

The Forbidden COVID-19 Chronicles July 12 2021
Here's What the Government and Schools Have Done to Children
Pamela A. Popper, President
Wellness Forum Health

According to a new study published in *JAMA Pediatrics*, masking children in school is outright dangerous. The study included 45 children between the ages of six and 17 who were determined to be in good health. The carbon dioxide content of inhaled air was measured while breathing with and without two types of nose and mouth coverings. The sequence of masks was randomized and blinded. The children were asked to wear masks for short periods of time and within just three minutes the kids were inhaling carbon dioxide several times the acceptable limit for adults. The younger the children, the higher the carbon dioxide levels. One seven-year-old child's carbon dioxide level was 25,000 parts per million.¹

What does this mean? The seven-year-old was breathing in 2.5 times the amount of carbon dioxide that would be considered safe for adults in work settings. For example, the Minnesota Department of Health's website states that The Minnesota Department of Labor and Industry (MNDOLI) "has set workplace safety standards of 10,000 ppm for an 8-hour period..." and also states that "These standards were developed for healthy working adults and may not be appropriate for sensitive populations, such as children and the elderly."²

What are the consequences of high carbon dioxide levels? According to MNDOLI "At high levels, the carbon dioxide itself can cause headaches, dizziness, nausea, and other symptoms. This could occur when exposed to levels above 5000 ppm for many hours."³ Remember that the school day is 6-8 hours long depending on the age of the child. This means that children were exposed to as much as 5 times the amount deemed potentially hazardous for several hours daily for several months!

This explains some of the issues reported in a German study, in which parents, doctors, teachers and others were asked to enter their observations and experiences with masks into a registry. According to data reported by the parents for over 25,000 children, average time per day for mask wearing was 270 minutes per day and negative effects reported were:

irritability	60%
headache	53%
difficulty concentrating	50%
less happiness	49%
reluctance to go to school	44%
malaise	42%
impaired learning	38%
drowsiness or fatigue	37% ⁴

What is most distressing about this is that public health officials had to know that not only were the masks harmful, but also completely useless for preventing the spread of any virus including SARS-CoV-2, which measures **0.125 µm** in size, and can penetrate any surgical mask. According to the US National Academy of Sciences, in community settings "face masks are not designed or certified to protect the wearer from exposure to respiratory hazards."⁵ Another study showed that surgical masks do not provide protection for aerosols ranging from 0.9-3.1 µm.⁶

In household settings, surgical masks do not prevent transmission of flu.^{7 8}

According to Dr. Jenny Harries, deputy chief medical officer in England, wearing masks can actually **increase** the risk of contracting the virus because virus can be trapped in the material and cause infection when the person inhales. According to Dr. Harries, members of the public should not wear masks unless they are sick, and only if advised to do so by a healthcare provider.

"What tends to happen is people will have one mask. They won't wear it all the time, they will take it off when they get home, they will put it down on a surface they haven't cleaned," she said. Furthermore, people go out and about and don't wash their hands every time they touch something – they can't – and then touch their mask constantly to drink water or eat, or even communicate, and this becomes a means of infection.⁹

A review of 17 studies concluded, "None of the studies we reviewed established a conclusive relationship between mask/respirator use and protection against influenza infection."¹⁰

Due to shortages, some people have been advised to make their own masks out of cloth. According to a hospital study in which hospital wards were randomized to medical masks, cloth masks, or a control group which included a high proportion of people who wore some type of mask, the rate of infection was highest in the cloth mask group as compared to the group wearing some type of medical mask. Transmission of viral particles through cloth masks was almost 97% as compared to medical masks at 44%. Reasons cited included moisture retention, reuse of the masks, and poor filtration, all of which actually can increase rather than decrease the risk of infection. The researchers concluded that the results "...could be interpreted as harm caused by cloth masks."¹¹

A 2020 study in South Korea looked at the efficacy of both surgical and cotton masks for blocking transmission of SARS-CoV-2 from coughing patients. Patients were instructed to cough 5 times while wearing no mask, a surgical mask, or a cotton mask. The researchers reported that neither surgical nor cotton masks were effective for filtering SARS-CoV-2 from environment or the external mask surface. They also reported that there was greater contamination on the outer rather than the inner surface of the mask, which they said could be due to air leakage around the mask edge, or high-velocity coughing which might cause viral particles to penetrate the mask.

They wrote that these results support the importance of hand hygiene after touching outer surfaces of the mask.¹²

As parents prepare for the 2021/2022 school year, an important question to ask is, "Can the government, school officials and teachers be trusted to make decisions that will keep my child safe and protect his/her health?" If past behavior is a predictor of future behavior, the answer would be a resounding "no!"

¹ Walach H, Weikl R, Prentice J et al. "Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children. A Randomized Clinical Trial." *JAMA Pediatrics* 2021 Jun published online doi:10.1001/jamapediatrics.2021.2659

² <https://www.health.state.mn.us/communities/environment/air/toxins/co2.html> accessed 7.7.2021

³ IBID

⁴ Schwarz S, Jenetzky E, Krafft H, Maurer T, Martin D. "Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children." Research Square preprint. <https://www.researchsquare.com/article/rs-124394/v1>

⁵ Larson EL, Liverman CT, editors. Preventing transmission of pandemic influenza and other viral respiratory diseases: personal protective equipment for healthcare workers: update 2010. Washington: The National Academies Press; 2010.

⁶ Oberg T, Brosseau LM. "Surgical mask filter and fit performance." *Am J Infect Control* 2008 May;36(4):276-282

⁷ MacIntyre CR, Cauchemez S, Dwyer DE et al. "Face mask use and control of respiratory virus transmission in households." *Emerg Infect Dis* 2009 Feb;15(2):233-241

⁸ Cowling BJ, Chan KH, Fang VJ et al. "Facemasks and hand hygiene to prevent influenza transmission in households: a cluster randomized trial." *Ann Intern Med* 2009 Oct;15(7):437-446

⁹ Laguipo ABB. "Wearing masks may increase your risk of coronavirus infection, expert says." *News Medical Life Sciences* Mar 15 2020

¹⁰ Bin-Reza F, Chavarrias VL, Vicoll A, Chamberland ME. "The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence." *Influenza Other Respir Viruses* 2012 Jul;6(4):257-267

¹¹ 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 Mar;5:e006577

¹² Bae S, Kim MC, Kim JY et al. "Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2: A Controlled Comparison in 4 Patients." *Ann Intern Med* 2020 Apr; DOI: 10.7326/M20-134