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Masks Behavioral Modification Through Health Concerns

Masks are not a silver bullet for stopping COVID. Rather, they work to demoralize and divide society, while also putting some, and perhaps many, people at risk.

A preferred public health policy for fighting the spread of the SARS-CoV-2 virus — following lockdowns in popularity among statisticians — has been the implementation of public mask wearing. In many states governors have mandated the wearing of masks. And many members of the public, made fearful by the continual drumbeat of fear propaganda from the government and mainstream media, have taken to demanding, sometimes aggressively, that their fellow citizens cover their faces with masks.



Mandatory masks: Officials in many locations are forcing citizens to wear masks, even though most popular types of masks have little or no efficacy. They are, however, efficient tools for behavior modification and control. (Photo: AP Images)

The public, frightened by the pandemic, generally believes masks to be a nearly foolproof method of preventing the spread of the disease. This, however, is untrue. The most popularly used and mandated masks, in fact, offer very little in the way of protection from the spread of viruses. Even the best masks, those designated N95, are not foolproof. Moreover, though mask wearing has been common not only in the United States but in many areas of Europe and around the world, the course of the pandemic has not been altered by their use.

What masks do provide, rather than coronavirus mitigation, is social distress and behavioral conditioning. The fact that masks instigate social distress is obvious. Those wearing masks, believing them effective, come to view those not wearing masks as direct threats to their lives. Meanwhile, those not wearing masks, believing them ineffective and, when mandated by government, a direct attack on their freedoms and individuality, view the masked as fools, dupes, and quislings. Masks, in this case, are a wedge destroying social cohesion.

Official Propaganda

Rather than put the danger of COVID in perspective — in comparison to numbers of viral deaths in a normal year — government has stoked fears.

If one looks at deaths from *all causes* around the world, a statistic that has been rigorously kept for about 75 years, it's evident that "all-cause mortality rates" have not spiked because of COVID — in other words, total deaths have not gone up. In fact, they show virtually no change from previous years. Denis Rancourt, Ph.D., a physicist and researcher at the Ontario Civil Liberties Association, noted in an online video entitled "Exposing the Real Threat Behind COVID-19" that each winter viral deaths — caused by numerous respiratory viruses — kill about 10 percent of all people who die each year. That



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figure has not changed because of COVID-19 — it was still about 10 percent this past winter during COVID. So deaths from respiratory viruses, including COVID-19, did not increase this past winter. Yet the Centers for Disease Control continues to take pains to remind Americans to wear their masks when they are out in public.

A missive from CDC that encouraged COVID safety during the Labor Day holiday says: “Do your part to help slow the spread of COVID-19 this Labor Day weekend. If you go to a park, beach, event or gathering, be sure to” do several things, including “wear a mask to protect yourself and others.”



Taking a stand: Protests against mask mandates have been held across the country, including Salt Lake City (shown above) on September 12. (Photo: AP Images)

On its website, the CDC offers guidance on mask selection. Masks should “have two or more layers of washable, breathable fabric,” they proclaim.

Such a mask, the CDC suggests, *will filter* the SARS-CoV-2 virus that causes COVID-19 from the air we breath.

Will it?

Electron micrographs show that the size of the virus varies from 60 to 140 nanometers in diameter (.06 to .14 microns). N95 filters provide filtration down to .3 microns — an N95 mask lets through matter more than twice the size of the virus. On this basis alone, it is reasonable to conclude that masks should not be relied on for protection from small virus particles such as those of SARS-CoV-2.

Still, the mainstream media and the organs of the state insist that N95 masks are nearly foolproof and that even mere cloth masks work for protection from the COVID virus. *USA Today* published a “Fact Check” that insists that N95 filters work effectively for COVID-19 regardless of the fact that virus particles are small enough to pass through.

“The COVID-19 particle is indeed around 0.1 microns in size, but it is always bonded to something larger,” *USA Today* says.

According to the paper, “The virus attaches to water droplets or aerosols (i.e., really small droplets) that are generated by breathing, talking, coughing, etc. These consist of water, mucus protein and other biological material and are all larger than 1 micron.”



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These are caught up by the mask. “Breathing and talking generate particles around 1 micron in size, which will be collected by N95 respirator filters with very high efficiency,” Lisa Brosseau, a retired professor of environmental and occupational health sciences told the paper.

Moreover, the paper insists, the .3 micron limit on filtration from N95 masks is meaningless, because such masks actually filter even smaller particles — through the capturing effect of static electricity (imagine brushed hair sticking to a sweater in winter).

Science, Not Fiction

This mainstream narrative was recently upheld by Dr. Robert Redfield, director of the CDC. In testimony to the Senate Appropriations Committee, Redfield referred to masks as “the most powerful public health tool we have” when it comes to stopping the spread of the coronavirus. They’re even better than a vaccine, he chortled.

This was the same Dr. Redfield who tweeted on February 5: “CDC does not currently recommend the use of facemasks to help prevent novel #coronavirus.” Of course, in the world of ends-justify-the-means ethics, consistency is irrelevant. If the desired end requires on one day that four plus four equals eight, it may likewise require that on the next day four plus four equals three.

There are quite a few problems with claims by the CDC and major media. First, as a trip to nearly any store would verify, almost no one wears N95 masks. People most often wear surgical masks and cloth masks instead, so we should mainly be concerned with the effectiveness of those masks.

Second, often “mask studies” simply test the filtering capacity of the filter material (i.e., the mask); they don’t look at how effective they are at actually stopping illnesses.

For instance, a team of researchers affiliated with the Center for Health-Related Aerosol Studies, Department of Environmental Health, at the University of Cincinnati looked at the effectiveness of mask materials in a study published in the *American Journal of Infection Control* in 2006.

Here is the abstract of their paper (Notice that even surgical masks let through large amounts of virus):

Background: Respiratory protection devices are used to protect the wearers from inhaling particles suspended in the air. Filtering face piece respirators are usually tested utilizing nonbiologic particles, whereas their use often aims at reducing exposure to biologic aerosols, including infectious agents such as viruses and bacteria.

Methods: The performance of 2 types of N95 half-mask, filtering face piece respirators and 2 types of surgical masks were determined. The collection efficiency of these respiratory protection devices was investigated using MS2 virus (a nonharmful simulant of several pathogens). The virions were detected in the particle size range of 10 to 80 nm.

Results: The results indicate that the penetration of virions [virus] through the National Institute for Occupational Safety and Health (NIOSH)-certified N95 respirators can exceed an expected level of 5%. As anticipated, the tested surgical masks showed a much higher particle penetration because they are known to be less efficient than the N95 respirators. The 2 surgical masks, which



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originated from the same manufacturer, showed tremendously different penetration levels of the MS2 virions: 20.5% and 84.5%, respectively, at an inhalation flow rate of 85 L/min.

Conclusion: The N95 filtering face piece respirators may not provide the expected protection level against small virions. Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm. It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment.

Too, the mask effectiveness above assumes that the masks are perfectly sealed around the edges of the mask, whereas in real life surgical masks are loose-fitting, and most of the air one breathes in or out while wearing one flows through the gaps along the edges of the mask, something glasses wearers clearly note when their glasses fog.



Seeing through the smokescreen: Wildfire smoke clouds Seattle's T-Mobile Park on September 14. The CDC has warned that commonly used masks for COVID will not filter out smoke particulates. Yet they insist the same masks are effective for even smaller virus particles. (*Photo: AP Images*)

Third, even if all masks were sealed around the edges, wearers' mishandling of the masks would undo their beneficial effect. A recent study published in the *Journal of Paediatrics and Child Health* further elaborated on the efficacy of masks. "Surgical facemasks are designed to be discarded after [a] single use," the researchers wrote. "As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS-CoV-2 (COVID-19) virus, which can be detected on the outer surface of the masks for up to 7 days. Thus, a pre-symptomatic or mildly infected person wearing a facemask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others."

Worn properly, N95 masks *reduce* exposure to particulate contamination, including viruses. But the "worn properly" proviso must be emphasized. An inexperienced user, or a careless user, can easily negate any benefit of the mask by contaminating themselves with it while removing the mask. The CDC took part in the Respiratory Protection Effectiveness Clinical Trial (ResPECT), testing the efficacy of



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N95 masks versus surgical masks in preventing respiratory viral infection, and *JAMA* reported on the findings of the study:

Findings: In this pragmatic, cluster randomized clinical trial involving 2862 health care personnel, there was no significant difference in the incidence of laboratory-confirmed influenza among health care personnel with the use of N95 respirators (8.2%) vs medical masks (7.2%).

Meaning: As worn by health care personnel in this trial, use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza.

Moreover, the health impact of wearing the N95 mask must not be discounted. A study published in the *Journal of the Formosan Medical Association (JFMA)*, a journal published in Taipei that has been in continual publication since 1902, looked at the impact of wearing N95 masks on physiology.

The study reported these results:

Thirty nine patients (23 men; mean age, 57.2 years) were recruited for participation in the study. Seventy percent of the patients showed a reduction in partial pressure of oxygen (PaO₂), and 19% developed various degrees of hypoxemia. Wearing an N95 mask significantly reduced the PaO₂ level (101.7 +/- 12.6 to 92.7 +/- 15.8 mm Hg, p = 0.006), increased the respiratory rate (16.8 +/- 2.8 to 18.8 +/- 2.7/min, p < 0.001), and increased the occurrence of chest discomfort (3 to 11 patients, p = 0.014) and respiratory distress (1 to 17 patients, p < 0.001). Baseline PaO₂ level was the only significant predictor of the magnitude of PaO₂ reduction (p < 0.001).

From this, the researchers reached the following conclusion: "Wearing an N95 mask for 4 hours during HD [hemodialysis] significantly reduced PaO₂ and increased respiratory adverse effects in ESRD [end-stage renal disease] patients."

Granted, the participants in this study were very ill. But the results underscore the fact that universal mask wearing can be dangerous for some, and possibly for many, people.

The CDC itself continues to contradict itself on masks. Just days before Redfield told the Senate Appropriations Committee that masks are better than a vaccine, on August 30, his organization posted a contradictory warning about face masks to Facebook related to smoke generated by the forest fires blazing on the West Coast.

"Cloth masks that are used to slow the spread of COVID-19 offer little protection against wildfire smoke," the CDC said. "They do not catch small particles found in wildfire smoke that can harm your health."

Writing for *RedState*, Scott Hounsell makes several good points about this CDC admission: "Remember that 'science' that they always like to throw in the face of conservatives?" Hounsell writes. "Let's take a quick look at this info through the lens of actual science. They just told us that smoke particulates are too small to be stopped by a cloth mask.... A quick Google search will tell us that smoke particles and debris are usually .4 to .7 microns in size. According to the CDC, cloth masks are not effective in stopping materials that size."



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Hounsell continues:

Another quick Google search will tell us that the Wuhan Virus is .12 microns in size, about a quarter in size of the smoke and fire debris particulate. Even if we factor for the “respiratory droplets” that are allegedly to blame for the spread of coronavirus, those droplets are as small as .5 microns, or as small or smaller than smoke and fire debris particulate. These factors and figures aren’t hidden in some CDC vault that only their scientists are capable of accessing. Yet another quick Google search will show these figures within seconds.

The CDC cannot, on one hand, demand we wear masks because of the prevention of the spread of a disease (or droplets containing the disease) and then tell us that those same masks are ineffective in stopping particles that are bigger than the disease we are trying to prevent.

In short, if cloth masks are ineffective against smoke — and they are, according to the CDC — then it’s crazy for the CDC to claim they can be effective against a virus.

Ethics and Facemasks

The masks, more than anything, are a tool of psychological manipulation. As the psychologist B.F. Skinner pointed out, “The environment can be manipulated” to change behaviors. In Skinnerian practice, masks are a tool of *operant conditioning*, used to modify human behaviors through positive and negative reinforcement. Currently, masks have the effect, especially when mandated, of teaching erstwhile free American citizens that they only may access goods and services, and even their careers, if adorned with a mask, under the pretense of *safety*.

The connection between the Skinnerian doctrine of behaviorism and the current demand for masking is no small matter. Indeed, in 2014 a report on the impact of behavioral sciences on public policy from the U.K. Economic and Social Research council reported: “The behavioral sciences are clearly having a global impact on public policy initiatives.” These, the report noted, are especially pushed by internationalist NGOs. “Our study reveals that while certain states are taking the lead in applying the insights of behavioral sciences to public policy design, the international spread of nudge-type policies is also being facilitated by a series of influential non-governmental organizations.” These include large multinational firms. “Of particular interest in this context is the emerging role of multinational corporations (such as Unilever) in promoting forms of behavior change that are usually associated with public bodies.”

It is, in fact, a public-private partnership of governments, multinational firms, and internationalist NGOs that is promoting the extreme lockdown policies in general and mask mandates in particular.

It should be made especially clear that behaviorism is directly opposed to human freedom. In its biographical sketch of B.F. Skinner, Harvard notes: “According to Skinner, the future of humanity depended on abandoning the concepts of individual freedom and dignity and engineering the human environment so that behavior was controlled systematically and to desirable ends rather than haphazardly.”

The behaviorist seeks to control an environment in such a way as to coerce entities within that



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environment to move toward or embrace “desirable ends.” The ends, in other words, justify the means.

Masks are currently the primary tool being used to implement the Skinnerian vision of a psychologically controlled population. No less than Anthony Fauci, for example, has admitted that he views mask wearing in Skinnerian behaviorist terms. He wears his, he admitted according to *Politico*, “because I want to make it be a symbol for people to see that that’s the kind of thing you should be doing.”

A major issue with face masks then, like most everything else, comes down to ethics. The proponents of masks and mask mandates are believers in ends-justify-the-means ethics. For them, any imposition on others is ethical, as long as some desired overriding end is achieved. Particulars about mask effectiveness, danger potential, and other concerns, to them, are immaterial. More important is the modification of the behavior of the subject population.

The partisans of this dangerous ethical framework need to be opposed with great vigor, especially where mandatory masking is concerned. Forced masking eliminates the freedom of people to make health choices for themselves, generates social discord, and has little or no impact on stopping the spread of disease. In fact, according to one noted epidemiologist, universal forced masking may cause more disease spread.

That expert is Anders Tegnell, the man responsible for Sweden’s public-health policy that has seen that Nordic nation successfully confront and control COVID-19 without the use of mandatory masks and lockdowns.



Sweden’s top epidemiologist Anders Tegnell: “The evidence base for using masks in society is still very weak.” “We are worried ... that people put on masks and then they believe they can go around in society being close to each other, even going around in society being sick. And that, in our view, would definitely produce higher spread than we have right now.” (Photo: AP Images)

Asked by UnHerd’s Freddie Sayers about why masks are not mandated in Sweden, Tegnell pointed to the lack of evidence of society-wide mask effectiveness.

“One reason is that the evidence base for using masks in society is still very weak,” Tegnell responded. “Even if more and more countries are now enforcing them in different ways ... we haven’t seen any new evidence coming up, which is a little bit surprising. The other reason is that everything tells us that keeping social distance is a much better way of controlling this disease than putting masks on people.”



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We are worried (and we get at least tales from other countries) that people put on masks and then they believe they can go around in society being close to each other, even going around in society being sick. And that, in our view, would definitely produce higher spread than we have right now.”

Ends-justify-the-means mask mandates cause individual harm by restricting liberty and by putting society at large at risk of greater harm. They might cause additional disease spread and animosity and strife among citizens. Moreover, mandates all too often result in legal enforcement issues that result in overbearing and tyrannical official actions against citizens.

In the end, people who wish to wear masks of whatever type should feel free to do so. But mandates as favored by Democratic and RINO politicians are inappropriate, ineffective, and immoral.



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