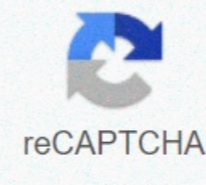




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We wear the mask interpretation

If you feel confused about whether people should wear masks and why and what, you are not alone. COVID-19 is a new disease and we learn new things about it every day. However, much of the confusion around masks stems from the fusion of two very different mask functions. Masks can be worn to protect the wearer from infection or the mask can be worn to protect others from infection by the wearer. Protection of the wearer is difficult: This requires a medical class breathing mask, proper fit, and carefully put on and take off. But masks can also be worn to prevent the transfer of others, and this is their most important use for society. If we are more likely to infect one person with another, the consequences will be exponential, so even a small reduction in these chances leads to a huge reduction in mortality. Fortunately, blocking the transmission outwards at the source is much easier. This can be achieved with something as simple as a fabric mask. Read: Our pandemic summerA is a key route of transferring COVID-19 through the drops that fly out of our mouths, which includes when we speak, not just when we cough or sneeze. Some of these droplets evaporate quickly, becoming tiny particles that are difficult to prevent from being inhaled by those nearby. This is especially true for doctors and nurses who work with sick people all day. Health professionals are also at risk from procedures such as intubation, which generate very tiny particles that can float around, possibly within hours. This is why their equipment is called personal protective equipment, or PPE, and has strict requirements in order to stop entry - a term for transferring these external particles to the owner. Until now, most of the research and discussion about masks has been aimed at protecting medical professionals from aggression. But there is also the opposite problem: the exit or transfer of particles from the owner to the outside world. Historically, far fewer studies have been conducted at the exit, but control over it - also known as a source of control - is crucial to stopping the human-to-human spread of the disease. It is obvious that during a pandemic, control over sources in society becomes very important. Unfortunately, many articles in the press, and even some in the scientific press, do not correctly distinguish between entry and exit, thus adding confusion. Read: Everyone thinks they're right about masks The news is that preventing the transmission of others through the exit is relatively easy. It's like stopping the gushing water from the hose right at the source, turning off the faucet, compared to the difficulty of trying to catch all the water droplets after we pointed the hose and they were flying everywhere. Studies show that even a cotton mask significantly reduces the number of viral particles emitted from mouth, the same amount 99 percent. This reduction gives two huge advantages: Fewer viral particles means that people are more likely to avoid infection, and if they are infected, a lower viral load may give them a better chance of contracting only a mild illness. COVID-19 was difficult to control in part because people could infect others before they themselves exhibit any symptoms, and even if they never develop any disease. Three recent studies show that almost half of patients are infected by people who do not cough or sneeze. Many people don't want to be aware of the risk they pose to others because they don't feel sick themselves, and many of them can never become utterly ill. Read: Why do we exhale masks As we exhale a coronavirus pandemic as fire rages in our towns and cities, which spreads infected people exhaling invisible coals every time they say cough, or sneeze. Sneezing is the most dangerous - it spreads embers further to cough second, and speak least, although it can still spread embers. These invisible sparks cause others to catch fire and in turn exhale coals until we really catch fire and get sick. That's when we call firefighters - our medical workers. People who work in these raging fires to put out their need special heat suits and gloves, helmets and oxygen cylinders so they can continue to breathe in the fire - all that PPE, with proper shape too. If we could just keep our coals from sending every time we talked or coughed, far fewer people would light up. Masks help us with this. And because we don't know for sure who's sick, the only solution for everyone is to wear masks. This ultimately benefits the owner because fewer fires mean we are all less likely to be burned. My mask protects you; Your masks protect me. In addition, our firefighters will no longer be overwhelmed and we could more easily return to work and the rest of our public life. Read: What You Need to Know About Coronavirus To better understand what level of mask wear we need in the population to get this pandemic under control, we assembled a transdisciplinary team of 19 experts and looked at a number of mathematical models and other studies to see what would happen if most people wore a mask in public. We wrote and presented a scientific paper, as well as a summary of a layman. Each infectious disease has a reproduction rate called R. When it is 1.0, it means that the average infected person infects another person. Pandemic influenza of 1918 was R 1.8- so one infected person is infected, on average, almost two others. COVID-19 measures such as social distancing and masks amount to at least 2.4. The disease dies out if its R falls under 1.0. The smaller the number, the faster it dies out. The effectiveness of wearing masks depends on three things: the main play number, R0, R0, Virus in the community The effectiveness of masks when blocking transmission, and the percentage of masked people. The blue area of the graph below indicates R0 below 1.0, the magic number needed to make the disease die out. Read: New statistics show why America's COVID-19 numbers flatmodels show that if 80 percent of people wear masks that are 60 percent effective, easily achievable with fabric, we can get to an effective R0 less than one. This is enough to stop the spread of the disease. In many countries, more than 80 percent of the population is already masked in public places, including Hong Kong, where most shops deny entry to exposed customers, and more than 30 countries that legally require masks in public places such as Israel, Singapore and the Czech Republic. Using a mask combined with physical distancing is even more powerful. While fabric masks are enough to protect others, people who have immunocompromized or those who have a few left out of the fire season or hobby may consider wearing N95s to better protect themselves. One note of caution: Many non-medical N95s have exhalation valves (to make them less stuffy to wear) that release unfiltered air, and thus won't stop the wearer from infecting others, so they don't have to be worn around other people unless the valve is covered with tape or cloth. The community's use of masks to control sources is a public good: what we all contribute to is ultimately beneficial to everyone, but only if almost everyone contributes, which can be a challenge to convince people to do. It's like emission filters in our car exhaust and chimneys: they need to be installed in all cars, factories and homes to ensure clean air for everyone. Generally, laws, rules, mandates or strong cultural norms ensure maximum participation. And once that happens, the result can be amazing. Read: Face masks, for example in Hong Kong, only four confirmed deaths due to COVID-19 have been reported since the beginning of the pandemic, despite the high density, public transport, and proximity to Wuhan. Hong Kong's health authorities consider the almost universal wearing of masks by their citizens to be a key factor (polls show almost 100 per cent voluntary compliance). Similarly, Taiwan increased the production of masks at an early stage and distributed masks to the public, producing them on public transport and recommending their use in other public places - a recommendation that has been widely followed. The country continues to operate fully and their schools have been open since the end of February, while the total number of their fatalities remains very low and only six. In the Czech Republic, masks were not used during the initial outbreak, but after a grassroots campaign on 18 March led to a government mandate, masks in public places became ubiquitous. The results took some time to reflect in the Official statistics: In the first five days of April, an average of 257 new cases and nine deaths per day were reported, but the last five days show an average of 120 new cases and five deaths per day. Of course, we can not know exactly to what extent these success stories are due to masks, but we do know that in every region that has adopted the widespread wearing of masks, the case and mortality have been reduced in a few weeks. We know that the vaccine can take years, and at the same time we will need to find ways to make our societies function as safely as possible. Our governments can and should do a lot - make tests widely available, fund research, provide health care providers with everything they need. But ordinary people are not helpless; in fact, we have more power than we understand. As well as keeping our distance whenever possible and maintaining good hygiene, all of us wearing only fabric masks could help stop this pandemic in its path. I am incredibly disappointed by the rhetoric circulating in our city, state and country. Wearing masks has become a matter of politics, not kindness and human decency. While I understand that the challenge of power is necessary for democracy, it is not a forced conformity, but rather an act of solidarity with those in your community who are more vulnerable than you. Some of our neighbors and members of our family refuse to wear the mask in public at what may be at the expense of my child and others like her. My daughter Lily was born extremely prematurely after the death of her twin sister. Lily spent eight months in the NICU fighting for her life and finally returned home in April 2019 with a tracheostomy, ventilator and oxygen therapy. Because of preterm birth, she is weakened by immunity and her light scars and damage from the ventilator is used to keep her alive. If she had contracted the virus, she probably would have died. We had already gone to hell and back, watching our child lying on a hospital bed with IVs, electrodes and buzzing rescue vehicles. To return to this place, to lie in her isoletta, begging her to live, is incomprehensible. The argument that vulnerable groups should simply stay at home is not justified. I have to leave my house to pick up my child's life support medication. We rely on a roadside pickup truck from shops and restaurants in order to eat and keep our house running- these orders have been filled by members of our community who are exposed to countless others because their jobs are needed. To suggest that medically vulnerable families can stay at home and wait puts our needs lower than those of everyone else around us, further strengthening our privacy. I understand that there was no choice but to continue the quarantine practice. I understand that the economy must reopen and people must resume their lives. But I am never understand the mentality that your civil liberties are more important than my child's life. Life.

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