

How Two Hairstylists Changed Our Mask Policy

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STORY AT-A-GLANCE

- › The U.S. Centers for Disease Control and Prevention provides more than 15 observational studies as their basis for recommending face masks
- › The CDC focused, in particular, on one of the studies — an observational cohort study of two hairstylists at a Missouri beauty salon who tested positive for COVID-19
- › The two stylists developed respiratory symptoms, but continued to see 139 clients; both of the stylists wore masks during this time, as did most of the clients
- › Sixty-seven of the clients ended up getting tested for COVID-19, none of whom tested positive; the other 72 clients did not report any symptoms
- › Since there was no control group, no one knows if the results would have been different if the stylists or clients weren't wearing masks
- › Any number of the 72 untested customers could have had COVID-19 but been asymptomatic; the apparent lack of spread of COVID-19 could also have been due to ventilation, hand hygiene or the fact that stylists typically cut hair while clients are facing away from them

Americans and people around the globe have been forced to wear face masks in order to “protect public health,” without evidence that they actually work to reduce COVID-19 transmission, hospitalizations and deaths.

You may remember, in fact, that in the early days of the pandemic, there was a rush on masks, causing supplies for health care practitioners to dwindle. At the time, health officials were adamant that people should NOT wear masks.

In February 2020, Christine Francis, a consultant for infection prevention and control at the World Health Organization, said, “Medical masks ... cannot protect against the new coronavirus when used alone ... WHO only recommends the use of masks in specific cases.”¹

Those specific cases include if you have a cough, fever or difficulty breathing. In other words, if you’re actively sick and showing symptoms. “If you do not have these symptoms, you do not have to wear masks because there is no evidence that they protect people who are not sick,” she continued.

Also in February 2020, U.K. health authorities advised against the use of masks, even for people working in community or residential care facilities, stating, “During normal day-to-day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff.”²

In March 2020, U.S. Surgeon General Jerome Adams publicly agreed, tweeting a message stating, “Seriously people- STOP BUYING MASKS!” and going on to say that they are not effective in preventing the general public from catching coronavirus.³

As of March 31, WHO was still advising against the use of face masks for people without symptoms, stating that there is “no evidence” that such mask usage prevents COVID-19 transmission.⁴ How, then, did masks suddenly become a key strategy in the fight against COVID-19? A study involving two hairstylists.

Beauty Salon Study Used to Cement US Mask Mandates

The U.S. Centers for Disease Control and Prevention provides more than 15 studies as their basis for recommending face masks. All of them are observational in nature, not randomized controlled trials (RCTs), which are considered the gold standard of scientific research.

“In general, observational studies are not only of lower quality than RCTs but also are more likely to be politicized, as they can inject the researcher’s judgment more prominently into the inquiry and lend themselves, far more than RCTs, to finding what one wants to find,” explained Jeffrey Anderson, former director of the Bureau of Justice Statistics, in a review published by City Journal.⁵

The CDC focused, in particular, on one of the studies – an observational cohort study of two hairstylists at a Missouri beauty salon who tested positive for COVID-19.⁶ The two stylists developed respiratory symptoms, but continued to see 139 clients for several days until they received positive COVID-19 tests. Both of the stylists wore masks during this time, as did most of the clients.

Sixty-seven of the clients ended up getting tested for COVID-19, none of whom tested positive. The other 72 clients did not report any symptoms, which led the CDC to state, “Adherence to the community’s and company’s face-covering policy likely mitigated spread of SARS-CoV-2.”⁷ But were the masks really the pivotal factor in the seeming lack of transmission at the salon? Anderson wrote:⁸

“This study has major limitations. For starters, any number of the 72 untested customers could have had Covid-19 but been asymptomatic, or else had symptoms that they chose not to report to the Greene County Health Department, the entity doing the asking.

The apparent lack of spread of Covid-19 could have been a result of good ventilation, good hand hygiene, minimal coughing by the stylists, or the fact that stylists generally, as the researchers note, ‘cut hair while clients are facing away from them.’”

One of the most important factors limiting the study’s usefulness, however, is its lack of a control group. Would the results have been different if the stylists or clients weren’t wearing masks? Nobody knows. For comparison, Anderson mentioned a scenario at a gym in Virginia, where most people did not wear masks. A trainer tested positive for COVID-19, but none of the 50 gym members who had worked with the trainer got sick.

“Clearly, this doesn’t prove that not wearing masks prevents transmission,” Anderson noted,⁹ yet this is precisely the logic that the CDC used in their support of the beauty salon study.

RCTs Cast Doubt on Masks

“It’s striking how much the CDC, in marshalling evidence to justify its revised mask guidance, studiously avoids mentioning randomized controlled trials,” Anderson continued. “Mask supporters often claim that we have no choice but to rely on observational studies instead of RCTs, because RCTs cannot tell us whether masks work or not. But what they really mean is that they don’t like what the RCTs show.”

Anderson evaluated 14 RCTs conducted worldwide on the effectiveness of masks in reducing respiratory virus transmission. Eleven of them found that masks don’t work to reduce transmission or, worse, are counterproductive and may increase risks. Only three of the studies suggest masks might be useful:¹⁰

“... one found that the combination of surgical masks and hand hygiene was less effective than hand hygiene alone, one found that the combination of surgical masks and hand hygiene was less effective than nothing, and one found that cloth masks were less effective than surgical masks.”

In one example,¹¹ which claims to be the first RCT of cloth masks, conducted in 2015, 1,607 hospital health care workers were randomized to wear medical masks, cloth masks or a control group, which included mask wearing. The mask was used every shift for four consecutive weeks.

Not only were rates of infection significantly higher in those wearing cloth masks compared to medical masks or controls, but both types of masks let particles through – “Penetration of cloth masks by particles was almost 97% and medical masks 44%,” the researchers wrote.¹² It wasn’t only that cloth masks weren’t effective; the researchers cautioned against their use, as “moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”

In another instance, a review of 13 of the 14 RCTs mentioned above, published in the Cochrane Database of Systematic Reviews, similarly found, “There is uncertainty about the effects of face masks” and “the pooled results of randomized trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza.”¹³

The “Danmask-19 Trial,” published November 18, 2020, in the *Annals of Internal Medicine*,¹⁴ found that among mask wearers 1.8% (42 participants) ended up testing positive for SARS-CoV-2, compared to 2.1% (53) among controls.

When they removed the people who reported not adhering to the recommendations for use, the results remained the same — 1.8% (40 people), which suggests adherence makes no significant difference. The authors had difficulty getting the study published, as its results question mandatory masking. Anderson added:¹⁵

“Meanwhile, the CDC website portrays the Danish RCT (with its 4,800 participants) as being far less relevant or important than the observational study of Missouri hairdressers with no control group, dismissing the former as ‘inconclusive’ and ‘too small’ while praising the latter, amazingly, as ‘showing that wearing a mask prevented the spread of infection’ — when it showed nothing of the sort.”

Mask-Triggered Environmental Disaster Is Looming

If masks don’t work, the extreme environmental toll they’re taking becomes even more tragic. Writing in *BMJ Open*, researchers used a model to estimate usage, costs and waste incurred by N95 respirator usage over the first six months of the pandemic in the U.S.¹⁶

They found that, for health care workers, using a new N95 respirator for each patient encounter would require 7.41 billion respirators, cost \$6.38 billion and generate 84 million kilograms (kg) (92,594 tons) of waste — that’s just over a six-month period and in the U.S. alone.

Even if this were cut down to one N95 mask per health care worker per day, it would still require 3.29 billion respirators, cost \$2.83 billion and generate 37.22 million kg of waste. An MIT team has developed a reusable N95 mask made from silicone that contains a filter that can be sterilized and reused.¹⁷ Study author Giovanni Traverso told MIT News:¹⁸

“Our vision was that if we had a reusable system, we could reduce the cost. The majority of disposable masks also have a significant environmental impact, and they take a very long time to degrade.

During a pandemic, there’s a priority to protect people from the virus, and certainly that remains a priority, but for the longer term, we have to catch up and do the right thing, and strongly consider and minimize the potential negative impact on the environment.”

However, this doesn’t speak to the unfathomable number of disposable masks being discarded daily outside of health care settings. In a study, Swansea University researchers noted that 200 million disposable plastic facemasks are produced in China daily, and “improper and unregulated disposals” have led to a significant plastic pollution problem.¹⁹

Most disposable face masks contain three layers – a polyester outer layer, a polypropylene or polystyrene middle layer and an inner layer made of absorbent material such as cotton. Polypropylene is already one of the most problematic plastics, as it’s widely produced and responsible for large waste accumulation in the environment.

It’s not only the plastic itself that’s the problem but also the chemicals it contains. When seven disposable facemask brands were submerged in water to simulate what happens with littering when masks end up in waterways, micro- and nanoscale fibers and particles and heavy metals, including lead, antimony and copper, were detected, raising significant environmental and public health concerns.²⁰

Just how many masks are being used and discarded? One estimate suggests 129 billion facemasks are used each month worldwide, while another found that 3.4 million are

disposed of daily.²¹ But once they're thrown in the trash, they don't just disappear. To put this into perspective, an Environmental Advances study calculated that one face mask can release 173,000 microfibers daily into the sea.²²

The researchers also found that face masks alone may account for an additional 72 to 31,200 tons of microplastic waste ending up in the world's oceans in 2020. "Action is therefore urgently needed to limit the amount of discarded surgical masks reaching the marine ecosystem," they wrote.²³

Widespread mask mandates are not simply a matter of "wearing one can't hurt." This public health policy needs to be immediately reevaluated based on its ineffectiveness and potential for immense harm, both for the people wearing them and the environment being exposed to them.

Sources and References

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