

Still Masked, Still Right: A Data-Driven Case for Vigilance

This brief was prepared to support patients who continue to take precautions against SARS-CoV-2 and/or report symptoms that may be downplayed. The evidence summarized below reflects current peer-reviewed science on the effects of SARS-CoV-2 on the brain, immune system, cardiovascular system, and overall functioning—even after mild or asymptomatic infection.

1. SARS-CoV-2 is a vascular and neuroinvasive virus—not just a respiratory one.

- Neuroimaging data show measurable brain tissue loss, cognitive decline, and disrupted neural networks post-infection—even in *non-hospitalized* adults.¹
- Cognitive deficits resembling IQ loss, attentional dysfunction, and memory decline are well-documented in both adults and children.^{2,3}
- Viral particles have been found in the brain, vasculature, and bone marrow months after infection.^{4,5,6}

2. Damage occurs even after “mild” or asymptomatic infections.

- Studies confirm structural and functional brain changes after *mild* cases, particularly in areas responsible for memory, attention, and executive function.^{7,8}
- Many individuals show signs of organ dysfunction (e.g., cardiovascular, renal) without overt symptoms—just as in hypertension or cancer before clinical presentation.^{9,10}

3. SARS-CoV-2 impairs immune function—sometimes long-term.

- T-cell exhaustion, persistent inflammation, and immune dysregulation are well-documented months after infection.¹⁰⁻¹²
- Children also experience neutrophil dysfunction and inflammatory syndromes despite mild illness.¹³⁻¹⁵

4. Children are not spared their other organs.

- A major cohort study of nearly 300,000 infected children showed increased risk of myocarditis, arrhythmias, thromboembolism, and heart failure months after infection.¹⁶
- Kidney dysfunction and neuropsychiatric manifestations have been reported in pediatric populations.^{17,18}

5. Functional impairment is often invisible but real.

- Individuals may struggle with cognition, fatigue, sensory overload, or post-exertional malaise even if routine labs appear “normal” yet they may perform poorly at mental tasks or while operating heavy machinery, including driving^{19,20}.

6. Masking and other protections are rational—not pathological.

- A person choosing to wear a high-quality mask, even when not ‘fitted’ in a clinical setting is applying layered, evidence-based risk reduction.²¹
- Avoiding repeat infections is not fear—it is a science-informed strategy to protect brain, heart, immune, and societal health. These are just facts.

This summary reflects peer-reviewed research from top-tier journals and global experts. For references and further reading, see reverse side.

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Further Reading & Public Resources

- [The Hidden Damage to the Immune System](#)
- [Why I Still Wear an N95 – A Doctor's Perspective](#) | [Stuck in the Middle with Masking – Playing the Long Game](#)