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USA Today's FB-Sponsored Mask "Fact Check" Gets Pretty Much Everything Important Wrong

10 Vital Issues Dead Wrong (-84%) / 2 Trivia Questions Right (+16%)

- 1. Congressional Dems Wear Masks**
- 2. Pence Did Not Touch Empty Boxes But...Who Cares?**

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Recently, irresponsibly and unfortunately, USA Today published one of its Facebook-supported "Fact Check" articles called "*Fact Check: What's true and what's false about face masks?*" authored by Ella Lee.¹ The article is a shocking piece of propaganda and puffery, blazingly inaccurate, unsupported by science and dangerous in its ability to use the supposed "authority" of a trusted [sic!] major media outlet to disseminate bald-faced, but politically useful, lies.

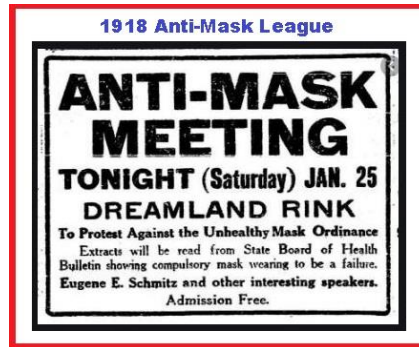
To be fair, apostrophes are sometimes tricky so it should be noted that Ms. Lee did get them right in her title. That grammatical detail is, in my medical opinion, just about all that she and USA Today got right despite the article's claim that "The USA TODAY Fact Check team is dedicated to verifying claims and fighting misinformation."

This Natural Solutions Foundation eBook presents their "fact"-checks related to face masks and then the actual science, with citations, also known as REAL facts.

¹ <https://www.usatoday.com/story/news/factcheck/2020/07/18/fact-check-whats-true-and-whats-false-face-masks/5458858002/>

Because lies are short and intentionally easy to digest, while facts often require more depth and information to convey, this response to USA Today's "fact"-checks is rather lengthy. You might want to save it for future reference since the mask hysteria is, sadly, not likely to dissipate any time soon.

Mask hysteria is too useful as a behavioral conditioning tool. Sanitary Masking certainly is not useful for contagion-control and has serious unfortunate consequences. But we have known this for a long time, certainly before USA Today did its "Fact" checking.



During the 1918 Flu Pandemic

So, in brief, then: do masks work to prevent respiratory infection? Science says "NO!". Political theater propaganda says "YES!" So what you believe about that question depends on whether you rely on science or politics.

The bottom line, though, is that despite the ceaseless hoopla, there is not a single scientific study, not one, that demonstrates any effect in preventing respiratory illnesses through the use of the higher-capacity N-95 mask, properly fitted and secured against gap or surgical masks or bandannas or other face coverings.² That means that there is absolutely no scientific documentation showing that the glib and inaccurate “Facts” in the supposedly fact checked USA Today article have any scientific validation behind its rather astonishing and blatantly nonsensical assertions.

First, a bit of background. Many of the scientific studies examining mask effectiveness refer to the transmission of influenza or colds. The current COVID pandemic is focused on a corona virus, similar to the ones that cause about 15% of colds. Both influenza and corona viruses are similarly sized so the results of studies on transmission and passage of the either of the two types of viruses (through masks, in the ambient atmosphere and on surfaces) yield useful results for consideration of both virus types.

Influenza viruses have been with us for a very long time while the COVID-19 is a newcomer. Therefore, transmission and barrier studies have been done on the influenza virus, not yet on the COVID-19 one. There have been many, many such studies.

A pub med search for “Masks and Viral Disease” yielded 1,476 results.³ “Influenza Transmission, Masks” produce 232 studies.⁴ A search for “Do Masks Prevent Viral Diseases” gave 978 results.⁵ The richness of these results is not surprising since masks and viral disease transmission has been studied for many decades with depressingly similar results which, somehow, the Facebook-supported “fact” “check” “journalists” at USA Today appear surprisingly to have missed.

Influenza viruses are from 80-120 nanometers in length⁶ while COVID-19 is similar in size, measuring between 50-100 nanometers.⁷ It stands to reason, therefore, that studies examining the ability of masks and other barriers to physically prevent the movement and spread of influenza or other corona viruses would be applicable to the COVID-19 virus.

Denis D. Rancourt, PhD, in a detailed review article, “*Masks Don’t Work: A Review of Science Relevant to COVID-19 Social Policy*”⁸ states, “*There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.*” [Emphasis added by the author]

² <https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

³ <https://pubmed.ncbi.nlm.nih.gov/?term=mask+and+viral+disease>

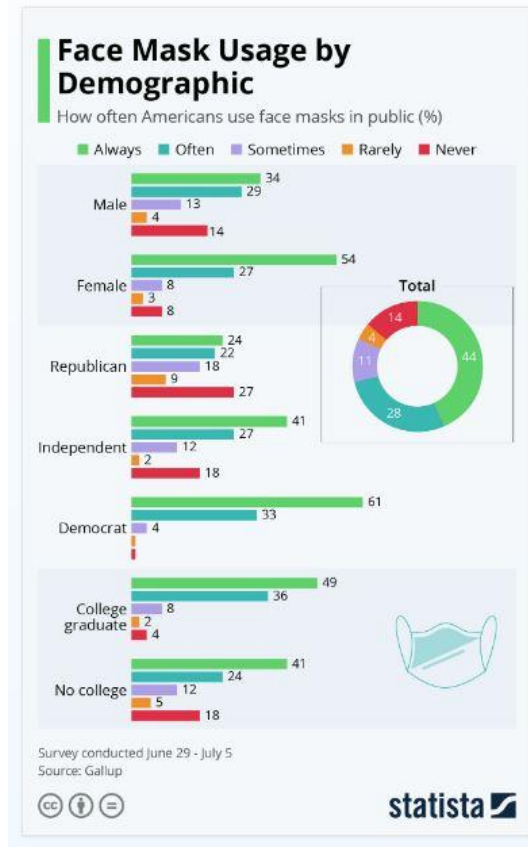
⁴ <https://pubmed.ncbi.nlm.nih.gov/?term=influenza+trasmission%2C+masks>

⁵ <https://pubmed.ncbi.nlm.nih.gov/?term=do+mask+prevent+viral+diseases>

⁶ <https://www.sciencedirect.com/science/article/pii/S0021967316311335>

⁷ <https://www.forbes.com/sites/startswithabang/2020/04/15/no-the-covid-19-coronavirus-is-not-actually-red/#54b1a11c5cbd>

⁸ <https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>



FAIL: USA Today Fact Check

Ear loop masks — even homemade cloth masks — offer protection against COVID-19

While ear loop and cloth face masks do not protect the wearer from contracting COVID-19, they do protect against spread to others.

Real FACT: This assertion seems illogical on its face and, in fact, makes absolutely no sense. If the ear loop/cloth masks cannot protect the wearer from contracting the COVID-19 virus because they provide no barrier to its transmission IN, why would we think that it would protect others by providing a barrier to its transmission OUT?

But science makes the case that this is a failed, false fact, as well: **“No Randomized Control Trial (RCT) study with verified outcome shows a benefit for Health Care Workers (HCW) or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions.... Likewise, no study exists that shows a benefit from a broad policy to wear masks in public....**

Furthermore, **if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a**

surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.”⁹ [Emphasis added by author]

Real FACT: When masking in health care workers (HCW) to prevent colds was studied, masks proved useless. “Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.”¹⁰ [Emphasis added by author]

REAL FACT: A meta-analysis of the published results of masking to prevent the spread of influenza and colds in HCW and household members show a complete lack of benefit. “None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H).”¹¹ [Emphasis added by author]

Real FACT: In another large meta-analysis, only high-quality studies were included in the data which concluded, “in the 17 eligible studies. ... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”¹² [Emphasis added by author]

Real FACT: Some masks may have a role to play in preventing the spread of bacterial infections. Bacteria are generally between 0.2 and 2.0 micrometers (um),¹³ or 200 – 2000 nanometers. That means that bacteria range from about 20 – 200 times as large as influenza and corona viruses, making physical barriers far more effective at stopping them.

These studies showed that N-95 respirators, not cloth masks, were somewhat effective in preventing transmission of bacterial illnesses but say nothing at all about the far less effective cloth surgical or bandanna masks currently being unscientifically touted widely.

Six different studies of more than 9,000 people documented that viral transmission is unaffected by masking: Another meta-analysis, which examined only Randomized Controlled Studies, or RCTs, (the so-called ‘gold standard’ of this type of study), “A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”¹⁴ [Emphasis added by author]

⁹ [Ibid](#)

¹⁰ Jacobs, J. L. et al. (2009) “Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial,” *American Journal of Infection Control*, Volume 37, Issue 5, 417 – 419. <https://www.ncbi.nlm.nih.gov/pubmed/19216002>

¹¹ Cowling, B. et al. (2010) “Face masks to prevent transmission of influenza virus: A systematic review,” *Epidemiology and Infection*, 138(4), 449-456. <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05>

¹² bin-Reza et al. (2012) “The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence,” *Influenza and Other Respiratory Viruses* 6(4), 257–267. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>

¹³ [https://www.microscopemaster.com/bacteria-size-shape-arrangement.html#gallery\[pageGallery\]/0/](https://www.microscopemaster.com/bacteria-size-shape-arrangement.html#gallery[pageGallery]/0/)

¹⁴ Long, Y. et al. (2020) “Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis,” *J Evid Based Med*. 2020; 1- 9. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381>



FAIL: USA Today Fact Check
Masks are effective against COVID-19; OSHA doesn't say they offer no protection

It is true that the Occupational Safety and Health Administration requires employers to keep their environment's air at 19.5% oxygen or higher. But wearing face masks will not cause serious health effects, and they prevent the wearer from spreading the virus to others.

Real FACT: As indicated in the scientific citations above, repeated studies under various conditions make it clear that, despite the unending propaganda, there is no scientific support for the unfounded notion that masks (or respirators, for that matter) are effective against COVID-10.

Real FACT: This “fact” alleging an implied endorsement by OSHA, the Occupational Safety and Health Administration, is a highly disingenuous and misleading non-fact. N-95 devices, although commonly referred to as “masks” are not actually masks at all. Under OSHA’s Respiratory Protection Standard, 29 C.F.R. 1910,134 (and perhaps under other standards as well), they are classes as respirators.¹⁵ Face masks of cloth, surgical masks, bandannas and similar are, in fact, not covered by any OSHA standards at all.¹⁶ Therefore, the implication that OSHA is fine with cloth/bandanna-type face masks, and that somehow this means that that face masks:

- Maintain the required 19.5% oxygen levels, somehow related to the alleged “fact” that face masks
- “Will not cause serious health effects” and
- “Prevent the wearer from spreading the virus to others”

constitutes not a series of checked fact, but a string of propaganda-directed inaccuracies or lies.

¹⁵ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

¹⁶ <https://oshadefensereport.com/2020/04/15/covid-19-osh-faqs-about-respirators-face-masks-and-face-coverings/>

Real FACT: Although OSHA does not regulate surgical and other non-respirator masks, wearing such masks, even for a short time, reduces the amount of oxygen to about 17% (hypoxia, low oxygen levels) from the minimum considered safe and healthy by OSHA (19.5%) and increases the amount of carbon dioxide in the blood correspondingly.¹⁷



FAIL: USA Today:

Fact check: No, N95 filters are not too large to stop COVID-19 particles

The COVID-19 virus alone is smaller than the N95 filter size. But the virus travels attached to larger particles consistently caught by the filter, and regardless of size, the erratic motion of particles — and the electrostatic attraction generated by the mask — means viruses get consistently caught, too.

Real FACT: Once again, science provides not a shred of evidence for these unfounded, and, to my mind, dangerous, assertions. We have seen that N-95 respirators do not prevent the spread of viruses. This was confirmed, for example, in a meta-analysis of six clinical studies. “We identified six clinical studies, we found **no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism.**”¹⁸ [Emphasis added by author]

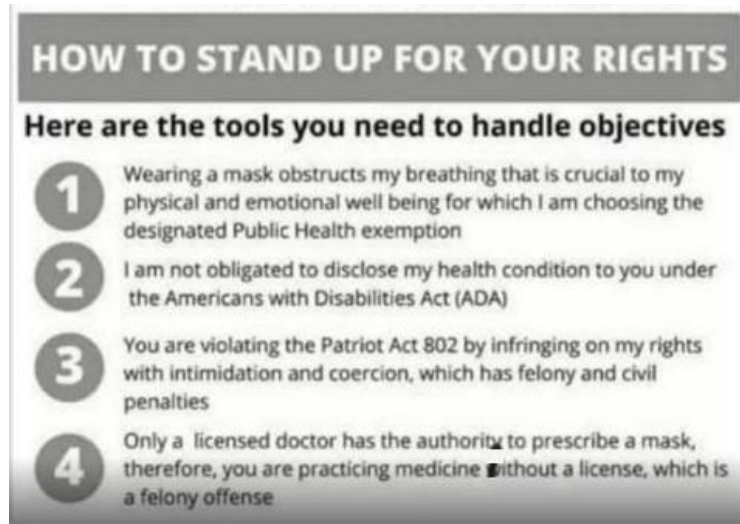
Real FACT: Another study examined specifically whether masks or respirators (N-95 ‘masks’) would prevent laboratory verified respiratory infection and found no meaningful impact from their use. “Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”¹⁹ [Emphasis added by author]

¹⁷

¹⁸ Smith, J.D. et al. (2016) “Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis,” *CMAJ* Mar 2016 <https://www.cmaj.ca/content/188/8/567>

¹⁹ Offeddu, V. et al. (2017) “Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis,” *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages

Real FACT: A detailed study looking N-95 respirators vs. masks worn by 2862 randomized outpatient HCW participants, of whom 2371 (82.8%) completed the study, accounting for 5180 HCW-seasons. ... Among outpatient health care personnel, **N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.**²⁰ [Emphasis added by author]



FAIL: USA Today: Fact Check
Early research shows fabric could neutralize coronaviruses

Initial research — not yet peer-reviewed or FDA-approved — found electroceutical fabric is able to neutralize the virus after a minute of contact with the electrical field generated by the fabric.

Real FACT: The Science Times announced on May 25, 2020, that a new electroceutical fabric with micro circuits of silver and zinc could potentially damage the novel COVID-19 corona virus by creating moisture-activated micro circuits that *might* disrupt the electrostatic energy that allows the virus to bind to cells.²¹

These discoveries *might*, the article says, lead to masks which the FDA *might* approve for Emergency Use. And, indeed the might. But the mask or respirator that you are using is not electroceutical fabric and so definitely offers none of the advantages that electroceutical fabric *might*.

But there is one aspect of mask use (PPE) that the Science Times is quite definitive about: masks collect the COVID-19 virus, at least on their outside [and possibly inside – author]:

1934-1942,

<https://academic.oup.com/cid/article/65/11/1934/4068747>

²⁰ Radonovich, L.J. et al. (2019) "N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial," *JAMA*. 2019; 322(9): 824–833. <https://jamanetwork.com/journals/jama/fullarticle/2749214>

²¹ <https://www.sciencetimes.com/articles/25799/20200525/researchers-develop-breakthrough-electroceutical-fabric-zaps-coronavirus-upon-contact.htm>

“However, studies have revealed that the virus can adhere to the surface of PPE. Additionally, the virus that clung onto protective equipment may continue to be infectious for long periods.

*A study [in the Lancet -author] conducted by researchers from the University of Hong Kong found out that the **coronavirus can stay on the outer surface of face masks for up to seven days.**²² For this reason, experts advise that it is important not to touch the outside of the mask.*

Furthermore, they add that it is possible to contaminate your eyes if you happen to rub them after also touching the outer part of the mask. Health professionals should be attentive not to touch any part of their face, including outer parts of the masks that they use as protection.

Surgical masks, unlike smooth surfaces, retained infective viruses for up to 7 days at 70 F in 65% humidity, a good approximation of indoor temperatures and moisture.²³ [Emphasis added by author]

On April 2, 2020, CIDRAP, Center for Infectious Disease Research and Policy of the University of Minnesota noted, **“A cloth mask or face covering does very little to prevent the emission or inhalation of small particles.** As discussed in an earlier CIDRAP commentary²⁴ and more recently by Morawska and Milton (2020) in an open letter to WHO signed by 239 scientists²⁵, **‘inhalation of small infectious particles is not only biologically plausible, but the epidemiology supports it as an important mode of transmission for SARS-CoV-2, the virus that causes COVID-19’.**²⁶ [Emphasis added by author]



Are there dangers to wearing masks?

²² [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30003-3/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30003-3/fulltext)

²³ [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30003-3/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30003-3/fulltext)

²⁴ <https://www.cidrap.umn.edu/news-perspective/2020/03/commentary-covid-19-transmission-messages-should-hinge-science>

²⁵ Morawska L, Milton DK. *It is time to address airborne transmission of COVID-19.* Clin Infect Dis 2020 (published online Jul 6, 2020)

²⁶ <https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>



FAIL: USA TODAY: Fact Check
Wearing a face mask will not cause hypoxia, hypoxemia or hypercapnia

There is no evidence that the general public will experience oxygen reduction significant enough to result in hypoxemia. Carbon dioxide can build up in face masks, but is unlikely that wearing a mask will cause hypercapnia, according to the CDC.

Terms:

- *Hypoxia*: lowered oxygen levels in the lungs
- *Hypoxemia*: lowered oxygen levels
- *Hypercapnia*: increased CO2 levels

REAL FACT: Wearing a surgical mask or respirator may reduce oxygen and increase carbon dioxide for everyone using a mask and may be dangerous for people with many types of vulnerabilities. **The longer the mask is worn, the greater the blood desaturation (the decrease in oxygen in the blood). The effect is greater for people over 35.**²⁷ [Emphasis added by author]

Oxygen concentration inhaled by healthy subjects wearing a surgical mask covering an N95 respirator decreases to about 17%, not the 19.5% that OSHA regulations for respirators requires, and the concentration of carbon dioxide increases to about 1.2% - 3% in a short period of light work.^{28, 29, 30}

Wearing masks absolutely leads to hypercapnia (increased CO2 in the blood) because the air inside the mask has a far higher concentration of CO2 than the ambient outside the mask.³¹ [Emphasis added by author]

In several studies, **the average carbon dioxide concentration inhaled (and therefore the levels of CO2 in the lungs and blood)**³² was far higher than the limit of 0.1% of indoor carbon dioxide concentration permitted in most countries. With prolonged mask wearing, untoward reactions may gradually appear. “The subjects mainly reported headache, dizziness, feeling tired and communication obstacles. In real life,

²⁷ <http://scielo.isciii.es/pdf/neuro/v19n2/3.pdf>

²⁸ <https://jamanetwork.com/journals/jama/fullarticle/2764955>

²⁹ Roberge R J, Coca A, Williams W J, et al. Surgical mask placement over N95 filtering facepiece respirators: physiological effects on healthcare workers[J]. *Respirology*, 2010, 15(3): 516-521. doi:10.1111/j.1440-1843.2010.01713.x

³⁰ Sinkule E J, Powell J B, Goss F L, et al. Evaluation of N95 Respirator Use with a Surgical Mask Cover: Effects on Breathing Resistance and Inhaled Carbon Dioxide. *Annals of Occupational Hygiene*, 2013, 57(3): 384-398. doi:10.1093/annhyg/mes068

³¹ Dr Narayan Bahadur Basnet, MBBS, MPA, PG Ped, Ph.D. | Children's Medical Diagnosis Center (CMDC), Chabahil, Kathmandu, Nepal. Web: www.cmdc.com.np

³² <https://medium.com/theusareviewer/the-potential-dangers-of-wearing-a-face-mask-51b9b86980a>

the situations and time of wearing masks are much longer than the above experimental research settings.”³³[Emphasis added by author]

In another long-term study, **after wearing an N95 mask for 12 hours, the CO2 concentration of subjects increased to 41.0 mmHg**, far higher than the baseline value of 32.4mm Hg at the beginning of the test.³⁴ The subjects reported a wide variety of physical, attentional and behavioral symptoms.

Real FACT: Mask and respirator use has been repeatedly shown to limit oxygen (hypoxia), increase carbon-dioxide (hypercapnia) and cause both discomfort and a wide variety of adverse effects across many systems including neurological³⁵ (e.g., headaches in up to 81% of mask and respirator wearers³⁶, dizziness, poor judgement, seizures, etc.), hemodynamic (e.g., elevated blood pressure), cardiac (e.g., chest pain, myocardial infarct, etc.), respiratory (e.g., air hunger, asthma, wheezing, etc.) and more.³⁷



**FAIL: USA TODAY: Fact Check
Face masks do not weaken the immune system**

There is no evidence this is true. Risks associated with wearing face masks only apply to a select few in the general population.

³³ Zheng Zhaoshi, PH.D. M.D. Potential Risks When Some Special People Wear Masks No. 1 Department of Neurology, The Third Hospital of Jilin University

³⁴ Rebmann T, Carrico R, Wang J, et al. Physiologic and other effects and compliance with long-term respirator use among medical intensive care unit nurses. American Journal of Infection Control, 2013, 41(12): 1218-1223. doi:10.1016/j.ajic.2013.02.017.

³⁵ <https://www.healio.com/news/primary-care/20200407/ppeassociated-headaches-increase-among-health-care-workers-amid-covid19>

³⁶ ibid

³⁷ ibid

Author's Note: I believe that the “fact” “check” “journalists” at USA Today inadvertently told the truth on this one, much as a criminal might unconsciously leave traces and clues that help him get apprehended. “Face masks do not weaken the immune system” is fact checked with “There is no evidence that this is true” is actually correct: there is no evidence that shows that wearing a face mask does NOT weaken the immune system. It would appear that what the Facebook supported “journalists” intended to say is that there is no evidence that faced masks DO weaken the immune system.

Real FACT: On April 17, 2020, Drs. Angel N. Desai, MD, MPH¹ and David M. Aronoff, MD in JAMA Network, an official publication of the American Medical Association wrote, **“Unless you are sick, a health care worker, or caring for someone who has COVID-19, medical masks (including surgical face masks and N95s) are not recommended.”**³⁸ [Emphasis added by author]

Real FACT: Stress and anxiety, fear, isolation and depression are well known and long-established, major hazards to immune system competence. Masks are a continuing reminder of the dangers supposedly faced by the entire population from the unseen, implacable and deadly enemy lurking everywhere, even in the simplest, most basic contact with others. They trigger fear, isolation, distrust and isolation. All of these conditions induce pathological stress responses in humans.

The continuing fear and isolation results in serious immune system impairment and both negative mental and physiological consequences. **“When a healthy population becomes unhealthy due to excessive stress driven by hyperbolic media fear of Covid-19, any of a variety of different diseases can break through that weakened immune system to cause more active cases of Covid-19, metabolic, heart, and other diseases like cancer.”**³⁹ [Emphasis added by author]

Real FACT: Stress, especially chronic stress, disrupts every metabolic and biochemical pathway in the body impacting every system, organ, tissue and cell in it profoundly. One of the most destructive effects of on-going stress is the production of excess cortisol, a steroid hormone that causes, among a host of other well-documented health effects.^{40, 41} [Emphasis added by author]

- Impaired cognitive performance
- Suppressed thyroid function
- Blood sugar imbalances such as hyperglycemia
- Weight gain
- Decreased bone density
- Decreased muscle mass
- Increased blood pressure
- Decreased immunity
- Inflammatory responses in the body
- Slowed wound healing
- Sleep disturbances
- Emotional disturbances including
 - Depression

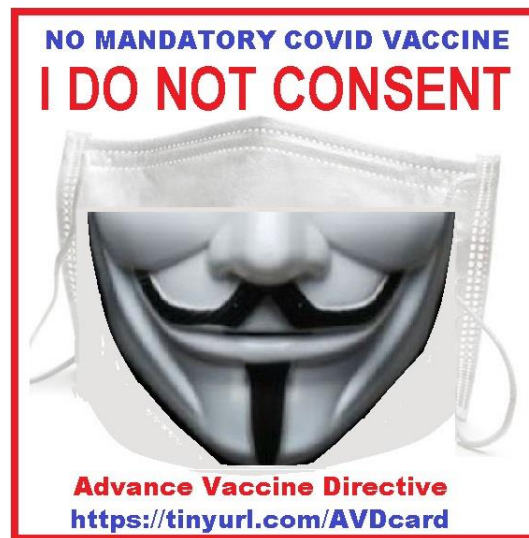
³⁸ <https://jamanetwork.com/journals/jama/fullarticle/2764955>

³⁹ <https://alachuachronicle.com/harold-saive-fask-mask-mandate-can-damage-the-immune-system/>

⁴⁰ <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037>

⁴¹ <https://www.healthline.com/health/high-cortisol-symptoms#takeaway>

- Anxiety
- Suicidality
- Social withdrawal
- Amotivational syndrome
- Substance abuse
- Anger management disruption, including domestic violence
- Increased abdominal (omental) fat associated with increased morbidity and mortality including:
 - Heart attacks
 - Strokes
 - Metabolic syndrome
 - Increase “bad” cholesterol (LDL) and decreased “good” cholesterol (HDL)



FAIL: USA TODAY: Fact Check
Face masks can be unsafe for children under 2, but not for most adults

Young children should not wear face masks. But it's false that all mask-wearers will suffer from hypoxia.

Real FACT: CDC and other allegedly authoritative bodies agree that children 2 and under should not wear face masks and that people with trouble breathing should also avoid face masks, along with those who cannot remove the mask themselves or who are unconscious.⁴² [Emphasis added by author]

Real FACT: As masks become moist with the humidity of the wearer’s breath and from other sources, breathing becomes more difficult creating both physical and emotional stress as accumulated moisture clogs the pores of the mask and increases the resistance to both inhalation and exhalation.

⁴² <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

Even partial blockage of the passage of air places excessive demands on the thoracic muscles and the diaphragm so that breathing, even in the healthy population, becomes more difficult and labored.

The adaptive systems of the body register this not as the political theater that it is, but as a stress-inducing respiratory emergency, flooding the body with stress hormones and chemicals, increasing blood pressure, anxiety, fear and the deeply impactful sympathetic nervous system arousal ‘fight or flight’ state. **Pushing a shopping cart through a grocery store under these conditions can result in labored respiration and all of the adaptive responses of a person in a potentially life-threatening emergency.**

Masks thus expose “healthy” people to totally unnecessary metabolic and physiologic challenges which, immediately or over the long term, help to degrade their health.⁴³ [Emphasis added by author]

In certain individuals, especially those suffering from PTSD, mask obstruction can cause claustrophobia, panic attacks, or a feeling of suffocation. These individuals are more prone to blood pressure spikes, heart attacks, and stroke. All of these factors combined can compromise those with otherwise-normal immune systems.

Real FACT: People with, or prone to, hypercapnia (increased carbon dioxide) and hypoxia (decreased oxygen) from medical, toxic, environmental, occupational or other causes should avoid anything that increases their already compromised respiratory, neurological, and cardiac status. That includes, but is not limited to, people with respiratory conditions such as asthma, COPD, bronchiectasis, emphysema, interstitial lung disease, and cystic fibrosis, as well as some muscle weakness and neurological and muscle diseases.⁴⁴

Currently in the US:

- 121.5 million people have heart disease⁴⁵
- 24.9 million people have asthma.⁴⁶
- 17 million people have cancer⁴⁷
- 16 million people have been diagnosed with COPD and there are millions more who have the problem, but no the diagnosis yet.⁴⁸
- 500,000 people with bronchiectasis.⁴⁹
- 11.2 million people have emphysema.⁵⁰

⁴³ <https://alachuachronicle.com/harold-saive-fask-mask-mandate-can-damage-the-immune-system/>

⁴⁴ <https://www.verywellhealth.com/hypercapnia-symptoms-treatment-914862>

⁴⁵ <https://duckduckgo.com/?q=how%20many%20people%20in%20the%20us%20have%20heart%20disease+site:www.heart.org>

⁴⁶ <https://www.cdc.gov/nchs/fastats/asthma.htm>

⁴⁷ <https://www.cancer.org/cancer/cancer-basics/cancer-prevalence.html>

⁴⁸ <https://www.cdc.gov/copd/index.html>

⁴⁹ <https://my.clevelandclinic.org/health/diseases/21144-bronchiectasis>

⁵⁰ <http://www.emphysemafoundation.org/index.php/the-lung/copd-emphysema>

- 30,000 people have cystic fibrosis.⁵¹
- 200,000 people have interstitial lung disease.⁵²

There are other groups susceptible to negative impact of hypercapnia, hypoxia and hypoxemia but this short survey finds 191.3 million Americans who should not increase their CO₂ levels or decrease their O₂ levels, as might well happen in mask wearing. Even at this cursory glance, that means that at least 58% of Americans are at risk from mask wearing.

USA Today's blithe assertion that 'face masks are safe for most adults' is clearly not based on fact since at least 58%, the majority of Americans, are people for whom reducing oxygen and increasing carbon dioxide in the lungs and blood stream is physiologically stressful and potentially extremely unsafe.

Hypercapnia can lead to respiratory failure and coma if left untreated. While wearing a mask and thus increasing the level of carbon dioxide in the blood may not lead to such serious consequences for most healthy people most of the time, **for the large number of people whose respiration is compromised, increasing their already fragile metabolic and respiratory status may have serious immediate and deferred consequences.**^{53, 54} The treatment of this condition involves improving ventilation so that you can get rid of the excess CO₂. The type of treatment that a given patient will need depends on the severity of the condition. [Emphasis added by author]



FAIL: USA TODAY: Fact Check
ADA does not provide blanket exemption from face mask requirements

The Americans with Disabilities Act does not allow anyone, disabled or otherwise, to ignore mask requirements without other precautions being taken.

⁵¹ <https://www.cff.org/What-is-CF/About-Cystic-Fibrosis/>

⁵² <https://www.pulmonaryfibrosis.org/life-with-pf/about-ipf>

⁵³ <https://www.verywellhealth.com/hypercapnia-symptoms-treatment-914862>

⁵⁴ Adler D, Pépin JL, Dupuis-lozeron E, et al. *Comorbidities and subgroups of patients surviving severe acute hypercapnic respiratory failure in the intensive care unit. Am J Respir Crit Care Med.* 2017;196(2):200-207. doi:10.1164/rccm.201608-1666OC

Real FACT: The Americans with Disabilities Act (ADA) was passed in 1990 and amended in 2009, long before the COVID-19 global event. This disingenuous USA Today statement is both inaccurate and misleading since ADA does not provide “blanket exemptions” from anything, masks or otherwise. ADA, however, allows people who have conditions which would impair their physical, mental or emotional health in the event that their breathing or oxygenation were to be impaired to so declare. They are then NOT subject to the requirements to mask or otherwise obstruct their breathing. The merchant or other agency or entity requiring the mask, once informed that there is a disability, may not inquire as to its nature or severity or demand substantiation. The same privacy considerations apply, for example, to a person with a Service Animal. The owner of a business may inquire if the animal is a legitimate Service Animal, but then may not inquire as to what the nature of the training or disability that requires the animal is and may not discriminate against, or segregate the patron or Service Animal from others.⁵⁵



FAIL: USA TODAY: Fact Check:

Fact check: It is not a felony for Virginia concealed-carry permit holders to wear masks

Based on Virginia law and one county's sheriff, this is false.

It is difficult to investigate or substantiate anything relying on some unidentified country sheriff in some office, somewhere (in Virginia?). The implication of the “fact” “check” seems to be that because it is false that it is NOT a felony for concealed-carry permit holders in Virginia to wear masks, it actually IS a felony for them to wear masks. The “fact” “checker” relying on this unidentified putative country sheriff appears, however, to have gotten this item wrong, as well as so many others.

Real FACT: Intent is important here. Carrying a gun while wearing a mask with intent to conceal one’s identity or commit a crime is not legal in Virginia. Wearing a mask for other purposes not associated with intent to commit a crime or conceal one’s identity is legal there, however. In fact, it is legal for gun owners who are not trying to conceal their identities or commit a crime to carry a firearm while wearing a mask according to Va. Code § 18.2-422.⁵⁶

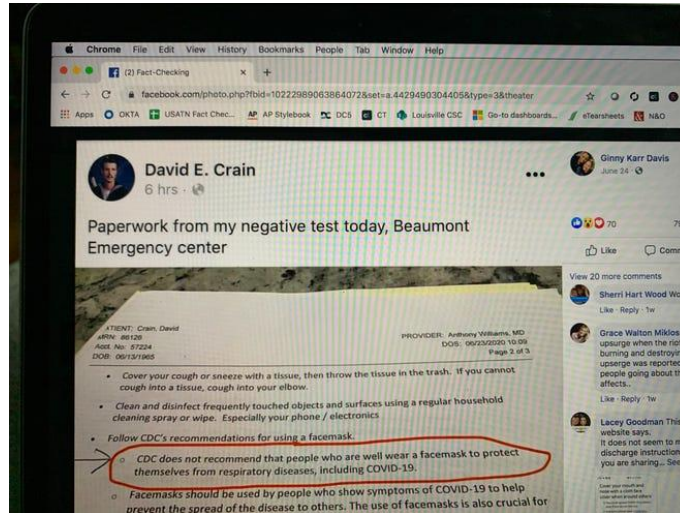


FAIL: USA TODAY: Fact Check:

Fact check: Discharge document from medical center is outdated

⁵⁵ <https://www.dol.gov/general/topic/disability/ada>

⁵⁶ <https://www.uslawshield.com/mask-orders-carry-in-state/>



The CDC widely recommends cloth masks in public settings. The information stated on an old Texas medical center document in contradiction to that is outdated, though a real document.

Real FACT: The date of service on the document in question is 6/23/20, less than a month before USA Today published its massively inaccurate Facebook-supported “fact” “check” “journalism” article.

It is hard to imagine any reason other than political theater for a change of recommendation so enormous that it alleges that advice offered from a physician to a patient less than a month ago is ‘outdated’. Based on what? Updated by what scientific, evidence-based information? Updated by whom? Someone cancelling out a licensed physician’s written advice to the patient?

As the commentary and documentation above clearly shows, there is absolutely no science supporting, but quite a lot of it contradicting, the recommendations that everyone wear a mask when in the company of others or outdoors. USA Today is touting that information, but the men and women of the scientific world are clearly not.

On face masks and politicians



TRUE: USA Today

Fact check: Claim that Democratic leaders aren’t using masks is based on old picture



An image showing top Democrats talking in close proximity with no masks is from December, months before the masks and social distancing became required in the U.S.



FACT: USA Today

Fact check: Vice President Mike Pence did not carry empty boxes of PPE into a hospital

The video, since deleted, was posted by Jimmy Kimmel and shortened. A full version reveals that Pence did not touch the empty boxes.

IN WHAT FUTURE DO YOU INTEND TO LIVE?

<https://tinyurl.com/maskexemption>



Red-Scarfed Young Communists in Chinese School