affects innate immunity, host defense, lung edema clearance and cell proliferation" by altering the expression of multiple components of the innate immune system.[25]
- Examining the emotional/relational perspectives of mask wearing, one study of the effects of doctors wearing masks during time with patients stated that "Facemasks offer limited protection in preventing infection . . . Meanwhile, a negative impact [of the doctor's wearing a facemask] on the patient's perceived empathy and relational continuity can reduce potential therapeutic effects". If the doctor-patient relationship for adults suffers as a result of mask wearing during a short office visit, imagine the detrimental effects on the teacher-student relationship when it loses the important emotional perception, expression, and reciprocity all day every day[26]. In addition, many people, children and adults alike, find masks menacing and threatening.
- Prolonged masking commonly causes headaches, mental fatigue, a sense of dehydration, exhaustion, lightheadedness, difficulty focusing, and irritability[27].
- Wearing respirators comes with a host of physiological and psychological burdens. These can interfere with task performances and reduce work efficiency. These burdens can even be severe enough to cause life-threatening conditions if not ameliorated. They can interfere with respiration, vision, communication, feelings of well-being, and personal procedures such as eating and sneezing[28].
- The planned restrictions will inhibit the vital social skills of creativity, teamwork, collaboration, negotiation, effective communication, and the development of meaningful relationships. These measures will foster feelings of isolation, depression and anxiety, while teaching kids to fear their environment and other human beings. The likely impact is significant and permanent social and emotional harm.

Mandatory masking in schools is not sensible. Its potential to cause immediate impairment to learning, as well as long-term psychological, emotional, and physical damage, outweighs its purported objective to reduce viral particle transmission. It promotes an excessive fear of germs (phobia) and of social interaction. Schools will expose themselves to legal liability for injuries to students who lose consciousness or experience other adverse events secondary to mask wearing. Masks will stifle communication of social and visual cues, blunt conveyance of sound and expression, and repress our children's joy. The solution is to allow for optional masking for those who feel the benefits outweigh the risks.

"Distance learning" is not effective, and it causes harm.

- While some students thrive with distance learning, many do not. Numerous experts agree the academic regression that some students have suffered due to school closure will increase if "distance learning" continues, forced upon even those children for whom that style is not optimal[29]. Many children simply learn better onsite in a socially interactive school environment. In addition, options for partial or staggered school re-openings may impact students' academic progress and well-being in yet unquantified ways.
- Evidence suggests that remote learning can be much less effective than face-to-face learning for many schoolchildren[30], including those with special education needs[31], as intensive therapies often cannot be delivered remotely. In fact, distance learning is likely to cause a "historic academic regression[32]" that will particularly disadvantage these students, as well as students from backgrounds of poverty and students learning English.
- In addition, concerns abound about the developmental appropriateness of distance learning for young children in particular[33].
- Reports indicate that the COVID-19 shutdowns have increased the risk of substance abuse as well as mental health issues, with adolescents being particularly vulnerable to addiction[34].
- There is widespread agreement that school closure is harmful to children's mental health with parents reporting increased depression, stress, anxiety, and suicidal ideation[35].

Physical distancing on campus is impractical and damaging.

The six-foot distancing directive for asymptomatic children is arbitrary and not supported by science[36]. It amounts to social isolation, which has a long history as a form of punishment and psychological injury. In a school setting this will inhibit normal behaviors that characterize childhood and foster development of thriving, confident adults[37]. Instead, it will create fearful robots, devoid of the very connections that make us human.

Excessive disinfection with potentially toxic chemicals is also a serious concern.

The human microbiome[38] and exposure to germs and dirt are critical to immune function[39]. Putting kids in a bubble and over-sanitizing disturbs the natural microbial balance[40]. Allowing ourselves to come into contact with new types of bacteria is essentially like a workout for the immune system that eventually pays off, educating, priming, and strengthening it. Many children suffer from chemical sensitivities and asthma as well, so schools must be mindful in choosing organic and/or hypoallergenic products, such as HOCL (Hypochlorous acid)[42].

What measures should we take to reopen schools?

Knowing what we now know about COVID-19's low infection fatality rate, asymmetric impact by age and medical condition, non-transmissibility by asymptomatic people and in outdoor settings, and near-zero fatality rate for children, Louisiana's schools should open without restrictions.

Heightened reminders for proper hygiene, like hand washing before sitting down to eat lunch or when returning from recess, reasonable cleaning with non-toxic products, and at-home symptom screening of students by their

parents and guardians and self-screening by staff are all prudent and minimally disruptive measures. Encourage a healthy diet, exercise, adequate sunshine, and proper sleep, all of which fortify the immune system. Schools may also need to identify ways to protect vulnerable teachers and staff through flexible scheduling and staffing, and likewise make provisions requested for medically vulnerable students to continue learning with appropriate health protections or remote accommodations. Cambridge University professors recently recommended in *The British Medical Journal* that shielding individuals should be stratified by risk: "Protecting those at most risk of dying from COVID-19 while relaxing the strictures on others provides a way forward in the SARS-CoV-2 epidemic[43]".

The longer the "new normal" of fearing human contact plays out worldwide, the weaker our immune systems become, and the more we are harmed by the unnatural social prohibitions. Numerous internationally renowned experts[47] in the fields of virology, immunology and epidemiology consider the measures taken to be counterproductive[48], and instead recommend rapid, natural immunization[49] of the general population, with protection of risk groups.

Never before in history have state governments and public health agencies reacted to contagious infection with such irrational fear and with such callous disregard for the collateral damage of their response. It is impossible to make any environment completely free from viral transmission, nor would humans thrive in such an environment. This response is not sustainable, not repeatable, and does not serve the individual or public health.

Conclusion

Stanford University's Dr. Scott Atlas has stated,

> "All of this borders on the absurd, when we now know that social distancing and face coverings for children are completely unnecessary. Never have schools subjected children to such an unhealthy, uncomfortable and anti educational environment, so science cannot precisely define the total harm it will cause. But science does tell us that risks from COVID-19 are too minimal to sacrifice the educational, social, emotional and physical well-being – to say nothing of the very health – of our young people.[50]"

In many respects, school-aged children have borne the brunt of our social response to the coronavirus pandemic. While rarely at direct risk of harm from the virus itself, students have seen their educational and extracurricular trajectories significantly disrupted, with undeniable academic, physical, social and mental health impact. Closures, hybrid learning, or in-person instruction with physical restrictions offer unspecified if any benefit in overall pandemic control, but many of their harms to children and society at large are known and significant. As importantly, since this is a huge experiment never seen in history before, we simply have no idea the full breadth of harm and death these measures may cause. We must not affirmatively cause our children harm in an attempt to avoid a perceived risk.

As we emerge from this period of national crisis, reopening schools can prove an effective way to help repair our strained social fabric. For the well-being of Louisiana's children and our society at large, it is critical that decision-makers immediately prioritize children's timely return to a *normal* school so that they can access the high-quality, developmentally appropriate educational experience that they undeniably deserve.

[1] see Appendix A at the end of this letter

[2] https://www.bbc.com/news/av/health-52695995/children-seem-less-capable-of-spreading-virus?fbclid=IwAR2ndGCUu7KCxkOar0q6lXoayCzD_0dyWGWZykoIxtciQFdxQXB0TmnpMpc

[3] https://adc.bmj.com/content/105/7/618

[4] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037

[5] https://swprs.org/studies-on-covid-19-lethality/

[6] https://reason.com/2020/05/24/the-cdcs-new-best-estimate-implies-a-covid-19-infection-fatality-rate-below-0-3/

[7] https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v2

[8] https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/

[9] https://www.cdc.gov/flu/highrisk/children.htm

[10] https://www.cdc.gov/flu/highrisk/children.htm

[11] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037

[12] https://www.dailymail.co.uk/news/article-8235979/UKs-coronavirus-crisis-peaked-lockdown-Expert-argues-draconian-measures-unnecessary.html

[13] https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2

[14] https://www.epicentro.iss.it/coronavirus/sars-cov-2-decessi-italia

[15]https://www.bloomberg.com/news/articles/2020-05-26/italy-says-96-of-virus-fatalities-suffered-from-other-illnesses

[16] https://swprs.org/studies-on-covid-19-lethality/#care-homes

[17] https://spectator.us/understand-report-figures-covid-deaths/

[18] https://www.youtube.com/watch?v=V0lIWZpiRU0

[19] https://physiciansforinformedconsent.org/wp-content/uploads/2020/06/PIC-COVID-19-Disease-Information-Statement.pdf

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/

[21]http://oralhealthgroup.com/features/face-masks-dont-work-revealing-review/

[22] https://jamanetwork.com/journals/jama/fullarticle/2762694

[23] https://bmjopen.bmj.com/content/5/4/e006577

[24]https://technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/?fbclid=IwAR0EtvZsmXqKARtPaJNamsuFPsAOrrHq-CHcH0_wcPDwMihQfpgcCgMA0g8

[25]https://www.nature.com/articles/s41598-018-32008-x.pdf

[26] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879648/

[27] https://www.dentistryiq.com/covid-19/article/14177630/headaches-exhaustion-anxiety-the-physical-and-emotional-challenges-of-returning-to-work-during-the-pandemic?

[28] https://jbioleng.biomedcentral.com/articles/10.1186/s13036-016-0025-4

[29] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766113

[30] https://www.chalkbeat.org/2020/3/3/21178677/amid-coronavirus-fears-the-cdc-told-schools-to-plan-for-remote-learning-that-s-harder-than-it-sounds

[31] https://www.chicagotribune.com/coronavirus/ct-coronavirus-special-education-students-schools-20200427-epnf2m4ur5cltowajqgdx3zify-story.html

[32] https://www.usatoday.com/story/news/education/2020/04/13/coronavirus-online-school-home-school-betsy-devos/5122539002/

[33] https://www.naeyc.org/resources/pubs/tyc/apr2020/play-child-development-and-relationships

[34] https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

[35] https://www.npr.org/2020/05/14/855641420/with-school-buildings-closed-children-s-mental-health-is-suffering

[36] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html CDC provides no scientific evidence for its assertion that social distancing reduces transmission of SARS-CoV-2 among asymptomatic individuals.

[37] https://youtu.be/tTi8Wn_NiOg

[38] https://www.sciencedirect.com/science/article/pii/S2095809917301492

[39] https://health.usnews.com/wellness/articles/hygiene-hypothesis-could-more-dirt-and-germs-boost-your-health

[40] https://draxe.com/health/oversanitation/

[41] https://www.doh.wa.gov/Portals/1/Documents/4400/SchoolWorkshop-CleaningDisinfectionAsth-ma.pdf

[42] https://www.saltwaterbio.com/disinfecting-viruses/

[43] https://www.bmj.com/content/369/bmj.m2063

[47] https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/

[48] https://off-guardian.org/2020/03/28/10-more-experts-criticising-the-coronavirus-panic/

[49] https://off-guardian.org/2020/04/17/8-more-experts-questioning-the-coronavirus-panic/

[50] https://thehill.com/opinion/education/500349-science-says-open-the-schools

APPENDIX A: MASKS

PART 1: INEFFECTIVE

CHU ET AL.[1]

This is a systematic review and meta-analysis that included investigating face masks capabilities to prevent transmission of viruses. The vast majority of the studies reviewed were in health care settings. The authors state:

> "For health-care workers and administrators, our findings suggest that N95 respirators might be more strongly associated with protection from viral transmission than surgical masks. Both N95 and surgical masks have a stronger association with protection compared with single-layer masks."

AND

> "Although direct evidence is limited, the optimum use of face masks, in particular N95 or similar respirators in health-care settings and **12–16-layer cotton or surgical masks** in the community, could depend on contextual factors; action is needed at all levels to address the paucity of better evidence."

That's hardly conclusive evidence on which to base a public health order to the entire state. The handkerchiefs, scarves, bandanas, even multi-layer commercial masks worn by the general public are not even close to being 12-16 layers. And those "contextual factors"? The poor fit with many gaps? The inability to resist touching the masks? The lack of hand washing before and after touching the masks? Masks easily becoming warm, moist germ collectors?

Ample evidence shows that in the real world, not only are masks ineffective at blocking viruses, the masks become sources of pathogen transmission to those who wear them and those around them. Before the messaging changed from "the general public should not wear masks" to "well, we were just trying to conserve N95's; we now think the general public should wear cloth masks", the U.S. Surgeon General and Dr. Tony Fauci both mentioned the danger of mask-wearing by the general public, saying because people touch them so often they become sources of self-contamination and transmission.[2] While their messaging changed, the dangers they described still exist, and no new science has negated their earlier safety concerns.

ADDITIONALLY, the authors note:

> "Biological plausibility would be supported by data for aerosolised SARS-CoV-2 and preclinical data showing seasonal coronavirus RNA detection in fine aerosols during tidal breathing, albeit, **RNA detection does not necessarily imply replication and infection-competent virus.** Nevertheless, our findings suggest it plausible that even in the absence of aerosolisation, respirators might be simply more effective than masks at preventing infection. **At present, there is no data to support viable virus in the air outside of aerosol generating procedures from available hospital studies.**"

LYU ET AL.[3]

This study looked at statewide face covering mandate orders to see if they correlated with a drop in COVID-19 cases. The acknowledged limitations of the study were substantial.

First, they said "We are unable to measure facial cover use in the community (i.e. compliance with the mandate)". Second, they were only able to examine confirmed COVID-19 cases. Testing has been a series of tragic mistakes that continues today. The actual number of cases in any community is only known when testing occurs, and none of the tests are giving reliable results. We don't even know how long the virus has been circulating in the U.S. or how many may already have immunity. And as one commenter on the prepublication of this paper asked, "what if the "curves" were flattening according to Farr's law coinciding with the mask mandates?" Farr's law, of course, describes the natural rise and fall of epidemic disease.

Add the fact that surgical and cloth masks are incapable of blocking viruses, that they are worn with many gaps and touched frequently—becoming sources of transmission—and you can see that any impact of mask orders on COVID-19 case numbers is coincidental at best.

So many studies being rushed to preprint appear to be designed-to-desired-outcome.

Even though the physics of masks and how they are worn in real-world, non-medical settings show that they don't work, common sense tells us that if they did work, then China would have had far fewer cases.

> "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."[4]

Paul Thomas, MD, with a large pediatric practice in Oregon, gives an excellent presentation that covers many aspects of COVID-19, including the science of mask wearing. [5] Since physical science shows cloth and surgical masks to be ineffective, he suggests the very best way to reduce severe and fatal cases is for those who are susceptible to severe disease, and those working with the sick, to wear N95s covered by a face shield. These measures won't block all virus exposure or transmission, but they will block droplets. All others who are healthy and not at risk of severe disease should not wear face coverings. Those who are fearful could choose the N95/shield option too, taking personal responsibility for their own physical and mental health. They should not be deluded about the capabilities of cloth and surgical masks worn by others or be angry at others for not masking. The public wearing of masks creates a false sense of security. Public Health policies not firmly grounded in science create division and ugliness in the community.

* * *

Excerpt from **COMMENTARY: Masks-for-all for COVID-19 not based on sound data**[6]

April 1, 2020

Please see the *full article* for more information and citations.

Dr. Brosseau is a national expert on respiratory protection and infectious diseases and professor (retired), University of Illinois at Chicago.
Dr. Sietsema is also an expert on respiratory protection and an assistant professor at the University of Illinois at Chicago.

> In response to the stream of misinformation and misunderstanding about the nature and role of masks and respirators as source control or personal protective equipment (PPE), we critically review the topic to inform ongoing COVID-19 decision-making that relies on science-based data and professional expertise.

As noted in a previous commentary, the limited data we have for COVID-19 strongly support the possibility that SARS-CoV-2—the virus that causes COVID-19—is transmitted by inhalation of both droplets and aerosols near the source. It is also likely that people who are pre-symptomatic or asymptomatic throughout the duration of their infection are spreading the disease in this way.

Data lacking to recommend broad mask use

We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because:

- There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission
- Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection
- We need to preserve the supply of surgical masks for at-risk healthcare workers.

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.

Excerpt from: **LOCKDOWN LUNACY: the thinking person's guide**[7]
May 30, 2020, by J.B. Handley

Please see the full article for more information and citations. Note that while the World Health Organization did recently begin recommending the general public wear cloth masks, the science of the masks, materials, and viruses did not change. Only the messaging changed.

Fact #6: Science shows masks are ineffective to halt the spread of COVID-19, and The WHO recommends they should only be worn by healthy people if treating or living with someone with a COVID-19 infection

Just today, the World Health Organization announced that masks should only be worn by healthy people if they are taking care of someone infected with COVID-19:

"If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask," Dr. April Baller, a public health specialist for the WHO, says in a video on the world health body's website posted in March. "Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough."

Just before the COVID-19 madness, researchers in Hong Kong submitted a study for publication with the mouthful of a title, "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures."

Oddly, the study, just published this month, is actually housed on the CDC's own website, and directly contradicts recent advice from the CDC about wearing a mask. Namely, the study states:

"In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018....In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks...Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza....Proper use of face masks is essential because improper use might increase the risk for transmission."

English translation: there is no evidence that wearing masks reduces the transmission of respiratory illnesses and, if masks are worn improperly (like when people re-use cloth masks), transmission could actually INCREASE. Moreover, this study was a meta-analysis, which means it dug deep into the archive of science (all the way back to 1946!) to reach its conclusions. Said differently, this is as comprehensive as science gets, and their conclusions were crystal clear: masks for the general population show no evidence of working to either slow the spread of respiratory viruses or protect people.

This study is far from the only one to reach this conclusion (which makes the choice of a grocery store chain like my beloved New Seasons to make masks mandatory for all customers really quite unbelievable). The purpose of science is to arbitrate these thorny issues and while the science is clear, the hysteria continues. It turns out, the effectiveness of masks has a long history of debate in the medical community, which explains why so much science has been done on the topic. I will just highlight a few studies before you fall asleep:

My favorite article is actually a review of much of the science and it's a great place to start for anyone who likes to do their own research. Titled, "Why Face Masks Don't Work: A Revealing Review", it was written to challenge the need for dentists to wear face masks, but all the science quoted and conclusions drawn apply to airborne pathogens in any setting. Some of the best quotes:

"The science regarding the aerosol transmission of infectious diseases has, for years, been based on what is now appreciated to be 'very outmoded research and an overly simplistic interpretation of the data.' Modern studies are employing sensitive instruments and interpretative techniques to better understand the size and distribution of potentially infectious aerosol particles...The primary reason for mandating the wearing of face masks is to protect dental personnel from airborne pathogens. This review has established that face masks are incapable of providing such a level of protection."

And my favorite quote:

"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."

Here's an article published in ResearchGate by noted Canadian physicist D.G. Rancourt, written directly in response to the COVID-19 outbreak, published last month. Titled, Masks Don't Work: A review of science relevant to COVID-19 social policy.

"Masks and respirators do not work. There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles. Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what

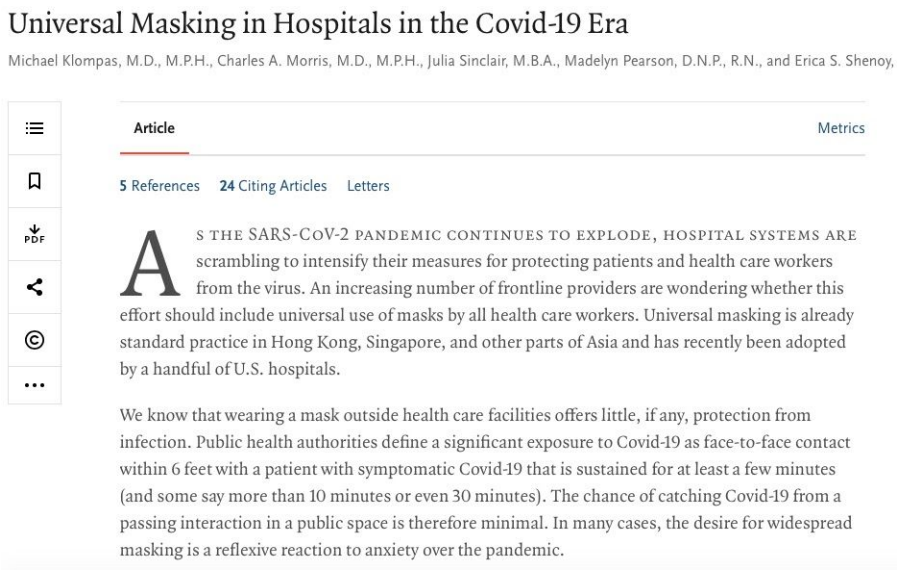
we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 μm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle."

To put this in simple terms: in order for a mask to really be effective that covered both your nose and mouth, you would asphyxiate. The minute the mask allows you to breathe, it can no longer filter the micro-particles that make you sick.

Finally, I often see this study from 2015 in the BMJ cited: "A cluster randomised trial of cloth masks compared with medical masks in healthcare workers", and it bears repeating, since MOST of the masks I see people wearing in the community right now are cloth masks. Not only are these masks 100% ineffective at reducing the spread of COVID-19, but they can actually harm you. As the researchers explain:

"This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally."

Increased risk of infection? Yes, that's what it says. Other studies have also looked at the impact masks have on your oxygen levels (because you're are forced to re-breathe your own Co2) and it's not good. Scientists looked at oxygen levels of surgeons wearing masks while performing surgery and found: **"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."**



Universal Masking in Hospitals in the Covid-19 Era

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5 References 24 Citing Articles Letters

As the SARS-CoV-2 pandemic continues to explode, hospital systems are scrambling to intensify their measures for protecting patients and health care workers from the virus. An increasing number of frontline providers are wondering whether this effort should include universal use of masks by all health care workers. Universal masking is already standard practice in Hong Kong, Singapore, and other parts of Asia and has recently been adopted by a handful of U.S. hospitals.

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.

Just this past week, this article came out in the New England Journal of Medicine, written my several doctors and public health officials with the title, "Universal Masking in Hospitals in the Covid-19 Era," and this statement seems a perfect way to end my discussion of masks:

> **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.

PART 2: HARMFUL

The Ontario Civil Liberties Association recently asked the World Health Organization to retract its recent recommendation in which it began advising the use of face masks by the general public to prevent COVID-19 transmission. Their letter criticizes the lack of valid scientific basis for the recommendation, and covers key issues of concern regarding state mandates for mask wearing. With gratitude to the OCLA for posting their letter openly, we are providing below concerns from the letter and ask the Governor, Secretary of Health and Secretary of Education to give them the serious consideration they deserve.
See the full letter for citations.

OCLA Asks WHO to Retract Recommendation Advising Use of Face Masks in General Population[8]
June 21, 2020, Ontario Civil Liberties Association

The letter lists "Potential harms/disadvantages" of the use of masks by healthy people in the general public acknowledged by the World Health Organization:
• potential increased risk of self-contamination due to the manipulation of a face mask and subsequently touching eye with contaminated hands;
• potential self-contamination that can occur if non-medical masks are not changed when wet or soiled. This can create favourable conditions for microorganism to amplify;
• potential headache and/or breathing difficulties, depending on type of mask used;
• potential development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
• difficulty with communicating clearly;
• waste management issues; improper mask disposal leading to increased litter in public places, risk of contamination to street cleaners and environment hazard.

The letter also lists concerns by the Association, which are equally pertinent in Louisiana:

1. On the medical side, directly attributable to masks, unanswered questions include: Are large droplets captured by a mask atomized or aerosolized into breathable components? Do virions escape an evaporating droplet stuck to a mask fiber? How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask, including in polluted environments? Do new, used and cleaned or recycled masks shed fibres or substances that are harmful? What are long-term health effects of constrained and modified breathing from prolonged mask use, both with health care workers and the general public?

2. Does imposed or socially coerced mask use induce or contribute to a psychological state of fear and stress, in part or most of the targeted population? Psychological stress is proven to be a factor that can measurably depress the immune system and induce diseases, including: immune response dysfunction, depression, cardiovascular disease and cancer.

3. There is a body of reliable scientific work establishing that a dominant path of transmission of viral respiratory diseases is the smallest size fraction of aerosol particles, that these particles are suspended in the fluid air under conditions of low absolute humidity, that this is the reason for winter seasonality of these diseases, and that transmission occurs indoors (homes, hospitals, shopping centers, daycare centers, airplanes, ...) where high densities of the aerosol particles are suspended in the air in the winters of

mid-latitude regions. Therefore, policies of imposed (ineffective) mask wearing provide a cover for corporations and governments to evade their duty of care, which would be to effectively manage the indoor air environments such as not to constitute centres of transmission.

4. The WHO recommendation in-effect is "propaganda by policy" that promotes the undemonstrated view that global central planning can significantly and safely mitigate seasonal and pandemic viral respiratory diseases, which have been with us since breathing animals walked on earth, and which co-adapt with our complex immune system. This, in a context where science posturing is malleable, there are billions to be made every season from vaccine sales, vaccine harm liability has been socialized, and reparation for vaccine injury has been made increasingly difficult to access. And, what are the long-term effects of constant large-scale interference with the human immune response to viral respiratory diseases? One cannot fail to notice that your focus is on limiting transmission between healthy individuals and universal artificial immunity programs, rather than on integrated study of immune vulnerability and its determining factors, focusing on those actually at risk.

5. Are there detrimental effects on society itself, and the quality and depth of social connection and cohesion, in a society that is masked and distanced? Does the nuclear family or the lone individual become dangerously isolated from the social environment? Our primary schools have been made into nightmares. The promoted distancing is a social experiment of dystopia on a global scale, across cultures and peoples, planned to become routine.

6. When State power is applied in an absence of a valid scientific basis, and with little parliamentary debate, it constitutes arbitrarily applied power. Imposing masks is such a coercive power. What are the long-term societal consequences of habituation to arbitrarily applied State power? The recent scientific study of Hickey and Davidsen (2019) provides a theoretical foundation that such habituation is part of a progressive degradation towards a totalitarian state, depending on the degree of authoritarianism (whether individual contestation is effective) and the degree of violence (magnitude of the penalty for disobeying).

7. Of great concern to the Ontario Civil Liberties Association are the direct and pernicious violations of civil rights and personal dignity, which forced masking embodies. These violations are multi-faceted.

> i. In a free and democratic society, the individual has a presumed right to make their own evaluation of personal risk when acting in the world. Individuals evaluate risk, as a deeply personal matter that integrates experience, knowledge, personality, and culture, when they decide to walk outside, ride a car, train, bus or bicycle, take a particular route, eat a particular food, take a particular medication, accept a particular treatment, wear or not wear a particular garment, express or not express any image of themselves, have particular social interactions, adopt a work or pastime, and so on.
>
> ii. It is an unjustified authoritarian imposition, and a fundamental indignity, to have the State impose its evaluation of risk on the individual, one which has no basis in science, and which is smaller than a multitude of risks that are both common and often created or condoned by the State.
>
> iii. In a free and democratic society, corporations and institutions cannot impose individual behaviours that are irrelevant to the nature of the individual's dealings with the corporations or institutions, whether the individual is a consumer or a client of a service. These bodies cannot impose dress codes or visible symbols of compliance or membership on consumers, and thus discriminate or deny services.

Here in Louisiana, we see the state using its power to compel and coerce from multiple angles. Businesses are threatened with fines and license revocation, and employees find their jobs threatened if they don't obey requirements, even when those requirements are not based in science, or even if in real-world conditions they do more harm than good. The state's messaging of fear and the need to obey rules is bearing down on citizens from every single possible source. It's inescapable. And it must stop.

This cannot be a new normal.

The state's response to SARS-CoV-2 is not sustainable or repeatable.

Fear is not living.

We can restore liberty, return fully to living, and save lives.

ENDNOTES

[1] Chu DK Akl EA, Duda S. et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and Covid19: a systematic review and meta-analysis [published online ahead of print, 2020 Jun 1]. Lancet.;S01406736(20)31142-9. doi:10.1016/S0140-6736(20)31142-9

[2] https://youtu.be/3szlNBWaYhY

[3] https://doi.org/10.1377/hlthaff.2020.00818

[4]https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-dat

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