

USAGE OF FACE MASKS DURING COVID-19: A TREATISE

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Preface

This treatise is meant to be read by various Indian Government departments and other establishments directly responsible for formulating or enforcing Covid-19 preventive measures. This treatise has eleven parts marked A till K.

Part A gives a background of the circumstances that compelled the author to write this treatise.

Part B lists scientific studies on ineffectiveness of face masks. Only high-quality peer reviewed research published in reputed journals are referenced.

Part C points out flaws in studies referenced by Indian Council of Medical Research (ICMR) to support masks.

Part D gives opinion of medical practitioners on harmful effects of face masks.

Part E gives empirical evidence of the harmful effects of face masks.

Part F describes the current actions taken by International Health Organizations, Indian Government and Indian Judiciary with respect to usage of masks.

Part G highlights media censorship on masks.

Part H describes international court rulings on ineffectiveness of masks.

Part I summarizes this treatise.

Part J appeals to government authorities to make masks optional for adults, to ban it for underage children and to inform the public on their harmful effects.

Part K is an annexure of key orders of Government, high-quality scientific studies that prove the ineffectiveness of masks and Right To Information (RTI) replies of various arms of Indian Government.

A. Background

1. On 11th March 2020, the WHO* made the assessment that Covid-19 can be characterized as a pandemic¹. On 14th March 2020, the Union government of India declared the Covid-19 pandemic as 'notified disaster' under the Disaster Management Act, 2005².

*WHO – World Health Organization

¹ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² <https://www.ndtv.com/india-news/india-declares-coronavirus-a-notified-disaster-lists-compensation-2194915>

2. The Government of India, Ministry of Health and Family Welfare, in its website in Resources -> Awareness Material section, gave instructions of preventive measures for Covid-19 from time to time, which are summarized as below.

Table 1 : Guidance Given by Ministry of Health and Family Welfare

Date	Guidance Given by Ministry of Health and Family Welfare
28 th March 2020	Healthy person should wear mask only if taking care of person with suspected Covid-19 infection ¹ . [This website link is now not available, however the details of this link and the RTI referencing this link is submitted].
07 th April 2020	Video that informs how to make a homemade mask for people not suffering from medical conditions or do not have breathing difficulties. ²
11 th April 2020	Another video that informs how to make a homemade mask for people not suffering from

	medical conditions or do not have breathing difficulties. ³
05 th May 2020	Face masks have to be worn by everyone when stepping out of home (Slides 48 & 58) Children told to wear face mask at all times (Slide 133) ⁴
12 th June 2020	Guidelines on Covid-19 preventive measures published for Hotels, Offices, Religious Places, Restaurants and Shopping Malls. According to these guidelines, masks are mandatory for everyone. ⁵
15 th July 2020	A Video on Covid-19 appropriate behavior. According to the video, masks should be worn by everyone. ⁶

¹ Annexure E9

¹ Annexure A3

¹ 28 Mar 2020 <https://www.mohfw.gov.in/pdf/Poster4GHFGA.pdf>

² 07 Apr 2020 <https://www.youtube.com/watch?v=Q-ly7ccCpS4>

³ 11 Apr 2020 <https://www.youtube.com/watch?v=pC6lKNdZZ8o>

⁴ 05 May 2020 <https://www.mohfw.gov.in/pdf/PreventiveMeasures.pptx>

⁵ 12 Jun 2020 <https://www.mohfw.gov.in/pdf/HotelsGuidelines11thJune.pdf>

⁵ 12 Jun 2020 <https://www.mohfw.gov.in/pdf/OfficesGuidelines11thJune.pdf>

⁵ 12 Jun 2020 <https://www.mohfw.gov.in/pdf/ReligiousPlacesGuidelines11thJune.pdf>

⁵ 12 Jun 2020 <https://www.mohfw.gov.in/pdf/RestaurantsGuidelines11thJune.pdf>

⁵ 12 Jun 2020 <https://www.mohfw.gov.in/pdf/ShoppingMallsGuidelines11thJune.pdf>

⁶ 15 Jul 2020 <https://www.youtube.com/watch?v=3dpTbtUSlcl>

3. Government of India, Ministry of Home Affairs gave orders from time to time, enforcing face masks, and directing state governments not to dilute these measures, which is briefly summarized in below table.

Table 2 : Orders Given by Ministry of Home Affairs

Date	Brief description
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15 th Apr 2020	(Page 4) State governments shall not dilute these guidelines issued under Disaster Management Act, 2005. They may however impose stricture measures. (Page 11) Wearing of face cover is compulsory in all public places, work places. All persons should ensure social distancing. ¹
24 th Apr 2020	(Page 4) All shops should enforce wearing of masks. ²
11 th May 2020	(Page 2) All railway passengers have to wear face mask. ³
17 th May 2020	(Page 6) Wearing of face mask is compulsory in all public and work places. ⁴
21 st May 2020	(Page 4) National directives for Covid-19 Management such as wearing face covers should be followed throughout the country. ⁵
23 rd Mar 2021	(Page 4) Strict enforcement of wearing face mask must be ensured. Wearing of face mask is an essential preventive measure. States and UTs may consider administrative actions, including imposition of appropriate fines, on persons not wearing face masks in public and work places. ⁶
29 th Jun 2021	(Page 5) Wearing of face mask is compulsory in public places; in workplaces; and during transport. ⁷

¹ 15 Apr 2020

https://www.mha.gov.in/sites/default/files/MHA%20order%20dt%2015.04.2020%2C%20with%20Revised%20Consolidated%20Guidelines_compressed%20%283%29.pdf

² 24 Apr 2020 https://www.mha.gov.in/sites/default/files/MHAopening_24042020.pdf³ 11 May 2020

<https://www.mha.gov.in/sites/default/files/MHA%20Order%20Dt.%2011.5.2020%20on%20SOP%20for%20movement%20of%20persons%20by%20trains.pdf>

⁴ 17 May 2020

https://www.mha.gov.in/sites/default/files/MHAOrderextension_1752020_0.pdf

⁵ 21 May 2020 <https://www.mha.gov.in/sites/default/files/MHADOLrDt2152020.pdf>⁶ [Annexure A2]⁶ 23 Mar 2021 https://www.mha.gov.in/sites/default/files/MHAOrder_23032021.pdf⁷ https://www.mha.gov.in/sites/default/files/MHAOrder_2962021.pdf

4. On 8th April 2020, ***Times of India*** reported that some states such as Maharashtra threatened arrest under Indian Penal Code Section 188

(Disobedience to Order Duly Promulgated by Public Servant) if mask was not worn when stepping out of home¹.

¹ <https://timesofindia.indiatimes.com/india/which-states-have-made-face-masks-compulsory/articleshow/75053386.cms>

5. The author of this treatise is a law-abiding citizen and dutifully followed Covid-19 preventive measures as specified by various government departments. He wore a mask when stepping out of his home.
6. The author however experienced headaches when wearing a mask for prolonged period of time. He enquired with fellow citizens and got to know that many people experience headache when wearing a mask for prolonged period of time.
7. The author has three young children, the youngest child being four years old. When this child was playing with other children in his neighborhood, his mask came off, but the child continued playing. A parent then complained to the author that his child should always wear a mask when playing with her child.
8. The authors own children are not comfortable wearing masks but are forced to wear them due to pressure from other children and their parents. Also, for the very few days they went to school during the pandemic, they had to wear a mask.
9. The author then did some online research and found that WHO does not recommend masks for children five years and younger yet has advised to follow local rules on this matter¹. The author then searched the website

of Ministry of Health and Family Welfare and found that masks are to be worn by everyone, including children of all ages².

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-children-and-masks-related-to-covid-19>

² <https://www.youtube.com/watch?v=3dpTbtUSlcl>

10. The author could not find scientific evidence on the websites of ICMR* and Ministry of Health and Family Welfare as to why even young children have to wear masks. More ever the Ministry of Health and Family Welfare had earlier stated that masks should not be worn by healthy people, yet it changed its guidelines and forced even healthy people to wear masks without offering adequate scientific reason for this change on its website.

*ICMR – Indian Council of Medical Research

11. The Directorate General of Health Services in its website revised masking guidelines for children on 16 June 2021¹. Masks are not recommended for children aged 5 years and under. Children aged 6-11 years may wear a mask depending on the ability of child to use a mask safely and appropriately under direct supervision of parents/guardians. Children aged 12 years and over should wear a mask under the same conditions as adults.

1

https://dghs.gov.in/WriteReadData/News/202106161247343732428DteGHSComprehensiveGuidelinesforManagementofCOVID-19inCHILDREN_16June2021_final.pdf

12. The author found that here are no strict rules about what constitutes a face mask, and the rules about when, where and by whom masks should be worn are changing, emboldening his belief that there is no science supporting the masks.

13.The author did some research online and read various studies of prestigious scientific and medical journals on effectiveness of face masks. He found that scientific evidence supporting face masks is lacking not only for children but also for healthy adults. He also found that **face masks have adverse physiological, psychological and health effects.**

14.The author, along with like-minded individuals, also filed RTIs* with various government research institutions and found that they could not offer adequate scientific evidence for requiring the public to wear face masks. These RTIs are annexed to this treatise.

*RTI – Right To Information

15.However, the public is constantly informed to wear masks in print and electronic media. Several prominent leaders such as the Prime Minister have said that these preventive measures must be followed¹. Also, on making a phone call, a pre-caller tune is played that informs everyone to wear masks.

¹ <https://www.ndtv.com/india-news/pm-modi-says-this-festive-season-we-must-not-forget-that-lockdown-may-be-over-but-the-virus-has-not-gone-2313078>

16.In this current atmosphere of fear, the vast majority of the public follows the Covid-19 preventive measures as ordered by the authorities without consideration of the long-term harmful effects.

17.There are a few members of the public, this author included, who have read scientific studies about the ineffectiveness and harmful effects of masks. However, when these studies are shown to the rest of the public, it is often met with hostility and comments that members of the public who question the government only worsen the pandemic. A division is

thus caused among the people who are aware of the harmful effects of these Covid-19 preventive measures and the people who live in fear and blindly follow these Covid-19 preventive measures.

18. Moreover, members of the public that are aware of the harmful effect of masks still follow them for fear of being fined by the police and for fear of being ostracized by other members of the public. Also shops, restaurants, shopping malls and even places of worship have put up notice boards at their entrances, requiring the public to wear masks in order to enter.

19. Even though the mask requirement may be relaxed during periods of low Covid-19 cases, there is possibility that it may be enforced in the future when more waves of Covid-19 occur. It is therefore in public interest that this treatise is sent to various government departments and establishments formulating or enforcing masks with the plea that face masks be made optional for adults, to ban it for underage children and to create public awareness on the negative effects of face masks even during periods of high number of Covid-19 cases.

B. Scientific Evidence – Masks are Ineffective

i. Hierarchy of Evidence

1. Not all scientific evidence can be equal. There is a hierarchy of scientific evidence. Systematic reviews & meta-analysis and Randomized Controlled Tests (RCT) have very low bias and are considered to be the topmost in hierarchy of scientific evidence. Whereas, expert opinion tends to have bias and is lower in hierarchy of scientific evidence.
2. Randomized Controlled Test (RCT) is an experimental study to assess the effects of a drug or treatment, in which subjects are assigned randomly to an experimental or control group. The experimental group receives the drug or procedure. The control group receives nothing. The researchers gathering the data are typically blinded to group assignment.
3. Randomization reduces bias and provides a rigorous tool to examine cause-effect relationships between an intervention and outcome. This is because the act of randomization balances participant characteristics (both observed and unobserved) between the groups allowing attribution of any differences in outcome to the study intervention. This is not possible with any other study design. Randomized Controlled Tests (RCT) are the gold standard for effectiveness research.¹

¹ Dec 2018 <https://dx.doi.org/10.1111%2F1471-0528.15199>

4. A high-quality systematic review is described as the most reliable source of evidence to guide clinical practice. The purpose of a systematic review

is to deliver a meticulous summary of all the available primary research in response to a research question. A systematic review uses all the existing research and is sometimes called 'secondary research' (research on research)¹.

¹ Jun 2011 <http://dx.doi.org/10.1136/ebn.2011.0049>

5. A systematic review summarizes the existing, published research on a particular topic, in a well-described, methodical, rigorous, and reproducible (hence "systematic") manner. A systematic review typically includes a greater range of patients than any single study, thus strengthening the external validity or generalizability of its findings and the utility to the clinician seeking to practice evidence-based medicine. By aggregating and pooling the data derived from a systemic review, a well-done meta-analysis essentially increases the precision and the certainty of the statistical inference.¹

¹ Mar 2019 <https://doi.org/10.1213/ane.0000000000004014>

ii. Scientific Evidence – Masks are Ineffective

1. A Randomized Controlled Trial (RCT) was done in Denmark to assess whether recommending surgical mask use outside the home reduces wearers' risk for SARS-CoV-2 infection in a setting where masks were uncommon and not among recommended public health measures. The study was published in *Annals of Internal Medicine* in March 2021 titled "***Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers***"¹. A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862

completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The difference observed was not statistically significant. In this community-based, randomized controlled trial conducted in a setting where mask wearing was uncommon and was not among other recommended public health measures related to COVID-19, a recommendation to wear a surgical mask when outside the home among others did not reduce, at conventional levels of statistical significance, incident SARS-CoV-2 infection compared with no mask recommendation.

¹ [Annexure B1]

¹ Mar 2021 <https://doi.org/10.7326/M20-6817>

2. The United States ***Centre for Disease Control and Prevention (CDC)*** funded meta-analysis and systematic review on masking and published the results in their website in May 2020 titled "***Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures***" ¹. The study identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory confirmed influenza virus infections in the community. In pooled analysis, the researchers found no significant reduction in influenza transmission with the use of face masks. Evidence from RCTs of hand hygiene or face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, and limited evidence was available on other environmental measures.

¹ [Annexure B2]

¹ May 2020 <https://doi.org/10.3201/eid2605.190994>

3. A systematic review "***The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence***" authored by ***bin-Reza et al.*** was published in ***Influenza Journal*** ¹. This systematic review considered 17 studies in both healthcare and community settings from a search of PubMed database. None of the studies established a conclusive relationship between mask / respirator use and protection against influenza infection.

¹ [Annexure B3]

¹ Dec 2011 <https://pubmed.ncbi.nlm.nih.gov/22188875/>

4. A systematic review titled "***Disposable surgical face masks for preventing surgical wound infection in clean surgery***" published in ***Cochrane*** ¹ studied Randomized controlled trials (RCTs) and quasi-randomized controlled trials comparing the use of disposable surgical masks with the use of no mask. Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials. The study concluded that it is unclear whether the wearing of surgical face masks by members of the surgical team has any impact on surgical wound infection rates for patients undergoing clean surgery.

¹ [Annexure B4]

¹ Jan 2002 <https://doi.org/10.1002/14651858.CD002929>

5. Another systematic review titled "***Unmasking the surgeons: the evidence base behind the use of facemasks in surgery***" ¹ published in ***The Royal Society of Medicine*** came to the conclusion that facemasks do have a clear role in maintaining the social cleanliness of surgical staff, but

evidence is lacking to suggest that they confer protection from infection either to patients or to the surgeons that wear them.

¹ [Annexure B5]

¹ Jun 2015 <https://doi.org/10.1177/0141076815583167>

6. An article based on systematic review titled "**Face masks to prevent transmission of influenza virus: a systematic review**" authored by **B J Cowling. et al.** and published by **Cambridge University Press** identified six studies of face masks in healthcare settings and four randomized controlled trails of face masks in community settings and concluded that there is little evidence to support the effectiveness of face masks to reduce the risk of infection.

[Annexure B6]

Jan 2010 <https://doi.org/10.1017/S0950268809991658>

C. Flaws in Studies Referenced by ICMR in Favor of Masks

1. RTI response from ICMR¹ dated 16th June 2021 shows that they have used two studies to prove that face masks are effective measures for prevention of Covid-19.

¹ [Annexure E06]

2. The first study is titled ***"Mask use in the context of COVID-19"*** available on WHO website since Dec 2020¹ and the second study is titled ***"Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis"*** funded by WHO and published in The Lancet in Jun 2020². This part of the treatise will point out the flaws in both these studies.

¹ [Annexure C1]

¹ Dec 2020 [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

² [Annexure C2]

² Jun 2020 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

3. The WHO study ***"Mask use in the context of COVID-19"***¹ recommending usage of masks has the below flaws
 - a. The study admits that 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. A large randomized community-based trial in which 4862 healthy participants were divided into a group wearing

medical/surgical masks and a control group found no difference in infection with SARS-CoV-2.

- b. The study admits potential disadvantages of masks such as headaches, breathing difficulties, development of facial skin lesions and discomfort.
- c. It references the study ***"Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility"*** published in ***The New England Journal of Medicine*** ² to claim that pre-symptomatic people spread the virus. However, a nursing facility is a close community of infirm and elderly people, who do not easily develop symptoms after being infected. The results of this study therefore cannot be extrapolated to the community of an entire population.
- d. The study states that a mask alone, even when it is used correctly, is insufficient to provide adequate protection or source control. Other infection prevention and control (IPC) measures include hand hygiene, physical distancing of at least 1 metre, avoidance of touching one's face, respiratory etiquette, adequate ventilation in indoor settings, testing, contact tracing, quarantine and isolation. Together these measures are critical to prevent human-to-human transmission of SARS-CoV-2.

However, the study does not offer any evidence that all these measures when used simultaneously, prevent transmission of SARS-CoV-2.

- e. The study admits that high quality research is required to address the knowledge gaps related to modes of transmission, infectious dose and settings in which transmission can be amplified. However more than one and half years have passed since the publication of this WHO

study, there is now a growing evidence that masks are ineffective, yet ICMR still uses this WHO study to justify masks.

¹ [Annexure C1]

¹ Dec 2020 [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

² May 2020 <https://doi.org/10.1056/NEJMoa2008457>

4. The second study referenced by ICMR to justify masks is an article in ***The Lancet*** titled ***"Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis"*** published in June 2020. This article came to the conclusion that face mask use could result in a large reduction in risk of infection.¹

This article considered 44 studies in its meta-analysis. The flaws of this Lancet study are

- a. None of these studies were randomized controlled trials, which are among the highest level of evidence.
- b. The setting in these 44 studies is predominantly healthcare and household. Healthcare contains predominantly sick and infirm people, and in household the members are in close contact with each other. The results of these studies therefore cannot be applied to the general population.
- c. Most of these studies are about the SARS-1 virus or the MERS virus, both of which have very different transmission characteristics: they were transmitted almost exclusively by severely ill hospitalized patients and not by community transmission.
- d. The authors admit that further high-quality research, including randomised trials of the optimum physical distance and the

effectiveness of different types of masks in the general population and for health-care workers' protection, is urgently needed. However more than one year has passed since the publication of this Lancet study, there is now a growing evidence that masks are ineffective, yet ICMR still uses this Lancet study to justify masks.

- e. Only 4 of these 44 studies involved community settings. The flaws of these four studies are as below
 - i. Study by **Burke et al** (ref 37) published later in Sep 2020 in **PLOS ONE**² mentions that there were inconsistencies between outbreak response teams on how to define close contact, which type of exposure information to collect and how often to attempt collection of respiratory samples. This study had no results related to the use of face masks and was inconclusive.
 - ii. Study by **E. Rea et al** (ref 62) published in **Cambridge University Press** covered SARS cases outbreak in 2003 in Toronto, Canada³. The study admitted that it was specific to the outbreak in Greater Toronto Area and its utility may be less in other settings. Also a later study published in **Biomedical and Environmental Sciences** titled "**Infectivity of Severe Acute Respiratory Syndrome during Its Incubation Period**" covered SARS outbreak in Beijing, China and came to the conclusion that SARS cases are infectious only during their symptomatic period and are non-infectious during the incubation period.⁴
 - iii. Study by **Tuan et al** (ref 69) published in **Epidemiology and Infection** titled "**SARS transmission in Vietnam outside of the health-care setting**".⁵ This community setting study, though considered in the meta-analysis of the Lancet study, actually

came to the conclusion that there was no evidence of transmission of infection before symptom onset.

- iv. Study by *Jiang Wu et al* (ref 74) published in *Emerging Infectious Diseases* titled "*Risk Factors for SARS among Persons without Known Contact with SARS Patients, Beijing, China*" came to the conclusion that mask use lowered the risk of disease in community setting.⁶ This study admitted recall bias might have influenced some of the factors. Furthermore, several patients who agreed to be interviewed and tested for this study responded that they were certain their illness was not SARS. Also this study is poorly designed as it is a retrospective study based on telephone interviews. Additionally a later study published in *Biomedical and Environmental Sciences* titled "*Infectivity of Severe Acute Respiratory Syndrome during Its Incubation Period*" covered SARS outbreak in Beijing, China and came to the conclusion that SARS cases are infectious only during their symptomatic period and are non-infectious during the incubation period.⁴
- f. Studies that were not peer-reviewed were considered in this Lancet article. A total of seven studies (references 3, 4, 31, 36, 37, 40 and 70) analyzed by this Lancet meta-study were unpublished and non-peer-reviewed observational studies.

¹ [Annexure C2]

¹ Jun 2020 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

² [Annexure C3]

² Sep 2020 <https://doi.org/10.1371/journal.pone.0238342>

³ [Annexure C4]

³ Jan 2007 <https://dx.doi.org/10.1017%2FS0950268806007771>

⁴ [Annexure C5]

⁴ Dec 2009 [https://doi.org/10.1016/S0895-3988\(10\)60008-6](https://doi.org/10.1016/S0895-3988(10)60008-6)

⁵ [Annexure C6]

C. Flaws in Studies Referenced by ICMR in Favor of Masks

⁵ Apr 2007 <https://doi.org/10.1017/S0950268806006996>

⁶[Annexure C7]

⁶ Feb 2004 <https://dx.doi.org/10.3201%2Fcid1002.030730>

5. A detailed expose of the flaws in the Lancet study is given in the below links ^{1, 2}

¹ Sep 2020 <https://swprs.org/who-mask-study-seriously-flawed/>

² Sep 2020 <http://economicsfaq.com/retract-the-lancets-and-who-funded-published-study-on-mask-wearing-criticism-of-physical-distancing-face-masks-and-eye-protection-to-prevent-person-to-person-transmissi/>

D. Medical Opinion – Masks are Harmful

1. ***International Journal of Environmental Research and Public Health*** published an article titled ***"Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?"***¹ in Apr 2021. The researchers compiled scientifically proven related side effects of wearing a mask. The researchers quoted *"We were able to demonstrate a statistically significant correlation of the observed adverse effect of hypoxia and the symptom of fatigue. Our review of the literature shows that both healthy and sick people can experience Mask-Induced Exhaustion Syndrome (MIES), with typical changes and symptoms that are often observed in combination, such as an increase in breathing dead space volume, increase in breathing resistance, increase in blood carbon dioxide, decrease in blood oxygen saturation, increase in heart rate, increase in blood pressure, decrease in cardiopulmonary capacity, increase in respiratory rate, shortness of breath and difficulty breathing, headache, dizziness, feeling hot and clammy, decreased ability to concentrate, decreased ability to think, drowsiness, decrease in empathy perception, impaired skin barrier function with itching, acne, skin lesions and irritation, overall perceived fatigue and exhaustion."*

¹ [Annexure D1]

1 Apr 2021 <https://doi.org/10.3390/ijerph18084344>

2. ***"Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children : A Randomized Clinical Trial"***¹ was published in ***Journal of American Medical Association*** in June 2021. The question whether nose and mouth covering increases carbon

dioxide in inhaled air is crucial. A large-scale survey in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings. The normal content of carbon dioxide in the open is about 0.04% by volume (ie, 400 ppm). A level of 0.2% by volume or 2000 ppm is the limit for closed rooms according to the German Federal Environmental Office, and everything beyond this level is unacceptable. This study showed that the value of the child with the lowest carbon dioxide level was 3-fold greater than the limit of 0.2 % by volume. The youngest children had the highest values, with one 7-year-old child's carbon dioxide level measured at 25 000 ppm.

¹ Jun 2021 <https://doi.org/10.1001/jamapediatrics.2021.2659>

3. A paper in the journal, ***Ophthalmology and Therapy***¹, written by Majid Moshirfar, William B. West Jr and Douglas P. Marx warned of an increase in dry eye symptoms among mask wearers. Those using masks regularly for extended periods are more likely to show symptoms. The condition is caused by exhaled air blowing upwards from the mask into the eyes. The increased airflow causes irritation or inflammation. The authors conclude "*this mask-associated ocular irritation raises concerns about eye health and increased risk of disease transmission in prolonged mask users*".

¹ Sep 2020 <https://doi.org/10.1007/s40123-020-00282-6>

4. A study by ***American Headache Society***¹ involving 158 healthcare workers aged 21 to 35 years of age found that 81% developed headaches from wearing a face mask. Some had pre-existing headaches that were precipitated by the masks. All felt like the headaches affected their work performance. Results of this study are available in the article "***Headaches***

Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19" by ***Jonathan J Y Ong et al.***

¹ Mar 2020 <https://doi.org/10.1111/head.13811>

5. A study listed in the National Center for Biotechnology Information, which operates under the National Library of Medicine and the National Institutes of Health, found that the microplastics used in the manufacturing of Covid face masks contain a number of toxic chemicals, including the penis-shrinking phthalates¹.

¹ Mar 2021 <https://nationalfile.com/study-chemical-that-causes-penile-shrinkage-found-in-face-masks/>

6. *"Masking children triggers mouth breathing which has been shown to cause long, narrow faces, narrow mouths, high palatal vaults, dental malocclusion, gummy smiles, and many other unattractive facial features,"* according to the ***Journal of General Dentistry***¹. The Journal further adds that these children do not sleep well at night due to obstructed airways; this lack of sleep can adversely affect their growth and academic performance.

¹ May 2009 <http://www.adamsdentalnj.com/wp-content/uploads/2017/05/Effects-of-mouthbreathing-growth.pdf>

7. ***Dr. Russell Blaylock***¹ warns that not only do face masks fail to protect the healthy from getting sick, but they also create serious health risks to the wearer. The bottom line is that if you are not sick, you should not wear a face mask. Several studies have indeed found significant problems with

wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications. Unfortunately, no one is telling the frail elderly and those with lung diseases, such as COPD*, emphysema or pulmonary fibrosis, of these dangers when wearing a facial mask of any kind—which can cause a severe worsening of lung function. This also includes lung cancer patients and people having had lung surgery, especially with partial resection or even the removal of a whole lung. The doctor adds that when a person has TB we have him wear a mask, not the entire community of non-infected.

*COPD – Chronic Obstructive Pulmonary Disease

*TB – Tuberculosis

¹ May 2020 <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>

8. **Dr M Griesz-Brisson MD PhD** ¹ is a leading European consultant neurologist and neurophysiologist. She warned that rebreathing our exhaled air, because of wearing masks, will create oxygen deficiency (hypoxia) and an excess of carbon dioxide (hypercapnia) in the body. Dr Griesz-Brisson pointed out that the acute warning symptoms of oxygen deprivation are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Moreover, the continual and stressful impacts of masking will also have a known and deleterious impact on the immune systems in children.

¹ Oct 2020 <https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>

9. A paper entitled, "***Use of surgical face masks to reduce the incidence of the common cold among health workers in Japan: a randomized clinical trial***" ¹ was published in the ***American Journal of Infection Control*** in June

2009. Health care workers in a tertiary care hospital in Japan were randomized into two groups: two that wore face masks and two that did not. Participants recorded symptoms daily for 77 consecutive days, starting in January 2008. Thirty-two health care workers completed the study, resulting in 2464 subject days. Of the 8 symptoms recorded daily, **subjects in the mask group were significantly more likely to experience headache during the study period.** The study concluded that face mask use in health workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.

¹ Jun 2009 <https://doi.org/10.1016/j.ajic.2008.11.002>

10. Those who defend mask wearing claim that the practice must be safe because surgeons and operating theatre staff wear masks. But operating theatres are climatically controlled, masks are replaced every couple of hours, and those working in an operating theatre do not rush around doing their shopping. It is important to remember that surgeons who wear masks (and not all do) work while standing, rather than walking, and they work in a controlled, air-conditioned environment. They do not touch their masks and they change them regularly. Indeed, Physician, **Dr J. Meehan MD**, who has performed over 10,000 surgical procedures, has this to say in *Principia Scientific International* to those who argue that, "***If masks don't work, then why do surgeons wear them?***"¹

"Although surgeons do wear masks to prevent their respiratory droplets from contaminating the surgical field and the exposed internal tissues of our surgical patients, that is about as far as the analogy extends. The covid-19 pandemic is about viral transmission. Surgical and cloth masks do nothing to prevent viral transmission. We should all realize by now that

face masks have never been shown to prevent or protect against viral transmission. Which is exactly why they have never been recommended for use during the seasonal flu outbreak, epidemics, or previous pandemics. If a surgeon were sick, especially with a viral infection, they would not perform surgery as they know the virus would not be stopped by their surgical mask. Another area of “false equivalence” has to do with the environment in which the masks are worn. The environments in which surgeons wear masks minimize the adverse effects surgical masks have on their wearers. Unlike the public wearing masks in the community, surgeons work in sterile surgical suites equipped with heavy duty air exchange systems that maintain positive pressures, exchange and filter the room air at a very high level, and increase the oxygen content of the room air. These conditions limit the negative effects of masks on the surgeon and operating room staff. And yet despite these extreme climate control conditions, clinical studies demonstrate the negative effects (lowering arterial oxygen and carbon dioxide re-breathing) of surgical masks on surgeon physiology and performance. Surgeons and operating room personnel are well trained, experienced, and meticulous about maintaining sterility. We only wear fresh sterile masks. We don the mask in a sterile fashion. We wear the mask for short periods of time and change it out at the first signs of the excessive moisture build up that we know degrades mask effectiveness and increases their negative effects. Surgeons never re-use surgical masks, nor do we ever wear cloth masks. The public is being told to wear masks for which they have not been trained in the proper techniques. As a result, they are mishandling, frequently touching, and constantly reusing masks in a way that increase

contamination and are more likely than not to increase transmission of disease."

¹ Jan 2021 <https://principia-scientific.com/surgeon-destroys-myth-if-masks-dont-work-why-do-surgeons-wear-them/>

11. An experienced board-certified pediatric nurse for over 25 years, **Patricia Neuenschwander, MSN, RN, CPNP-PC** ¹ examined the data when her grandchild's pre-school decided that even toddlers need to wear masks, and her literature review produced a lot of information against mask wearing, and she showed that the seven papers by the CDC in support of mask wearing are irrelevant to the subject. She makes the following conclusions

"Covering the mouth and nose for hours is not only uncomfortable for children (and adults), it also limits the airflow and the flow of oxygen coming in. It causes children to breath their own carbon dioxide, which we know is harmful. In addition, it provides a dark, warm, moist environment that potentially increases the risk of infection.

Fear is driving this recommendation for healthy people to wear masks, not science.

As a nurse for over 25 years and holding a Master's Degree in Science, I cannot in good conscience allow my grandchild to be subjected to an intervention that may cause physical, emotional, and psychological harm without being provided significant evidence that the benefits of such intervention outweigh the risks.

Should we be encouraging healthy people to wear masks? The answer is unequivocally no."

¹ <https://www.jennifermargulis.net/healthy-people-wearing-masks-during-covid19/>

12. "Oral masks in healthy individuals are ineffective against the spread of viral infections," wrote Belgian medical doctors in an open letter published in ***The American Institute of Stress***¹.

The doctors also wrote "Contact tracing and epidemiological studies show that healthy people (or positively tested asymptomatic carriers) are virtually unable to transmit the virus. Healthy people therefore do not put each other at risk."

The doctors additionally wrote "Our Labour Code (Codex 6) refers to a CO₂ content (ventilation in workplaces) of 900 ppm, maximum 1200 ppm in special circumstances. After wearing a mask for one minute, this toxic limit is considerably exceeded to values that are three to four times higher than these maximum values. Anyone who wears a mask is therefore in an extremely poorly ventilated room"

¹ Sep 2020 <https://www.stress.org/open-letter-from-medical-doctors-and-health-professionals-to-all-belgian-authorities-and-all-belgian-media>

13. **Dr. Andreas Voss**¹, member of the World Health Organization expert team and head of microbiology at a Dutch hospital in Nijmegen, on July 24, 2020, told I Am Expat that masks were made mandatory "not because of scientific evidence, but because of political pressure and public opinion."

¹ <https://www.iamexpat.nl/expat-info/dutch-expat-news/rivm-says-there-no-evidence-prove-effectiveness-face-masks>

14. **Dr P Sarat Chandra**, senior neurosurgeon at **All India Institute of Medical Sciences (AIIMS)** said that unwashed masks is a reason for rise in black fungus cases. This is reported in **Hindustan Times**¹ in May 2021.

¹ May 2021 <https://www.hindustantimes.com/india-news/diabetes-cold-oxygen-unwashed-masks-aiims-doctor-lists-reasons-for-rise-in-black-fungus-cases-101621743246767.html>

15. In Belgium, in September 2020, a group of 70 doctors sent an open letter to Ben Weyts, the Flemish Education Minister in which they claimed that children are badly affected by having to wear face masks.

"Mandatory face masks in schools are a major threat to their development,' they wrote. 'It ignores the essential need of the growing child. The well-being of children and young people is highly dependent on emotional attachment to others. (Observing facial expressions help a child's social development and so seeing those around them wearing masks must therefore delay a child's development.) "

According to The **Brussels Times**¹, the doctors continued that *"there is no large-scale evidence that wearing face masks in a non-professional environment has any positive effect on the spread of viruses, let alone on general health. Nor is there any legal basis for implementing this requirement. Meanwhile, it is clear that healthy children living through covid-19 heal without complications as standard and that they subsequently contribute to the protection of their fellow human beings by increasing group immunity. "*

¹ Sep 2020 <https://www.brusselstimes.com/news/belgium-all-news/health/130480/face-mask-obligation-in-school-major-threat-to-childrens-development-doctors-say/>

16. A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria¹.

¹ Jun 2021 <https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/>

E. Empirical Evidence

1. The physical properties of medical and non-medical facemasks suggest that facemasks are ineffective to block viral particles due to their difference in scales.

According to the RTI response from **ICMR*** – **National Institute of Virology**¹, the SARS-CoV-2 virus is round shape virus with average size of 70-80 nano meters and pore size of standard surgical mask and N95 mask is 0.3 – 10 micro meters (μm) and 0.1 to 0.3 micro meters (μm) respectively. The size of pores in masks is measured in scales of micro meters (μm), whereas size of SARS-CoV-2 virus is measured in scale of nano meters, which is one thousandth times smaller than micro meters.

According to a study published in **PeerJ**² in June 2019 the pore size of cloth masks ranged from 80 to 500 μm . This is thousand times more than size of CoV-2 virus. The study further adds that that the filtering efficiency of cloth face masks were relatively lower compared to surgical masks, and washing and drying practices deteriorated the efficiency.

Thus the SARS-CoV-2 virus can easily pass through any cloth facemask.

*ICMR – Indian Council of Medical Research

¹ [Annexure E01]

² Jun 2019 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6599448/pdf/peerj-07-7142.pdf>

2. At the **University of Witten/Herdecke, Germany**¹, an online registry has been set up where parents, doctors, pedagogues and others can enter their observations. On 20.10.2020, 363 doctors were asked to make entries and to make parents and teachers aware of the registry. By 26.10.2020, the registry had been used by 20,353 people. Parents entered

data on a total of 25,930 children. The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%), impaired learning (38%) and drowsiness or fatigue (37%).

¹ Oct 2020 <https://www.researchsquare.com/article/rs-124394/v1>

3. Facemask wearing runner **Maggie Williams**¹ collapsed after winning a 800 meters race. The junior athlete said that she was unable to breathe during the race.

¹ Apr 2021 <https://richieallen.co.uk/facemask-wearing-runner-collapses-after-winning-800-metre-race/>

4. **New York Post**¹ reported that two boys dropped dead in China while wearing masks during gym class.

¹ May 2020 <https://nypost.com/2020/05/06/two-boys-drop-dead-in-china-while-wearing-masks-during-gym-class/>

5. **Insurance Panda**¹ is America's premier auto insurance quote comparison service. It published an article on its website stating that wearing a mask while driving leads to more accidents, higher Insurance Rates.

¹ Dec 2020 <https://www.insurancepanda.com/15889/wearing-a-mask-while-driving/>

6. US state of California mandated masks, whereas the state of Florida prohibited municipalities from fining people who refuse to wear masks. Despite their differing approaches, California and Florida have experienced almost identical outcomes in COVID-19 case rates¹.

¹ Mar 2021 https://apnews.com/article/public-health-health-florida-coronavirus-pandemic-ron-desantis-889df3826d4da96447b329f524c33047?fbclid=IwAR3VidLhA9Hbgc4t0JAG5T_Aj1jaMTsAQu4FouO2Rnqw_N7nZY41IOh9x9M

7. The ***Association of American Physicians and Surgeons*** has remarked that the mask recommendation was published without a single scientific paper or other information provided to support that cloth masks actually provide any respiratory protection¹.

¹ Sep 2020 <https://aapsonline.org/mask-facts/>

F. Current actions of International Health Organizations, Indian government and Indian judiciary

i. International Health Organizations

1. A United States **Centre for Disease Control and Prevention (CDC)**¹ funded review on masking in May 2020 came to the conclusion: *“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... None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group.”*

¹ May 2020 https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

2. CDC’s own report in September 2020, studying symptomatic cases found that 70.6 % of the case patients had always worn a mask 14 days before symptom onset, whereas 3.9 % of the case patients had never worn a mask (page 4) ¹.

¹ Sep 2020 <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>

3. However, the **CDC** ¹ changed its stance and recommended in its website that people age 2 years and older should wear masks in public as per this article in May 2021.

¹ May 2021 <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

4. But **Patricia Neuenschwander**², **MSN, RN, CPNP-PC** showed that none of the studies relied upon by CDC¹ prove that wearing a mask is effective or safe in preventing transmission.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/science-of-masking-full.pdf>

² <https://www.jennifermargulis.net/healthy-people-wearing-masks-during-covid19/>

5. **WHO** Guidelines dated 15 Dec 2020 states in fine print in page 8 in the pdf requiring download from its page. *"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 "*

Dec 2020 [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

6. However the **WHO** advised everybody including children over 12 years old to wear mask. This advice is easily viewable in its pages.^{1,2} But in a meta-analysis study commissioned by the WHO³, no clear, scientifically graspable benefit of moderate or strong evidence was derived from wearing masks⁴. The flaws in the studies commissioned by WHO are highlighted in part C of this treatise.

¹ Aug 2020 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-children-and-masks-related-to-covid-19>

² Dec 2020 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

³ Jun 2020 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

⁴ [Annexure C1]

7. It is to be noted that the WHO is heavily funded by Bill and Melinda Gates Foundation and GAVI Alliance¹. According to WHO's own website, Bill and

Melinda Gates Foundation contributed US\$ 455 million and GAVI Alliance contributed US\$ 389 million for the 2018/2019 biennium¹. Bill and Melinda Gates Foundation and GAVI Alliance have made huge investments in research and development of vaccines^{2 3}. As WHO is heavily funded by entities that have a financial stake in vaccines, there is a conflict of interest, and WHO cannot now be relied to give accurate and unbiased guidance on health matters.

¹ <https://www.who.int/about/funding/contributors>

² [https://www.gatesfoundation.org/Ideas/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-\\$10-Billion-in-Call-for-Decade-of-Vaccines](https://www.gatesfoundation.org/Ideas/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines)

³ <https://www.gavi.org/our-alliance/about>

ii. Indian Government

8. A summary of instructions of preventive measures for Covid-19 given by the Government of India, Ministry of Health and Family Welfare from time to time is described in [Table 1](#) of part A of this treatise.

As per this table, on 28th March 2020, the Ministry of Health and Family Welfare informed through its website that healthy people should wear a mask only if taking care of person with suspected Covid-19 infection, however on 05th May 2020, 12th June 2020 and 15th July 2020, the Ministry has said that mask is to be worn by everyone including children.

Scientific evidence for these changes in policy is not available on the websites of the Ministry of Health and Family Welfare.

RTI reply from Ministry of Health and Family Welfare dated 27th May 2021 to Saurav Bysack ¹ the use of face mask is advised but not made mandatory.

A web link <https://www.mohfw.gov.in/pdf/Useofmaskbypublic.pdf> was earlier available on the website of Ministry of Health and Family Welfare.

As per this web link healthy people were not required to wear masks. This web link is now not available. The contents of this web link² and the RTI response from Ministry of Home Affairs dated 15th May 2020 informing about this weblink³ is annexed.

¹[Annexure E07]

²[Annexure A3]

³[Annexure E11]

9. A summary of instructions of preventive measures for Covid-19 given by the Government of India, Ministry of Home Affairs from time to time is described in [Table2](#) of part A of this treatise. The Ministry of Home Affairs has given various orders that face masks or covers is mandatory for everyone.

10. An extensive search was done on the website of Indian Council of Medical Research (ICMR) ¹. The search showed that ICMR have not published any research papers on the effectiveness of face masks.

An RTI reply from ICMR ² dated 16th June 2021 showed that they relied on two studies to justify usage of masks. However the flaws in these two studies are described in part C of this treatise.

Also, RTI responses from various divisions of Indian Council of Medical Research (ICMR) such as National Institute of Virology – Pune ³, Vector Control Research Centre ⁴ and National Institute of Epidemiology – Chennai ⁵, show that these institutions are not able to provide adequate scientific evidence to justify enforcing masks.

An RTI was filed to ICMR requesting for research material proving that Covid-19 is contagious and spreads from person to person when infected person breathes out respiratory droplets. ICMR responded⁶ on 21st June 2021 that this information can be googled i.e. researched from the internet. This shows that ICMR has not done their own independent study on the contagiousness of Covid19.

An RTI was filed to ICMR requesting for research material on side effects of masks and how much funding has gone into this research. ICMR replied on 11th August 2021 that they do not have information on side effects of masks⁷.

Another RTI was filed by Selvaraj C to ICMR requesting for scientific evidence that masks prevent Corona virus infections in humans. ICMR replied on 12th May 2021 that its website is to be accessed for Covid-19 information. However, an extensive search on its website did not give the requested scientific evidence.⁸

¹ <https://www.icmr.gov.in/cpapers.html>

² [Annexure E06]

³ [Annexure E01]

⁴ [Annexure E02]

⁵ [Annexure E03]

⁶ [Annexure E08]

⁷ [Annexure E09]

⁸ [Annexure E10]

11. Government of India, Ministry of Communications and Information Technology¹ has received instruction from Ministry of Health and Family Affairs and accordingly instructed telecom companies to play pre-caller tunes that inform the public to always wear mask.

¹ [Annexure E04]

12. Government of India, Ministry of Information and Broadcasting¹ has directed all Private Satellite News TV Channels and all private FM radio channels to inform the public to always wear masks. This order also restrains mainstream media from broadcasting information against usage of masks.

¹ [Annexure E05]

13. It can thus be concluded from these RTI responses that there is widespread thrust of Union Government of India to enforce usage of masks without scientific evidence on their efficacy.

iii. Indian Judiciary

14. The *Hon'ble High Court of Delhi at Delhi* passed an order WP (C) No. 3184/2021 in March 2021, requiring all air passengers to wear a mask that covers the nose and mouth within the flight. The court ordered that passengers who do not wear the mask properly despite being reminded be placed on a "no-fly" regimen either permanently or for a sufficiently long period.

15. A copy of the Delhi High court order is easily downloadable from the main Covid-19 page of the Ministry of Civil Aviation with publish date 11 Mar 2021¹. The same order is also downloadable from the website of the Delhi High Court.

¹ <https://www.civilaviation.gov.in/en/covid-19>

16.A perusal of the order of the Hon'ble Delhi High Court reveals the following

- i. The court passed the order on its own motion
- ii. The court passed the order within three days of observing improper wear of masks within a flight
- iii. The court did not consider scientific and medical opinion while passing such an order

G. Role of Media

1. The mainstream media is not informing the public about the ineffectiveness and harmful effect of masks. It is following orders from the government and informing the public to wear masks. As shown in this treatise there is lack of scientific evidence that prove that asymptomatic and pre-symptomatic people cause transmission and that masks prevent transmission. On the contrary there is sufficient medical opinion that masks are harmful. The mainstream media has failed in its duty to give accurate information to the public.
2. Social media platforms censor posts that question effectiveness of masks. **Prashant Bhushan**¹, an advocate-on-record for the Supreme Court of India, put a post on Twitter that recommended reading a peer-reviewed study demonstrating that masks are ineffective and can cause substantial adverse physiological and psychological effects. **Twitter** removed the tweet, citing a violation of Twitter rules. **YouTube** also removed a video that featured a scientific roundtable on COVID, because a Harvard professor warned that children should not wear face masks.

¹ <https://www.globalresearch.ca/twitter-censors-peer-reviewed-mask-study/5743892>

H. International Court Rulings

1. *“There is scant scientific evidence concerning asymptomatic transmission, and, also, scant scientific evidence of the use of masks in reducing the transmission of the virus to patients”* ruled a hospital arbitrator in September 2018 in a dispute between The **Ontario Nurses’ Association** and the Toronto Academic Health Science Network¹. This case concerns the reasonableness of the Vaccinate or Mask Policy (VOM policy) that was introduced at St. Michael’s Hospital in 2014 for the 2014-2015 flu season. Under the VOM policy, Health Care Workers and that group, of course, includes nurses, who have not received the annual influenza vaccine, must, during all or most of the flu season, wear a surgical or procedural mask in areas where patients are present and/or patient care is delivered. The Ontario Nurses’ Association immediately grieved the VOM policy in every hospital where it was introduced. The Association, in that case, took the position that there was insufficient scientific evidence supporting the VOM policy. **Arbitrator Hayes** agreed.

¹ [https://www.cavalluzzo.com/docs/default-source/default-document-library/st-michael-s-hospital-v-ona-\(c2586258xa0e3a\).pdf?sfvrsn=1e6c56d5_0](https://www.cavalluzzo.com/docs/default-source/default-document-library/st-michael-s-hospital-v-ona-(c2586258xa0e3a).pdf?sfvrsn=1e6c56d5_0)

2. **Austria’s Constitutional Court**¹ ruled in Dec 2020 that two government measures to fight the spread of coronavirus in schools, compulsory mask-wearing and splitting classes into two halves to be taught in alternate shifts, were illegal. It explained its decision by saying that the *“ministry has not made clear why it considered these measures necessary.”*

Two children and their parents had brought the case before the court, saying the measures violated the principles of equality before the law, the right to a private life and the right to education.

¹ <https://www.courthousenews.com/austrian-court-overturns-virus-mask-mandate-in-schools/>

3. The ***Weimer Family Court in Germany***¹ ruled on 8th April 2021 prohibiting two Weimar schools with immediate effect from requiring pupils to wear mouth-nose coverings of any kind (especially “qualified” masks such as FFP2 masks). Judge Dettmar's decision was made - for the first time worldwide - after evaluating expert opinions. The hygienist Prof. Dr. Ines Kappstein had evaluated the current studies on the masks and found them to be of no use in warding off viruses, while at the same time the masks were harmful to their wearers due to contamination, among other things. In his decision, the judge followed the findings of the experts and affirmed a risk to the welfare of the children if the measures were continued.

On the subject of the PCR test, the Court wrote: “The expert witness Prof. Dr. med. Kappstein has already pointed out in her testimony that the PCR test can only detect genetic material, but not whether the RNA originates from viruses that are capable of infection and thus capable of replication (i.e. capable of reproduction). This is because the test cannot distinguish between “dead” matter, e.g. a completely harmless genome fragment as a remnant of the body’s own immune system’s fight against a cold or flu (such genome fragments can still be found many months after the immune system has “dealt with” the problem) and “living” matter, i.e. a “fresh” virus capable of reproducing.

The decision of the Weimer Family Court was upheld by Senate for Family Matters at the Higher Regional Court of Karlsruhe on 05th May 2021².

An English online translation of the judgement of the Weimer Family Court is available³.

¹ <https://2020news.de/en/sensational-verdict-from-weimar-no-masks-no-distance-no-more-tests-for-pupils/>

² http://enformtk.u-aizu.ac.jp/howard/karlsruhe_verdict/

³ <http://www.fuzzydemocracy.eu/francais/rubrique1.html>

4. In Boone Circuit Court in Kentucky, United States¹, Stephen E. Petty testified as an expert in case no 20-CI-00678. He said that mask mandate is wholly ineffective at reducing the spread of the virus. Masks are worthless, he explained because they are not capable of filtering anything as small as Covid-19 aerosols. Mr. Petty testified that masks leak, do not filter out the small stuff, cannot be sealed, are commonly worn by persons with facial hair, and may be contaminated due to repetitive use and the manner of use. He emphatically stated that mask wearing provides no benefit whatsoever, either to the wearer or others. Finally, Mr. Petty pointed to another recent study by Ben Sheldon of Stanford University out of Palo Alto. According to that study, “both the medical and non-medical face masks are ineffective to block human-to-human transmission of viral and infectious diseases, such as SARS, CoV-2 and COVID-19”

The Court in its judgement and order found the opinions expressed by Mr. Petty firmly established in logic. The court stated that the inescapable conclusion from his testimony is that ordering masks to stop Covid-19 is like putting up chain-link fencing to keep out mosquitos.

¹ <https://www.wkyt.com/2021/06/09/boone-county-judge-orders-permanent-injunction-against-gov-beshears-covid-19-orders/>

5. The Texas Supreme Court¹ granted stay orders against temporary restraining orders by courts of appeals that allowed mask mandates despite the governor's executive order prohibiting them.

¹ <https://www.txcourts.gov/supreme/news/stay-orders-issued-against-courts-permitting-dallas-bexar-county-mask-mandates/>

I. Summary

1. There are serious flaws in studies presented by WHO and ICMR to justify usage of masks as preventive measures for the Covid-19 pandemic.
2. There are numerous high quality scientific studies that prove that masks are ineffective to contain viral respiratory based infections in healthcare as well as community settings.
3. RTI responses of ICMR, shows that study on side-effects of masks is not done by ICMR.
4. Numerous doctors and medical practitioners have spoken about the harmful effects of face-masks. Headaches and dizziness are immediate effects of face masks. Long term effects include unattractive facial features, impairment of lung functions and weakened immune system.
5. RTI response of Union Ministry of Health and Family Welfare, shows that the Health Ministry has recommended but not mandated the use of face masks.
6. The Union Ministry of Home had mandated face masks for the entire public and has directed the states and union territories to impose fines if the mask mandates are not followed. This is despite lack of studies done by ICMR on the effectiveness of masks.

7. Face masks are mandated not because of scientific evidence, but because of political pressure and public opinion. The public is not made aware about the harmful effect of masks. Mainstream and social media censors information on masks that is based on scientific evidence.

J. Appeal

1. An appeal is therefore made to the government authorities
 - i. To stop levying fines, discriminating and other sort of harassment to members of the public who do not wear masks in public and work places.
 - ii. To instruct print and electronic media to broadcast that wearing masks in public and work places is now made optional and also to broadcast that it can have harmful long term effects.
 - iii. To give a pre-caller tune message on making a phone call that wearing masks in public and work places is now made optional.
 - iv. To order that social media platforms should not censor information on masks that is based on scientific evidence and medical opinion.
 - v. To order shops, restaurants, shopping malls, theatres and similar public establishments to remove notices in their entrances that force the public to wear masks.
 - vi. To order that face masks is not enforced in public transportation such as buses, trains and flights.
 - vii. To order that no person, business or any such entity has any right to enforce face mask on any member of the public in order to access services.

2. Appeal for non-enforcement of masks is made for the entire duration of Covid-19 even if there are more waves in the future.

K. Annexures:

A. Orders of Indian Government

No	Order details
A1	Order Given by Ministry of Health and Family Welfare dated 21 st March 2020
A2	Order Given by Ministry of Home Affairs dated 23 rd March 2021
A3	Guidelines 'Use of Masks by Public' by Ministry of Health and Family Welfare. This was later removed from its website. The link was https://www.mohfw.gov.in/pdf/Poster4GHFGA.pdf

B. Scientific Evidence – Masks are Ineffective

No	Scientific Evidence
B1	"Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers" Annals of Internal Medicine March 2021
B2	"Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures" CDC May 2020
B3	"The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence" Influenza Journal December 2011
B4	"Disposable surgical face masks for preventing surgical wound infection in clean surgery (Review) " Cochrane January 2002
B5	"Unmasking the surgeons: the evidence base behind the use of facemasks in surgery" The Royal Society of Medicine June 2015
B6	"Face masks to prevent transmission of influenza virus : a systematic review" Cambridge University Press

January 2010

C. Studies referenced by authorities

No	Study
C1	"Mask use in the context of COVID-19" WHO December 2020
C2	"Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis" The Lancet June 2020
C3	"Enhanced contact investigations for nine early travel-related cases of SARS-CoV-2 in the United States" PLOS ONE September 2020
C4	"Duration and distance of exposure are important predictors of transmission among community contacts of Ontario SARS cases" Cambridge University Press January 2007
C5	"Infectivity of Severe Acute Respiratory Syndrome during Its Incubation Period" Biomedical and Environmental Sciences December 2009
C6	"SARS transmission in Vietnam outside of the health-care setting" Cambridge University Press April 2007
C7	"Risk Factors for SARS among Persons without Known Contact with SARS Patients, Beijing, China" CDC February 2004

D. Scientific Evidence – Masks are Harmful

No	Scientific Evidence
D1	"Is Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?" International Journal of Environmental Research and Public Health

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E. RTI responses of Indian Government

No	Department	Reference No Responded Date	Description
E01	Department of Health Research (ICMR – National Institute of Virology, Pune)	NIOVP/R/E/21/00012 11 Apr 2021	National Institute of Virology has not done studies on effectiveness of masks.
E02	Department of Health Research (ICMR – Vector Control Research Center)	VCRCR/R/E/21/00002 19 May 2021	Vector Control Research Center has not done studies on effectiveness of masks.
E03	Department of Health Research (ICMR – National Institute of Epidemiology, Chennai)	NIOEC/R/E/21/00007 26 Apr 2021	National Institute of Epidemiology has not done studies on effectiveness of masks.
E04	Department of Telecommunication (Department of Telecommunication)	DOTEL/R/E/21/00315 30 Apr 2021	Ministry of Health and Family Welfare had requested Department of Telecommunication to implement Precaller Tunes informing the public to wear masks.
E05	Ministry of Information and Broadcasting (Ministry of Information and Broadcasting)	MOIAB/R/E/21/00213 12 May 2021 and 21 May 2021	Ministry of Information and Broadcasting requested private Radio and TV channels to broadcast messages to inform the public to wear masks.
E06	Ministry of Health and Family Welfare (Indian Council of Medical Research)	INCMR/R/E/21/00436 16 Jun 2021	ICMR gives references to WHO study and Lancet study in support of masks.
E07	Ministry of Health and Family Welfare (DM Cell)	F. No. Z.28016/133/2021-DM Cell 27 May 2021	MoHFW states masks are recommended and not mandatory. Also MoHFW does not have information on side effect of masks.
E08	Ministry of Health and Family Welfare	INCMR/R/E/21/00508 21 Jun 2021	ICMR replies to search google for proofs on

	(Indian Council of Medical Research)		contagiousness of Covid-19.
E09	Ministry of Health and Family Welfare (Indian Council of Medical Research)	INCMR/R/E/21/00655 11 Aug 2021	ICMR replies that it is no information on side effects of masks.
E10	Ministry of Health and Family Welfare (Indian Council of Medical Research)	INCMR/R/T/21/00364 12 May 2021	ICMR replies to refer its website for evidence on effectiveness of masks.
E11	Ministry of Health and Family Welfare (DM Cell)	MHOME/R/E/20/0207 9 15 May 2020	Ministry of Home gives URL of MoHFW on masks usage, which is now not available.