



## **Blaylock: 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.

As businesses reopen, many are requiring shoppers and employees to wear a face mask. Costco, for instance, will not allow shoppers into the store without wearing a face mask. Many employers are requiring all employees to wear a face mask while at work. In some jurisdictions, all citizens must wear a face mask if they are outside of their own home. □

TN Editor

With the advent of the so-called COVID-19 pandemic, we have seen a number of medical practices that have little or no scientific support as regards reducing the spread of this infection. One of these measures is the wearing of facial masks, either a surgical-type mask, bandana or N95 respirator mask. When this pandemic began and we knew little about the

virus itself or its epidemiologic behavior, it was assumed that it would behave, in terms of spread among communities, like other respiratory viruses. Little has presented itself after intense study of this virus and its behavior to change this perception.

This is somewhat of an unusual virus in that for the vast majority of people infected by the virus, one experiences either no illness (asymptomatic) or very little sickness. Only a very small number of people are at risk of a potentially serious outcome from the infection—mainly those with underlying serious medical conditions in conjunction with advanced age and frailty, those with immune compromising conditions and nursing home patients near the end of their lives. There is growing evidence that the treatment protocol issued to treating doctors by the Center for Disease Control and Prevention (CDC), mainly intubation and use of a ventilator (respirator), may have contributed significantly to the high death rate in these select individuals.

*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.*

*Russell Blaylock, MD*

As for the scientific support for the use of face mask, 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.”<sup>1</sup> Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in

controlling flu virus transmission.

It is also instructive to know that until recently, the CDC did not recommend wearing a face mask or covering of any kind, unless a person was known to be infected, that is, until recently. Non-infected people need not wear a mask. When a person has TB we have them wear a mask, not the entire community of non-infected. The recommendations by the CDC and the WHO are not based on any studies of this virus and have never been used to contain any other virus pandemic or epidemic in history.

Now that we have established that there is no scientific evidence necessitating the wearing of a face mask for prevention, are there dangers to wearing a face mask, especially for long periods? 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.

There is a difference between the N95 respirator mask and the surgical mask (cloth or paper mask) in terms of side effects. The N95 mask, which filters out 95% of particles with a median diameter  $>0.3 \mu\text{m}^2$ , because it impairs respiratory exchange (breathing) to a greater degree than a soft mask, and is more often associated with headaches. In one such study, researchers surveyed 212 healthcare workers (47 males and 165 females) asking about presence of headaches with N95 mask use, duration of the headaches, type of headaches and if the person had preexisting headaches.<sup>2</sup>

*How is Coronavirus Getting Into the Brain?*

## *Vaccine Reaction*

They found that about a third of the workers developed headaches with use of the mask, most had preexisting headaches that were worsened by the mask wearing, and 60% required pain medications for relief. As to the cause of the headaches, while straps and pressure from the mask could be causative, the bulk of the evidence points toward hypoxia and/or hypercapnia as the cause. That is, a reduction in blood oxygenation (hypoxia) or an elevation in blood CO<sub>2</sub> (hypercapnia). It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20%, which can lead to a loss of consciousness, as happened to the hapless fellow driving around alone in his car wearing an N95 mask, causing him to pass out, and to crash his car and sustain injuries. I am sure that we have several cases of elderly individuals or any person with poor lung function passing out, hitting their head. This, of course, can lead to death.

A more recent study involving 159 healthcare workers aged 21 to 35 years of age found that 81% developed headaches from wearing a face mask.<sup>3</sup> Some had pre-existing headaches that were precipitated by the masks. All felt like the headaches affected their work performance.

Unfortunately, no one is telling the frail elderly and those with lung diseases, such as COPD, emphysema or pulmonary fibrosis, of these dangers when wearing a facial mask of any kind—which can cause a severe worsening of lung function. This also includes lung cancer patients and people having had lung surgery, especially with partial resection or even the removal of a whole lung.

While most agree that the N95 mask can cause significant hypoxia and hypercapnia, another study of surgical masks found significant reductions in blood oxygen as well. In this study, researchers examined

the blood oxygen levels in 53 surgeons using an oximeter. They measured blood oxygenation before surgery as well as at the end of surgeries.<sup>4</sup> The researchers found that the mask reduced the blood oxygen levels ( $paO_2$ ) significantly. The longer the duration of wearing the mask, the greater the fall in blood oxygen levels.

The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs. . This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.<sup>5,6,7</sup>

People with cancer, especially if the cancer has spread, will be at a further risk from prolonged hypoxia as the cancer grows best in a microenvironment that is low in oxygen. Low oxygen also promotes inflammation which can promote the growth, invasion and spread of cancers.<sup>8,9</sup> Repeated episodes of hypoxia has been proposed as a significant factor in atherosclerosis and hence increases all cardiovascular (heart attacks) and cerebrovascular (strokes) diseases.<sup>10</sup>

There is another danger to wearing these masks on a daily basis, especially if worn for several hours. When a person is infected with a respiratory virus, they will expel some of the virus with each breath. If they are wearing a mask, especially an N95 mask or other tightly fitting mask, they will be constantly rebreathing the viruses, raising the concentration of the virus in the lungs and the nasal passages. We know

that people who have the worst reactions to the coronavirus have the highest concentrations of the virus early on. And this leads to the deadly cytokine storm in a selected number.

It gets even more frightening. Newer evidence suggests that in some cases the virus can enter the brain.<sup>11,12</sup> In most instances it enters the brain by way of the olfactory nerves (smell nerves), which connect directly with the area of the brain dealing with recent memory and memory consolidation. 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.<sup>13</sup>

It is evident from this review that there is insufficient evidence that wearing a mask of any kind can have a significant impact in preventing the spread of this virus. The fact that this virus is a relatively benign infection for the vast majority of the population and that most of the at-risk group also survive, from an infectious disease and epidemiological standpoint, by letting the virus spread through the healthier population we will reach a herd immunity level rather quickly that will end this pandemic quickly and prevent a return next winter. During this time, we need to protect the at-risk population by avoiding close contact, boosting their immunity with compounds that boost cellular immunity and in general, care for them.

One should not attack and insult those who have chosen not to wear a mask, as these studies suggest that is the wise choice to make.

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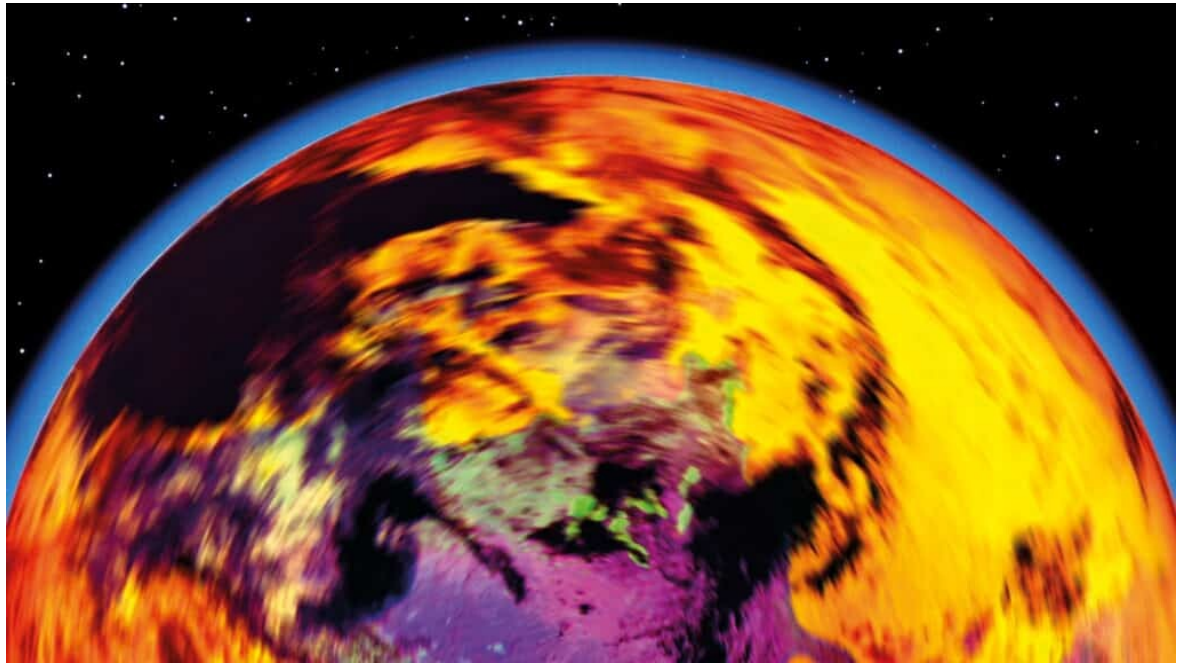
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**Dr. Russell Blaylock**, author of *The Blaylock Wellness Report* newsletter, is a nationally recognized board-certified neurosurgeon, health practitioner, author, and lecturer. He attended the Louisiana State University School of Medicine and completed his internship and neurological residency at the Medical University of South Carolina. For 26 years, practiced neurosurgery in addition to having a nutritional practice. He recently retired from his neurosurgical duties to devote his full attention to nutritional research. Dr. Blaylock has authored four books, *Excitotoxins: The Taste That Kills*, *Health and Nutrition Secrets That Can Save Your Life*, *Natural Strategies for Cancer Patients*, and his most recent work, *Cellular and Molecular Biology of Autism Spectrum Disorders*.

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## **Club Of Rome Calls For Green Reboot After Pandemic**

The writers state that “we can use the science to design economies that will mitigate the threats of climate change, biodiversity loss, and pandemics.” In fact, science has already designed such a system and it is called Technocracy, aka Sustainable Development. □ TN Editor

The COVID-19 coronavirus has forced entire countries into lockdown mode, terrified citizens around the world, and triggered a financial-market meltdown. The pandemic demands a forceful, immediate response. But in managing the crisis, governments also must look to the long term.

One prominent policy blueprint with a deep time horizon is the European Commission’s European Green Deal, which offers several ways to support the communities and businesses most at risk from the current crisis.

COVID-19 reflects a broader trend: More planetary crises are coming. If we muddle through each new crisis while maintaining the same economic model that got us here, future shocks will eventually exceed the capacity of governments, financial institutions, and corporate crisis

managers to respond. Indeed, the “coronacrisis” has already done so.

The Club of Rome issued a similar warning in its famous 1972 report, “The Limits to Growth,” and again in “Beyond the Limits,” a 1992 book by the lead author of that earlier report, Donella Meadows. As Meadows warned back then, humanity’s future will be defined not by a single emergency but by many separate yet related crises stemming from our failure to live sustainably. By using the Earth’s resources faster than they can be restored, and by releasing wastes and pollutants faster than they can be absorbed, we have long been setting ourselves up for disaster.

On one planet, all species, countries, and geopolitical issues are ultimately interconnected. We are witnessing how the outbreak of a novel coronavirus in China can wreak havoc on the entire world. Like COVID-19, climate change, biodiversity loss, and financial collapses do not observe national or even physical borders. These problems can be managed only through collective action that starts long before they become full-blown crises.

The coronavirus pandemic is a wake-up call to stop exceeding the planet’s limits. After all, deforestation, biodiversity loss, and climate change all make pandemics more likely. Deforestation drives wild animals closer to human populations, increasing the likelihood that zoonotic viruses like SARS-CoV-2 will make the cross-species leap. Likewise, the Intergovernmental Panel on Climate Change warns that global warming will likely accelerate the emergence of new viruses.

Governments that succeed in containing epidemics all tacitly follow the same mantra: “Follow the science and prepare for the future.” But we can do much better. Rather than simply reacting to disasters, we can use the science to design economies that will mitigate the threats of climate change, biodiversity loss, and pandemics. We must start investing in what matters, by laying the foundation for a green, circular economy that is anchored in nature-based solutions and geared toward the public good.

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## **Post-Covid Employment To Put Workers In Surveillance Fishbowl**

Post-COVID employment conditions will not be the same as before, and workers will have to make some hard choices between survival and being under the thumb of constant surveillance and Orwellian orders from bosses. □ TN Editor

We recently detailed how when America's white collar work force returns to their offices, business complexes, and sky scrapers, their experience in the post-COVID 'reopened' work space is likely to resemble something more like an airport security check zone, complete with invasive protocols like frequent temperature checks and 'social distancing' and health surveillance, as well as Plexiglass enclosed cubicles and HR-style enforcement monitors.

If all that sounds like a hassle, the WSJ has since taken up the question of America's near-future office spaces, and the end result looks to be

worse than expected. **“Your every move will be watched,”** the report emphasizes:

*In Midtown Manhattan, thermal cameras will measure body temperatures as employees file into a 32-story office tower at Rockefeller Center. The building’s owner, RXR Realty, said it is also developing a **mobile app for tenants to monitor – and score – how closely their workers are complying with social distancing.***

*PricewaterhouseCoopers LLP said it is preparing to launch this month a phone app for employers that **traces contacts by analyzing workers’ interactions in the office.** More than 50 clients have expressed interest, including some of the nation’s biggest banks, manufacturers and energy companies.*

It sounds like something very close to China’s ‘big brother’ social credit scoring system which made world headlines last year, as it relies on cutting edge facial recognition software designed to permanently store a citizen profile while actively tracking individuals’ public movements.

There’s already been reported instances of Chinese citizens being prevented from taking trains due to the system forecasting they might not be able to pay, or some other **‘pre-crime’ risks.**

And now this is getting closer to home, possibly coming to an office near you:

*Advertising giant Interpublic Group of Cos . is exploring **dividing its 22,000 U.S. employees into three separate groups, according to perceived health risks, which could include age.** Workers could be asked to disclose medical and other personal information about themselves and, in some cases, family members...*

*“It is a reasonable approach, **if you can get through the operational and some of the privacy and regulatory issues,**” Dr. Ossmann said.*

It’s certainly alarming anytime it has to be admitted that “privacy issues”

are merely a pesky little something to “get through”.

There’s already talk of health tracking apps **set up on a reward/punishment system of incentives sounding like something straight out of the dystopian futuristic series *Black Mirror*.**

This would further be integrated with controversial thermal imaging technology - some already set up at Amazon warehouses - capable of storing face recognition data (thought the company *promises* not to activate the storing software).

And it’s complete with live “guinea pigs” — rather, currently returning office employees, as the WSJ writes of one real estate company:

*RXR, the real-estate company, is testing new systems on its own employees. “We are using ourselves as the guinea pigs,” RXR’s Chief Executive Scott Rechler said.*

*The company aims to have its social-distancing app ready at the end of May. **Workers’ movements are tracked through their smartphones — you get a higher score the more time in the office you are farther than 6 feet from another person. An individual would see his or her own score, and the employer would see aggregate data on how employees are complying with social distancing as a whole.***

Comply or else what?... Yet another reason why employees would have to worry about keeping their jobs.

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