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| **To:** | **The Department of Health** |
| For attention: | Dr M.J Phaala |
| Per email | legalreviews@health.gov.za  |
| **Re:** | **Comments on the Regulations relating to the surveillance and the control of notifiable medical conditions: Amendment** |

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| **From:** | Title / Name / Surname: |  |
|  | Identity Number: |  |
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**Date:** **DD / MM / YYYY**

**I am writing to register my strong objections to the above-mentioned Draft Regulations for the following reasons**:

To: Dr M.J Phaala

Minister of Health

legalreviews@health.gov.za

**RE: OBJECTIONS AGAINST THE PROPOSED AMENDMENT OF THE REGULATIONS RELATING TO THE SURVEILLANCE AND CONTROL OF NOTIFIABLE MEDICAL CONDITIONS UNDER THE NATIONAL HEALTH ACT 61 OF 2003**

1. On 15 March 2022 the Minister of Health in Government Gazette No. 46048 published Government Notice No. 1882 in terms of which he give notice of his intention to amend the Regulations relating to the Surveillance and the Control of Notifiable Medical Conditions made under the National Health Act , No. 61 of 2003 and published under Government Notice No. 1434 on 15th December 2017 (“the Regulations”). He gave Notice in particular of his intention to amend the Regulations by way of the insertion:
2. after Regulation 15, of Regulations 15A to 15H;
3. after Regulation 16 of Regulations 16A to 16M;
4. of Regulation 17(3).

The proposed insertions are collectively referred to herein as “the Draft Regulations”. The Minister has invited comment on the Draft Regulations.

An Overview of the Amendments

1. Before commenting, we shall first proceed to canvas (in paraphrase form) some of the provisions of the Draft Regulations which are of concern.
	1. A person who is suspected of having contracted a notifiable medical condition may:
		1. not refuse medical examination, which includes the taking of any bodily sample.
		2. be admitted to a health establishment, quarantine or isolation site.
		3. not refuse to submit to mandatory prophylaxis[[1]](#footnote-1), treatment, isolation or quarantine.
	2. Such a person is obliged, when given oral instruction or written instruction by a medical practitioner, a person authorised by a medical practitioner, a nurse or an enforcement officer, to subject himself or herself to screening, to be taken to a health establishment or any other place for purpose of isolation or quarantine, or to quarantine himself or herself in accordance with such instruction or direction.
	3. A person wishing to self-isolate must have access to the internet and a phone, and must also have access to a private physician.
	4. Included in the notifiable medical conditions is an item labelled as “respiratory disease caused by a novel respiratory pathogen”. This currently covers Covid-19 with its assorted variants.
	5. The regulations have specific requirements in relation to a notifiable medical condition that can spread through droplets or aerosol. It is common knowledge that the prevailing dominant view in the medical fraternity is that Covid-19 can be spread through droplets or aerosol. Therefore, the measures relating to such a notifiable medical condition shall find application to Covid-19.
	6. The regulations provide that a person must, when in a gathering at an indoor public place, wear a face mask or a homemade item that covers his or her nose and mouth. In brief, a mask is required in all indoor public places. This includes a place of worship such as a mosque.
	7. No person may enter public premises without a mask.
	8. Persons in a business premises are required to maintain a distance from each other of at least 1 meter.
	9. Every person exiting the Republic must have a full vaccine certificate.
	10. During the Covid-19 pandemic, all persons entering the Republic must have a full vaccine certificate.
	11. During the Covid-19 pandemic, the attendance of funerals is limited to 100 persons.
	12. During a funeral, a person must wear a face mask.
	13. Every person, when attending a gathering during an epidemic or a pandemic, must wear a face mask, and maintain a distance of 1 meter.
	14. During the Covid-19 pandemic, gatherings are limited to 50% of the venue capacity, provided that each person produces a valid vaccine certificate, maintains a social distance of 1 meter and wears a mask for indoor gatherings. Where proof of vaccination is not produced, the gathering is limited to 1000 persons for indoor gatherings or 2000 persons for outdoor gatherings.
	15. Where a person has been confirmed as having a notifiable medical condition, or having come into contact with a person who has a notifiable medical condition, and who further refuses (a) to either consent to a medical examination, or (b) refuses to be admitted at a health establishment, or (c) refuses mandatory prophylaxis, treatment, isolation or quarantine; may be compelled through a warrant issued by a court to do any of the above.
	16. Travellers will be subject to medical examination, vaccination or prophylaxis or required to produce proof of vaccination or prophylaxis as a condition of entry.
	17. If a traveller is suspected of having contracted a communicable disease, such person must isolate, or quarantine, or be placed under public health surveillance.
	18. Anyone contravening these regulations is liable, on conviction, to imprisonment not exceeding 6 years, or an equivalent fine, or both.
	19. During a disaster or a public health emergency no person may prepare or store human remains except on an approved funeral undertaker’s premises or a mortuary. The family may not wash or prepare the human remains. Only close family members may attend a funeral and burial service.

Our Concerns:

1. Patient Autonomy
2. The starting point is always patient autonomy, in the sense that ‘every individual of adult years and sound mind has a right to decide what may or may not be done with his or her body’ and that even a decision which a medical practitioner regards as ‘ill-advised’ should be respected, because ‘[i]n modern law medical paternalism no longer rules and a patient has a *prima facie* right to be informed by a surgeon of a small, but well established, risk of serious injury as a result of surgery’.[[2]](#footnote-2)

Autonomy is often equated with, or seen as flowing from, the values of dignity, integrity, individuality, independence, responsibility and self-knowledge[[3]](#footnote-3). An autonomous self is independent and self-determining.[[4]](#footnote-4)

The Constitutional Court has emphasized that dignity ‘respect[s]…the intrinsic worth of all human beings’ and that as a value it informs the interpretation of many, possibly all, rights and is not only ‘a value fundamental to our Constitution, [but]…is a justiciable and enforceable right that must be respected and protected’.[[5]](#footnote-5) Autonomy has been given constitutional protection in the form of the rights to life[[6]](#footnote-6), dignity,[[7]](#footnote-7) privacy[[8]](#footnote-8) and bodily integrity.[[9]](#footnote-9)

1. In medical law, autonomy is directly opposed to paternalism, which involves the view that the doctor, not the patient, is the best person to make choices on behalf of the patient and to decide what information, if any, he ought to be told. In *Castell*, the court noted that medical paternalism ‘stems largely from a bygone era predominantly marked by presently outmoded patriarchal attitudes’.[[10]](#footnote-10)
2. Sections 6, 7, 8 and 12 of the National Health Act (Act 61 of 2003) recognise autonomy, and section 7 makes specific reference to informed consent.
3. Section 12(2)(c) of the Constitution reads as follows:

“Everyone has the right to bodily and psychological integrity, which includes the right not to be subjected to medical or scientific experiments without their informed consent.”

1. Section 6(1)(d) of the National Health Act reads:

“Every health care provider must inform a user - … (d) of the user’s right to refuse health services and explain the implications, risks, obligations of such refusal.”

From this section, it is obvious that every patient has a right to refuse health care services.

1. In *Castell*[[11]](#footnote-11), Ackerman J stated that:

“It is, in principle, wholly irrelevant that her attitude is, in the eyes of the entire medical profession, grossly unreasonable, because her rights of bodily integrity and autonomous moral agency entitle her to refuse medical treatment.”*[[12]](#footnote-12)*

Even where the patient goes against all reasonable medical advice and refuses medical treatment, the law requires that such right of refusal be respected.

1. In 2001, the Department of Health published the National Patients Right Charter. The Charter provides an officially sanctioned baseline standard and can be used as a tool of accountability by patients, health workers, broader civil society and institutions. The Charter recognises the right to informed consent. It states that:

“Everyone has the right to be given full and accurate information about the nature of one’s illnesses, diagnostic procedures, the proposed treatment and the costs involved for one to make a decision that affects any one of these elements.”[[13]](#footnote-13)

1. The Health Professions Council of South Africa (HPCSA) is a statutory body, whose primary purpose is to regulate the health profession. In order to practise, a health professional must be registered with the HPCSA. The HPCSA has published general ethical guidelines for medical practitioners.[[14]](#footnote-14) It is stated therein:

“2.3 The core ethical values and standards required of health care practitioners include the following:

…

2.3.5 Autonomy: Health care practitioners should honour the right of patients to self-determination or to make their own informed choices, and to live their lives by their own beliefs, values and preferences.”

“7.1.2 Health care practitioners should bear in mind that the decisions of competent adult patients to refuse a particular medical intervention must be respected, even where this would result in serious harm to them or in their own death.”

1. The World Medical Association adopted its “Declaration on the Rights of the Patient”[[15]](#footnote-15). Included in such rights are:

“3. Right to self-determination

a. The patient has the right to self-determination, to make free decisions regarding himself/herself. The physician will inform the patient of the consequences of his/her decisions.

b. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent.

c. The patient has the right to refuse to participate in research or the teaching of medicine.”

1. As Ronald Dworkin states: “We allow someone to choose death over radical amputation or a blood transfusion, if that is his informed wish, because we acknowledge his right to a life structured by his own values.”[[16]](#footnote-16)
2. The Draft Regulations make severe inroads into a person’s fundamental right to refuse medical intervention. We submit that such violation is so broad and invasive that it does not satisfy the requirements found in the limitation clause[[17]](#footnote-17) of the Constitution.
3. Covid-19 Vaccines
4. In his address of 1 February 2021, President Ramaphosa said:

“But I want to be clear. Nobody will be forced to take this vaccine. I want to repeat. Nobody will be forced to take this vaccine. Nobody will be forbidden to travel to wherever they want to travel to, including from enrolling in school, or in taking part in any public activity, if they have not been vaccinated.”

1. The question of mandatory vaccines arose during a parliamentary debate, at which the President repeated:

"The implementation of any mandatory vaccination policies must, in the end, be based on mutual respect, which is the respect of the rights of the people which achieve the balance between public health imperatives, the Constitutional rights of employees, and the efficient operation of the employer's business. Now that is quite a delicate balance that needs to be struck"

He added:

“No one should be forced to be vaccinated. Instead, we need to use the available scientific evidence to encourage, repeat encourage, people to be vaccinated to protect themselves, but also to protect people around them.”[[18]](#footnote-18)

1. Thereafter the President’s Office made a U-turn on this undertaking and solemn commitment. As reported by *Daily News* (16 September 2021):

“President Cyril Ramaphosa’s spokesperson Tyrone Seale told the Daily News on Wednesday that mandatory vaccination was under consideration for implementation by the government.”

1. The Draft Regulations must be seen for what they really are, which is a set of laws that will empower the State to mandate Covid-19 vaccines.
2. The South African Human Rights Commission (SAHRC) has deemed it unconstitutional that companies want to make it mandatory for all staff to be vaccinated against Covid-19. SAHRC chairperson advocate Bongani Majola says this move is a violation of employees' rights.[[19]](#footnote-19)
3. In *Solomakhin v Ukraine[[20]](#footnote-20)*, the European Court of Human Rights (the Court) held that mandatory vaccination interferes with a person’s right to integrity protected under Article 8 of the European Convention on Human Rights (ECHR).
4. The issue of Covid-19 vaccines has, from its very inception, been shrouded in controversy. There are many medical experts of repute on both sides of the debate. This is not the opportunity to expand on the arguments from both sides of the divide.
5. The issue is not one of which opinion is preferred by the State actors. Rather, the crucial matter on hand is whether, having adopted one opinion, the State can, in a paternalistic manner, impose such preference on those who hold a contrary view?
6. Take for example a medical doctor, who having done his/her research, is of the conviction that Covid-19 vaccines do more harm than good. On the basis of such well-informed stance, the doctor refuses to be injected with such a vaccine. Under the Draft Regulations, such a doctor will not have the right to refuse. This is naked paternalism and authoritarianism at its extreme.
7. The Draft Regulations are an overreach of power. Government is attempting to grant itself permanent emergency powers that are only permissible in a state of emergency or possibly during a state of disaster. It grants, on a permanent basis, the State the power to severely limit constitutionally enshrined rights.
8. Freedom of Religion and Assembly
9. Freedom of Religion[[21]](#footnote-21) and of Assembly[[22]](#footnote-22) are rights guaranteed in the Constitution.
10. The Draft Regulations will have a serious impact on religious communities. Their ability to gather for prayers and at places of worship will be curtailed, under the threat of criminal sanctions. Their ability to prepare the remains of the deceased according to religious custom, to bury their dead and attend funerals is restricted by the Draft Regulations.
11. Freedom of Movement, Security and Freedom of the Person
12. A person suspected of having notifiable medical condition can, on the instruction of any medical practitioner or enforcement officer and without judicial intervention, be confined to a health facility and be deprived of freedom of movement.
13. This makes serious inroads to the fundamental right of freedom and security of the person, as found in section 12 of the Constitution[[23]](#footnote-23), as well as freedom of movement.[[24]](#footnote-24)
14. Freedom of movement is one of the oldest human rights. It was legally recognised as early as 1215 in the English Magna Carta where it was provided that:

It shall be lawful to any person, for the future, to go out of our Kingdom, and to return, safely and securely, by land or by water, saving his allegiance to us, unless it be in time of war, for some short space, for the common good of the Kingdom: excepting prisoners and outlaws, according to the law of the land, and of the people of the nation at war against us, and Merchants who shall be treated as said above.

1. As the United States Supreme Court observed in *Kent v Dulles* (1958) 357 US 116, it is "basic in our scheme of values", constitutes "an important aspect of the citizen's liberty", and is recognised internationally. It is enshrined under section 21 of our Constitution.
2. The Draft Regulations are of a permanent nature, applicable outside of a State of Emergency or a State of Disaster. They are thus a limitation of fundamental rights, in a broad and sweeping manner, without judicial due process. Such authoritarian powers should never be granted to the State.
3. Unnecessary and Irrational
4. The powers granted to the State in the Draft Regulations are unnecessary and contrary to logic.
5. On 22 March 2022, in an open letter published in the *Daily Maverick*, six top medical researchers slammed the Draft Regulations. They were:
	1. Marc Mendelson: Professor of Infectious Diseases at Groote Schuur Hospital and the University of Cape Town.
	2. Shabir A Madhi: the Dean, Faculty of Health Sciences and Professor of Vaccinology at University of the Witwatersrand.
	3. Jeremy Nel: an infectious diseases expert, University the Witwatersrand.
	4. Glenda Gray: the President & CEO of the South African Medical Research Council).
	5. Regina Osih: an Infectious Diseases Specialist.
	6. Francois Venter: Professor of Medicine, University of the Witwatersrand.
6. The op-ed is appropriately titled “The incoherent and illogical new government Covid-19 regulations are the real state of disaster”[[25]](#footnote-25)
7. In the opinion of these experts, quarantining upon contact with an affected person is no longer required.

“Stipulating that persons wishing to self-isolate or self-quarantine, must “*have access to the internet and a phone that allows the daily reporting of symptoms”*and must *“have access to a private physician”* is ludicrous and not a reality for most people in South Africa, nor is the requirement that the facility for self-isolation/quarantine “*must be a separate well-ventilated bedroom with bathroom and toilet*”.”

1. The authors state:

“The draft guidelines contain an entire section on establishing a national database for contact tracing. The fact that the government continues to believe that contact tracing for Covid-19 is a viable and realistic option, when fewer than 10% of infections are ever diagnosed, shows that their thinking is firmly rooted in 2020.”

1. At the beginning of the Covid-19 pandemic, the medical community were somewhat caught off-guard. Much experience has been gained since then, and the medical approach to such disasters has significantly evolved in the intervening period. Yet the Draft Regulations seem to be oblivious to the developments and experience gained since March 2020.
2. The authors go on to say:

“Furthermore, experience with the highly transmissible and infectious Omicron variant indicates that the type of cloth mask most worn by the public (which rarely provides a good seal around the nose and mouth) provides little-to-no protection against being infected and does not meaningfully reduce transmission.”

1. WHO states in their guidance that: “At present, there is no direct evidence (from studies on COVID19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19.”[[26]](#footnote-26)
2. Simply put, masks do not work[[27]](#footnote-27). One study shows that they do more harm than good[[28]](#footnote-28). Leaving aside the ubiquitous chin-masks, an ordinary bandana (similar to the cloth mask imposed by the Draft Regulations) only has a filtration efficiency of 9%[[29]](#footnote-29). Another study puts the penetration rate at 97%.[[30]](#footnote-30)
3. The authors add:

“Physical distancing at work and in queues is also detailed in the regulations. But this ignores the fact of aerosol spread of infectious virus particles, which can comfortably exceed distances of the recommended one metre. The notion of physical distancing to reduce risk of infecting others is firmly rooted in an era prior to realising that spread of SARS-CoV-2 is mainly via the airborne route, and most efficient in poorly ventilated indoor spaces irrespective of distancing between people.”

1. They go on to say:

“Furthermore, PCR tests aren’t sensitive enough to ensure that travellers who test negative 72 hours before travel won’t be carrying the virus and able to transmit.

If vaccinated passengers do not have to perform a PCR test, but may still be infected, these transmitters will not be stopped at the border. In addition, PCR tests tend to stay positive for weeks or even months after the infectivity is over, leaving travellers trapped trying to enter South Africa.

These half-arsed, pointless and bureaucratic testing rules for travellers entering South Africa are of no benefit, harm tourism, confer huge and unplanned costs on travellers with no health benefits and hurt the economy.”

1. The authors did not mince their words when they said:

“The list of inconsistencies and confusing logic goes on throughout the four sets of draft regulations. From emphasis on cleaning and disinfection of public spaces – knowledge has moved on, i.e. the contribution of fomites from surfaces is negligible – to again regulating for mandatory prophylaxis (relevant to some other NMCs), which, apart from vaccination, does not currently exist.

There is another issue worth considering too, and that is whether Covid-19 should be a notifiable medical condition at all, as it currently is. According to the National Institute for Communicable Diseases, an NMC is a condition – most of them communicable – of public health importance.”

1. The Draft Regulations provide for surveillance of those who are suspected of having contracted, or have come into contact with those who have contracted a notifiable medical condition. In this regard the above authors pose the question:

“If we accept that current surveillance misses 90% of infections, how is continuing that surveillance going to change public health interventions?”

1. They conclude:

“In conclusion, the current proposed regulations are confusing, inconsistent and illogical in the face of advancing science of Covid-19 and vaccine roll-out.

Part of the reason for this is that by lumping Covid-19 in with standard NMCs, a mockery is being made of advancing understanding of the pandemic.

…

We are frustrated at the seeming unwillingness to break with two years of behind-the-doors decision-making and are now presented with a poorly written policy document for comment, with the deadline for these comments timed for the exact moment the State of Disaster will simply be renewed.

It is incompetence and South Africa deserves better.”

1. Tail End of the Pandemic
2. The present international trend, based on the reality that the pandemic is receding and at its tail end, is to ease restrictions and open up society. Any further impact of the pandemic must be accepted as unavoidable collateral damage. Death and illness are inevitable realities of life. No state can ever be expected to totally avert these eventualities. It is befuddling that as an exit strategy the South African Government wishes to introduce drastic measures such as mandatory vaccines which were clearly absent at the height of the pandemic. With a population immunity of around 85%[[31]](#footnote-31), it makes no sense that South Africa should, by way of the Draft Regulations, be moving backward instead of progressing with sensible caution.

Recommendation

1. For the reasons mentioned above, we advocate that the Draft Regulations in their current form be scrapped.
1. According to Prof Marc Mendelson et al, “the only current “prophylaxis” for Covid-19 is vaccination.”

<https://www.dailymaverick.co.za/article/2022-03-22-the-incoherent-and-illogical-new-government-covid-19-regulations-are-the-real-state-of-disaster/> [↑](#footnote-ref-1)
2. *Chester v. Afshar* [2004] 4 All ER 587 at para 14 [↑](#footnote-ref-2)
3. Gerald Dworkin *The Theory and Practice of Autonomy* (1988) 6. Dignity lies at the very heart of South African society — see O’Regan J in *S v Makwanyane and Another* 1995 (3) SA 391 (CC) para 328: ‘The importance of dignity as a founding value of the . . . Constitution cannot be overemphasised. Recognising a right to dignity is an acknowledgement of the intrinsic worth of human beings: human beings are entitled to be treated as worthy of respect and concern.’ [↑](#footnote-ref-3)
4. Joseph Raz *The Morality of Freedom* (1986) 369 [↑](#footnote-ref-4)
5. *Dawood, Shalabi,* *Thomas and Others v Minister of Home Affairs* 2000 (3) SA 936 (CC) para 35 per O’Regan J [↑](#footnote-ref-5)
6. Section 11. Cf Re A (Minors) (Conjoined Twins: Separation) [2000] Lloyd’s Rep Med 425 at 494: ‘Every human being’s right to life carries with it, as an intrinsic part of it, rights of bodily integrity and autonomy — the right to have one’s own body whole and intact and to take decisions about one’s body.’ [↑](#footnote-ref-6)
7. Section 10 [↑](#footnote-ref-7)
8. Section 14 [↑](#footnote-ref-8)
9. Section 12(2). [↑](#footnote-ref-9)
10. *Castell v de Greef* 1994 (4) SA 408 (C) quoting F Van Oosten *The Doctrine of Informed Consent in Medical Law* unpublished LL D thesis University of South Africa (1989) 414 [↑](#footnote-ref-10)
11. Ibid [↑](#footnote-ref-11)
12. Ibid at 421 [↑](#footnote-ref-12)
13. Available at <https://www.justice.gov.za/VC/docs/policy/Patient%20Rights%20Charter.pdf> [↑](#footnote-ref-13)
14. Published in 2002. Available at <https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf> [↑](#footnote-ref-14)
15. <https://www.wma.net/wp-content/uploads/2005/09/Declaration-of-Lisbon-2005.pdf> [↑](#footnote-ref-15)
16. Ronald Dworkin Life’s Dominion: *An Argument about Abortion and Euthanasia* (1993) 224 [↑](#footnote-ref-16)
17. S 36 of the Constitution [↑](#footnote-ref-17)
18. <https://www.news24.com/news24/southafrica/news/ramaphosa-says-employees-may-refuse-vaccination-on-medical-and-constitutional-grounds-20210903> [↑](#footnote-ref-18)
19. <https://www.power987.co.za/featured/its-unconstitutional-for-companies-to-make-covid-19-vaccination-compulsory-sahrc/>

<https://www.sahrc.org.za/index.php/sahrc-media/opinion-pieces/item/2586-to-vaccinate-or-not-to-vaccinate-a-human-rights-question> [↑](#footnote-ref-19)
20. [2012] ECHR 24429/03 [↑](#footnote-ref-20)
21. 15. Freedom of religion, belief and opinion

(1) Everyone has the right to freedom of conscience, religion, thought, belief and opinion.

(2) Religious observances may be conducted at state or state-aided institutions, provided that -

(a) those observances follow rules made by the appropriate public authorities;

(b) they are conducted on an equitable basis; and

(c) attendance at them is free and voluntary. [↑](#footnote-ref-21)
22. 17. Assembly, demonstration, picket and petition

Everyone has the right, peacefully and unarmed, to assemble, to demonstrate, to picket and to present petitions. [↑](#footnote-ref-22)
23. 12. Freedom and security of the person

(1) Everyone has the right to freedom and security of the person, which includes the right -

(a) not to be deprived of freedom arbitrarily or without just cause;

(b) not to be detained without trial;

(c) to be free from all forms of violence from either public or private sources;

(d) not to be tortured in any way; and

(e) not to be treated or punished in a cruel, inhuman or degrading way.

(2) Everyone has the right to bodily and psychological integrity, which includes the right -

(a) to make decisions concerning reproduction;

(b) to security in and control over their body; and

(c) not to be subjected to medical or scientific experiments without their informed consent. [↑](#footnote-ref-23)
24. 21. Freedom of movement and residence

(1) Everyone has the right to freedom of movement.

(2) Everyone has the right to leave the Republic.

(3) Every citizen has the right to enter, to remain in and to reside anywhere in, the Republic.

(4) Every citizen has the right to a passport. [↑](#footnote-ref-24)
25. <https://www.dailymaverick.co.za/article/2022-03-22-the-incoherent-and-illogical-new-government-covid-19-regulations-are-the-real-state-of-disaster/> [↑](#footnote-ref-25)
26. World Health Organisation. Advice on the use of masks in the context of covid-19: Interim guidance. 5 June 2020. [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-inhealthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-inhealthcare-settings-in-the-context-of-the-novel-coronavirus-%282019-ncov%29-outbreak). [↑](#footnote-ref-26)
27. <https://principia-scientific.com/forty-five-years-of-mask-studies-prove-theyre-worthless/>

<https://principia-scientific.com/little-evidence-supports-use-of-masks-to-limit-spread-of-coronavirus/>

[https://www.thelancet.com/article/S2213-2600(20)30134-X/fulltext](https://www.thelancet.com/article/S2213-2600%2820%2930134-X/fulltext) [↑](#footnote-ref-27)
28. <https://vernoncoleman.org/sites/default/files/2021-03/proof-that-face-masks-do-more-harm-than-good-v2.pdf>

The Case Against Masks: Ten Reasons Why Mask Use Should be Limited: Book by Judy Mikovits and Kent Heckenlively

<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

<https://www.rcreader.com/sites/default/files/Denis-Rancourt-Face-masks-lies-damn-lies-and-public-health%3Dofficials-a-growing-body-of-evidence-August-03-2020.pdf> [↑](#footnote-ref-28)
29. <https://aaqr.org/articles/aaqr-21-05-oa-0117#:~:text=The%20filtration%20efficiency%20at%20the,%2C%20and%209%25%20for%20bandana>. [↑](#footnote-ref-29)
30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/> [↑](#footnote-ref-30)
31. <https://www.wits.ac.za/news/sources/health-news/2022/shabir-a-madhi-why-it-is-time-for-the-national-coronavirus-command-council-to-go.html> [↑](#footnote-ref-31)