Masking Ourselves to Death:
A stunning propaganda win for voodoo epidemiology
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**Unhappy Halloween**

It was a bright, hot day in August when I started writing this in New York City: in the mid-90s, and very humid. And yet, as sultry as it was that day, it felt as if the summer world had vanished into late October country, enduring a psychotic Halloween—a lockstep, all-pervasive quasi-Halloween, one not at all like the traditional fun-scary holiday of old (i.e., just last year) in the United States, when troupes of children went out trick-or-treating in their chosen costumes, the little ones watched over by their parents, all going door-to-door, the jack-o'-lanterns grinning at them, to gather goodies from their neighbors. This all-wrong, planetary Halloween is like no holiday on Earth, is not fun-scary, like the movie *Halloween* (1978), but traumatically abusive; for this one is a **mandatory** Halloween, a global Halloween, imposed on children and adults alike by governments worldwide at every level, watched over by the cops, and livid, screaming citizens, requiring everybody to stay far apart, and just back off and get out, and keep those masks on everywhere they go.

This forced masquerade has often been quite brutal under governments with low regard for human rights or civil liberties, like Pakistan, where cops zapped maskless people with electric shocks (and "other punishments include[d] standing in the sun for an hour, and a slap from a policeman"); Chechnya, where cops fanned out with long plastic clubs to beat all quarantine violators, included unmasked people; India, where one policeman was himself beat up by his superior for going maskless; Kenya, where the cops' arrest of an unmasked cab driver touched off a pitched battle with outraged citizens, three of whom, according to witnesses, were shot and killed; Ethiopia, where over 1,300 people were swept up and thrown in jail for going unmasked (a sweep condemned as "needless" by the Ethiopian Human Rights Commission); El Salvador, where gangs helped out the state by "threatening citizens strolling in the streets without a mask"; and Israel, where unmasked Jews were mauled so savagely by cops that you might almost think that they were Palestinians.

https://www.youtube.com/watch?v=ZR8oFLI4Ny
https://www.youtube.com/watch?v=Lb42rxKN5BI
https://www.youtube.com/watch?v=4XePY_PBt-M
https://www.kikar.co.il/abroad/366292.html
https://www.youtube.com/watch?v=BFgQzqrX6T8

And then there's China, whose CDC director, George Gao, was asked, in late March, what guidance he would give to other countries battling COVID-19: "The big mistake in the U.S. and Europe, in my opinion, is that people aren’t wearing masks.”

The virus is transmitted by droplets and close contact. Droplets play a very important
role—you've got to wear a mask, because when you speak, there are always droplets coming out of your mouth. Many people have asymptomatic or presymptomatic infections. If they are wearing face masks, it can prevent droplets that carry the virus from escaping and infecting others.


Those Chinese citizens who, for whatever reasons, flouted Dr. Gao's guidance were subjected to the sort of vicious public shaming that was de rigueur throughout the Cultural Revolution—the major difference being that Chairman Mao had let the Red Guards do their thing unhindered by China's police, whereas the unmasked “running dogs” of COVID-19 have been humiliated publicly by cops and citizens together. Such rituals were captured gleefully on videos "shared widely on Chinese platforms like WeChat and Weibo, as well as Western platforms like Twitter," reported David Gilbert, for VICE, on Feb. 18. "One video shows a man being tied up by his neighbors, who forced him to wear a bra as a mask," while another "shows a woman being marched through the street by police officers, her hands chained together."

She was forced to admit her mistake in not wearing a mask, stand beside a sign saying "Please wear a mask," and allow the scene to be recorded.

"Another shows a man being tied to a pillar and berated by an official for failing to wear a mask." And so on.


Once upon a time, those living in the "free world" would have felt a certain smugness in the face of all that zealous violence in China, and the sunny climes of Africa, South Asia and El Salvador, presuming that such state repression Could Not Happen Here. But there is no such smugness now—not because the same thing is now happening here, but, far worse, because so many people here see nothing wrong with it, this terrifying global Halloween having completely spooked them, too.

The Chinese way of dealing with the "threat" of unmasked people has recurred all over Europe. In Spain, four cops in a Madrid train station kicked and pummeled a "mask-dodging rail passenger," and threatened a bystander who tried to intervene—a throwback to the long, dark reign of Gen. Franco, and his paramilitary squadrons of police. In Germany, two beefy polizei—both unmasked—tackled to the ground and battered an unmasked man in a supermarket, attacked a woman trying to stop them, and finally clamped a hand over the cellphone being used to video the assault. Under the shadow of la COVID-19, France too has regressed. Having eased its neo-Vichy lockdown strictures—checkpoints nationwide, deployment of surveillance drones in search of escapees from home, and roadblocks to identify, and fine, "those traveling without a government-approved purpose"—Emmanuel Macron's government then ramped up its attack on unmasked citizens. "Police wrestled with a woman refusing to wear a mask after she remonstrated with officers and allegedly bit one of them in angry scenes [sic] at a[n outdoor] market in Aubenas," a village in the south of France, the Daily Mail reported on May 24. "As chaos reigned, the woman was dragged along the ground by four officers and eventually forced
into a police car—facing charges of violence against the police." And over in Ukraine, in early July, a "burly shopper" at a supermarket in Kiev assaulted a much smaller man who wasn't wearing a mask, shoved him out of the building, chased after him, and beat him on the face with a large sausage.

https://www.thetimes.co.uk/article/sausage-ukraine-supermarket-assault-64l4cmh7f
https://www.thenewspaper.com/new/daily-475461.htm
https://www.youtube.com/watch?v=CTgzv8cKuwo

All this was going on as the actual threat of COVID-19 was, from mid-April, waning—the virus weakening as it spread; and, as ever more people were exposed to and/or infected by it, the vast majority of "cases" asymptomatic, or presenting mild symptoms, the percentage of those (reportedly) killed by COVID-19 kept on shrinking, until it was comparable to the annual mortality rate of influenza (just as Dr. Fauci had predicted back in March) the crisis having clearly passed by mid-August.

It was just then that the mask mandates became more urgent, sweeping and coercive, the imposition still more punitive: especially in Melbourne, where, suddenly, the police were smashing the car windows of motorists insufficiently forthcoming with their “information,” barging into people’s homes with no forewarning, and without warrants (on suspicion that there might be gatherings there), and brutally assaulting people in the streets—as when, on August 10, a tall Victoria policeman, two heads taller than his victim, grabbed an unmasked woman by the throat, and coolly throttled her as she screamed for help (“He’s choking me! He’s choking me!”), his female partner trying to restrain their victim, until he finally forced her to the ground, still choking her, and kneeling on her back. (She had a medical exemption.)

Dr. Fauci's sudden China syndrome

And then there's the United States, whose CDC (now) echoes the stern warning of George Gao, the Chinese CDC director, that "you've got to wear a mask," as Dr. Gao put it on March 27—when the US CDC was saying the opposite:

Wear a facemask if you are sick:
• If you are sick: You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. Learn what to do if you are sick.
• If you are NOT sick: You do not need to wear a facemask unless you are caring for
someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be save for caregivers.


Thus the CDC, on March 28, took the same position that Dr. Anthony Fauci—head of the National Institute of Allergy and Infectious Diseases (within the NIH), and the famous face of US COVID-19 policy—had unambiguously spelled out on March 8, on CBS's "60 Minutes":

Right now, in the United States, people should not be walking around with masks. There's no reason to walk around with a mask. When you're in the middle of an outbreak, wearing a mask might make people [air quotes] feel a little bit better, and it might even block a droplet, but it's not providing the perfect protection that people [air quotes] think that it is. And often, there are unintended consequences, because people keep fiddling with the mask, and they keep touching their face[s].

https://www.youtube.com/watch?v=PRa6t_e7dgI

That consensus—based on the most rigorous scientific studies (as we shall see)—was also spelled out clearly by the WHO, on March 26, in a video for all the world to see:

If you do not have any respiratory symptoms, such as fever, cough, or runny nose, you do not need to wear a medical mask. When used alone, masks can give you a false feeling of protection and can even be a source of infection when not used correctly.


Sometime in April, that official truth became (to use a classic Nixonism) "inoperative," replaced by Dr. Gao's position, as abruptly and completely as the Inner Party's foreign policy in 1984. ("Oceania is at war with Eastasia. Oceania has always been at war with Eastasia.") "Cover your mouth and nose with a cloth face cover when around others," read the (new) CDC guidelines, first posted on April 29:

Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.... The cloth face cover is meant to protect other people in case you are infected.... Do NOT use a facemask meant for a healthcare worker.


And Dr. Fauci too has been on board since then, as he demonstrated (none too clearly) on June 5, in an interview on CNBC's "Halftime Report."

When you have crowds of people together and you have the lack of wearing a mask [sic], that increases the risk of there being transmissibility. I have no doubt about that. When we see that not happening [sic], there is a concern that that may actually propagate the further spread of infection.

Also on June 5, the WHO revised its previous position: “The World Health Organization has changed its stance on wearing face masks during the COVID-19 pandemic.”

People over 60 and people with underlying medical conditions should wear a medical-grade mask when they’re in public and cannot socially distance, the WHO said. The general public should wear a three-layer fabric mask in those situations.


Dr. Fauci and the WHO each had a different explanation for their official pivot. “We were concerned that … the N95 masks and the surgical masks were in very short supply,” said Dr. Fauci on TheStreet.com on June 18. “We did not want [healthcare workers] to be without the equipment they needed.” For his part, WHO Director-General Tedros Adhanom claimed that the turnaround was based on “new research findings,” that masks “can provide a barrier … for potentially infectious droplets.” “Our free press” did not note that those two explanations were at odds, or bother to look into those “new research findings,” because their role was not in any way to question the effectiveness of masks, but to demand their use as urgently as Dr. Fauci and the CDC and WHO were doing (now). Far from asking whether Dr. Fauci was now lying about having lied, or if his rationale for having “lied” was even true, some were outraged that he hadn’t called for universal masking from the start, like China did: “When all is said and done, Fauci might be remembered as a folk hero, but he sure has a lot of blood on his hands. And none of this is anywhere close to done,” raged MSN’s Matt Novak on June 16 (when the US COVID-19 death rate had been steadily declining for six weeks).


By thus hammering the CDC/WHO’s sudden new position (with TV newsfolk even wearing masks themselves when doing stander-uppers "on the scene"), the media helped push the USA into the same repressive mask-cult that's had cops and citizens assaulting unmasked people the world over.

"Get out, you fuckin' bitch!":
Mandatory masking in America

In Brooklyn on May 13, a woman heading toward the exit of the Barclay Center subway station with her little boy, her face mask down around her neck, was ordered by a cop to pull it up around her nose and mouth, and, being in a hurry, she refused—and was instantly attacked by five beefy members of the NYPD, who forced her to the floor, and cuffed her as she screamed and struggled, her young son looking on. (A sixth cop had him by the hand.) After the video of that assault aired on New York One, Mayor de Blasio half-heartedly deplored the cops' behavior, but stressed the need for everyone to wear a mask, and faulted the young woman's attitude: “No
one should disrespect police officers," he said. "No one should ignore police officers." (The woman was white.) That assault came nine days after Patrick Lynch, president of the Policemen's Benevolent Association, demanded that the city "get cops out of the social distancing enforcement business altogether," because of public outrage stoked by a viral video of two savage beatings by police in the East Village, where, first, four cops brutalized a couple "for an apparent social distancing violation" (they were standing too close together?), and then, when a (black) bystander protested, one bulky cop stomped over to him, taser drawn, and, shouting profanities, knocked him down and repeatedly punched him in the head, as one of his confederates rushed over to help "make the arrest."


The fury over that attack was wholly justified, and Patrick Lynch's stand against "the social distancing enforcement business" was, to say the least, refreshing. But there was little public outrage over the assault in Brooklyn ten days later, and no NYPD official calling for the city to "get cops out of the mask enforcement business altogether." There was still less public outrage in Philadelphia, when, on April 11, an unmasked bus passenger refused the driver's order to disembark, and seven cops showed up to drag him off. The viral video of that police action showed that the passenger was merely manhandled, and not arrested, but all those cops showing up to force one guy off a city bus was worrisome enough to merit TV coverage, and a damage-control statement from the city's transit authority. Nor was there much hue and cry over a video of a cop performing a violent "take-down" of a mask-resistant woman trying to shop in a Wal-Mart in Birmingham, Alabama—picking her up and slamming her onto the floor. "It appears he was trying to handcuff her," AP guessed. While the Birmingham Police Department cast her as a menace—"The officer used a take-down measure to gain control due to the other threat factors in the store," said a BPD spokesman, ambiguously—several of her relatives, who were there at the time, "said the woman was leaving the store when the officer used the measure." In any case, the woman "was charged with disorderly conduct, resisting arrest and criminal trespass." (All the figures in that episode—the woman, the cop who assaulted her, and the BPD spokesman who defended him—are black.)


North of the US border, in Minden, Ontario, things went much worse for a 73-year-old man who went to shop at Valu-Mart. "Police say that after the store employees confronted the man for not wearing a mask, he allegedly assaulted one of the employees before driving away." Two cops then tracked him to his home, where, after an unspecified "interaction," they "opened fire," and "three hours after he refused to wear a mask, he was dead." (Following up, the CBC reported that that old guy was trouble: "Neighbours paint a picture of a reclusive figure who was sometimes even hostile.")

As in China, so is it in the USA that cops are not the only ones assaulting unmasked people. On May 25, an unmasked woman buying groceries in a ShopRite on Staten Island was accosted by a would-be lynch-mob of masked shoppers, bellowing and shrieking in foul-mouthed hysterics, like coked-out extras in a bad Scorsese movie: "Get out, get the fuck out!" "Get out, you fuckin' bitch!" "Get the fuck outta here!" "You're a loser, bro! [sic]" "[inaudible] that acts like a dirty-ass hick!" "She's a dirty-ass ho', whaddya think?" There was a more restrained reaction in a Colorado Costco on May 21, when a would-be shopper, having loaded up his cart, was approached by a masked employee, who seized the cart and primly ordered him to leave. The shopper was recording it on video. "I work for Costco, and I asked this customer to put on a mask, because that is our company policy," the worker said. "And I'm not doin' it, because I woke up in a free country," said the shopper, optimistically. "Thank you very much, sir. You are no longer welcome here, in our warehouse. You need to leave. Have a great day." With that, the worker wheeled the cart away, to put the products back on the shelves (maybe after disinfecting them). Similarly, on June 26, a couple and their little girl had just started shopping at a Grocery Outlet in Spokane, when a young woman with big glasses, her hair dyed blue and purple (with her own mask slipping underneath her mouth), strode up and yelled at them for being there unmasked, warning that there were surveillance cameras watching. "Please leave this store! You are not welcome here!" ("You're not well," the outraged mother countered, as the family walked out.) And on July 10, a man shopping in a Wal-Mart, somewhere in the South, was accosted by two women wearing masks, each making a video of his infractions—walking the wrong way down the aisle, and, worse, not wearing a mask. When he protested the surveillance ("You're like two monkeys fallin' out of a tree!"), the maker of the video (on Twitter) exploded in authoritarian rage. "Can you not follow the lines on the floor?? The mayor's askin' us all to wear masks, and look at you! Not wearin' a mask! ... Have you heard of Darwinism, evolution? Evolve, mister! .... Are you burnin' cusses?"

Other assailants haven't been so talkative. At a Wal-Mart in Kimball Junction, Utah, near Salt Lake City, a masked male shopper went ballistic on an unmasked woman (with medical reasons for not wearing one), repeatedly ramming her shopping cart with his, after yelling "Thanks for not wearing a mask!" The encounter left the woman, who has "other medical conditions that affect her back, in "substantial pain.”

And, in what has to be the craziest such incident, a man who had removed his face mask as he was exiting a Costco in Mettawa, Illinois had his shopping cart rammed by a woman—Elizabeth Mach, 42—yelling that he'd taken off his mask too soon. As he ignored her, she shouted, "I am a schoolteacher, and I have COVID-19!"—and then took off her mask, and spat in his face.

It should be obvious to everyone, on either side of this explosive issue, that that reaction was
insane (although, to some, it may not be so obvious). As she couldn't have been worried that the man might have infected her, since she was already infected (or so she'd been told), why did she spit on him? To teach him a lesson? Because misery loves company? For revenge? Whatever she was thinking, she did almost exactly what she punished him (and, through him, countless others) for doing—the only difference being that he arguably did it out of insufficient zeal, while she did it on purpose. (Ms. Mach was arrested on charges of battery and disorderly conduct.) Like all dedicated maskers, moreover, that schoolteacher (God help her students) probably believes that asymptomatic carriers are infectious; and so she should have been in quarantine at home, and not in that Costco at all, much less gobbling on the clientele.


Such craziness has spread beyond the vast enclosures of America's retail giants, even to those sun-drenched, breezy open spaces where respiratory viruses (if any) pose little threat. On August 1, a bright day in Manhattan Beach, California, two friends were lunching on a bench outside a restaurant, laughing about something, when a young couple, masked, approached them, evidently thinking that the two were laughing at them, and as one of the men (who was wearing a body-cam) tried to explain what they were laughing about, the masked woman said, "Y'all need to be wearing masks." "I can't eat a burrito with my mask on," the other friend replied, and his buddy cheerfully elaborated: "We're on the other side of the fence," he told her. "We don't believe in this stuff." As he went on, calmly assuring her that he was a longtime local businessman, and quite responsible, his friend and her husband were arguing audibly, still (it seems) about the husband's accusation that the two men had been laughing at the couple, and it got ugly. "What are you looking at me for?" said the friend. "I didn't say shit to you. Get the fuck out of my face!"—and then the woman threw her cupful of hot coffee on him.

He jumped up and punched the husband out, as the woman tore his t-shirt and slapped his face, the other buddy trying to break it up. "You shouldn't do that," he told her. "You shouldn't throw hot coffee on people." "I don't give a fuck!" she shouted twice, defiantly, as her husband, his nose bleeding, dialed 911, claiming to have been assaulted for no reason. The cops arrived, watched the body-cam footage, and told the couple to apologize.


The viciousness just worsened as the summer sizzled on, the media ramping up the panic, even as (or because) the COVID-19 death rate kept going down. "Two guys were talking towards me, and one of them coughed, so, as they single-filed past, I said, 'One of you coughed. Guess I should cross the street,'" reported Bruce Joshua Miller from Chicago.

*One of them says, "You should be wearing a mask." "Wrong," I replied; and the other guy says, "Fuck off and die, you piece of shit."*

And at a Wal-Mart in Gainesville, Georgia, a tall masked woman marched up to the mother of two little girls, the three of them shopping without masks on. She barked down at the children, whose mother told her that they didn't have to go out masked because they were under ten. "I
hope you all die, because you're all gonna kill me!" said the woman as she strode away (thereby proving that she didn't think her own mask was protecting her).

Our "free press" looks the other way

Of course, not all the aggressors in this sudden civil war have been masked marauders, as rage has also been expressed, and violence perpetrated, by people without masks, especially against those trying to enforce "the rules" in retail warehouses nationwide. Between both sides, however, there is the key difference that the "anti-maskers" don't have allies in police departments, or in the national or international media, which have radically misrepresented what's been going on.

Nearly all the incidents recounted here thus far, worldwide and in the USA, were caught on video; but none of them, or any of the many others like them, has drawn national or global press attention. The only instances of mask-related violence that have been prominently covered are those in which mask-wearers were the victims of unmasked marauders.

The most notorious example is the horrid story of Philippe Monguillot, the French bus driver who, on July 5, was beaten savagely by four (or three, or two) passengers incensed by his request to put on masks, and, when they refused, to see their tickets, as the rules required. The beating left him comatose, and he died six days later, when his family took him off life support. Although the details of that "barbaric" incident are murky (it evidently wasn't caught on video by any passenger), the assault, and then Monguillot's death, made wrenching headlines the world over, often with sidebars on the urgent need for everybody to wear masks in public.

That fatal beating of an employee just trying to "keep people safe" recalled a prior story out of Flint, Michigan, where, at a Family Dollar outlet on May 1, a security guard refused admission to a family of four because the daughter had no mask. There was an argument, the family left, and then the father and son returned with guns, and shot Calvin "Duper" Munerlyn, the guard, in the back of the head. (That's reportedly what happened. The news items were murky, and there's apparently no video.) The story ran worldwide ("US family 'murdered shop guard for enforcing mask policy,'" as the BBC headline put it), highlighting the urgency of Gov. Gretchen Whitmer's mask mandate, and hinting that the murder symptomized the general depravity of its opponents. "It is important that the governor's order be respected and adhered to, and for someone to lose their life over it is beyond comprehension," said Genesee County Prosecutor David Leyton, whose pious affirmation of "the governor's order" was quoted in press coverage all throughout the US, and beyond.


And there was a like barrage of coverage everywhere on May 11, stoked by a surveillance video from a Target store in Los Angeles, showing two unmasked men "brawling" with three security guards who were escorting them outside for their refusal to wear masks—a fracas that left one guard with a broken arm. What really happened isn't clear, either from the (silent) video, or from the LAPD's incoherent report: "As they approached the exit, one suspect, suddenly without provocation, turned and punched a store employee, causing him and the suspect to fall to the
floor. While on the ground, the store employee broke his left arm. A fight ensued between the two suspects and store employees." That hazy incident was instantly deployed as further propaganda reaffirming the necessity of mask mandates, and demonizing all who don't obey. "Two men caught on video breaking a Target employee's arm after he asked the shoppers to wear a mask" [sic], screamed the headline on DailyKos, a Democratic Party propaganda mill, whose item ends with this inflammatory shot at all those thugs whose disobedience "puts everyone at risk": “Essential workers across the country are risking infection and now face potential physical harm as individuals rebel and retaliate against regulations."

employee-over-refusal-to-wear-masks
https://www.dailykos.com/stories/2020/5/12/1944545/-Two-men-caught-on-video-breaking-a-
Target-employee-s-arm-after-he-asked-the-shoppers-to-wear-a-mask

Those stories of belligerent anti-maskers have, since May, been spotlighted throughout the "liberal media," in pieces that purport to be impartial overviews of all the tumult on the retail battleground. In "Fighting Over Masks in Public Is the New American Pastime," the New York Times' Jonah Engel Bromwich sides openly with those who see the masks as necessary, interviewing some of them and no one who feels otherwise. "People just don't understand it. If everyone just wore a mask, this would be over." Thus Joe Rogers, "a resident of Dallas" (and brother of a local Democratic politician), helpfully sums up the (second) CDC position on masks. A veteran of several "shouting matches" at his local CVS, and a fistfight in a Minimart, Rogers is a sympathetic figure in the article, his provocations righteous, his punches thrown only in self-defense. (The article is headed by an image from a "recent viral video"—oddly, not a screenshot, but "an artist's rendering," in which "an employee of a Florida Wal-Mart is seen to be shoved [sic] by a maskless customer, who also falls," although that "employee" is standing.) The anti-maskers' violence (they're all pro- Trump, it is implied) is such a problem nationwide that "[s]ome restaurants even say they'd rather close than face the wrath of various Americans who believe that masks, which help prevent the spread of coronavirus, impinge on their freedom."


Just as it's a given that "masks help prevent the spread of coronavirus" (about which more below), so is it a given that the libertarian impulse of those (red-state) anti-maskers would be laughable, if it weren't threatening all of us—and, first of all, those "essential workers"—with death. That's the gist of Bromwich's faux-overview, and also of the Times' "Who's Enforcing Mask Rules? Often Retail Workers, and They're Getting Hurt," by Neil MacFarquhar (a Timesman who, in 2017, won a Pulitzer for his "series on Russia's covert projection of power"). NBC, ABC and CBS have all dished up the same story, on (respectively) "Today," "Good Morning America" and "Moneywatch," while CNN's "When store workers are forced to turn sheriff" has also aired on MSN, and local TV stations nationwide—a media barrage from which millions of Americans have learned that "the onus of ensuring that stores say safe from defiant customers is increasingly falling on these already vulnerable frontline workers" (a line implicitly equating those "defiant customers" with the coronavirus).

Those loaded paeans to "essential workers across the country risking infection" tacitly equates such employees at Wal-Mart, Costco, Target and the like (all of them gigantic beneficiaries of the lockdowns coast to coast) with the embattled healthcare workers on "the front lines" of the coronavirus crisis—an implication hinting that those people who blow up when ordered to wear masks in giant retail outlets might as well be throwing punches at the doctors, nurses, orderlies and ambulance drivers struggling to "save lives" from COVID-19. Thus the deeper subtext of all such inflammatory stories is that enduring relic of the US "war on terror": "Support our troops."

"It works the same in any country"

What we have here—those yellow-journalistic stories of malicious disobedience, and the concurrent media blackout on the scores of videos, and news reports, of violence against unmasked Americans and countless others all across the planet, the whole non-stop, one-note spectacle hypnotically instructing us, through "expert" after "expert," that "you've got to wear a mask"—is a gigantic, and enormously successful, propaganda drive, whose victory is clear, as state and city governments from coast to coast are imposing mask mandates with ever harsher penalties for disobedience, and all the nation's top retailers, airlines, and most small businesses (what's left of them) are refusing to serve unmasked customers—a rolling crackdown that, in late July, was (allegedly) supported by 72% of the American people, including all those masked hysterics prowling chain stores nationwide, and the multitudes of other propagandees harrying the unmasked all over Twitter, Instagram and Facebook (which, in August, started to delete the posts of anti-masking groups). Those muzzled screamers clearly got the two-part message of that propaganda: (1) face masks are protecting all of us from death by "the coronavirus," and, therefore, (2) anyone who isn't wearing one in public is a murderously selfish pig, who should just "get the fuck outta here," or be locked up, in prison or at home, or killed by the coronavirus, along with their whole families, for "putting everyone at risk."


Despite its altruistic rationale ("Wearing is caring"), that view is deeply hateful, driven by a terror of contagion that is itself contagious, infecting others with a boiling rage at anyone who doesn't fear along with everybody else (six feet apart). Thus that view is, in the crudest sense, "political," as those in thrall to it see all who would "rebel"—against "the governor's order," or the mayor's, or Costco's and/or Wal-Mart's "regulations" as menacing "deplorables," allied with the detested Trump, who also (until one time in late July) wouldn't wear a mask, since he too doesn't care if people die (unlike the Democratic governors of New York, California, Michigan, Pennsylvania and New Jersey, who ordered nursing homes to take in COVID-19 patients, resulting in as much as 40% of the US COVID-19 toll). As winning propaganda always works in black and white, those swept away by it, their minds cramped full of it, see everything that way, unable to perceive more than just one Great Evil at a time. And so, just as they seem to see "the new coronavirus" as the only cause of death, almost as if nobody died before it came along (and as if there have been no deaths from hunger, suicide, drug overdoses, medical neglect, domestic violence, homicide, despair, or any other consequences of the lockdowns), so do they see Trump, and his disgusting "base," as the only evil in America, the first such evil in our history, as if the
USA since World War II was paradise, until that devil Putin made him president.

There's certainly a class dimension to that Manichaean view: "Complaints [about people not wearing masks] have been pouring in from affluent parts of Manhattan and Brooklyn, more so than in other areas, even though these neighborhoods have lower rates of infection and death than lower-income sections of the city," the Wall Street Journal reported in late May. And yet those privileged liberal snitches in Park Slope and SoHo aren't the only ones who see their unmasked fellow-citizens as Trump-supporting slime, as that same animus is also evident among those masked proles shopping at Wal-Mart—"Evolve, mister! Are you burnin' crosses?"—or stocking up at ShopRite on Staten Island, and calling that unmasked mother who was also shopping there (or trying to) "a dirty-ass hick." With three out of four Americans now supporting strict mask mandates, and governors throughout the South imposing them, it's obviously not just blue-state liberals who've been swept away.

We've seen this kind of thing before, though never on so vast a scale, or engineered with such sophistication. This inorganic mass hysteria had its antecedents in the "war on terror" after 9/11, the Red Scare after World War II (miscalled "McCarthyism"), and the rage against "the Hun" in World War I. The basic propaganda strategy for engineering such a frenzy was famously laid out by Hermann Goering, in a chat with Gustave Gilbert, the American psychologist who interviewed the defendants during the first Nuremberg trials, in 1946. "Why, of course, the people don't want war," Goering said.

Why would some poor slob on a farm want to risk his life in a war when the best that he can get out of it is to come back to his farm in one piece? Naturally, the common people don't want war: neither in Russia, nor in England, nor in America, nor for that matter in Germany. That is understood.

But, after all, it is the leaders of the country who determine the policy, and it is always a simple matter to drag the people along, whether it is a democracy, or a fascist dictatorship, or a parliament, or a communist dictatorship.

Goering's sweeping observation moved the wide-eyed Gilbert to except the USA (apparently forgetting how his government had roused the US masses against Germany some thirty years before): "There is one difference," he insisted. "In a democracy the people have some say in the matter through their elected representatives, and in the United States only Congress can declare wars."

The Reichsmarschall wasn't having it: "Voice or no voice," he replied,

the people can always be brought to the bidding of the leaders. That is easy. All you have to do is tell them they are being attacked, and denounce the pacifists for lack of patriotism and exposing the country to danger. It works the same in any country.

Replace "pacifists," "lack of patriotism" and "country" with "anti-maskers" (or "anti-vaxxers"), "selfishness" and "all of us," respectively, to see that Goering's brutal wisdom still applies today—indeed, now more than ever—"we" having not progressed one centimetre since the "war
to end all wars" over a century ago, or (therefore) since Hermann Goering and Dr. Goebbels, and their Fuehrer, pursued their dream of "racial hygiene" throughout Europe (and, eventually, the USA). That gang would be delighted by this global Halloween, its cops, and panicked masses, going after those not scared into compliance, with "our free press" all pounding variations on the theme that "it's okay to yell at strangers who don't wear masks" (to quote a headline on the aptly named Yahoo). Although there's much about this mass insanity that would have thrilled the Nazis (as we shall see), what would have awed them most, perhaps, is the entrancement of so many millions, all around the world, by this divisive, terroristic propaganda, whose staggering success has proved the awful truth, observed by David Foster Wallace, "that the people to be most frightened of are the people who are most frightened."

https://www.yahoo.com/lifestyle/ok-yell-strangers-don-t-134608959.html

How to break the spell:
(1) Keep your head

That propaganda is a feature of totalitarian regimes, perfected under Hitler, Lenin, Stalin and/or Mao, is itself a propaganda myth, long deployed, projectively, by "democratic" governments to stoke mass fear and loathing of such "closed societies." Although propaganda, both commercial and political, was actually perfected in, and by, Great Britain and the USA, neither one of them (back then) totalitarian, winning propaganda always is itself totalitarian, in that it wants your full attention, all the time, always wants to fill up all the media, thereby filling every mind completely, so that contradiction will become impossible, then inconceivable.

In short, unlike democratic oratory, propaganda wants no argument, hence its need for rigid censorship (often imperceptibly enforced) along with spurious "fact-checking," and the relentless smearing of all dissidents as “conspiracy theorists” (and/or, in this case, "anti-vaxxers," "anti-maskers," "COVID deniers" and/or "Trump supporters"), and the (ever fewer) outlets open to such heretics as rank founts of "disinformation," "fake news," and/or"junk science." (Certain other current propaganda drives tar all who question them as "racists," "white supremacists," and/or "Trump supporters," "anti-semites" or "transphobic," and their [few] outlets as purveyors of "hate speech" generally.)

Since winning propaganda floods the media (suffusing everything you read, watch, and/or listen to) and thereby floods the mind, the only way to break its spell, at first on you, is to deliberately rise out of it, pull high up and away from it, dry off, and squeeze that salty water from your eyes, and so start looking at it, and not through it, in order to attain that critical distance without which there is no telling truth from lie, or knowing anything about what we might quaintly call "reality." Without that separation from the flood—the Latin criticus, whence "critic" comes," derives from the Greek kritikos ("capable of judgement"), whose root is krinein, "to separate" (or "decide")—it is impossible to keep your head above that rising flood-tide, which, if you don't, will carry you away, along with everybody else.

As we look down on this furious mask propaganda, then, let's not just keep our heads but use them—first, by exercising simple common sense, augmented by some consciousness of history, and of what's been happening elsewhere. It surely tells us something that, in no previous
pandemic, were healthy people ordered to stay home, or “social-distance,” nor were schools and businesses shut down; nor has there ever been a state law or directive that "you've got to wear a mask." (In the so-called "Spanish flu" pandemic of 1918/19—a scourge exponentially more lethal than this crisis—some US municipalities passed mask ordinances, but cities nationwide were more concerned with public spitting.) There is, in short, no precedent for the mask mandates imposed worldwide today (and imposed after COVID-19 has, according to the CDC's own data, run its course).

Moreover, a glance beyond our borders, and the borders of those other countries now requiring masks in public, tells us that it makes no sense. Take Hong Kong, whose "particular success in the pandemic" was, on June 25, ascribed by researchers there to the near-universal voluntary use of masks. "Despite [Hong Kong's] proximity to mainland China, its infection rate of COVID-19 is generally modest with only 1,110 cases to-date," noted Dr. Sunny Wong of the Chinese University of Hong Kong, in a letter to the American Journal of Respiratory and Critical Care Medicine. “This correlates with an almost ubiquitous use of face masks in the city (up to 98.8% by respondents in a city)." That conclusion was, unfortunately, premature, as, just two weeks later, Hong Kong was hit by what the South China Morning Post called (with some hyperbole) a "third wave" of COVID-19, as a "fresh cluster" of 38 new infections was discovered at a "public housing estate, adding to existing ones centred around [an] elderly care home, restaurants and taxi drivers," notwithstanding the "almost ubiquitous use of faces in the city." This recent "spike" in masked Hong Kong recalls the never-mentioned fact that Wuhan's people were already going masked before the COVID-19 crisis there, since Wuhan's air was so egregiously polluted that, in the summer of 2019, it sparked mass protests; and masks were one way for the people of Wuhan, and other perilously smoggy Chinese cities, to protect themselves from that. (On Feb. 1, Anbound, a think tank in Beijing, proposed that Wuhan's air pollution may have been the cause of what the Chinese then called "Wuhan pneumonia.)


Meanwhile, New Zealand—whose tough, Chinese-style measures were applauded by the WHO, Prime Minister Jacinda Ardern having "crushed the curve" by placing the whole population under house arrest—had no mask mandate (a fact unmentioned by the WHO), as that country's Ministry of Health, having reviewed the scientific literature on masking as protection against COVID-19, found "no convincing evidence one way or [the] other to require the use of non-medical face masks for healthy people in the community to protect from COVID-19." Neither was there any mask mandate in Norway, Denmark of Finland—or in Iceland, which did not lock down, and yet did even better than New Zealand. Masks were not mandated in Belarus, where the issue was (as here) stridently politicized, with masks worn ostentatiously by opponents of President Alexander Lukashenko, whose laid-back approach to COVID-19, though fulsomely assailed throughout the Western media, has been vindicated, as Belarus (where, shrieked CNN on April 12, "COVID-19 is a modern-day Chernobyl!") has suffered 538 deaths-by-coronavirus,
out of a population of 9.48 million—a mortality rate of 0.006%. Nor, of course, has there been any mask mandate in Sweden, which, despite the thunderous propaganda drive against that state's refusal to lock down, has successfully reached herd immunity, with fewer COVID-19 deaths out of total population than Belgium, Italy or Spain, which are among those European countries lately tightening their mask mandates, while Sweden remains mask-free (and its schools and businesses still open). Meanwhile, despite the uptick in the Netherlands, the Dutch government is not requiring masks, "asserting that their effectiveness has not been proven," reports Reuters (with a hint of incredulity); and Denmark's health officials have agreed: "From a medical point of view, there is no evidence of a medical effect of wearing face masks, so we decided not to impose a national obligation," said Medical Care Minister Tamara van Ark.

https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/ (on Denmark and Norway)
https://www.newyorker.com/magazine/2020/06/08/how-iceland-beat-the-coronavirus
https://www.zerohedge.com/political/whitney-looks-sweden-was-right-after-all

Even if we just use common sense unaided by some knowledge of past history or the experience of other countries, we see that the hysterical demand for everybody to wear masks to "stop the spread" of COVID-19 is absurd. If masks block transmission of respiratory viruses like COVID-19 (which, in fact, they don't, as Wuhan's and Hong Kong's experience makes clear—and as "the science" also tells us, as we’ll see), how is it rational, much less "okay," for people wearing them to "yell at" those not wearing them? If mask-wearers are, as we so often hear, virtuously acting for the common good, to make sure others aren't infected (a propaganda droplet as contagious as it is sanctimonious), then aren’t those unmasked rogues the only ones at risk? Asked this question, zealous maskers have (in my experience) replied, nonsensically, by parroting the WHO’s "new research findings" that the viruses are carried by "droplets," which come from you, and that the masks will keep you from infecting others with those "droplets"—even though the major carriers are said to be asymptomatic, and so not coughing and/or sneezing any "droplets"; and even though those "others" threatened by those non-existent "droplets" are all wearing masks—which, apparently, they don't believe are actually protecting them. Their own belief that masks don't work is obvious enough from how masked people often halt, and turn their heads away, or lurch six feet away, when people without masks walk past them on the street. ("I hope you all die, because you’re gonna kill me!")

The fact is that, for all their pseudo-altruism, those screaming "Get out, you fuckin' bitch!" at some lone unmasked woman, and/or ramming her shopping cart, are beside themselves with terror for themselves, suggesting that they don't believe they're safe, despite their masks—just as parents who have had their children vaccinated with the MMR vaccine, and "our free press," attack those parents who (having studied its grave risks) have decided not to do it to their
children. Those parents, and reporters, foaming at the mouth must not believe such "vaccination works"; or maybe unconsciously enraged by the suggestion that the MMR vaccine, like all too many others, is just as dangerous as those damned "anti-vaxxers" say it is. In any case, such fury, whether over masks or vaccinations, is insane. (Try to imagine some masked hothead screaming, "Get out, you fuckin' bitch! You might get sick!")

How to break the spell:

(2) Pay close attention to those men behind the curtain

Another, more compelling way to break the spell of this stupendous propaganda spectacle is to note those moments when its leading actors, often unaware that anyone is watching them, (literally) drop their masks. This happened on May 14, when German president Karl-Walter Steinmeier held a photo op at a brand-new mobile hospital that had been specially constructed in Munich, to treat the wave of COVID-19 patients that all Germany expected (and that never came). Steinmeier, and the staffers briefing him, were all duly masked, and standing at a distance from each other—until the cameras stopped, at which point Steinmeier casually removed his mask and handed it off, uncarefully, to an aide, as the other players went about their business, no longer distancing. Thus Steinmeier showed remarkable indifference to the law that his own government had passed on April 27: "Public life changed considerably for most Germans on Monday," CNN reported, "as the wearing of masks became mandatory in many public spaces across the country,” with fines for non-compliance ranging from €15 ($16) to €5,000 ($5,756.95).
https://www.youtube.com/watch?v=KLxL95GXS7M

There was a similar moment on June 29, when Dr. Fauci, who, since April 3, has always been careful to keep his public face well-covered with a bright red Washington Nationals kerchief, removing it only to speak into the microphone, was caught on video while waiting for some hearing to begin. With the cameras not yet on him, he rose from his seat, hooked his forefingers inside his mask (thereby contaminating it with any notional coronavirus on his hands), pulled it down, and stood there, waiting, casually unmasked for some 40 seconds, before wandering off-screen. (At one point an aide appeared behind him, to put a water bottle on the table, her paper face mask hanging raffishly from her left ear.)
https://twitter.com/KarluskaP/status/1277671679284719623

And on July 23, the indefatigable guardian of public health in the United States was caught by an AP photographer chilling in the stands of that Washington Nationals game where he threw out the first pitch (a "humanizing" propaganda image). That photo showed the happy Dr. Fauci sitting tightly in between two friends, his mask pulled down below his mouth, and grinning toothily into the (masked) face of the buddy on his right, from, at most, a foot away—an image Fauci himself posted on Twitter the next day (with its AP caption noting blindly that "Dr. Anthony Fauci ... smiles as he watches an opening day baseball game between the Washington Nationals and the New York Yankees").
https://twitter.com/alexberenson/status/1286517178309779457?s=12
And then there's Gov. Andrew Cuomo—who, on April 15, ordered all residents of New York State (except those two years old or under, and those with medical exemptions) to wear face masks in public, unless they're "maintaining social distance." On June 30, he further tightened his restrictions by ordering that all travelers from Georgia to New York self-quarantine for two weeks, Georgia having "reached the level of spread required for New York's travel advisory." On July 20, Gov. Cuomo's rules were blithely flouted by the governor himself, on a trip to Savannah, where he met with Mayor Van R. Johnson, to discuss New York's establishment of two COVID-19 testing centers there. After the meeting, the two hugged warmly (twice), the governor unmasked, their face-to-face recorded by a scrum of telejournalists, none of whom said anything about their "putting everyone at risk." (On returning to the Empire State, moreover, Gov. Cuomo neglected to self-quarantine for two weeks, or at all, he being an "essential worker.")


Finally, there's the case of Patrick Brown, mayor of Brampton, Ontario, and a masks-and-social-distancing hard-liner, who shut down Brampton's baseball fields, soccer fields, and hockey rinks, allowing no games to be played on them—only practice—while mandating masks in public places. Those rules laid down by Patrick Brown apparently do not apply to Patrick Brown, who was caught, on video, getting ready to play hockey with some buddies in the one indoor skating rink that he'd quietly kept open for his use (at tax-payers' expense); and while the rinks' security guards, and the cops that Mayor Brown summoned to eject the nosy journalist from that (public) facility, were all wearing masks, Mayor Brown was not.

https://www.youtube.com/watch?v=Q4F4Jqr0bE8

Those videos of Steinmeier, Fauci, Cuomo and Brown went unreported, except by those who posted them online. Such official indiscretion, though not concerning masks alone, received much heated coverage, primarily in Britain, when three famous (it is appropriate to call them) "COVID-19 crisis actors" each were caught out blithely violating the draconian measures that they themselves helped mandate, or showily supported. Neil "Prof. Lockdown" Ferguson—the serial exaggerator whose apocalyptic "models" at Imperial College London, predicting over half a million deaths in the UK alone, without strict social distancing—was forced to step down as a government consultant after the Telegraph revealed that he'd enjoyed at least two trysts in his own home with Antonia Staats, his married lover (living with her husband and two children), while many British couples lived apart, obeying the law that he'd so urgently advised. (It's doubtful that the happy couple made the beast with two masks, although certain Harvard "experts" would soon warn that lovers having sex should do it with their mouths and noses covered.) There was a similar outcry later in the month, when it came to light that Dominic Cummings, chief strategist for Boris Johnson (now always masked in public), had "made a 270-mile trip to Durham in late March, just days after the government ordered a strict lockdown of the entire country," as the Independent put it. Livid Brits who'd been unable to visit dying parents, or even go to hospital for urgent treatment of conditions other than COVID-19, laid siege to Cummings' London home, heckling him as he returned from 10 Downing Street, where he had pleaded—successfully—to keep his job at Johnson's side.
Both scandals broke in May. Weeks earlier, in mid-April, there was a similar (though less widely covered) breach of COVID protocol in the US, when "David," a bicyclist in East Hampton (who wouldn't give his surname) passed some acreage lately purchased by CNN's Chris Cuomo, and saw the famous anchor, Gov. Andrew Cuomo's brother—whose own very scary "fight with COVID-19" had lately boosted CNN's ratings, and who was supposed to be in quarantine in his Southampton home—chilling at the site with his wife, their three children and another woman, the six of them "playing around on the property," as the New York Post put it. Having been lectured by his daughter, a physician at Johns Hopkins, on the urgency of “social distancing,” David was struck by Cuomo's blasé behavior: "I just looked and said, 'Is that Chris Cuomo? Isn't he supposed to be quarantined'?" David called out, ingenuously asking Cuomo why he was at large, and why the six of them were all "playing around" so irresponsibly, whereupon the short-fused telejournalist went all Joe Pesci on him.

He said, "Who the hell are you?! I can do what I want!" He just ranted, screaming, "I'll find out who you are!!"

I said to him, "Your brother is the coronavirus czar, and you're not even following his rules—unnecessary travel."

That story wouldn't have come out if Cuomo wasn't so infuriated by this peon's utter gall that he went ballistic over it on his radio show:

I don't want some jackass, loser, fat-tire biker being able to pull over and get in my space and talk bullshit to me, I don't want to hear it....

I want to be able to tell you to go to hell, to shut your mouth... I don't get that doing what I do for a living: me being able to tell you to shut your mouth or I will do you the way you guys do each other [sic].

It was this on-air tirade that prompted David to approach the New York Post, and tell what really happened between him and the entitled Cuomo (whom he called "scary stupid").


As awesome as it is, Cuomo's arrogance is really not the point of that diverting episode. As Kit Knightly noted in Off-Guardian, the furor over the "hypocrisy" of those three errant celebrities was, though understandable, misplaced; for what all three indiscreetly showed the world was not hypocrisy, but something more significant by far, and also more widespread among the leading players in the coronavirus crisis. What all seven COVID-19 stars revealed, to anybody paying attention, vis-a-vis the lockdowns and/or masks, isn't just that they weren't practicing what they were preaching, but that they really don't believe what they've been preaching. "Whether it's Neil Ferguson or Dom Cummings or Chris Cuomo"—or Andrew Cuomo, or Tony Fauci, or Frank-Walter Steinmeier, or Patrick Brown—"the message is the same. They are telling us they do not really believe there is any danger."
The same applies to “Golfgate,” the Irish hoo-ha that exploded in late August, when, “just a day after the Government announced new lockdown measures to stop the spread of Covid-19,” as the Irish Examiner reported, a glittering contingent of the Irish political elite—“former and serving politicians, public officials, members of the judiciary and media, as well as businessmen and lobbyists” (as noted by An Sionnach Fionn)—gathered at the Station House Hotel in Clifden, County Galway, to celebrate the 50th anniversary of the founding of the exclusive Oireachtas Golf Society. A splendid time was had by all 82 attendees, with ten banqueters per table, despite the new rules against gatherings of more than 50 people, or more than six at table, and the hotel’s blatant public notice that “no formal or informal events or parties should be organised in these premises.” This scandal made news worldwide, as the backlash forced a lot of groveling apologies and high-profile resignations; but, again, the point was that those nobs’ behavior was, as Galway Daily fumed, “arrogant, hypocritical, disgraceful, disrespectful”: i.e., that “they” should have observed the rules that they’d imposed on “us,” when what the scandal really proved is that those rules should not have been imposed on anyone, because their point is not to “keep us safe” from the coronavirus, but to keep them safe—from us.


How to break the spell:

(3) What "the science" says about the masks

Another, crucial way to break the spell of all that pro-mask propaganda is, of course, to do precisely what its high-profile disseminators, and all too many of those agitated commoners who echo it ferociously online, always claim they've done, but obviously haven't, somehow can't, and surely won't: that is, consult "the science" on the matter of face-masks as protection against respiratory viruses. I put "the science" in scare-quotes, because of its authoritarian thrust, casting "science" as a canon of official truths, case closed, whereas real science is, necessarily, a contentious process, fluid, open-ended and collective, based on skeptical investigation and debate, and not a set of stone commandments handed down by God and Dr. Fauci (with generous funding by the Gates Foundation). "The science" heatedly invoked by all those masked crusaders is dubious on several grounds, whereas those scientists who have impartially and rigorously studied the effectiveness of masks, through randomized, controlled trials, with verified outcomes—the gold standard of scientific research—have by now forged a clear consensus that, whether cloth or paper, they offer no protection against respiratory viruses, and that N95 respirators, in themselves, offer no such protection, either.

Let me pause here to note what does offer protection from COVID-19. The doctors and nurses who have been treating COVID-19 patients properly each wear a surgical mask and N95 respirator, along with goggles and a face-shield, as well as gloves, booties and, of course, a gown. The idea that any mask or respirator can, all by itself, protect against a virus that requires so much equipment to prevent its spread in hospitals, is, to say the least, absurd (as is the assertion, and the fear incited by it, that one can be infected just by passing some asymptomatic "case," masked or unmasked, out in the summer sun). I make this point by way of preface to the
following review of scientific studies on the uselessness of masks against such respiratory viruses as COVID-19.

The first overview of such studies in relation to the coronavirus crisis came out in April, the work of Denis Rancourt, a Canadian physicist, who thus bluntly summarized that consensus:

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.

Before presenting Rancourt's précis of the seven studies noted in his article, let me put the basic takeaway more simply. As this graphic demonstrates, the COVID-19 virions are far too small to be blocked by the very porous cloth and paper items now worn by the vast majority of maskers all around the world:

That this simple, urgent fact is quite unknown to most Americans is due to its deliberate, meticulous suppression by the guardians of the COVID-19 narrative. Dr. Simone Gold, a board-certified emergency physician in Los Angeles, tried to make that fact more widely known in the United States, in an op-ed that she wrote for USA Today—whose editors cut sections of it for the
print edition, and refused to publish any of it online. Thus not many people in the USA today have been enlightened by her argument, which she put across (or tried to) with a vivid metaphor: "Putting up a chain link fence will not keep out a mosquito." And a Google search for "virion .12 microns," with no mention of masks or respirators, brings up a slew of links to articles promoting their effectiveness against the coronavirus, including "Fact check: N95 filters are not too large to stop COVID-19." 

(Dr. Gold was "summarily fired" for taking part in the press briefing, on July 17, by twenty "frontline doctors" on the steps of the US Supreme Court, attesting to the effectiveness and safety of hydroxychloroquine as a COVID-19 treatment. Facebook killed the live-stream of that briefing—at the time "the top-performing Facebook post in the world"—and then YouTube, Twitter and Facebook pulled the video, following a vigorous smear campaign against the doctors overall—for making "false and dubious claims about the coronavirus," as CNN put it—and, especially, Dr. Stella Immanuel, the most charismatic of the doctors, with a staggering barrage of hit-pieces and memes deriding her religious views [not uncommon in her native land, Nigeria], and nothing on her claim of having used hydroxychloroquine, successfully, to treat 300 COVID-19 patients at her Houston practice.)

Such stringent censorship and all-pervasive propaganda make quite clear that the (real) science concerning face masks is taboo, making those who dare to point it out as brave as any other dissident, and making Denis Rancourt in particular a pioneering figure, for his breakthrough summary of these studies, published in peer-reviewed medical journals from 2009 to 2020:

(1) Jacobs, J. L. et al. (2009) “Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial,” 
American Journal of Infection Control, Volume 37, Issue 5, 417-419. 
https://www.ncbi.nlm.nih.gov/pubmed/19216002: 

"[N95] face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds." 

https://www.cambridge.org/core/journals/epidemiology 
-and-infection/article/facemasks-to-prevent-transmission-of-influenza-virus-a-systematicreview/ 
64D368496EBDE0AFCC6639CCC9D8BC05: 

"None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H). See summary Tables 1 and 2 therein." 

“There were 17 eligible studies. … None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

https://www.cma.j.ca/content/188/8/567:

“We identified 6 clinical studies ... In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism.”

https://academic.oup.com/cid/article/65/11/1934/4068747:

“Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”

https://jamanetwork.com/journals/jama/fullarticle/2749214:

“Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. … 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.”


“A total of six RCTs involving 9 171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirator against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The 4 use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”
Thus Rancourt put the case in April, and has stuck with it since, as further studies have reconfirmed the findings of those seven articles. On June 19, he did a two-part interview, in which he elaborated on what he'd found in April:

https://www.youtube.com/watch?v=iCxG-LbG4Y8
https://www.youtube.com/watch?v=mRp2y9TAXBI

On July 25, Rancourt had an invaluable discussion of the subject with Dr. Joseph Mercola—another COVID-19 dissident, whose videos have been banned on YouTube and Spotify since mid-June, when Twitter started tagging all links to Dr. Mercola's website as "unsafe." (The video of his exchange with Rancourt is on Bitshute.) Rancourt also has been censored (on July 28, Facebook banned Rancourt's organization, the Ontario Civil Liberties Association), as well as vigorously smeared, in a virulent and error-ridden hit-piece published by Psychology Today, and spotlighted by both Google and Yahoo, which place it second among search results for Rancourt's name, just after his Wikipedia biography. (On July 25, Rancourt attempted to debate philosophy professor David Kyle Johnson, the author of that screed, but it was hopeless, as Johnson was, throughout, beside himself with rage—literally frothing at the mouth—and therefore capable of nothing but ad hominem attack, and shrill echoes of the pro-mask propaganda: a spectacle worth watching, for its vivid demonstration of how "educated" people tend to "argue" in defense of the official narrative, and not just on this subject.)

https://www.bitchute.com/video/s1RRZFXqqOMX/
https://articles.mercola.com/sites/articles/archive/2020/06/10/twitter-censorship.aspx
https://www.youtube.com/watch?v=Q4TztuIZx18
https://www.youtube.com/watch?v=AQyLFdoeUNk

As Rancourt was accused, by Johnson (and some passing slanderers on Facebook), of "cherry-picking" his examples, and "taking sentences out of context," it is appropriate to note some more examples of the medical consensus on the ineffectiveness of masks against COVID-19.

From the Journal of the American Medical Association, a warning that face masks used by healthy people won't protect them from respiratory viruses (this JAMA article came out on March 4, 2020, before the CDC and Dr. Fauci's pivot to the Chinese Way):

**Medical Masks**
Angel N. Desai, MD, MPH1; Preeti Mehrotra, MD, MPH2
https://jamanetwork.com/journals/jama/fullarticle/2762694

**When Should a Mask Be Used?**
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. Face masks
should be reserved for those who need them because masks can be in short supply during periods of widespread respiratory infection. Because N95 respirators require special fit testing, they are not recommended for use by the general public.

Here's a similar warning in the New England Journal of Medicine, published on May 21, 2020, and therefore based on further hospital experience with COVID-19. (This article was republished on June 1, under the titled "Mask Facts," by the Association of American Physicians and Surgeons, https://aapsonline.org/mask-facts/.)

**Universal Masking in Hospitals in the Covid-19 Era**
Michael Klompas, M.D., M.P.H., Charles A. Morris, M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Shenoy, M.D., Ph.D.

“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.”

And, from the CDC's own journal, *Emerging Infectious Diseases*, a study published in May of 2020:

**Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.**
Jingyi Xiao¹, Eunice Y. C. Shiu¹, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling
Author affiliations: University of Hong Kong, Hong Kong, China
https://wwwnc.cdc.gov/eid/article/26/5/19-0994

**Face Masks**
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 (RR 0.78, 95% CI 0.51–1.20; 𐀀 = 30%, p = 0.25) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9,10). The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9,10). Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only
(35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13,15,17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13,15,17,34,35). Most studies were underpowered because of limited sample size, and some studies also reported suboptimal adherence in the face mask group.

That study is especially noteworthy, as its authors are at the University of Hong Kong—the city where, as we have seen, their findings have since been validated in real life. So much for the notion, prevalent throughout the pro-mask propaganda, that East Asians have been well-protected in this crisis by their universal voluntary masking.

That meme was also contradicted by a study out of South Korea, published, on April 6, in *Annals of Internal Medicine*, finding, based on a comparative analysis of just four COVID-19 patients, that mask-wearing there had made no difference: https://www.acpjournals.org/doi/10.7326/M20-1342

In conclusion, both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS–CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface.

(That study was retracted on July 7, on the grounds that it was based on too small a sample to be meaningful, as several readers pointed out. The authors wanted to expand their study, but the journal's editors refused: "We proposed correcting the reported data with new experimental data with additional patients, but the editors requested retraction.")

https://doi.org/10.7326/L20-0745

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**On "the science" finding that masks do protect against COVID-19**

Of course, there have been other scientists "finding" that face masks *will* protect you from COVID-19—studies that appear to have been made to order, for propaganda purposes, as they tend to be more suppositional than the others noted here, and so have not been well-received by expert readers. The most notorious example is "Identifying airborne transmission as the dominant route for the spread of COVID-19," published on June 11 by *Proceedings of the National Academy of Science*. "We conclude," the authors write, on the basis of their study of the data from Wuhan, New York and Italy, "that wearing of face masks in public corresponds to the most effective means to prevent interhuman transmission, and this inexpensive practice, in conjunction with social distancing, quarantining, and contact tracing, represents the most likely fighting opportunity [sic] to stop the COVID-19 pandemic."

https://www.pnas.org/content/early/2020/06/10/2009637117

The next day, June 12, the UK's Science Media Centre published a range of expert responses to that study, which was generally praised by those on board with the official policy, but pointedly assailed on scientific grounds by others: The study "is deeply flawed and its conclusions highly suspect" (Paul Hunter, Professor of Medicine at the University of East Anglia); "has major methodological flaws which undermine the conclusions made" (Dr. Louise Dyson, an epidemiologist at the University of Warwick); and "does not produce robust evidence to
support[the claim that] face masks may be an effective tool for reducing transmission (Dr. Ed Hill, research fellow in mathematical epidemiology at the University of Warwick).

Having initially praised the study, Prof. Trish Greenhalgh, Professor of Primary Care Health Services at Oxford, revised her position after studying those critical responses: "In sum," she now concludes, "we cannot confidently conclude anything from this paper. It has not convincingly confirmed that the fall in transmission in the case sites was due to the introduction of masking. While the findings are consistent with such a conclusion, there may be other explanations."


Despite its flaws, the PNAS study was instantly spotlighted by Reuters, ScienceDaily, Forbes, ArsTechnica and other COVID-19 propaganda choristers, using it to further "prove" the need for universal masking; but the study's statistical defects were so egregious that 45 epidemiologists felt compelled to call for its retraction, as did researchers at Johns Hopkins University's Bloomberg School of Public Health. Although PNAS ignored that protest (the study is still up), the outcry made headlines throughout the media, including the New York Times—which, nevertheless, continues to belabor the assertion that "face masks may be the key determinant of the COVID-19 curve," as Forbes claimed in its headline on that useless study.

https://reason.com/2020/06/22/prominent-researchers-say-a-widely-cited-study-on-wearing-masks-is-badly-flawed/

None of the journalists who hyped the PNAS study, or reported that demand for its retraction, ever noted that is authors are employed by Texas A&M University, which has buddied up with GlaxoSmithKline, "the world's largest vaccine maker, to develop and manufacture its new generation of influenza vaccines in Texas," the Houston Chronicle reported in 2013.

The deal, expected to be announced Tuesday, stems from a multibillion-dollar federal grant to the Texas A&M University System received last summer to create a "center of innovation" for the development of drugs to counter influenza and other biological and chemical threats.

With federal funds, Texas A&M will build a large $91 million facility near the university where, beginning in 2020, GlaxoSmithKline will make between 12 million and 15 million doses of vaccine for seasonal flu.


Given GSK's huge stake in the COVID-19 propaganda drive, and its lucrative entanglement with Texas A&M, it's no surprise that researchers at that university would rough out a "study" finding that "you've got to wear a mask," and keep it on until you get that shot.

Texas A&M is not the only tainted university contriving "science" in support of universal masking. On June 26, researchers at the University of California, San Francisco came out with
"findings" that were summarized in "Still Confused About Masks? Here's the Science Behind How Face Masks Prevent Coronavirus," from UCSF's PR department. The two researchers interviewed lament that the American people hadn't masked up months before. "We should have told people to wear cloth masks right off the bat" (emphasis added), grouses George Rutherford, a UCSF epidemiologist; and his colleague Peter Chin-Hong, a UCSF infectious diseases specialist, observes that "culturally, the U.S. wasn't really prepared to wear masks,' unlike some countries in Asia where the practice is common.... Even now, some Americans are choosing to ignore CDC guidance and local mandates on masks, a hesitation that Chin-Hong says is 'foolhardy.'"


Widely shared online, that solemn bit of bogus "science," like the PNAS study, served the interests of Big Pharma—UCSF having formed R&D collaborations with Sanofi, Bayer and Pfizer in 2011—and, in particular, the Gates Foundation, which, in 2002, funded UCSF's work on a diaphragm to "prevent the transmission of HIV" (a eugenics project rolled out in Zimbabwe), and, since then, has (with Google), funded UCSF's efforts "to use technology, machine learning and health care innovations to shrink the [global] malaria map," awarded UCSF $2.7 million for "an innovative project to reduce premature births," and, in April of this year, started funding UCSF's development of "the first new polio vaccine in 50 years" (using a "designer virus"). Thus UCSF essentially belongs to Bill/Melinda Gates, whose foundation, from 2014-2020, had as its CEO Dr. Sue Desmond-Hellmann, who moved to that position from the chancellorship of UCSF.

https://www.ucsfhealth.org/providers/dr-sorbarikor-piawah
https://pharmacy.ucsf.edu/keywords/bill-melinda-gates-foundation

Thus the "science" in support of universal masking isn't science, but bought-and-paid-for pseudo-science, to be used as further ammunition in the pro-mask propaganda drive, which, much like Old Man River, just keeps rolling along, the difference being that Old Man River "must know something," whereas those pumping out the propaganda, and those who've been absorbing it, don't know anything.

**One last example of "the science," on cloth face masks in particular**

There are several other studies bolstering the consensus that Rancourt was the first to publicize. As noting them would be redundant at this point, I'll highlight only one, because of its troubling relevance to the current global craze, and Dr. Fauci's practice in particular.

On April 22, 2017, the *British Medical Journal* published the first randomized, controlled test of cloth masks used by healthcare workers. Their findings are, to say the least, concerning.
A cluster randomised trial of cloth masks compared with medical masks in healthcare workers
C Raina MacIntyre, Holly Seale, Tham Chi Dung, Nguyen Tran Hien, Phan Thi Nga, Abrar Ahmad Chughtai, Bayzidur Rahman, Dominic E Dwyer, Quanyi Wan
https://dx.doi.org/10.1136/bmjopen-2014-006577

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. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

These findings also were reported in Science Daily:
https://www.sciencedaily.com/releases/2015/04/150422121724.htm

On masking in ORs

All these studies of mask use by healthcare workers speak to the reflexive view, common among lay defenders of the mask dogma, that masks must work against COVID-19, and do no harm, because doctors and nurses often wear them, especially during surgeries. That such professional practice hasn’t gone unquestioned by researchers, but has long been the subject of close scientific study, should (but probably won’t) dispel that understandable, but misinformed, assumption.

Since it’s on video, and he speaks in layman’s terms, this commentary by Dr. Steven Gundry—a pioneering specialist in infant heart transplant surgery—may help enlighten those who think that surgical masks prevent viral transmission, as he notes pointedly that such a mask, “like the one that I wear in the operating room, does not protect against viral transmission. It’s totally permeable to viruses.” The purpose of such masks, in surgery, is to protect the patient from bacteria, which are far larger than viruses.

And yet even that is dubious, as Dr. Gundry goes on to explain, noting one double-blind study, in the UK, which found that there were more wounds contaminated during operations by masked surgeons than during those in which the surgeons were unmasked. “We talk during operations, and it abrades our skin, and flakes of skin, with bacteria, drop into the wound,” Dr. Gundry explained. Surgeons wear those masks, then, not because the practice has some scientific basis, but just because they’ve done it for so long. “Tradition is tradition,” Dr. Gundry sighs. “Traditions are hard to break.”
https://www.youtube.com/watch?v=SLPRBCNlkCY.

Dr. Gundry was referring to Dr. Neil W. M. Orr’s study published in the Annals of the Royal College of Surgeons of England in 1981: “Is a mask necessary in the operating theatre?” “Facial movements behind a mask can increase wound contamination,” Dr. Orr concluded. “It would appear that minimum contamination can best be achieved by not wearing a mask at all but
operating in silence,” and that wearing a mask during surgery “is a standard procedure that could be abandoned.”

That finding was no fluke, but has been reconfirmed in study after study—as Arthur Firstenberg, author of The Invisible Rainbow: A History of Electricity and Life, noted in his newsletter. Shocked by Dr. Orr’s study, which he read in medical school, Firstenberg reviewed the medical literature, which, “for the past forty-five years, has been consistent: masks are useless in preventing the spread of disease and, if anything, are unsanitary objects that themselves spread bacteria and viruses.” Firstenberg provides this stunning summary of fourteen studies:

Ritter et al. in 1975, found that “the wearing of a surgical face mask had no effect upon the overall operating room environmental contamination.”

Ha’eri and Wiley, in 1980, applied human albumin microspheres to the interior of surgical masks in 20 operations. At the end of each operation, wound washings were examined under the microscopes. “Particle contamination of the wound was demonstrated in all experiments.”
https://europepmc.org/article/med/7379387

Laslett and Sabin, in 1989, found that caps and masks were not necessary during cardiac catheterization. No infections were found in any patient, regardless of whether a cap or mask was used,” they wrote. Sjøl and Kelback came to the same conclusion in 2002.
https://europepmc.org/article/med/11924291

In Tunevall’s 1991 study, a general surgical team wore no masks in half of their surgeries for two years. After 1,537 operations performed with masks, the wound infection rate was 4.7%, while after 1,551 operations performed without masks, the wound infection rate was only 3.5%.

A review by Skinner and Sutton in 2001 concluded that “The evidence for discontinuing the use of surgical face masks would appear to be stronger than the evidence available to support their continued use.”
https://journals.sagepub.com/doi/pdf/10.1177/0310057X0102900402

Lahme et al., in 2001, wrote that “surgical face masks worn by patients during regional anaesthesia, did not reduce the concentration of airborne bacteria over the operation field in our study. Thus they are dispensable.”
https://europepmc.org/article/med/11760479

Figueiredo et al., in 2001, reported that in five years of doing peritoneal dialysis without masks, rates of peritonitis in their unit were no different than rates in hospitals where masks were worn.
Bahli did a systematic literature review in 2009 and found that “no significant difference in the incidence of postoperative wound infection was observed between masks groups and groups operated with no masks.”

Surgeons at the Karolinska Institute in Sweden, recognizing the lack of evidence supporting the use of masks, ceased requiring them in 2010 for anesthesiologists and other non-scrubbed personnel in the operating room. “Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist,” wrote Dr. Eva Sellden.

Webster et al., in 2010, reported on obstetric, gynecological, general, orthopaedic, breast and urological surgeries performed on 827 patients. All non-scrubbed staff wore masks in half the surgeries, and none of the non-scrubbed staff wore masks in half the surgeries. Surgical site infections occurred in 11.5% of the Mask group, and in only 9.0% of the No Mask group.

Lipp and Edwards reviewed the surgical literature in 2014 and found “no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.” Vincent and Edwards updated this review in 2016 and the conclusion was the same.

Carøe, in a 2014 review based on four studies and 6,006 patients, wrote that “none of the four studies found a difference in the number of post-operative infections whether you used a surgical mask or not.”

Salassa and Swiontkowski, in 2014, investigated the necessity of scrubs, masks and head coverings in the operating room and concluded that “there is no evidence that these measures reduce the prevalence of surgical site infection.”

Aside from bolstering the scientific fact that masks don’t work, all these studies raise some very troubling questions: Why, in light of all this solid evidence, have so many leading health
officials, both national and global, insisted that “you’ve got to wear a mask”—a practice that’s not only useless but unsafe? And, in light of the *BMJ*’s finding that cloth masks in particular are likely to result in “increased risk of infection” among healthcare workers, why has Dr. Fauci ostentatiously promoted them for universal use outside the hospital, by wearing that colorful Washington Nationals kerchief everywhere he goes (in public)? That is a very bad example for Americans, who are only likelier to suffer if they follow it.

Below we will return to these unsettling questions, and attempt to answer them.

**How to break the spell:**

(4) What "the science" says about the risks of masking

If there’s some scientific question as to the health risks of face masks among professionals trained to use them properly, there can be no question that such risks are vastly greater for the masses of laypersons who just throw them on and pull them off anyhow, often reusing them unwashed, like funky t-shirts. "The public is being told to wear masks for which they have not been trained in the proper techniques," notes Dr. Jim Meehan, an experienced surgeon, and, for three years, an associate editor of the *Journal of Ocular Immunology and Inflammation*. "As a result, they are mishandling, frequently touching, and constantly reusing masks in [ways] that increase contamination and are more likely than not to increase transmission of disease." Far from offering precise instruction as to how one ought to wear a mask, those governors, and others, who have merely ordered everyone to wear them, or strongly urged it, have often demonstrated how not to use them properly. Thus Dr. Fauci, and the members of his Coronavirus Task Force, have—to quote Dr. Fauci himself, in his pre-pivot interview on "60 Minutes"—been "fiddling with their masks" throughout their televised appearances; Gov. Gretchen Whitmer—who, on July 10, toughened her order that Michiganders wear masks in public, with a $500 fine for disobedience—publicly put on a paper mask after running her thumbs along the inside of it; and, in a PSA called "COVID stops with me," CDC director Robert Redfield has both thumbs inside the mask he's holding as he exhorts everyone—"even the young and healthy"—to wear them; and, after winding up his spiel, he puts on that contaminated mask.

*https://meehanmd.com/blog/2020-07-22-if-masks-don't-work-then-why-do-surgeons-wear-them*

(Scroll down for the Redfield video.)

And yet masks and respirators worn for hours by healthy people do not just "increase transmission of disease" by causing them to touch their faces more than usual, contaminate them with their own hands, and/or inhale the pathogens encrusted on un laundered masks. On May 11, Technocracy published "Face Masks Pose Serious Risks to the Healthy," by Dr. Russell Blaylock, a retired brain surgeon with a distinguished record of technical innovation, and prolific critic of food additives like MSG, aspartame and Splenda (a stance "not supported by scientific consensus or regulatory bodies, as extensive studies support the safety of aspartame, sucralose [Splenda] and MSG," Wikipedia deceptively avers in its bio of Dr. Blaylock). Reviewing over a dozen studies of the health risks posed by prolonged mask-wearing among healthy people, "from
headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications [emphasis added]," Dr. Blaylock comes to this unimpeachable conclusion about face masks: "One should not attack and insult those who have chosen not to wear them." (Google evidently disagrees: "Russell Blaylock: Neurosurgeon turned Newsmax conspiracy theorist and pseudoscience peddler," by the Genetic Literacy Project—a Gates-connected propaganda mill for the agro-chemical Industry—has been the search engine's "Top result" for Dr. Blaylock, since that anonymous hit-piece was published on July 21.)

https://en.wikipedia.org/wiki/Russell_Blaylock
https://geneticliteracyproject.org/glp-facts/russell-blaylock/

On May 26, Children's Health Defense, the nation's leading vaccine safety organization, published a meticulous summary of the pros and cons of mask-wearing among healthy people, by Dr. Alan Palmer, a sports medicine doctor and holistic physician, who elaborates in detail on Dr. Blaylock's article and the studies cited there, while noting further research on the damaging effects of prolonged masking on the mind and body. On the impact of hypoxia alone, on children in particular, Dr. Palmer notes that the "reduced oxygen levels will increase anxiety, fatigue and brain fog, decrease learning capacity due to decreased oxygen to the brain, weaken their immune systems, and can lead to an increased rate and severity of all types of infections, not just COVID-19."

Dr. Palmer ends his summary with a chilling rumination on the possible "agenda" driving this unhealthy policy: a question that, like so much else about this crisis, is utterly taboo throughout the media, both corporate and left/liberal, so that Children's Health Defense is one of the very few outlets where that question may be raised—for which thoughtcrime CHD is broadly censored and defamed, as "anti-vaccine," and prone to "conspiracy theories," as a quick Google search makes clear, while its founder, Robert F. Kennedy, Jr., has been banned on Facebook, Twitter and Spotify, and, intermittently, on Instagram. (For example, a Google search on CHD brings up "Anti-Vaccine Group 'Children's Health Defense' Smells a Coronavirus Conspiracy," from the American Council on Science and Health, a Koch-connected enterprise that has called Bill Gates "perhaps the greatest philanthropist the world has ever known.")


In mid-June, OSHA (quietly) affirmed the consensus that cloth and surgical masks "will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration." It also came to light, through the work of various citizens online, that face masks create what OSHA deems an "oxygen deficient atmosphere"—i.e., "an atmosphere with an oxygen content below 19.5% by volume." This fact was dramatized in videos of people using OSHA air quality monitors to gauge their oxygen levels after donning masks of various kinds. The first was a brief demonstration by one Kenny Larson, posted on YouTube and Facebook on June 20, with the caption, "If you get a headache wearing a mask." Larson, unmasked, had an oxygen level of 20.5, which, with his
surgical mask on, dropped to 17.4, his OSHA-approved air quality monitor beeping its alarm. (YouTube took down Larson's video, which Facebook tagged as "Partly false information," according to "independent fact-checkers.") Soon thereafter, Nino Vitale, an Ohio state senator, posted a longer, more elaborate video, using a different OSHA-approved monitor, with subjects wearing masks of different kinds. (YouTube and Facebook both took down Vitale's video, which is now on Bitchute.) Jeff Neff, a firefighter with a (modest) YouTube following, did a similar demonstration, using yet another monitor. And on July 3, Del Bigtree, on "The Highwire," did a similar test with his young son as the subject, showing that the paper mask quickly raised the CO2 in the child's bloodstream to toxic levels. (On July 29, YouTube took down the entire "Highwire" channel, which had a viewership in the millions.)

https://www.facebook.com/mark.e.miller.50/posts/10163722800130613
https://www.bitchute.com/video/c6OEviRPPmGl
https://www.youtube.com/watch?v=ciHa3-0-kBe
https://www.youtube.com/watch?v=bLYUQ17fer8

While blacking out those YouTube videos, Google highlighted a number of counter-videos featuring (apparent) doctors using air quality monitors to "prove" that face masks don't cause deoxygenation—a counter-factual claim that had been made for weeks via "fact-checks" like the one that USA Today ran on May 30, "Fact Check: Wearing a face mask will not cause hypoxia, hypoxemia or hypercapnia." A few weeks earlier, PJ Media, a right-leaning news site, had run a sympathetic piece including excerpts from Dr. Blaylock's "Face Masks Pose Serious Risks to the Healthy"—and shortly felt compelled to preface it with this "correction":

Many in the medical field are disputing Dr. Blaylock's claims and do not see wearing a mask as a serious risk to healthy people, although people who have breathing difficulties, such as those with COPD, smokers, etc., may be adversely affected. Nor do the masks weaken the immune system, according to these medical professionals. While most concede that hypercapnia is possible, they say it is highly unlikely, especially with cloth masks [emphasis added].

Whatever the scientific limitations of those lay videos that Facebook/YouTube have blacked out, or tagged as "false information," the claim that "wearing a face mask will not cause hypoxia, hypoxemia or hypercapnia" is as ludicrous—and irresponsible—as saying that opioids aren’t addictive, sky-diving without a parachute won't kill you, and kids should brush their teeth with crystal meth. As it's a scientific fact that face masks and respirators don't prevent transmission of respiratory viruses, so is it well-established in the scientific literature not underwritten by Big Pharma and/or the Gates Foundation that masks and respirators cause "hypoxia, hypoxemia or hypercapnia," even among healthcare workers well-trained in the use of such equipment.

In April of 2008, Neurocirugía, the official Journal of the Spanish Society of Neurosurgery,
published a study of 53 surgeons, using a pulse oximeter to measure pre- and post-operative values (the surgeons having presumably worn paper masks). The researchers' conclusion:

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. The decrease was more prominent in the surgeons aged over 35.

In May of 2010, the journal *Respiratory Care* published "Physiological Impact of the N95 Filtering Facepiece Respirator on Healthcare Workers," based on careful monitoring of ten healthcare workers after one hour wearing N95 masks. The researchers' conclusion:

In healthy healthcare workers, FFR [filtering facepiece respirator] did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standard, and elevated PCO2 [i.e., hypercapnia] is a possibility. Exhalation valve did not significantly ameliorate the FFR's PCO2 impact.
http://rc.rcjournal.com/content/respcare/55/5/569.full.pdf

As headache is a common symptom of "hypoxia, hypoxemia or hypercapnia," it's also worth noting that, according to "the science," healthcare workers wearing face masks for long periods often show that symptom. In 2006, a study of the use of N95 respirators by healthcare workers during the 2003 SARS pandemic, based on a survey of 212 personnel, found that 79 (37.3%) "reported face-mask-associated headaches," with 26 reporting headaches over six times a month, and 47 needing to take "abortive analgesics." In their 2009 study, published in the *American Journal of Infection Control* (a work cited by Rancourt in his summary), Jacobs et al. found that "subjects in the mask group were significantly more likely to experience headache during the study period." (Those subjects wore surgical masks.) And in May of this year, *Headache Journal* published a study, by researchers in Singapore, of 158 healthcare workers wearing N95 masks while treating COVID-19 patients. "Most healthcare workers develop de novo PPE-associates headaches or exacerbation of their pre-existing headache disorders."

Headache is not the only problem faced by healthcare workers wearing N95 masks, which "come with a host of physiological and psychological burdens." Thus Arthur Johnson summarized the findings of a range of scientific studies of that problem, published in the *Journal of Biological Engineering* in 2016.

These [problems] can interfere with task performances and reduce work efficiency. These burdens can even be severe enough to cause life-threatening conditions if not ameliorated.
As all such studies deal with mask-related injury to healthcare workers only, the harm to healthy people, with no training in the proper use of masks and respirators, is, necessarily, far more severe—and will get ever worse, as masks are ever more coercively imposed on ever more of us, with "our free press" never questioning that crackdown but applauding it, nor ever even mentioning, much less investigating, the disabling side effects of prolonged masking among healthy people out in the real world. The only recent medical summary of such risks is Dr. Colleen Huber's excellent "Masks are neither effective nor safe: A summary of the science," published on July 6 by PrimaryDoctor.org—an urgent overview that slipped right down the memory hole (although it was reprinted in Technocracy), and so it should be circulated far and wide.

https://www.primarydoctor.org/masks-not-effect

Expertise that's clearer than "the science"

Such scientific studies are all well and good, and, rigorous and impartial as they are, certainly should help open everybody's eyes to both the uselessness and hazards of mask-wearing. But in the current heavy fog of propaganda war, such studies aren't enough to break the spell—first of all, because Big Pharma and the Gates machine have funded, and the media has widely publicized, those bogus "studies" that appear to "prove" that, yes, "you've got to wear a mask," and which most people, too freaked-out to question anything, will naturally seize on as "the science," since people literally scared out of their wits don't want to know, cannot accept, that what they've read and seen and heard throughout this crisis, from both their government, and the "free press" that they've always trusted, might actually be false. Thus Big Pharma/Fauci/Gates have skillfully obscured the facts with pseudoscience, just as the cigarette cartel once did, by funding their own pet researchers "proving" there was not a shred of evidence that smoking was addictive, or unhealthy in the least.

And while the actual science on mask-wearing is beset, and seemingly "refuted," by junk studies funded by those mighty interests, so is it just too dry and technical to penetrate this fog of war, or any of the minds befogged. To make the sort of powerful impression that it takes to open eyes wide shut, we need to turn to more colloquial explanations of the truth about face masks—and to real-world evidence that no one can dismiss as "fake" or "junk," and that few people, once they know it, will forget.

On the risks of masking, you will find an explanation far more vivid than those many cautious scientific studies—and, in fact, more expert—in this 15-minute video by Tammy Clark and Krista Meghan, two highly trained and thoroughly experienced environmental health and safety professionals, and OSHA consultants, well-versed in virology and immunology, and who, between them, have conducted thousands of tests and fittings of PPE in workplaces of all kinds. Living in Michigan, and working there as independent professionals, the two were so appalled by Gov. Whitmer's sweeping mask mandate that they teamed up to make crystal-clear what their professional colleagues who are not self-employed know all too well, but are afraid to tell the public, as they would lose their jobs for it (like countless other health professionals who'd also like to tell us what they know, but can't afford to take the risk).
After duly noting that face masks offer no protection against the very tiny COVID-19 virions, and that the argument for wearing them in order to save others is "completely fake," those two women carefully explain that Gov. Whitmer's sweeping mandate that "you've got to wear a mask" in Michigan—like all other such mandates throughout the nation and the world—is, to put it bluntly, murderously reckless, a tyrannical one-size-fits-all directive overriding the important fact that everybody's health is different, and that many people just can't tolerate the hypoxic impact of mask-wearing. Clark explains that, soon after its creation in 1970, OSHA studied the effects of masking, soon finding that, among the masked, "oxygen levels drop to hypoxic levels," causing headaches, nausea, light-headedness and, all too often, heart attacks. "We were killing people" by allowing their employers to require them to wear masks at work, which is why OSHA looked into the issue, as required by federal law.

This is why professionals like Clark and Meghan, who fit workers for masks and ventilators to comply with OSHA standards, must have them fill out detailed questionnaires about their health, as some must be exempt from wearing masks. And so, since "some people's cardio-vascular systems can't handle" wearing masks, "why," Clark asks, "are we making this an across-the-board state mandate" in Michigan—or anywhere else?

https://www.facebook.com/PerplexedPerspectives/videos/886018445259151/

That's an urgent question—one that we should all be raising, all around the world, as masks have actually been injuring and even killing people, as "our free press" will not report.

**How to break the spell:**

(5) What's really happening to people wearing masks

"Several education bureaus in China are rethinking COVID-19 control policies after three students died running in masks at school, The Beijing News reported Friday." That news, which broke in early May, appeared in other Chinese outlets, as well as the Jakarta Post, and all over Japan, while, in the West, that news was reported only by the British Daily Mail, a TV station in Sydney, and, in the US, only the New York Post and New York Daily News (which misreported it by claiming that two students had dropped dead in their gym classes). Thus very few Americans could know that those teen-agers, each in a different city, had all dropped dead in their gym classes, while running in the heat, their proper breathing blocked by N95 masks. This prompted the authorities "in the eastern city of Xiamen, the southern province of Hainan, and the central city of Changsha [to issue] notices that either discourage schools from requiring students to wear masks during gym class or prohibit the facial accessories during [any] exercise."


Several other such fatalities in China have apparently gone unreported elsewhere. On May 10, in Hubei Province, a man (age not given) dropped dead while doing morning exercises in a face mask of some kind. On May 21, a 65-year-old man also died while exercising in a face mask, after spitting blood, then keeling over. (This happened in Dalian, Liaoning Province, a city lately
stricken by a second wave, and now under lockdown.) And on June 22, an unidentified local young man jogging in a mask lost consciousness, and slipped into a coma.
https://www.thepaper.cn/newsDetail_forward_7447346
https://m.sohu.com/a/396769157_334936/?pvid=000115_3w_a
https://baijiahao.baidu.com/s?id=1670072736675330947&wfr=spider&for=pc

The Western press has blacked out such news stories, just as, except on the local level, they've consistently blacked out the news of unmasked people beaten by the cops and/or persecuted by civilians. Such coverage is taboo, as it would clearly throw the whole mask dogma—and the motivation of the officials pushing it—into question, just as it should, and as it has done in Japan, where the deaths of those three schoolchildren were reported in the widely read Asahi Simbun (Japan's equivalent of the New York Times) when it was a real newspaper) and elsewhere, with Asahi Simbun asking, in another article, whether people in Japan should exercise in masks:

Mask-wearing during running has suddenly become popular due to the pandemic. Experts, however, have warned that it is "more harmful" than not wearing masks. Can we go running without wearing a mask or not?

On July 1, the Japanese Society of Clinical Sports Medicine and the Japanese Association of Exercise Therapy and Prevention jointly accounted that they "do not recommend wearing a mask or anything that covers the nose and mouth when exercising outdoors." They said their recommendation comes after fatal cases were reported overseas, while it can increase the risk of heat stroke and respiratory failure.

The article went on to make these other points that "our free press" has not just failed to make but actively denied:

The organizations said that we cannot get the coronavirus "only by passing each other" on the street. They also recommend a good amount of exercise as a preventive measure against stress and lifestyle-related diseases during the pandemic.

Meanwhile, NHK, Japan's national broadcasting organization, ran a piece about the appropriateness of mandating masks for women giving birth. The piece quotes one woman who said that her experience was hell, as she had to wear a mask through seven hours of labor, that because of it she couldn't drink enough water, and was too weak and dizzy to push properly. Another mother said that she had asked to take the mask off, but they wouldn't let her, and that she finally had to wear an oxygen mask. That piece inspired a robust back-and-forth on Twitter in Japan.
https://www.asahi.com/articles/ASN5C6530N5CUHBI00F.html
https://www.huffingtonpost.jp/entry/zhaixiakouzhao_jp_5eb0b218c5b6a15b6f44f49a
https://www.asahi.com/articles/ASN7P4CVBN7KUTIL01V.html

The problem noted and discussed in China and Japan has been acknowledged by the US press, and only a small part of it, just once, when, in late April, "a New Jersey man passed out and crashed into a telephone pole this week, and police believe the accident could have been avoided
if he hadn't worn an N95 mask while driving," as People reported—in what it called a "human interest" story, as if it were a random oddity, like "Rhode Island Mistakenly Issues Tax Refund Checks Signed by 'Walt Disney' and 'Mickey Mouse,'" or "8-Year-Old Girl Attacked by Fox Near Her New Jersey Home: 'I Thought It Was a Dream,'" to cite two other "human interest" stories in People. That the crash was, according to the Lincoln Park police, due to the masked driver's "insufficient oxygen intake/excessive carbon dioxide intake"—common side effects of gratuitous masking by the healthy—would seem to make it not a "human interest" story, but a "public health" story, and one that called for broader national coverage. The New York Post and New York Daily news reported it, as did New Jersey media (and TMZ), and that was it, other than a piece in the Pittsburgh Injury Law Review, noting that the CDC "doesn't recommend wearing masks while driving"—and that the Lincoln Park police had taken heat for daring to conclude that that N95 had anything to do with car crash.

After the LLPD posted their report on Facebook, several commenters questioned the legitimacy of their conclusions, noting that N95 masks, in particular, do not obstruct the flow of oxygen. In the face of the overwhelming response, the LLPD updated their report to say, “It is certainly possible that some other medical reason could have contributed” to the accident.

They added, “Police officers are not physicians and do not know the medical history of every person we encounter. We conduct accident scene investigations using training, experience, and observations at the scene to determine a cause.” Finally, they stated that they were not trying to “cause public alarm” or “suggest wearing an N95 mask is unsafe.”

https://pittsburgh.legalexaminer.com/transportation/cdc-drivers-should-not-wear-masks-while-driving/

Thus, as far as the COVID-19 propagandists see it, the fact that "wearing an N95 mask is unsafe" falls into the same Oceanic category of "wrongthink" as the facts that some vaccines are highly toxic, that "we cannot get the coronavirus just by passing each other on the street," or that HCQ, properly administrated, is a most effective COVID-19 remedy, and quite safe to boot. With US health officials and "our free press" now functioning exactly like the Ministry of Truth in 1984, we have to leave their orbit to learn anything about what masks are really doing to people all around us.

We caught a glimpse of it on July 27, during the arrival ceremony, at the US Capitol, for Rep. John Lewis' casket, when a member of the honor guard—all wearing masks—collapsed in the intense heat, before the casket had arrived. Although just the kind of visual that TV's imagineers would ordinarily play up, that hypoxic flop was carefully downplayed throughout the US press, which whitewashed the mask entirely. It was "extreme heat and dehydration" that had felled the sailor, according to the Navy Times, while CBS News, MSN, MSNBC and Politico all likewise put it down to the high heat. Only a few outlets on the right declared the obvious, though, sometimes, with more zest than accuracy: "BREAKING: Mask-Wearing Member Of Honor Guard Carrying Rep. John Lewis' Casket Collapses In Extreme Heat," blared the headline on 100percentfedup.com, "a conservative news site dedicated to the memory of Andrew Breitbart."
What with the media's avoidance of the subject, we can learn about what masks are really doing to people only from each other, in personal communications and informal posts online—today's equivalent of *samizdat* under the Soviets (and will be, until They hit the kill switch).

An email from Sean van Deusen, about some recent incidents in Stockbridge, Massachusetts, where he lives:

Last week a hairdresser in town passed out and broke her arm while cutting someone’s hair because of the mask she was wearing. The following day, another person in the same hair salon passed out and hit her head walking in to get her hair cut.

I can also tell you [that] the local fire chiefs are not in favor of the masks for exactly this reason.

From Mike Champine in Michigan:

In March, I remember some people were spreading fear that we were all going to see people dropping dead in the street from Covid.

[That propaganda started at the end of January, with photos like this one, in *Metro*, the UK's highest-circulation tabloid, while others like it popped up in the *Guardian* and *Sun.*]

*I've personally only seen one person fall to the ground unconscious. He was wearing*
He passed out on the curb on the side of a busy road around noon. I would have stopped to check on him, but was on my way to work. Someone did rush to check on him.

From the comments on Dr. Blaylock’s article: https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/

Was at the salon the other day. All are required to wear a mask. I heard a stylist call for help and call 911. Her client had passed out from wearing a mask. I live near an elderly population and they’re always driving alone with masks on.

I am not a doctor, I work in a health food store, and i can tell you from personal experience of having to wear a mask for 8 STRAIGHT hours a day (while stocking shelves, answering phones, helping customers, moving around in a fast pace work environment for 8 hours) has put a noticeable damper on my own immunity. I have had to leave work early now several times over the last month because of dizziness and feeling like i am going to faint. Now, i do not wear a mask if i do not need to, and try to avoid it as much as possible.

Help! My mask is hurting my lungs! I don’t want to be labeled selfish or ignorant for not wearing a mask, I care about others fear BUT… I CAN tell you that the masks make me sick!!! I wear one for 8 hours straight two days a week and it is having a negative impact on my lungs and gut! Is it possible that my SIBO [small intestinal bacterial overgrowth] causing me to breathe out more hydrogen and methane gas may be that is aggravating asthma that was dormant for years until I had covid (in early March pre-testing) I’m not sure but my lungs are struggling from the mask!!

I started work 2 weeks ago. I am a server in a resort and I have been forced to wear a mask with a visor. I went to the doctor as I could not work in this way as I felt like I was going to pass out many times and I got headaches and also nosebleeds. The doctor told me to suck it up and that I am in the same boat as everyone else. This is going to cost me my job, which I have been doing all my life. .... What am I suppose to do now? Any suggestions as I am the mother and provider of two children of the age of 11 and 13.

From Reinette Seinum, mayor of Nevada City, California:

I have been a house painter, off and on, for 35 years. Twenty years ago, when I'd been painting full-time for many years, I developed nightly dry coughing fits. They would not go away, and after a bit of time I finally broke down and went to the doctor.

Ultimately, he said my painting had brought on the cough; paint getting in through areas not completely fitted to my face, and wearing dirty [N95] masks repeatedly. This industrial bronchitis is still with me today, 20 years in, whether I paint or not. So when people say a mask can't hurt, I can say, from personal experience, that they're wrong.

From a letter, dated June 22, by attorney Leigh Dundas to the Orange County Board of Education, and the Tustin Unified School District, urging the "traditional re-opening of O[range]
C[ounty] schools this fall." In her argument against requiring students to wear masks, Dundas recounts a public demonstration, on June 9, of the deoxygenating effect of mask-wearing, with a group using pulse oximeters to measure their heart rate and oxygen levels, masked and unmasked. "All participants fell into hypoxic levels within a few minutes of donning masks, with two participants—the wife of an Irvine Ranch family heir, and a professional runner—dropping into the 70% zone."

Dundas made a video of the exercise, which went viral on Facebook and YouTube ("in spite of FB suppressing it and calling it 'false'"), "and horror stories poured in":

The comments involved alarming episodes, like that of a woman in a beach city in our county, passing out on the job, and clocking her skull on a chair on her way down. Or the woman who was forced to wear a mask at her doctor's office, and convulsed for more than an hour—during which time the office charmingly escorted her into the parking lot and left her there—after which the patient's mother (a practicing RN) had to come retrieve her and drive her home. Or most frighteningly, the little boy who was forced by the hospital to wear a mask in pre-op, and whose oxygen level dropped into the 80's and would not rebound—until the mother finally insisted on removing the mask, after which the boy took two breaths, and bounced to 97% oxygenation on the machines.

From Ryan Schaffner, 38, in Prescott, Michigan:

On May 7, 2020, I had an appointment to get injections in my neck for my three collapsing disks—a surgical procedure. With the COVID-19 scare, the state [Michigan] began requiring masks everywhere you went. Trying to be a good person, I obliged, wearing an N95 mask that I had from my years of work in HVAC [heating, ventilating and air conditioning]. Mind you, in HVAC, this type of mask is only worn for 15 minutes at a time.

After sitting in the waiting room for about an hour, I was finally taken back to a private room. I figured at this point I'd be able to remove my muzzle, but a nurse told me it was not allowed, I had to wear it for the duration of my stay, even through surgery.

At this point, I've had the mask on for about half an hour. As they begin to put the IV in, I told the nurse that I was feeling lightheaded. She said, "Everyone gets a little queasy when they see the needle." Obviously, I know this isn't true. I've had my blood taken dozens of times, and never felt odd about needles, which don't bother me at all.

And now my vision starts to blur, and I'm feeling really faint, like I was tipping over. I hear the nurse scream, "I need help in here!" My vision went black, the sound of the room became very muffled, and I passed out.

The next thing I remember, I was lying on the bed, with three nurses and the doctor standing over me. After about 10 minutes of being able to breathe, I was okay again. They put me under and performed the surgery.
When I came to in recovery post-op, I was not wearing a mask at all. I'm not sure why, but they took it off me post-op, even though I was on oxygen. To make it all even stranger, they didn't even put the mask back on to wheel me out to my vehicle. I can only imagine that something happened during surgery that scared the doctors.

From Tammi Scott Pettis, a mother in Wisconsin:

My daughter. 19 years old. Healthy. Frontline worker at a huge grocery store chain. Started feeling sick about two weeks ago. Side and back pain. Nausea. Chest pain. Primary doc sent her for chest x-ray. Something "lit up" on right side. Sent for MRI. Cat scan. Ultrasound of back and abdomen areas. NOTHING. While at work was unable to breathe. Chest pain. Rushed to ER quarantined. Tested for COVID. Young. By herself because no one can be with her.

Turns out it's pleurisy. An infection of the outside of the lining of the lungs. They basically tell her, it's because she has been wearing a mask for for 8 hours a day 5-6 days a week. Breathing in her own bacteria. Carbon dioxide. Caused an infection. And now she is in severe pain. Has to be off work with no pay. But you won't see that on social media! She's 19. Healthy. And now is bed bound and struggling to breathe. Antibiotics. Steroids. Breathing treatments.


From the testimony of Rick Ugardi, owner of a local diner (and, as Rick Stasi, a local radio personality), at a City Council hearing, on whether to "encourage" masking, in Deland, Florida on July 15:

I'll just leave you with this. One of my waitresses at the diner, her grandfather died last week. You know what of? Blood poisoning. You know what from? CO2 overload.

He's one of those guys that were scared to death, 70 years old, had COPD, wakes up in the morning and puts a mask on. Goes in his car, puts a mask on. Goes into Publix (supermarket), puts a mask on. He collapsed. Rushed to the hospital. 20 minutes later, dead. Doesn't get on the news.

https://livestream.com/debary/events/9214450/videos/208696183
(Ugardi's testimony—all worth watching—starts at 20:00.)

The pro-mask "argument" in brief: "Put on a fucking mask!"

With all respect, sir, show some consideration and care for your countrymen and country. Put on a fucking mask.

—Bruce Springsteen, on his radio show “From His Home to Yours,” addressing Pres. Trump, June 17

Put the fucking mask on your fucking face, okay?... The droplets, the droplets that I'm probably spitting all over this fucking camera, are the thing that can fuck you the most. When I'm doing this, there's no fuckin'—let me explain this to you. When I'm doing this [puts mask on], I'm not spitting all over the fucking camera. When I'm doing this [takes mask off], I'm spitting all over the camera. These fucking droplets will put you in the fucking hospital and kill you. Oh, and you're like, "Oh, I'll survive, I'm young, I'm 27." Well, what about your fucking aunt, your uncle—or me? You fucking fake fucking fucks. Oh, love they neighbor, love thy fucking neighbor, put your fucking mask on.

—Actor Michael Rappaport, YouTube video, June 25
https://www.youtube.com/watch?v=t6gVepmUjvw

Put a fucking mask on.... Wear a thin piece of cloth across your nose and mouth to help prevent more unnecessary deaths and further financial hardship to your fellow citizens. Unless you have a really good reason not to wear a mask, wear a fucking mask. "I find it difficult to breathe with a mask." If you seriously struggle to breathe with a thin bit of cloth on your face, then you're probably in the high-risk category for COVID-19, and, as such, you really need to put a fucking mask on. Yes, they're uncomfortable, yes, they steam your glasses up, yes, they chafe your ears and give you spots on your chin. I'll tell you what's worse, though: a fucking ventilator tube down your fucking gullet. I'll tell you what's worse: financial ruin—death! Bit of advice: If you're finding the mask uncomfortable, best thing to do is compare notes with a nurse who's had to wear PPE for 12 hours a day for the last six months. Suddenly it won't seem so bad. Put a fucking mask on.

—Actor/comedian Tom Walker, as "Jonathan Pie," his comic persona, YouTube video, July 24
https://www.youtube.com/watch?v=EfVND6YpMT8

Looking at today's death toll—150,713—I have to wonder if goddamn motherfucking ANTI-FUCKING-MASKERS feel ANY fucking remorse at all. If you're reading this, and you think your privileged fucking ass has a 'right' to spread a fucking lethal fucking disease, then GO AND FUCK YOURSELF! You have blood on your fucking hands, you BRILLIANT FUCKING ASSHOLE!

We could be nearly over this shit by now. We could be reopened, kids could go back to school, and people could STOP DYING if your privileged freakshow ass would put on a goddamn fucking mask [sic]. I utterly DESPISE you people.

—Jodda Mitchell, Facebook post, July 30

Like the man who rammed that woman's shopping cart in Kimball Junction, Utah, and the schoolteacher who spat in that man's face outside the Costco in Mettawa, Illinois, and the mob ordering that woman to "get the fuck out" of that Shop-Rite on Staten Island, and the woman who threw hot coffee on that fellow in Manhattan Beach, California ("I don't give a fuck!")—these violent harangues are all, in several ways, dead-wrong.

First of all, as we have seen, the premise of those tirades—that masks will stop the spread of
COVID-19, whether by keeping you from catching it, and ending up with "a fucking ventilator tube down your fucking gullet," or by preventing you from giving it to your aunt and/or your uncle, Michael Rappaport, "thys fucking neighbor," or anybody else, is simply false. As Dr. Fauci and the CDC correctly pointed out at first, and as "the science" makes quite clear, and as the spread of COVID-19 in Wuhan, and the recent "third wave" in Hong Kong—despite the universal masking in both cities—demonstrate beyond a shadow of a doubt, all those masks and ventilators are, per se, as effective a defense against "the new coronavirus" as the Lord's Prayer, or a magic amulet, or standing on one foot; and so those vivid rants are all outright misinformation.

But those abusive diatribes are also very wrong in yet another, more revealing way, as their sheer violence—just like the violence of that spitting schoolteacher, and that hot-coffee-hurling passerby, and those ferocious mooks on Staten Island—belies the altruism that they claim to be promoting: "Love thy fucking neighbor" is a vitriolic travesty of that most radical and difficult of Jesus' commandments. To "love thy neighbor as thyself" is, necessarily, to love that neighbor even though he sin; whereas "Love thy fucking neighbor" is a mobocratic threat, an order that you'd better do what Dr. Fauci, and your governor, and Costco management, and all those other petty Caesars say, or else. Even if those face masks were effective, which they're not, and even if they weren't themselves unhealthy, which they are, that profane "argument" for wearing them would still betray the same manipulable tribal animus that used to look for witches to burn, Jews to massacre, and lustful blacks to mutilate and hang, so as to purge the tribe of those unclean outsiders "putting everyone at risk."

Thus masks are all the rage, with rage the only argument its champions seem to have, as they can't think beyond it, or at all. That disability (possibly compounded by hypoxia) has stupefied some of our sharpest minds. On July 14, I posted, on Facebook, a piece in the Milwaukee Journal, on that city's new ordinance "requiring masks in public"—when Milwaukee's homicide rate was at its highest in nearly thirty years. "Why?" I wrote.


The COVID-19 death rate for Wisconsin seems to be at zero, according to the state's own figures. So why make people in Milwaukee wear masks in the summer heat? That's only going to make more people sick, and MORE susceptible to infections of all kinds.

Milwaukee is 39% black, and its population overall not wealthy. So do those lives not matter?

Among the comments was this one, by Dave Lindorff:

I feel sorry for your friends and the strangers you come into contact with in your perambulations and errands you self-involved idiot! The mask is not about protecting your sorry butt. It's about protecting others from you. And the people who wear them in
public, and especially like the buses you ride [sic] or the crowded streets you walk on and the stores you walk into are taking care for your sake. You should be thanking each person you pass for wearing a mask and should pull one over your sorry face as you approach them.

"I can't believe the amount of ignorance I read," he ranted on, asserting that "[t]he reason Japan has done so well is that Japanese people are used to wearing masks in public" (when, in fact, Japan "has done so well" primarily through contact tracing), and venting his disgust at anti-maskers' worries about their "liberty" (which Lindorff put, contemptuously, in scare-quotes).

https://www.facebook.com/mark.c.miller.50/posts/10163832289295613

That Dave Lindorff—justly famed as an investigative journalist, whose work I've long admired—felt prompted to fire off that venomous non sequitur, and then go on (and on) in that same apoplectic vein, attests to the uncanny power of skillful propaganda to electrify the lizard brain of even the best-educated, best-intentioned people. Troubling though it is, however, Lindorff's shaming screed is useful for its blunt restatement of the pseudo-altruistic rationale for pushing masks on everyone: "The mask is not about protecting your sorry butt. It's about protecting others from you." That line is not just scientifically unfounded, and, with its coercive fury, self-contradictory, but—above all—morally obtuse, in that it actually promotes the very callousness that it condemns with such enflamed self-righteousness.

First of all, anyone concerned "about protecting others" would be mindful of the fact, spelled out so urgently by Tammy Clark and Krista Meghan (among others), that many people can't wear masks, because of asthma, diabetes, COPD, heart disease and other medical conditions now afflicting millions of Americans, and many millions more throughout the world. To make every one of them "put on a fucking mask" betrays exactly the same psychopathic narcissism that those zealous maskers so indignantly decry. "I'm a senior and retired nurse," writes Barbara McColley in a comment on Dr. Blaylock's article.

As "they don't care" about the millions for whom masking could be fatal, neither do the pro-mask propagandists evidently give a damn about those COVID-19 patients who would be alive today, or who would not be dying now, if hydroxychloroquine were readily available throughout the USA (and other countries). That doctors aren't permitted to prescribe that inexpensive drug (along with zinc and Azithromycin) for their COVID-19 patients, even though that regimen has been used with great success by doctors treating COVID-19 all around the world, its effectiveness confirmed by several studies (not controlled by Dr. Fauci), is an atrocious scandal; yet those doctors trying to expose it have been smeared and censored, even
fired, and others trying to spread the news have had their posts and videos deleted, or have even been deplatformed, while Tom Walker and Michael Rappaport, and those parroting their line, are all over the Internet, yelling at us to "put on a fucking mask," distracting us from those outrageous bans, which—like the use of ventilators, which have killed up to 90% of the COVID-19 patients hooked up to them—are "putting everyone at risk," while healthy people going out unmasked pose no risk whatsoever.

And as the bans on that life-saving drug arouse no righteous wrath among the mask police, neither do they care about the many millions who have died, or who are now dying, at this moment, not of COVID-19, but of the many evils brought on by the catastrophic policies imposed (ostensibly) to "slow the spread"—policies including mask mandates, and "social-distancing." Anyone concerned "about protecting others" would be focused less on ordering everybody to "put on a fucking mask," and stay six feet apart, and more on all those dead or dying now of hunger (10,000 children a month, according to researchers at Johns Hopkins); by suicide (sky-rocketing from coast to coast, "particularly in high schools," the toll exceeding that of the coronavirus, according to the CDC's own Dr. Robert Redfield, with similar surges all around the world); of drug overdose ("We've literally run out of carts to put them in," said a coroner in Columbus, Ohio, quoted in the Washington Post); in the "horrifying global surge in domestic violence" these last four months (as the UN Secretary General put it a few weeks ago); by homicide (a scourge now worse than ever in New York, Chicago, Philadelphia, Atlanta and some thirty other US cities); and of medical neglect (an incalculable toll among those suffering from serious conditions other than COVID-19, their urgent screening and/or treatment kept "on hold" for months). All those dead, or dying now, apparently mean nothing to the mask police, who'd rather slander and assault their unmasked fellow-citizens for the imaginary crime of breathing free, than focus on what's really going on, and its horrific toll, and on the culpability of those responsible.


So it's the mask police themselves who seem indifferent to the health of other people—and it is they who, through their bullying demands that everyone mask up, are "putting everyone at risk." For all their angry certitude that their position is based squarely on "the science" ("I can't believe the amount of ignorance I read"), those pushing universal masking clearly neither know, or just don't want to know, that all those healthy people wearing masks are not just risking blackouts, heart attacks, pleurisy, blood poisoning, memory loss and other consequences of hypoxia and/or hypercapnia. By starving their tissues of oxygen, filling up their lungs with CO2, and rebreathing pathogens that they would naturally expel by breathing free, those wearing masks for hours, day after day, are weakening their immune systems; and that can only make them more susceptible to viral or bacterial infection. So if and when that much-hyped "second wave" comes in for real (as
Bill Gates said it will, barely suppressing a grin, while Melinda flashed a jarring smile beside him), or if some other lab-perfected pestilence should be unloosed upon us in the fall, those now-healthy people wearing muzzles in the heat—including countless little children, playing with their masks on in the sun—will more than likely be among the first to catch it, and get very sick with it, and probably infect a lot of others with it, having anxiously obeyed that all-pervasive propaganda telling them, and everybody else, to wear that fucking mask.

Meanwhile, the altruistic rationale for universal masking doesn't square with the widespread pollution caused by that gratuitous practice. "Europe's major rivers are littered with surgical masks and medical gloves discarded by people protecting themselves against coronavirus, scientists have reported," Phys.org noted on July 13. "The rubbish adds to plastic pollution already clogging the continent's major waterways, research organisation Tara Ocean Foundation told France Inter radio on Sunday." Other scientists, in Europe and Hong Kong, had already sounded their alarm over the growing "COVID waste" throughout the Mediterranean and in the Pacific. "Soon we'll run the risk of having more masks than jellyfish in the Mediterranean," wrote one French scientist online, "alongside video of a dive showing algae-entangled masks and soiled gloves in the sea near Antibes." "With a lifespan of 450 years," Eric Pauget, a politician whose district includes the Côte D'Azur, wrote to Emmanuel Macron in late May, "these masks are an ecological timebomb given their lasting environmental consequences for our planet." Thus Mother Earth is threatened by this global plague of masks, which is only harming who think that it's protecting them, and not just physically.


Why is this happening?

(to be continued...)