# Masks Don't Work A review of science relevant to COVID-19 social policy

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# **Dr. Denis Rancourt**

A Synopsis of the article

Masks Don't Work: A Review of Science Relevant to

COVID-19 Social Policy

Seven studies are referenced by Dr. Rancourt. He writes, "Here are key anchor points to the extensive scientific literature that establishes that wearing surgical masks and respirators (e.g., "N95") does not reduce the risk of contracting a verified illness:"

Study Name:	Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial
Author(s):	<u>Joshua L Jacobs, Sachiko Ohde, Osamu Takahashi, Yasuharu Tokuda, Fumio Omata, Tsuguya Fukui</u>
Year Published	2009
Internet Link:	https://pubmed.ncbi.nlm.nih.gov/19216002/
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Conclusion:	

N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.

Study Name:	Face masks to prevent transmission of influenza virus: a systematic review
Author(s):	B. J. COWLING; Y. ZHOU; D. K. M. IP; G. M. LEUNG; A. E. AIELLO
Year Published	2010
Internet Link:	https://www.cambridge.org/core/journals/epidemiology- and-infection/article/face-masks-to-prevent-transmission-of- influenza-virus-a-systematic- review/64D368496EBDE0AFCC6639CCC9D8BC05
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Conclusion:	

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.

Study Name:	The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence
Author(s):	Faisal bin-Reza; Vicente Lopez Chavarrias; Angus Nicoll; Mary E. Chamberland
Year Published	2011
Internet Link:	https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750- 2659.2011.00307.x
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Conclusion:	

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

Study Name:	Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis
Author(s):	Jeffrey D. Smith; Colin C. MacDougall; Jennie Johnstone; Ray A. Copes; Brian Schwartz; Gary E. Garber
Year Published	2016
Internet Link:	https://www.cmaj.ca/content/188/8/567
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Year Published	2016
Internet Link:	https://www.cmaj.ca/content/188/8/567
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Conclusion:	

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

Study Name:	Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis
Author(s):	Vittoria Offeddu; Chee Fu Yung; Mabel Sheau Fong Low; Clarence C Tam
Year Published	2017
Internet Link:	https://academic.oup.com/cid/article/65/11/1934/4068747
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Conclusion:	

#### **Conclusion:**

"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"; as per Fig. 2c therein:

Study Name:	N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial
Author(s):	Lewis J. Radonovich Jr, MD; Michael S. Simberkoff, MD; Mary  T. Bessesen, MD; Alexandria C. Brown, PhD; Derek A. T. Cummings, PhD; Charlotte  A. Gaydos, MD; Jenna G. Los, MLA; Amanda E. Krosche, BS; Cynthia  L. Gibert, MD; Geoffrey J. Gorse, MD; Ann-Christine Nyquist, MD; Nicholas  G. Reich, PhD; Maria C. Rodriguez-Barradas, MD; Connie Savor Price, MD; Trish  M. Perl, MD; for the ResPECT investigators
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Year Published	2019
Internet Link:	https://jamanetwork.com/journals/jama/fullarticle/2749214
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Conclusion:	

#### Conclusion:

"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."

Study Name:	Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis
Author(s):	YoulinLong; TengyueHu; LiqinLiu; RuiChen; QiongGuo; LiuYang; YifanCheng; JinHuang; LiangDu
Year Published	2020
Internet Link:	https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381
Backup Link:	<u>Click here</u>

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Author(s):	YoulinLong; TengyueHu; LiqinLiu; RuiChen; QiongGuo; LiuYang; YifanCheng; JinHuang; LiangDu	
Year Published	2020	
Internet Link:	https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381	
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#### Conclusion:

"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 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza."

### **Conclusion Regarding That Masks Do Not Work**

No RCT (randomized controlled trial) study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public. Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit. Masks and respirators do not work.

Dr. Rancourt elaborates further on sub-categories relative to the inefficiency of mask-wearing. Most notable is his reference of the 2011 study by Yezli and Otter with its emphasis on just how small a virion is (A virion is the infectious form of a virus as it exists outside the host cell) and how very little it takes to cause disease.

He references the studies that show the partial stopping power of masks [Leung (2020), Davies (2013), Lai (2012), and Sande (2008)] and in light of the microscopic size of virions, and the points of the Yezli and Otter study, classifies these studies as irrelevant.

Dr. Rancourt says there is good reason that no study exists that "shows a benefit from a broad policy to wear masks in public." He provides nine reasons why this is so.

 Any benefit from mask-wearing would have to be a small effect, since undetected in controlled experiments, which would be swamped by the larger effects, notably the large effect from changing atmospheric humidity.

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- Any benefit from mask-wearing would have to be a small effect, since undetected in controlled experiments, which would be swamped by the larger effects, notably the large effect from changing atmospheric humidity.
- Mask compliance and mask adjustment habits would be unknown.

 Mask-wearing is associated (correlated) with several other health behaviors; see Wada (2012).

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- The results would not be transferable, because of differing cultural habits.
- Compliance is achieved by fear, and individuals can habituate to fear-based propaganda, and can have disparate basic responses.
- Monitoring and compliance measurement are nearimpossible, and subject to large errors

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  - Progression of the epidemic is not verified with reliable tests on large population samples, and generally relies on non-representative hospital visits or admissions.
- Several different pathogens (viruses and strains of viruses) causing respiratory illness generally act together, in the same population and/or in individuals, and are not resolved, while having different epidemiological characteristics.

Additionally, Dr. Rancourt points out the unknown aspects of mask wearing by asking ten pertinent unanswered questions.

• Do used and loaded masks become sources of enhanced transmission, for the wearer and others?

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- Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
- Are large droplets captured by a mask atomized or aerolized into breathable components? Can virions escape an evaporating droplet stuck to a mask fiber?
- What are the dangers of bacterial growth on a used and loaded mask?

• How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?

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- What are long-term health effects on HCW, such as headaches, arising from impeded breathing?

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- What are long-term health effects on HCW, such as headaches, arising from impeded breathing?
- Are there negative social consequences to a masked society?
  - Are there negative psychological consequences to wearing a mask, as a fear-based behavioural modification?

• What are the environmental consequences of mask manufacturing and disposal?

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  - Do the masks shed fibres or substances that are harmful when inhaled?

#### **Conclusion of the article**

"(This) present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history."

#### **Access Article and Debate**

Access the entire article by <u>clicking here.</u>
It includes extensive endnotes

Any link referenced in this synopsis can be accessed by clicking the PDF document provided under this video

For further research access the entire article AND a debate between Dr. Denis Rancourt and Dr. David Kyle Johnson moderated by Petar Josic by clicking here

Truth	Truth belongs the most to those who love it the most. It keeps freedom afloat and prevents the deterioration of culture
Independency	Independent research and critical independent thinking are the right and the duty of every free person and prevent false and manipulative ideas from taking root
Anti- Censorship	Censoring vital information assumes people cannot or should not think for themselves to their own benefit. Expose all the perspectives and the truth will innately float to the top to take precedence where courageous truth-loving people can figure things out for themselves