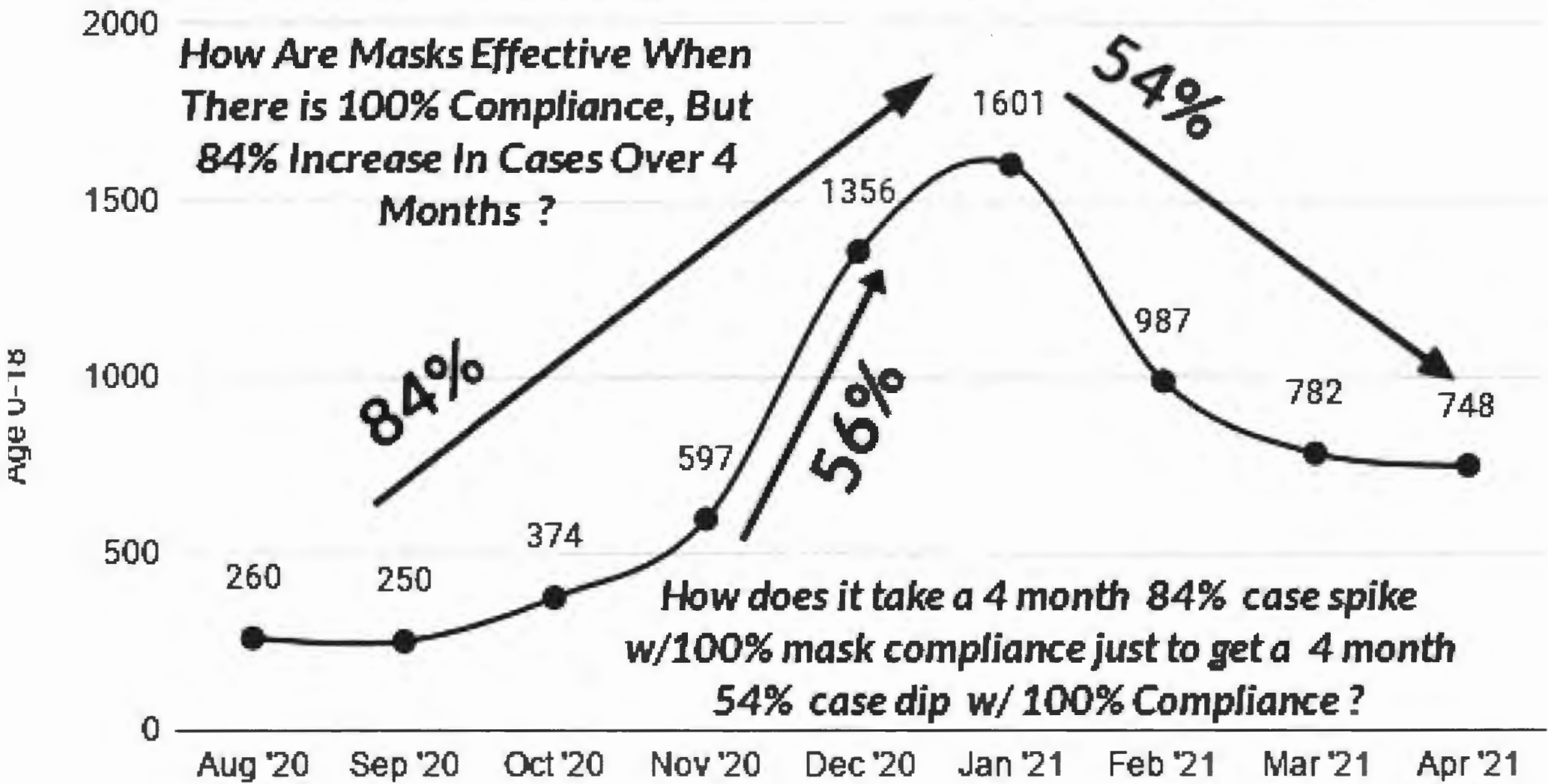


COVID Cases by Month : Pinellas Youth Ages 0-18

84% Case Increase Sept.-Jan. w/ 100% Mask Compliance



Source: <https://business.fau.edu/covidtracker/data/pinellas-county/>

MORE GROUNDS FOR ENDING MASK MANDATE (Pages 1-6 / Footnotes 7-19):

EMPIRICAL DATA IN PINELLAS COUNTY AND THE U.S. CONFIRMS SEVERAL DECADES OF SCIENTIFIC EFFECTIVENESS RESEARCH WHICH PROVES THAT SURGICAL FACE MASKS AND CLOTH FACE COVERINGS HAVE NO EFFECT ON THE TRANSMISSION OR PREVENTION OF VIRAL INFECTIONS IN WIDESPREAD COMMUNITY SETTINGS, EVEN WITH HIGH COMPLIANCE WITH THE MANDATES OF SUCH - *Handout from April 13, 2021 Is Incorporated.*

Greetings commissioners, administrator Burton, Counselor White, and Dr. Choe ;

- (1) 2018 Jun 19 , US National Library of Medicine National Institutes of Health published that randomized controlled trials (RCT's) are the gold standard for effectiveness research. ¹
- (2) May, 2020: CDC confirms , after researching 72 Years of Randomized Control Trials, that surgical face masks were not reported to have had a substantial effects on either the TRANSMISSION or the PREVENTION of influenza. Influenza virus size is 0.1 µm and Sars-Cov-2 virus size is 0.12 µm, thus nearly the same virus size. ^{2, 3}
- (3) Dr. Anthony Fauci, Jerome Adams (*Former Surgeon General*) , and OSHA all confirm the ineffectiveness of community mask practices for the prevention of viral infections which echo the findings in the 72 year range of the 14 RCT's in the in May , 2020 CDC research. ^{4, 5, 6}
- (4) Cloth Face Coverings are not considered to be adequate PPE according to RCT's and OSHA. ^{7, 8}
- (5) The first RCT of community mask wearing conducted during the pandemic demonstrated that even with 93% (46% + 47%) compliance amongst 4,862-people, the study failed to show that mask wearing reduces risk by 50%. ⁹
- (6) The shift to a widespread campaign by the CDC aggressively endorsing face masks appears to occur slightly after their aforementioned May 2020 report, one month after Fauci and Adams also confirm the ineffectiveness of community masking. The burden should be on The Commission and Dr. Choe to demonstrate HOW these May 2020 CDC findings , in 72 years worth of 14 RCT's regarding community mask ineffectiveness, could have been legitimately retracted within only one

month's time. The shift is 180 degrees without any formal scientific retraction of over a dozen RCT's covering a timespan of several decades.

Dr. Choe and the PBCC refusing to acknowledge this leap of extremes by the CDC, absent any retractions of the 14 RCT's, does legitimately undermine any public trust in their decision making. This warning of a lack of clarity and truthfulness by public officials regarding the ineffectiveness of community masking preventing viral transmissions, causes public distrust and this premise is validated by The National Academy of Sciences. ¹⁰

(7) Significant upturns in COVID metrics occurred even in the midst of high compliance with mask mandates which confirm the the RCT's mentioned above.

(a) From May to Late October, 2020, several nationwide surveys regarding mask compliance ranged from 83% to as high as 93% compliance. ¹¹⁻¹⁹

(b) Considering the following empirical data in the endnote, The entire US saw a steep peak in COVID cases from October 2020 through mid January, 2021, which demonstrates that COVID UPTURNS still happened significantly in the midst of high mask compliance. ²⁰

(8) In the midst of no mask mandate, significant COVID metric DOWNTURNS are shown to occur. On March 2, 2021, Texas lifted all mask mandates with a return to full capacity for all venues, including large sporting events, and significant COVID metric DOWNTURNS have been realized so far into late April, nearly 2 months later. ²¹

(9) With the available data, it has now been demonstrated that COVID metrics upturn or downturn regardless of high compliance with mask mandates or no government instituted mask mandate at all. The 72 year span of the 14 RCT's analyzed by the CDC regarding community masking not being observed to have any effects on either the TRANSMISSION or the PREVENTION of viral infections is therefore validated from this empirical data.

(10) Should (7) or (8) be dismissed for reasons that Pinellas County is different, Pinellas experienced and still experiences COVID metric upturns AND downturns in the midst of high compliance, thus showing that community masking makes no difference in infection rates.

(a) The Washington Post confirms that the Carnegie Mellon COVID-CAST database is a legitimate source for gauging compliance with face mask directives. ²²

- To use this tool, <https://delphi.cmu.edu/covidcast/indicator/?date=20210401>,
- Enter Pinellas County , Florida
- Next drop menu, under “public’s behavior” > “people wearing masks”

(b) Scroll down to the PEOPLE WEARING MASKS CHART, move the cursor along the date line to see that mask compliance has been at pretty much 90% for the recent upturns in February and March through April. Please note that this 90% compliance is consistent with the findings in the aforementioned surveys. ²³

(c) In Pinellas, two significant 2021 upturns occur from February 12 to the 21st, and from March 18 to April 11th.

(d) Therefore, in the midst of high mask compliance, COVID metric upturns still occurred, thus demonstrating the finding from the CDC regarding the 14 non-retracted RCT’s that community masking is of no effect in preventing viral transmissions.

(11)At the expense of redundancy from the last meeting, comparing Pinellas with the neighboring County of Manatee with no mask policy since October is still valid. This is because such is consistent with the CDC findings, COVID upturns in the midst of the nationwide high compliance , and with two months of COVID downturns observed in Texas with no policy.

(a) Commissioner Seel dismissed the Pinellas/Manatee comparison on the grounds that compliance could not be gauged, but Pinellas 90% mask compliance data has been demonstrated and the 90% is also confirmed by the several nationwide surveys in (7) as a secondary reference. Further , Seel’s premise is incomplete in that it does not account for the January to March downturns of 40% which Manatee realized with no mask policy, and

Pinellas downturns of 50% with a mask policy, which then upturned again soon after as previously exhausted in (10)(c). Further, Seel made an incomplete assertion that a more accurate example existed in Choe's comparison of two schools, one with a mask policy and one without in which the school with the mask policy had fewer cases , just because it ostensibly correlates compliance with fewer cases.

(b) At the height of the pandemic when Sars-Cov-2 was more virulent, there was no higher rate of infection among the school children in Sweden, who had no school-wide mask mandate, and whose schools were never closed for children under 16 years old, rather than in Finland, whose schools remained closed during the pandemic. The fact that Finlands schools were closed with he same infection rates to Swedens maskless and open schools during the time the virus was stronger should make the case that Choe's school comparison is not comprehensive. ²⁴

(c) The risks of teachers becoming ICU COVID and the infection risks of the elderly co-residing with maskless Swedish students were low. ^{25, 26}

(d) A likely 100% compliance with mask mandates on school grounds by Pinellas pupils have realized no significant effects in reducing cases. ²⁷

(12) Since the effectiveness of community mask mandates is speculative , with even more evidence of being not concrete, then peer reviewed remedies in regards to supplementation for immune system support, as well as combatting obesity and comorbidities through diet and exercise, would be a more rational approach to keep people from contracting viral infections, which would then in turn prevent transmissions.

(a) CDC found that 78% of people hospitalized for Covid were overweight or obese, that 94% of COVID deaths had underlying conditions, and Journal of Clinical Endocrinology & Metabolism found that over 80% of COVID-19 Patients Were Vitamin D Deficient. ²⁸⁻³⁰

- (b) The supplementation of Vitamin C, D, zinc, quercetin and selenium are proven in the prevention of viral infection, with sufficient peer reviewed study to demonstrate the efficacy with COVID-19 patients. ³¹⁻³⁵
- (c) Since obesity and underlying conditions are primarily rooted in poor dietary, hygienic, and exercise practices, and
- (d) Since there are peer reviewed supplementation regimens which can be used in both the prevention and even partially in the treatment of COVID-19, then
- (e) The PBCC with the FDOH should coordinate an awareness program in regards to diet, exercise, and supplementation for immune system support.

(13)

CONCLUSION

- (a) Issue (1) demonstrates that Randomized Control Trials (RCT) are the gold standard of effectiveness research, and
- (b) Issue (2) demonstrates the CDC stating in May of 2020 that 14 RCT's within a 72 year window showed community mask wearing did not have any substantial effects on contracting or transmitting viral infections , and
- (c) Would thus render community mask wearing even more ineffective considering that COVID-19 is more contagious, and
- (d) Issue (3) demonstrates Dr. Fauci, former surgeon general Adams, and OSHA confirming said RCT's - that community mask wearing did not have any substantial effects on contracting transmitting viral infections, and
- (e) Issue (4) demonstrates the ineffectiveness of cloth masks in preventing viral infections, and
- (f) Issue (5) demonstrates that the only RCT in existence for community mask wearing failed to show that mask wearing reduces risk by 50% even with with 93% compliance in a sample of nearly 5,000 participants, and

- (g) Issue (6) demonstrates that the RCTS within said 72 year window have NOT been retracted or debunked since May 2020, and
- (h) The PBCC and FDOH lacking clarity, truthfulness, and objectivity by refusing to look at peer reviewed sources or actual empirical data which contradicts CDC guidelines, undermines trust in public officials, and
- (i) Issues (7) through (11) validate the RCT's regarding community mask inefficacy by demonstrating that COVID metrics upturn and downturn regardless of high adherence or non-adherence to , or the existence or non-existence of a mask policy. This was demonstrated from several nationwide surveys spanning several months, a mask compliance database with figures close to the data found in the surveys, and the examples of nationwide cases, The State of Texas, and with Pinellas specific data, and
- (j) Issue (12) demonstrates that the supplementation of Vitamin C, D, zinc, quercitin and selenium are effective in both the prevention and treatment of SARS-CoV-2,
- (k) The cause of obesity and co-morbid conditions is rooted in poor diet, hygiene, and exercise practices, thus combatting such would help reduce COVID hospitalizations, and deaths, then
- (l) The Pinellas Board Of County Commissioners should end the mask mandate in perpetuity, and Dr. Ulyee Choe should administer diet, exercise, and supplementation campaigns to reduce infections. The evident ineffectiveness of community mask policies and practice, (36-43) are outweighed by the imminent damages which will occur as a result. This makes such a policy lack any justification to continue. 44-53

Respectfully Submitted on 04/27/2021,



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ENDNOTES

- (1) Randomised controlled trials—the gold standard for effectiveness research, Eduardo Hariton, MD, MBA1 and Joseph J. Locascio, PhD, US National Library of Medicine National Institutes of Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6235704/>
- (2) “In our systematic review, we identified 10 RCTs 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... 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...”
“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...” Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings— Personal Protective and Environmental Measures , Volume 26, Number 5—May 2020 https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article?fbclid=IwAR2bhFH9kdbmXDNkyWkiRd6Wh0Lw_zqoi1bzPgODN8gFIXPvLPmtuYCq8zk
- (3) Aerosols and Transmission of Respiratory Viruses 101, pg. 15 <https://www.nationalacademies.org/event/08-26-2020/docs/D24841CDA33D2FD785F6284AF128E7DE8EB1F56C7B4F>
- (4) March 8, 2020 on 60 minutes, Fauci confirms the CDC , “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 will keep fiddling with the mask and they keep touching their face.”
- (5) March 8, 2020,, Surgeon General under Trump confirms the same, “Masks do not work for the general public and preventing them from getting coronavirus”
- (6) An OSHA document also confirms the same , “Surgical masks are not considered adequate respiratory protection for airborne transmission of pandemic influenza.” Frequently Asked

Questions on Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers <https://www.osha.gov/pandemic-influenza/pandemic-health>

(7) An RCT conducted by The British Medical Journal (BMJ) stated that the widespread use of cloth masks by healthcare workers may actually put them at increased risk of respiratory illness and viral infections and their global use should be discouraged, according to a UNSW study, and the same study found that Cloth Masks were only 3% effective.

(8) Also regarding cloth face coverings, OSHA states that cloth face coverings are not considered to be adequate personal protective equipment pursuant to their regulations, "Since the CDC has determined that some cloth face coverings may both serve as source control and provide some personal protection to the wearer, will OSHA consider them to be personal protective equipment under 29 CFR 1910.132?"

OSHA states, "Not at this time. .. the CDC also noted that additional 'research is needed to expand the evidence base for the protective effect of cloth masks and in particular to identify the combinations of materials that maximize both their blocking and filtering effectiveness.' ... At this time, OSHA does not think enough information is available to determine whether a particular cloth face covering provides sufficient protection from the hazard of COVID-19 to be personal protective equipment under OSHA's standard (29 CFR 1910.132). OSHA has typically considered protective equipment designed and constructed to meet a recognized consensus standard to meet the requirements of its PPE standards."

(9) "Based on the lowest adherence reported in the mask group during follow-up, 46% of participants wore the mask as recommended, 47% predominantly as recommended...The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates"

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers

<https://www.acpjournals.org/doi/full/10.7326/M20-6817>

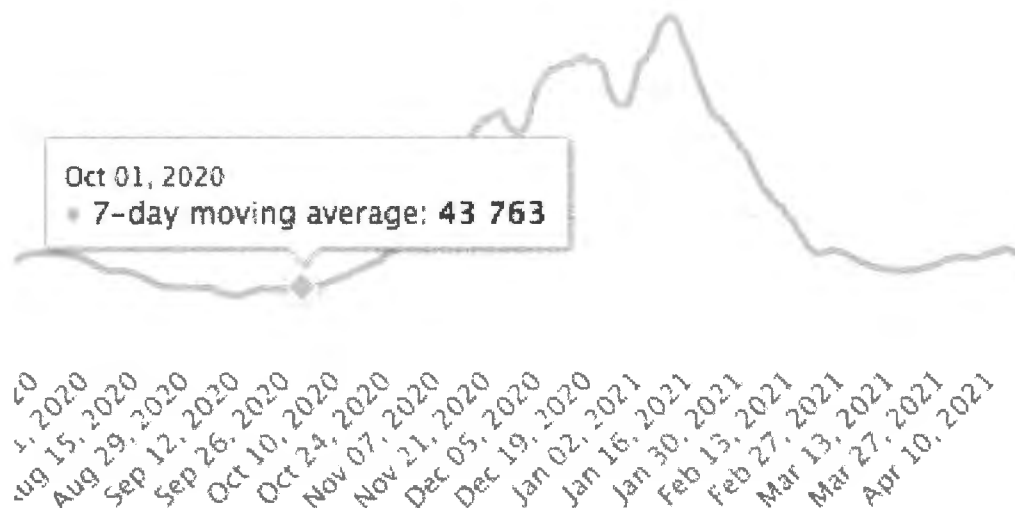
(10) "After considering all the testimony and other information we received, the committee concluded that there is currently no simple, reliable way to decontaminate these devices and enable people to use them safely more than once. There is relatively little data available about how effective these devices are against flu even the first time they are used."

"Any public health effort aimed at extending the usefulness of existing devices must be delivered with clarity and truthfulness. The public is likely to forgive lack of knowledge but will not be willing to trust public health officials in the next instance if they have in any way been misinformed or misled. Reusability of Facemasks During an Influenza Pandemic ,

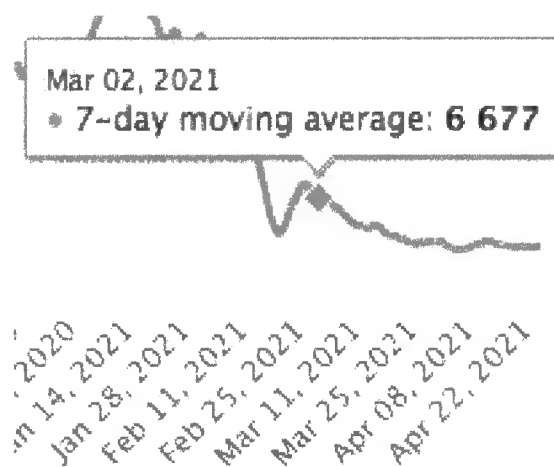
<https://slender2020.jp/11637.pdf>

- (11) Wear a mask in public? Sure. Majority of Democrats, Republicans say they have, survey shows <https://www.usatoday.com/story/news/politics/2020/05/21/coronavirus-wearing-mask-public-common-nationscape-survey-finds/5215365002/>
- (12) More Mask Use, Worry About Lack of Social Distancing in U.S. <https://news.gallup.com/poll/313463/mask-worry-lack-social-distancing.aspx>
- (13) 89% of Americans wear masks in public as the coronavirus pandemic persists: <https://abcnews.go.com/Politics/89-americans-wear-masks-public-coronavirus-pandemic-persists/story?id=71455062>
- (14) U.S. Face Mask Usage Relatively Uncommon in Outdoor Settings <https://news.gallup.com/poll/316928/face-mask-usage-relatively-uncommon-outdoor-settings.aspx>
- (15) “As the coronavirus pandemic continues, a growing share of Americans say they are regularly wearing a mask or face covering in stores and other businesses. More than eight-in-ten U.S. adults (85%) say they have done so all or most of the time over the past month, according to a Pew Research Center survey conducted Aug. 3 to 16” <https://www.pewresearch.org/fact-tank/2020/08/27/more-americans-say-they-are-regularly-wearing-masks-in-stores-and-other-businesses/>
- (16) Gallup Polls on Coronavirus Pandemic : <https://news.gallup.com/poll/308222/coronavirus-pandemic.aspx>
- (17) Mask use by Americans now tops 90%, poll finds <https://medicalxpress.com/news/2020-10-mask-americans-tops-poll.html>
- (18) Poll finds more Americans than ever think we should wear masks <https://www.nationalgeographic.com/history/2020/10/poll-increasing-bipartisan-majority-americans-support-mask-wearing/#close>
- (19) Most Americans have been wearing masks since spring, the C.D.C. says. <https://www.nytimes.com/2020/10/27/world/most-americans-have-been-wearing-masks-since-spring-the-cdc-says.html>

(20) <https://www.worldometers.info/coronavirus/country/us/>



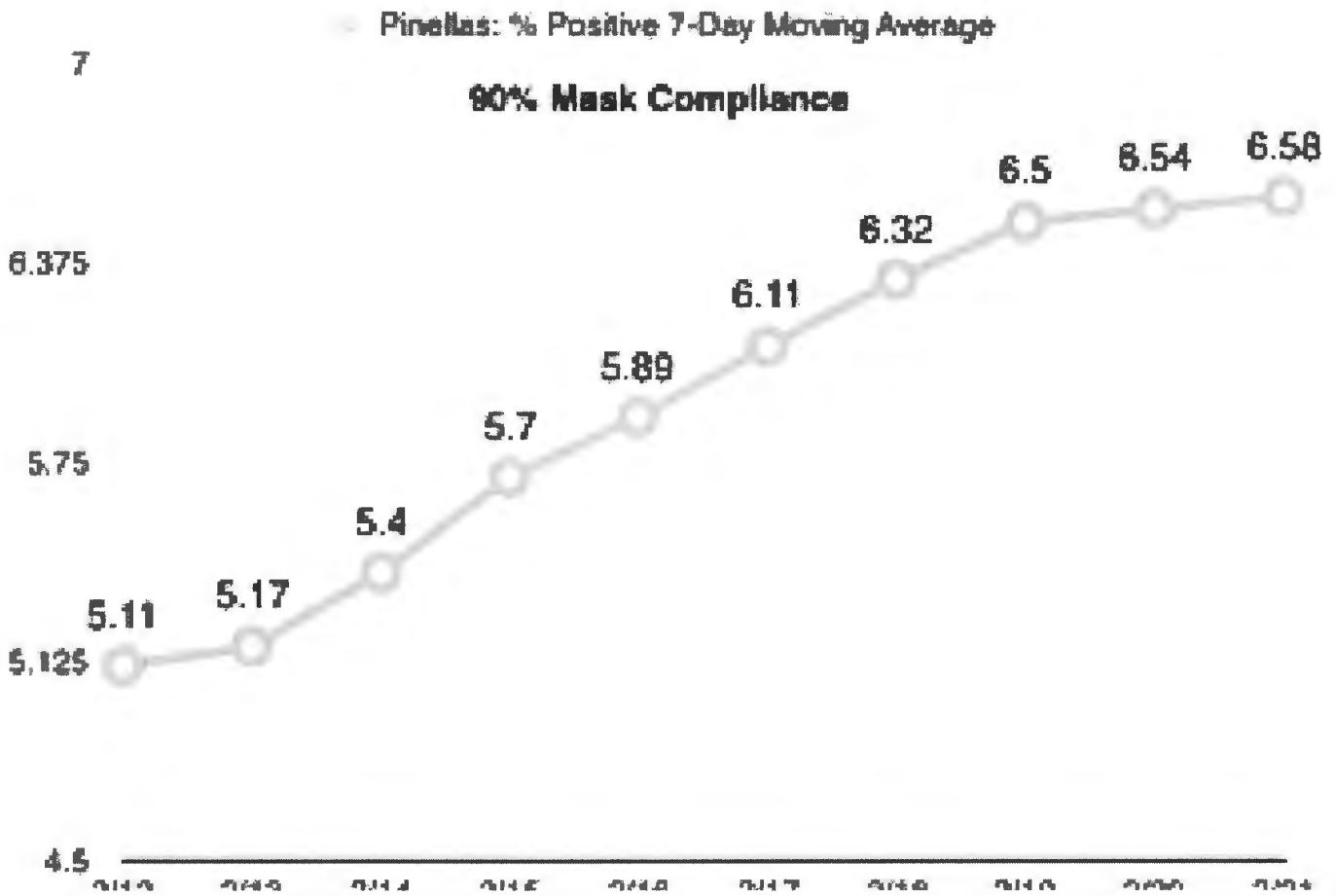
(21) <https://www.worldometers.info/coronavirus/usa/texas/>



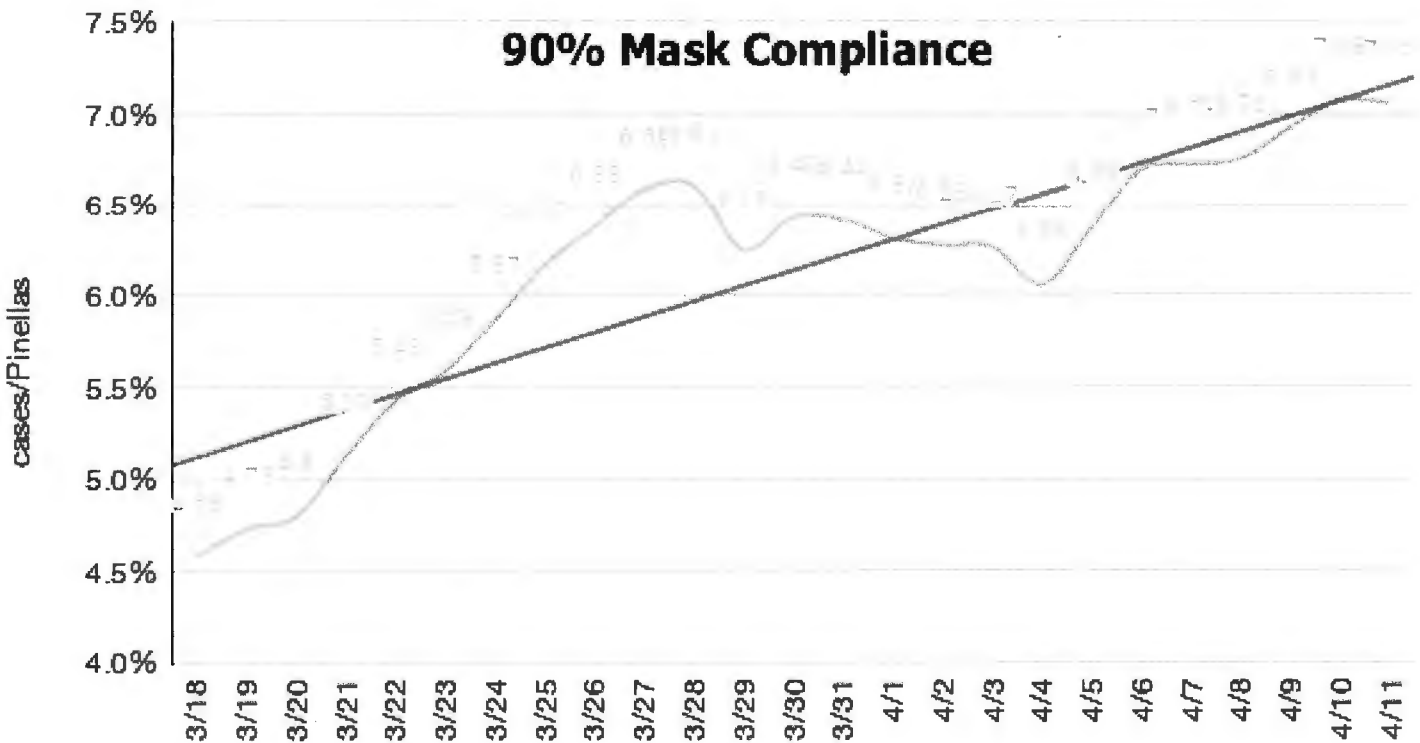
(22) A powerful argument for wearing a mask, in visual form, October 23, 2020

<https://www.washingtonpost.com/business/2020/10/23/pandemic-data-chart-masks/>

(23)



Pinellas Rolling 7 Day Average 3/18-4/11, 2021



(24) "In conclusion, (the) closure or not of schools had no measurable direct impact on the number of laboratory confirmed cases in school-aged children in Finland or Sweden," the agencies said in the report, published last week."

Sweden's health agency says open schools did not spur pandemic spread among children

<https://www.reuters.com/article/us-health-coronavirus-sweden-schools-idUSKCN24G2IS>

(25) "There was no additional household risk for those over 70 in Stockholm associated with coresiding with children still in school during the pandemic [27]. This was consistent with no observed increases in hospitalizations among parents of children with in-person school compared to those with older children being taught virtually."

Leveraging epidemiological principles to evaluate Sweden's COVID-19 response

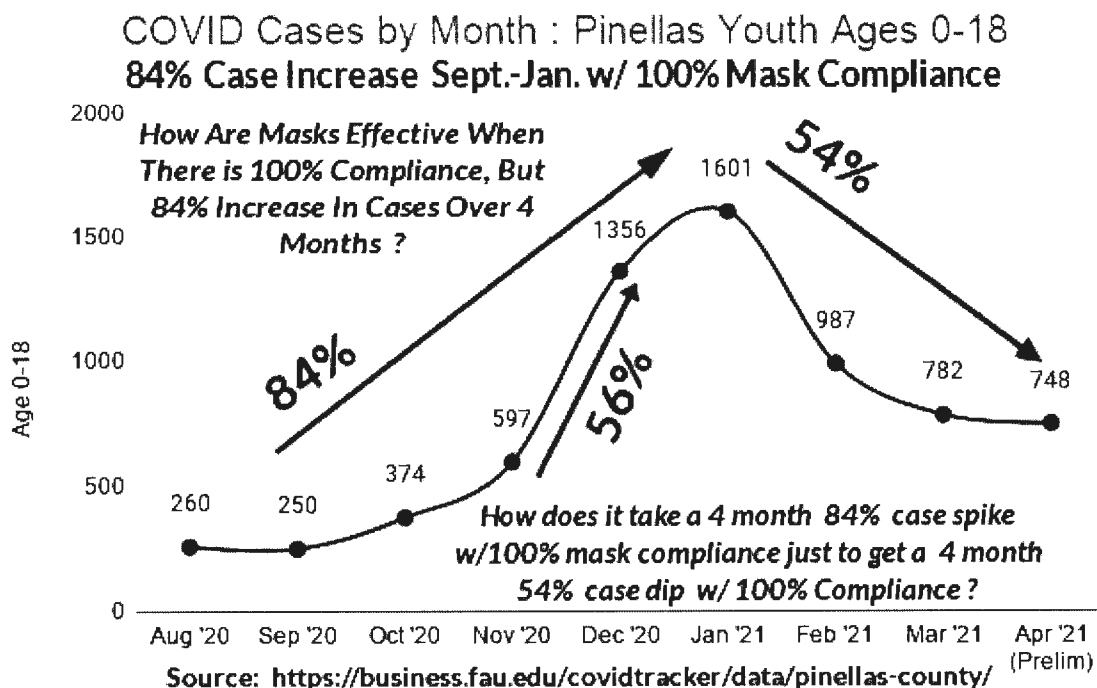
<https://www.sciencedirect.com/science/article/pii/S1047279720304130#bib27>

(26) "In Sweden , during the pandemic and overlapping school sessions of 4 months, there were fifteen total ICU covid cases out of nearly 2 million youth aged 1-16 , thus amounting to 1 child in 130,000. 10 preschool teachers and 20 schoolteachers were ICU COVID patients , amounting to relative risks of 1.10 among preschool teachers and 0.43 among schoolteachers."

[Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden](https://www.nejm.org/doi/full/10.1056/NEJMc2026670)

<https://www.nejm.org/doi/full/10.1056/NEJMc2026670>

(27)



(28) CDC study finds about 78% of people hospitalized for Covid were overweight or obese

<https://www.cnbc.com/2021/03/08/covid-cdc-study-finds-roughly-78percent-of-people-hospitalized-were-overweight-or-obese.html>

(29) 94% of Covid-19 deaths had underlying medical conditions

<https://www.msn.com/en-us/health/medical/cdc-94percent-of-covid-19-deaths-had-underlying-medical-conditions/ar-BB18wrA7>

(30) New Study Found 80% of COVID-19 Patients Were Vitamin D Deficient

<https://www.healthline.com/health-news/new-study-found-80-percent-of-covid-19-patients-were-vitamin-d-deficient>

(31) The Role of Vitamin C, Vitamin D, and Selenium in Immune System against COVID-19 ,

“Moreover, sufficient supplementation with vitamins and minerals is important for the prevention of viral infection ... Decreased flu or cold symptoms due to treatment with high dose of vitamin C, Decreased inflammatory mediators/ markers due to the administration of vitamin C in COVID-19 patients, Inverse correlation between vitamin D level and viral respiratory tract infection, Vitamin D deficiency/insufficiency observed in patients with COVID-19, Inverse correlation between COVID-19 mortality and sunlight exposure or vitamin D level, Worse prognosis in COVID-19 patients with a low level of vitamin D, Higher selenium level in surviving COVID-19 patients compared to deceased patients, Higher recovery rate from COVID-19 in patients with higher selenium levels.” <https://www.mdpi.com/1420-3049/25/22/5346/htm>

(32) <https://c19vitamind.com/>

(33) <https://c19zinc.com/>

(34) Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2 Related Disease (COVID-19), “There is evidence that vitamin C and

quercetin co-administration exerts a synergistic antiviral action due to overlapping antiviral and immunomodulatory properties and the capacity of ascorbate to recycle quercetin, increasing its efficacy. Safe, cheap interventions which have a sound biological rationale should be prioritized for

experimental use in the current context of a global health pandemic. We present the current evidence for the use of vitamin C and quercetin both for prophylaxis in high-risk populations and for the treatment of COVID-19 patients as an adjunct to promising pharmacological agents such as Remdesivir or convalescent plasma.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7318306/>

(35) A role for quercetin in coronavirus disease 2019 (COVID-19), “To date, a considerable amount of data has been accumulated describing the potential antiviral role (among others) of quercetin ... highest transmission rates have been reported to correlate with disease severity and are particularly pronounced in hospital settings . . . More recently, an empirical study conducted at a Wuhan hospital showed that an approach where, in addition to conventional therapies, patients were treated with traditional Chinese medicine remedies, including herbs with a high quercetin content, was medically safe, free from particular side effects additional to those obtained with the conventional approach alone, and was able to improve the symptoms of patients with COVID-19 (Luo et al., 2020); (Table 1)”

<https://pubmed.ncbi.nlm.nih.gov/33034398/>

COMMUNITY MASK INEFFECTIVENESS ADDENDUM (35-43)

(36) Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza

pg. 26, “Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza. . . .There is a moderate overall quality of evidence that face masks do not have a substantial effect on transmission of influenza. “

pg. 28, “Additional high-quality RCTs of the efficacy of face masks against laboratory-confirmed influenza would be valuable.”

[https://apps.who.int/iris/bitstream/handle/10665/329439/WHO-WHE-IHM-GIP-2019.1-eng.pdf?](https://apps.who.int/iris/bitstream/handle/10665/329439/WHO-WHE-IHM-GIP-2019.1-eng.pdf?ua=1)

ua=1

https://www.who.int/influenza/publications/public_health_measures/publication/en/

(37) April 09 , 2020, University of Cambridge biomedical scientists echoed the same from The WHO , and warned about the unintended consequences of promoting a policy based on weak evidence , “The evidence for the effectiveness of face masks in reducing viral transmission is very weak. Few studies examine the use of face masks in community settings; those that do find no evidence of reduced transmission compared with no face masks...Efforts to communicate a position so strongly in favour of widespread use of masks in the community...in the face of persistent evidence gaps, risk promoting policy based more on eminence than evidence. The unintended consequences of unequivocal advocacy of a contested position go beyond the downsides of policy implementation: they include the potential erosion of trust in science more generally, when the measures put forward fail to live up to their promise, or result in problems that could be, or had been, anticipated.”

Face masks for the public during the covid-19 crisis

<https://www.bmj.com/content/369/bmj.m1435/rr-43>

(38) Also, In May 2020, this premise was cemented by the University College London & University of London in a Bayesian analysis of 11 randomized controlled trials stating, “Available evidence from RCTs is equivocal as to whether or not wearing face masks in community settings results in a reduction in clinically- or laboratory-confirmed viral respiratory infections”. Please note that Bayesian analysis is a rigorous method rooted in statistical analysis.

Face masks to prevent community transmission of viral respiratory infections: A rapid evidence review using Bayesian analysis <https://www.qeios.com/read/1SC5L4>

(39) In August 2020 , Critical Public Health published a peer reviewed article stating, “First, there is very limited evidence that cloth face coverings reduce the burden of respiratory illnesses such as COVID-19. Although some important studies followed the outbreak caused by SARS-CoV-1 in the early 2000s, the quality and clarity of the subsequent evidence base for face coverings as a means of reducing community transmission is disappointing. Few studies examine the use of face coverings in community settings: when taken in aggregate, those that do find no statistically significant evidence of reduced transmission compared with no face coverings (Jefferson et al.,

2020).” Science, society, and policy in the face of uncertainty: reflections on the debate around face coverings for the public during COVID-19,

<https://www.tandfonline.com/doi/full/10.1080/09581596.2020.1797997?scroll=top&needAccess=true>

(40) On 25 September 2020, *Frontiers in Medicine* analyzed 5 RCT’s and 10 observational studies with a total of 23,892 participants between 7 and 89 years old involved and published, “The review failed to find a statistically significant effect and concluded Surgical mask wearing among individuals in non-healthcare settings is not significantly associated with reduction in ARI (‘acute respiratory infections’) incidence in this meta-review.” Effectiveness of Surgical Face Masks in Reducing Acute Respiratory Infections in Non-Healthcare Settings: A Systematic Review and Meta-Analysis

<https://www.frontiersin.org/articles/10.3389/fmed.2020.564280/full>

(41) On 27 October 2020, the *Annals Of Internal Medicine* published, “The strength of evidence for mask use and risk for SARS-CoV-2 in community settings remained insufficient...Evidence for mask use versus nonuse and comparing masks types in health care settings remained insufficient...There were no new studies on the effectiveness and safety of mask reuse or extended use.”

Update Alert 3: Masks for Prevention of Respiratory Virus Infections, Including SARS-CoV-2, in Health Care and Community Settings <https://www.acpjournals.org/doi/10.7326/L20-1292>

(42) In a November 2020 update, *Cochrane Database of Systematic Reviews* published, “Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people). Unwanted effects were not well reported; discomfort was mentioned.” Physical interventions to interrupt or reduce the spread of respiratory viruses,

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/epdf/abstract>

(43) On 17 November 2020, *International Journal of Infectious Diseases* published, “there were no significant differences between medical facemasks use only and controls in the odds of developing laboratory-confirmed influenza and influenza-like illness. Similarly, no differences in laboratory-

confirmed influenza risk were observed when comparing mask use solely versus combined intervention of face mask and handwashing, indicating that facemask as solely intervention in community is not associated with reducing respiratory infection. Given the studies used medical masks, cloth masks' efficacy is expected to be even lower; a randomized cluster trial showed that respiratory infection is higher among health care personnel using cloth masks than using medical masks (MacIntyre et al., 2015)...Due to these divergent results and the lack of high-quality research in this area, strong recommendations for facemask use in the community context should be issued with caution until new evidence is available to show their effectiveness. This is even more important, considering that several studies showed that mask use is associated with headache incidence and worsening of pre-existing headache.” Meta-analysis on facemask use in community settings to prevent respiratory infection transmission shows no effect, <https://www.sciencedirect.com/science/article/pii/S1201971220324504>

(44) December 2020, the WHO stated, “At present there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2” Mask use in the context of COVID-19, pg 8, <https://apps.who.int/iris/handle/10665/337199>

IMMINENT DAMAGES RESULTING FROM CONSISTENT COMMUNITY MASK WEARING (42-

(45) “...subjects in the mask group were significantly more likely to experience headache during the study period . . . Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.” Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial : American Journal of Infection control, <https://pubmed.ncbi.nlm.nih.gov/19216002/>

(46) “Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals. These data are important for recommendations on wearing face masks at work or during physical exercise.” Clinical Research in

Cardiology , July 2020 Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity. <https://link.springer.com/article/10.1007/s00392-020-01704-y>

(47) “Wearing a surgical mask modifies significantly and clinically dyspnea (shortness of breath) without influencing walked distance.” Effect of a surgical mask on six minute walking distance,

<https://www.sciencedirect.com/science/article/abs/pii/S0761842517309415?via%3Dihub>

(48) “The potential disadvantages of mask use by healthy people in the general public include:

- headache and/or breathing difficulties, depending on type of mask used;
- development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading ;
- discomfort
- waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards;
- disadvantages for or difficulty wearing masks, especially for children, **developmentally challenged persons, those with mental illness, persons with cognitive impairment**, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery and **those living in hot and humid environments**.” Mask use in the context of

COVID-19, pg 10, <https://apps.who.int/iris/handle/10665/337199>

(49) Advice on mask-wearing did not consider impact on pupils' development and mental health , Irish Examiner <https://www.irishexaminer.com/news/arid-40086536.html>

(50) Do Masks Impede Children’s Development? New York Times <https://www.nytimes.com/2020/09/14/well/family/Masks-child-development.html>

(51) “Face perception is of critical importance in social interactions. In addition to providing information regarding age, gender, race, and identity, facial expressions provide important cues about thoughts and emotions [1]. Correct processing and interpretation of emotions conveyed by

facial expressions is crucial as it ensures successful interpersonal communication. Decades of facial recognition research has shown that discriminating facial expressions is an innate ability evident in infancy [2], and it is refined across childhood [3,4] and adolescence [1].”

Associations between Facial Emotion Recognition and Mental Health in Early Adolescence,

International Journal of Environmental Research and Public Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6981578/>

(52) “correct processing” as above, and goes further in that “perturbations in this ability have been linked to psychopathology, as both a precursor and epiphenomenon of disorders”

Individual Differences in Children’s Facial Expression Recognition Ability: The Role of Nature and

Nurture, The Journal Developmental of Neuropsychology, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797312/>

(53) “Faces convey an abundance of information about the internal state of an individual.

Appropriately decoding facial expressions aids in an individual’s ability to understand and appropriately adapt to the social environment and thus is a crucial part of social interactions. Gaining a greater understanding of the normal developmental trajectory of emotional facial recognition may help in the early identification and possible treatment of affective disorders such as autism, depression, and anxiety disorders. . . Emotional face processing involves a network of brain areas, including the fusiform gyrus, prefrontal cortices(PFC), insula, and the amygdala . . .

Neurodevelopmental studies suggest that the brain areas important for facial expression processing continue to develop structurally throughout late childhood and adolescence ...”

Development of emotional facial recognition in late childhood and adolescence, Developmental

Science Journal, <https://www.academia.edu/2908762/>

Development of emotional facial recognition in late childhood and adolescence