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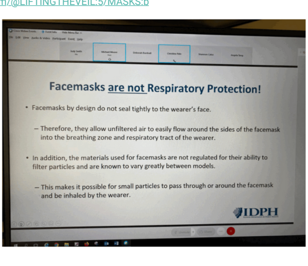
Lifting The Veil
Research, Etymology, Sc...

MAY 18, 2021 11:55 PM PUBLIC POST

"Facemasks ARE NOT Respiratory Protection!" - Illinois Dept Health: FULL SCIENCE LITERATURE & DEBATE!

full PDF file attached at bottom, and located here>
https://odysee.com/@LIFTINGTHEVEIL:5/MASKS:b



> "Nurse on twitter @wine&wit https://twitter.com/WineWit1 posted:
>
> "Then there's this gem from Friday's @IDPH webinar. The speaker actually said "*nonrespirator masks cannot filter small particles...like viruses*".
>
> I was stunned listening to that admission. Yet they continue to endorse mere cloth rags or procedure masks despite all the evidence that concludes they do little to nothing to prevent anything. "

The Inoculum of Truth is the world's most comprehensive & accurate Coronavirus documentary film series to date.

FULL FILM HERE https://open.lbry.com/@LIFTINGTHEVEIL:5/Inoculumoftruth2:b

I have provided over 9 hours of peer reviewed published medical science journals & the highest tiers of Published evidence on screen with government data resources for all claims made. This film is irrefutable. That is far more data & evidence than any public health authority has provided to the public.

see 8 minute trailer here https://open.lbry.com/@LIFTINGTHEVEIL:5/trailer-inoculum-of-truth-2-%F0%9F%92%89:5

There is so much misinformation & confusion going around. We need to do a deep dive into the available data & make sense from the worlds leading experts in the field & compare it to what is being recommended & how those recommendations are perfectly aligned with a pre ordained agenda by multinational tech, surveillance capitalism, & 4th industrial revolution giants, the patents & policies being put in place that serve their purpose. I do not wish to spread sensationalism, or false claims, which is why i've included all my cited references on screen for fact checking all claims made.

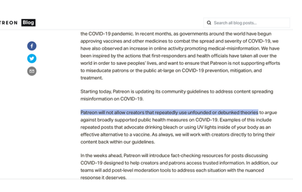
part 1 here https://open.lbry.com/@LIFTINGTHEVEIL:5/Inoculumoftruth:9

If you disagree or are offended with parts of the video, I ask you to actually take notes, make a researched rebuttal, please feel free & post the evidence that provides correction & I will take measures to review it and correct my work accordingly. #Coronavirus, #LiftingTheVeil #Science

> "
> "

CRUCIAL UPDATE!

PATREON SUPPORT IS TRYING TO MAKE ME DELETE THIS DATA, CLAIMING THAT IT VIOLATES "MEDICAL MISINFO" POLICY AGAINST "UNFOUNDED OR DEBUNKED THEORIES"!



Mask Debate: Review of Best Data

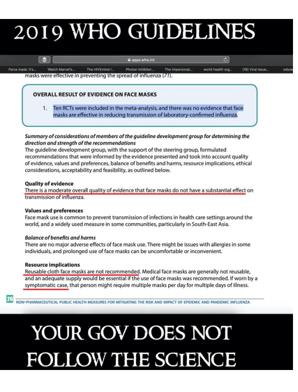
Masks are neither efective nor safe:
Review of the Medical Literature

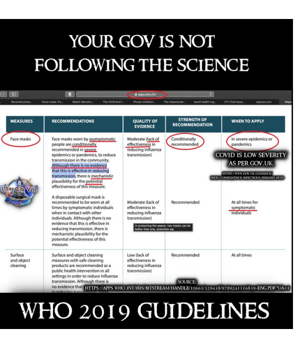
Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic infuenza

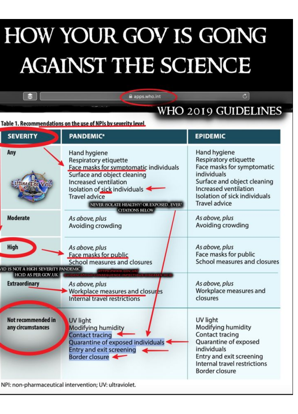
https://www.who.int/infuenza/publications/public_health_measures/publication/e n/

UPDATE! the WHO changed the location of this document to try to HIDE IT FROM GETTING TO THE PUBLIC. the new address is here
https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1

Authors:
World Health Organization







DEAR PATREON TRUST AND SAFETY TEAM: *THIS POST IS NOT UNSUBSTANTIATED OR UNFOUNDED OR DEBUNKED THEORY*, IT IS WELL ESTABLISHED MEDICAL SCIENTIFIC FACT IN THE PEER REVIEWED LITERATURE!

FROM THE EUROPEAN CDC!

> *" "The role of face masks in the control and prevention of COVID-19 remains an issue of debate.*
>
> *Prior to COVID-19, most studies assessing the effectiveness of face masks as a protective measure in the community came from studies on influenza, which provided little evidence to support their use.*
>
> *This technical report reviews the evidence that has been accumulated since the emergence of COVID-19, in addition to what has existed on this topic prior to the pandemic,"*
>
> *. Evidence for the effectiveness of non-medical face masks, face shields/visors and respirators in the community is scarce and of very low certainty."*

SOURCE:

https://www.ecdc.europa.eu/sites/default/3les/documents/covid-19-face-masks- community-3rst-update.pdf

FURTHER CITED CONCLUSIVE STUDIES: PUBLISHED IN JOURNAL OF AMERICAN MEDICAL ASSOCIATION
A HIGHLY PRESTIGIOUS MEDICAL JOURNAL!

Original Investigation

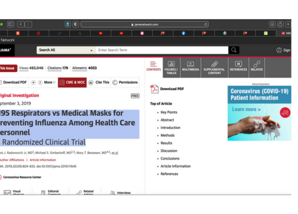
September 3, 2019

N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel A Randomized Clinical Trial

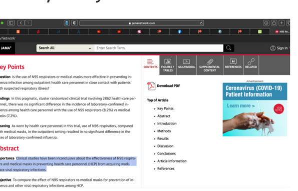
Lewis J. Radonovich Jr, MD1; Michael S. Simberkoff, MD2,3; Mary T. Bessesen, MD4,5; et alAlexandria C. Brown, PhD6; Derek A. T. Cummings, PhD7,8; Charlotte A. Gaydos, MD9; Jenna G. Los, MLA9; Amanda E. Krosche, BS9,10; Cynthia L. Gibert, MD11,12; Geoffrey J. Gorse, MD13,14; Ann-Christine Nyquist, MD5,15; Nicholas G. Reich, PhD6; Maria C. Rodriguez-Barradas, MD16,17; Connie Savor Price, MD5,18; Trish M. Perl, MD8,19; for the ResPECT investigators

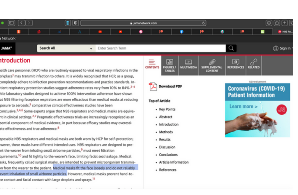
Author Affiliations Article Information

JAMA. 2019;322(9):824-833. doi:10.1001/jama.2019.11645



Importance " *Clinical studies have been inconclusive about the effectiveness of N95 respirators and medical masks in preventing health care personnel (HCP) from acquiring workplace viral respiratory infections."*





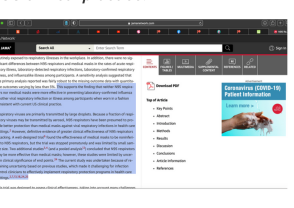
"MEDICAL MASKS FIT THE FACE LOOSELY AND DO NOT RELIABLY PREVENT INHALATION OF SMALL AIRBORNE PARTICLES."

"there was no significant difference between the effectiveness of N95 respirators and medical masks in preventing laboratory-confirmed influenza among participants routinely exposed to respiratory illnesses in the workplace.

In addition, there were no significant differences between N95 respirators and medical masks in the rates of acute respiratory illness, laboratory-detected respiratory infections, laboratory-confirmed respiratory illness, and influenza like illness among participants.

A sensitivity analysis suggested that the primary analysis reported was fairly robust to the missing outcome data with quantitative outcomes varying by less than 5%.

This supports the finding that neither N95 respirators nor medical masks were more effective in preventing laboratory-confirmed influenza or other viral respiratory infection or illness among participants when worn in a fashion consistent with current US clinical practice."



Respiratory viruses are primarily transmitted by large droplets. Because a fraction of respiratory viruses may be transmitted by aerosol, N95 respirators ***have been presumed to provide better protection*** than medical masks against viral respiratory infections in health care settings.2***However, definitive evidence of greater clinical effectiveness of N95 respirators is lacking.***

A well-designed trial6 found the effectiveness of medical masks to be noninferior to N95 respirators, ***but the trial was stopped prematurely and was limited by small sample size.***

Two additional studies3,4 (and a pooled analysis12) concluded that N95 respirators ***may be***more effective than medical masks; ***however, these studies were limited by uncertain clinical significance of end points.***24

The current study was undertaken because of remaining uncertainty based on previous studies, which made it challenging for infection control clinicians to effectively implement respiratory protection programs in health care settings.2,7,13,18,24,25

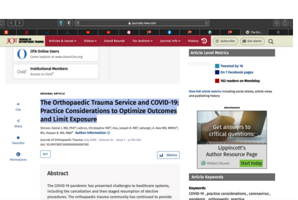
ORIGINAL ARTICLE

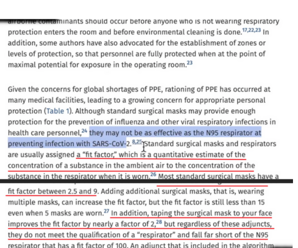
The Orthopaedic Trauma Service and COVID-19: Practice Considerations to Optimize Outcomes and Limit Exposure

Author Information Stinner, Daniel J. MD, PhDa; Lebrun, Christopher MDb; Hsu, Joseph R. MDc; Jahangir, A. Alex MD, MMHCa; Mir, Hassan R. MD, MBAd

Journal of Orthopaedic Trauma: July 2020 - Volume 34 - Issue 7 - p 333-340doi: 10.1097/BOT.0000000000001782

https://journals.lww.com/jorthotrauma/Abstract/2020/07000/The_Orthopaedic_Trauma_Service_and_CO





ALL THE STUDIES FIND THAT MASKS ARE NOT RESPIRATORY PROTECTION!

By Denis G. Rancourt, PhD

https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy

> "Masks and respirators do not work.
>
> There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.
>
> Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 μm), which are too fine to be blocked, and the minimum-infective dose is smaller than one aerosol particle.
>
> The present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history.
>
> *(From Words from the Publisher: "We pledge to publish all letters, guest commentaries, or studies refuting [Rancourt's] general premise that this mask-wearing culture and shaming could be more harmful than helpful. Please send your feedback to info@rcreader.com.")* **[UPDATE: August 12, 2020 Still No Evidence Justifying Mandatory Masks]**
>
> "

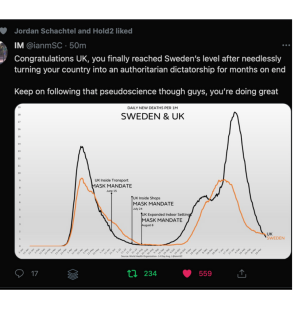
https://www.youtube.com/watch?v=AQyLFdoeUNk

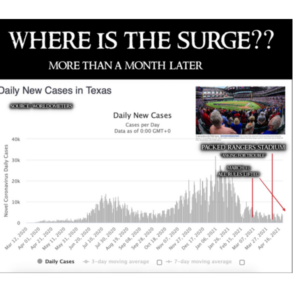
Welcome to the COVID Charts Quiz!

by https://www.covidchartsquiz.com/

> " In 2020 people were told that business closures, stay-at-home orders, lockdowns, and mask mandates were necessary to slow the spread of Sars-Cov-2.
>
> Some people expected that places where these measures were absent or implemented half-heartedly would have drastically worse results.
>
> With more than a year of these measures behind us, it's time to evaluate the results.
>
> Preliminary academic studies have already been published, and they deserve our attention. This quiz is intended for the layman, because if these radical measures were truly justified the results should be clear and unambiguous in the data.
>
> So let's take a look. "

TAKE THE QUIZ

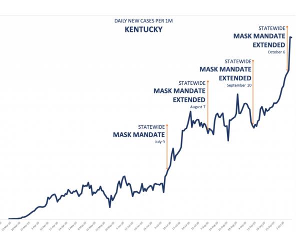




More mask charts

jenniferhcabrera in COVID-19

10/20/2020



CHARTS BY IAN MILLER

respirators when they were fit-tested compared to surgical masks. (14).

This study found that 624 out of 714 people wearing N95 masks left visible gaps when putting on their own masks. (15)

Surgical masks

This study found that surgical masks offered no protection at all against influenza. (16) Another study found that surgical masks had about 85% penetration rate of unconditioned inactivated influenza particles and about 90% of Staphylococcus aureus bacteria, although 5 aerosol particles were about to the diameter of influenza particles. (17)

Use of masks in surgery were found to slightly increase incidence of infection over not masking in a study of 3,088 surgeries. (18) The surgeons' masks were found to give no protective effect to the patients.

Other studies found no difference in wound infection rates with and without surgical masks. (19) (20)

This study found that "there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination." (21)

This study found that medical masks have a wide range of filtration efficiency, with most showing a 30% to 50% efficiency. (22)

Specifically, are surgical masks effective in stopping human transmission of coronavirus? Both experimental and control groups, masked and unmasked respectively, were found to "not shed detectable virus in respiratory droplets or aerosols." (23) In that study, they "did not confirm the infectivity of coronavirus" as found in smeared breath.

A study of aerosol penetration showed that two of the four surgical masks studied had 51% to 99% penetration of polydisperse aerosols. (24)

In another study, that observed subjects while coughing, "neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients." And more viral particles were found on the outside than on the inside of masks tested. (25)

Cloth masks

Cloth masks were found to have less efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through the various cloth masks examined in this study were between 74 and 96%. Likewise, the filtration efficiency of fabric masks was 3% to 33% (26)

Healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks. (27)

This 1920 analysis of cloth mask use during the 1918 pandemic examines the failure of masks to impede or stop the transmission at that time, and concludes that the number of bacteria of fabric respirator is proven to be greater than prevention would have required a sufficiently number of layers, and could not be used for that reason, as well as the problem of leakage rents around the edges of cloth masks. (28)

Masks against Covid-19

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities have a significant exposure to Covid-19 on face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The mechanism of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 8-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO2) decreased significantly compared to controls and increased respiratory rate and difficulty. (33) 19% of the patients developed various degrees of hypoxemia while wearing the respirator.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34). And 25% of healthcare workers' facepiece respirators were found to contain infiltration in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor flu influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was the healthcare worker's face, and the bacteria was "acquired from the healthcare environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laparoscopic surgery. Without the protective garb of surgeries, laparoscopic generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen reduces hypoxia-inducible factor 1 alpha (HIF-1) (41) This in turn down regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which contrasts dramatically with the lack of mask use in the spring. Mandatory or voluntary wearing of cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor choice to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6 minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 150 mL used for normal physiological processes. 100 mL (2/3) greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instrument of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

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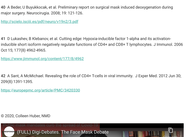

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