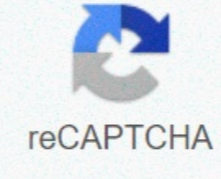


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## We wear the mask literary analysis

If you're confused about whether people should wear masks and why and what kind, you're not alone. COVID-19 is a novel disease and we are learning new things about it every day. However, much of the confusion around the masks comes from the conflation of two very different mask functions. Masks can be used to protect the user from becoming infected, or masks can be used to protect others from being infected by the user. Protecting the user is difficult: it requires medical grade respiratory masks, proper fit and care to wear and remove. But masks can also be used to prevent transmission to others, and this is their most important use for society. If we reduce the likelihood of one person infecting another, the impact is exponential, so even a small reduction in those probabilities results in a huge decrease in deaths. Fortunately, blocking the transmission out at the source is much easier. It can be achieved with something as simple as a fabric mask. Read: Our pandemic summerA key transmission route of COVID-19 is through drops that fly out of our mouths, which includes when we talk, not just when we cough or sneeze. A part of these drops evaporates rapidly, becoming tiny particles whose inhalation by the nearby is difficult to prevent. This is especially relevant for doctors and nurses who work with sick people all day long. Medical workers are also at risk for procedures such as intubation, which generate very tiny particles that can possibly float for hours. That's why your computer is called personal protective equipment, or PPE, and has strict requirements for adjustment in order to stop input, the term for transmitting these external particles to the user. So far, most scientific research and mask discussions have been aimed at protecting medical workers from entry. But there is also the opposite concern: the output or transmission of particles from the user to the outside world. Historically, much less research has been conducted on departure, but controlling it, also known as source control, is crucial to stopping the spread of a disease from person to person. Obviously, source control throughout society becomes very important during a pandemic. Unfortunately, many articles in the lay press, do not adequately distinguish between entry and exit, which increases confusion. Read: Everyone thinks they're right about masksThe good news is that preventing transmission to others through the exit is relatively it's like stopping the water jet from a hose right at the source, turning off the faucet, compared to the difficulty of trying to catch all the water droplets after we've pointed the hose and they've flown everywhere. Research shows that even a cotton mask drastically reduces the number of virus particles emitted by our mouths, mouths, 99 percent. This reduction provides two great benefits. Fewer virus particles mean that people are more likely to avoid infection, and if infected, the lower viral exposure load may give them a better chance of getting only a mild disease. COVID-19 has been difficult to control in part because people can infect other people before they show any symptoms themselves, and even if they never develop any disease. Three recent studies show that nearly half of patients are infected by people who are not yet coughing or sneezing. Many people are not aware of the risk they pose to others, because they don't feel sick, and many may never get sick. Read: Why we're running out of masksThing the coronavirus pandemic like a fire that ravages our cities and towns that is spread by infected people breathing invisible embers every time they talk, cough or sneeze. Sneezing is the most dangerous—the farthest embers—coughing second, and speaking less, though it can still spread the embers. These invisible sparks cause others to catch fire and, in turn, exhale the embers until we really catch fire and get sick. That's when we call the firefighters, our medical workers. People who come across these furious flames to put them out need special heat-resistant suits and gloves, helmets and oxygen tanks so they can keep breathing the fire, all that PPE, with the right fit as well. If we could stop them from sending us the embers every time we talked or coughed, far fewer people would catch fire. Masks help us do that. And since we don't know for sure who's sick, the only solution is for everyone to wear masks. This eventually benefits the user because fewer fires mean that we are all less likely to be burned. My mask protects you; your masks protect me. Besides, our firefighters would no longer be overwhelmed, and we could more easily return to work and the rest of our public lives. Read: What you need to know about the coronavirusTo better understand what level of mask-wear we need in the population to have this pandemic under control, we assembled a transdisciplinary team of 19 experts and looked at a range of mathematical models and other research to learn what would happen if most people wearing a mask in public. We write and present an academic document as well as a summary of a layman. Each infectious disease has a reproduction rate, called R. When it's 1.0, that means the average infected person infects someone else. The 1918 pandemic flu had an R of 1.8, so an infected person on average, almost two others. The COVID-19 rate, in the absence of measures such as social distancing and masks, is at least 2.4. A disease dies if your R falls below 1.0. The smaller the number, the faster it will become extinct. The effectiveness of masking depends on three things: the basic playback number, R0, R0, the virus in a community; effectiveness of masks in transmission blocking; and the percentage of people who wear masks. The blue area of the graph below indicates an R0 below 1.0, the magic number needed to cause the disease to die. Read: A new statistic reveals why US COVID-19 numbers are flatModels show that if 80 percent of people wear masks that are 60 percent effective, easily achievable with fabric, we can reach an effective R0 of less than one. That's enough to stop the spread of the disease. Many countries already have more than 80 percent of their population with masks in public, including Hong Kong, where most stores deny entry to unmasked customers, and more than 30 countries that legally require masks in public spaces, such as Israel, Singapore and the Czech Republic. The use of masks in combination with physical distancing is even more powerful. While fabric masks are enough to protect others, people who are immunocompromised or those who have some leftover fire season or hobbies may be considering using N95, to better protect themselves. A note of caution: Many non-medical N95s have exhalation valves (so they are less congested to use) that let out unfiltered air, and therefore will not prevent the user from infecting others, so they should not be used around other people unless the valve is covered with tape or fabric. Community use of masks for source control is a public good: something we all contribute that eventually benefits everyone, but only if almost everyone contributes, which can be a challenge to persuading people to do. It's like emission filters on our car exhausts and fireplaces: They need to be installed in all cars, factories and homes to ensure clean air for everyone. Strong laws, regulations, mandates or cultural norms generally guarantee maximum participation. And once that happens, the result can be incredible. Read: Face masks are inFor example, in Hong Kong, only four confirmed deaths have been recorded due to COVID-19 since the beginning of the pandemic, despite high density, mass transportation and proximity to Wuhan. Hong Kong health authorities attribute the near-universal use of masks to their citizens as a key factor (surveys show nearly 100 percent voluntary compliance). Similarly, Taiwan increased mask production from the outset and distributed masks to the population, forcing their use on public transport and recommending their use elsewhere, a recommendation that has been widely complied with. The country continues to fully, and their schools have been open since late February, while their death total remains very low, with only six. In the Czech Republic, masks were not used during the initial outbreak, but after a baseline campaign led to a government mandate on 18 March, masks in public became ubiquitous. The results took some time to reflect Official statistics: The first five days of April still saw an average of 257 new cases and nine deaths per day, but the last five days of data show an average of 120 new cases and five deaths per day. Of course, we can't be sure to what extent these success stories are due to masks, but we do know that in all regions that have adopted widespread wear rates of masks, cases and deaths have been reduced in a few weeks. We know that a vaccine can take years and in the meantime we will have to find ways to make our societies function as safely as possible. Our governments can and should do a lot: make testing widely available, fund research, ensure medical workers have everything they need. But ordinary people are not helpless; in fact, we have more power than we think. In addition to keeping our distance whenever possible and maintaining good hygiene, all of us wearing only a cloth mask could help stop this pandemic in your tracks. I am incredibly disheartened by the rhetoric circulating in our city, state and country. The use of masks has become a subject of politics becoming more than human kindness and decency. While I understand that defiant authority is necessary for democracy, this is not forced conformity, but rather an act of solidarity with those in your community who are more vulnerable than you. Some of our neighbors and family members refuse to wear a mask in public on, what could be, my son's expenses and others like her. My daughter Lily was born very prematurely after death in her twin sister's womb. Lily spent eight months at NICU fighting for her life and eventually returned home in April 2019 with a tracheostomy, ventilation and oxygen therapy. Due to its premature birth, it is immunocompromised and its lungs are marked and damaged by the respirator used to keep it alive. If I contracted the virus, I'd probably die. We've already gone to hell and behind our back watching our son sitting on a hospital bed with IVs, electrodes and the hum of life-saving machines. Going back to that place, putting your isolette begging for your life, is unsinkable. The argument that vulnerable populations must stay at home is invalid. I have to venture out of my house to pick up the drugs that sustain my son's life. We rely on sidewalk pick-up of shops and restaurants in order to eat and keep our home running- those orders were filled by members of our community who are exposed to countless others because their jobs are necessary. Suggest that medically fragile families may stay at home and it puts our needs below those of everyone around us, further reinforcing our seclusion. I understand that we have no choice but to continue our quarantine practices. I understand that the economy needs to reopen and people need to resume their lives. But I never understand the mindset that your civil liberties are more important than my son's life. Life.

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