



Report: Mask Mandates Correlate With GREATER COVID Spread/Death

Perhaps a clue is that the politicians who insist on instituting mask mandates are shown, repeatedly, to not be too fond of actually wearing masks themselves. But whether they know better or just believe they *are* better, here's reality: At best, mask mandates do nothing to reduce society-level coronavirus spread.

At worst, they lead to *greater* COVID-19 transmission and death.

The latest case in point is Oregon, where a month ago Democrat governor Kate Brown instituted a totalitarian mask mandate. As *National Review* reports:



FatCamera/E+/Getty Images

On August 24, <u>Oregon governor Kate Brown instated a state masking requirement</u> that requires everyone five years and older, regardless of vaccination status, to wear a mask, face covering, or face shield in outdoor spaces if they are less than six feet apart from individuals not in their household.

"Cases and hospitalizations are at a record high," said Governor Brown. "Masks are a quick and simple tool we can immediately deploy to protect ourselves and our families, and quickly help stop further spread of COVID-19."

On August 24, Oregon had 49,889 active cases of COVID-19. As of yesterday [Sept. 21], Oregon had 86,623 active cases of COVID-19 — an increase of 73 percent from the day the governor announced the outdoor mask requirement. Keep in mind, cases merely mean positive tests; an active case does not necessarily mean that person is significantly ill.

This is striking given that Oregon is one of our less densely populated states. Of course, correlation isn't causation, and a mask advocate could argue that the numbers would be even worse without the mandate. Yet Oregon isn't alone in exhibiting this phenomenon. Just consider the following tweets compiled by commentator Andrea Widburg.

Note: Orange has better numbers despite having greater population density.

(Hint: Nevada is represented by the black line.)







Then there's this:

As a bonus, Widburg also presents a graph providing food for thought on the genetic-therapy agents (a.k.a. "vaccines"):

I'll add that Sweden, which never mandated masks (or had notable lockdowns), in July eliminated even its "vague" recommendation that people wear them. Yet it continues enjoying a very low coronavirus mortality rate.

Analyzing the above, Widburg then <u>writes</u>, "The fact that these data relentlessly repeat the same patterns suggests a few conclusions:"

- Lockdowns don't work.
- Mask mandates don't work.
- Vaccines are of limited efficacy.

As to masks, I'll reiterate that the above data don't prove that mask mandates exacerbate SARS-CoV-2 transmission. Note, however, that a biologist <u>did theorize last year</u>, along with others, that masks may help spread the pathogen. And, again, the best case scenario appears to be that they make no difference at all.

No one has to tell this to Dr. Anthony Fauci, the octogenarian, 53-year NIAID bureaucrat. As he wrote in a February 5 email (when he wasn't lying — a.k.a. what he often does in front of a TV camera), "The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material."

This was echoed by ex-Joe Biden China virus advisor and epidemiologist Michael Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota. He <u>said</u> in August that we "know today that many of the face cloth coverings that people wear are not very effective in reducing any of the virus movement in or out."

Osterholm's solution is "to talk about better masking," as he put it, "about N-95 respirators...." Yet as I often point out, we shouldn't simply ask how effective the masking prescription is if a hypothetical person (responsible) wears a hypothetical mask (N-95) maintained and worn in a hypothetical way (disinfected and properly fitted), but: How will the general population apply the recommendation?

Answer: They'll typically wear the wrong masks, the wrong way, with the wrong hygiene.

The latter two parts of that won't change simply because you prescribe N-95 masks, as man's nature doesn't change.

None of this is to say that mask mandates have no effect. In fact, studies have found that masks become as pathogen-laden Petri dishes on people's faces, can restrict oxygen intake and induce dangerously high carbon dioxide levels in people's bloodstreams, may introduce unhealthful plastic microparticles into wearer's systems, can cause skin problems, may exacerbate anxiety and breathing difficulties in children, and can lead to altered facial development in kids due to continuous mouth-breathing. In addition, there are the "Mask Empire's" very serious psychological and social consequences.

The point is that if there isn't a very good reason to do something unnatural and burdensome — and



Written by **Selwyn Duke** on September 27, 2021



mask-wearing qualifies — you don't do it.

What we could do is to follow the lead of another nation without China virus restrictions. To wit:

Norway may soon reclassify COVID, as being just "one of several respiratory diseases with seasonal variation," as one of the nation's public officials <u>put it</u>.

Aside from that, those falling ill should be treated early with drugs shown to be effective, whether hydroxychloroquine, ivermectin, Regen-COV, or something else. As Widburg laments, "COVID is the only disease I know of that the medical establishment refuses to treat until people are on death's door. Dr. Ted Noel explains why this is, and you can blame the government for the fact that doctors have their hands tied."

"The government's refusal to act is because the Democrats who run the government don't want COVID to end," she continues. "It's been their E-ticket to unlimited power. The worst thing that could happen for them is to have COVID become a treatable disease like a cold or flu."

As for mask mandates, we should never again criticize the Taliban for ensconcing women in eighthcentury drapes if we're going to foist face burkas on innocent children.

(Note: This article had originally stated that Norway had reclassified COVID as no more dangerous than the common flu. This was an error reportedly due to a mistaken translation. We apologize for it.)





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