

# Why the Masked and the Unmasked Have Disdain for Each Other

Among the many unbridgeable divides between Americans is a completely antithetical view of mask wearing. On one side are those who wear masks almost everywhere outside their homes and who demand that others do so, including young children in class and on outdoor playgrounds, and 2-year-olds on airplanes.

On the other side are those who only wear a mask where they are punished for not doing so (most obviously, airplanes). They regard masks as essentially pacifiers for adults.

Generally speaking, these two groups have disdain for each other.

Why the pro-mask half of America holds the anti-mask half in contempt needs little explanation. They believe anti-mask Americans are putting others in grave danger. Pro-maskers believe that even children who do not wear masks put their own lives and the lives of other children and teachers at risk.

Consequently, pro-mask Americans regard those who do not wear masks, let alone those who actively oppose mask-wearing, as selfish, anti-science potential killers.

What may be less obvious is why anti-maskers hold pro-maskers in equal contempt. So, this needs explaining in greater detail. After all, anti-maskers don't believe that maskers are putting people in hospitals.

First, anti-maskers regard the charges made against them by pro-maskers as baseless. Therefore, as odd as it sounds, anti-maskers have contempt for the pro-maskers' contempt. To

wrongly charge people with causing mass death is, to understate the case, immoral. And if this charge is demonstrably wrong, the people who level it are the ones who are anti-science.

Since each side regards the other as anti-science, what is the science?

Nearly all public health authorities claim that masks are absolutely necessary to save lives. But they have virtually no science to back up the claim.

There is, however, abundant scientific evidence that masks are worthless vis-a-vis viruses and do great harm to society.

Here is a fraction of the examples I could give:

In February 2020, U.S. Surgeon General Jerome Adams tweeted: "Seriously people – STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus."

In March 2020, the World Health Organization (WHO) Health Emergencies Program executive director, Mike Ryan, wrote: "There is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit."

A 2010 study in France led by Laetitia Canini (Ph.D. in epidemiology and biostatistics) concluded: "We did not identify any trend in the results suggesting effectiveness of facemasks."

A 2009 study of Japanese health workers led by epidemiologist Dr. Joshua L. Jacobs, of the University of Hawaii Medical School, concluded: "Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds."

As far as I could determine, the only randomized controlled trial (RCT) to test the effectiveness of masks against COVID-19 was a 2020 study led by Henning Bundgaard of the

Copenhagen University Hospital in Denmark. Published in the March 2021 issue of *Annals of Internal Medicine*, it found that 1.8% of those in the masked group and 2.1% of those in the control group became infected with COVID-19 within a month. The 0.3-point difference is statistically insignificant.

MD and epidemiologist Vinay Prasad of the University of California at San Francisco buried the Centers for Disease Control and Prevention's child masking recommendation in one sentence: "The CDC cannot 'follow the science' because there is no relevant science."

And what about surgical masks? They are not designed to prevent the spread of viruses, but to prevent medical personnel from accidentally infecting the open wounds of patients on the operating table, and to prevent body fluids from patients spraying up into the mouths and noses of the surgical team. Dr. Colin Axon, a COVID-19 advisor to the British government, made this point clear: Medics were "unable to comprehend" the miniscule elements involved: "A Covid viral particle is around 100 nanometers, material gaps in blue surgical masks are up to 1,000 times that size, cloth mask gaps can be 5,000 times the size."

While most studies conclude that masks are essentially useless against COVID-19, not all do. Probably the most widely cited study on behalf of mask efficacy was published in the *British Medical Journal* in October 2021. But it's hardly a ringing endorsement. As the authors note, "The quality of current evidence would be graded as low or very low, as it consists of observational studies with poor methods."

If the only problem with the pro-mask position were that it negates science, it would only be harmless nonsense.

But while it is nonsense, it is not harmless.

Take children, for example. Only time will tell how affected children have been by not seeing other children's faces and

seeing few adult faces for two years. In July 2021, an article published under the auspices of the USC Center for Health Policy and Economics addressed this issue:

“Masking is a psychological stressor for children and disrupts learning. Covering the lower half of the face of both teacher and pupil reduces the ability to communicate. In particular, children lose the experience of mimicking expressions, an essential tool of nonverbal communication. Positive emotions such as laughing and smiling become less recognizable, and negative emotions get amplified. Bonding between teachers and students takes a hit. Overall, it is likely that masking exacerbates the chances that a child will experience anxiety and depression, which are already at pandemic levels themselves.”

Yet, just this past week, the enemies of children known as teachers unions – in this case, the one that controls the Los Angeles Unified School District – issued a directive that all children must wear N95-type masks all day, including during outdoor recess, with a wire over their noses to keep the masks at maximum tightness.

The social damage of masks is not confined to children. All human interaction has suffered as a result of two years of masking. For example, people are less kind when they are anonymous.

All of that harm is more than sufficient to justify contempt for mask advocacy.

Now let’s add to that the irrationality of the pro-mask position.

Health authorities demand that people wear masks when entering restaurants, when seated on an airplane, and when walking through airports. However, an exception is made for eating and drinking. So, then, one regularly sees people on airplanes seated less than 12 inches from one another eating without

masks on; people seated at airport cafes and restaurants with no masks on; and people spending about an hour eating in restaurants with no masks on.

And while on the subject of airplanes: Do pro-mask advocates think that pilots keep their masks on while flying? Do they even want them to? Does any rational person want their pilots to breathe their own carbon dioxide for six hours while flying across the country?

The utter irrationality of mask advocacy is the single greatest reason the anti-mask people hold mask advocates in contempt. How else should one regard adults who believe that two-year-olds on airplanes and five-year-olds in schools should be masked?

Watching half of our fellow Americans accept and engage in such irrational behavior (not to mention sometimes hysterically enforce it, as myriad social media videos attest) not only depresses the rest of us; it frightens us. That more than half of our country willingly obeys completely irrational orders raises the question: What irrational orders from the state would they not obey?

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