

Forced Masking a “Coercive Practice Designed to Drive Up Vaccination Rates” Rules Hospital Arbitrator

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Global Research, July 22, 2020

Region: [Canada](#)

Theme: [Intelligence](#), [Science and Medicine](#)

Back in 2018, the Toronto Academic Health Science Network had a mandatory masking policy in place for nurses and health care workers, according to the [Ontario Nursing Association](#). Staff were required “to wear an unfitted surgical mask for the entirety of their shift if they choose not to receive the influenza vaccine.”

An [article](#) on the Ontario Nursing Association (ONA) states:

“After reviewing extensive expert evidence submitted by both [sides], Arbitrator William Kaplan, in his September 6 decision, found that [the mask or vaccinate] policy is ‘illogical and makes no sense’ and ‘is the exact opposite of being reasonable.’ In reaching this conclusion, Arbitrator Kaplan rejected the hospital’s evidence.”

[The arbitration report](#) points out that there was an “admitted absence of direct evidence that mask wearing [healthcare workers] protected patients from influenza...” Thus one might ask: If a mask cannot even protect patients from influenza how is it of any use against a “[super bad transmittable contagious awful virus](#)” like COVID-19?

It went on to say that the arguments and evidence made for mask wearing “are insufficient, inadequate, and completely unpersuasive.... Evidence that masking as a source [of] control results in any material reduction in transmission was scant, anecdotal, and, in the overall, lacking.”

Even more telling is that the arbitration reported that forced masking is “a coercive practice designed to drive up vaccination rates” among staff. And, it seems, today, among citizens.

If you’re not for being violated with an improperly tested, rushed-to-market, [money-making](#) COVID-19 vaccine then please [resist the mask wearing coercion](#) with all your might.

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