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Stories in this issue



Plandemic: Exposing the Greed, Corruption, and Fraud Behind the COVID-19 Pandemic

What we are told about the COVID-19 pandemic is insanely wrong! This pandemic didn't come about by chance. It was a carefully orchestrated and planned event—a plandemic.

Mask Mandates Are Absolutely Useless

By Dr. Joseph Mercola

A spate of studies has called into question the effectiveness of mask mandates and other nonpharmaceutical interventions (NPIs) — such as lockdowns, curfews and stay-at-home orders — in controlling COVID-19 and lowering death rates.

Researchers from Rational Ground, which is providing resources, including data analysis, related to COVID-19, specifically looked into mask mandates and whether or not they're effective, with results suggesting widespread mask usage has been virtually useless. The fact is, mask mandates were rolled out despite a lack of solid evidence to support their use among the general population. On the contrary, the evidence against them continues to mount.

COVID Cases Higher With Mask Mandates Than Without

The computer scientists, actuaries and data analysts that make up Rational Ground² looked at COVID-19 cases from May 1, 2020, to December 15, 2020, in all 50 U.S. states. They calculated how many cases per day occurred by population with and without mask mandates.³

Non-mandate data included states that had mask mandates at some point but not others, with the data including only days the mask mandates were not in place. The states without mask mandates for the entire study period included:

Alaska	Arizona	Florida
Georgia	Idaho	Iowa
Missouri	North Dakota	Nebraska
New Hampshire	Oklahoma	South Carolina
South Dakota	Tennessee	Wyoming

An important point: the researchers waited 14 days from the start of mask mandates to begin counting COVID-19 cases. This ensured cases from spread that occurred before the mandate weren't counted against them. The results found 9,605,256 confirmed COVID-19 cases over 5,907 days in the mask mandate states. Among states without a mask mandate, 5,781,716 cases were counted over 5,772 days. This works out to:⁴

- No mask mandates 17 cases per 100,000 people per day
- Mask mandates 27 cases per 100,000 people per day

No Evidence of Masks Reducing Virus Spread

In response to critics suggesting the cases were higher with mandates because they were implemented in areas that had higher spread to begin with, Hart posted on Twitter, "Team Apocalypse will object and say: 'well, states which put mandates in place were seeing surges in cases!' Perhaps ... but our data shows that even AFTER the mandates went up ... it did nothing."⁵

The data holds true even when population density is taken into account. Among the 12 counties with the greatest population density in Florida, eight had mask mandates at some point, during which 24 cases per 100,000 people per day were counted.

On days without mandates, which includes four counties that never had them, 17 cases per 100,000 people per day occurred.⁶ As noted by Daniel Horowitz, a senior editor of The Blaze:⁷

"We can turn the numbers upside down and inside out, but no matter how we examine them, there is no evidence of masks correlating with reduced spread. If anything, the opposite is true ... It's self-evident that the virus does what it does naturally and follows a very mechanical pattern regardless of state policies ...

The phony 'fact checkers' will always find ways to show that we can't prove beyond a shadow of doubt that masks will never work. But while they force us to prove 100% that they don't work, mandaters don't have to prove any efficacy at all, even as 2-year-olds are forced to have their faces covered on planes."

Rational Ground's data compilations also include charts that break down daily COVID-19 cases in a wide variety of regions, from Hawaii to Los Angeles, Orange, Ventura, and San Diego counties in California to Kansas, West Virginia, France and Peru, marking the dates mask mandates were put in place. The charts show no correlation between the implementation of mask mandates and reduced cases.

There is one chart that shows a steady decline of COVID-19 deaths after a mask mandate — New York City. But the mandate occurred as the death rate was already falling, following a similar pattern of a peak followed by a decline seen in many areas, with or without mask usage.⁸

Four Facts Suggest Importance of NPIs May Be Overstated

NPIs, including not only mask mandates but also travel restrictions, stay-at-home orders, **quarantines and lockdowns**, do not reduce COVID-19 transmission and death rates, according to a working paper released by the National Bureau of Economic Research (NBER).⁹

They present four stylized facts that call into question conclusions by health agencies claiming that social distancing and other NPI mandates have been essential in lowering COVID-19 transmission rates and deaths:¹⁰

- 1. For all the countries and U.S. states studied, once the region experienced 25 cumulative COVID-19 deaths, the growth rates of daily COVID-19 deaths fell from initially high levels to close to zero within 20 to 30 days
- 2. After this initial period, growth rates of daily COVID-19 deaths have "hovered around zero or below everywhere in the world"
- 3. A cross-section standard deviation of growth rates of daily COVID-19 deaths across the studied locations "fell very rapidly in the first 10 days of the epidemic and has remained at a relatively low level since then"
- 4. "These first three facts about the growth rate of COVID deaths imply that both the effective reproduction numbers and transmission rates of COVID-19 fell from widely dispersed initial levels and the effective reproduction number has hovered around one after the first 30 days of the epidemic virtually everywhere in the world"

In other words, virus transmission and death rates appear to follow a similar pattern throughout the world, regardless of what type of NPIs were put in place. "[T]hose policies have varied in their timing and implementation across countries and states, but the trends in outcomes do not," the American Institute for Economic Research reported.¹¹

The working paper notes that considering transmission rates for COVID-19 fell during the early days of the pandemic worldwide, "we are concerned that these studies may substantially overstate the role of government-mandated NPI's in reducing disease transmission ..."¹²

Further, they add that since disease transmission rates have remained low worldwide even as NPIs have been lifted, "we are concerned that estimates of the effectiveness of NPI's in reducing disease transmission from the earlier period may not be relevant for forecasting the impact of the relaxation of those NPI's in the current period:"¹³

"Many of the regions in our sample that instated lockdown policies early on in their local epidemic, removed them later on in our estimation period, or have not relied on mandated NPI's much at all. Yet, effective reproduction numbers in all regions have continued to remain low relative to initial levels indicating that the removal of lockdown policies has had little effect on transmission rates." ¹¹⁴

Study Praising Mask Mandates Retracted

A study that found COVID-19 hospitalizations decreased after mask mandates were put in place in 1,083 U.S. counties was withdrawn in November 2020, after changes in the number of cases caused researchers to second-guess their conclusions:

"The authors have withdrawn this manuscript because there are increased rates of SARS- CoV-2 cases in the areas that we originally analyzed in this study. New analyses in the context of the third surge in the United States are therefore needed ..."¹⁵

Meanwhile, the first randomized controlled trial of more than 6,000 individuals to assess the effectiveness of surgical **face masks against SARS-CoV-2** infection found masks did not statistically significantly reduce the incidence of infection. Among mask wearers, 1.8% ended up testing positive for SARS-CoV-2, compared to 2.1% among controls.

When they removed the people who did not adhere to proper mask use, the results remained the same — 1.8%, which suggests adherence makes no significant difference. Among those who reported wearing their face mask "exactly as instructed," 2% tested positive for SARS-CoV-2 compared to 2.1% of the controls.

The findings further call into question the effectiveness of mandated masks for preventing COVID-19, as does a case-control investigation of people with COVID-19 who visited 11 U.S. health care facilities. The U.S. Centers for Disease Control and Prevention report revealed factors associated with getting the disease, ¹⁷ including the use of cloth face coverings or masks in the 14 days before becoming ill.

The majority of them — 70.6% — reported that they "always" wore a mask, but they still got sick. Among the interview respondents who became ill, 108, or 70.6%, said they always wore a mask, compared to six, or 3.9%, who said they "never" did, and six more, or 3.9%, who said they "rarely" did.

Taken together, this shows that, of the symptomatic adults with COVID-19, 70.6% always wore a mask and still got sick, compared to 7.8% for those who rarely or never did. 18

Is Wearing Something Better Than Nothing?

Some may suggest that in the case of wearing cloth masks, even if they're not incredibly effective, "something is better than nothing." This may not be the case, however, as wearing a mask isn't innocuous.

Dr. Jim Meehan, an ophthalmologist and preventive medicine specialist who has performed more than 10,000 surgical procedures and is also a former editor of the medical journal Ocular Immunology and Inflammation, has peer-reviewed thousands of medical research studies. He used this expertise to conduct an evidence-based scientific analysis on masks, which shows that not only should healthy people not be **wearing masks** but they could be harmed as a result. ¹⁹

Meehan suggests that the notion of mask-wearing defies common sense and reason, considering that most of the population is at very low or almost no risk of becoming severely ill from COVID-19. He also compiled 17 ways that masks can cause harm:²⁰

Medical masks adversely affect respiratory physiology and function	Medical masks lower oxygen levels in the blood
Medical masks raise carbon dioxide levels in the blood	SAR-CoV-2 has a "furin cleavage" site that makes it more pathogenic, and the virus enters cells more easily when arterial oxygen levels decline, which means wearing a mask could increase COVID-19 severity
Medical masks trap exhaled virus in the mouth/mask, increasing viral/infectious load and increasing disease severity	SARS-CoV-2 becomes more dangerous when blood oxygen levels decline
The furin cleavage site of SARS-CoV-2 increases cellular invasion, especially during low blood oxygen levels	Cloth masks may increase the risk of contracting COVID-19 and other respiratory infections
Wearing a face mask may give a false sense of security	Masks compromise communications and reduce social distancing
Untrained and inappropriate management of face masks is common	Masks worn imperfectly are dangerous
Masks collect and colonize viruses, bacteria and mold	Wearing a face mask makes the exhaled air go into the eyes
Contact tracing studies show that asymptomatic carrier transmission is very rare	Face masks and stay at home orders prevent the development of herd immunity

Face masks are dangerous and contraindicated for a large number of people with pre-existing medical conditions and disabilities

Considering the lack of evidence for their use, and the potential harms, it's no wonder that calls for peaceful civil disobedience against **mandatory masking** are growing. The U.S. nonprofit **Stand for Health Freedom** is among those calling for civil disobedience, and has a widget you can use to contact your government representatives to let them know wearing a mask must be a personal choice.

If you live in an area without a mask mandate, remember that wearing one, or not, is a highly personal choice. For those in areas with mask mandates, keep in mind that most rules state you must wear a mask "unless you can maintain a 6-foot distance," which means in many cases you can forgo wearing a mask and still be in compliance with the mandate.

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