

January 14, 2022

To: Common Council

From: Paul Mozina

Re: Common Council File Number 210628 — A substitute ordinance relating to a requirement that face coverings be worn in certain indoor environments under certain conditions.

Vote NO Mask Mandate

The focus on masks is a distraction and poor substitute for taking effective substantive action to achieve the public health outcomes that I hope you all share with me: reducing the spread of sars-cov-2 and the hospitalizations and deaths that can result from covid-19.

[Dr. Vladimir Zelenko](#) reminds us of how to frame any public health response to a pandemic: Is it NECESSARY? Is it SAFE? Is it EFFECTIVE? Any public health policy that cannot answer these three questions with an unequivocal YES, is serving a different agenda. Any public health policy that relies on the censorship of honest scientific debate is serving a different agenda.

[I spoke in opposition to the resolution](#) at the January 7, 2022, meeting of the Public Safety & Health Committee and provide substantiation for my comments below.

Are Masks NECESSARY?

The lockstep focus of the Common Council and Milwaukee Health Department on vaccination, masking, and social distancing as the only ways to mitigate the covid-19 pandemic – to the exclusion of any substantive discussion about boosting Natural Immunity or promoting prophylaxis, early, outpatient and inpatient Sequential Multi-Drug Therapies to reduce the spread of sars-cov-2 and clinical cases of covid-19 – borders on criminal negligence.

Dr. Peter McCullough is one of the most published medical doctors in the United States and he estimates that as many of 85% of the covid-19 fatalities in people over 50-years old [could have been prevented](#) with early treatment.

Here are a few resources based on real-world experience and peer-reviewed scientific research you can check to learn about proven covid-19 treatments:

[Front Line COVID-19 Critical Care Alliance Prevention & Treatment Protocols for COVID-19](#)
[America's Frontline Doctors](#)
[Association of American Physicians and Surgeons](#)
[Ivermectin](#)

Something as simple as a [nasal rinse and mouthwash with povidone iodine](#) dramatically reduces viral replication and infection.

The Milwaukee Health Department is guilty of Therapeutic Nihilism for refusing to research these alternatives to the CDC guidelines, which also ignore the above documented effective treatment protocols.

Commissioner Johnson has consistently failed to present information to the Public Safety & Health Committee supporting the importance of the Natural Immunity and she even claimed that vaccine induced “immunity” is superior to Natural Immunity. She has never presented any scientific research to back up her claims and she continues to ignore the large number of [peer-reviewed studies](#) that prove the opposite. Natural Immunity acquired by those who have recovered from a sars-cov-2 infection is COMPLETE and DURABLE.

Lastly, before requiring masks, which are neither safe nor effective, we must consider the actual risk that covid-19 poses. The [CDC's own projections](#) indicate that it has a lower infection fatality rate than the flu i.e., 0.003% for ages 0-19.

[Are Masks SAFE?](#)

The question of whether requiring people as young as 3 years old to be masked while in any public building is safe or not, has never been debated by any Common Council committee. Commissioner Johnson has never presented any scientific research proving that the medical intervention of masking people is safe. The onus is on those proposing such a medical intervention to prove that it is safe.

Masks, especially cloth ones, do not stop the spread of the sars-cov-2 virus and they cause harm — especially in children.

[The Damage of Masking Children Could be Irreparable](#)

Face-identification ability is specific.^{7,8,9,10} Humans have a specific face identification area of the brain, known in research as the FFA: the Fusiform Face Area.^{7,8,11} The FFA is in the right hemisphere of the brain. Prior to the age of two, the two hemispheres don't communicate through the corpus callosum as completely as they will later.⁷ The left eye early on, then, provides the vast majority of the visual input to the right hemisphere. Later on communication between the hemispheres increases.

Visual neurology – all neurology – requires the correct or appropriate input to develop. Block the proper stimulus that would drive neural development of specific areas at a time of rapid neural growth, and development of the neural network involved is impaired. The FFA is no different. If the input from the left eye very early in development is impaired, as in congenital cataract, development of the FFA can be impaired.^{7,8,9,10,12} Even though the cataract is removed as early as medically feasible or recommended (not the case in some third-world situations), since infant brains are actively wiring, input to the FFA can be impaired, and therefore its functions impaired.

Recognizing faces develops over time in normal humans.⁹ The basics are wired in early: Newborns detect and respond to eyes-nose-mouth. That limited face schematic of the newborn develops into fairly adult face processing, if we view faces as a whole – a

Gestalt – by six years of age.^{13,14} That Gestalt – the gluing of individual features together into a solid whole – is different from recognizing nuance. Nuance is recognizing subtle changes in position and spacing of the disparate parts of the whole.^{8,9,13,14,15,16,17,18,19}

Nuance takes time. Adult face recognition is completed sometime after 14 years of age. When are the really active periods of neural development? We don't know, other than very general statements like the changes are probably rapid early and slow down maybe in the teens.⁷

[47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects](#)

A few excerpts from studies linked above:

Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths. This exposes another risk – if your mask traps some virus you are breathing more hence increasing viral load and exposure.

CONCLUSIONS: Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use.

Face mask side effects include adverse skin reactions

We're seeing inflammation in people's gums that have been healthy forever, and cavities in people who have never had them before," says Dr. Rob Ramondi, a dentist and co-founder of One Manhattan Dental. "About 50 percent of our patients are being impacted by this, [so] we decided to name it 'mask mouth' — after 'meth mouth.'

Masks can cause bacterial and fungal infections around the mouth, and in the mouth and lungs EVEN if you wash the cloth mask. Mould colonies were found in masks in as little as one day.

This study tested all kinds of disposable masks and proved they cause you to breathe back in your own crap. Study article: <https://pubmed.ncbi.nlm.nih.gov/7440756/>

Mask use can trigger allergies due to the mask collecting particles that stay on you for long periods of time

There is a great potential for harm that may arise from public policies forcing mask use on the wider population.

The following unanswered questions arise unanswered:

- Can masks shed fibers or micro plastics that we can breathe in?
- Do these masks excrete chemical substances that are harmful when inhaled?
- Can masks excrete chemicals or fumes when heated, either with body heat sunlight or other sources of heat?
- Clothing dye can cause reactions, so how do we know that the manufacturing process of these masks do not pose a risk to us? Because, in reality, we do not buy our masks from medical companies or facilities who operate in sterile environments.

Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflammation to the wearer and lowering his or her immune system.

This can cause wheezing, itching, runny nose, watery or itchy eyes, and other symptoms would that not facilitate spread and infection rate of viruses?

Bacteria and viruses can interact and increase infection susceptibility:

Are Masks EFFECTIVE?

The City of Milwaukee Health Commissioner, Kirsten Johnson, [said at the September 30, 2021 meeting of the Public Safety and Health Committee](#) that:

An indoor mask mandate within the city of Milwaukee — there's no guarantee we're going to achieve the outcome we want to achieve — because we also know that people are predominately getting it at events where they are with their family members, with people they are comfortable with, other extra curriculans where there's no enforcement mechanism. Those are private gathering and the mandate that we put in place would not have an impact on those setting.

[More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms](#)

[A variety of articles on the problems with masks](#)

[47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects](#)

A few excerpts from studies linked above:

In a [Bangladesh study](#), surgical masks reduced symptomatic COVID infections by between 0 and 22 percent, while the efficacy of cloth masks led to somewhere between an 11 percent increase to a 21 percent decrease. Hence, based on these randomized studies, adult masks appear to have either no or limited efficacy.

There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)...the pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza.

The available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failing to find statistically significant benefit in the intent-to-treat populations. Of sixteen quantitative meta-analyses, eight were equivocal or critical as to whether evidence supports a public recommendation of masks, and the remaining eight supported a public mask intervention on limited evidence primarily on the basis of the precautionary principle.

Evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza...none of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group...the overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies.

The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection; it appears to be an appropriate alternative to reduce the breathing resistance.

Conclusion

Mask requirements are not necessary, safe, or effective for controlling the spread of sars-cov-2 or the incidence of covid-19. Please vote NO on CC File No. 210628.