

Mask Mandates Do Not Prevent Spread of Respiratory Viruses, They Cause Harm, and Violate the Right to Informed Consent

By [Association of American Physicians and Surgeons](#)

Global Research, September 15, 2023

[AAPS](#) 12 September 2023

Region: [USA](#)

Theme: [Law and Justice](#), [Science and Medicine](#)

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*The [AAPS statement of patients' freedoms](#) provides that **patients have the right to be informed about the risks and benefits of any medical intervention, and have the right to refuse medical treatment.***

The use of masks and other face coverings, as a public health measure or otherwise, are a type of medical intervention to which the above informed consent rights apply.

Government recommendations and mandates regarding face coverings have been contradictory, provided to the public as authoritative without evidence, are in [conflict with the available data](#), and neglect to mention any potential harm from use of coverings or masks.

Concerning efficacy, in addition to the indisputable failure of mask mandates to prevent outbreaks of COVID, the [Cochrane systematic review](#) of available empirical evidence concluded that studies "did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks," and "[t]here were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection."

Concerning the potential for harm, there are at least [60 studies and reports](#) that illuminate downsides of masking and face-coverings in different scenarios and among varied patient groups. Examples of harm found in the peer-reviewed literature, include:

- **Prolonged use of mask is not a neutral event and in fact [can cause harm](#).** "Prolonged use of N95 and surgical masks by healthcare professionals during COVID-19 has caused adverse effects such as headaches, rash, acne, skin

breakdown, and impaired cognition in the majority of those surveyed.”

- **Findings [indicate that wearing the N95 mask for 14 hours significantly affected the physiological, biochemical, and perception parameters in a negative fashion.](#)**
- The possibility that **masks [hinder the acquisition of speech and language in children exists.](#)** “Overall, the research to date demonstrates that the visible articulations that babies normally see when others are talking play a key role in their acquisition of communication skills. Research also shows that [babies who lip-read more have better language skills](#) when they’re older. If so, this suggests that masks probably hinder babies’ acquisition of speech and language.”
- **Experimental [data has shown](#) “carbon dioxide content in inhaled air rises on average to 13,000 to 13,750 ppm no matter whether children wear a surgical or an FFP2 mask.** This is far beyond the level of 2,000 ppm considered the limit of acceptability and beyond the 1,000 ppm that are normal for air in closed rooms. This estimate is rather on the low side, as we only measured this after a short time without physical exertion.”
- **Society requires facial recognition as a most basic component of interaction and communication.** Studies in individuals with age-related macular degeneration (AMD) [have shown that](#) “Poor face perception in AMD is an important domain contributing to impaired social interactions and quality of life”. Voluntary masking with no gain contributes to societal alienation.

Therefore, be it stated:

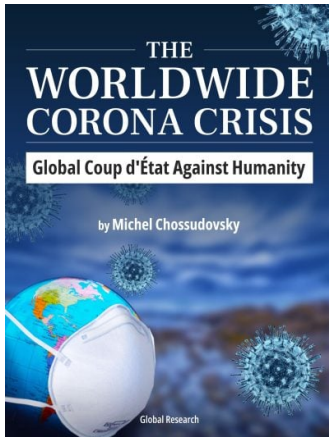
As mask mandates are contrary to the fundamental medical principle of informed consent, all masking mandates currently in place must be rescinded, and no future mandates should be imposed.

Furthermore, since mask mandates for viral illnesses provide no clear benefits, while creating potential for harm, individuals should be empowered to choose to not observe such mandates that are either currently in existence or that may be imposed in the future.

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by Michel Chossudovsky

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