CCHF Testimony Opposing Proposed Mask Mandate Legislation in Minnesota
Twila Brase - February 9, 2021 - MN House Health Finance & Policy Committee


Madame Chair and members of the committee: My name is Twila Brase, a registered nurse and the president and co-founder of Citizens’ Council for Health Freedom. We oppose House File 604 [“requiring face coverings in certain settings”].

Dr. Michael Osterholm, former interim director of the CDC, in a June interview said this: “Never before in my 45-year career have I seen such a far-reaching public recommendation issued by any governmental agency without a single source of data or information to support it.” He also said, “The highest frequency of mask-wearing population in the world is in Hubei, China . . . . It didn’t make a difference.”

Daniel Huff at MDH [MN Dept. of Health] said he’s “not sure what masking did.” In that vein, it’s notable that after Minnesota’s mask mandate was imposed on July 25, cases and deaths rose for the next five months. They only began to drop around the holidays. So, the virus has gone up and down in the seven months of the masking mandate.

Now let me talk about infectiousness. A recent study found that an infected person without symptoms has only a 3.5% chance of spreading it to a close contact. And there is only a 21.1% chance of getting COVID-19 from a household member with symptoms. Thus, it is unlikely that people will get it just walking around. (http://bit.ly/3bfpnII)
Now, I’ll move to cases and deaths because these data are being used to keep the mandate in place. The validity of the PCR COVID test is being challenged worldwide. In August, the New York Times found that up to 90% of the PCR-positive cases in three states were false positives. A court in Portugal has now dismissed the PCR test as invalid. And 22 scientists have asked a journal to retract the study that claimed that the PCR test could diagnose COVID-19. In fact, one study found that the specimens of most positive tests using high cycle thresholds can’t culture the virus.

In addition, many reported deaths may be people who died with COVID, not from COVID. The head of the Illinois Department of Health said a person who dies of a known non-COVID condition but has a COVID diagnosis is called a “COVID death.”

Now, a few more comments about masks. The World Health Organization says there’s no evidence that universal masking protects. It also lists harms and “critical risks” including difficulty breathing, self-contamination, and a false sense of security. In 2015, a randomized clinical trial found medical masks allow 44% penetration by viruses and cloth masks allow 97% of virus particles to penetrate. And while boxes of medical masks warn they don’t protect against viruses, the FDA also prohibits manufacturers from saying non-medical masks are “safe or effective” or for “antiviral protection.”

Finally, two scientists writing on the University of Minnesota Center for Infectious Disease website say masks are not effective as source control or PPE.

From our perspective, the mask mandate has been a social experiment infringing on the rights of individuals to speak and breathe freely. The mask mandate has also caused fear and social isolation, likely leading to the increased suicides and unnecessary and untimely non-COVID deaths. It’s time to end this unnecessary and unproven mandate, not codify it.

Thank you.