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# Face Mask Report

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## 1. Introduction

This document is an abridged version of a report that looks to the health effects of mask wearing in general and the health effects on children in particular.

The full report stands at 60 pages and after feedback from some of the audience, it was deemed appropriate to offer a more digestible version, which you are now reading.

The full report is available at <https://grahamfrench247.com/useful-documents/>

The contents of this report are from extensive Open Source Intelligence (OSInt) only, using a multi-factor methodology for collecting, aggregating, analysing, and utilising publicly available sources. The author has relied exclusively on published data, medical publications, meta-studies, hypotheses, random control trials and opinion pieces by clinicians, dentists, researchers and physicians/surgeons and many other professionals of both medical and non-medically trained backgrounds for this document.

All sources used in this report are catalogued in Appendix A "List of content utilised in this report." There is further reading available on data and information not used in this report, catalogued in Appendix B "List of content not utilised in this report". Although both lists contain a substantial amount of data for subsequent perusal, this constitutes around 20% of the information viewed by the author. The amount of freely available information on the health effects of masks is almost overwhelming.

This same information has been available to the governments and decision makers around the world. Some advised that the wearing of face masks was not initially required, only to reverse that decision further down the line. This then raises the question, did they advise/mandate the public wear face masks as they were unaware of the negative health effects on the wearer. Or, did they knowingly do so, because they were fully aware of both the short and long-term health effects?

There are innumerable instances of conflicting advice and mandates regarding the wearing of face masks. From government and governmental agencies to TV doctor personalities to Non-Governmental Organisations (NGO's) and unqualified journalists offering advice that the wearing of masks is required in order to protect either the wearer, the general public or both.

There are a host of both individuals and organisations that argue the opposite, mask wearing is a health risk, offers little to no protection to either the wearer or the general public and that they are also detrimental to the normal and healthy development of children.

The author of this document has viewed over 200 individual reports, medical studies, meta-analysis, hypotheses, and opinion pieces. Most of which are not included in this report. This report documents the results of dedicated work of many hundreds of medical and other professionals, that have combined training, research and experience that total many hundreds of years.

Please note that sections of this document have been lifted and copied into the text of this report, sometimes verbatim. Therefore, some parts of the narrative and phraseology may not flow or pace as expected. This is because, in essence, this report is a combination of multiple authors, in some sections.

The author would like to take this opportunity to thank them for their dedication to the subject at hand and for allowing the public access to that knowledge. The reader may want to explore this topic further, to that end, Appendix B contains links to other interesting publications (in the authors' opinion) not utilised here.



The author assumes that the reader has little to no medical knowledge and therefore explanations on medical phraseology will be included within the text where deemed appropriate.

All information used in this report has been acknowledged by the author and all copyrighted materials are utilised under the fair use doctrine, under common law. The links to the full documents are available in Appendix A. Documents not utilised for this report, but may be useful or informative for the reader, are available in Appendix B.

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## 2. Purpose

The purpose of this abridged report document is to provide the reader with evidence on the health effects of wearing face mask of the public in general and of children in particular. This document will show the results of the research into the published clinical reports and opinions of clinicians and others regarding this issue.

This document will not show the conflicting advice from differing parties, it will also not highlight the change in advice over time. The author will also not speculate on the reasons for the change in advice, only acknowledge that it has occurred and that some of the persons/ organisations have publicly changed their advice over time

This report may be used in full, or in part, for non-commercial use, howsoever the reader wishes. This may be used in other documents, reports, or legal briefs as deemed necessary.

We only request that attribution is given to the author for those parts used. If this report, or parts therein, are to be utilised by an organisation, corporate body or government department, then we insist that the author, Graham F French, is given full attribution on each and every use of the details contained within this document.

### 2.1. Scope

The scope of this document is to report on the, at the time of the original full report (2021), almost ubiquitous wearing of face masks in the general population of many countries and provinces around the world, and its effect on human health in the short, medium and long-term. Anything else related to face masks, the mandated wearing of them or governmental policies regarding face masks or personal protective equipment, is outside the scope of this document.

### 2.2. Assumptions and Dependencies

It is assumed that the reader of this document has little to no experience of medical terminology, and as such, the author of this document has provided explanatory text where deemed necessary. This report is only available in English at this time. It is assumed that the reader has sufficient comprehension of the English language, in order to sufficiently understand the content.

### 2.3. Responsibilities

The author is responsible for the creation of this report. The author takes no responsibility for the accuracy, publication status or integrity of the publishers, of the third-party documentation utilised in the creation of this report

### 3. Abridged Report

The abridged report is utilised to allow a time-deficient person to obtain the gist or précis of the full document (60 pages), within a smaller number of pages. The full text of this section is contained within the rest of this report. To that end, this abridged is as follows:

Is there a consensus or a majority of medical professionals that have reported/documented or researched the effects of large scale, long- term wearing of masks? This is for the population in general, but this report is focussed on the health effects for children.

Research by the author, Graham F French, has discovered the following:

Face masks are part of non-pharmaceutical interventions providing some breathing barrier to the mouth and nose that have been utilised for reducing the transmission of respiratory pathogens.

Face masks can be medical and non-medical, with two types of medical masks primarily used by healthcare workers. The first is National Institute for Occupational Safety and Health (NIOSH)-certified N95 mask, a filtering face-piece respirator, and the second is a surgical mask. The third type of face masks are non-medical cloth or fabric masks. The non-medical face masks are made from a variety of woven and non-woven materials such as polypropylene, cotton, polyester, cellulose, gauze, wool and silk.

Wearing a face mask mechanically restricts breathing by increasing the resistance of air movement during both inhalation and exhalation. Carbon dioxide is given off as a by-product of cell metabolism, and is carried by the blood through the venous system (veins) to the lungs. Here it is exhaled. The concentration of CO<sub>2</sub> in each breath is ~3.8%, and the "average" person produces approximately two pounds of carbon dioxide each day. More CO<sub>2</sub> is given off during strenuous activity.

#### 3.1. COVID-19 - transmission

- Aerosol-based transmission is the alleged primary mode of COVID-19 transmission.
- Social distancing does nothing for airborne or aerosol particles.
- Based on empirical evidence, masks are not an effective means for reducing aerosol-based transmission.

#### 3.2. Health Effects - Teeth, Gums and Mouth

It appears that most people, when wearing masks, breathe through their mouths as opposed to their noses, and this results in reduced saliva production and dry mouth, which becomes problematic as saliva is protective against tooth decay and gum disease. Dentist Dr. Justin Russo says: "A lot of people are stressed out. I can just tell by people's mood that they're stressed out. So, they're clenching, grinding their teeth. A lot of people are eating on an irregular basis. Some dentists are experiencing a 25 percent rise of bite-related cases and some have stated that they believe the pandemic could be to blame."

#### 3.3. Health Effects - Skin

Clinical teams engaged in all types of the coronavirus care settings are consistently reporting facial skin tears and lesions caused by prolonged use of protective face masks. Loss of facial skin integrity creates a portal for penetration of pathogens, including the coronavirus itself, as

well as other hospital-acquired bacterial, viral, or fungal infections. Thus, skin damage can facilitate penetration of coronavirus and other pathogens directly into the blood circulation. The mask materials mechanically indent and damage facial skin, an effect that is further compromised by perspiration (sweat), and moisture, due to the mental stress and workload care teams are experiencing.

### 3.4. Health Effects - Cognitive

When the use of a face mask is maintained for an extended length of time (over eight hours in healthcare professionals) symptoms of hypoxemia (abnormally low level of oxygen in the blood) such as chest discomfort and tachypnoea (respiration rate greater than normal) are presented. These responses could be explained as carbon dioxide (CO<sub>2</sub>) is a respiratory stimulant and, when is accumulated by the mask use, it does increase lung ventilation and respiratory activity; this fact that would explain the symptoms of confusion, impaired cognition, and disorientation, experienced by nurses.

### 3.5. Health Effects - Immunity

Several studies have indeed found significant problems with wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications. A drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the main immune cells used to fight viral infections. People with cancer, especially if the cancer has spread, will be at a further risk from prolonged hypoxia as the cancer grows best in a micro-environment that is low in oxygen. Low oxygen also promotes inflammation which can promote the growth, invasion, and spread of cancers.

Severe hypoxemia may also provoke cardiopulmonary and neurological complications, and is considered an important clinical sign in cardiopulmonary medicine. Low oxygen content in the arterial blood can cause myocardial ischemia (blockage of heart arteries), serious arrhythmias, right or left ventricular dysfunction, dizziness, hypotension (low blood pressure), syncope (loss of conscious), and pulmonary hypertension (high blood pressure). Chronic low-grade hypoxemia and hypercapnia as result of using face masks can exacerbate existing cardiopulmonary, metabolic, vascular, and neurological conditions.

Re-breathing contaminated air with high bacterial and toxic particle concentrations along with low O<sub>2</sub> and high CO<sub>2</sub> levels continuously challenge the body homeostasis, causing self-toxicity and immunosuppression.

### 3.6. Health Effects - Psychological

Psychologically, wearing face masks have negative effects on the wearer and those nearby. Basic human-to-human connectivity through facial expression is compromised, and self-identity is eliminated. These dehumanising movements delete the uniqueness and individuality of the person wearing the face mask, as well as the those in proximity. Social connections and relationships are basic human needs, which are inherited in all people, whereas reduced human-to-human connections are associated with poor mental and physical health.

Poor social connections are closely related to isolation and loneliness, these are considered significant health-related risk factors. A meta-analysis of 91 studies of approximately 400,000 people, showed a 13% increased mortality risk among people with low compared to high contact frequency. Another meta-analysis of 148 prospective studies (308,849 participants) found that poor social relationships were associated with 50% increased mortality risk. People

who were socially isolated or felt lonely had 45% and 40% increased mortality risk, respectively.

### 3.7. Long-term health consequences

Long-term practice of wearing face masks has a strong potential for devastating health consequences. Prolonged hypoxic and/or hypercapnic state compromises normal physiological and psychological balance, deteriorating health, and promotes the developing and progression of existing chronic diseases. For instance, ischemic heart disease caused by hypoxic damage to the myocardium is the most common form of cardiovascular disease and is a number one cause of death worldwide (44% of all non-communicable diseases) with 17.9 million deaths occurred in 2016. Chronic stress, along with hypoxic and hypercapnic conditions, knocks the body out of balance, and can cause headaches, fatigue, stomach issues, muscle tension, mood disturbances, insomnia, and accelerated ageing.

### 3.8. Face mask and physiology alteration during exercise

Exercising with customised tight face masks induces a hypercapnic hypoxia environment (inadequate oxygen (O<sub>2</sub>) and carbon dioxide (CO<sub>2</sub>) exchange). This acidic environment, both at the alveolar and blood vessels level, induces numerous physiological alterations when exercising with face masks. Studies of obstructive sleep apnoea provide irrefutable evidence of hypercapnic hypoxemia affecting the postural stability, proprioception, altered gait velocities, and falls. Exercising with face masks might increase pathophysiological risks of underlying chronic disease, especially cardiovascular and metabolic risks.

### 3.9. Toxic Masks

Professor Michael Braungart, director at the Hamburg Environmental Institute and co-founder of the world-renowned Cradle to Cradle environmental standard, has told Ecotextile News that mask wearers unwittingly run the risk of breathing in carcinogens, allergens and tiny synthetic microfibres by wearing both textile and non-woven surgical masks for long periods of time.

“What we are breathing through our mouth and nose is actually hazardous waste,” said Professor Braungart, who ran preliminary tests on used surgical masks that found traces of chemicals such as the known carcinogen aniline as well as formaldehyde and optical brighteners – both heavily restricted on consumer goods by European and US authorities to minute parts per million concentrations.

Initial analytical tests by experts have now thrown into doubt the wisdom of whether people should be wearing certain types of masks for hours on end. Particularly schoolchildren, factory workers, and long-haul flyers who may be at a greater risk from the long-term damage to lungs through exposure to both restricted chemistry and micro-plastics. There is a potential risk of ‘future’ inflammatory/fibrotic lung diseases because we have been inhaling these materials in the masks for over a year, with no end in sight. These substances might also be highly carcinogenic, not just for us as adults; we must be very concerned about the risks especially to our children since they depend on us as mentors and guides for their decision-making. It is our children that we are very concerned for.

### 3.10. Microbial contamination

Bacteria are, on average, ten times the size of viruses, particularly coronaviruses, and have less penetration through masks. Therefore, at least part of the re-circulated flow of bacteria in aerosolised and droplet exhalation does not escape the vicinity of the oral and nasal environment. Bacteria and other microbes are not only retained in this space, but masks themselves are warm, moist repositories of these microbes. Laboratory testing of used masks from 20 train commuters revealed that 11 of the 20 masks tested contained over 100,000 bacterial colonies. Moulds and yeasts were also found. Three of the masks contained more than one million bacterial colonies.

The mechanism of pathology originating from masks is likely as follows: microbe-carrying droplets, trapped in masks, stay damp while the mask is worn; whereas without a mask, exhaled droplets and aerosol are known to dry quickly. In the continually damp environment of the mask, bacteria start to proliferate, are re-inhaled and then transferred throughout the body. Bacteria are exhaled through masks at an increasing rate over the time of use. Outward penetration of masks by bacteria is made worse by the plosive force of coughing, sneezing, and talking loudly. Scatter mechanics from the mesh of the mask and the resulting chaotic collisions of aerosolised droplets in turn produce a wider contaminated airspace outside the masked mouth than outside the unmasked mouth. Wearers of cloth masks had significantly higher influenza-like illnesses when compared to unmasked.

When oral bacteria gain access to blood and deep tissues, they may cause pneumonia, abscesses in lung tissue, subacute bacterial endocarditis (life-threatening inflammation of the inner lining of your heart's chambers and valves), sepsis and meningitis. It is important to consider that endocarditis can be a lifelong infection. *Streptococcus pyogenes* (Strep) bacteria has been observed for decades to cause irreversible fibrosis in heart tissue long after the bacteria were no longer found. This bacteria is known by many as "flesh-eating strep". Former *Streptococcus* infections that had seemingly resolved a long time ago may still be positive in an Antistreptolysin O test. For years afterwards, flares of toxins can be released in the body at times of stress or secondary infection, and cause debilitating symptoms.

### 3.11. Face Masks on Children

The results of the first German study on children and teenagers wearing mouth and nose coverings reveal 68% complain of wearing a mask. The average length of time the mask was worn varies greatly with age; it averaged 4.5 hours per day, and was much higher, especially among youth (13-18 years), averaging six hours. In 16,913 children (65.2%) it was reported that fabric masks were worn, followed by surgical masks.

Most common issues were:

- Irritability (60%),
- Headaches (53%),
- Difficulties concentrating (50%),
- Sadness (49%),
- Reluctance to attend school (44%),
- Malaise (42%),
- Impaired learning (38%),
- Fatigue and drowsiness (37%).

Other physical symptoms included rashes and allergies around the mouth, syncope - temporary loss of consciousness usually related to insufficient blood flow to the brain (20%), nausea (16.6%), hyperventilation (12%) fainting spells (2.2%).

In addition, 25% of the children had developed anxieties. Regarding the question as to whether children themselves complain about impairments caused by wearing the mask, 67.7% of the respondents answered yes for their children; 26% answered no. The question as to whether the respondents themselves observed an impairment of the child by wearing the mask was answered yes in 66.1%.

### 3.12.Children's Emotional Development

We've known for decades that children's emotional well-being depends in part on neurological development, which comes from watching faces and recognising emotions. How all this works isn't entirely clear, but as Catherine Herba and Mary Phillips at the London Institute of Psychiatry have explained, there is enough evidence to suggest that normal child development needs children to see people expressing their emotions.

With widespread masking, we may unintentionally be disadvantaging younger children from developing the necessary skills to discern emotions and the neurological changes that make it possible to distinguish one face from another.

For adults, the need to wear a mask can be inconvenient. For children it could be more serious. Masks disguise key cues in our expressions, making it harder to read someone's face, and there is growing evidence that this could be affecting child development. Child carers who wear masks while at work say it is difficult to establish a relationship of trust with children, because they have to conceal their mouths.

Elementary schools in Japan are reporting that masks are having adverse effects on their students, including more unruly behaviour as masks disrupt communication. Professor Masako Myowa says children between four and ten years old are developing the ability to empathise, to imagine what others think, and how to respond. Children normally have ample chances at school to put themselves in someone else's shoes, but masks in classrooms mean the opportunities are much scarcer now.

Changes in face recognition performance and alteration along the processing style of partially occluded faces could have significant effects on children's social interactions with their peers and their ability to form important relationships with educators. Previous research in adults has already demonstrated the detrimental effect of reduced face perception abilities on one's level of social confidence and quality of life.

## 4. Conclusion

This abridged report was created in order to investigate the health effects of face mask wearing and the health effects on the public in general and children in particular.

After reviewing a relatively small sample of the numerous publicly available reports, studies, meta-studies and hypotheses, which were undertaken by hundreds of medical professionals (and one non-medical professional) over many decades, the data indicates that both medical and non-medical face masks of any type are completely ineffective to prevent human-to-human transmission of a viral and infectious disease such SARS-CoV-2 and COVID-19.

Wearing face masks has been demonstrated to have numerous and substantial adverse physiological and psychological effects, not just from breathing potentially hazardous carcinogenic chemicals, harmful micro-plastics and microfibres. These include, but are not limited to, adverse skin reactions/skin lesions, hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, sleep apnoea, fatigue, headaches, decline in cognitive performance, predisposition for viral, bacterial, mould and yeast infections and illnesses, chronic stress, anxiety and depression. Long-term consequences of wearing a face mask can cause health deterioration, developing and progression of chronic diseases, including cancer and accelerated secondary cancerous spread to other parts of the body, lung damage, asbestosis, Alzheimer's and premature death.

Children are particularly affected by the wearing of face masks, including those worn by adults. The report shows that the normal pedagogical, emotional, psychological, behavioural, and physiological progress of a child can be compromised, both in the short and long-term, and in some cases, for life.

This report demonstrates that many Randomised Control Tests (RCT's) and extensive research, into the wearing of face masks by medical professionals, the general public and in particular children, have established that face masks are wholly unnecessary and have been since the inception of mandatory face mask wearing in 2020.

The author presented documented evidence that this has been known about for a very long time, indicating that a century of knowledge has been flagrantly ignored. General efficacy of masks in a surgical environment are also known to be negligible and require further studies to determine whether or not they are of any benefit whatsoever.

Governments, policy makers and health organisations should utilise a proper and scientific evidence-based approach with respect to public health, not just the wearing of face masks, especially when the latter is considered as preventive intervention.

### 4.1. Conflict of interest statement

The author, who has been instrumental in the research and subsequent production of this report, declare that he has no known competing financial interests or personal relationships that could have, or could have appeared to, influence the work documented in this report.

## 5. Appendix A - List of content utilised in this report.

Only a fraction of the evidence/data/hypotheses and information on the health effects of wearing a face mask has been utilised in this abridged report. The author has attempted to include the most relevant and complete information available at the time of this report's publication. The content within this document is by no means complete, it is merely a snapshot of the many available publications. The reader is encouraged to further their own research, many references are available in Appendix B.

### 5.1. Mask Studies and Papers

1. Carbon dioxide Exposure Effects - Fact Sheet - <https://ethanolrfa.org/wp-content/uploads/2016/02/Module-2-Handout-CO2-Adverse-Health-Effects-Fact-Sheet.pdf>
2. How Inhaled carbon dioxide Affects the Body - Fact Sheet - <https://ethanolrfa.org/wp-content/uploads/2016/02/Module-2-Handout-How-Inhaled-CO2-Affects-the-Body---Fact-Sheet.pdf>
3. WHO - Mask use in the context of COVID-19 - [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)
4. WHO - Coronavirus disease (COVID-19): Children and masks - <https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>
5. Non-pharmaceutical Measures for Pandemic Influenza in Non-healthcare Settings— Personal Protective and Environmental Measures - [https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article)
6. Understanding particle size and aerosol based transmission - <https://web.archive.org/web/20210303231236/https://www.4conference.com/wp-content/uploads/2020/07/Understanding-Particle-Size-and-Aerosol-Based-Transmission.pdf>
7. Health Effects of Asbestos Exposure - <https://www.hse.gov.uk/asbestos/assets/docs/exposure.pdf>

### 5.2. Health Effects - Mouth

1. Dentists warn of rise in stinky side-effect damaging patients' teeth - <https://www.thesun.co.uk/news/12461990/mask-mouth-dentists-warn-rise-side-effect-damaging-teeth/>
2. Dentist: 'Mask Mouth' Is Causing Tooth Decay, Bad Breath, Clenching and Grinding of Teeth - <https://www.cnsnews.com/blog/craig-bannister/dentist-mask-mouth-causing-tooth-decay-bad-breath-clenching-and-grinding-teeth>

3. Dentists declare 'mask mouth' a new phenomenon as they see an explosion in patients suffering from tooth decay and gum disease after wearing face coverings - <https://www.dailymail.co.uk/news/article-8604639/Dentists-says-mask-wearing-causing-tooth-decay-gum-disease.html>

### 5.3. Health Effects - Skin

1. The Effects of the Face Mask on the Skin Underneath: A Prospective Survey During the COVID-19 Pandemic - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7786409/>
2. Skin Tears, Medical Face Masks, and Coronavirus - <https://www.epuap.org/wp-content/uploads/2020/06/2020-gefen-wmp-skin-tears-medical-face-masks-and-coronavirus-no-watermark.pdf>

### 5.4. Health Effects - Body

1. Headache related to mask use of healthcare workers in COVID-19 pandemic - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8019959/pdf/kjp-34-2-241.pdf>
2. Cognitive and psychophysiological impact of surgical mask use during university lessons - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7844352/>
3. Dr. Blaylock: Face Masks Pose Serious Risks to the Healthy - <https://www.greenmedinfo.com/blog/dr-blaylock-face-masks-pose-serious-risks-healthy11>
4. Proof that Masks Do More Harm than Good - Dr. Vernon Coleman MB ChB DSc FRSA - <https://www.vernoncoleman.com/proofthatmasks.htm>
5. "Exercise with facemask; Are we handling a devil's sword?" – A physiological hypothesis - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306735/>
6. The surgical mask is a bad fit for risk reduction - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868614/>
7. Exclusive: Chemical cocktail found in face masks - <https://www.ecotextile.com/2021040127603/dyes-chemicals-news/exclusive-chemical-cocktail-found-in-face-masks.html>
8. The Dangers of Masks - <https://www.aier.org/article/the-dangers-of-masks/>
9. Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability - [https://pdmj.org/papers/masks\\_false\\_safety\\_and\\_real\\_dangers\\_part1/](https://pdmj.org/papers/masks_false_safety_and_real_dangers_part1/)

10. Masks, false safety and real dangers, Part 2: Microbial challenges from masks - [https://pdmj.org/papers/masks\\_false\\_safety\\_and\\_real\\_dangers\\_part2/](https://pdmj.org/papers/masks_false_safety_and_real_dangers_part2/)

## 5.5. Health Effects - Face Masks on Children

1. Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children - <https://assets.researchsquare.com/files/rs-124394/v2/bdeb04c9-7a3e-4bb4-997a-0dce53145ac7.pdf>
2. Will Wearing Masks Affect Children's Emotional Development? - <https://www.psychologytoday.com/us/blog/nurturing-resilience/202012/will-wearing-masks-affect-children-s-emotional-development>
3. Is wearing a mask affecting our children's development? - <https://www3.nhk.or.jp/nhkworld/en/news/backstories/1475/>
4. Face Masks Disrupt Holistic Processing and Face Perception in School-Age Children - <https://psyarxiv.com/fygjq/>

## 5.6. Health Effects - The Doctors

1. 'Is a mask necessary in the operating theatre?' Royal College of Surgeons 1981 - <http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC2493952&blobtype=pdf>
2. An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful - <https://ratical.org/PandemicParallaxView/mp3s/An-Evidence-Based-Scientific-Analysis-of-Why-Masks-are-Ineffective-Unnecessary-and-Harmful-10-12-2020.pdf>
3. Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness (Dr. Antony Fauci) - <https://academic.oup.com/jid/article/198/7/962/2192118>

## 6. Appendix B - List of content not utilised in this report

There are constraints within any report. The largest constraint in this instance is knowing when to stop the research. The amount of evidence/data/hypotheses and information on the negative effects of wearing a face mask is almost overwhelming. Therefore, although the following links to subject matter may have been viewed by the author as informative, a decision has been made to exclude most of the other reports. This list is not exhaustive, there is a lot more available, however time and space constraints rule that only a fraction of available evidence can be documented in this appendix.

1. Masks, false safety and real dangers, Part 3: Hypoxia, hypercapnia and physiological effects - [https://pdmj.org/papers/masks\\_false\\_safety\\_and\\_real\\_dangers\\_part3/](https://pdmj.org/papers/masks_false_safety_and_real_dangers_part3/)
2. Masks, false safety and real dangers, Part 4: Proposed mechanisms by which masks increase risk of COVID-19 - [https://pdmj.org/papers/masks\\_false\\_safety\\_and\\_real\\_dangers\\_part4/](https://pdmj.org/papers/masks_false_safety_and_real_dangers_part4/)
3. Masks are neither effective nor safe: A summary of the science - [https://pdmj.org/papers/masks\\_are\\_neither\\_effective\\_nor\\_safe/](https://pdmj.org/papers/masks_are_neither_effective_nor_safe/)
4. The dangers of masks - <https://www.aier.org/article/the-dangers-of-masks/>
5. Masks 'don't work,' are damaging health and are being used to control population: Doctors panel - <https://www.lifesitenews.com/news/masks-dont-work-are-damaging-health-and-are-being-used-to-control-population-doctors-panel>
6. The health risks of prolonged face mask wearing - [https://www.researchgate.net/publication/343994082\\_THE\\_HEALTH\\_RISKS\\_OF\\_PROLONGED\\_FACE-MASKS\\_WEARING](https://www.researchgate.net/publication/343994082_THE_HEALTH_RISKS_OF_PROLONGED_FACE-MASKS_WEARING)
7. Face masks for the public during the COVID-19 crisis - <https://www.bmj.com/content/369/bmj.m1435>
8. COVID-19: Important potential side effects of wearing face masks that we should bear in mind - <https://www.bmj.com/content/369/bmj.m2003> & <https://www.bmj.com/content/369/bmj.m1435/rr-40>
9. Long term effects of wearing masks - [https://www.thedesertreview.com/news/long-term-effects-of-wearing-masks/article\\_ba5f0b66-97be-11ea-ac54-8b25e4f89b0c.html](https://www.thedesertreview.com/news/long-term-effects-of-wearing-masks/article_ba5f0b66-97be-11ea-ac54-8b25e4f89b0c.html)
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