



## **WHO Admits: No Direct Evidence Masks Prevent Viral Infection**

The pseudo-science promoting lockdowns, face masks, social distancing and business closures is being exposed as it falls apart. The world has been “had” by megalomaniacal Technocrats who have treated their science as some sort of god that is omniscient, infallible and immutable.  
□ TN Editor

According to the director general of the World Health Organization, Tedros Adhanom Ghebreyesus, life will not be returning to your old normal anytime soon. What’s more, things will only get worse unless the public follow health advice such as wearing masks and social distancing. The somber announcement came during a July 13, 2020, press conference (above).

This, despite the fact that the WHO’s June 5, 2020, guidance memo<sup>1</sup> on face mask use states there’s no direct evidence that universal masking of healthy people is an effective intervention against respiratory illnesses.

What’s more, people are being urged to use cloth masks or bandanas

(ostensibly to prevent shortages among health care staff), none of which conform to any kind of quality standards, and according to what little scientific evidence is available have been shown to provide only about half of what little protection you may get from a surgical mask.

## **No Direct Evidence to Support Universal Mask Usage**

SARS-CoV-2 is a beta-coronavirus with a diameter between 60 nanometers (nm) and 140 nm, or 0.06 to 0.14 microns (micrometers).<sup>2</sup> This is about half the size of most viruses, which tend to measure between 0.02 microns to 0.3 microns.<sup>3</sup>

Virus-laden saliva or respiratory droplets expelled when talking or coughing measure between 5 and 10 microns,<sup>4</sup> and it is these droplets that surgical masks and respirators can block.

*At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19.*

For example, N95 masks can filter particles as small as 0.3 microns,<sup>5</sup> so they may prevent a majority of respiratory droplets from escaping. They cannot block aerosolized viruses, however, that are in the air itself. Additionally, many N95 masks only protect the wearer, as they have exhalation ports that allow you to exhale unfiltered air.

Lab testing<sup>6</sup> has shown 3M surgical masks can block up to 75% of particles measuring between 0.02 microns and 1 micron, while cloth masks block between 30% and 60% of respiratory particles of this size.

As noted in the WHO's guidance memo:<sup>7</sup>

*“Meta-analyses in systematic literature reviews have reported that the use of N95 respirators compared with the use of medical masks is not associated with any statistically significant lower risk of the*

*clinical respiratory illness outcomes or laboratory-confirmed influenza or viral infections ...*

*The use of cloth masks (referred to as fabric masks in this document) as an alternative to medical masks is not considered appropriate for protection of health workers based on limited available evidence ...*

*At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19.”*

Curiously, while cloth masks and face coverings are far less effective for blocking respiratory droplets, the WHO recommends that cloth or nonmedical masks “should only be considered for source control (used by infected persons) in community settings and not for prevention.”<sup>8</sup>

## **CDC Policy Review Found No Evidence of Usefulness Either**

A policy review paper<sup>9</sup> published in *Emerging Infectious Diseases* in May 2020 — the Center for Disease Control and Prevention’s own journal — has also reviewed “the evidence base on the effectiveness of nonpharmaceutical personal protective measures ... in non-healthcare settings,” and they too found no evidence of benefit:

*“Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza.”*

Pages 970 to 972 of the review include the following quotes:<sup>10</sup>

*“In our systematic review, we identified 10 RCTs [randomized controlled trials] 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 ...*

*Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids ...*

*There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure.*

*Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza ... In this review, we did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission.”*

## **These Mistakes Undermine the Protection Masks May Provide**

If and when you do use a mask, you have to follow proper protocols, or else you can nullify what little protection they do offer against potentially infectious respiratory droplets. As detailed in WHO's guidance memo, you need to make sure your medical mask is:<sup>11</sup>

- Changed when wet, soiled or damaged
- Untouched. Do not adjust or displace it from your face for any reason. “If this happens, the mask should be safely removed and replaced; and hand hygiene performed”
- Discarded and changed after caring for any patient on contact/droplet precautions for other pathogens

The memo also points out that “Staff who do not work in clinical areas do not need to use a medical mask during routine activities (e.g., administrative staff).” Now, if administrative hospital staff do not need to wear masks, why would healthy individuals need to wear them when

walking around, especially in open-air areas?

Broward county, Florida, has gone so far as to issue an emergency order<sup>12</sup> mandating masks to be worn inside your own residence. But why, if administrative hospital staff aren't even advised to wear them at work?

In summary, it is likely that masks are not entirely useless in all circumstances. However, the literature rather strongly suggests the usefulness of masks depends on a significant number of factors — type, fit, length of use, purpose and circumstances — which are effectively impossible to account for in public universal-masking policies.

The science, contrary to the ignorant platitudes we are bombarded with, has NOT proven that universal masking is effective for viral containment, and has instead provided substantial grounds for skepticism of such a policy.

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