



My name is Stephanie Stock, president of Ohio Advocates for Medical Freedom, and I appreciate the opportunity to provide support testimony for HB 617, which aims to protect individuals from being compelled to wear a mask or other facial covering any place that public services are rendered. I come before you on behalf of many concerned citizens, including myself and my family, advocating for evidence-based decision-making, individual health rights, and the protection of constitutional freedoms.

According to a peer-reviewed study published in *Emerging Infectious Diseases* by the Centers for Disease Control and Prevention (CDC) in May 2020, "We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility." Influenza and SARS-CoV-2 share similar transmission pathways, primarily via respiratory droplets, aerosols, and contact with contaminated surfaces. This raises questions about the general effectiveness of mask mandates, especially outside controlled environments.

A comprehensive Danish study, known as the DANMASK-19 trial, published in the *Annals of Internal Medicine* in November 2020, evaluated the impact of mask use in the general population. This randomized controlled trial involved over 6,000 participants and found no statistically significant difference in COVID-19 infection rates between those who wore masks and those who did not. The researchers noted that while masks may provide some protection, their effectiveness in real-world community settings is likely limited by inconsistent use, improper fit, and other variables.

Further evidence comes from a study published in *Nature Medicine* in 2020, which highlighted that while N95 respirators can provide superior filtration compared to surgical or cloth masks, their effectiveness is significantly reduced when improperly fitted or used inconsistently. This finding is crucial because the general public rarely has access to or uses these respirators correctly, relying instead on cloth masks, which offer minimal protection against smaller aerosolized particles.

Another study, published in the *British Medical Journal* (BMJ) in October 2020, reviewed data on mask usage during the COVID-19 pandemic and concluded that widespread mask mandates alone are insufficient to control the virus's spread.

Real-world observations have also cast doubt on the universal effectiveness of mask mandates. A study in *PLOS ONE* in 2022 analyzed COVID-19 trends in U.S. states with and without mask mandates and found no consistent correlation between mandates and reduced case rates.

Additionally, there is evidence that prolonged mask usage can introduce challenges in maintaining hygiene, such as frequent touching of the face, improper handling, and inadequate mask washing, which could inadvertently increase the risk of infection. Research published in *Infection Control & Hospital Epidemiology* found that cloth masks, when not properly sanitized, could harbor bacteria and viruses, potentially posing risks to the wearer.

These findings highlight the complex nature of mask efficacy and suggest that mask mandates do not guarantee significant reductions in transmission. Policymakers should weigh these limitations when considering mandates and respect individual autonomy, especially given the inconclusive evidence supporting universal mask usage.

Additionally, masks can pose legitimate health risks for certain individuals. Research has shown that prolonged mask usage can lead to symptoms such as headaches, fatigue, skin irritation, and respiratory discomfort.

A study published in the Journal of the American Medical Association (JAMA) discussed the potential for hypercapnia (elevated levels of carbon dioxide in the bloodstream) due to prolonged mask-wearing, particularly among individuals with preexisting respiratory conditions such as asthma or chronic obstructive pulmonary disease (COPD). While the study emphasized that the risk of severe hypercapnia is low for most healthy individuals, it acknowledged that individuals with impaired respiratory function may experience significant discomfort or exacerbation of their conditions.

A review in the European Journal of Medical Research highlighted how masks can impede airflow, causing mild hypoxia (reduced oxygen levels) or hypercapnia in sensitive populations. This is particularly concerning for individuals engaged in physically demanding activities or those with underlying pulmonary or cardiac conditions. Another study, published in Frontiers in Public Health in 2021, reported that prolonged mask-wearing could lead to "mask fatigue," characterized by feelings of exhaustion, dizziness, and increased respiratory rate, especially among healthcare workers and others required to wear masks for extended hours.

For children, the risks of mask usage are more nuanced. A study published in Acta Paediatrica explored the potential adverse effects of mask-wearing in children, reporting outcomes such as increased irritability, difficulty concentrating, and challenges with learning. Reduced verbal and non-verbal communication cues due to mask-wearing can hinder language development and social skills in younger children. Moreover, the study emphasized that children with developmental delays, speech impediments, or sensory sensitivities may be disproportionately affected.

Skin-related issues, such as contact dermatitis and "maskne" (mask-related acne), are also well-documented. A study in the Journal of Dermatological Treatment found that prolonged mask-wearing, especially in humid or high-temperature environments, can irritate the skin and worsen existing conditions such as eczema or rosacea. For individuals with sensitive skin, the physical discomfort caused by masks can outweigh their potential benefits.

In addition to physical and developmental concerns, masks can exacerbate certain mental health conditions. For example, individuals with anxiety disorders, claustrophobia, or sensory processing disorders may find mask-wearing distressing or triggering. Research published in Psychological Trauma: Theory, Research, Practice, and Policy highlighted that masks can also serve as a constant reminder of the pandemic, potentially exacerbating stress and anxiety for some individuals.

Given these potential risks, policies mandating universal mask usage must consider the diverse health needs and conditions of individuals. Allowing individuals the autonomy to decide whether mask-wearing is appropriate for their personal health circumstances aligns with ethical medical practices and respects individual rights.

Additionally, compelling individuals to wear masks raises significant concerns about the infringement on constitutionally protected freedoms, particularly under the First and Fourteenth Amendments to the United States Constitution.

The First Amendment guarantees the right to freedom of expression, a principle that extends beyond speech to include symbolic and personal choices that reflect individual autonomy. Forcing individuals to wear masks imposes a specific form of expression — compliance with governmental or societal standards — regardless of personal beliefs, medical conditions, or individual circumstances. This coerced conformity can be seen as a violation of the personal freedoms enshrined in the First Amendment, especially for those who view mask-wearing as antithetical to their convictions or well-being.

The Fourteenth Amendment further reinforces the protection of individual liberties by stating that no state shall "deprive any person of life, liberty, or property, without due process of law." Blanket mask mandates, which fail to account for the nuanced realities of individual health, beliefs, or personal conditions, may violate this guarantee of personal liberty. The U.S. Supreme Court has historically affirmed the principle that public health measures must balance individual rights with collective safety. For instance, in *Jacobson v. Massachusetts* (1905), the Court upheld the government's authority to enforce health regulations but emphasized that such measures must not be arbitrary or oppressive. Mask mandates that ignore legitimate exemptions or fail to consider less restrictive alternatives risk crossing this threshold and infringing upon constitutional protections.

Also, the Religious Freedom Restoration Act (RFRA) at the federal level, and similar laws in various states, provide heightened protection for individuals whose religious beliefs conflict with government mandates. For individuals who object to mask-wearing on religious grounds, compelling compliance without offering reasonable accommodations could violate their rights under RFRA, which requires the government to demonstrate that its actions are the least restrictive means of furthering a compelling interest.

Legal scholars and civil liberties advocates have raised concerns about the precedent set by mask mandates in terms of bodily autonomy and government overreach. Compulsory health measures, such as mask-wearing, touch upon the same principles of individual autonomy that underlie debates over other health-related mandates. A growing body of legal commentary argues that such mandates should be narrowly tailored to avoid sweeping infringements on personal freedoms and should include robust exemptions for medical, religious, and philosophical objections.

Furthermore, the concept of informed consent, a cornerstone of medical ethics, underscores the right of individuals to make decisions about their own bodies based on full information and free from coercion. Mask mandates that do not accommodate individual circumstances or provide adequate justification for their imposition undermine this principle, potentially eroding public trust in government institutions and public health measures.

While public health is a legitimate governmental concern, the imposition of mask mandates must be carefully balanced against constitutionally protected freedoms. Policies that fail to account for individual autonomy, medical conditions, or deeply held personal convictions risk undermining the liberties guaranteed by the First and Fourteenth Amendments, as well as established principles of ethical governance and medical consent.

House Bill 617 is a necessary step to safeguard individual rights and promote personal responsibility. While public health initiatives are vital, they must be balanced with respect for individual autonomy and evidence-based approaches. Policies that compel mask usage risk alienating and marginalizing those who have legitimate health concerns or differing perspectives on their efficacy.

Allowing individuals to make their own informed decisions fosters trust and cooperation while upholding the principles of liberty upon which this nation was founded. I urge the members of this committee to support House Bill 617 and affirm the importance of protecting Ohioans' rights to health, autonomy, and freedom of expression.

Thank you for your time and consideration.

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