Time to Unmask the Truth

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Ontario's chief medical officer of health (CMOH) now "strongly recommends" masking in all indoor public settings, including schools and child-care centres, and while he specifically encouraged children aged 2-5 years to mask up, for now, he stopped short of a mandate. This announcement comes as children's hospitals across Ontario have been overwhelmed, largely due to infections with influenza and respiratory syncytial virus (RSV).

A few weeks back, Alberta Premier Danielle Smith declared that "our government will not permit any further masking mandates of children in Alberta's K-12 education system." She said that "the detrimental effects on the mental health, development and education of children in classroom settings is well understood, and we must turn the page on what has been an extremely difficult time for children, along with their parents and teachers."

Her support for the inherent rights of parents to make informed medical decisions and exercise patient autonomy led to attacks and gaslighting by the usual COVID commentators who failed to provide a single study in support of their pediatric masking claims, while

claiming that harms from masking have been "debunked" and that masking in kids is a "no-brainer." They suggest that masks will prevent our kids from infection and in turn, we as parents may be shielded from missing work.

We've seen this before. In September 2021, Alberta reinstated province-wide mask mandates and the COVID Delta wave took off nonetheless. While Omicron emerged and infection numbers dwarfed prior COVID variant waves, these mandates remained in place through June 14, 2022.

To be clear, *the policy-grade data regarding masking for COVID-19 and influenza fail to show any protection against infection*. If the Ontario CMOH has such data, he has not provided it. Yet the relentless messaging that masking our children is safe and effective persists.

We are not allowed to question the global COVID masking gospel, no matter how absurd the recommendation. And, despite leaders like Dr. Anthony Fauci flip-flopping on masks too many times to quote, comparing double-masking "to doing a version of a N95 (respirator)," and recently stating that given a lack of evidence "maybe people should make up their own mind about wearing a mask."

Frankly, the authoritative "no-brainer" approach to masking was always contradicted by physics and history. Respiratory particles can be distinguished into droplets or aerosols based on the particle size and their aerodynamic properties. Droplets fall to the ground very quickly, typically over minutes, whereas aerosols can take days or even many weeks. The COVID-19 virus (SARS-CoV-2), like its SARS-CoV predecessor, can remain viable and infectious in aerosols for at least hours and on surfaces for days, and is a primary source of indoor transmission. Both influenza and RSV can also spread through aerosols.

Just as most hockey players could easily fire marbles through a standard net or reliably fire pucks through netting containing multiple large holes, SARS-CoV-2 has no difficulty passing through and around a surgical grade mask given its small size and aerosolized capability. If you compare the size of the SARS-CoV-2 virus to the cross section of a hair, SARS-CoV-2 is about one thousand times smaller. How many hairs can you slip through a cloth or surgical mask, especially through the "air super-freeways" below the eyes and over the cheeks?

Of course, there is also the understated importance of N95 respirator Fit Testing to ensure a proper seal, and the reality that maintaining even an adequate seal for prolonged durations is impossible, as kids and adults frequently adjust these masks and exercise poor mask hygiene.

So, what are the solutions? According to experts like professional engineer, certified industrial hygienist and safety professional Dr. Stephen Petty, the longstanding National Safety Council recommendations remain to dilute the virus with ventilation, or to filter and destroy it, as implemented successfully by the airline industry and at many schools. His US State Senate testimony has led to the overturning of mask mandates.

Our best policy-grade masking data comes from our repeated experience with influenza pandemics where multiple meta-analyses and systematic reviews, including by the US Centers for Disease Control and Prevention (CDC) themselves, have consistently shown that masking against influenza is not associated with reduced case numbers. Even “N95 respirators should not be recommended for the general public and in non-high-risk medical staff.”

Regarding COVID-19 specifically, there are only 2 randomized controlled trials published to date. DANMASK-19 found no personal protective effect from masking, while an impressively large Bangladesh study found little to no effect from cloth and surgical masks on COVID-19 community transmission.

In response, the CDC conducted a low-quality survey study and produced a flashy figure that circulated globally despite results being “not statistically significant.” While a plethora of observational studies assessing masking protection from COVID-19 transmission exist, including in schools, none rise to policy-grade evidence, and all suffer fatal flaws including lack of a control group and unmeasured confounding variables. Unfortunately, the CDC is developing a scientific reputation for promoting misleading mask studies.

In fact, the CDC no longer recommends universal masking in healthcare settings, unless the facilities are in areas of high COVID-19 transmission. Also, a federal judge in April 2022 had ruled that the US government’s mask mandate on commercial planes was unlawful.

A recent meta-analysis and systematic review reported a multitude of possible harms from masking, including mask contamination, physical irritation including headaches, psychological harm including fear, difficulty breathing and shortness of breath, physiological impacts including lowered oxygen saturation with prolonged use, and communication impacts. Some of these harms have been described in the COVID-19 era too, including a very recent well-designed, pre-print study revealing a striking neurocognitive decline of 27-37 points among infants born since mid-2020.

Is it a coincidence that on February 8, 2022, the CDC updated its developmental milestones for infants and young children for the first time since they were first released in 2004? This included dramatic changes to expected verbal developmental milestones, lowering the expected verbal skills by 6 months. In response, the American Speech-Language-Hearing Association openly questioned these new guidelines as lacking scientific evidence.

When you consider how dirty children’s hands get, and that even adults reuse the same masks left in their cars, the cleanliness of the mask and what we may be inhaling becomes immensely important, especially to those with weakened immune systems. Studies have shown mask contamination, including bacterial and fungal contamination in face masks

during the COVID-19 era. Further, there is emerging evidence that mandatory masking can negatively influence the COVID-19 case fatality rate, possibly through deep reinhalation of virus-containing hypercondensed droplets caught in face masks.

Monkey see, monkey do. Anybody who interacts with young children has observed that reproducing human behaviour through imitation is the primary way kids learn, including watching mouths while others speak to mimic language. Even babies carefully watch faces to learn and interpret non-verbal facial cues which are crucial to their social development. Adults rely on these cues too, and a pre-COVID randomized-controlled trial reported that the wearing of a face mask by doctors had a negative effect on patient perceptions of the doctor's empathy.

The CDC estimates that almost 62 million American kids have had SARS-CoV-2 infections, based on their recorded pediatric seroprevalence estimate of 86.3%. This suggests a high preponderance of natural-acquired immunity and some level of subsequent protection to future SARS-CoV-2 variants. Fortunately, kids remain very unlikely to be hospitalized or die with or from COVID-19. Since pandemic onset, almost 3 years ago, there have been 5 pediatric-aged deaths with or from COVID-19 in Alberta, with most dying with and not because of COVID-19.

Kids are disproportionately better protected from COVID-19 than from other common diseases, including a lower mortality rate compared to pneumonia and influenza. This likely reflects their robust innate immune systems and because kids have a lower expression of ACE2 in nasal epithelium which is needed by SARS-CoV-2 to bind and infect a host. This also likely explains why numerous large population studies from Ireland, Iceland, France, and Australia show that children are *poor* COVID-19 spreaders, and seemingly debunk the harmful disinformation that our kids were killing their grandparents.

There remains a serious disconnect between the current policy-grade masking trial truths and the ongoing political science push to mask even our children. Those perpetuating the recent cacophony of horror at Premier Smith's scientifically astute stance against further masking our kids fail to provide a single policy-grade study in support of masking children, while dismissing any potential harms, and downplaying their own academic and financial conflicts of interest.

It is astounding hypocrisy to recommend that young children wear masks in their own homes, then go maskless at an indoor crowded event a few days later. Health officials must immediately provide policy-level evidence of the direct benefit of masking to kids themselves or be willing to defend their misguided and harmful advice in a debate. Please embrace informed consent and patient autonomy, stop allowing our children to be used as pawns in military fear propaganda, and as adult COVID-19 shields.

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