

Did We Put Kids in “Plastic Boxes” with No Evidence? “Plastic Shields to Reduce the Risk of COVID-19”

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Without research evidence to suggest that plastic desk shields effectively reduce the transmission of COVID-19, many schools purchased them for their students and teachers, for all practical purposes putting the students in a plastic box

One school principal called it keeping the children “in their bubble.” However, evidence shows that air flow restriction by the shields and masks may increase the risk of acquiring COVID-19

Plastic pollution is mounting quickly as 129 billion face masks are discarded monthly and the plexiglass desk shields are moved out of schools

The CDC relied on anecdotal evidence to support the recommendation for mandatory masks and their own data showed 85% of those with confirmed COVID-19 reported they either “often” or “always” wore a face mask

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Despite a lack of evidence that plastic shields would reduce the risk of COVID-19 transmission and documentation that children are at a much lower risk for COVID than adults, officials recommended masks and plastic boxes to separate and socially distance children.¹

Not long after China announced the novel coronavirus, researchers began collecting data. Within months many scientists realized that COVID-19 does not affect children at the same rate that it affects adults. There have been many theories as to why this is the case.² For one thing, children do not have the same types of comorbidities that increase the risk for adults and older adults. Their immune systems are also different.

Experts postulated that another difference was the expression of the angiotensin-converting-enzyme (ACE) 2 receptor that is necessary for the virus to infect cells. Some

suggested that other viruses common to the mucosa and airways in young children may limit the growth of the virus, which reduced the rate of severe illness.

Available data³ in the early months from the Chinese Centers for Disease Control and Prevention showed a cohort of 44,672 confirmed cases of COVID-19 indicated 2.1% of patients were aged zero to 19 years. As more data were collected throughout 2020, researchers continued to report that children have a much lower risk of severe disease and mortality from COVID-19 than do adults.⁴

According to the CDC,⁵ since children are hospitalized significantly less often than adults, it suggests that children may have less severe illness. They also attribute the lack of transmission in children to school closures in the spring and early summer of 2020, keeping children at home. And yet, children were still exposed to adults in their home who were symptomatic for the viral illness.

The lack of severe symptoms in children infected with SARS-CoV-2 is in stark contrast to the history of significant symptoms with other respiratory viruses in children.⁶

No Evidence Portable School Desk Shields Are Effective

Dystopian: President Joe Biden visits school kids wearing masks sitting behind plastic protective shields pic.twitter.com/tmfsWzVkNd

— The Post Millennial (@TPostMillennial) [May 3, 2021](#)

In this 44-second clip, a masked President Biden is visiting a school where the children are all wearing masks behind plastic shields. It's a disturbing sight that the mainstream media appears to take in stride as they try to convince you that this is the way we should live.

Mid-March 2021, the CDC released new guidelines, which reduced the [social distance](#) in schools to 3 feet and removed the recommendations for barriers between school desks. **Greta Massetti** leads the CDC's community interventions task force and said about the plastic shields, "We don't have a lot of evidence of their effectiveness" in preventing transmission.⁷

The new recommendations triggered a variety of responses in teachers and parents, some of whom are not comfortable sending their children to school where they may be allowed within 3 feet of another child or teacher.⁸

If you haven't seen the plastic boxes being purchased in bulk by school systems for students at each of their desks, try imagining a three-sided transparent plexiglass shield that measures about 22 inches high⁹ and surrounds the front and two sides of the student's desk.

Some school systems are excited by the prospect of adding another layer of distance between people. One school in Hawaii recently purchased 460 shields for students and teachers. **Principal James Denight** said, "Our focus is the health and safety of students

and staff. We're going to keep them in their bubble."¹⁰

Mainstream media outlets covering the story are calling face masks and plastic shields "the new normal."¹¹ In one school in Ohio, students and staff spend the day wearing a mask and carry a foldable plastic shield they set up on their desks.

Unfortunately, the vast fortune the school systems and retail businesses are spending on plastic is not supported by scientific evidence. In the early months, health authorities told the public that the virus was spread by large droplets. Yet, scientists and researchers like Joseph Allen from Harvard T.H. Chan School of Public Health, protested, saying the virus could travel farther, making plastic shields ineffective.¹²

Nearly one year after the novel coronavirus began infecting people, the World Health Organization and the U.S. CDC finally accepted what researchers had been arguing — the virus can spread through the air.¹³ A recently released study¹⁴ by the CDC of COVID-19 transmission in elementary schools in Georgia demonstrated that plastic barriers on desks or tables were not effective.

Building scientist Marwa Zaatari spoke with a reporter from Bloomberg about plastic desk shields, saying they create¹⁵ "a false sense of security. Especially when we use it in offices or in schools specifically, plexiglass does not help. If you have plexiglass, you're still breathing the same shared air of another person."

Air Flow Restriction May Raise Risk of Transmission

One study published in the journal *Science*¹⁶ has suggested desk shields used in multiple school systems across the U.S. "are associated with lower risk reductions (or even risk increases)."

A preprint paper¹⁷ released from Japan investigated the effect plastic shields would have in areas with poor ventilation. They found the plexiglass blocked the air flow and may increase the risk for infection. The CDC study concluded that the results:¹⁸

"... highlighted the importance of masking and ventilation for preventing SARS-CoV-2 transmission in elementary schools and revealed important opportunities for increasing their use among schools."

Yet, the published data do not support their statement supporting masking. It's important to note that the incidence of COVID-19 in the schools evaluated was extremely low. Among students and staff members, there were only 3.08 COVID-19 cases per 500 enrolled students during the study period.



The analysis of the numbers showed the [incidence of COVID](#) was 37% lower in schools where teachers and staff used masks and 39% lower where ventilation was improved, as compared to schools that did not use these strategies. However, in absolute numbers, a 37% reduction is only about one case in the school — hardly a supportive statistic for requiring schoolchildren to wear masks all day long.

Especially interesting is that the statistic was for teachers and staff and not for students. When the researchers looked at [masking students](#) they found, “The 21% lower incidence in schools that required mask use among students was not statistically significant compared with schools where mask use was optional.”¹⁹

The data suggest that masks are not as effective as government health experts would like you to believe, even though viral experts have been outspoken about the dangers of wearing face masks. Virus expert Judy Mikovits is one of those who have posted on social media. According to Weblyf.com, Mikovits wrote:²⁰

“Do you not know how unhealthy it is to keep inhaling your carbon dioxide and restricting proper oxygen flow? ... The body requires AMPLE amounts of oxygen for optimal immune health. Proper oxygenation of your cells and blood is ESSENTIAL for the body to function as it needs to in order to fight off any illness. Masks will hamper oxygen intake.”

Mikovits is joined by Dr. Jenny Harries, England’s deputy chief medical officer. According to News-Medical.Net, she warned the public against wearing face masks “as the virus can get trapped in the material and cause infection when the wearer breathes in.”²¹ Nationally recognized board-certified neurosurgeon Dr. Russell Blaylock also believes face masks may cause serious harm:²²

“Now that we have established that there is no scientific evidence necessitating the wearing of a face mask for prevention, are there dangers to wearing a face mask, especially for long periods? Several studies have indeed found significant problems with wearing such a mask.

This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications ... By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”

Where Will All the Plastic Go?

Interestingly, the sale of plexiglass has roughly tripled since the beginning of 2020, rising to roughly \$750 million in the U.S.²³ Sales were fueled by offices, restaurants and retail stores that scrambled to put up plastic shields after being told it would reduce the spread of the virus.

Tufts Medical Center epidemiologist Shira Doron supports the use of plastic shields but acknowledges “there’s no research” to support plexiglass barriers against coronavirus spread. She spoke with a reporter from Bloomberg, saying: “We don’t know a lot.” However, she believes that it comes down to, “If it might help, and it makes sense, and it doesn’t hurt, then do it.”²⁴

Unfortunately, it doesn’t make sense and, ultimately, it may trigger [mental health issues for children](#) and adds to the growing plastic problem. Zaatari and Allen believe that plastic shields may make sense in certain settings, such as in front of cashiers if it doesn’t impede airflow. However, money would have been better spent on improving ventilation and air filtration in the school systems.

Craig Saunders, president of the International Association of Plastics Distribution, spoke with a reporter from Bloomberg about the future of those plexiglass shields when they are no longer used. He said, “It’s 100% recyclable thermoplastic. [It] just comes down to the logistics.”²⁵

Yet, the logistics of recycling plastic are not a societal strong suit as has been demonstrated in the past 30 years. This begs the question of whether the additional plastic garbage from discarded plexiglass shields will join the trillions of pieces of plastic that litter the oceans and beaches.²⁶

The planet is also facing a new plastic crisis brought on by discarded face masks. Each month there’s an estimated 129 billion face masks being used,²⁷ most of which are [disposable, made from plastic microfibers](#). Before wearing a mask became a daily habit, more than 300 million tons of plastic were already produced globally each year.

Most of it has ended up as waste, which led researchers from the University of Southern Denmark and Princeton University to warn that masks could quickly become “the next plastic problem.”²⁸ Bottled water containers have been a leading source of environmental plastic pollution, but will likely be outpaced by disposable masks.

While about 25% of plastic bottles are recycled, “there is no official guidance on mask recycle, making it more likely to be disposed of as solid waste,”²⁹ the researchers stated. “With increasing reports on inappropriate disposal of masks, it is urgent to recognize this potential environmental threat.”³⁰

No matter what the ultimate goal was in pushing the COVID-19 pandemic, it appears that ensuring the safety of the Earth on which we live was not a priority. It is essential we protect the ecosystem, and therefore our food supply.

Mindless Mask Mandates Likely Ineffective and Harmful

The evidence that masks do not work to prevent the spread of viruses has been demonstrated using influenza and COVID-19. The first COVID-19 specific randomized controlled surgical mask trial was published in November 2020,³¹ and it confirmed previous, conflicting³² findings showing that:

- Masks may reduce your risk of SARS-CoV-2 infection by as much as 46%, or it may increase your risk by 23%
- The vast majority — 97.9% of those who didn’t wear masks, and 98.2% of those who did — remained infection-free

Despite scientific evidence, the CDC has relied on anecdotal stories about hair stylists and retrospective reports to prop up their recommendation for universal mask-wearing to prevent the spread of infection.³³ In addition to this, their own data^{34,35,36} also show 70.6% of patients with confirmed COVID-19 reported always wearing a cloth mask or face covering in the 14 days preceding their illness and 14.4% wore it often.

This means a total of 85% of people who had confirmed cases of COVID-19 either “often” or “always” wore a face mask. For a discussion of more science-based evidence about face masks, see [“Mindless Mask Mandates Likely Do More Harm Than Good.”](#)

Denight’s focus on keeping children “in their bubble” is not far from what’s happening across the world. Data from a study³⁷ using Germany’s first registry recorded the experiences of children wearing masks. It shows there are physical, behavioral and psychological harms³⁸ being perpetrated on children in the name of science.

Data from 25,930 children found the average child was wearing a mask 270 minutes each day and parents, doctors and others reported 24 health issues associated with that mask wearing. These problems:³⁹

“... included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%), impaired learning (38%) and drowsiness or fatigue (37%).”

Added to these concerning symptoms, they also found 29.7% reported feeling short of breath, 26.4% being dizzy and 17.9% were unwilling to move or play.⁴⁰ Hundreds more experienced “accelerated respiration, tightness in chest, weakness and short-term impairment of consciousness.”⁴¹

Push Back Against Tyranny

Measurements of anxiety or depressive disorder have also jumped dramatically for adults. Data from the CDC⁴² show the percentage of adults reporting symptoms of anxiety disorder and/or depressive disorder was 11% in the first quarter of 2019 but jumped dramatically to 41.1%⁴³ across the U.S. by January 2021.

This jump in anxiety and depression in adults is significant for children since there is a positive relationship between a child's behavioral problems and mental health with maternal mental health⁴⁴ and parental mental health.⁴⁵

This means that independent of their own stress and psychological harm from mask-wearing, lockdowns and plastic shields, children also respond negatively to the [rising rate of anxiety and depression](#) exhibited by adults. Thus, the impact on a child's mental health is the result of both their own stress and that of their parents.

March 20, 2021, marked the 1-year anniversary of the first COVID-19 lockdown. On that day, people in more than 40 countries took to the streets to peacefully demonstrate against the lies and tyrannical measures being taken by governmental agencies and experts in the name of a viral pandemic.

Chances are you didn't hear about this global rallying cry for freedom since the mainstream media have near-universally censored any news of it. However, this information is vital to understanding how your freedoms are being stripped and what you can do to protect your rights.

Our children and our children's children are depending on us to ensure they have the freedom and the right to make decisions for themselves about their health, wellness and finances. Read more at "[Global Pushback Against Tyranny Has Begun.](#)"

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Notes

¹ [New Hampshire, Department of Health and Human Services, June 4, 2021](#)

² [Acta Paediatrica, 2020; doi.org/10.1111/apa.15271](#)

³ [Journal of Microbiology, Immunology and Infection, 2020;53\(3\)](#)

⁴ [The Lancet, 2021; doi.org/10.1016/S2352-4642\(21\)00066-3](#)

⁵ [Centers for Disease Control and Prevention, December 30, 2020](#)

⁶ [Archives of Disease in Childhood, 2021;106:429](#)

- ^{7, 8} [ABC News, March 19, 2021](#)
- ⁹ [School Outlet, Portable School Desk Sneeze Shield](#)
- ¹⁰ [Hawaii Tribune Herald, August 5, 2020](#)
- ¹¹ [Oxford Observer, March 12, 2021](#)
- ^{12, 23, 24, 25} [Bloomberg, June 8, 2021](#)
- ¹³ [Bloomberg, May 16, 2021](#)
- ^{14, 18, 19} [Morbidity and Mortality Weekly Report, 2021;70\(21\)](#)
- ¹⁵ [Bloomberg, June 8, 2021 para 6](#)
- ¹⁶ [Science, June 4, 2021](#)
- ¹⁷ [medRxiv, 2021; doi.org/10.1101/2021.05.22.21257321](#)
- ²⁰ [Weblyf.com April 26, 2020](#)
- ²¹ [News-Medical.Net March 15, 2020](#)
- ²² [Technocracy May 11, 2020](#)
- ²⁶ [Condor Ferries, Shocking Ocean Plastic Statistics](#)
- ²⁷ [Frontiers in Environmental Science and Engineering, 2021;15\(6\) para 1](#)
- ^{28, 29, 30} [Frontiers in Environmental Science and Engineering, 2021;15\(6\)](#)
- ³¹ [Annals of Internal Medicine November 18, 2020 DOI: 10.7326/M20-6817](#)
- ³² [Spectator November 19, 2020](#)
- ³³ [CDC.gov Human Studies of Masking and SARS-CoV-2 Transmission](#)
- ³⁴ [CDC.gov MMWR September 11, 2020; 69\(36\)](#)
- ³⁵ [CDC MMWR September 11, 2020; 69\(38\): 1380](#)
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⁴² [National Center for Health Statistics](#)

⁴³ [Statista March 16, 2021](#)

⁴⁴ [Pars Journal of Medical Sciences, 2012;10\(1\)](#)

⁴⁵ [JAMA Pediatrics, 2004;158\(8\)](#)

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