

# The Magical Thinking and Dangers of Masks

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✓ Fact Checked

## STORY AT-A-GLANCE

- › The U.S. Centers for Disease Control and Prevention lied about masks' effectiveness when CDC director Dr. Rochelle Walensky tweeted, "Masks can help reduce your chance of #COVID19 infection by more than 80%"
- › Walensky didn't give a reference for her claim, but a large study from researchers at Yale, Stanford and the University of California Berkeley found much less impressive results from masks
- › Wearing a face mask carries inherent risks, including the growth of antibiotic-resistant bacteria, oxygen deprivation, psychological effects and more
- › Experts argue that while doing little to protect your health, and instead harming it, face mask mandates "fashion the citizenry as slaves" and act as symbols of enslavement
- › Despite a wealth of science showing masks don't work, magical thinking – the belief that you can influence outcomes by doing something that has no causal connection to them – in their favor persists

**Are you prepared to wear masks forever? Some are, but their positive attitude toward masks is a likely result of deceptive and misleading information. The resulting magical thinking relating to masks has created one of the most polarized debates in U.S. history and led to anti-maskers being labeled as "grandma killers."<sup>1</sup>**

**To be clear, the U.S. Centers for Disease Control and Prevention (CDC) has blatantly lied about masks' effectiveness. November 5, 2021, CDC director Dr. Rochelle Walensky**

tweeted, “Masks can help reduce your chance of #COVID19 infection by more than 80%.”<sup>2</sup>

But as Dr. Vinay Rasad, MPH, a hematologist-oncologist and associate professor in the department of epidemiology and biostatistics at the University of California San Francisco, put it in the Brownstone Institute, “I don’t know how to put this politely, but it is a lie, and a truly unbelievable one at that ... The idea that masks could reduce the chance of infection by 80% is simply untrue, implausible and cannot be supported by any reliable data.”<sup>3</sup>

## **Masks Have Meager Effectiveness, if Any**

Walensky didn’t give a reference for her claim that masks reduce COVID-19 infection by 80%, but a large study<sup>4</sup> from researchers at Yale, Stanford and the University of California Berkeley found much less impressive results from masks.

The trial involved 342,183 people from 600 villages in rural Bangladesh from November 2020 to April 2021. In villages that received masks, the number of symptomatic COVID-19 infections were 9.3% lower compared to villages without masks, or 11% lower in villages that received surgical masks instead of cloth masks.<sup>5</sup>

Why, then, hasn’t Walensky’s tweet been flagged for misinformation and targeted by “fact checkers” calling out the blatant lie? Rasad featured a tweet<sup>6</sup> by Carnegie Mellon University mathematician Wesley Pegden, who said:<sup>7</sup>

*“The head of the agency responsible for providing Americans with accurate and trustworthy information about interventions (like vaccines) that we actually know are really effective should not also be making fabricated quantitative statements in support of poorly evidenced ones.”*

## **Antibiotic-Resistant Pathogens Live on Face Masks**

While face masks continue to be recommended or mandated, little has been said about the risks inherent to covering your mouth and nose with fabric or other materials. Both

cotton and surgical masks collect pathogens that may increase your risk of infectious illness – a factor that’s rarely taken into account when discussing their merits.

When researchers from the University of Antwerp, Belgium, analyzed the microbial community on surgical and cotton face masks from 13 healthy volunteers after being worn for four hours, bacteria including Bacillus, Staphylococcus and Acinetobacter were found – 43% of which were antibiotic-resistant.<sup>8</sup>

In order to best clean masks to remove the bacteria, the study found boiling at 100 degrees Celsius (212 degrees F), washing at 60 degrees Celsius (140 degrees F) with detergent or ironing with a steam iron worked best, but only 21% of survey respondents said they cleaned their cotton face masks daily.<sup>9</sup> According to the researchers:

*“Taken together, this study suggests that a considerable number of bacteria, including pathobionts and antibiotic resistant bacteria, accumulate on surgical and even more on cotton face masks after use. Based on our results, face masks should be properly disposed of or sterilized after intensive use. Clear guidelines for the general population are crucial to reduce the bacteria-related biosafety risk of face masks ...”*

Researchers from Germany similarly questioned whether a mask that covers your nose and mouth is “free from undesirable side effects” and potential hazards in everyday use.<sup>10</sup> It turned out they were not and instead posed significant adverse effects and pathophysiological changes, including the following, which often occur in combination:<sup>11</sup>

Increase in dead space volume	Increase in breathing resistance	Increase in blood carbon dioxide
Decrease in blood oxygen saturation	Increase in heart rate	Decrease in cardiopulmonary capacity
Feeling of exhaustion	Increase in respiratory rate	Difficulty breathing and shortness of breath

Headache	Dizziness	Feeling of dampness and heat
Drowsiness	Decrease in empathy perception	Impaired skin barrier function with acne, itching and skin lesions

## Mask-Induced Exhaustion Syndrome Is Prevalent

The study referred to this cluster of symptoms as mask-induced exhaustion syndrome (MIES) and warned that children, pregnant women and those who are sick or suffering from certain chronic conditions may be particularly at risk from extended masking. While short-term effects include microbiological contamination, headaches, exhaustion, carbon dioxide retention and skin irritation, the long-term effects may lead to chronic issues:<sup>12</sup>

*“Extended mask-wearing would have the potential, according to the facts and correlations we have found, to cause a chronic sympathetic stress response induced by blood gas modifications and controlled by brain centers. This in turn induces and triggers immune suppression and metabolic syndrome with cardiovascular and neurological diseases.”*

Further, “it can be assumed,” they wrote, “that the potential adverse mask effects described for adults are all the more valid for children: ... physiological internal, neurological, psychological, psychiatric, dermatological, ENT, dental, sociological, occupational and social medical, microbiological and epidemiological impairments ...

The masks currently used for children are exclusively adult masks manufactured in smaller geometric dimensions and had neither been specially tested nor approved for this purpose.”<sup>13</sup>

Again, in taking on these unknown risks – both short- and long-term – to wear masks, the benefits are highly questionable and intended to thwart a pathogen with a low death

rate for most populations:<sup>14</sup>

*“[R]ecent studies on SARS-CoV-2 show both a significantly lower infectivity and a significantly lower case mortality than previously assumed, as it could be calculated that the median corrected infection fatality rate (IFR) was 0.10% in locations with a lower than average global COVID-19 population mortality rate.*

*In early October 2020, the WHO also publicly announced that projections show COVID-19 to be fatal for approximately 0.14% of those who become ill – compared to 0.10% for endemic influenza – again a figure far lower than expected. On the other hand, the side effects of masks are clinically relevant.”*

## **‘The Mask of Your Enslavement’**

It’s clear that the evidence in support of masks for physical protection against disease is lacking, while their potential for psychological harm is immense. Brownstone Institute highlighted the story of folk saint Escrava Anastácia, a slave of African descent who lived in Brazil during the 19th century.<sup>15</sup>

She was forced to wear a metal, muzzle-like mask during her lifetime in order to silence her from speaking out about the oppression and injustice she was facing. As written by Roberto Strongman, associate professor in the department of black studies at the University of California, Santa Barbara:<sup>16</sup>

*“The apparition of Anastácia at anti-lockdown rallies represents an opportunity to understand the current medical tyranny as a form of enslavement and to forge links of solidarity between communities whose freedom is threatened across all racial groups. The claim of cooptation deserves to be unpacked for a valid claim of cultural usurpation could easily work towards severing important alliances in a divide-and-conquer model.*

*While there are clear specificities between the suffering of Africans under the system of chattel slavery and the deprivation of civil liberties endured by most citizens around the world during the current pandemic panic, Anastácia reminds*

*us of certain transhistorical constants in the process of dehumanization and subjugation of populations through the gagging and muzzling of their bodies to quell their protestations.”*

Strongman pointed out several undeniable reasons why face mask mandates “fashion the citizenry as slaves” and act as symbols of enslavement. Among them, they:<sup>17</sup>

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Lead to oxygen deprivation, promoting a state of physical and mental weakness

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Are symbols of submission and used as part of master-slave dynamics

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Enforce the creation of a carceral culture

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Erase personhood and homogenize the masses – “The collectivized wearing of masks results in an enforced uniformity in which the individual cedes way to the nameless collectivity as the neo-meta citizen.”<sup>18</sup>

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Are theatrical and act to conceal identities, rendering us alien to others and ourselves

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Delete facial expressions and inhibit nonverbal communication, including that necessary for social organization that can lead to revolution

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Reduce verbal output

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Are visible displays of allegiance to the “system of medicalizing technocratic control”

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Are part of preparing individuals for new societal roles – “However transitory the current regime of face masking might be, the population must face that we are being forced to undergo a rite of passage, a process of resocialization into the new normal.”

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Promote a culture of fear

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Act as deterrents of solidarity by making your neighbor into a “nameless pathogenic vector instead of your ally”

## Magical Thinking on Masks

In addition to flat-out lies, the CDC also makes nonsensical statements, like this: “Cloth masks will not protect you from wildfire smoke ... They might not catch small, harmful particles in smoke that can harm your health.”<sup>19</sup>

But we are to believe that they will protect us from an aerosolized virus? “The virus is 25X smaller than a smoke particle,” wrote Steve Kirsch, executive director of the Vaccine Safety Research Foundation. “So it’s like trying to stop a mosquito with a chain link fence.”<sup>20</sup>

Yet magical thinking – the belief that you can influence outcomes by doing something that has no causal connection to them – persists. Robert Dingwall, a consulting sociologist, questioned why the U.K.’s Health Security Agency expert panel used only a second-class evidence base that failed to demonstrate clear benefits on which to base their conclusion that face masks in the community help reduce transmission. He wrote:<sup>21</sup>

*“The state of the face mask debate is rather as if Galileo had published his account of the heliocentric universe and then included a paragraph at the end telling the reader to ignore all the evidence because the Church had declared that everything revolved around the Earth.*

*In the absence of better-quality work – and we must ask why that research has not been done – some of the claims for face masks look much more like magical thinking than anything that demonstrates the sort of casual connection that might be recognizable as science.”*

As the pandemic stretches on, science continues to be ignored and recommendations are primarily pushed based on emotional justifications and triggers. If science were

actually followed, universal mask wearing by healthy people would not – indeed could not – be recommended.

In the beginning, health officials did, in fact, advise against masks for healthy people,<sup>22</sup> but somewhere along the way – early on – they flip-flopped. Why? According to Strongman:<sup>23</sup>

*“Just as masks function as liminal artifacts in rites of passage and as part of animal training, these covid mask are harbingers of further intrusions to our integrity.”*

*Wearing the masks is just one step away from receiving the shots, then accepting the vaccine passports and the implantable neural links until one’s original persona is buried by a cyborg. The masks function as an empirical compliance test for the projected acceptability of future corporeal technologies of control. Where will you draw the line?”*

## Sources and References

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- <sup>1, 20</sup> [Steve Kirsch Newsletter November 7, 2021](#)
- <sup>2</sup> [Twitter, Rochelle Walensky November 5, 2021](#)
- <sup>3, 6</sup> [Brownstone Institute November 7, 2021](#)
- <sup>4</sup> [The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh November 8, 2021](#)
- <sup>5</sup> [ABC Action News September 1, 2021](#)
- <sup>7</sup> [Twitter, Wes Pegden November 5, 2021](#)
- <sup>8, 9</sup> [Frontiers in Medicine September 3, 2021](#)
- <sup>10, 11, 12, 13, 14</sup> [Int J Environ Res Public Health. 2021 Apr; 18\(8\): 4344](#)
- <sup>15</sup> [History Collection December 13, 2018](#)
- <sup>16, 17, 18, 23</sup> [Brownstone Institute November 4, 2021](#)
- <sup>19</sup> [U.S. CDC, Wildfire Smoke and COVID-19](#)
- <sup>21</sup> [Social Science Space October 25, 2021](#)
- <sup>22</sup> [Life Site News July 31, 2020](#)