

# Why masks must be binned on June 21 – and never come back

By [Dr Gary Sidley](#)

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THE summer of 2020 witnessed the phased mandating of face coverings for all UK citizens in some community settings. In England, masks became compulsory on public transport (from June 15), in shops and supermarkets (from July 24) and in schools (from September). This creeping coercion has resulted in widespread compliance, face coverings becoming the most blatant sign that life has changed since the advent of SARS-CoV-2, the virus responsible for Covid-19.

The majority of people seem quite content to hide their faces behind cloth or disposable plastic. Those who are reluctant to comply are often encouraged to do so by our fellow citizens: ‘It’s only a mask – it’s no big deal’; ‘It helps to reassure others’; ‘It keeps others safe’; ‘It helps protect our most vulnerable’. Sometimes the miscreants are accused of recklessness, of being selfish and ignorant. Meanwhile our Government regurgitates the mantra that they are ‘following the science’ and World Health Organisation advice – the latter establishment’s take on the mask issue flip-flopping more times than an Olympic gymnast and seemingly influenced by [political lobbying](#) rather than objective evidence.

By the time the Government reaches step 4 of its roadmap on the June 21, mask mandates will have been in place for over a year. Should we allow face coverings to become an integral part of day-to-day life? I’d scream a resounding ‘NO’; all the mask mandates must be lifted at this point. Here are five good reasons why, numbered in reverse to indicate an ascending order of importance:

## ***5. No evidence that masks reduce viral transmission in real-world settings***

Some research studies have suggested that face coverings can reduce the transmission of respiratory viruses. One [review](#) published in the *Lancet* concluded that masks, particularly the medical-quality type, ‘could result in a large reduction in infections’. Several other studies – including this [Canadian report](#) – have argued that infection and/or death rates have been significantly lower in countries or regions with mask mandates compared with those without. The authors of another [review](#) of both randomised control trials (which provide the most robust type of evidence) and (the less reliable) observational studies came to the opinion that the former underestimated the benefit of masks while the latter overestimated it, their overall conclusion being that face coverings achieved a 6 per cent to 15 per cent reduction in disease transmission.

However, these studies in support of mask wearing have attracted [wide-ranging criticism](#). The weaknesses highlighted have included poor methodology; a focus on hospital transmission rather than community transmission; a failure to account for the natural ebb and flow of infection rates, and a reliance on laboratory-based findings rather than those in real-world settings. The studies comparing different geographical areas (masked versus non-masked) are open to the accusation of cherry-picking, as there are at least as many regions where infection rates increased after the introduction of a mask mandate, the UK being one example. And a [recent study](#) found that states with compulsory-mask regulations in the USA did not realise significantly lower rates of viral transmission than states without such mandates.

On November 18, 2020, the [first large-scale randomised controlled trial](#) to investigate whether face coverings have any impact upon community transmission of SARS-CoV-2 was published. The central finding was that masks – even the surgical variety – achieve no significant reduction in infection risk for the wearer. No one should have been surprised by this outcome; there was already a body of research to suggest that face coverings do not provide any protection against respiratory viruses. For example, with regards to seasonal influenza, a [review](#) of 14 controlled studies found that masks achieved no significant reduction in viral spread.

Furthermore, a [recent Spanish study](#) examined over 300 people with Covid-19 and observed no association between risk of transmission and reported mask usage by their contacts. A [detailed analysis](#) of all research investigations, including those purported to suggest that masks might achieve some benefits, led to the view that there is ‘little to no evidence’ that cloth masks in the general population are effective and that health authorities should ‘not assume or suggest that cloth face masks will reduce the rate or risk of infection’.

Viruses are tiny – about one 10,000th of a millimetre in size – so non-medical face coverings, with much larger perforations, cannot act as an impermeable barrier. In support of this reasoning, a [Japanese study](#) concluded that cloth masks ‘offer zero protection against coronavirus’ due to their pore size. Similarly, a [review](#) by the Norwegian Institute for Public Health reached the view that non-medical masks achieve no benefit for healthy individuals, particularly when the prevalence of the virus is low.

Proponents of face coverings frequently argue that they block the spread of virus-carrying droplets in the breath, thereby affording a degree of protection to other people. But there is accumulating evidence that the SARS-CoV-2 virus is mainly [spread by microscopic aerosols](#), not the larger droplets, the former being far too small for masks to act as a barrier. One [study](#) concluded that cloth face coverings can amplify the spread of infectious particles by acting as a ‘microniser’ transforming large droplets, which would ordinarily fall to the ground close to the person, into smaller, truly airborne ones.

So is it likely that masks will act as an effective barrier against respiratory viruses? I think not. And that’s before we consider the plethora of negative consequences associated with their imperfect use.

#### ***4. Wearing masks is likely to do harm***

I recently observed a bartender as she pulled me a pint of cask ale. Visibly uncomfortable, her hefty plastic face-covering extended to her lower eyelids, her sweaty brow the only facial skin on show. Throughout the process she fiddled with the mask, repeatedly tugging at the soggy patch across her mouth, and no doubt transferring spittle to the outside of my glass. A few minutes later, I noticed she had temporarily removed the offending item – which now looked like a soiled nappy – and left it on one of the bar stools.

Inevitably, in the real world, people often wear masks incorrectly. Ill-fitting devices that are frequently touched, inappropriately stored in coat pockets and glove compartments, and rarely washed (cloth) or appropriately disposed of (plastic), will constitute an infection hazard. There has been recognition of this [contamination risk](#) in the scientific literature.

A wide range of potential harms to the wearer have also been highlighted, including [skin irritation/dermatitis](#), [exposure to contaminants](#) in the textiles, and an increased [risk of falls in the elderly](#).

Mask wearing may not only lead to physical harm. People who are already struggling with some mental health difficulties are likely to find that face coverings heighten their emotional distress. For example, those who endure recurrent panic attacks – experiences often underpinned by thoughts of suffocation – are likely to find that masks aggravate their fears. Victims of historical physical and sexual assaults which involved some form of smothering or a hand over the mouth will often be triggered into ‘flashbacks’ of the trauma by the sensation of a face covering.

Children wearing face coverings in a classroom may suffer [reduced concentration](#) and impaired learning.

### ***3. Masks increase compliance with the ongoing public health tyranny***

The rushed introduction of the [Coronavirus Act \(2020\)](#) and the [Health Protection \(Coronavirus, Restrictions\)\(England\) Regulations \(2020\)](#) with subsequent, hastily amended, public health regulations without any parliamentary scrutiny have imposed a raft of unprecedented and draconian restrictions. The whole population has been denied a range of basic freedoms around travel, work, leisure, social activity and education. To impose a totalitarian regime of this kind, the Government (and its public health zealots) require the acquiescence of its citizens; a mask constitutes a blatant symbol of such compliant passivity.

To maintain a tyranny of this nature (one purportedly for our own good) self-policing by the populace is essential. The Government’s behavioural scientists deployed masks as a [covert ‘nudge’](#) to promote compliance with the coronavirus restrictions. The visibility of face coverings provides immediate identification of the rule followers and the rule breakers. Being without a mask in a supermarket, shop, bus or train casts a person in the discomforting category of a deviant minority, with all the associated peer pressure to conform. Sometimes this pressure is overt, involving verbal challenges or abuse. When no challenge is forthcoming, appearing unmasked can feel comparable to not displaying the icon of a dominant religion while immersed among devout followers.

### ***2. Masks are dehumanising***

Humans are social animals. We need to interact with others and communicate to sustain our wellbeing. The reactions of the people we meet provide continuous feedback about ourselves and the impact we are having on our fellow citizens. Masks are a major impediment to all these human requirements and, as such, they are [dehumanising](#).

Face coverings impair verbal communication. A barrier across the mouth inevitably muffles speech, making it more difficult to differentiate words, particularly when the listener is hard of hearing. For the deaf, masks render lip reading impossible, thus isolating them from their social environment.

Arguably, the impairment of non-verbal communication is even more significant. Facial expressions play a central role in conveying emotion, but when I glance at a masked passer-by I cannot determine whether that person is happy, sad, anxious, angry or disgusted, thereby inhibiting any form of shared pleasantries or human connection. One stark non-verbal message that a mask does broadcast is ‘One of us is unclean’, a warning that further discourages interaction. Individuality minimised, identity hidden, the masked population appear broadly the same as they trudge along in their social vacuums.

As for the masking of children, these negative consequences are multiplied to the point at which it constitutes a form of child abuse. Play and peer-to-peer interaction are necessary for [social development and the growth of emotional intelligence](#); the act of denying our kids these basic opportunities should only occur in dystopian novels, not in a purportedly civilised society.

### ***1. Masks perpetuate the elevated levels of fear***

And so to what I believe to be the most damaging consequence of widespread masking: the prolongation of elevated fear levels

In the early stages of the coronavirus alert the Government, following the advice of their expert advisers on Sage, made the [strategic decision](#) to inflate the levels of fear among the general population. As shown in the minutes of a meeting on March 22, the psychological specialists on the group believed that ‘the perceived level of personal threat needs to be increased among those who are complacent’, and they recommended ‘using hard-hitting emotional messaging’ as a way to enhance compliance with public health diktats. Consequently, in partnership with the mainstream media, we were bombarded with mantras, slogans and images primarily intended to frighten us into submission. The campaign was a huge success. With fear elevated to levels way beyond what was rational given the actual risk we faced, the large majority complied with lockdown and other restrictions.

But fear wrecks lives and livelihoods. A widespread reluctance to attend hospitals with non-Covid illnesses will most likely have contributed to many premature deaths. Prior to the mask mandates, in the first four months of 2020, the Office for National Statistics estimated that [almost 13,000 excess deaths were not attributable to SARS-CoV-2](#), a finding likely to be associated with the fact that admissions to Accident & Emergency departments were [128,000 lower in March 2020 compared with March 2019](#). The Royal College of Paediatrics stated they had evidence of [parents too scared to take their ill children to hospital](#).

Masks are perpetuating these exaggerated fears. Acting as a crude, highly visible reminder that danger is all around, face coverings are fuelling widespread anxiety. Fear is underpinned by a perception of threat and being masked is a blatant indicator that we are all biohazards.

It is plausible to suggest that this mask-perpetuated fear is exacerbating the loneliness of the many older adults who are scared to leave their own homes, or who have been left isolated in care homes, denied visits from relatives. In the period from January to July, 2020, the largest increase in [excess non-COVID deaths \(over 5,000\) occurred in people with dementia](#). In this very vulnerable group, fear and the resultant loneliness can evoke mental defeat which, in turn, can lead to [premature death](#).

As many people remain held in fear-instilled paralysis, the impact on wellbeing will be considerable. Multiple businesses have already perished through lack of footfall, with tens of thousands of hard-working people – many on low incomes – losing their livelihoods. Taking a wider perspective, the UN International Labour Organisation believe ‘[half the people in the global workforce risk losing their jobs](#)’. As a result, [suicide rates are likely to increase](#) significantly. Furthermore, the inflated threat levels will aggravate existing mental health problems, including those already tormented by excessive worry and obsessive-compulsive concerns around fear of contamination.

### ***Conclusion and a plea to join the ‘Smile Free’ campaign***

Taking these five reasons into consideration, there are strong grounds to ignore the Government mask diktats and move around with full faces on show. Although I respect the right of any individual to choose to wear a face covering, there is no scientific or ethical justification for doing so.

The recently-launched [Smile Free campaign](#) – of which I’m a part – is campaigning for the removal of mask mandates in the UK, and believes that, in a democratic society, the evidential bar to justify mandating a behaviour should be set very high. The research in support of masks offering protection against SARS-CoV-2 infection falls a long way short of this threshold, and the negative consequences of wearing them are considerable. The decision whether to wear a face covering should be a personal one, not one imposed by Government diktat. All mask mandates must be lifted on June 21 and this most insidious of all the Covid-19 restrictions must never return.