

# The Great Mask Masquerade

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › In a recently released letter, Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy, and colleagues urged public health officials to address "serious errors" on their official website about masks for the public
- › The letter, sent to the U.S. Centers for Disease Control and Prevention in November 2021, warned of inaccurate information and misrepresented data that could "damage the credibility of science," while producing "false expectations" about masks' supposed effectiveness against SARS-CoV-2
- › The letter also called for IDSA to remove from its webpage the notion that masking prevents severe COVID-19 and to reconsider statements that masks are effective for preventing transmission of SARS-CoV-2
- › The letter also suggests the CDC mask site boosted study results that favored its narrative that masks are effective while trying to discredit those that went against it
- › After a Cochrane study found masks don't work, its editor-in-chief threw the researchers under the bus, releasing a controversial statement that the study is "inaccurate and misleading;" she's now hired consulting firm Envoy to conduct damage control for her tarnished reputation

**Will the mandatory masking that took place during the COVID-19 pandemic go down as another blunder in U.S. history, one that caused far more harm than good? Only time will tell, but there are signs pointing in that direction.**

In a recently released letter obtained from the National Institutes of Health, Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy, and colleagues urged public health officials to address "serious errors" on their official website about masks for the public.

The letter,<sup>1</sup> sent to the U.S. Centers for Disease Control and Prevention in November 2021, warned of inaccurate information and misrepresented data that could "damage the credibility of science," while producing "false expectations" about masks' supposed effectiveness against SARS-CoV-2.<sup>2</sup>

## **Inaccurate Data on Masks Put Public at Risk**

The letter takes issue with a website titled "Masks and Face Coverings for the Public," which was published on the COVID-19 Real-Time Learning Network,<sup>3</sup> which was created by the CDC and the Infectious Diseases Society of America (IDSA). Osterholm wrote:<sup>4</sup>

*"We believe the information and recommendations as provided may actually put an individual at increased risk of becoming infected with SARS-CoV-2 and for them to experience a serious or even life-threatening infection."*

Among the concerning data on the page was information claiming that masking could lead to more mild disease by reducing viral inoculum, or the dose of viral particles from an infected source. The letter states:<sup>5</sup>

*"As of late 2021, there is still insufficient and controversial evidence supporting the variolation inoculum-dependent hypothesis by which masks or any other interventions that potentially reduce the viral infectious dose lead to reduced disease severity and induce protective immunity. We believe human epidemiological and animal experimental data have been misinterpreted in pieces that make such claims ...*

*We are concerned that promotion of these pieces and their placement on well-trusted websites such as those of IDSA and the CDC not only damage the credibility of science and endanger public trust by misrepresenting the*

*evidence, but also provide false expectations in terms of respiratory protection to the public.”*

The letter also called for IDSA to remove from its webpage the notion that masking prevents severe COVID-19 and to reconsider statements that masks are effective for preventing transmission of SARS-CoV-2, explaining:<sup>6</sup>

*“We do not agree that the evidence for their efficacy has strengthened throughout the pandemic, as the website suggests. In fact, contrary to the conclusion on this website, the November 2020 Cochrane review<sup>7</sup> cited states this:*

*‘Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3,507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3,005 people). Unwanted effects were rarely reported, but included discomfort.’”*

## **Government Mask Site Spun Data to Fit Its Narrative**

The letter also suggests the CDC mask site boosted study results that favored its narrative that masks are effective while trying to discredit those that went against it. According to Osterholm, “The IDSA ‘Masks and Face Coverings for the Public’ webpage appears to focus on the strengths of studies that support its conclusions while ignoring their shortcomings of study design; studies that do not support its perspective are similarly downplayed.”<sup>8</sup>

They used the example of the Bundgaard study of masks in Denmark, which found, “The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use.”<sup>9</sup>

Despite its negative findings about masks, the CDC site published its limitations in bold, as follows, “The study is limited by a significant amount of mask nonadherence in participants recommended to wear them and by the fact that community caseload was low during the study. The results also cannot be extrapolated to determine the effectiveness of masks at reducing transmission of SARS-CoV-2, as the study was designed to assess protection of wearers, not transmission.”<sup>10</sup>

But, as Osterholm noted, “The last statement suggests that other studies of masks have focused on transmission and not protection of wearers, which is not true – in most cases, the direction of transmission (to or from a mask wearer) has not and generally cannot be ascertained and was not the outcome of interest. There are similar problems with most of the other studies cited by IDSA in support of mask efficacy.”<sup>11</sup>

Osterholm summed up the letter by offering to assist IDSA to update its review of the science on masking and called for a “more careful scientific review of the data ... based on the best scientific evidence that exists.”<sup>12</sup>

## **Cochrane Study Finds Masks Don't Work – Uproar Ensues**

The Cochrane Database of Systematic Reviews (CDSR) is considered a gold standard in research, as its reviews take into account all available empirical evidence to reach conclusions about any given topic. Their reviews are then updated every few years to ensure they reflect the latest research.<sup>13</sup>

Such was the case with a team of researchers led by Tom Jefferson of the University of Oxford, which has been studying “interventions for the interruption or reduction of the spread of respiratory viruses” since 2006.

Beginning in 2010, they began focusing on “physical interventions” – including screening at entry ports, isolation, quarantine, physical distancing, personal protection, hand hygiene, face masks, glasses and gargling – to prevent respiratory virus transmission.<sup>14</sup>

The review was updated in 2011, 2020 and again in 2023.<sup>15</sup> The latest update added 11 new randomized controlled trials (RCTs) and cluster-RCTs, six of which were conducted during the COVID-19 pandemic, for a total number of 78 RCTs reviewed. In terms of medical and surgical masks, the team found “moderate-certainty evidence” that they’re useless compared to no masks:<sup>16</sup>

*“Wearing masks in the community probably makes little or no difference to the outcome of influenza-like illness (ILI)/COVID-19 like illness compared to not wearing masks ... Wearing masks in the community probably makes little or no difference to the outcome of laboratory-confirmed influenza/SARS-CoV-2 compared to not wearing masks.”*

Even in the case of N95 and P2 respirators, no clear benefit was found. It’s noted:<sup>17</sup>

*“Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people), or respiratory illness (3 studies; 7799 people).”*

Soon after, the media attacked. The New York Times got involved and columnist Zeynep Tufekci published an opinion piece titled, “Here’s Why the Science Is Clear That Masks Work,”<sup>18</sup> in rebuttal.

Tufekci also reached out to Cochrane for comment, likely resulting in the next controversy<sup>19</sup> — a statement from Cochrane’s editor in chief, Karla Soares-Weiser, throwing her own researchers under the bus. As an aside, investigative journalist Paul Thacker explains:<sup>20</sup>

*“Scientists also have concerns that Tufekci failed to disclose in her New York Times essay that she had co-authored a study that directly competed with Cochrane’s own conclusions on masks, and that she is now using her position*

*with the New York Times to harass researchers and win an argument she lost in the academic literature.”*

## **Cochrane Editor Steps In, Defends Masks**

In a statement, Soares-Weiser explained the finding that “masks don’t work” is an “inaccurate and misleading interpretation,” and they were “engaging with the review authors with the aim of updating the Plain Language Summary and abstract.”<sup>21</sup>

“Cochrane’s statement was interpreted widely as an ‘apology,’ and in some cases, tweeters<sup>22</sup> believed the review was ‘retracted,’” according to Maryanne Demasi, Ph.D., a former medical scientist with the University of Adelaide and former reporter for ABC News in Australia.<sup>23</sup> In fact, even CDC Director Rochelle Walensky falsely claimed the study had been retracted, citing Soares-Weiser’s statement.<sup>24</sup>

However, Jefferson remained steadfast in the study’s findings, telling Demasi shortly after it was published, “There is just no evidence that they [masks] make any difference. Full stop.”<sup>25</sup> He also believes that Cochrane intentionally delayed publication of the mask study, which was ready for publication in early 2020, until it could massage the results to fit with the narrative that masks work:<sup>26</sup>

*“For some unknown reason, Cochrane decided it needed an ‘extra’ peer-review. And then they forced us to insert unnecessary text phrases in the review like ‘this review doesn’t contain any covid-19 trials,’ when it was obvious to anyone reading the study that the cut-off date was January 2020.*

*... During those 7 months, other researchers at Cochrane produced some unacceptable pieces of work, using unacceptable studies, that gave the ‘right answer.’”*

Now, Soares-Weiser has hired consulting firm Envoy to conduct damage control, since scientists have raised concerns about her “lack of transparency, leadership, and communication skills,” Thacker notes.<sup>27</sup>

He cites data showing Catherine Marshall, a Cochrane board member who helped draft Soares-Weiser's statement, also had contracts in place advising the New Zealand government on its COVID-19 policies, but didn't disclose them in her conflict of interest statement.

"Marshall has failed to disclose numerous COVID consulting gigs with the New Zealand government that recently became public following a freedom of information request. New Zealand ignored Cochrane's findings and implemented a stringent mask policy that was revoked in September," Thacker reported.<sup>28</sup>

## **Masks Are Packed With VOCs**

In addition to being largely ineffective, KF94 masks — described as "the South Korean equivalent to the N95 mask"<sup>29</sup> — contain high amounts of toxic volatile organic compounds (VOCs), which wearers inhale. The study, published in the journal *Ecotoxicology and Environmental Safety*,<sup>30</sup> found these masks may contain eight times more VOCs than the recommended safety limit<sup>31</sup> and release about 14 times VOCs than cotton masks.<sup>32</sup>

Some VOCs are known to cause cancer and exposure may also lead to headaches, nausea and damage to the liver, kidneys and central nervous system.<sup>33</sup> In a separate study of 12 face masks, every mask also contained titanium dioxide (TiO<sub>2</sub>) particles in at least one layer, at levels that "exceeded the acceptable exposure level."<sup>34</sup>

The International Agency for Research on Cancer (IARC) classifies titanium dioxide as a Group 2B carcinogen, which means it's "possibly carcinogenic to humans" by inhalation.<sup>35</sup>

The potential consequences of breathing in carcinogenic particles and other toxic compounds from face masks worn during the COVID-19 pandemic won't be known for years, but red flags have been raised from the beginning that face mask usage has consequences, with no meaningful benefit. Yet, as recently as May 2023, the CDC was still sticking to its claims, stating:<sup>36</sup>

*“Masking is a critical public health tool for preventing spread of COVID-19, and it is important to remember that any mask is better than no mask. To protect yourself and others from COVID-19, CDC continues to recommend that you wear the most protective mask you can that fits well and that you will wear consistently.”*

## Sources and References

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- <sup>36</sup> [U.S. CDC, Types of Masks and Respirators, Summary of Recent Changes, Updated May 11, 2023, Key Messages](#)