deadly, as evidenced by the data presented above. Indeed, as WebMD states, "most coronaviruses aren't dangerous."[53]

We now transition to some of the myths being perpetrated[54] on the general public.

Myth #1: *Masks are effective.*

I will show my hand right from the outset—I am opposed to universal mask-wearing, *because there is no credible medical evidence to support it*.[55] I know that supporters of masked mandates will immediately push back and ask if I haven't read "such and such a study" which shows that "mask use can reduce transmission by 30% or more"[56] or that universal mask-wearing by all members of the population would stamp out coronavirus in a few short weeks? Have I not read the *JAMA* report that "universal masking at MGB [Mass General Brigham] was

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[53] See https://www.webmd.com/lung/coronavirus, accessed 9/2/2020.

[54] I use this word intentionally.

[55] I take full responsibility for this statement and am willing to place my professional reputation on the line in support of this statement. I am not necessarily recommending that health care workers not wear masks during exposure. However, LuAnne and I have never worn masks in our office during seasonal sickness and we have not worn masks during Covid, apart from a brief 2-week period early on.

[56] From https://covid19.healthdata.org/united-states-of-america?view=total-deaths&tab=trend, accessed ~8/29/20. This is from the widely criticized IHME (Institute for Health Metrics and Evaluation) at the University of Washington. It should be noted that in early 2017, IHME received a pledge of $279 million from the Bill & Melinda Gates Foundation, according to https://www.gatesfoundation.org/Media-Center/Press-Releases/2017/01/IHME-Announcement, accessed 9/3/20. It should also be noted that the above quotation has no solid scientific documentation. Data sources to support this statement are behavioral and social media/science surveys, not actual data.

associated with a significantly lower rate of SARS-CoV-2 positivity among HCWs [health care workers]"?[57]

The answer is both *yes* and *no*! *Yes*, I'm familiar with these reports and I'm reading the hard copy of the one as I write. But *no*, in the sense that all of this flies in the face of what we knew to be true prior to March 2020. Many of the "new" studies showing efficacy of masks are not studies at all but rather computer-generated mathematical predictor models showing what *could* be true but not what *is* true. Just as I smelled a rat in early April, I smell a rat in all of this. As C. S. Lewis wrote in deadpan sarcasm, "There has been a revolution of opinion on that in educated circles"![58] He also wrote, "I cannot love a lie. I cannot love the thing which is not."[59] Let me explain.

The Lancet published "Rational use of face masks in the COVID-19 pandemic" online on March 20, 2020 and in the May

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[57] Wang X, Ferro EG, Zhou G, Hashimoto D, Bhatt DL. Association Between Universal Masking in a Health Care System and SARS-CoV-2 Positivity Among Health Care Workers. *JAMA.* 2020;324(7):703–704. doi:10.1001/jama.2020.12897. (This is actually from the *JAMA* hard copy in my office, journal dated 8/18/2020!)

[58] Lewis, C.S. (1946, 1974, 1996). *The Great Divorce.* New York: Simon & Schuster, A Touchstone Book., p. 25. While I'm all for learning new things and keeping an open mind, I've been in my profession long enough to distrust recommendations that are polar opposites from previous ones. *Evidence-based medicine* (EBM) supposedly looks at evidence and makes recommendations. Here's a simple example. For years, newborn moms were told to use alcohol on the umbilical stumps of their newborns. Now, that is *not* recommended because of new evidence. And I ask, was any harm done to any of the babies whose mothers did that for years?! Not to my knowledge.

[59] Ibid, p. 116.

2020 print edition.[60] Here were the recommendations from various countries on the use of masks as documented individually from their various departments of health:

- WHO: "If you are healthy, you only need to wear a mask if you are taking care of a person with suspected SARS-CoV-2 infection."
- Singapore: "Wear a mask if you have respiratory symptoms, such as a cough or runny nose."
- Japan: "The effectiveness of wearing a face mask to protect yourself from contracting viruses is thought to be limited."
- USA: "Centers for Disease Control and Prevention does not recommend that people who are well wear a face mask (including respirators) to protect themselves from respiratory diseases, including COVID-19."
- USA: "US Surgeon General urged people on Twitter to stop buying face masks."
- UK: "Face masks play a very important role in places such as hospitals, but there is very little evidence of widespread benefit for members of the public."
- Germany: "There is not enough evidence to prove that wearing a surgical mask significantly reduces a healthy person's risk of becoming infected while wearing it. According to WHO,

[60] Feng et al. "Rational use of face masks in the COVID-19 pandemic," *The Lancet Respiratory Medicine*, online March 20, 2020; Volume 8, Issue 5, P434-436, May 01, 2020. https://doi.org/10.1016/S2213-2600(20)30134-X.

wearing a mask in situations where it is not recommended to do so can create a false sense of security because it might lead to neglecting fundamental hygiene measures, such as proper hand hygiene."[61]

As recent as March 4, 2020, recommendations on a *JAMA* patient page stated: "Face makes should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because *there is no evidence that face masks worn by healthy individuals are effective in preventing people from becoming ill* [emphasis mine]."[62] In an interview on 60 Minutes on March 8, 2020, Dr. Fauci stated, "Right now in the United States, people should not be walking around with masks…There's no reason to be walking around with a mask. When you're in the middle of an outbreak wearing a mask might make people feel a little bit better, and it might even block a droplet, but it's not providing the perfect protection that people think that it is. And often, there are unintended consequences; people keep fiddling with the mask and they keep touching their face…"[63]

These recommendations are very clear and quite difficult to interpret any other way: *masks are not recommended for healthy people.*

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[61] Only China and Hong Kong had various recommendations for mask wearing based on risk of infection or being in public. Even China stated that "people of very low risk of infection do not have to wear a mask or can wear non-medical mask (such as cloth mask)."

[62] Desai & Mehrotra, "Medical Masks," *JAMA*. 2020;323(15):1517-1518. doi:10.1001/jama.2020.2331, published March 4, 2020.

[63] My own transcript from YouTube, available at https://www.youtube.com/watch?v=PRa6t_e7dgI, accessed 9/12/2020.

In addition, the protective benefit of facemasks even in medical settings has been disputed in the medical literature for some time.

Tom Jefferson is an epidemiologist and honorary research fellow at University of Oxford's Centre for Evidence-Based Medicine (CEBM), which is directed by professor of evidence-based medicine Carl Heneghan. They recently revised some of their original work (from 2007) on how effective barriers are to transmitting infections. They note, "Evidence from 14 trials on the use of masks vs. no masks was disappointing: it showed no effect in either healthcare workers or in community settings. We could also find no evidence of a difference between the N95 and other types of masks…"[64, 65] In all fairness to them, they state that "our findings cannot be the final word." They also state that "there is no evidence of effectiveness" of cloth masks. In the same article, Jefferson and Heneghan cite an 84 literature reference review concluding in the first line of the abstract, "The use of

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[64] Jefferson & Heneghan, "COVID-19—Masks on or off?" April 17, 2020, on CEBM website (https://www.cebm.net/covid-19/covid-19-masks-on-or-off/), originally accessed around 4/25/2020, re-accessed 9/5/2020.

[65] Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis Tom Jefferson, Mark Jones, Lubna A Al Ansari, Ghada Bawazeer, Elaine Beller, Justin Clark, John Conly, Chris Del Mar, Elisabeth Dooley, Eliana Ferroni, Paul Glasziou, Tammy Hoffman, Sarah Thorning, Mieke Van Driel medRxiv 2020.03.30.20047217; doi: https://doi.org/10.1101/2020.03.30.20047217. In the abstract, the authors state: "Compared to no masks there was no reduction of influenza-like (ILI) cases or influenza for masks in the general population, nor in healthcare workers. There was no difference between surgical masks and N95 respirators [for ILI or influenza]…All trials were conducted during seasonal ILI activity."

protective facemasks (PFMs) negatively impacts respiratory and dermal mechanisms of human thermoregulation through impairment of convection, evaporation, and radiation processes [emphasis added]."[66]

The first randomized controlled trial of cloth masks (among healthcare workers) was published in 2015. It compared cloth masks, medical masks, and a control group (unspecified mask wearing). It showed that "the rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI [influenza-like illness] statistically significantly higher in the cloth mask arm compared with the medical mask arm [and the control arm]…Penetration of cloth mask by particles was almost 97% and medical masks 44% [emphasis added]." The authors concluded that "the results caution against the use of cloth masks….Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection."[67]

In a very small study of 4 patients published April 6, 2020 in the *Annals of Internal Medicine*, the authors concluded:

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[66] Raymond J. Roberge, Jung-Hyun Kim, Aitor Coca, Protective Facemask Impact on Human Thermoregulation: An Overview, *The Annals of Occupational Hygiene*, Volume 56, Issue 1, January 2012, Pages 102–112, https://doi.org/10.1093/annhyg/mer069.

[67] MacIntyre CR, Seale H, Dung TC, *et al* A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. *BMJ Open* 2015;**5:**e006577. doi: 10.1136/bmjopen-2014-006577. Note that the authors to this original article provided an updated statement on 30 March 2020 (in light of Covid and shortage of PPE [personal protective equipment]) but did not retract any of their original observations. (Updated statement available at original citation.)

Neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients…Oberg and Brousseau demonstrated that surgical makes did not exhibit adequate filter performance against aerosols measuring 0.9, 2.0, and 3.1 μm in diameter. Lee and colleagues demonstrated that particles 0.04 to 0.2 μm can penetrate surgical masks. The size of the SARS-CoV particle from the 2002-2004 outbreak was estimated as 0.08 to 0.14 μm; assuming that SARS-CoV-2 has a similar size, surgical masks are unlikely to effectively filter this virus.

Of note, we found greater contamination on the outer than the inner mask surfaces…

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 [emphasis added].[68]

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[68] Bae, S., Kim, M. C., Kim, J. Y., Cha, H. H., Lim, J. S., Jung, J., Kim, M. J., Oh, D. K., Lee, M. K., Choi, S. H., Sung, M., Hong, S. B., Chung, J. W., & Kim, S. H. (2020). Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2: A Controlled Comparison in 4 Patients. *Annals of internal medicine*, *173*(1), W22–W23. https://doi.org/10.7326/M20-1342 (Retraction published Ann Intern Med. 2020 Jun 2). Note the "retraction" comment! A "limit of detection" methodological weakness highlighted by readers led the editors of the *Annals* to request retraction. The authors state on the retraction site, "We proposed correcting the reported data with new experimental data from additional patients, but the editors requested retraction [emphasis added]." Any thinking person should smell a rat! Doesn't science advance itself by ongoing investigation? Would not the correct way forward have been what the authors propose—get more data, tighten up the methodological weakness, and re-publish results? The fact that the editors requested retraction rather than further investigation is **highly suspicious** for "let's just keep

Writing in the *Singapore Medical Journal* in 2014, Viroj Wiwanitkit writes, "Since the coronavirus is an extremely small virus, it can pass through the pores of both the surgical mask and N95 respirator."[69, 70] Note again the dimensions in the preceding quote in light of the following observations:

- SARS-CoV-2 is a virus measuring approximately 0.12µm (120 nm) in diameter.[71] Others estimate its diameter at 0.10 µm (100 nm).[72]

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the scientific community hoodwinked because this is heading in a direction not supported by the top-down narrative." This is an all-too-common theme: credible voices whose conclusions counter the mainstream narrative are forcibly silenced. **Neither science nor a free society will flourish in such an environment.**

[69] Wiwanitkit V. (2014). MERS-CoV, surgical mask and N95 respirators. *Singapore medical journal*, *55*(9), 507. https://doi.org/10.11622/smedj.2014124.

[70] The authors of the original study reply to his comment with, "Based on the pore sizes of the protective apparatus and the size of the virus, we agree that there is probably no difference between surgical masks and N95 respirators." Chung, J. S., Ling, M. L., Seto, W. H., Ang, B. S., & Tambyah, P. A. (2014). Authors' Reply. MERS-CoV, surgical mask and N95 respirators. *Singapore medical journal*, *55*(9), 507. https://doi.org/10.11622/smedj.2014125. Available on the CDC website at https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article, accessed 6/14/2020, re-accessed 9/5/2020.

[71] Per https://www.pptaglobal.org/media-and-information/ppta-statements/1055-2019-novel-coronavirus-2019-ncov-and-plasma-protein-therapies, accessed 8/16/2020, re-accessed 9/5/2020.

[72] Bar-On, Y. M., Flamholz, A., Phillips, R., & Milo, R. (2020). SARS-CoV-2 (COVID-19) by the numbers. *eLife*, *9*, e57309. https://doi.org/10.7554/eLife.57309.

- The "gold standard" in masks is the N95 surgical respirator. "CDC guidelines state that 3M™ Surgical N95 Respirators can be used for *M. tuberculosis* exposure control."[73] This means that the surgical N95 is approved by the CDC for stopping only one organism—TB (*Mycobacterium tuberculosis*). The surgical N95 also differs from the contractor's N95; the latter has an exhale valve, may or may not be fitted properly, and likely doesn't have the tight seal against the skin.
- "Mycobacterial shape within alveolar macrophages varied from shorter oval, approximately 0.5 to 1 µm in length, to the classical rods with a mean length in 2-4 µm, and long filamentous forms over 6-7 µm in length, while *Mtb* width did not change significantly."[74] In general, "the rods are 2-5 micrometers [µm] in length and 0.2-0.5 µm in width."[75]
- Reviewing the underlined facts above, this means that SARS-CoV-2 is ***2 to 5 times smaller*** than the approved filtering capability of a surgical N95. This is based on the width of the TB bacterium in comparison to the circular nature of the SARS-

[73] Per the 3M™ website at https://multimedia.3m.com/mws/media/901539O/3m-healthcare-respirators.pdf, accessed 8/16/2020, re-accessed 9/5/2020.

[74] Mycobacterium tuberculosis shape and size variations in alveolar macrophages of tuberculosis patients
Elena Ufimtseva, Natalya Eremeeva, Diana Vakhrusheva, Sergey Skornyakov. *European Respiratory Journal* Sep 2019, 54 (suppl 63) PA4605; **DOI:** 10.1183/13993003.congress-2019.PA4605.

[75] Per Kenneth Todar, PhD, *Online Textbook of Bacteriology*, available at http://textbookofbacteriology.net/tuberculosis.html, accessed 9/5/2020.

CoV-2 molecule. (Based on the length of TB, it is 40 to 70 times larger than SARS-CoV-2!) As some of my patients have told me, it's like expecting a chain-link fence (N95) to stop a mosquito (SARS-CoV-2)!

Note these comments regarding face masks from May 2020 *Emerging Infectious Diseases* and available on the CDC website:

> In our systematic review, we identified 10 RCTs [randomized control trials] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community…we found no significant reduction in influenza transmission with the use of face masks. One study evaluated the use of face 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. 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. The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies…None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group…[76]

[76] Xiao, J., Shiu, E., Gao, H., Wong, J. Y., Fong, M. W., Ryu, S....Cowling, B. J. (2020). Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal

Because our reference point to date for studying respiratory illnesses has been influenza, many of the following citations are largely regarding influenza and other URIs (upper respiratory infections).[77]

In 2009, thirty-two health care workers outside surgical suites in Asia were randomized into a group wearing masks and one not wearing masks. "Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds."[78]

A 2010 systematic literature review of 6 healthcare settings and 4 outpatient settings showed "no significant difference" in transmission of influenza between masks versus control groups in eight out of the ten studies.[79]

Protective and Environmental Measures. *Emerging Infectious Diseases*, *26*(5), 967-975. https://dx.doi.org/10.3201/eid2605.190994.

[77] I am indebted to a review of the scientific literature by Denis G. Rancourt, PhD, a retired and former tenured full professor of physics (highest rank) at the University of Ottawa and now researcher for Ontario Civil Liberties Association, as cited in Rancourt D J, Masks don't work: A review of science relevant to COVID-19 policy, Technical Report, April 2020, DOI: 10.13140/RG.2.2.14320.40967/1. I did trace each of his citations to their primary sources as noted in the following footnotes. Note that all these studies were among health care workers.

[78] Jacobs JL, Ohde S, Takahashi O, Tokuda Y, Omata F, Fukui T. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial. *Am J Infect Control*. 2009;37(5):417-419. doi:10.1016/j.ajic.2008.11.002.

[79] Cowling, B., Zhou, Y., Ip, D., Leung, G., & Aiello, A. (2010). Face masks to prevent transmission of influenza virus: A systematic review. *Epidemiology and Infection*, *138*(4), 449-456. doi:10.1017/S0950268809991658. This data is nicely summarized in Tables 1 &

A 2011 review of "17 eligible studies" found that "none of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection."[80]

A 2013 literature review showed that the use of surgical masks in the operating room had no effect on prevention of surgical site infections (SSI). Some of the literature suggested that surgical face masks increased the likelihood of infection, while "all other trials included in the systematic reviews did not demonstrate any statistically significant differences in SSI frequency between the masked and unmasked group." [81] While this is not directly applicable to Covid-19, it *does* show that masks often fail to do what we expect them to do.

The *Canadian Medical Association Journal (CMAJ)* published a review of relevant studies between January 1990 and December 2014. In reviewing 6 clinical studies and 23 surrogate exposure studies, "we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory

2. Of the other two (out of ten studies), one showed "suboptimal use of standard precautions during high-risk procedures [was] associated with higher risk of infection" and the other was a 1918 Boston open-air hospital with a "low case-fatality rate [which] could be associated with use of natural ventilation and gauze face masks."

[80] bin-Reza et al. (2012) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence. *Influenza and Other Respiratory Viruses* 6(4), 257–267. DOI:10.1111/j.1750-2659.2011.00307.x, www.influenzajournal.com.

[81] Use of Surgical Masks in the Operating Room: A Review of the Clinical Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2013 Nov 19. SUMMARY OF EVIDENCE. Available from: https://www.ncbi.nlm.nih.gov/books/NBK195776/.

infection; (b) influenza-like illness; or (c) reported workplace absenteeism."[82]

A 2017 review of 6 RCTs and 23 observational studies (after starting with 2,333 articles) yielded the following: "Our analysis confirms the effectiveness of medical masks and respirators against SARS. Disposable, cotton, or paper masks are not recommended [emphasis added]....Overall, the evidence of inform policies on mask use in HCWs is poor, with a small number of studies that is prone to reporting biases [i.e. dependent on self-reporting]."[83]

In 2019, randomized clinical control trial of 2,862 health care personnel concluded: "...N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza."[84]

Early this year, six RCTs representing 9,171 participants concluded that "there were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed

[82] Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis. Jeffrey D. Smith, Colin C. MacDougall, Jennie Johnstone, Ray A. Copes, Brian Schwartz, Gary E. Garber. *CMAJ* May 2016, 188 (8) 567-574; **DOI:** 10.1503/cmaj.150835

[83] Vittoria Offeddu, Chee Fu Yung, Mabel Sheau Fong Low, Clarence C Tam, Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis, *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, https://doi.org/10.1093/cid/cix681.

[84] Radonovich LJ, Simberkoff MS, Bessesen MT, et al. N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial. *JAMA.* 2019;322(9):824–833. doi:10.1001/jama.2019.11645.

respiratory viral infections, laboratory-confirmed respiratory infection and influenza like illness using N95 respirators and surgical masks….The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza…[and] suggests that N95 respirators should not be recommended for [the] general public…"[85]

So why the shift? Why did the WHO, the CDC, and departments of health suddenly—almost overnight and almost universally—start recommending that healthy people start wearing masks? Why did previous websites recommending *against* mask-wearing get replaced by sites *promoting* mask-wearing? Why did the Surgeon General switch from telling the public to stop buying masks[86] to showing on video how to make a homemade mask out of an old scarf?[87] Why did the purpose of a mask to "protect me" (i.e. *I* wear a mask to protect *me* from germs) shift to the purpose of a mask to "protect you" (i.e. *I* wear a mask to prevent *you* from getting sick)? If "there is no evidence" that a face mask prevents a well person from becoming ill, how can there now be evidence in a few short weeks that a face mask prevents a well person from making another well person ill?! It begs the question what in our medical understanding changed so dramatically in such a short time to promote an entirely opposite recommendation? I

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[85] Long Y, Hu T, Liu L, et al. Effective-ness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis. *J Evid Based Med*.2020;13:93–101. https://doi.org/10.1111/jebm.12381.

[86] Review footnote #60.

[87] This is available widely across the internet.

submit to you that *nothing* changed in our scientific understanding. Which leads us to the second myth.

Myth #2: *We are all asymptomatic spreaders of Covid and therefore must "socially distance" ourselves from others.*

It would be reasonable to assume that public health experts were aware of the essential ineffectiveness of face masks based on the above data. It is also fair to say that the term "social distancing" was probably unheard of by most people prior to 2020. I certainly had never heard of it. Now, unfortunately, it has become common parlance.

Unless you are a statistician, you probably also had not heard the term "flattening the curve." But then, we all heard of the initial predictions from Imperial College London and the IHME (Institute for Health Metrics and Evaluation) from the University of Washington. These mathematical and epidemiological models have been widely debated and criticized. Threats of quarantine led to the world's first toilet paper shortage, and suggestions that SARS-CoV-2 could possibly live on hard surfaces for hours to days as well as be transmitted by airborne droplets for up to 6 (some suggested 27[88]) feet led to the sanitizer shortage. And then, almost with the force of a moral imperative, all were expected to "lock down" at home, socially distance

[88] Bourouiba L. Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19. *JAMA.* 2020;323(18):1837–1838. doi:10.1001/jama.2020.4756.

emotional, economic, and spiritual “cures” all far worse than the disease itself.

A Professional Betrayal

I have been reading the works of C.S. Lewis this year. Sometime in late May I read these haunting words from *The Abolition of Man*:

> The final stage [of Man’s conquest of Nature] is come when Man by eugenics, by pre-natal conditioning, and by an education and propaganda based on a perfect applied psychology, has obtained full control over himself. *Human* nature will be the last part of Nature to surrender to Man. The battle will then be won…But who, precisely, will have won it?
>
> For the power of Man to make himself what he pleases means, as we have seen, the power of some men to make other men what *they* please…the man-moulders of the new age will be armed with the powers of an omnicompetent state and an irresistible scientific technique: we shall get at last a race of conditioners who really can cut out all posterity in what shape they please.
>
> The Conditioners, then, are to choose what kind of artificial *Tao* [what Lewis defines as Natural Law or Traditional Morality] they will, for their own good reasons, produce in the Human race.

> …Thus at first they may look upon themselves as servants and guardians of humanity and conceive that they have a "duty" to do it "good"…They recognize the concept of duty as the result of certain processes which they can now control…They know quite well how to produce a dozen different conceptions of good in us. The question is which, if any, they should produce…
>
> …But I am not supposing [the Conditioners] to be bad men. They are, rather, not men (in the old sense) at all. They are, if you like, men who have sacrificed their own share in traditional humanity in order to devote themselves to the task of deciding what "Humanity" shall henceforth mean…
>
> …It is not that they are bad men. They are not men at all. Stepping outside the *Tao*, they have stepped into the void. Nor are their subjects necessarily unhappy men. They are not men at all: they are artefacts. Man's final conquest has proved to be the abolition of Man [underlined emphases mine].[5]

When I read this section in Lewis earlier this year, I realized he was describing our current society, and specifically the betrayal I felt as a medical professional being spoon-fed information that I knew didn't pass the muster of scientific scrutiny. What I never fully understood

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[5] Lewis, C.S. (1943, 1946, 1978). *The Abolition of Man.* London: Fount, An Imprint of HarperCollins Publishers, pp. 36-40. This was given by Lewis as the Riddell Memorial Lectures (Fifteenth Series) at the University of Durham, February 1943.

Lewis to mean by "men without chests" I now realized was right in front of me. Lewis wrote that "the head [what he called *cerebral* man] rules the belly [what he called *visceral* man] through the chest—the seat…of emotions organized by trained habit into stable sentiments… It may even be said that it is by this middle element [the Chest] that man is man: for by his intellect he is mere spirit and by his appetite mere animal."[6] The function of a society described above is to produce "Men without Chests."[7] Unfortunately, is that not what we see in much of our Covid society? **"Chestless" pawns (society) who are subservient to the Conditioners (government and science), who act as an "omnicompetent state" using an "irresistible scientific technique" comprised of "education and propaganda based on a perfect[ly] applied psychology" to obtain "full control" over society?** And who has been responsible for this masquerading charade? My own medical profession, who as pointed out elsewhere in this volume, had to know better!

Let me highlight this professional betrayal with several examples. *First*, despite the overwhelming evidence against masks presented elsewhere in this volume, masked mandates remain the *tour de force* of church, school, business, medical, and other policies.

My emotions range between humor and anger when I see a single masked driver in an enclosed vehicle with windows up! Or while seated outdoors at a restaurant and fellow diners at an adjacent table

[6] Ibid, p. 15.

[7] Ibid.

have masks on until dinner is served.[8] Or when I read of choir policies which limit rehearsal times to 30 minutes, distances between choir members of ten feet, and masks on except when singing. I would like to believe C. S. Lewis when he wrote that our neighbors are "a society of possible gods and goddesses" and that we "have never talked to a mere mortal."[9] Yet I can't help but realize that a deceptive lunacy has fallen over society like a shroud, snuffing out light, truth, and free-thinking.[10] Why?

Physicians and public health departments have hidden behind "a growing body of evidence" which supposedly supports the use of face masks and human interventions which allow us to control the virus at will. Rancourt[11] has forcibly critiqued this supposed evidence.[12]

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[8] My wife and I observed this at one of our favorite local restaurants on 9/11/2020. It is fair to assume that gathering friends from different families were not wearing masks at home and arrived to dinner without masks. (The latter was an observed fact as we were seated outdoors at the entrance to the restaurant and I observed no masked diners arriving via vehicle to the restaurant.) Yet masks were put on when different friends arrived at the same table and removed when dinner was served. What changed?!

[9] Lewis, C.S. (1949, 1962, 1965, 1975, 1980). *The Weight of Glory and Other Addresses.* (W. Hooper, Ed.) New York: Simon & Schuster, p. 39. Lewis is writing about the dignity of humanity and goes on to say, "But it is immortals whom we joke with, work with, marry, snub, and exploit—immortal horrors or everlasting splendors."

[10] I can only hope and pray that this is a prequel to the motto of the Protestant Reformation, *post tenebras lux* (after darkness, light).

[11] Rancourt is referenced in footnote #77 in chapter 2.

[12] Rancourt, D.. (2020). Face masks, lies, damn lies, and public health officials: "A growing body of evidence". DOI: 10.13140/RG.2.2.25042.58569. This was published on August 3, 2020 and is available online at the listed DOI. Several pages of this report outline his scientific credentials, including his research supervision at the doctoral level, 100+ peer-reviewed

He states that the "growing body of evidence" is a "vile new mantra" which serves as a "propagandistic phrase" designed to achieve five main goals:

1. Give the false impression that a balance of evidence now proves that masks reduce the transmission of COVID-19.
2. Falsely assimilate commentary made in scientific venues with "evidence."
3. Hide the fact that a decade's worth of policy-grade evidence proves the opposite: that masks are ineffective with viral respiratory diseases.
4. Hide the fact that there is now direct observational proof that cloth masks do not prevent exhalation of clouds of suspended aerosol particles; above, below and through the masks.
5. Deter attention away from the considerable known harms and risks due to face masks, applied to entire populations.[13]

Rancourt points out a key betrayal by the medical community in ignoring the gold-standard of evidence—the randomized controlled trial (RCT)—in favor of observational or cohort studies.[14] "Thus, we

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scientific publications, and greater than 5,000 citations in peer-reviewed journals. While physicians are trained in science, I heartily concur with his statement: "It would be insufficient for me to be a simple medical doctor (MD) or public health officer"! I highly recommend reviewing the entire 36-page PDF document.

[13] Ibid, pp. 1-2. These five points are bulleted in the original. I have numbered them for emphasis.

[14] See, for example, Wang Y, Tian H, Zhang L, et al Reduction of secondary transmission of SARS-CoV-2 in households by face mask use, disinfection and social distancing: a cohort study in Beijing, China. *BMJ Global Health* 2020;5:e002794. This "provides the first

see that the WHO and local public health officials are hindering advancement, by promoting non-RCT 'observational studies', rather than protecting public health."[15] He further states:

> It should be of great concern to all that the WHO pretext of "a growing compendium of observational evidence on the use of masks by the general public in several countries"[16] has morphed into the mantra "a growing body of evidence", which finds itself on the lips of virtually all public health officers and city mayors in the country.
>
> This mantra of "a growing body of evidence" is advanced as the false silver bullet justification for draconian masking laws, in actual circumstances in which:

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evidence of the effectiveness of mask use…" This is a *cohort* and <u>not an RCT study</u> and typical of the type of evidence used by pro-maskers. Rancourt (p. 19) cites "the world's leading medical standards and medical statistician expert," Dr. Janus Christian Jakobsen, who states: "Clinical experience or observational studies should never be used as the sole basis for assessment of intervention efforts—randomized clinical trials are always needed." (See "The Necessity of Randomized Clinical Trials", by Jakobsen and Gluud, in the British Journal of Medicine & Medical Research. 3(4): 1453-1468, 2013.) Rancourt further points out that 1) <u>non-RCT studies</u> of the antiarrhythmic drugs flecainide and encainide were very promising when the drugs went to market until an RCT showed they increased mortality and 2) decades of <u>non-RCT observational studies</u> were the basis for HRT's (hormone replacement therapy) reported decrease in heart attacks until published RCTs in 2002 showed they actually *increased both* heart attacks *and* breast cancer (p. 21).

[15] Ibid, p. 5.

[16] This is from page 6 of WHO's "Advice on the use of masks in the context of COVID-19: Interim guidance," 5 June 2020. WHO Reference Number: WHO/2019-nCov/IPC_Masks/2020.4, available online via reference number.

- There have been NO new RCT studies that support masking
- All the many past RCT studies conclusively do not support masking
- None of the known harms of masking have been studied (re: enforcement on the entire general population).

This is the opposite of science-based policy. The politicians and public health officers are actuating the worst decisional model that can be applied in a rational and democratic society: forced preventative measures without a scientific basis while recklessly ignoring consequences.

In this article, I prove that there is no policy-grade evidence to support forced masking on the general population, and that all the latest decade's policy-grade evidence points to the opposite: NOT recommending forced masking on the general population.

Therefore, the politicians and health authorities are acting without legitimacy and recklessly.[17]

While rather technical, the contrast described above between the non-RCT versus the RCT trial is *critical to understanding the*

[17] Rancourt (source in footnote #11), pp. 5-6. The "expert opinions" cited in the "growing body of evidence" are often modelling studies, op-ed style opinions, population studies, overview reports, etc., and "all are susceptible to large bias." See p. 28.

professional betrayal by medicine and the scientific community. This is not to say that non-RCT trials have no place in science; they certainly do, and I've cited some in my review. The point is, however, that research validated over years by the gold standard of clinical research (the RCT) is now being displaced and even discarded by less stringent standards. Rancourt further notes a Tweet by the medical officer of Toronto Public Health stating that "there is a growing body of emerging evidence that shows that non-medical masks can help prevent the spread of COVID-19." Rancourt states:

> This is squarely false. There is not a single published scientific study "that shows that non-medical masks can prevent the spread of COVID-19", let alone "a growing body". In order to measure "the spread of COVID-19", one has to actually measure "the spread of COVID-19". In fact, there is a growing body solely of spin and of false statements about the scientific research literature [emphasis added; punctuation as used by author].[18]

All of us have *seen* this spin. Unfortunately, many have not recognized it *as* spin. In my state of Pennsylvania, federal coronavirus money had been withheld by our Governor to our own Lebanon County because our local elected officials had pushed back against our Governor's harsh lockdown measures. The $13M was finally released, but with the stipulation that $2.8M of it needed to go to a mask

[18] Ibid, p. 18.

education campaign. Shortly thereafter, notices from our Department of Health started including all the above narrative, publicly shaming those people who choose not to wear a mask. This professional betrayal of actual science has been parroted by churches and parachurch organizations who have now ventured into the role of public health officer. This is evidenced on church web sites outlining masked mandates and reasons for the same, seminaries following the mantra for return to class, and places like The Ethics and Religious Liberty Commission of the Southern Baptist Convention in an article entitled "Explainer: How masks can help prevent the spread of COVID-19."[19]

Good science and expert evaluation should always look at the complete picture. The first rule of medicine dating to Hippocrates is *primum non nocere*, or "first, do no harm."[20] Yet strangely lacking in

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[19] See https://erlc.com/resource-library/articles/explainer-how-masks-can-help-prevent-the-spread-of-covid-19/, published July 24, 2020, accessed on this date when it arrived via email. In my opinion, one of the most egregious affronts to truth in this article is this statement: "If 95% of Americans wore face masks in public, it could prevent more than 45,000 deaths by Nov. 1, according to the University of Washington's Institute for Health Metrics and Evaluation." On the surface, this sounds impressive and a moral imperative couched in "how Jesus would certainly have responded in love and self-effacement" (my paraphrase) seems unarguable. However, as Rancourt has pointed out above, there is no RCT (nor will there ever be) that has ever confirmed this. All such predictions are computer-generated mathematical probability studies, which while interesting are essentially useless in terms of truth. It troubles me that Christians can't sort this out. However, my profession is responsible for perpetrating this iatrogenicide and the church has simply parroted it.

[20] It is my duty as a physician to make certain that what I recommend to my patients first causes no harm. This is sometimes referred to ethically as *nonmaleficence*. This is followed by a second ethical principle of *beneficence* or causing good. I discuss these two principles with patients quite frequently.

the “growing body of evidence” is the analysis of potential harm done by universal masking.[21] Consider these examples (in no particular order):

1. *Mask mouth*

   “Meth mouth” describes poor oral hygiene associated with chronic meth users. Dentists are now recognizing something similar in “mask mouth,” which is chronic gum inflammation associated with constant mask-wearing. “Gum disease—or periodontal disease—will eventually lead to strokes and an increased risk of heart attacks,” according to Dr. Marc Sclafani, dentist and co-founder of One Manhattan Dental. A colleague at the same dental practice reported that 50% of his patients were suffering negative health effects from chronic mask-wearing. People tend to breathe through their mouth

[21] Another alarming trend in the “growing body of evidence” mantra is discarding previous information. Since March 2020, I’ve kept a rather extensive file of articles and videos on Covid. It’s interesting to see some of those articles now removed, and not just on social media. For example, I had saved an article by a dentist entitled “Why Face Masks Don’t Work: A Revealing Review,” by John Hardie, BDS, MSc, PhD, FRCDC. (All those letters mean he’s a dentist with a Master of Science and a PhD who is a Fellow of The Royal College of Dentists of Canada. In other words, not your average dentist!) I originally accessed that article on 6/14/2020. Today (9/12/2020), I re-accessed it and was met with this demeaning comment: “If you are looking for ‘Why Face Masks Don’t Work: A Revealing Review’ by John Hardie, BDS, MSc, PhD, FRCDC, it has been removed. The content was published in 2016 and is no longer relevant in our current climate.” (See https://www.oralhealthgroup.com/features/face-masks-dont-work-revealing-review/.) Whoa! Just like that. Some editor made that sweeping assertion, and what I recall was a well-articulated article is gone. ***That should be shocking to anyone interested in free speech and enquiry.***

rather than nose while wearing a mask, contributing to dry mouth, decrease in saliva, and bacterial overgrowth contributing to dental caries.[22]

2. *Mask contamination*

One doctor has described masks as "basically a giant Petri dish you have strapped to your face."[23] Is that true? Doctors and nurses (158 participants) from fever clinics and respiratory wards in three hospitals in Beijing, China between December 2017 and January 2018 allowed their medical masks to be evaluated after their shifts. Viruses were found in 10.1% of the masks, including adenovirus, bocavirus, respiratory syncytial virus, and influenza virus. The positive virus rate was 14.1% in masks worn for greater than 6 hours and 16.9% in those who examined greater than 25 patients per day. 83.8% reported at least one problem with mask wearing, including facial pressure, difficulty breathing, discomfort, trouble communicating with the patient, and headache.[24]

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[22] As reported in the *Washington Examiner* on August 7, 2020, available at https://www.washingtonexaminer.com/news/mask-mouth-dentists-warn-prolonged-use-of-masks-leading-to-poor-oral-hygiene, accessed 9/12/2020. My wife introduced me to this term while reading another news article about a month ago.

[23] From https://nofacemask.blogspot.com/2020/05/doctor-says-face-mask-is-basically.html, accessed 9/12/2020.

[24] Chughtai, A.A., Stelzer-Braid, S., Rawlinson, W. *et al.* Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers. *BMC Infect Dis* 19, 491 (2019). https://doi.org/10.1186/s12879-019-4109-x.

One of England's most senior doctors and deputy chief medical officer, Dr. Jenny Harries, told the BBC News that masks can "actually trap the virus" and "for the average member of the public walking down a street, it is not a good idea."[25]

Rancourt points out that home fabric masks are *hydrophilic* whereas medical masks are *hydrophobic*.[26] To translate, cloth masks "like" water while medical masks don't! In other words, cloth masks absorb water and medical masks repel it. He points out that this difference hasn't been studied or mentioned. You don't really need to be much of a scientist to know that damp, moist environments are "breeding grounds" for pathogens! Or as one of my patients stated in common sense vernacular, "Would you hook up your exhaust pipe to your intake?!"

3. *Acne mechanica, aka "maskne"*

   I was introduced to this by my niece who works as an RN in a university hospital. According to Nazanin Saedi, board-certified dermatologist at Thomas Jefferson University, "maskne is acne formed in areas due to friction, pressure, stretching,

[25] As reported in the *Independent*, March 12, 2020, at https://www.independent.co.uk/news/health/coronavirus-news-face-masks-increase-risk-infection-doctor-jenny-harries-a9396811.html, accessed 9/12/2020.

[26] Rancourt, Face masks…, p. 15.

rubbing or occlusion. You can see it in the areas covered by the mask and also the areas where the mask and face shields touch the skin." It is triggered when skin pores are blocked by sweat, oil, and makeup due to friction. Breathing for extended periods of time with masks on creates lots of humidity which is "a breeding ground for acne."[27]

4. *Respiratory problems & decreased immunity*

"Fact-checkers" almost always debunk the claim that mask-wearing inhibits oxygen flow. Vernon Coleman, MB, ChB, DSc, FRSA, is a British international best-selling physician-author and medical critic. In one of his "bloke in a chair" videos, he states:

> …so, the wearing of masks will in my view result in far more deaths than could possibly be saved. Wearing a mask reduces blood oxygen levels…There will, before long, be a disaster with a bus crashing because the driver was wearing a mask and became hypoxic. Why else do you think governments everywhere admit that people with respiratory or heart problems don't have to wear a mask? That's proof—if ever it was needed—that these things affect oxygen levels.[28]

[27] As reported on https://www.health.com/condition/skin-conditions/maskne-mask-acne-mechanica, accessed 9/12/2020.

[28] My transcript from his video, available at https://www.youtube.com/watch?v=u047hrU5osw&feature=youtu.be, accessed ~9/5/2020.

A study of the blood oxygen levels of 53 surgeons before and after surgeries revealed a decrease in blood oxygen levels post-surgery which was directly correlated to the duration of mask-wearing.[29] Neurosurgeon and nutritional expert Dr. Russell Blaylock notes that this decrease in oxygen levels—otherwise known as hypoxia—is critical because it "is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte…This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome."[30] Blaylock further notes that mask-wearing will prevent viruses from being exhaled, allowing for concentration in the nasal passages and entrance to the brain via the olfactory nerve.[31]

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[29] Beder A, Büyükkoçak U, Sabuncuoğlu H, Keskil ZA, Keskil S. Preliminary report on surgical mask induced deoxygenation during major surgery. *Neurocirugia (Astur)*. 2008;19(2):121-126. doi:10.1016/s1130-1473(08)70235-5. During the week of this editing (early October 2020), "new studies" are being published showing that masks have absolutely no effect on oxygen levels, including those with COPD! Do I smell a rat?!

[30] See https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/?fbclid=IwAR2fnRrdw-F4_wGaDPoeZ_NVyD_IzU6LZ8YkDug-MyDtZ7PKF0irucc2o9es, accessed 9/12/2020.

[31] Perlman S, Jacobsen G, Afifi A. Spread of a neurotropic murine coronavirus into the CNS via the trigeminal and olfactory nerves. *Virology*. 1989;170(2):556-560. doi:10.1016/0042-6822(89)90446-7. This demonstrated that a mouse coronavirus entered the brain by way of the olfactory and trigeminal cranial nerves.

5. *Others*

   128 out of 158 (81%) healthcare workers in Singapore "developed de novo PPE-associated headaches."[32] Vision difficulties occur due to fogging of glasses. Communication is extremely hindered through a face mask as one cannot see facial expressions.

A *second* form of professional betrayal is in the inaccurate testing for Covid as well as the false reporting of Covid deaths, both reviewed by Dr. O'Roark in the previous chapter.

Third, the rush to a vaccine appears to me to be a form of professional betrayal. While I am not opposed to the development of a Covid-19 vaccine per se, I do not believe that the "best way to get this virus under control is through a universal vaccine."[33] That sounds heretical coming from a physician; let me explain.

Vaccines are most effective when they target diseases which only reside in one host—in this case humans. Take smallpox as an example of a human disease which has been successfully eradicated. (We don't vaccinate against it anymore because it no longer exists.) It used to be a highly visible and distinct disease and it also only affected humans. Contrast that with yellow fever, which can affect humans but

[32] Ong JJY, Bharatendu C, Goh Y, et al. Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19. *Headache*. 2020;60(5):864-877. doi:10.1111/head.13811.

[33] This is not a direct quote, but it is part of the mantra and narrative with which we are constantly bombarded.