

# Why I will not wear a mask

- I. The science shows that public masking doesn't work. Our public health officials have been pressured and duped into issuing policies that are contrary to the science.
  1. Scientific evidence against public masking
    - a. The *extensive* WHO meta-analysis (2019) of flu mitigation strategies [https://drive.google.com/file/d/1-bQve-xvNnXBpyASzTfSKW4SLzYHz1\\_p/view](https://drive.google.com/file/d/1-bQve-xvNnXBpyASzTfSKW4SLzYHz1_p/view).
      - 10 randomized controlled trials (RCTs are the gold standard in medical study quality) found no statistically significant benefit to wearing even surgical masks.
      - It included the only RCT of cloth masks, which actually found that cloth masks *increased* disease: <https://pubmed.ncbi.nlm.nih.gov/25903751/>
    - b. Published by CDC (May 2020): [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)
      - “In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks”. The CDC found and analyzed the same 10 RCTs as the previously cited WHO study.
    - c. The *only large RCT study of masking for Covid*, a Danish study with 6000 participants, found that masks made no difference: <https://www.acpjournals.org/doi/10.7326/M20-6817>
    - d. A July 2020 analysis of 12 RCTs <https://www.cfp.ca/content/cfp/66/7/509.full.pdf>
      - “Overall, the use of masks in the community did not reduce the risk of influenza, confirmed viral respiratory infection, influenzalike illness, or any clinical respiratory infection.”<sup>1</sup> This was based on the same 10 studies that the WHO examined, plus two more.
      - Results are nicely summarized graphically here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365157/#b1-0660505>
    - e. An Oct 2020 RCT with 7687 participants found that masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.”<sup>2</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240287>
    - f. The European CDC report on all the evidence it could gather for masking and Covid: <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-face-masks-community-first-update.pdf>
      - Evidence was scant and conflicting with low to very low certainty. The only study with moderate or better certainty was the Danish RCT cited above in c. They think there's limited evidence of low certainty that medical face masks may have a small protective effect, but no scientific support for cloth face masks.
    - g. This Mar 2020 meta-analysis of 14 RCTs on mask use <https://www.medrxiv.org/content/10.1101/2020.03.30.20047217v2.full-text#T2>
      - concluded there was no “statistically significant reduction of ILI cases or laboratory-confirmed influenza cases in the group wearing a mask compared to those not wearing a mask.” There were a variety of weaknesses in most of the studies. It looked at some of the same studies as a. above, as well as two studies of healthcare workers, which also failed to show a difference.
    - h. This Nov 2020 review/analysis [https://www.cochrane.org/CD006207/ARI\\_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses](https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses)
      - Seems to examine the same studies as the previous review (g), but by mostly different authors. Same conclusion.

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<sup>1</sup> However, the authors thought the two studies closest to real-life community settings did show some usefulness of masks.

<sup>2</sup> The authors expected mask efficacy, and attribute the result to “poor adherence to protocol.” Interestingly, if so, that actually models real-world scenarios.

- i. Others that are similar:
  - <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>
  - <https://www.cmaj.ca/content/188/8/567>
  - <https://academic.oup.com/cid/article/65/11/1934/4068747>
  - Etc.

2. Response to the counter claims and studies that purport to show that masking works:

- a. This brief explanation from experts at Oxford's *Center for Evidence-Based Medicine* critiques the failure of the scientific community to do serious, high-quality work on the effectiveness of masking, leaving us in a situation easily manipulated:

<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

- b. When you look carefully at the claims *for* masking, the vast majority are not real-world or even clinical studies of disease transmission, but either of three approaches: 1) anecdotes masquerading as science (e.g., there was a sick guy on a plane and he wore a mask and no one got sick); 2) shoddy, cherry-picked attempts to correlate masking and transmission reduction (an [https://www.cell.com/med/pdf/S2666-6340\(20\)30072-6.pdf](https://www.cell.com/med/pdf/S2666-6340(20)30072-6.pdf)<sup>3</sup>, cited by the NYTimes); or 3) mechanistic/physical studies of how masks work and how much they filter of what size, etc.<sup>4</sup>

The first two are obviously embarrassing; one might make a rough argument based on them when there was no other data, but please don't call it science. The third is reasonable on the face of it, but yet merely theoretical. The question is: do the lab results translate into protection in actual life? It turns out that the real-world studies show otherwise, per above. The theory is great, but it doesn't work, I think for obvious reasons. It's like giving someone a beekeeper suit with 50 holes; it will help 90% of people who run through a swarm quickly, but most people hanging out with bees in the air for any length of time are going to get bugs in their suit.<sup>5</sup>

- c. Some claims are founded on epidemiological evidence, which is much better. However, these are almost entirely observational studies, which are much less reliable than RCTs. All the available RCTs have been included in the studies listed above, and they do not support community masking. Until Covid and the push for masking, no reviews even considered gathering observational studies; all the reviews and meta-analyses focused on RCTs.

Note that the observational studies are split, not surprisingly. Many support the use of masks, and many do not. Here are a couple attempts to argue for community masking:

- <https://pubmed.ncbi.nlm.nih.gov/32473312/>. RCTs mixed with observational studies, and interpretations of some RCTs in opposition to majority of other scholars or select only some aspects of the study.
- <https://pubmed.ncbi.nlm.nih.gov/33431650/>. Focuses on particle filtration because it thinks the other evidence is unclear. Ignores several important RCTs, selectively takes from others, and tries to minimize the value of RCTs overall.

3. Less than peer-reviewed scientific evidence against masking:

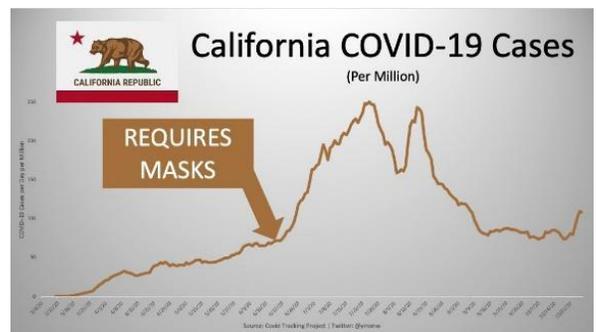
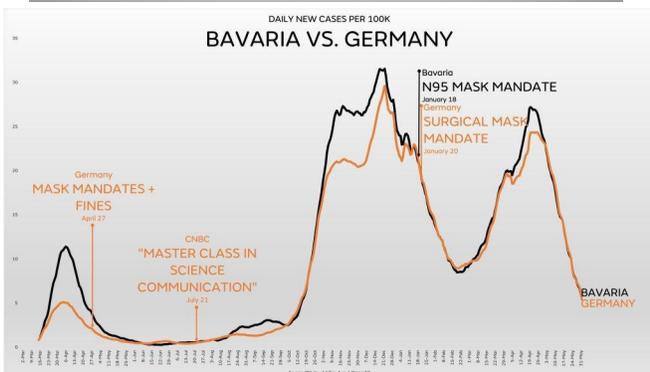
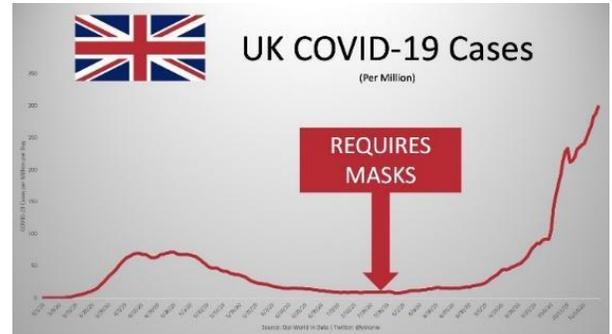
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<sup>3</sup> For example, I'm sure the authors are correct about the counties in Kansas, but there are dozens of other factors and possible causes that are being ignored, along with *hundreds* of counter-examples (e.g., CA with strong masking policies and FL with little, yet same basic cases patterns). They looked all over the U.S. for evidence and only found a little bit in Kansas and Arizona, and then only after keeping the analysis over-simplistic. This is the same as rolling a die until you get three sixes in a row and then claiming that the dice are loaded. Rather, the method is what's loaded and appears to be disingenuous.

<sup>4</sup> I don't mention the approaches based on modelling, since the models are themselves built based on these three and other data, and besides many models have proven to be horribly inaccurate.

<sup>5</sup> It's worth noting that the CDC guidelines for when one has been exposed have never mentioned masks, but only concern being within six feet for 15 minutes, regardless of whether one or both parties were masked. If masks are so effective, why wouldn't they be considered?

- a. Two experts at the Center for Infectious Disease Research and Policy conclude that there is no good evidence that cloth masks will be helpful:  
<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>
- b. An article by several expert researchers in the New England Journal of Medicine in May 2020: <https://www.nejm.org/doi/full/10.1056/NEJMp2006372>
- c. Virtually nowhere has found actual success with masking. For example:



- II. Masks are de-humanizing and alienating, and *if they worked* should only be used temporarily in cases of great need. It's wrong to treat people like they're toxic indefinitely. Humans, made in the image of God, have their dignity embodied especially in the face and deserve face to face encounter.
- III. Government attempts to try to control Covid have been a disaster, costing trillions in the U.S. alone with very little measureable effect, contrary to the Catholic principle of subsidiarity. States that had few restrictions or have lifted restrictions haven't experienced any fundamental difference in case rates than those with extensive restrictions. Resist government overreach!
  - a. Starvation: Government responses to Covid have been the fundamental driver of an extra 121 million (million!!) cases of acute food insecurity compared to pre-Covid, including an extra 13 million in immediate need of life-saving help  
[https://docs.wfp.org/api/documents/WFP-0000129022/download/?\\_ga=2.212633428.1908339400.1624214515-1052469607.1623686526](https://docs.wfp.org/api/documents/WFP-0000129022/download/?_ga=2.212633428.1908339400.1624214515-1052469607.1623686526)
  - b. The only intelligent strategy for this virus has been willfully ignored by public officials: [Great Barrington Declaration \(gbdeclaration.org\)](http://gbdeclaration.org).
- IV. The goalposts keep moving; there's no clear endpoint. We have to stop allowing ourselves to be manipulated (like a frog in water gradually brought to a boil).
  - a. For example, some have suggested that we should mask everyone for every flu season. Covid is here to stay, so if we keep complying like sheep, they will mask us forever.

Table 7. Description of studies included in the review of face masks

STUDY	STUDY DESIGN	STUDY PERIOD	POPULATION & SETTING	INTERVENTION	OUTCOME & FINDING	QUALITY OF EVIDENCE
Aiello AE, 2010 (20)	Cluster-randomized intervention trial	Nov 2006 – Mar 2007	1437 university hall residents (USA)	Mask; Mask + Hand hygiene; control	Significant reduction in ILI during weeks 4–6 in mask and hand hygiene group compared to control; No significant reduction in ILI in mask and hand group or mask-only group or control	Moderate
Aiello AE, 2012(23)	Cluster-randomized interventional trial	Nov 2007 – Mar 2008	1178 university hall residents (USA)	Mask; Mask + Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in mask and hand group or mask-only group or control group	Moderate
Barasheed O, 2014 (50)	Non-blinded cluster-randomized trial	Nov 2011 – Nov 2011	164 Australian pilgrims (Saudi Arabia)	Mask; control	No significant difference in laboratory-confirmed influenza in two arms; protective effect against syndromic ILI compared to controls (31% versus 53%, p = 0.04)	Moderate
Cowling BJ, 2008 (26)	Cluster-randomized intervention trial	Feb 2007 – Sep 2007	198 laboratory-confirmed influenza case and their household contacts	Mask; Hand hygiene; control	No significant reduction in the secondary influenza attack rate in control, mask or hand group	Moderate
Cowling BJ, 2009 (19)	Cluster-randomized intervention trial	Jan 2008 – Sep 2008	407 laboratory-confirmed influenza case and 794 household members	Mask; Mask + Hand hygiene; control	No significant difference in rates of laboratory-confirmed influenza in hand-only or mask and hand group	Moderate
Larson EL, 2010 (27)	Cluster-randomized intervention trial	Nov 2006 – Jul 2008	617 households	Mask + Hand hygiene; Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in control, hand, mask or hand group	Moderate
MacIntyre CR, 2009 (48)	Cluster-randomized intervention trial	Aug 2006 – Oct 2006 & Jun 2007 – Oct 2007	145 laboratory-confirmed influenza case and their adult household contacts	Surgical mask; P2 mask; control	No significant difference in rate of laboratory-confirmed influenza in control, face mask or P2 mask group	Moderate
MacIntyre CR, 2016 (49)	Cluster-randomized intervention trial	Nov 2013 – Jan 2014	245 ILI index case and 597 household contacts	Mask; control	Clinical respiratory illness, ILI and laboratory-confirmed viral infections were lower in the mask arm compared to control, but results were not statistically significant	Moderate
Simmerman JM, 2011 (22)	Cluster-randomized intervention trial	Apr 2008 – Aug 2009	465 laboratory-confirmed influenza case and their household contacts	Mask + Hand hygiene; hand hygiene; control	No significant reduction in rate of secondary influenza infection in control, hand, mask or hand group	Moderate
Suess (2012) (24)	Cluster-randomized intervention trial	Nov 2009 – Jan 2010 & Jan 2011 – Apr 2011	84 laboratory-confirmed influenza case and 218 household contacts	Mask; Mask + Hand; control	No significant difference in rate of laboratory-confirmed influenza in control, mask, mask or hand group	Moderate

ILI: Influenza-like illness; USA: United States of America.