

Masking: More Harms Than Good?

Face masks make the disease worse, and have no impact on ocular infection risk

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Theme: [Science and Medicine](#)

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[The Foegen effect](#)

[A mechanism by which facemasks contribute to the COVID-19 case fatality rate](#)

Fögen, Zacharias MD* *The Foegen effect*, *Medicine*: February 18, 2022 – Volume 101 – Issue 7 – p e28924 doi: 10.1097/MD.00000000000028924

Abstract: Extensive evidence in the literature supports the mandatory use of facemasks to reduce the infection rate of severe acute respiratory syndrome coronavirus 2, which causes the coronavirus disease (COVID-19). However, the effect of mask use on the disease course remains controversial. This study aimed to determine whether mandatory mask use influenced the case fatality rate in Kansas, USA between August 1st and October 15th 2020.

This study applied secondary data on case updates, mask mandates, and demographic status related to Kansas State, USA. A parallelization analysis based on county-level data was conducted on these data. Results were controlled by performing multiple sensitivity analyses and a negative control.

A parallelization analysis based on county-level data showed that in Kansas, counties with mask mandate had significantly higher case fatality rates than counties without mask mandate, with a risk ratio of 1.85 (95% confidence interval [95% CI]: 1.51–2.10) for COVID-19-related deaths. Even after adjusting for the number of “protected persons,” that is, the number of persons who were not infected in the mask-mandated group compared to the no-mask group, the risk ratio remained significantly high at 1.52 (95% CI: 1.24–1.72). By analyzing the excess mortality in Kansas, this study determines that over 95% of this effect can solely be attributed to COVID-19.

These findings suggest that mask use might pose a yet unknown threat to the user

instead of protecting them, making mask mandates a debatable epidemiologic intervention.

The cause of this trend is explained herein using the “Foegen effect” theory; that is, deep re-inhalation of hypercondensed droplets or pure virions caught in facemasks as droplets can worsen prognosis and might be linked to long-term effects of COVID-19 infection. While the “Foegen effect” is proven in vivo in an animal model, further research is needed to fully understand it.

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My friend Dr. Byram W. Bridle wrote a great article on a topic near and dear to my heart. I highly recommend reading his entire article. Below is an excerpt from his piece:

[Stop Masking Children They Need To Interact With The Microbial World](#)

Isolating children from the microbial world promotes the development of chronic diseases.

Young children need to interact with the microbial world. It is absolutely essential to the proper development of their immune systems. I am not going to delve into too many scientific details here because I wrote about this in an article that I published in *The Conversation* in March 2021. It is entitled “[A year of COVID-19 lockdown is putting kids at risk of allergies, asthma and autoimmune diseases](#)”.

In a nutshell, we are born with naïve and immature immune systems. Our immune systems don’t fully mature until well into the teenage years, with most of that development occurring between birth and about six years of age.

The ability of the immune system to self-regulate relies on interactions with the microbial world; especially via interactions with other people, particularly family members. This allows their immune system to learn to differentiate between things that are dangerous and those that are not. In turn, their immune system will become equipped to respond to dangers while preventing potentially harmful responses to things that pose no threat, such as self and inert environmental molecules and normal gut-resident bacteria, etc.

Isolating a young child from non-dangerous microbes in their environment compromises the ‘immunoregulatory’ components of their immune system. **A dysregulated immune system often manifests itself in the form of allergies, asthma, and autoimmune diseases.**

I felt compelled to write about this concern in May 2021 after I witnessed children being chronically isolated for more than a year. One year was the timepoint at which I felt that substantial, potentially irreparable harm could be done to children’s immune systems. I am appalled that many children have now been enduring this for well over two years, with no end in sight for some.

Masking is controversial and, arguably, largely ineffective against preventing the spread of viruses in ways other than via coughing and sneezing. However, they can pose a

reasonable barrier to larger environmental particles (e.g., dust particles, dander, pollen, etc.) and bacteria. Throw in the excessive use of things like antibacterial hand sanitizers, being locked down in homes and lack of physical interactions, and **we are now well on our way to having a micro-generation of children who will have been isolated like no other human beings in history**. Unfortunately, these children will now be part of an unanticipated experiment on a global scale; one to really assess the validity of the so-called '[hygiene hypothesis](#)'. Although I would like to be wrong on this one, basic immunological principles suggest that very young children that had to endure COVID-19 lockdown policies might be faced with the highest rates of autoimmune diseases, allergies, and asthma in human history.

Dr. Bridle ends his article with the following statement:

Moving Forward

The moral of this story is to stop isolating our children from their microbial world. Let them get dirty. Let them interact with other children. Let them hug family members and friends. Consider getting a cat or dog that they can interact closely with. Take them on hikes in the woods or countryside. Definitely have them wash their hands with regular soap, but cut down on the antibacterial soaps and sanitizers. Every time normal flora on the skin are killed one risks having them re-populated with pathogens.

And, for goodness sake, let children see the mouths of others so they can learn to speak properly.

What harm is done from the last two-and-a-half years is done. But, please, let's not keep locking down, physically distancing and masking our children *ad nauseum*. Not for SARS-CoV-2, not for the annual flu, not for monkeypox. Not for anything unless it is demonstrated via transparent, objective, publicly disclosed and openly debated science to be a genuine threat to the lives of a substantial proportion of children.

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The Ocular Manifestations and Transmission of COVID-19: Recommendations for Prevention

See [here](#) for the full article

Background

Coronavirus disease-2019 (COVID-19), caused by a novel coronavirus termed severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), has been linked to ocular signs and symptoms in several case reports. Research has demonstrated that SARS-CoV-2 is spread primarily through close contact via respiratory droplets, but there is the possibility for ocular transmission, with the conjunctiva as a conduit as well as a source of infection.

Discussion

Ocular manifestations of SARS-CoV-2 include follicular conjunctivitis, and have been repeatedly noted as an initial or subsequent symptom of COVID-19-positive patients.

Particularly in patients with ocular manifestations, there is evidence that the virus may present in tears, based on the detection of SARS-CoV-2 in conjunctival swab samples via reverse transcription polymerase chain reaction. The virus may therefore be transmittable from the ocular surface to a new host via contact with the ocular mucosa, tears, or subsequent fomites.

Conclusions

All health care professionals should ask patients about ocular symptoms consistent with SARS-CoV-2, and use eye protection such as goggles or face shields as part of the standard personal protective equipment for high-risk patients in addition to wearing of masks by both the patient and provider, and should consider tears to be potentially infectious.

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