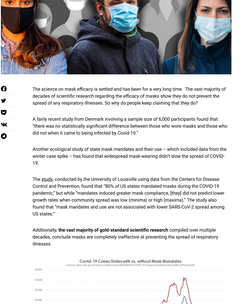
MUST READ TRENDING

Over 50 Scientific Studies Conclude Masks Do Nothing to Prevent the Spread of Illness, So Why Do People Keep Claiming They Work?

by Daily Veracity Staff - July 20, 2021 - 7 minute read



The science on mask efficacy is settled and has been for a very long time. The vast majority of decades of scientific research regarding the efficacy of masks show they do not prevent the spread of any respiratory illnesses. So why do people keep claiming that they do?

A fairly recent study from Denmark involving a sample size of 6,000 participants found that "there was no statistically significant difference between those who wore masks and those who did not when it came to being infected by Covid-19."

Another ecological study of state mask mandates and their use – which included data from the winter case spike – has found that widespread mask-wearing didn't slow the spread of COVID-19.

The study, conducted by the University of Louisville using data from the Centers for Disease Control and Prevention, found that "80% of US states mandated masks during the COVID-19 pandemic," but while "mandates induced greater mask compliance, [they] did not predict lower growth rates when community spread was low (minimal) or high (maximal)." The study also found that "mask mandates and use are not associated with lower SARS-CoV-2 spread among US states."

Additionally, **the vast majority of gold-standard scientific research** compiled over multiple decades, conclude masks are completely ineffective at preventing the spread of respiratory illnesses.

The randomized clinical trial (RCT) is recognized as the most credible research design for clinical investigation. The goal of the RCT is to achieve a valid comparison of the effects of an investigational treatment or treatments with the control treatment (standard of care) in the target patient population. Bias can be reduced by concealing the randomization sequence from the investigators at the time of obtaining consent from potential trial participants. Allocation concealment is a very simple maneuver that can be incorporated in the design of any trial and that can always be implemented.

This means that the only way to remove bias from scientific research in the medical field is with randomized clinical trials. Contrary to popular belief, every single RCT ever performed on mask usage and prevention of infection for laboratory-confirmed influenza, the common cold, or other respiratory viruses shows that masks are ineffective.

There is a sum total of zero randomized clinical trials showing that masks prevent any of the aforementioned illnesses. As you read through the following trial summaries and their conclusions, recall the damage we have already knowingly inflicted upon the population, and the health risks of the shutdowns that we have already consciously accepted in our quest to "trust the science."

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Author (reference)	Treatment Events	Treatment N	Control Events	Control N	Weight	Risk ratio (95% CI)
Jacobs et al. (2010) (9)	16	446	9	447	12.6%	1.77 (0.80–4.00)
Aiello et al. (2012) (10)	18	111	16	115	12.0%	2.06 (0.97–4.38)
Larson et al. (2010) (11)	14	154	7	152	9.8%	1.97 (0.80–4.85)
Cowling et al. (2008-11) (12)	20	238	26	276	16.3%	0.91 (0.50–1.65)
Cowling et al. (2009-10) (13)	4	61	12	265	3.3%	1.72 (0.51–5.75)
Simonsen et al. (2009) (14)	10	1836	7	1836	9.8%	1.43 (0.56–3.64)
MacIntyre et al. (2009) (15)	1	94	4	100	2.4%	0.26 (0.03–2.42)
MacIntyre et al. (2010) (16)	2	362	1	290	0.9%	1.60 (0.15–17.06)
Barasheed et al. (2014) (17)	7	569	8	1139	5.1%	1.75 (0.67–4.57)
Suess et al. (2012) (18)	19	136	19	62	14.4%	0.45 (0.26–0.80)
Fixed effect model		3,495		3,092	100.0%	0.93 (0.79–1.12)

Heterogeneity: $I^2 = 40\%$, $\tau^2 = 0.0864$, $p = 0.11$
Test for overall effect: $z = -0.90$ ($p = 0.40$)

Michael Osterholm, former President Biden COVID-19 adviser and top epidemiologist, recently concaded that the masks the vast majority of the population are using, are do nothing to prevent the transmission of COVID-19.

"We know today that many of the face cloth coverings that people wear are not very effective in reducing any of the virus movement in or out," Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota, said.

"We need to talk about better masking," he continued. "We need to talk about N-95 respirators, which would do a lot for both people who are not yet vaccinated or not previously infected."

Majority of Scientific Studies Show Masks are Virtually Useless, Including N-95 Masks

Prior to mask mandates, surgical masks were infrequently worn in hospitals and other medical facilities. Facemasks were mainly only used in operating rooms or for visiting seriously ill patients in order to prevent spit or droplets into open wounds and to partially protect against serious diseases which are much larger in size than coronavirus or influenza.

Below is a list of the gold-standard research which spans across decades, covering almost 100 different studies, all concluding the inefficacy of masks in preventing the spread of respiratory illnesses.

Jacobs, J. L. et al. (2009) "Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial," American Journal of Infection Control, Volume 37, Issue 5, 417–419.

N95-masked healthcare workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.

Radonovich, L. J. et al. (2019) "N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial", JAMA. 2019; 322(9): 824–833.

"Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza."

Long, Y. et al. (2020) "Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis," J Evid Based Med. 2020; 1–14.

"A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI: 0.43–0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza."

Cowling, B. et al. (2010) "Face masks to prevent transmission of influenza virus: A systematic review," Epidemiology and Infection, 138(4), 449–456.

None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H). See summary Tables 1 and 2 therein.

Bin-Reza et al. (2012) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence," Influenza and Other Respiratory Viruses 6(4), 257–267.

"There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection."

Smith, J.D. et al. (2016) "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta analysis," CMAJ.Mar 2016.

"We identified six clinical studies ... In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in association with (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism."

Offeddu, V. et al. (2017) "Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis," Clinical Infectious Diseases, Volume 65, Issue 11, 1 December 2017, pages 1934–1942,

"Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant."

Jefferson T, Del Mar CB, Dooley L, (2020) "A meta-analysis included 44 new RCTs and cluster-RCTs in this update, bringing the total number of randomized trials to 67.

This analysis concluded that there is low certainty evidence from all trials reviewed that wearing a mask may make little or no difference to the outcome of respiratory illness compared to not wearing a mask.

Lipp A, Edwards P (2005) "Disposable surgical face masks: a systematic review."

"Two randomized controlled trials were included involving a total of 1453 patients. In a small trial there was a trend towards masks being associated with fewer infections, whereas in a large trial there was no difference in infection rates between the masked and unmasked group."

Shakya KM, Noyes A, Kallin R, Peltier RE. (2017) "Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure."

"Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles<2.5 μm"

Coronavirus is 0.125 microns.

A recent study out of MIT for example concluded that when indoors while wearing a mask, there is no difference if you are six feet away from somebody or sixty feet away. The MIT researchers concluded that this is because the air you exhale is warm air, and warm air will rise. The researchers say this is especially true while wearing a mask, as masks force the exhaled air directly upward.

Airborne transmission arises through the inhalation of aerosol droplets exhaled by an infected person and is now thought to be the primary transmission route of COVID-19.

Again, Coronavirus is 0.125 microns, meaning the size is much too small to be filtered through the majority of masks, and especially the surgical masks most people wear as protection, and then continuously reuse. Not only does the virus pass through, but it easily enters in and around.

The Negative Effects of Forced Mask Usage

As we know, most Americans are reusing their masks repeatedly. Many Americans store them on their rear-view mirrors, in their pockets, and even on the table that they're eating on at restaurants.

This can not be sanitary or healthy by any metric, and some studies suggest there is a great risk for microbial pathogen infections from constantly reusing masks.

One research focus area that appears to be entirely lacking, in examining the harms of masks, is the broad psychological impact of mandatory masking policies applied to the general population.

Many studies have found wide-ranging negative impacts on prolonged mask usage.

Covid-19 infections commonly occur via aerosolized particles, not just droplets. Masks and air filters can remove very small particles, such as bacteria and viruses but a single coronavirus particle size ranges from 70–90 nm. This is one hundred times smaller than a tenth of a micron.

The renowned UK science journal, The Lancet published a paper concluding that "Small aerosol particles smaller than 5 μm in aerodynamic size are most likely to remain" following filtering of the air.

A brand new N-95 mask – which is not what most of the population uses – only filters out particulate matter larger than .3 microns.

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