

Mask mandates are either 1) a shamefully recent discovery of the simplest lifesaving measure in the history of humanity, or they are 2) the manifestation of the most heinous of government's totalitarian tendencies.

If you cannot prove 1), then we are experiencing 2)!

Jobs are gone! Savings lost! Inflation is coming! Childhood development stalled! Normal medical detection and care is delayed! Church pews are drained. These things stem from government actions, not viral infections. *Government's stance is that it is all worth it.* ... Is it?

Senators, YOU are our lawmakers. You empower or restrain government. YOU now have a full year observing state, county, and city governments exert emergency powers in the fight against COVID. It is time for YOU to be accountable to this question: did the use of emergency powers, harmful in many ways, have a net positive effect? As our elected officials, **YOU owe it to North Dakotans to either stand on the scientific proof that these measures have a positive effect OR put a stop to the government-imposed pain to our society.**

Should we need to debate the scientific basis for government-imposed masking, here are some points to consider:

- Government's scientific references are *heavily* based upon the assumption that droplets are the primary means of transmission. They offer no proof that SARS-CoV-2 is NOT aerosolized while resisting calls from the likes of the National Nurses Union to recognize aerosol transmission.
- Government actors are skilled at wielding statistics in their favor, and COVID is no exception to this. Examples:
 - Government actors cite findings such as "cases reduced 70%", while whitewashing the fact that case counts for all viruses rise and decline rapidly depending upon where you are in the week-long bell curve (see graphic below).
 - Government actors never explain why all SARS-CoV-2 outbreak curves follow the same pattern despite a spectrum of different government mitigations worldwide.
 - Government actors' references are all sourced after 2020, ignoring without justification decades of prior research on masking.
- Why are government actors so silent on immune system supporting factors such as vitamin D, Ivermectin, and nutrition while remaining so loud on their harmful edicts?
- Government has already rewritten their justification for masks. This will continue if unchecked. No longer is it about ICU capacity. Now it is not enough vaccination! Now it is variants on the way! How easy it is for them to manufacture rationale!
- Government ignores studies proving that asymptomatic spread is not a threat.

If government must FORCE citizens to not work, stay home, stay away from church, stay out of school, and always cover their face, **you should consider that you have crossed over into tyranny.**

Please vote to PASS HB 1323.

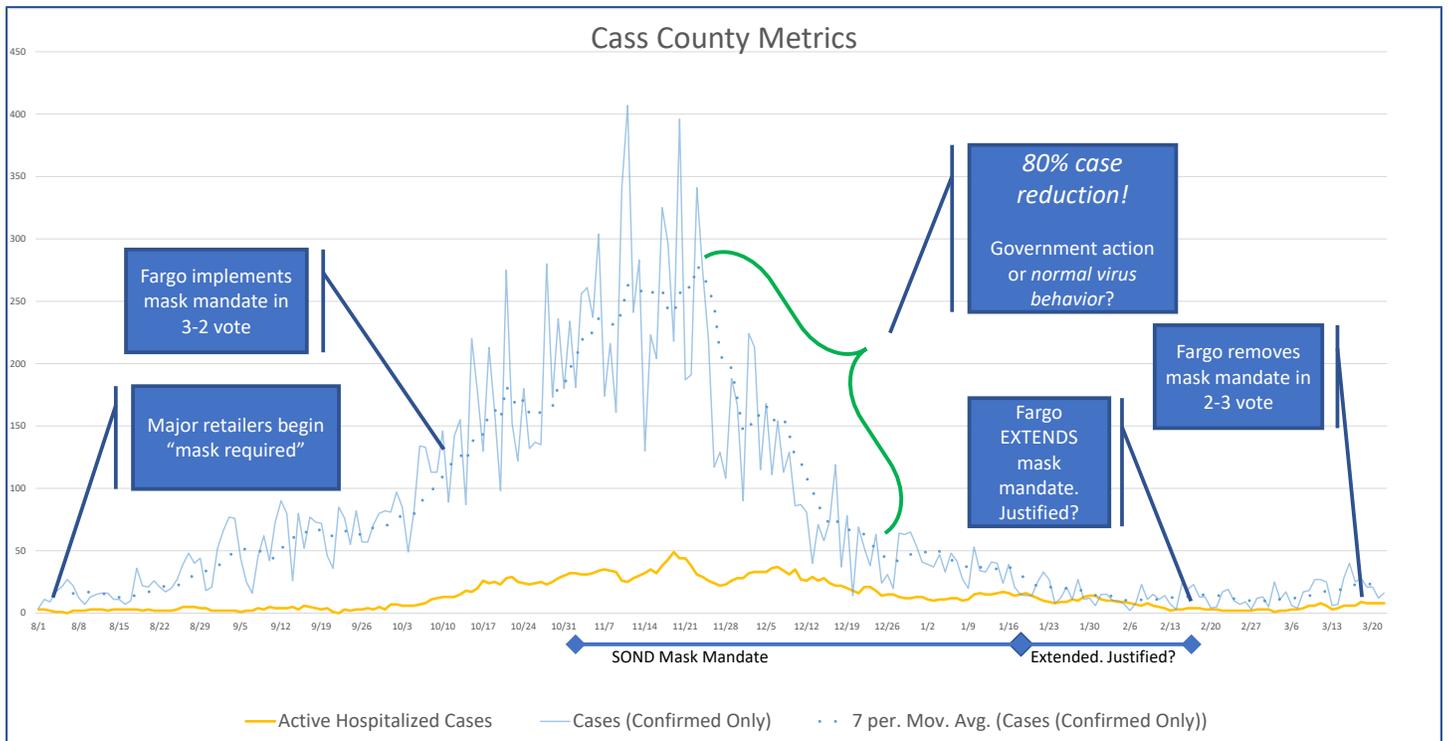


Figure 1: Is it mask mandates, or is it normal virus behavior?

References

[CDC Urged to Recognize COVID Aerosol Transmission in Petition Signed by 10,000 \(newsweek.com\)](https://www.newsweek.com/cdc-urged-to-recognize-covid-aerosol-transmission-in-petition-signed-by-10000-1501111)

Chu, Derek K et al. *Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis.* [The Lancet, Volume 395](https://www.thelancet.com/journal/S0140673620302271), Issue 10242, 1973 – 1987

[WHO-2019-nCov-IPC Masks-2020.4-eng.pdf](https://www.who.int/publications/i/item/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf)

[Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis | Global Health | JAMA Network Open | JAMA Network](https://www.jama.com/doi/10.1001/jama.2020.10000)

[Mask Facts - AAPS | Association of American Physicians and Surgeons \(aapsonline.org\)](https://www.aapsonline.org/press-releases/mask-facts)

Xiao, J., Shiu, E., Gao, H., Wong, J. Y., Fong, M. W., Ryu, S....Cowling, B. J. (2020). *Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.* [Emerging Infectious Diseases](https://doi.org/10.3201/eid2605.190994), 26(5), 967-975. [https://dx.doi.org/10.3201/eid2605.190994](https://doi.org/10.3201/eid2605.190994).