

# The *New York Times* promotes misinformation on masks and COVID-19

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22 February 2023

On Tuesday, the *New York Times* published an opinion piece by right-wing columnist and former climate change denier Bret Stephens promoting misinformation on the use of masks and mask mandates during the COVID-19 pandemic, titled, “The Mask Mandates Did Nothing. Will Any Lessons Be Learned?”

Stephens bases his conclusions on a poorly researched meta-analysis from the British-based Cochrane Library, as well as an interview with its lead author, Oxford epidemiologist Tom Jefferson, in which Jefferson voices false positions on the science of airborne transmission of the coronavirus.

Stephens emphatically asserts that masking in general and mask mandates in particular have had zero efficacy in reducing the spread of COVID-19 and other respiratory illnesses, writing, “When it comes to the population-level benefits of masking, the verdict is in: Mask mandates were a bust. Those skeptics who were furiously mocked as cranks and occasionally censored as ‘misinformers’ for opposing mandates were right.”

Stephens asks, “What about N-95 masks, as opposed to lower-quality surgical or cloth masks?” He cites Jefferson as saying, “Makes no difference—none of it.” Elsewhere in the interview cited by Stephens, Jefferson claims that “the evidence [that COVID-19 is transmitted via aerosols] is as thin as air,” despite the mountain of evidence to the contrary.

In his op-ed, Stephens fails to explain that the Cochrane meta-analysis warned that “the high risk of bias in the trial, variation in outcome measurement, and relatively low adherence with the interventions during the studies hampered drawing firm conclusions.”

Additionally, the authors note that they “cannot draw definitive conclusions for a number of reasons, including that adherence among the study sample that was supposed to wear masks was low. If this group fails to wear masks regularly, they may be exposed to a viral infection and come down with similar rates of illness to the control group that was not supposed to wear masks.”

One of the fundamental difficulties with a review of large numbers of poor-quality studies, including randomized control trials, is that a large database of bad data can only lead to meaningless conclusions. If said studies are not addressing the same questions in the same manner, they will inevitably lead to erroneous conclusions.

A recent report published in *Science-Based Medicine* by its executive editor, Dr. Steven Novella, offers a lengthy discussion on the lack of merit of the Cochrane review.

First, he notes that the evidence finds that surgical masks work when worn correctly, and the better the mask, the better they work. Health care workers are routinely fitted with N95 respirators when dealing with infected patients, and years of experience in the surgical theater have shown they reduce surgical site infections.

However, when these are assessed in the community, confounding variables—such as how prevalent the virus is and how infections are being measured—will determine their potential efficacy. Mask mandates are even more difficult to assess because population compliance is difficult to ascertain. Furthermore, virtually nothing has been done to educate the general public on the science of airborne transmission and the high degree of protection offered by well-fitting N95 respirators.

Novella explained that the Cochrane meta-analysis “is a review only of controlled studies—the kind of study that is most likely to underestimate the effect of mask-wearing. They did not include other kinds of studies. Not all the studies reviewed were of COVID—they included studies of other respiratory viruses (which therefore may be different) and they included studies that were not taking place in the middle of a pandemic. This is a huge red flag, as it is clear from existing data that masks only work in high-risk situations [when the prevalence of infections is high].”

Novella continued, “This recent Cochrane review is very limited in scope and is highly problematic in its methods. The most we can conclude from it is that we need better and more relevant controlled trials of mask wearing to determine its effect more precisely on the spread of COVID. But it does not show that mask wearing does not work or that mask policies don’t work.”

Despite these and numerous other criticisms from leading experts, Stephens claims that the Cochrane review is the “most rigorous and comprehensive analysis of scientific studies conducted on the efficacy of masks for reducing the spread of respiratory illnesses.”

One could ask why he didn’t review and compare the study conducted at the University of Bristol by Gavin Leech et al. from May 2022 on population mask-wearing and not just mask mandates. Their results found that the reproduction number for viral transmission in the community declined by 19 percent, a significant drop. The authors wrote:

Using several datasets from 92 regions [across six continents with 20 million people surveyed] and a state-of-

the-art Bayesian hierarchical model, we find evidence that mask wearing is associated with a notable reduction in SARS-CoV-2 transmission. Our analysis adjusts for both NPIs [Non-Pharmaceutical Interventions] and mobility, and the results are robust to extensive sensitivity analyses. Our analysis of the mandate-wearing correlation suggests that factors beyond mandates strongly affect wearing levels—but does not imply that mandates have no role in curtailing transmission. Instead, the evidence that mass mask wearing reduces transmission implies that mandates (and other mask-promotion policies) may be effective against COVID-19 if and when they improve or increase the use of masks.

In his screed against mask-wearing, Stephens falsely claims that masks were pushed on to the public by the “increasingly mindless” Centers for Disease Control and Prevention (CDC), which thereby became the “unwitting accomplice to the genuine enemies of reason and science—conspiracy theorists and quack-cure peddlers—by so badly representing the values and practices that science is supposedly to exemplify.”

Stephens has turned reality on its head. The CDC is culpable, but not for enforcing mask mandates and encouraging people to wear face masks, but rather systematically undermining the core value of public health in preventing disease. Under the supervision of both the Trump and Biden administrations, the CDC has undone every meaningful mitigation measure that protects the population to ensure any impediment to commerce is removed, with CDC Director Dr. Rochelle Walensky denigrating masks as “the scarlet letter” of the pandemic.

Underlying Stephens’ and the *Times* anti-scientific promotion of misinformation on masking are clear political motivations.

It bears repeating that in March 2020, *Times* Opinion columnist Thomas Friedman first advanced the anti-lockdown mantra, “the cure can’t be worse than the disease.” This was embraced by Trump to promote the homicidal reopening of workplaces and schools in pursuit of a mythical “herd immunity,” which has now led to the deaths of more than 1.12 million Americans and debilitated over 20 million more with Long COVID.

The *Times* has also been staunchly supportive of the reactionary Brown University professor of economics Emily Oster, allowing her in 2020 to spout the criminal position that the coronavirus had no impact on children and therefore schools should be allowed to fully reopen. Over the past three years, COVID-19 has killed more children than the flu has in two decades.

The *Times* has been foremost in advancing the failed vaccine-only public health campaign promoted by the Biden administration, which has proven to be an abysmal failure, allowing the virus to evolve into ever more immune-evasive and contagious variants. They have published numerous editorials by David Leonhardt, one of the most ruthless purveyors of misinformation surrounding the pandemic.

In April 2020, when New York was at the epicenter of the pandemic, the *Times* also gave column space to Stephens to agitate for an end to lockdowns in the US, stating, “Americans are being

told they must still play by New York rules—with all the hardships they entail—despite having neither New York’s living conditions nor New York’s health outcomes. This is bad medicine, misguided public policy, and horrible politics.”

The last three years of misery and hardship faced by the world’s population during the COVID-19 pandemic could have been avoided had the US and international community adopted an eradication strategy that was immediately called for by the *World Socialist Web Site* beginning in February 2020.

Instead of heeding real pandemic response measures, the ruling elites and their pliant corporate media chose to place profits over life, forcing the working class back to work and allowing the coronavirus to spread unhindered.

The timing of Stephen’s latest opinion piece is not coincidental. It was published shortly after the White House has announced its intention to declare the pandemic over in May, even though COVID-19 continues to kill hundreds of Americans each day. The Biden administration is scrapping all mitigation measures, emergency public health programs and data tracking, with significant implications for the working class and their communities as the fourth year of the pandemic begins.

Additionally, there are growing concerns among scientists that avian flu could soon become the next pandemic among humans, which could have catastrophic impacts globally. The financial oligarchs, controlling the media and state apparatus, are determined to ensure that no lockdowns or public health measures will ever again interfere with the functioning of the economy.

Hence, Stephens’ misinformation functions as a mechanism to disarm the reader to the vital importance of public health by implying the recent science on mask mandates has discredited it as a useful mitigation measure. The right-wing, libertarian political conceptions underlying this attack on public health must be consciously opposed by workers, and combated with a broad-based movement fighting for a socialist public health response to end the COVID-19 pandemic, eradicate other viruses and prevent future pandemics from developing.



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