

TRUTH About Face Masks

Minnesotans have been mandated by **Executive Order 20-81** to “mask up,” a violation of the right to breathe, speak and move freely. The mask may cause self-contamination due to improper handling and use. To learn more, view our series of **COVID-19 Update videos** (Facebook/cchfreedom), follow us on **Twitter** (@cchfreedom), contact us at info@cchfreedom.org. Sign up for ALERTS: cchfreedom.org

Ineffective - “We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks . . . cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE.”¹

Bad Precedent - “What if we start saying, ‘OK all heavy people, we’re going to do this to you because you’re at risk of getting this disease more...And they’ll say, ‘Well I’m using the same basis for making those recommendations that I made for masks.’”²

No Data - “Never before in my 45-year career have I seen such a far-reaching public recommendation issued by any governmental agency without a single source of data or information to support it.”³

Didn’t Work - “The highest frequency of mask-wearing population in the world is in Hubei, China. That was one where we had virtually everyone wearing one publicly. It didn’t make a difference.”⁴

97% Penetration - “This means that in the filtration studies only 3% of the particles . . . were stopped by the cloth material.”⁵

Critical Risks - “The wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks.”⁶

Harmful - “I worry that those at risk of severe disease will take that mask and assume a level of protection they don’t really have and then put themselves in harm’s way.”⁷

Harms and Risks (*limited list*): self-contamination, headache and / or breathing difficulties, facial skin lesions, discomfort, improper mask disposal, and a “false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene.”⁸

¹ “COMMENTARY: Masks-for-all for COVID-19 not based on sound data,” Dr. Lisa M. Brosseau, ScD and Dr. Margaret Sietsema, PhD, Center for Infectious Disease Research and Policy, published April 1 (with added statement on July 16, 2020): <https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

² Michael Osterholm, PhD, MPH, June 12, 2020: <https://www.youtube.com/watch?v=3CglBhn0znM&feature=youtu.be>

³ Interview/Podcast with Michael Osterholm, PhD, MPH, Director, Center for Infectious Disease Research and Policy, June 2, 2020:

https://www.cidrap.umn.edu/sites/default/files/public/downloads/special_episode_masks_6.2.20_0.pdf

⁴ Michael Osterholm, PhD, MPH, June 12, 2020: <https://www.youtube.com/watch?v=3CglBhn0znM&feature=youtu.be>

⁵ “A cluster randomized trial of cloth masks compared with medical masks in healthcare workers,” C Raina MacIntyre et al, *BMJ Open*, 2015: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

⁶ World Health Organization, April 6, 2020: https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y

⁷ Michael Osterholm, PhD, MPH, June 12, 2020: <https://www.youtube.com/watch?v=3CglBhn0znM&feature=youtu.be>

⁸ World Health Organization, June 5, 2020: https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y