

Masks - do benefits outweigh the harms?

Dr Gary Sidley, Retired Clinical Psychologist



Whilst masks are a successful psychological tool to remind the public to remain alert, they are not effective in preventing the community spread of disease.

In the summer of 2020, mandates were introduced to compel healthy people to wear masks in the community, purportedly to reduce the spread of COVID-19. Prior to this time, the World Health Organisation (WHO) and UK politicians alike did not support face coverings for the healthy but U-turned, apparently in response to political lobbying.¹

In the early stages of the novel coronavirus in the United Kingdom, public health advice remained that masks for the general public were of little benefit, and could even be harmful.² There is emerging evidence that cloth masks can amplify the spread of COVID-19 particles by acting as a 'microniser', transforming large droplets, which would ordinarily fall swiftly to the ground close to the person, into smaller, truly airborne & respirable droplets.³

As has been established in the preceding article on asymptomatic spread, for a person to be 'clinically relevant' in public health terms, they must have symptoms. The mandating of mask-wearing for the majority of the population who are perfectly healthy is not an effective public health measure to contain the spread of COVID-19. Prior to 2020 this was not a controversial position. Whilst masks have undoubtedly been a successful psychological tool to remind the public to remain alert, they have not achieved their primary objective, that is, to act as a safe and effective measure to curb the spread of disease.

Masks don't reduce community transmission

Contrary to the Government message that it 'follows the science', the sudden change in advice by the WHO was not based on any new, high-quality scientific studies. By summer 2020, there was substantial evidence that non-medical masks for the general public did not reduce the transmission of respiratory viruses. A review of 14 controlled studies had concluded that masks did not significantly lessen the spread of seasonal 'flu in the community.⁴ A Norwegian Institute for Public Health review found that non-medical masks achieve no benefit for healthy individuals, particularly when viral prevalence is low.⁵ From a common sense angle, scientists had argued that cloth masks contain perforations that are far too big to act as a viral barrier and therefore 'offer zero protection against COVID-19'.⁶

Inevitably, the public often wear masks incorrectly, or improperly handle them when putting them on, or removing them, constituting an additional infection hazard. There has been recognition of this contamination risk in the scientific literature⁷ and other

researchers have cautioned against the use of cloth face coverings.⁸ Potential harms to the wearer include exhaustion, headaches, fatigue and dehydration.⁹ Some doctors have suggested an increased risk of pneumonia.¹⁰ Furthermore, the widely varying physical characteristics of the face coverings used by people in the community, that are not standardised for material, fit, length of wearing, changes after washing and drying, and disposal, means that laboratory research on mask efficacy cannot be generalised to real-world situations.

With particular reference to COVID-19, the only large randomised controlled trial exploring the benefits of adopting face coverings in the community found that masks (even the surgical variety) did not result in a significant reduction in infection risk for the wearer.¹¹ A detailed analysis¹² of all research investigations, including those purported to suggest that masks might achieve some benefits, led to the view that there is 'little to no evidence' that cloth masks in the general population are effective.

Masks cause psychological harm

Masks impair verbal communication, render lip-reading impossible for the deaf, and stymie emotional expression, the latter effect potentially constituting a gross impediment to children's social development. Acting as a crude, highly visible reminder that danger is all around, face coverings are fuelling widespread, irrational fear.

Wearing a mask will heighten the distress of many people with existing mental health problems and may trigger 'flashbacks' for those historically traumatised by physical and/or sexual abuse. Sadly, going without a mask (even as a means of avoiding psychological distress) can often attract harassment and further victimisation. In response to this, 'exemption lanyards' have been developed, which further stigmatise those who cannot wear face coverings due to health conditions or previous trauma.

Mandates in schools

Beginning March 8, 2021, secondary-school pupils are now required to wear masks in indoor areas for the entire day. In addition to the lack of demonstrable benefits as described above, it is most concerning that no comprehensive risk assessment of potential harms has been carried out before making these demands. Prior to imposing this requirement for masks, a full assessment should have been conducted, incorporating the following areas:

- Assessment of oxygen levels in mask wearer at the beginning and end of the day;¹³
- Assessment of impairments to concentration and ability to learn;¹⁴
- Assessment of impairment to children with hearing difficulties and special educational needs;^{15,16,17,18}
- Assessment of impairment to psychological wellbeing;¹⁹
- Assessment of possible damages from inhalation of micro-fibres;²⁰
- Assessment of potential harms of repeated use of dirty cloth masks;^{21,22}

- Assessment of impairment to non-verbal communication.²³

Many of the potential harms may only become apparent in the long-term, thereby casting yet more doubt on the assumption that, for children, the benefits outweigh the risks. What is even more puzzling is that the masking requirement has been introduced at the time of year when there is almost no circulating COVID-19 in the community due to its seasonality. There is no justification for this move from the Department for Education. It should be rapidly retracted for the safety and well-being of all children.

Conclusion

Wearing a mask is not a benign intervention. Making masks mandatory would only be justified if science had shown they achieved a marked reduction in viral transmission. The evidence is simply not there. On the contrary, it is clear that face coverings for healthy people do more harm than good. Additionally, evidence demonstrating that asymptomatic, healthy members of society are unlikely to spread the virus strengthens the conclusion that mask mandates are unnecessary.

Endnotes

1. [Daily Mail, Tuesday 14 July, 2020: Fines for not wearing masks](#)
2. [Face masks could increase risk of getting coronavirus, medical chief warns](#)
3. [Low-cost measurement of face mask efficacy for filtering expelled droplets during speech](#)
4. [Non pharmaceutical Measures for Pandemic Influenza in Non healthcare Settings–Personal Protective and Environmental Measures](#)
5. [Should individuals in the community without respiratory symptoms wear face masks to reduce the spread of COVID-19?](#)
6. [Cloth face masks offer zero shield against virus, a study shows](#)
7. [Advice on the use of masks¹ in the community setting in Influenza A \(H1N1\) outbreaks](#)
8. [A cluster randomised trial of cloth masks compared with medical masks in healthcare workers](#)
9. [Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis](#)
10. [Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing](#)
11. [Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers: A Randomized Controlled Trial](#)
12. [Are Face Masks Effective? The Evidence.](#)
13. [Preliminary report on surgical mask induced deoxygenation during major surgery](#)
14. [Corona children studies “Co-Ki”: First results of a Germany-wide registry on mouth and nose covering \(mask\) in children](#)
15. [The challenges of facemasks for people with hearing loss](#)
16. [Lip Reading, Facial Expressions: How Masks Make Life Harder for People with Hearing Difficulties](#)
17. [Face masks and communication - coronavirus info for families of deaf children](#)
18. [The Challenges of Face Masks: Organisation of Autism Research](#)
19. [Corona children studies “Co-Ki”: First results of a Germany-wide registry on mouth and nose covering \(mask\) in children](#)
20. [Need for Assessing the Inhalation of Micro\(nano\)plastic Debris Shed from Masks, Respirators, and Home-Made Face Coverings During the COVID-19 Pandemic](#)
21. [Can You Get a Sore Throat From Wearing a Dirty Mask?](#)
22. [Face mask hygiene: how dirty is yours?](#)
23. [Masked education? The benefits and burdens of wearing face masks in schools during the current Corona pandemic](#)