Paul Artale 8.2.26

Review: Dy Judy A. Mikovits and Kent Heckenliveley, *The Case Against Masks: Ten Reasons Why Mask Use Should Be Limited*, Skyhorse Publishing, NY, 2020

Pages: 85

Masked Health Information

A clear-headed analysis of the evidence on mask efficacy, which leads to the conclusion that outside of psychological placebo effects they are of no widespread benefit. Hypercapnia, leakage jets, and facial pathogen concentration hazards all combine to make them quite dangerous.

On the SARS-CoV-2 'virus', hospitalisations and deaths were mainly in nursing care homes, and those with comorbidities, the young and healthy who had nothing to worry about.

The amazing thing is how such simple and widely available information would not have been available to policy-making health authorities mandating masks and untested biologics.

The only conclusion to be drawn is the medical data was ignored *by design*, to push the totalitarian agenda.

***

Introduction (p.1)

Reason #1) Oxygen Is Good for Human Beings and Carbon Dioxide Is Bad! (pp. 3-7)

On exhalation, humans give off 16% O_2 and 4% CO_2, while N_2 remains the same at 79%.

Atmospheric O_2 under 19.5% can cause death.

A fraction of exhaled CO_2 is inhaled when masked.

Face masks create a humid environment for pathogens as vapour is trapped in the fabric.

Reason #2) How Does SARS-CoV-2 Spread? (pp. 8-14)

CV is claimed to live on plastic and stainless steel surfaces for three days, and one day on cardboard.

Infection requires 'the outer shell of the virus' to remain intact.

Reason #3) How Effective Is a Mask? (pp. 15-21)

N95 masks release unfiltered air, so doesn't prevent spreading from an infected person.

Reason #4) Six Feet Apart and Wearing a Mask? (pp. 22-30)

Reason #5) What About Face Seal Leakage and the Backward Jet? (pp. 31-36)

Masks don't stop sneeze and cough forces, only redirect them.

"All face overs without an outlet valve reduce the front flow through jet by more than 90% … front through flow does not extend beyond one half and one quarter of a meter (FFP1 and FFP2 masks respectively).

Surgical, hand-made, and face shield masks create several leakage jets, backwards and downwards. Glasses clog easily, and pathogenic 'hot spots' are created on the eyes, cheeks, and chin.

Those wearing N95 masks constantly rebreath pathogens which concentrate in the lungs and nasal passages. These can access the brain.

Reason #6) What Is the Actual Risk of Airborne Transmission? (pp. 37-44)

Pathogen $H_{1/2}$ is six hours at 80% humidity, and two minutes under UV exposure.

Reason #7) <u>What Is a Dangerous Situation for the Vulnerable Exposed to SARS-CoV-2 to develop COVID-19?</u> (pp. 45-51)

41-80% of all 'COVID-19' deaths were in residential care homes.

John Ioannidis estimated an 8% IFR in nursing homes.

Co-morbid patients were 6X more likely to be hospitalised, and 12X more likely to die.

Healthy infectees had a 7.6% hospitalisation rate, and only a 0.04% IFR.

Reason #8) <u>Can a Mask Become a Virus Trap?</u> (pp. 52-57)

The 'virus' is said to still be infective on the mask.

'Self-inoculation' occurs via frequent face touching when infected, e.g., an eye wipe.

VRE: *vanomycin-resistant enterococci*

Reason #9) <u>The Myth of Asymptomatic Carriers</u> (pp. 58-65)

NEJM, May 2020: "We know that wearing a mask outside health care facilities offers little, if any, protection from infection … In many cases, the desire for widespread masking is a reflexive reaction to anxiety."

"It is clear that masks serve symbolic roles … talismans that may help increase health care workers' perceived sense of safety, well-being, and trust in the hospitals."

Reason #10) <u>Children Do NOT Need to Wear a Mask to Return to School</u> (pp. 66-73)