

# The mask scam unmasked

translated by Corona Investigative • October 01, 2020

Time and again, the alarmists in governments, the media and global organizations such as the WHO have tried to impose their mask mania, but in return they have conjured up studies that have not been able to show in any way that masks have any benefit at all. One or many of these curious studies, which were promoted by the mainstream media, is a meta analysis of 172 observational studies across 16 countries and six continents, which allegedly prove the benefit of masks. (1) This study is a prime example of how studies with experimental weaknesses are used as a basis for political decisions. In this meta-analysis only the outcome of the studies was (uncritically) analyzed, not their design.

This article will show that masks not only fail to protect, but also cause damage. A government that displays such disproportionate behaviour should be dismissed immediately. Especially if it exempts itself from the mask duty. (2) (3)



1. **Masked bollocks of Jena... - 11.06.2020:** Study of the University of Mainz (4) on the German city of Jena. A miracle - already 3 - 4 days after the regulation came into force, any nasty increase in the number of cases in Jena was stopped. The RKI itself assumes, *"However, an effect of the respective measures can only be recognized with a time delay of 2 - 3 weeks, among other things because of the up to 14-day incubation period of SARS-CoV-2 and additionally because there is a time delay between illness and receipt of the reports at the Robert Koch Institute."* (5) So whatever the cause of the striking curve in Jena (**changed test numbers? changed test strategy? changed reporting behavior? ...**) - one thing is for sure: wearing a mask from 06.04. on can definitely not be it.
  
2. In view of the current discussion about the trend towards partial obscuration, a meta-analysis by a team around the British **Cochrane researcher Tom Jefferson** comes just in time - published on 30.03.2020, it says: *"There was no reduction of influenza-like illness (ILI) cases (Risk Ratio 0.93, 95%CI 0.83 to 1.05) or laboratory-confirmed influenza (Risk Ratio 0.84, 95%CI 0.61-1.17) for masks compared to no masks in the general population, nor in healthcare workers (Risk Ratio 0.37, 95%CI 0.05 to 2.50). There was no difference between surgical masks and N95 respirators: for ILI Risk Ratio 0.83 (95%CI 0.63 to 1.08), for laboratory-confirmed influenza Risk Ratio 1.02 (95%CI 0.73 to 1.43)."* (6)
  
3. **Team Xiao CDC** (US Epidemic Control Board) **Masks have no benefit.** When Jefferson's meta-analysis referred to the wearing of masks by medical personnel, this meta-analysis - not even officially published - by the American CDC investigated and disproved the effectiveness of wearing masks in public as protection against influenza: *"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."* (7)
  
4. **Bae 2020 - Masks do not protect!**  
 Another study has examined the protective effect of different mask types especially for SARS-CoV-2: SARS-CoV-2 infected patients coughed the viruses simply through surgical as well as through cotton masks... (8)  
**Remark:** Readers of this blog know that these are not viruses, as no scientific proof in the sense of Koch's postulates has been provided to date for SARS-CoV-2. These misinterpreted particles are RNA snippets from the body.

**Update 07.07.2020** The study published by Bae on the ineffectiveness of masks especially for SARS-CoV-2 has meanwhile been withdrawn due to pressure from the journal, because the methodology used proved questionable in retrospect. However, the general conditions of this retraction are more than questionable: the authors had explicitly offered the journal new, reliable data in the sense of the original publication, but the journal had categorically rejected this. (9)

There is nothing to add to the comment on the journal page: *"Concerned that the editors wouldn't allow you to update your study - In your retraction statement, you said, 'We proposed correcting the reported data with new experimental data from additional patients, but the editors requested retraction.' This is concerning. The scientific and medical community should welcome corrected reporting and new data. That's how we learn and grow and come closer to the truth. There is no down side to allowing you to public an updated/corrected study. **This makes no sense and raises concerns about the motivations of the editors.**"*

#### 5. TU Munich 2005 Masks hurt!

In a doctoral thesis of the TU Munich the effects of wearing simple protective masks (without valve - FFP2/3) were investigated. Immediately after putting on a normal thin surgical mask, exhaled CO<sub>2</sub> is rebreathed and can possibly lead to hypercapnia. The term hypercapnia is used by physicians to describe an increased level of carbon dioxide (CO<sub>2</sub>) in the blood. Common symptoms of hypercapnia include headaches, concentration problems, fatigue, sweating, dizziness, poor fine motor skills, high blood pressure, palpitations and arrhythmias, shortness of breath, confusion, unconsciousness, etc) By the way, hypercapnia (increased level of carbon dioxide CO<sub>2</sub> in the blood) has nothing to do with an increase in breathing rate or a decrease in oxygen saturation, as this conclusion of the study is partly misunderstood and/or wrongly reported in the media. The conclusion from the summary (page 43) is: "The accumulation of carbon dioxide under surgical surgical masks is caused in normally breathing persons by the impaired permeability of the masks. The accumulation of carbon dioxide (...) under each surgical mask studied increased the transcutaneously measured carbon dioxide partial pressure [hypercapnia] ... Since hypercapnia can restrict various brain functions...". (10)

#### 6. Regardless of the already comparatively low mortality of Covid19 in the general population, there is still no scientific evidence for the effectiveness of masks in healthy and symptom-free people in everyday life. (11)

7. A cross-country study by the University of East Anglia concluded that compulsory masking was of no benefit and could even increase the risk of infection. (12)
8. Two U.S. professors and experts in respiratory and infection protection at the University of Illinois explain in an essay that respirators have no effect in everyday life, neither as self-protection nor for the protection of third parties (so-called source control). Nor would the widespread masks have prevented the outbreak in the Chinese city of Wuhan. (13)
9. An article in the New England Journal of Medicine in May 2020 also concludes that respiratory masks offer little or no protection in everyday life. The call for mandatory masks is an "irrational fear reflex". (14)
10. A May 2020 metastudy on pandemic influenza published by the U.S. Food and Drug Administration (CDC) also found that respirators were ineffective. (15)
11. An extensive literature review by a Canadian researcher found that respirators **do not provide proven protection against colds and influenza**. (16)
12. **Also the authorities stress that the "community masks" do not offer any protection.** (17) There are considerable questions about the medical necessity of the mask obligation. The German Federal Institute for Drugs and Medical Devices BfArM, which is part of the German Federal Ministry of Health, declares that a protective effect of fabric masks is "usually not proven". However, the masks could "support the awareness of social distancing and health-related attentive treatment of oneself and others". The authority stresses: "*Wearers of the described 'community masks' cannot rely on them to protect themselves or others from transmission of SARS-CoV-2, as no corresponding protective effect has been proven for these masks.*" (18) **In other words:** Although the masking hardly helps at all, it keeps the fear level high. Virologist Christian Drosten put it this week: "*Masks are a supplement to the measures and a reminder for all of the seriousness of the situation!*" (19)
13. **The clinic for infectiology / hospital hygiene questions the obligation to wear masks.** Do masks help to reduce air transmission? (20) The question now is whether masks can prevent airborne transmission. And above all, whether this possible effect is also relevant. In this context, we initially relied on the epidemiological analysis of the WHO [WHO report, 28.2.20, page 8]. (21) According to this analysis, the epidemiologists found that the corona virus is mainly transmitted by contact and droplets. The contribution of aerosols to transmission

was negligible. In connection with COVID-19, this hypothesis is confirmed in two studies [Ong et al 3.3.20 and Ng et al, 16.3.20]. (22) | (23)

14. Dr. Chalid Ashry" (owns 3 pharmacies and is a health professional for gyms), he says that the masks have no use, but are harmful, and he demands the opening of sports facilities.
15. The American Medical Association has published a position paper on masks: *"Face masks should not be worn by healthy individuals to protect against respiratory infections, as there is no evidence that face masks worn by healthy individuals can effectively protect against disease. Face masks should be reserved for those who need them, as masks may become scarce during periods of widespread respiratory infection. Since N95 respirators require special fit testing, they are not recommended for use by the general public."* (25)
16. "A recent careful review of the literature, which analyzed 17 of the best studies, concluded that "none of the studies established a conclusive relationship between the use of masks/respirators and protection from influenza infection." The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence (26)
17. In a study from Singapore which showed in their tests which sizes (particles) an N-95 mask can stop: "It has been shown that N-95 masks block 95% of airborne particles with an average diameter  $>0.3 \mu\text{m}^2$ , whereas standard face masks can block 50-70% of the particles depending on the mask" **the additional text** "Wear them only in medical environments" is important! (27)  
**Note:** the study admits that this pilot study has some limitations.
  1. **The number of study participants was much too small**
  2. **The time the participants had their masks/signs on was much too short**
 Interesting fact is the following: The  $>0.3 \mu\text{m}$  are 300 nanometers, but the claimed viruses have sizes in the range of 120 nanometers, which for this reason alone could not be stopped by the N-95 masks. So the sentence: "With my garden fence I keep the mosquitoes away" gets a meaning. (28)
18. Wearing a face mask can cause headaches and reduce oxygen levels - A recent study of 159 health care workers aged 21-35 years found that 81% of them developed headaches when wearing a face mask. That is, a reduction in blood oxygenation (hypoxia) or an increase in blood CO<sub>2</sub> levels (hypercapnia). It is

known that the N95 mask, when worn for hours, can reduce blood oxygenation by up to 20%. And correct blood oxygenation is crucial for energy, mental clarity, concentration and emotional well-being. **Source:** Ong JJY et al. Headaches associated with personal protective equipment- A cross sectional study among frontline healthcare workers during COVID-19. *Headache* 2020;60(5):864-877. (29)

19. *"Wearing a face mask means that the carbon dioxide (CO<sub>2</sub>) that the lungs try to expel is inhaled again. This in turn reduces the immune response, negatively affects the function of the epithelial cells (cells in the lungs and blood vessels) and reduces the amount of oxygen exchange across the alveolar membranes." This can clearly have a negative effect in a disease like COVID-19. **Source:** Nature Scientific Reports (30)*
20. *"Wearing a face mask can increase your risk of infection. The last point concerned the decrease in oxygen levels after wearing a mask. A decrease in oxygen concentration (hypoxia) is associated with an impairment of immunity. Studies have shown that hypoxia can inhibit the type of major immune cells used to fight viral infections, called CD4+ T lymphocytes. This is because hypoxia increases levels of a compound called hypoxia-inducible factor-1 (HIF-1), which inhibits T lymphocytes and stimulates a powerful immune inhibitory cell called T-regs. This creates the conditions for contracting an infection, including COVID-19, and makes the consequences of the infection much more serious. Basically, your mask may very well expose you to an increased risk of infection and, if it does, it may lead to a much worse outcome. In addition, reduced oxygenation can accelerate cancer growth."*

**Sources:**

1. Shehade H et al. Cutting edge: Hypoxia-Inducible Factor-1 negatively regulates Th1 function. *J Immunol* 2015;195:1372-1376. (31)
  2. Westendorf AM et al. Hypoxia enhances immunosuppression by inhibiting CD4+ effector T cell function and promoting Treg activity. *Cell Physiol Biochem* 2017;41:1271-84. (32)
  3. ceneay J et al. Hypoxia-driven immunosuppression contributes to the premetastatic niche. *Oncoimmunology* 2013;2:1 e22355. (33)
21. *"Wearing face masks is a constant reminder that we should be afraid of this invisible enemy or "monster", as some politicians have called it. There is no doubt that wearing a mask increases the worry and fear of COVID-19. It leaves a feeling of fear. This is another factor related to the immunosuppressive effect of face masks". **Source:** Book*

from 2007 entitled Cytokines (Cytokines): Stress and Immunity - Second Edition 2007 (Chapter 2). (34)

## 22. What do some government agencies say?

*"Wearing a medical mask has a 'very small protective advantage' over wearing nothing at all in a community environment. The risk of getting a viral infection is reduced by 6%."*

*"Overall, ordinary cloth masks are not considered protection against respiratory viruses and their use should not be encouraged."*

Many more points are discussed. **Source:** Ventura County (35)

**Summary of the governments:** *"In total, the document presented 18 arguments and studies against the efficacy and use of masks and 10 showing limited benefit. After careful consideration of the pros and cons, I clearly end up against the use of masks when they are not used by medical personnel in a clinical setting, or when a person in close proximity to an infected person is at risk of being directly coughed on or sneezed on, as when nursing or visiting a sick person."* (36)

## 23. Masks are definitely sprouting germs!

We had masks examined by a microbiological laboratory (which wants to remain anonymous!), which turned out to be true biotopes. We examined a total of 32 masks from different people who wore their masks for different lengths of time. What was frightening, however, was that even masks that were never worn showed a considerable germ spectrum, since they were not sterilely packaged. The masks were dabbed onto different culture media and then incubated. We found the following germs in the cultures of the different masks (A-E):

- Lactic acid producing lactobacilli (A, B, C, Da, Db, E)
- Streptococcus mutans (A, B, C, Da, Db, E)
- Streptococcus aureus (Da)
- MRSA (Methicillin-resistant Staphylococcus aureus) (Da)
- Staphylococcus epidermis (B, C, Da)
- Staphylococcus pneumonia (Pneumococcus) (A, B, Da, Db, E)
- Enterococcus (E.coli and others) (A, B, Da, Db, E)
- Haemophilus influenza (B, Da)
- Pseudomonas (B, Da, Db)
- Neisseria meningitidis (3x Da, 1x Db)

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24. **Prolonged wearing can have a negative effect on health due to a massive germ load. Even the German epidemic authority RKI expresses concerns in this regard.** There it says: *"The covering must be worn continuously tightly over mouth and nose and changed when it becomes wet; it must not be plucked (even unconsciously) while worn and must not be worn around the neck."*  
**Note: This would stimulate increased germ colonization.** (37)
25. **Elaboration "Mouth nose cover" and liberty rights of the German Federal Government** In the elaboration of 30.04.2020 it says on page 15: *"Scientifically proven is the protective effect of simple mouth nose coverings so far not."* (38)
26. **The German epidemic authority RKI does not confirm any scientific basis for the wearing of a mouth-nose cover:** In the report of the RKI on the subject of mouth-nose covering it says among other things: *"Such a protective effect has not yet been scientifically proven, but it seems plausible. On the other hand, there is no evidence for self-protection" and... "It must be taken into account that there are people who cannot wear a mouth and nose cover for medical or other good reasons."* So we see that the RKI also assumes a plausibility, but you cannot show a strong evidence. (39)
27. **The German Federal Institute for Drugs and Medical Devices confirms on its website that no protective effect of simple masks is guaranteed and no virus protection could be proven.** Quote: *"Wearers of the described masks cannot rely on them to protect them or others against transmission of SARS-CoV-2, as no corresponding protective effect has been proven for these masks."* (40)
28. **Conclusion of the largest association of US doctors and surgeons (AAPS):** (41)
- Wearing masks does not reduce SARS-CoV-2.
  - Remember - children under 2 years of age should not wear masks - accidental suffocation and breathing difficulties are possible
  - The designer masks and scarves offer only minimal protection - they give both the wearer and his fellow men a false sense of security.
- \*\* Not to mention that they give the situation a perverse light-heartedness.
- Surgical masks are better than fabrics, but not very effective in preventing emissions from infected patients.
  - Fabric masks do not prevent the transmission of SARS-CoV-2, whether worn as protection against spread by infected persons or as protection against the virus.



29. In the case of influenza epidemics and pandemics, the answer from a scientific point of view is already clear: masks in everyday life have little or no effect on the occurrence of infection. If used improperly, they can even increase the risk of infection. (42)
30. Ironically, the best and most recent example of this is the often-mentioned masked country Japan: Japan experienced its last strong wave of influenza, with around five million people suffering from the disease despite wearing masks, just one year ago, in January and February 2019. (43)
31. In contrast, a well-known study from 2015 showed that the fabric masks in widespread use today are permeable to 97% of viral particles due to their pore size and can additionally increase the risk of infection by storing moisture. (44)  
Some studies recently argued that masks in everyday life are nevertheless effective in the case of the new coronavirus and could at least prevent the infection of other people.  
However, these studies are methodologically weak and sometimes prove the opposite. Typically, these studies ignore the effect of other simultaneous measures, the natural development of infection rates, changes in test activity, or they compare countries with very different conditions.
32. A study in the scientific journal PNAS claimed (45) that masks led to a decrease in infections in three hotspots (including New York City). The study did not take into account the natural decrease in infections or other measures. The study was so flawed that over 40 scientists recommended that the study be withdrawn. (46)
33. An American study claimed that compulsory masks had led to a decrease in infections in 15 states. The study did not take into account that the incidence of infection was already declining in most states at that time. A comparison with other states was not made. (45)
34. An American-Canadian study claimed that countries with mandatory masks had fewer deaths than countries without mandatory masks. But the study compared African, Latin American, Asian and Eastern European countries with very different infection rates and population structures. (46)
35. The medical benefit of mandatory masks is therefore still questionable. (47) In any case, a comparative study by the University of East Anglia concluded that compulsory masks had no measurable effect on Covid infections or deaths. (48)

### 36. Netherlands: "Scientific evidence is not sufficient for compulsory masks" -

**29.07.2020** In the Netherlands, there will be no obligation to wear face masks - the scientific evidence was not sufficient for a mask obligation. (49) "From a medical point of view, there is no evidence of a medical effect of wearing face masks, so we decided not to impose a national obligation," said Dutch Health Minister Tamara van Ark. (50)

The Dutch health authorities make a clear (and highly necessary) distinction here between medical masks and homemade everyday masks:

*"Home-made face masks do not provide sufficient protection against the coronavirus. Professional face masks do provide protection. They fit tightly over the nose and mouth and are changed regularly. Home-made face masks vary widely in fit, materials and overall quality. This is because various materials are used, such as cotton and linen. As a result, the fit and filter effect are not sufficient."*



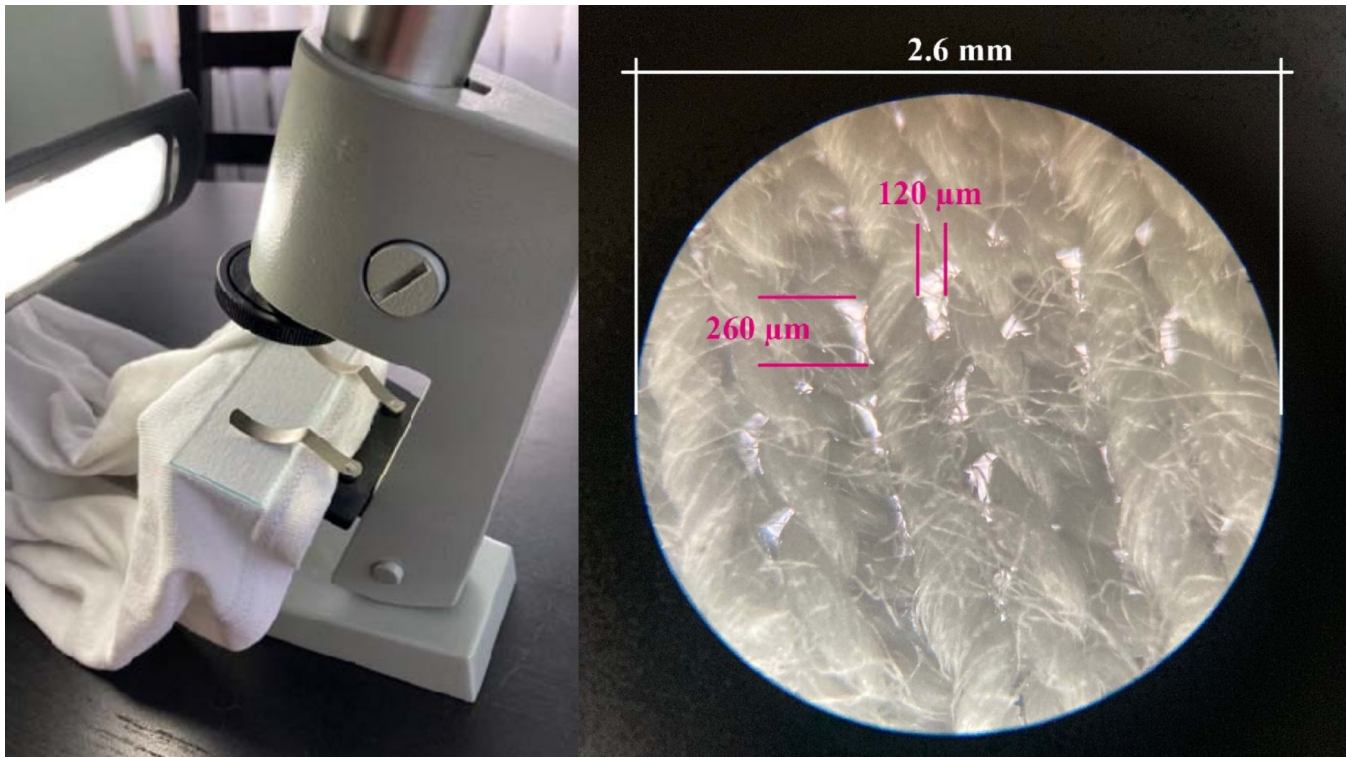
As if all this was not proof enough, (list does not reflect completeness) the monkey circus around the change of opinion between masks do not help and masks help within the so-called scaremongers "experts" is actually a testimony of poverty and a concession

to those **who again and again tried to show with factually verifiable arguments that masks cannot offer safe protection.**

Let's just have a look at what is meant by this and see for yourself.

1. **Virologist Christian Drosten Berliner Charité (Masks have no use).** Even though I really don't want to name Christian Drosten, because this man has made so many wrong decisions and spread untruths (2009 swine flu scandal), I would like to point out that even the advisor of our federal government testifies that there is no use for the masks. (52)
2. The German Federal Minister of Health Jens Spahn stated on 30.01.2020 to "Bild Online" in relation to masks: *"A mouth guard is not necessary because the virus is not transmissible via the breath."* (53) Means: A mask does not offer additional protection. There he still told the truth. **Note:** He was right, it is not transmittable via aerosols.
3. Montgomery (President of World Medical Association) believes that compulsory masks are wrong. In Germany, mandatory masks were introduced in public transport and retail stores. The president of the World Medical Association, Frank Montgomery, has criticized this as *"wrong"* and the intended use of scarves and drapes as *"ridiculous"*. (54)
4. German Chancellor Merkel: Masks can become a virus slingshot That's not surprising. Chancellor Merkel warned earlier that a possible compulsion to wear masks could lead to excessive carelessness in keeping distance between people. *"This is still the most important thing, she said earlier at the cabinet breakfast with the leaders of the Union. Everyone knows that after only half an hour, a mask is so soaked through that it becomes a virus slingshot itself."*
5. The World Health Organization (WHO) does not see a strong benefit in the general wearing of a mouthguard in the fight against the spread of the coronavirus. **There is no indication that this would be of any benefit**, said WHO Emergency Director Michael Ryan in March. Rather, there are additional risks if people take off the masks incorrectly and possibly get infected in the process. *"Our advice: we advise against wearing mouthguards unless you are ill yourself."* (21.04.2020)
6. Now nevertheless: WHO recommends the wearing of face masks (05.06.2020) (55)

7. WHO changes its mind: Face masks can increase risk of corona infection (56)
8. Even the process of sterilizing the mask by heating it with a microwave or oven, which was claimed by many governments at the beginning, should have seemed strange to everyone, but at least most governments, as well as the German government, have withdrawn this absurdity. Unfortunately most citizens do not notice this again. But sterilization by heating is not as sensible as assumed, as was reported on German television by the state channel ZDF in the program Frontal21. In a paper of the Federal Institute for Drugs and Medical Devices (BfArM), which is exclusively available to Frontal21, the reprocessing method using dry heat at 70 degrees Celsius, which has been advocated by the German government so far, is classified as unsuitable. Frontal21 quotes from the paper that the procedure is not sufficient to achieve complete inactivation of infectious virus particles on the incubated masks. It further states: "This means that this procedure can no longer be recommended for the decontamination of masks". The BfArM therefore demands that the current reprocessing procedure be terminated immediately. (57)



The claimed "viruses" particles have sizes in the range of 120 nanometers while the cavities in the tissue are in the micrometer range. 120 Mikrometer = 120000 Nanometer

There is always someone who profits from such senseless actions as a mask compulsion.

The wife of Bavarian Prime Minister Markus Söder, Karin Baumüller-Söder, is partially converting production in her traditional family business and now produces face shields for Corona Crisis as a supplement to breathing masks.

Karin Baumüller-Söder, born Baumüller (\* 1973 in Nuremberg), is the wife of Bavarian Prime Minister Markus Söder and co-owner of the Baumüller Group.

On the website of the company it says:

"Baumüller Services, a subsidiary of the Nuremberg-based Baumüller Group, is responding to the current challenges and is converting part of its production to the manufacture of face shields.

**As you can see in conclusion, the masquerade is a kind of humiliation, in any case it offers no benefit, but reminds you of dark times when slaves had to wear them. My tip, when everyone finally starts to take off those muzzles, because that's all they are, and start living again as it should be, then the mask spook would be over from one day to the next.**

Someone once said it aptly with a little irony. He said: "Imagine you fart, you have several pants on, but the smell still gets into your nose"

Translated and adapted version - Original [here](#)

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- (2) D.C. Mask Mandate Exempts Lawmakers and Government Employees
- (3) Coronavirus: Why aren't more politicians wearing face masks?
- (4) Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach
- (5) Abrupter Rückgang der Raten an Atemwegserkrankungen in der deutschen Bevölkerung (Abrupt decline in rates of respiratory diseases in the German population)
- (6) Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis
- (7) Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures
- (8) Notice of Retraction: Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2
- (9) see 8
- (10) Rückatmung von Kohlendioxid bei Verwendung von Operationsmasken als hygienischer Mundschutz an medizinischem Fachpersonal (Respiration of carbon dioxide when using surgical masks as hygienic mouth protection for medical personnel)
- (11) Coronavirus Fact-Check #6: Does wearing a mask do anything?
- (12) New study reveals blueprint for getting out of covid-19 lockdown
- (13) COMMENTARY: Masks-for-all for COVID-19 not based on sound data
- (14) Universal Masking in Hospitals in the Covid-19 Era
- (15) see 7
- (16) Masks don't work. A review of science relevant to COVID-19 social policy

(17) Die Maskenpflicht verändert das gesellschaftliche Klima (The mask duty changes the social climate)

(18) Hinweise des BfArM zur Verwendung von Mund–Nasen-Bedeckungen (z.B. selbst hergestellten Masken, „Community- oder DIY-Masken“), medizinischen Gesichtsmasken sowie partikelfiltrierenden Halbmasken (FFP<sub>1</sub>, FFP<sub>2</sub> und FFP<sub>3</sub>) im Zusammenhang mit dem Coronavirus (SARS-CoV-2 / Covid-19) (Instructions of the BfArM on the use of mouth-nose-coverings (e.g. self-produced masks, "community or DIY masks"), medical face masks and particle-filtering half masks (FFP<sub>1</sub>, FFP<sub>2</sub> and FFP<sub>3</sub>) in connection with the corona virus (SARS-CoV-2 / Covid-19)

(19) Twitter entry from Christian Drosten

(20) Atemschutzmasken für alle – Medienhype oder unverzichtbar? (Respiratory protection masks for everyone - media hype or indispensable?)

(21) Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

(22) Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient

(23) COVID-19 and the Risk to Health Care Workers: A Case Report

(24) „Masken schädigen die Gesundheit“: Experte übt scharfe Kritik an Corona-Maßnahmen ("Masks damage the health": Expert exercises sharp criticism at Corona measures)

(25) Medical Masks

(26) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence

(27) Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study

(28) Covid-19: Hygiene- und andere Schutzmaßnahmen (Covid-19: Hygiene and other protective measures)

(29) Ong JJY et al. Headaches associated with personal protective equipment- A cross sectional study among frontline healthcare workers during COVID-19. Headache 2020;60(5):864-877



(30) Hypercapnia Alters Expression of Immune Response, Nucleosome Assembly and Lipid Metabolism Genes in Differentiated Human Bronchial Epithelial Cells

(31) Cutting Edge: Hypoxia-Inducible Factor 1 Negatively Regulates Th1 Function

(32) Hypoxia Enhances Immunosuppression by Inhibiting CD4+ Effector T Cell Function and Promoting Treg Activity

(33) Hypoxia-driven immunosuppression contributes to the pre-metastatic niche

(34) Cytokines: Stress and Immunity, Second Edition

(35) COVID-19 and the Use of Cloth Face Masks

(36) Masks pros and cons

(37) Was ist beim Tragen einer Mund-Nasen-Bedeckung in der Öffentlichkeit zu beachten? (What should be considered when wearing a mouth and nose cover in public?)

(38) „Mund-Nasen-Bedeckung“ und Freiheitsrechte ("Mouth and nose cover" and civil liberties)

(39) Ist das Tragen einer Mund-Nasen-Bedeckung in der Öffentlichkeit zum Schutz vor SARS-CoV-2 sinnvoll? (Does it make sense to wear a mouth and nose cover in public to protect against SARS-CoV-2?)

(40) see 18

(41) Mask facts

(42) see 7

(43) Millions in Japan affected as flu outbreak grips country

(44) A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

(45) Identifying airborne transmission as the dominant route for the spread of COVID-19

(46) Prominent Researchers Say a Widely Cited Study on Wearing Masks Is Badly Flawed



(45) Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US

(46) Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks (Update June 15, 2020).

(47) see 13

(48) see 12

(49) Netherlands: "Scientific evidence is not sufficient for compulsory masks" - 29.07.2020

(50) As Europe masks up, the Netherlands dithers

(51) Face masks and gloves

(52) Prof. Dr. Christian Drosten - Mit einer Maske ist das Virus nicht aufzuhalten (Prof. Dr. Christian Drosten - With a mask the virus cannot be stopped)

(53) Spahn beantwortet alle Fragen zum Corona Virus (Spahn answers all questions about the Corona Virus)

(54) Montgomery hält Maskenpflicht für falsch (Montgomery thinks mask duty is wrong)

(55) What the WHO recommends on face masks

(56) WHO ändert Empfehlung zum Tragen von Gesichtsmaske (WHO changes recommendation to wear face mask)

(57) Aufbereitung von Atemschutzmasken (Recycling of breathing masks)

