

Masks - An Overview

This section provides supportive medical and scientific material and information, confirming not only the ineffectiveness of masks to prevent or stop viral infection, inclusive of the SARS-CoV-2 virus, but the proven dangers associated with the wearing of these masks for extended periods of time. It would be nice to include all such information, however this would not be practical and would result in an information overload in this area.

It would be naïve, to proceed further without, minimally, conceding that there are some studies that purport to claim masks do work. However, as discussed briefly below, many use permissive or speculative wording in their findings, many are not RCT (randomized controlled studies – scientific), are biased, or have other flaws in their findings and/or procedures. At a very bare minimum, without conceding same, the best that can be said from a government point of view, is that the issue remains undecided, controversial and arguable. This still however, neglects the many reports showing masks will not stop viral transmission. From a numerical perspective, there are far more studies and reports confirming the non-effectiveness of mask use, than the opposite.

Fundamentally, the human body releases many forms of waste products and other solutions: ear wax, mucous, tears, sweat, urine, feces, etc. No one advocates in any way, the ingesting of any of these waste products, especially claiming any provable and documented health benefits from so doing, directly or incidentally. Certainly no one claims that ingesting your own feces is good for your health or anyone else's! How then can governments and health doctors claim that wearing masks, which restrict oxygen intake and compel the re-inhalation of exhaled carbon dioxide, along with released bacteria and present viruses, have no detrimental effect on the human body? Such a postulate is incredibly misleading, and outright fraudulent medical advice. Tests show reductions in oxygen intake with mask usage. Even a small decrease in oxygen can result in death. Consider, you can live over a month without food. You can live days or a week, without water. But you can only live minutes without oxygen...and lots of it.

Governments everywhere have imposed illegal and/or unconstitutional mandatory mask requirements in some form or another, upon people in response to COVID-19. These are all politically motivated actions. Pay close attention to the words employed by the “*psychological master wordsmiths*” governments hire to write their press releases: “...*may provide recipient protection.*”; “...*it might help to protect others.*”, and similar terminology. Governments, in relation to masks, regularly couch their statements in generalized descriptive, non-determinative words, to avoid admission that in fact, masks do not prevent viral transmission, for a variety of scientific reasons. Physics, like math, does not lie. Air will first go through the path of least resistance, ie: the holes at the top, sides and bottoms of masks. SARS-CoV-2 virus is .125 microns – the N95 mask only stops penetration down to .3 microns. Even when in larger droplet size, they will go through the holes in the top, sides and bottom of the mask.

Bonnie Henry has repeatedly admitted to the public, and including under oath only six years ago, that masks will not prevent viral transmission. These admissions, in the *Sault St. Marie Hospital* case, are included in our supporting materials confirming masks are ineffective at preventing viral transmission. Consequently, out of fear of being accused of lying under oath, she only recommended to Public Safety Minister Mike Farnworth in November, 2020, that he institute mask requirements instead of herself so do.

Further, Ms. Henry admittedly decided to support mask requirements due to intense pressure and lobbying from business organizations, contrary to s. 66.1 of the *Public Health Act* SBC 2008 CHAPTER 28, which statutorily requires Ms. Henry give independent advice to the government. Ms. Henry admittedly broke the law by failing to so do.

Governments and media will frequently put rhetorical questions to the public to permit them to answer these leading questions in a manner that best promotes the government narrative, even by people with no qualifications to answer the questions. For example, in a CBC July 18, 2020 article and newscast interview, a CBC reporter asks a purported clinical psychologist, Saunia Ahmad, why some people refuse to wear masks even though all scientists agree that it is the “*right thing to do*”. Of course, the vast majority of independent, non-biased scientists agree, supported by the laws of physics, that masks do not work. Nor does a psychologist have any training in this area of physics and biology. What should have been asked, at least from a neutral perspective is: “*Why are politicians forcing mandatory mask requirements on people when, minimally, there are so many studies that confirm masks do not prevent viral transmission?*”

Other forms of disinformation, misrepresentation, deception or pure lies, include stories in main stream media claiming studies show 70% (or other figure) of people support mandatory mask usage. However, no claims are made that these people have researched the issue, have read reports and articles presented here (and elsewhere), have studied physics, or possess any other material knowledge and information to make an informed choice. Most if not all of them, are simply MSM watchers and pass the government narrative along to others. In other words, they are non-qualified opinions only. Kelowna Mayor Basran recently declared that science supported his views in relation to COVID-19. When challenged to a public debate on the science, he unsurprisingly declined.

Other media tricks employed include promoting professionals who support the government narrative, such as nurses, doctors etc. Many of these are paid to be on the show and do so for the money and prestige, or possible future business. Many are biased themselves and have failed to consider other opposing views. One nurse supporting the government view, can be countered with many who do not, but are frightened from expressing their views. Of course, many qualified doctors and professionals who oppose the government narrative, are simply never contacted for their points of view and supporting materials.

Many, if not most or even all articles supportive of mask usage still, out of an abundance of caution, recommend wearing masks notwithstanding their admission that: “*Evidence for the effectiveness of non-medical face masks, face shields/visors and respirators in the community is scarce and of very low certainty.*” (***Using face masks in the community: first update – Effectiveness in reducing transmission of COVID-19 Feb. 15, 2021, European Centre for Disease Prevention and Control***). This very article continues to espouse a range of conclusions: ie: low – moderate, that it is almost impossible to draw any definitive conclusions from it, other than that the masks generally provide little to no prevention of viral transmission, and certainly nothing that would justify such massive rights deprivations and fundamental societal changes.

As confirmed in the attached documents on use of medical grade masks in the operating room (***Orr, Firstenberg***), there is no difference in transmission of viruses in these controlled situations with medical grade masks either.

Viruses can exist on the outer surfaces of masks for up to seven (7) days, which combined with the facts that most people do not know how to use them and their physical (physics) limitations, results in a significantly more risky situation than without wearing a mask. Add to this the fact that there are no bio-hazard disposable waste bins for used masks, and one would immediately conclude that the risk is greatly exaggerated. *“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.” (Do Facemasks Protect Against COVID-19? – Journal of Paediatrics and Child Health, 2020)*

Virus particles on a surface generally are likely to have a very low viral load as well. A virus barely alive after three days on a piece of plastic, will not cause infection: *“...genetic material is not infectious virus. Nor can it be reconstituted to produce infectious virus if it has been in dry air or on a dry surface for more than a few minutes. Yes, you can find it, but it has essentially been disabled.” (The Case Against Masks - Ten Reasons Why Mask Use Should be Limited Dr. Mikovitz 2020 p. 14, 21)*

Another deception is the myth that masks are used to prevent the wearer from transmitting the virus to someone else. The physics of mask porosity prevents them from stopping viruses being inhaled and exhaled. The same leakage areas around the nose, cheeks and neck are plainly visible no matter who the wearer is, and if air will go through the path of least resistance going in, so too going out. If you have a virus, masks will not prevent you from spewing them forth into the air. This is especially so as the mask does prevent some forward exhalation of air which, under the laws of thermodynamics, forces the same volume of air out the leakage jet holes under higher pressure and speed, projecting any viruses/bacterial you may have, higher and longer distances.

And while all or most of these studies and reports examine the physical components of mask usage, none or very few, examine the psychological component – from inability to recognize people affecting greetings and trust issues, to facial communications and interpretation, the emotional fear instilled in our children, and other societal effects that governments continue to simply ignore.

Then, of course, there is the taboo subject of costs. Surgical masks for example are designed to be used once. (<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks>) Cloth masks if used more than once, harbour significant contaminants. They are designed to be used and disposed of (where are the bio-hazard disposal sites?). This increases costs to the wearer significantly, where the makers of these masks have made billions of dollars for a product that they admit doesn't work as required by government decrees!

The remaining secretive issue, is that of the composition of the masks and their harm to people. We know breathing in asbestos is dangerous, and many regulations are now in place to minimize the inhalation of asbestos fibers. Masks contain synthetic fibres (microplastics). During normal breathing, and emphasized more during increased intensity of breathing such as exercise, the fibres of these masks become displaced and inhaled, some into deep lung tissue. Wearing masks for extended time periods, week after week, while breathing in this material which is in close proximity to the nose and mouth, is not healthy. (See article: **20200913 Dangers of Masks Composition and lung vulnerability form use**). Graphene composition and associated dangerous has now also become known.

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Many of these articles will reference supporting literature and/or scientific medical studies and reports to support the findings therein. We strongly recommend you invest the time and research to locate these materials, read and understand them to permit you to effectively rebut the gov't and Socialist narrative recommending the use of these masks with little or no supporting materials to back them up. Indeed, even the manufacturers of these masks openly state on their packages, that these masks do not prevent viral transmission!

Prof. Denis Rancourt from the University of Ottawa, provides further information, statistics and scientifically performed studies, in support of our position. The use of masks is a political requirement, not a medically useful practice. Evidence of this can be seen by studies that report little to no difference when masks are worn, yet still recommend masks coupled with other measures, ie: they don't work, but use them anyway. (https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article#r36 <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks>)

Mask usage is compelled to force people to submit to the arbitrary use of power. People who fail to see this, must surely be questioned as to their appreciation for our rights and freedoms that are quickly being stolen from us, in direct terms such as mask requirements, contact tracing, vaccine passports etc., as well as indirect attacks such as Bill C-10 and Bill C-36 which are significant attacks on our freedom of speech rights, while everyone is preoccupied with COVID-19 issues.

Alternatively, even if masks were an effective method of viral transmission prevention, it is a form of health care and on that basis alone, must be voluntary not mandatory. People are not being told all the facts and medical literature to make an informed choice. Most importantly, our common law is based on the supremacy of the individual, not the collective. Our law has never been based on mandatory mask wearing, because someone else *might*, and I emphasize *might* get the virus even if you have it. If such was the case, it would be an admission of mandatory masking every year for the common cold or the flu – the latter of which has a remarkably almost identical mortality rate as COVID-19.

Most people fail to grasp the significance of the change in our Constitutional structure from a common law country to a Socialist/Communist type of country and the subsequent implications. People who value and love freedom, do not.

In freedom

David Lindsay
CLEAR