

APPENDICES

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APPENDIX 1

Whose responsibility?

Social Impacts of “Ant-CoVid-19 Measures” on Staff and Students.

You are being told by people who themselves have been [contradictory](#) and [illogical](#), to take actions with students:

- *that have no basis in science, and offer no benefit* (as shown in these appendices)
- *that have failed for over a year to impact the spread of the coronavirus.*

And you know if you continue those actions, (masking and social distancing) you are negatively impacting children entrusted to your care, by diminishing:

- their physical well-being,
- their ability to learn
- their joy, spontaneity, playfulness and creativity
- their emotional and mental health
- their future ability to trust their own bodies, to trust being with others or to trust that the world itself can be a safe place.

What will you do?

The question:

Will you stand up for the students who trust you and whose lives will be shaped by your decision?
Or will you just be “following orders”?

*A year ago you were told “Just 2 weeks voluntary isolation to flatten the curve” .
Now you are enforcing masks and social distancing for the foreseeable future
Within weeks it will be experimental vaccinations for children at zero risk from CoVid-19*

This will not stop until you join with others, refuse to consent and step up to change it.

APPENDIX 2

The Science

The Science Does Not Support Masking Children—Our “Future”—in Our Classrooms

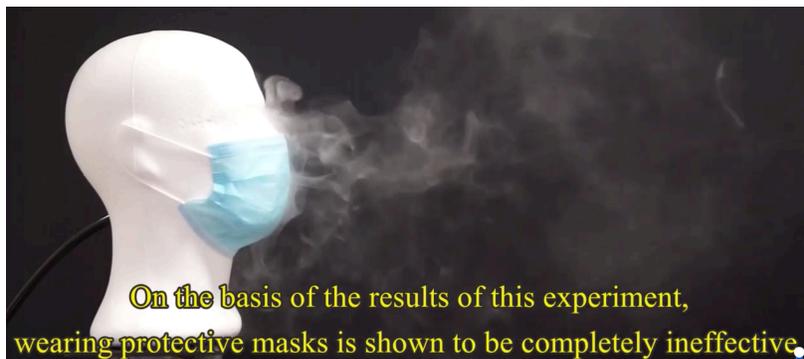
The following links barely touch the medical and scientific literature spanning 100 years of scientific inquiry into the efficacy of masking in preventing the transmission of viruses and disease.

The literature is consistent and—until 2020—unanimous in finding a) that masking is ineffective in preventing transmission of viruses, and b) that it carries significant risks, particularly for the young and the active.

Mandates to mask everyone, runs against the science—*particularly in the case of children who, if infected, have a 99.997% chance of survival and who have generally been [found to be poor spreaders of the virus](#).*

According to all the studies and meta-studies listed below—and according to [Bonnie Henry](#) (See Appendix 3), [Dr Fauci](#) and the [WHO](#), masks are ineffective and carry significant risks for the wearer. Yet we have allowed them to become a fixture and a distraction in our schools.

One need only glance through the following links and reports to realize government mandates and public health officials *are not guided by science, or established protocol*. Appendix 4 and Appendix 5 raise questions as to whether public health and safety is even their first priority.



Scientific [experiment to analyse the efficiency of medical masks](#)
by Dr Klaus Pelikan, of the University of Vienna, Department of Microbiology.

Studies and Reports

https://www.lifesitenews.com/opinion/study-shows-how-masks-are-harming-children?utm_source=lifefacts

Study shows how masks are harming children

<https://www.researchsquare.com/article/rs-124394/v2>

“Co-Ki: First results of a Germany-wide registry on mouth and nose covering (mask) in children: 68% of the parents reported impairments caused by wearing the mask. 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%).

<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>

"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...

<https://www.aier.org/article/why-are-we-vaccinating-children-against-covid-19/>

We cannot fathom how it is possible to suggest, as has [Dr. Fauci](#), that children require vaccination for prevention of Covid-19! This is so abhorrent an idea that once again we realized that we had to take a stand against testing and/or provision of any of the current vaccines for SARS-CoV-2 in children. And unless Dr. Fauci has access to data that we have not seen (or are we expected to just [trust and judgements and opinions?](#)), we are compelled to demand that this atrocity (for that's what it is) not go forward.

Indeed, for a population of otherwise healthy children under 20 and then when we look at children under 12 — where the risk of death or even serious complications from Covid-19 is very low — in fact, exceedingly rare, the cost-benefit argument against using an essentially untested vaccine is off the charts and not in favour of the vaccine.

<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>

Masking Children: Tragic, Unscientific, and Damaging 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.... Children should not be required to wear masks to prevent the spread of Covid-19.

<https://www.technocracy.news/masks-are-neither-effective-nor-safe-a-summary-of-the-science/>

Masks Are Neither Effective Nor Safe: A Summary Of The Science. The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

<https://www.aier.org/article/the-question-of-masks/>

The Question of Masks. The first large RCT, conducted in Denmark specifically to assess the utility of **masks** against SARS-CoV-2, found no difference in rates of infection between those who wore and those who did not wear **masks** (I have previously analyzed the distortion of the study's results, especially by the New York Times and other center-left publications).

<https://www.aier.org/article/masking-a-careful-review-of-the-evidence/>

Masking: A Careful Review of the Evidence All this to say and as so comprehensively documented by Dr. Roger W. Kooops in a recent American Institute of Economic Research (AIER) publication, there is no clear scientific evidence that **masks** (surgical or cloth) work to mitigate risk to the wearer or to those coming into contact with the wearer, as they are currently worn in everyday life ...

<https://www.aier.org/article/the-strangely-unscientific-masking-of-america/>

The Strangely Unscientific Masking of America. ...Masks are only one part of this story: school closures, lockdowns, and social distancing all have been dogmatically embraced as a means of controlling infection. The substantial evidence that these mechanisms are not effective, particularly beyond their duration, has been automatically rejected for too long. ... AIER is a 501(c)(3) ...

<https://alethonews.com/2021/01/26/the-question-of-masks/>

The Question of **Masks** By Jenin Younes | AIER | January 26, 2021. I envy the reader who can reach the end of Alex Berenson's Unreported Truths About Covid-19 and Lockdowns: **Masks**, without tearing her hair out in frustration at the absurdity of the world today, which apparently is not so different from the one that Galileo inhabited four centuries ago.

<https://fee.org/articles/new-danish-study-finds-masks-don-t-protect-wearers-from-covid-infection/>

A newly released study in the academic journal *Annals of Internal Medicine* casts more doubt on policies that force healthy individuals to wear face coverings in hopes of limiting the spread of COVID-19. "Researchers in Denmark reported on Wednesday that masks don't protect wearers from covid protection.

One 6 month study published in 1981 in the *Annals of the Royal College of Surgeons of England*, was formulated by a group of skeptical surgeons headed by Dr. Neil Orr, who had learned that masks do not prevent transmission of disease, and courageously put their careers on the line to test that theory. To their shock, after comparing wound rate of infection with data from previous years, they found that their operating room surgeries had exhibited 50% LESS infection when NO MASK was worn by surgeons and staff! Here are a few studies that corroborate Dr. Orr's findings:

[Ritter et al.](#), in 1975, found that “the wearing of a surgical face mask had no effect upon the overall operating room environmental contamination.”

[Ha’eri and Wiley](#), in 1980, applied human albumin microspheres to the interior of surgical masks in 20 operations. At the end of each operation, wound washings were examined under the microscope. **“Particle contamination of the wound was demonstrated in all experiments.”**

[Laslett and Sabin](#), in 1989, found that caps and masks were not necessary during cardiac catheterization. **“No infections were found in any patient, regardless of whether a cap or mask was used,”** they wrote. [Sjøl and Kelbaek](#) came to the same conclusion in 2002.

In [Tunevall’s 1991 study](#), a general surgical team wore no masks in half of their surgeries for two years. After 1,537 operations performed with masks, the wound infection rate was 4.7%, while after 1,551 operations performed without masks, the wound infection rate was only 3.5%.

[Lahme et al.](#), in 2001, wrote that **“surgical face masks worn by patients during regional anaesthesia, did not reduce the concentration of airborne bacteria over the operation field in our study. Thus they are dispensable.”**

[Figueiredo et al.](#), in 2001, reported that in five years of doing peritoneal dialysis without masks, rates of peritonitis in their unit were no different than rates in hospitals where masks were worn.

[Bahli](#) did a systematic literature review in 2009 and found that **“no significant difference in the incidence of postoperative wound infection was observed between masks groups and groups operated with no masks.”**

[Surgeons at the Karolinska Institute](#) in Sweden, recognizing the lack of evidence supporting the use of masks, ceased requiring them in 2010 for anesthesiologists and other non-scrubbed personnel in the operating room. **“Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist,”** wrote Dr. Eva Sellden.

[Webster et al.](#), in 2010, reported on obstetric, gynecological, general, orthopaedic, breast and urological surgeries performed on 827 patients. All non-scrubbed staff wore masks in half the surgeries, and none of the non-scrubbed staff wore masks in half the surgeries. Surgical site infections occurred in 11.5% of the Mask group, and in only 9.0% of the No Mask group.

[Lipp and Edwards](#) reviewed the surgical literature in 2014 and found **“no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.”** [Vincent and Edwards](#) updated this review in 2016 and the conclusion was the same.

[Carøe](#), in a 2014 review based on four studies and 6,006 patients, wrote **“none of the four studies found a difference in the number of post-operative infections whether you used a surgical mask or not.”**

In summary, scientific studies show that masks are inefficient at preventing inhalation of viruses or any other airborne pathogen. The reality is this: Only one thing can stop a virus: your own immune system, evolved by Nature.

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

A May 2020 meta-study on pandemic influenza published by the US CDC (Centers for Disease control and Prevention) found that face masks had no effect, neither as personal protective equipment nor as a source control.

<https://www.acpjournals.org/doi/10.7326/M20-6817>

A Danish randomized controlled trial with 6000 participants, published in the Annals of Internal Medicine in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting. (American College of Physicians)

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240287>

A large randomized controlled trial with close to 8000 participants, published in October 2020 in PLOS One, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.”

<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-face-masks-community-first-update.pdf>

February 2021 review by the European Centre for Disease Prevention and Control found no significant evidence supporting the effectiveness of non-medical and medical face masks in the community. Furthermore, the European CDC advised against the use of FFP2/N95 respirators by the general public.

<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

A July 2020 review by the Oxford Centre for Evidence-Based Medicine found that there is no evidence for the effectiveness of cloth masks against virus infection or transmission.

https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses

A November 2020 Cochrane review found that face masks did not reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers. (Cochrane)

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

An April 2020 CIDRAP review by two US professors in respiratory and infectious disease from the University of Illinois concluded that face masks have no effect in everyday life, neither as self-protection nor to protect third parties (so-called source control). (Center for Infectious Disease Research and Policy)

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

An article in the New England Journal of Medicine from May 2020 came to the conclusion that cloth face masks offer little to no protection in everyday life. (NJM)

<https://bmjopen.bmj.com/content/5/4/e006577>

A 2015 study in the British Medical Journal BMJ Open found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use. (Source)

<https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1174-6591>

An August 2020 Thieme review by a **German professor** in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of cloth face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections.

<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>

A recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” Several studies have indeed found significant problems with wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications. (Sources)

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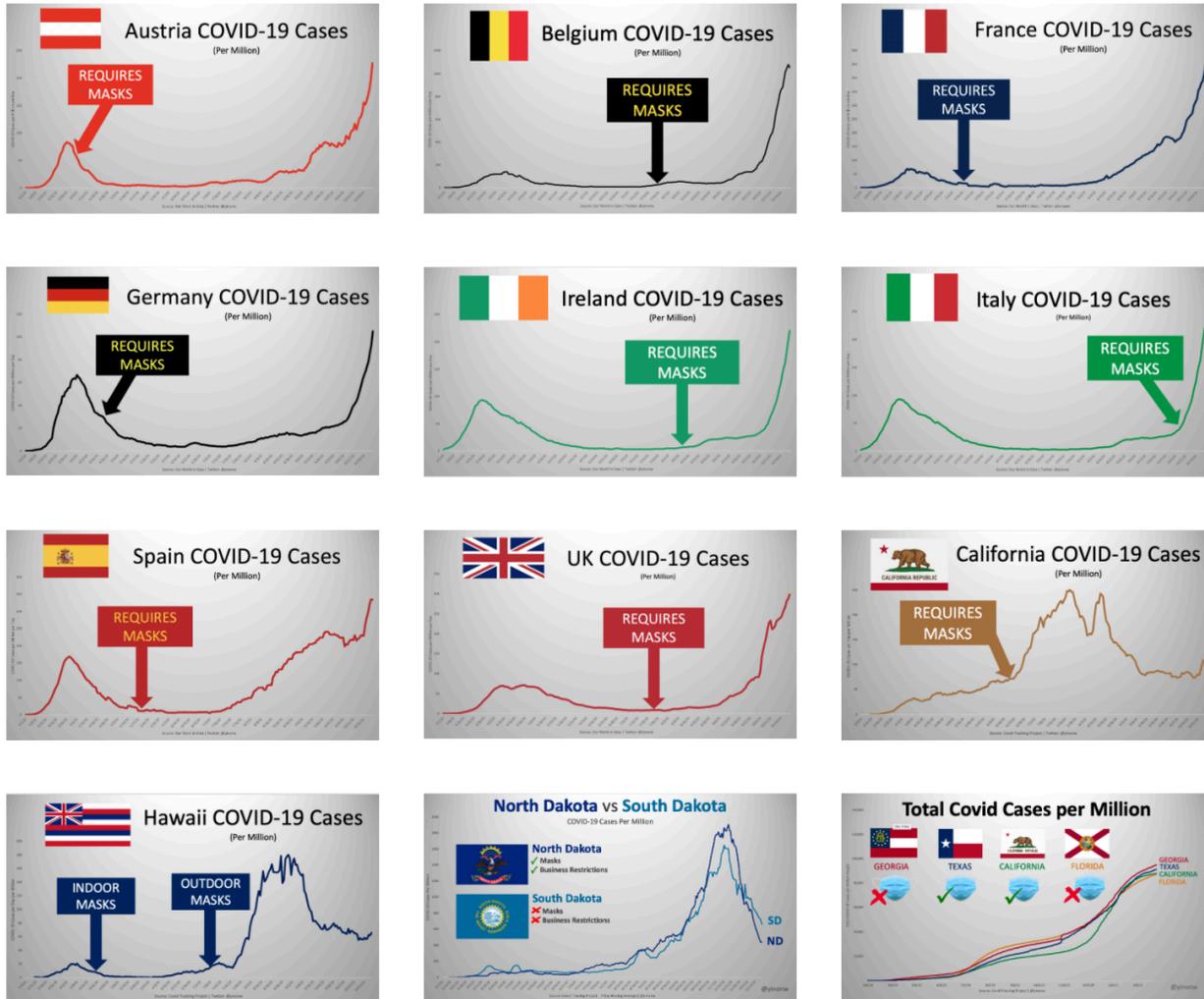
<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>

Face Masks Pose Serious Risks to the Healthy

Dr. Russell Blaylock warns that not only do face masks fail to protect the healthy from getting sick, but they also create serious health risks to the wearer. The bottom line is that if you are not sick, you should not wear a face mask.

<https://swprs.org/face-masks-evidence/#development-of-cases-after-mask-mandates>

Development of cases after mask mandates (Swiss Policy Research) In many states, coronavirus infections strongly increased after mask mandates had been introduced. The following charts show the typical examples of Austria, Belgium, France, Germany, Ireland, Italy, Spain, the UK, California and Hawaii. Furthermore, a direct comparison between US states with and without mask mandates indicates that mask mandates have made no difference.



Mask mandates and coronavirus infections (Source: [Yinon Weiss](#))

Additional aspects (from Swiss Policy Research)

1. There is [increasing evidence](#) that...due to their large pore size and poor fit, cloth masks cannot filter out aerosols (see video analysis below): over 90% of aerosols [penetrate or bypass](#) the mask and fill a medium-sized room within minutes.
2. The **WHO** admitted to the BBC that its June 2020 [mask policy update](#) was due not to new evidence but [“political lobbying”](#): “We had been told by various sources WHO committee reviewing the evidence had not backed masks but they recommended them due to political lobbying. This point was put to WHO who did not deny.” (D. Cohen, BBC Medical Correspondent).
3. To date, the only **randomized controlled trial (RCT)** on face masks against SARS-CoV-2 infection in a community setting found no statistically significant benefit (see above). However, three major journals [refused to publish](#) this study, delaying its publication by several months.

APPENDIX 3

DR. BONNIE HENRY AGAINST MASKS

In 2015 Dr. Bonnie Henry, BC's Health Officer, was one of the expert witnesses who was instrumental in overturning the mask mandate and [testified in the 2015 case](#). Dr Henry testified, "there's very scant evidence about the value of masks in preventing the transmission of influenza." Henry goes on to say that there is no data to support wearing masks and, "When we look at individual strains circulating and what's happening, I think we need it to be consistent with the fact that there was nothing that gave us support that providing a mask to everybody all the time was going to give us any additional benefit over putting in place the other measures that we have for the policy."



Dr. Bonnie Henry BC's Public Health Officer:
"There is no real science behind it."
re decisions on gatherings. [View here](#)

In 2019 Bonnie Henry supported the arbitrator's 2015 decision on behalf of BC Nurses.

In 2020 Bonnie Henry unequivocally states, "there is no evidence that if you're not ill wearing a mask, particularly wearing a mask outside, or out in public, that it provides much protection or any benefit at all." "we have not seen anybody not showing any symptoms passing it on to anyone else."

March 6 2020: "[Masks are] irritating and people are more likely to touch their face when they have a mask on and that can be a way of inoculating yourself.

March 19 2020: If I'm not sick it's not effective. It's not something that when I'm out in public, it's going to protect me in any way.

May 11 2020: We don't want people wearing it all day long, for example,

June 22, 2020: "You cannot rely on a mask, because the mask is not what keeps us safe,

July 22, 2020: "Masks for long periods of time are not recommended by anybody in any situation."

Sept 11 2020 Interviewer: "We're not wearing masks now, would we be safer right now if we had masks on?"
Dr. Bonnie "No, we say these are the things that we have learned."

BONNIE HENRY AGAINST BONNIE HENRY

March 11 2021 "I've always supported wearing masks.
I've never said don't wear them."



UNDERSTANDING A PANDEMIC

Have you wondered what happens in a pandemic? This chart describes established pandemic

PANDEMIC MEASURES	COVID-19 MEASURES
Authorities and doctors inform people as information comes in, taking care to avoid starting a panic.	Politicians present information in ways that highlight the threat, and create a climate of fear.
People judged to be most at risk are identified and precautions are taken to isolate and protect them.	The <i>entire</i> population is subjected to extreme measures including 70-80% who are at low risk. ¹
More and more seriously ill people are found and affect more and more neighbourhoods.	For many, cases of illness are generally only heard about in the media or at second or third hand.
Throughout the entire country emergency rooms and hospital wards are overcrowded. Staff is on overtime.	At height of COVID surge, there are reports of underutilized hospitals, and many empty beds. ²
Established pandemic protocols are rigorously followed. Accurate statistics, and terminology is critical.	Established protocols are often not followed. Counts are unreliable. The term “case” is misused. ³
Strict tallies are kept of cases and deaths so epidemiologists can evaluate the risks of the disease.	The media conflates cases with deaths. Doctors told to list deaths by other causes as COVID deaths. ⁴
Statistics show “excess” deaths significantly above the normal mortality rates for the period.	Number of deaths overall are not much different from normal year-over-year mortality rates.
The suspected pathogen is isolated and studied to prove it is the cause of the symptoms of the illness.	No lab or govt has shown it has isolated a virus it has proven to cause COVID-19 symptoms. ⁵
If tests used on people confirm their symptoms are caused by the pathogen, then they’re called a “case”.	PCR tests misused at high cycles on asymptomatic people generate <i>over 90%</i> false positive “cases” ⁶
Broad communications are essential with doctors, specialists and nurses to create treatment protocols.	Renowned scientists are discredited and concerns of front-line doctors are rejected. ⁷
As soon as treatments are shown to be effective, it is immediately communicated throughout the system.	Successful treatments are ignored and doctors are banned from sharing treatment discoveries. ⁸
Throughout the pandemic the priority is on health not profits, and getting people safely back to normal life.	Makers of vaccines dominate media for months saying the <i>only</i> way back to normal life is a vaccine.
Clear consistent guidelines are established as soon as possible in order to find a cure quickly and efficiently.	Guidelines are inconsistent, illogical and contrary to science, and we’re never any closer to the end.
Politicians and health authorities try to minimize negative impact on people, businesses and economy.	Right from the start businesses are told to stop operating. The economy is <i>deliberately</i> collapsed.
People follow health guidelines confident govt and health authorities have their best interests at heart.	People follow guidelines, under fear of social pressure, being reported to police, and heavy fines.
People struggle with a health crisis knowing they are being helped by government.	People are struggling with the social, psychological and economic upheaval <i>caused by government</i> . ⁹

RECOMMENDED LINKS: COVID Report: tiny.cc/CoVidReport; COVID Data tiny.cc/CoVidData

¹ World Doctors Alliance www.Acu2020.org ² Canada Avoids Surge: tiny.cc/eya2tz ³ CDC confuses tests: tiny.cc/gya2tz
⁴ No PCR Standard: tiny.cc/kya2tz ⁵ When is COVID: tiny.cc/mya2tz Cases Versus Deaths: tiny.cc/CoVidData (from 24:30 min);
 Non-COVID deaths: tiny.cc/yya2tz ⁶ No Virus Proved: tiny.cc/yya2tz ⁷ NYT - False Positives: tiny.cc/6za2tz
⁸ Doctors Attacked tiny.cc/aza2tz (6:45min) ⁹ Front Line Doctors: tiny.cc/cza2tz ⁹ Crimes Against Humanity: tiny.cc/gza2tz

“DEFINING” THE MISMANAGEMENT OF A PANDEMIC

COVID Redefined Critical Terms and Ignored Scientific Protocols

TERM	MEANINGS BEFORE 2020	MEANINGS AFTER JANUARY 2020
PANDEMIC	Until 2012 <i>A pandemic was only declared if an infectious disease caused extremely high numbers of deaths internationally.</i> The 1918 Spanish flu (which killed millions) is usually the example given.	With COVID <i>no number of deaths is required to declare a pandemic.</i> An infectious disease needs only to cross a border. The term “Pandemic” was redefined in 2012 after heavy lobbying by vaccine manufacturers after the fake SARS pandemic. ¹
CAUSE OF INFECTION	<i>A cause is determined only after a suspected agent of infection is first isolated; cultivated and shown to cause the same symptoms in a new subject following Koch’s postulates.</i> ²	With COVID <i>The 140 yr old Koch gold standard to identify cause of symptoms has been ignored.</i> ³ <i>No lab in the world has isolated any agent shown to cause COVID symptoms.</i>
CASE	<i>Only people ill and showing symptoms, were tested.</i> Only after they had been tested by a doctor and the cause of the illness was determined, would they be called a “case”	With COVID <i>a person with no symptoms, i.e. a healthy person can be called a “case”.</i> They are allegedly “diagnosed” by a PCR test which it’s inventor stated was not to be used for diagnosis.*
ASYMPTOMATIC SPREADER	<i>Asymptomatic meant a person who was without symptoms, i.e. healthy. They were not infectious and not spreaders</i> However vaccinations can make anyone a spreaders through viral shedding. ⁴	With COVID <i>some studies say 20% of people without symptoms are contagious. Others say 40-45%. Still other studies suggest that 80%, This is all meaningless anyway though because they’re using a PCR test which is totally unreliable.</i> ^{4 5 *}
TESTING	<i>Diagnostic testing is done using a procedure proven to identify an infectious agent consistently with a high degree of reliability.</i>	With COVID <i>PCR testing was not designed for diagnosis. There is no standard use. Results are inconsistent with up to 100% false positives!</i> ^{6 *}
ISOLATION	<i>Isolation procedures and protocols were used selectively to protect those who were ill and the those identified as vulnerable.</i>	With COVID <i>all healthy people, including those with near zero risk of becoming ill are isolated and subjected to procedures that are not necessary.*</i>
CAUSE OF DEATH	<i>The cause of death listed in a death register is understood to be the prevailing reason that caused someone to die.</i>	With COVID <i>in spite of what may have actually caused the death, financial and political incentives often mean even suspicion of COVID is sufficient to list COVID as cause of death.</i> ^{7 *}
VACCINE	<i>A vaccine is created from a weakened form of a natural infectious agent which is intended to stimulate an immune response in the body.</i>	With COVID <i>instead of using a natural virus, this is a new synthetic patented technology that alters DNA in body cells and puts those vaccinated at risk of a lethal auto-immune response.</i> ⁸

Unique to COVID-19, these unexplained changes created an unwarranted climate of fear

- **They confuse communication of critical information between front line doctors**
- **They handicap critical coordination and management of resources** ⁹

RECOMMENDED LINKS: COVID Report: tiny.cc/CoVidReport; COVID Data tiny.cc/CoVidData;

FOOTNOTES ¹ <http://tiny.cc/NotAPandemic> ² <http://tiny.cc/KochPostulates> ³ <http://tiny.cc/CovidNeverIsolated> ⁴ <http://tiny.cc/ViralShedding>

⁵ <http://tiny.cc/NotASpreader> ⁶ <http://tiny.cc/PCR-Fraud> ⁷ No Virus Proved: tiny.cc/yya2tz ⁸ <http://tiny.cc/NotAVaccine> ⁹ CDC confuses tests: tiny.cc/gya2tz