

ADDITIONAL REFERENCES

In addition we can refer you to the following:

- i. A comprehensive overview of the current evidence regarding the effectiveness of face masks:
<https://swprs.org/face-masks-and-covid-the-evidence/>.
- ii. A New Zealand made video:
<https://odysee.com/@voicesforfreedom:6/Challenging-Epidemiologist-Michael-Baker-on-Face-Masks---Mass-Masking:9>
- iii. An excellent succinct video on masks looking at absolute and relative risk analysis from an emergency room doctor:
<https://odysee.com/@voicesforfreedom:6/Dr-Chris-Milburn-On-The-Efficacy-Of-Masks:0>
- iv. Video featuring our own Prime Minister and her 'experts' discussing masks and lack of effectiveness:
<https://odysee.com/@voicesforfreedom:6/face-mask-logic-%28nonsense%29-from:5>
- v. A two minute video on kids and masks:
<https://odysee.com/@voicesforfreedom:6/mask-mandate-madness:8>
- vi. A recent [Official Information Act enquiry](#) response confirmed that:
*“Maintaining the requirement for face coverings on public transport in Alert Level 1 provides wider benefits that support the overall response to the pandemic. For example, **face coverings are a constant reminder of the ongoing threat posed by COVID-19 and will help prompt people to be more vigilant about other important behaviours**, such as physical distancing, scanning and using the New Zealand COVID Tracer App, hand hygiene and coughing and sneezing etiquette.”*
<https://dpmc.govt.nz/sites/default/files/2021-04/cab-20-min-0477-mandatory-masking.pdf>
- vii. An October 2021 review of relevant literature from an Australian website:
<https://www.news.com.au/technology/science/human-body/its-crap-victorian-study-claiming-mandatory-masks-stopped-second-wave-shredded-by-experts/news-story/aeb937d27ec5a79e6b728ade598f49ab>

- viii. <https://childrenshealthdefense.org/the-science-of-masks/> a blog post with a reputable organisation which links to hundreds of articles and studies backing up statements made in our flyer.
- ix. Another resource put together by a group of diverse professionals including doctors, scientists, epidemiologists looks at the ineffectiveness of masks, mask harms and particularly the negative health consequences for children wearing masks
<https://www.pandata.org/infobank-masks/>.
- x. A short article which summarizes shortcomings of masks:
<https://swprs.org/the-face-mask-folly-in-retrospect/>
- xi. Another comprehensive critique of mask studies:
<https://eugyppius.substack.com/p/most-mask-studies-are-garbage>
- xii. Recently the UK government has released a new “Evidence Summary” looking at the use of face coverings in education settings. The BBC <https://www.bbc.com/news/health-59895934> looks at the study finding “it did not provide proof of a statistically significant impact...The government admits the evidence for using masks in schools to reduce spread of Covid is ‘not conclusive’.”

[1] Complaint 18 second case cited. Complaint 20 various citations we address on our website page. In addition we note that in respect of our first statement we are speaking about “typical mask wearing” – the author can confirm from personal experience observing people for only ten minutes on the corner of a street in downtown Auckland (an area where masks are being widely used) to see that a majority of masks are being worn under chin, under nose, carried scrunched up in hands, in and out of pockets, over beards etc and that a significant proportion (if not majority again) are wearing cloth masks. In respect of the particle size references substantiating this claim are on our website and in the additional materials.

[2] <https://www.acpjournals.org/doi/10.7326/M20-6817> is a Danish randomized controlled trial with 6000 participants, published in the Annals of Internal Medicine in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting.

[3] We note in particular the following study <https://aip.scitation.org/doi/10.1063/5.0057100> “*Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation*”: “The baseline filtration characteristics for the various masks tested in this study indicate that more than 50% of aerosols (polydisperse, 1 μm mean diameter) can pass through the material of commercially available cloth and surgical masks in ideal conditions (zero leakage due to fit), whereas ideal filtration efficiency is 95% (or higher) in the case of KN95 and R95 masks ... Flow visualizations and velocity measurements in the near-field (immediate vicinity of the face) indicate that none of the tested masks is performing at their ideal filtration efficiencies due to leakages through gaps in the fit of the mask. This occurs around the cheeks, below the jaw, and at the bridge of the nose, with the latter being the most significant for all masks. Aerosols are seen to escape through these leakage sites in the form of concentrated particle clouds that do not mix quickly with the

ambient air on account of relatively low flow velocities and hence low levels of turbulent mixing. The degree of leakage varies between masks, with high-efficiency masks, such as the KN95, performing better. Factors affecting leakage at the mask perimeter include mask geometry, strap style and elasticity, and whether or not the mask is equipped with a deformable nose piece that can be tightly shaped to the nose. ...The results show that a standard surgical and three-ply cloth masks, which see current widespread use, filter at apparent efficiencies of only 12.4% and 9.8%, respectively. Apparent efficiencies of 46.3% and 60.2% are found for KN95 and R95 masks, respectively, which are still notably lower than the verified 95% rated ideal efficiencies.”