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## MEDIA RELEASE

### FACEMASKS MAY HAVE LITTLE TO DO WITH COVID-19 INFECTION CONTROL

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- SARS-CoV-2 (Covid-19) virus size is 0.12 micron;
- N95 masks filter 95% of viral particles down to 0.3 micron, but allow 5% through.
- N95 masks filter very little during forced expulsion as the majority of the droplets are redirected and escape around the mask edges;
  - Forced expulsion from a cough or sneeze generates droplets down to 0.5 micron;
  - Cloth facemask pore sizes range between 80 to 500 microns, and are largely useless;
  - PCS finds it difficult to justify compulsory facemask wearing by the general population based on current evidence.

The Andrews Government and its health advisors continue to grossly over-react to the Covid-19 disease, persistently highlighting positive test numbers made up of mildly symptomatic people, that clearly do not correlate to mortality. These actions appear to be more related to engendering fear. The Government has mandated compulsory wearing of facemasks on the basis it will help reduce the spread of this virus, supposedly based on the science, **but the science does not support this claim.**

The majority of research confirms the most likely spread of SARS-CoV-2 and Influenza viruses are via forced expulsion during coughing or sneezing creating droplets, not normal, non-stressed breathing. Forced expulsion may also spread the virus during stressful exercise, such as running or bike riding. Spread is compounded by surface contamination from droplets or where a carrier touches their face, nose or eyes, or the front of a facemask, transferring the virus to public surfaces.

Numerous peer review studies confirm N95 masks, which are significantly better than most of the masks currently worn by Victorians, **have no value in limiting or stopping the spread of viral infections.** Some of these studies include: Balazy et al, Jacobs et al, Milton et al, Rancourt et al, Cowling et al, bin-Reza et al, Smith et al, Offeddu et al. These studies also confirmed there was no significant difference between N95 respirators and surgical masks in associated risk of laboratory confirmed respiratory infection.

Other studies have confirmed cloth facemasks, with significantly larger pore sizes than the virus or expulsion droplets, are far less effective than N95 masks. In any case, these studies only considered simulated normal breathing, not forced expulsion, where even larger droplets containing the virus can easily pass straight through the mask or emit from its perimeters.

If the Victorian Government wants to understand why over 2500 of our dedicated front line health workers have now tested positive to SARS-CoV-2, PCS suggests they read the science, and learn to understand the clear limitations in protection or viral spread arising from N95 or surgical facemasks. Health workers are trained in proper use of PPE, yet clearly standard N95 and surgical facemasks fail to offer adequate protection. In this light, how will facemask use by the untrained public offer any value, particularly cloth masks?

PCS strongly recommends the health workers exposed to very sick and highly infectious patients and aged residents are equipped with full body PPE and elastomeric filtered respirators.

Fortunately, the vast majority of our front line health workers basically fall into a low-risk health category, and we are thankful that most will remain asymptomatic, or at worst, are unlikely to suffer with symptoms any worse than seasonal influenza. However, the health system cannot afford to allow significant increases in health worker infection rates.

Naturally, health workers with any of the known co-morbidities are at greater risk of complication and severe illness, and must be encouraged to take greater precautions or avoid contact with infectious patients. This includes health workers that are obese or suffering from hypertension, asthma or diabetes.

Even the manufacturers of N95 and ear loop face-masks state “WARNING: this product is not a respirator and will not provide any protection against Covid-19 (Coronavirus) or other viruses or contaminants. Wearing an ear loop mask **does not reduce the risk** of contracting any disease or infection.” In fact, prolonged use of N95 facemasks can increase the rate of infection if mishandled by untrained users, or may lead to health problems arising from decreased oxygen flow or increased carbon dioxide inhalation.

The initial data that showed a casual link between introduction of facemasks in certain cities and mortality/infection rate reductions has now been debunked, as natural falls in case numbers were already occurring in these and many other cities following infection rate peaks. This appeared to be the basis of the “science” quoted by the Victorian Premier and Chief Health Officer.

The evidence does not appear to support the mandated and compulsory wearing of facemasks by the general population, particularly in unconfined spaces.

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