

Masking Children: Tragic, Unscientific, and Damaging

[A aier.org/article/masking-children-tragic-unscientific-and-damaging](https://aier.org/article/masking-children-tragic-unscientific-and-damaging)

March 10, 2021



Paul E. Alexander

– March 10, 2021 Reading Time: 9 minutes



Summary: Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost benefit analysis is entirely different for adults and children – particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable – with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose.

How did this blue surgical mask and white cloth mask come to dominate our daily lives? Well, indeed, the surgical masks and white cloth (often homemade) masks have become the most contentious and quarrelsome symbol and reminder of our battle with SARS-CoV-2 and the disease it causes, Covid-19. The mask has become so politicized that it

prevents rational consideration of the evidence (even across political lines) and drives levels of acrimony, invidious actions, disdain, and villainy among wearers to each other who feel threatened by the individual who will not or cannot wear a mask.

But how dangerous is this virus? Based on studies done by Professor John PA Ioannidis of Stanford University, we know that we are dealing with a virus that has an infection fatality rate (IFR) of 0.05 in persons 70 years old and under (range: 0.00% to 0.57% with a median of 0.05% across the different global locations; with a corrected median of 0.04%). This compares quite well to the IFR of most influenza viruses (and even lower), and yet the draconian and massive reactions to SARS- CoV-2 have never been employed during influenza season.

Given this knowledge it is more than perplexing as to why our governments, at the behest of their public health advisors, have accepted as a *fait accompli* what we refer to as a ‘great deception’ or lie, convincing us of inevitable and severe consequences if anyone is infected with SARS-CoV-2.

Yes, the public was lied to and deceived from day one by governments and their medical advisors and the media medical cabal with its incessant messaging that we were all at equal risk of severe illness or death if infected, young and old. They subverted science. This caused irrational fear and hysteria and it has held on. This type of deception and the resulting unfounded fear has been driven by the media despite “a thousandfold difference in risk between old and young.”

We suggest that this has always been known, and yet this disinformation and related falsehoods were spread seemingly both willfully and knowingly by our leaders and the media. Such conflation of the risks between the young and the elderly population with comorbidities and at risk is wrong-headed and creates unnecessary fear for all. It is well known that there is a distinct stratified risk (strongly associated with increasing age and comorbidities).

Additionally, data now suggests (even though still nascent) that children not only have extremely low risk as mentioned above but also that they naturally have the capability of evading the SARS-CoV-2 virus due to the lack of the ACE-2 receptors in their nostrils. It escapes us as to why this deceit continues to be served to the public and has not been stopped forthwith.

What does the evidence show? Well, evidence is accumulating about the potential harms of mask use (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23). For example, the CDC’s own February 2021 double-mask study reported that masking may impede breathing – which can trigger a variety of other problems including acute anxiety attacks in susceptible individuals. These harms are even more likely to occur to children, particularly smaller children.

The scientific evidence in total also suggests masks (surgical and cloth masks) as currently used are ineffective in reducing transmission (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25). Even if we tried to tease out

‘minimal help’ and say ‘they may help a little,’ these Covid-19 masks are largely ineffective. In many reports, conclusively so. As an example, a very recent publication stated that face masks become nonconsequential and do not function after 20 minutes due to saturation. “Those masks are only effective so long as they are dry,” said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.” As soon as they become saturated with the moisture in your breath, they stop doing their job and pass on the droplets.” In a similar light, there are indications that wearing a mask that has already been used, which is very common, is riskier than if one wore no mask at all. The evidence on mask mandates is also clear in that they are ineffective and do not work (references 1, 2, 3, 4, 5, 6) to prevent the spread of respiratory viruses like SARS-CoV-2.

We don’t have a wealth of scientific evidence on exactly when it is safe or not safe for children to be masked, but here’s a good rule of thumb. If you wouldn’t put a child in the front seat of your Prius without disabling the airbag – think twice before requiring an otherwise healthy child to wear a mask – or even forcing them to social distance in school.

On the dangers of masks generally, a recent mini-review reported “There are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” We agree that the adequate primary type comparative effectiveness research is still not available but we do have strong anecdotal, reported, and real-world information as indicated above, along with some primary evidence, which we have judged appropriate to inform the discussion sufficiently.

During April to October 2020 in the US, emergency room visits linked to mental health problems (e.g. anxiety) for children aged 5-11 increased by nearly 25% and increased by 31% for those aged 12-17 years old as compared to the same period in 2019. During the month of June 2020, 25% of persons aged 18 to 24 in the US reported suicidal ideation. While some of this may be related to the pandemic, we suspect that it is largely a function of our response to the pandemic.

One of the most starkly revealing and troubling observations come from Dr. Margarite Griesz-Brisson MD, PhD, who is one of Europe’s leading neurologists and neurophysiologists focused on neurotoxicology, environmental medicine, neuro-regeneration and neuroplasticity. She has gone on record stating: “The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation.” There are neurons, for example in the hippocampus that cannot survive more than 3 minutes without an adequate supply of oxygen. Given that such cells are so sensitive to oxygen deprivation, their functionality must be affected by low oxygen levels.

Oxygen deprivation can cause metabolic changes and the metabolic changes that happen in neuronal cells are vitally important for cognitive functioning and brain plasticity and it is known that when drastic metabolic shifts occur in the brain, there are consequent

changes of oxidative stress (cellular oxidative state) and these have a significant role in managing neuron functioning (we do not claim that masking would produce complete absence of oxygen of course).

The acute warning symptoms are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Given that the development of neurodegenerative diseases can take years to develop, then what are the potentially deleterious effects of the use of masks, especially in children, when masks are used over the majority of their day? We and particularly parents, must consider this and weigh the benefits versus the harms. Are there benefits enough to warrant use relative to the potential harms? If the harms outweigh the benefits, then we cannot in good conscience advocate for mask use. Moreover, the continual and stressful impacts of masking (and school closures) will also have a known and deleterious impact on the immune systems in children (and adults).

Other medical harms relate to the notion that children and adolescents have an extremely active and adaptive immune system, a system that must be challenged in order to retain functionality. Yet by severely restricting children's activities because of lockdowns and masking (physical activity/fitness exercises are almost impossible whilst wearing a mask), we are probably hobbling their immune systems. Evidence indicates that regular physical activity and frequent exercise enhance immune competency and regulation.

A child unexposed to nature has little defense against a minor illness, which can become overwhelming due to the lack of a primed 'tuned-up' and 'taxed' immune system. A robust immune system shortens an illness as a consequence of the presence of preprogrammed anamnestic immunity. Preventing children from such interactions with nature and germs can and does lead to overwhelming infections and serious consequences to the health and life of a child. We might be setting up our children for future disaster when they emerge from societal restrictions fully and with no masks, to then be at the mercy of normally benign opportunistic infections with a now weakened immune system. This cannot be disregarded as we consider the consequences of our actions today in this pandemic and the questionable lockdowns, school closures, and mask policies.

A German-wide registry (not the optimal highest-quality study) used by 20,353 parents who reported on data from almost 26,000 children, found that the "average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)."

Concerns are being raised regarding psychological damage and why a mask is not 'just a mask.' There is tremendous psychological damage to infants and children, with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs or those within the autism spectrum who need

to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blaylock states “the bottom line is that [if] you are not sick, you should not wear a mask.” Furthermore, Dr. Blaylock writes, “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”

In sum, as mentioned, the optimal comparative research on harms has not sufficiently accumulated but what has been reported is sufficient to inform and guide us in our debate on the potential harms of mask use (surgical and cloth), especially in children. But we do have real-world evidence. While additional evidence will help clarify the extent of risk, the existing details are sobering enough and of tremendous utility as we consider the benefits versus the harms of mask use. Even the potential of minimal harm is enough to prevent justification of such use.

Remember, even Dr. Fauci told us in 2020 that masks are not needed and not effective as you may think it is (March 2020 with Jon LaPook, *60 Minutes*). Para ‘no need to walk around with one.’ Dr. Fauci was indeed telling you the science then, and the science has not changed. His statement “it is not providing the perfect protection that people think...” may have changed, but the science remains crystal clear on effectiveness, or lack of.

We call on parents to consider this and to carefully weigh the benefits versus the downsides/harms of masks to their children. This really is not an issue of the ‘science’ as kids do not spread the virus readily to kids, to adults, to teachers, or to the home. They do not get severely ill or die from this. Moreover, teachers are at very low risk of severe illness or death and the school setting remains one of the safest, lowest risk environments.

The science is clear and thus the question becomes, what is the benefit of masks for children? Is masking of children really more about seeming to be doing something even if it is ineffective or possibly harmful? If the possible harms outweigh the negligible and questionable benefit in such a low-risk group, then why must they wear masks indoors and outdoors at school? Masks in children with such near zero risk of transmission and illness from Covid is not necessary and illogical and irrational. This is similar to the need for vaccination of children, especially young children. Children were not part of the vaccine research and also the very low risk to children raises very troubling questions of why. A move to vaccinate children based on the existing risk evidence has no basis in science and there is no net benefit.

Why then did Dr. Fauci call for this? What is the benefit? Is this similar to when Dr. Fauci initially called for double masking, only to then retract the statement? An ‘assumption’ or ‘speculation’ or ‘supposition’ it may work is not science! Is a ‘children vaccine’ retraction coming from Dr. Fauci? Absolutely, children need vaccinations for measles, mumps, rubella etc. but not for Covid. Similar for masks, there is no benefit we can see.

To close, masking children is as absurd, illogical, nonsensical, and potentially dangerous as trying to stop ‘every case of Covid’ or ‘stopping Covid at all costs.’ Masks are not needed for children based on near zero risk in children. The risk of dying from Covid-19 is “almost zero” for young people. The issue of masks in children is really a risk management question for parents and any decision-maker. The science is settled.

Contributing Authors

- **Paul E Alexander MSc PhD**, McMaster University and GUIDE Research Methods Group, Hamilton, Ontario, Canada elias98_99@yahoo.com
- **Howard C. Tenenbaum DDS, Dip. Perio., PhD**, FRCD(C) Centre for Advanced Dental Research and Care, Mount Sinai Hospital, and Faculties of Medicine and Dentistry, University of Toronto, Toronto, ON, Canada
- **Dr. Parvez Dara, MD, MBA**, daraparvez@gmail.com

Paul E. Alexander

Paul E. Alexander received his bachelor’s degree in epidemiology from McMaster University in Hamilton, Ontario, a master’s degree from Oxford University, and a PhD from McMaster University’s Department of Health Research Methods, Evidence, and Impact.

