



The Failing Mask Cure Aid

A review of Bundgaard and Bundgaard, Ann. Int. Med. Nov 18, 2020

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November 21, 2020

We have some 80 years of modern science validating our knowledge of respiratory protection and another 70 years of developing knowledge of contagion and contamination control.

As I've discussed [elsewhere](#), in spite of that vast knowledge base, within one week in early 2020, several highly visible individuals (such as Dr. Michael Ryan (WHO) Dr. Robert Redfield (CDC), Dr. Jerome Adams (US Surgeon General) and of course, the (now notorious) Dr. Anthony Fauci), went from adamantly saying that community masking was worthless to suddenly insisting that community masks would slow the SARS-CoV-2 virus. What changed in that one week? The science didn't change- the science hasn't changed at all.

What changed was the politics, and unethical opportunists didn't want to get run over by the bandwagon. So they abandoned their positions of public trust and leapt onboard that bandwagon lest they be run over by it.

Now, as the scientific backlash is ramping up, the same multitude are desperately looking for a safety net into which they can leap from that bandwagon and pretend they were only following the developing science. The result is an awkward back-peddling that is fooling no one; their credibility will be forever marked with the stain of [Lysenkoism](#), and justly so.

I have been asked to review numerous articles related to the current pandemic (a short list is given at the end of this discussion), and in that vein, I've been asked for my thoughts on the report that appeared in the November 18, 2020 *Annals of Internal Medicine* (Bundgaard H, JS Bundgaard, DET Raaschou-Pedersen, et al, "*Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, A Randomized Controlled Trial*" (Ann. Int. Med. Nov 18, 2020, <https://doi.org/10.7326/M20-6817>).

For those who don't want to read this entire discussion, the bottom line of that article is that the authors reluctantly confirmed 80 years of science and found no evidence that masks work - but they tried to ignore their own data and draw conclusions their study didn't show.

What's interesting is to see the gyrations and manipulations in the article as the authors, who support community masking, try to save the face in spite of their own data. That is, much to their chagrin, the authors found no significant difference between their mask-wearing study group and the non mask-wearing study group. The authors went out on a limb and tried to over-interpret their data. The plan backfired.

The authors correctly stated there was no statistical difference between the mask-wearers and the non-wearers. The authors disingenuously went on to state that their study suggests a less than fifty/fifty chance that masks may afford some protection (certainly "zero" is less than 50/50, I will grant them that fact); and they based that comment on the statistical uncertainty associated with their methodology. However, by the same token, the authors painfully admit their data also leads to the conclusion that there is almost a 25% chance that mask-wearing actually increases the risk of infection by the virus that causes COVID-19.

So, as of today, November 21, 2020, in the scope of global scientific literature, we STILL have no scientific evidence to support the silliness of community mask-wearing or requiring employees in general industries (restaurants, banks, retailers, etc) to wear masks. These requirements are entirely without merit and are based exclusively on fear-mongering and political agenda.

In real science, when one develops a study, one is attempting to either rationally explain an observed phenomenon or seek the resolution of competing ideas of the material world. This begins with establishing an hypothesis which will be rigorously tested.

Posit: Someone makes the observation that almost everybody who has contracted cancer has a brown chair in their house, or they had at least one brown chair in their house at some time. Therefore, there is a quantifiable association between brown chairs and cancer, ergo, brown chairs *cause* cancer.

Now there is a "controversy" to be resolved and test the association for causation.

The honest scientist, who disputes the claim, knows how easy it would be to set up a study which "disproves" the brown chair hypothesis. However, he also knows such a study would lack rigor.

So, the honest scientist will establish an hypothesis that opposes their position and, therefore, their hypothesis becomes:

"Brown Chairs Cause Cancer."

That scientist will now diligently and honestly attempt to support the hypothesis of his opponents. He will diligently strive to make every effort to prove that brown chairs really do cause cancer. If, having diligently attempted to prove the position, but unable to support the hypothesis, the honest scientist must accept the null hypothesis which is that "Brown chairs don't cause cancer."

As I've discussed [elsewhere](#), those are not the kinds of studies we are seeing in these days of COVID-19. What we are seeing is the reliance on "observational evidence" - a new term that is merely a euphemism for "anecdotal evidence." Anecdotal evidence isn't rigorous science or weighty evidence; (such as the goofy "study" of a couple hairdressers in Tennessee who wore face shields).

The authors of the Bundgaard study, (all 22 of them), admit that there is no evidence to support the current rash of mask recommendations other than "observational evidence" (the new euphemism that reveals the authors' biases) and that considerable controversy exists. One should note that the only reason "controversy" exists, is because the maskers desperately want masks to work for political reasons, and continue to use fear and emotion to promote masking, but they can't find any actual evidence to support the position - thus the "controversy." In other words, there was NO controversy anywhere in global scientific or medical literature on community masking until the political manipulations arose in early 2020. The controversy arose as a need, not a reality.

A particular paragraph in the Bundgaard report, when deconstructed, reveals much about how the authors would really like to spin the science:

"...The World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention strongly recommend that persons with symptoms or known infection wear masks to prevent transmission of SARS-CoV-2 to others (source control)."

Deconstruction:

Prior to masks becoming a political issue, both the CDC and the WHO categorically held the position that community masking had no impact on the transmission of similar diseases. The authors failure to note that position lends the impression that the WHO and CDC have always maintained their position, and that is simply not true.

"However, WHO acknowledges that we lack evidence that wearing a mask protects healthy persons from SARS-CoV-2 (prevention)."

Deconstruction:

This is and has been the prevailing scientific view, and our current study affirms that position.

"A systematic review of observational studies reported that mask use reduced risk for SARS, Middle East respiratory syndrome, and COVID-19 by 66% overall, 70% in health care workers, and 44% in the community."

Deconstruction:

A single cherry picked meta-analysis of various meta-analyses from 2020 that affirms our desired beliefs was selected for reference but to the exclusion of the multitude of other actual studies over the last 40 years that don't affirm what we want to believe.

"However, surgical and cloth masks were grouped in preventive studies, and none of the 3 included non-health care studies related directly to COVID-19."

Deconstruction:

Since the volume of scientific literature has long since addressed the ineffective nature of community masking, several studies that intentionally focused on health care facilities did not focus on community masking.

"Another systematic review and American College of Physicians recommendations concluded that evidence on mask effectiveness for respiratory infection prevention is stronger in health care than community settings."

Deconstruction:

We have some limited information that suggests that in some circumstances, but not all, surgical face masks may have some utility in health care facilities, but we have no data that masking has any utility in community settings.

The design of the study was reasonable within the limitations forced upon researchers and where weaknesses in the study occurred, they greatly favored the mask wearing argument. Which, in retrospect, since the data failed to support the desired outcome, ironically, those flaws greatly reinforced the argument that mask-wearing is at best useless, and at worst, contributes to the probability of spreading disease.

An example of an inherent study design that greatly favored the outcome of good efficacy of community masking was the fact that the masking of the participants was entirely unlike actual community masking practices: Instead of allowing "neck gators," dirty bandanas, home-made coverings and the host of other makeshift devices seen in the real world, the participants received 50 three-layer, disposable, surgical face masks with ear loops (TYPE II EN 14683 with a material filtration rate of 98%), and in accordance with WHO recommendations for health care settings, the participants were instructed on how to properly wear the masks, and they were instructed to change the mask if outside the home for more than 8 hours.

Also, the selection of the cohort sizes was based on the *a priori* assumption that community face masking reduces the spread of infection by 50% (which, as demonstrated by the study itself, is false.)

Finally, the design errors associated with the determinations of "positive infections" did not equally effect both negative and positive, but rather, biased the probability of testing positive. As I have addressed elsewhere, we are seeing a plethora of "studies" appearing in various journals and on the internet that are not so much studies, as a "rush to publish." Many of these "studies" have been subsequently withdrawn after reviewers have pointed out the flaws, errors and even intentional fraud in the reports, and this has done considerable damage to the credibility of the "The New England Journal of Medicine," "The Lancet," the "PNAS" and other publications who have had to retract the junk science articles with apologies. Unfortunately, conclusion by the authors that is in apologies will not repair the damage done.

In this case, we see the authors making conclusions that is not only **not** supported by their data, but is actually in stark contradiction with their data; again we will deconstructed what the authors conclude:

"Reduction in release of virus from infected persons into the environment may be the mechanism for mitigation of transmission in communities where mask use is common or mandated, as noted in observational studies."

Deconstruction:

And yet, according to the authors, this study of theirs was an "observational study" and their own data failed to vindicate the conclusion as well as the premise for the conclusion. How can the authors, with any intellectual honesty make such a conclusion in the face of their own data? I suggest that to some extent, conclusions such as these are the intellectual equivalent of pareidolia wherein when one wants to see a face in a pattern (such as "the man in the moon" or the Blessed Virgin Mary in a piece of burnt toast). One so predisposed will see the face, however, when objectively reviewed, the appearance is an illusion, not a depiction. And so it is with conclusions such as those found in the Bundgaard study where the authors badly want the data to say something but the data refuse to cooperate, and so the author ignore the data and see the conclusion they were hoping for anyway.

Remarkably, the authors actually go further in ignoring their own data:

"Thus, these findings do not provide data on the effectiveness of widespread mask wearing in the community in reducing SARS-CoV-2 infections."

Yes, Bundgaard and Bundgaard, (and the other 19 authors), these findings most definitely DO provide data on the effectiveness of widespread mask wearing in the community in reducing SARS-CoV-2 infections. And the data are clearly in line with some 80 years of scientific literature: Community masking is useless and this is a position that was widely accepted by all cognizant experts for the last four decades until about March of 2020 when the science was thrown overboard in favor of a political position.

It's time to stop the masquerade and return to evidence based decision making.

Other COVID-19 discussions by CP Connell:

[How to Peddle Backward](#) - What happened to the 2020 Flu Epidemic? A summary of the US Crude Mortality Rate's refusal to cooperate with the popular narrative.

[WHO thought this was a good idea...](#) (Comments regarding the December 1, 2020, "Mask use in the context of COVID-19".)

[Don't be a Maskhole, Karen](#) A review of Zeng N, Li Z, Ng S, Chen D, Zhou H, *Epidemiology reveals mask wearing by the public is crucial for COVID-19 control.* (Medicine in Microecology, <https://doi.org/10.1016/j.medmic.2020.100015>):

[Masks, and the new Doctor Schnabel von Rom:](#) Review of Stadnytskyi V, Bax CE, Bax A, Anfinru P, The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission (Approved by PNAS May 2020: <https://www.pnas.org/cgi/doi/10.1073/pnas.2006874117>)

[Pathological Science](#) - Zhang *et al* and the PNAS: Zhang R, Annie Y Zhang L, Wang Y, Molinae M: Identifying airborne transmission as the dominant route for the spread of COVID-19 (fast-tracked through the PNAS on June 11, 2020)

[Defacing Mask Science](#) - Rossettie S, Perry C, Pourghaed M, Zumwalt M, "Effectiveness of manufactured surgical masks, respirators, and home-made masks in prevention of respiratory infection due to airborne microorganisms" *The Southwest Respiratory and Critical Care Chronicles* 2020;8(34):11–26

[Masks - Don't look behind the curtain:](#) Review of Vivek Kumar, Sravankumar Nallamothe, Sourabh Shrivastava, Harshrajsinh Jadeja, Pravin Nakod, Prem Andrade, Pankaj Doshi, Guruswamy Kumaraswamy "On the utility of cloth facemasks for controlling ejecta during respiratory events "

Size matters! *A Brief Description of filtering mechanisms and size.*

[Materials v. Masks:](#) A review of Konda A, Prakash A, Moss GA, Schmoltd M, Grant GD, Guha S "Aerosol Filtration Efficiency of Common Fabrics Used in Respiratory Cloth Masks" (*American Chemical Society*, April 2020)

["Junk Science: In Favor of Community Face Masks - a return to Lysenkoism"](#) A review of: Jeremy Howard, Austin Huang, Zhiyuan Li, Zeynep Tufekci, Vladimir Zdimal, Helene-Mari van der Westhuizen, Arne von Delft, Amy Price, Lex Fridman, Lei-Han Tang, Viola Tang, Gregory L. Watson, Christina E. Bax, Reshama Shaikh, Frederik Questier, Danny Hernandez, Larry F. Chu, Christina M. Ramirez, Anne W. Rimoin *Face Masks Against COVID-19: An Evidence Review NOT PEER-REVIEWED* | Posted: 13 May 2020

[Wishful Science](#) - A review of Anna Davies, BSc, Katy-Anne Thompson, BSc, Karthika Giri, BSc, George Kafatos, MSc, Jimmy Walker, PhD, and Allan Bennett, MSc *Testing the Efficacy of Homemade Masks: Would They Protect in an Influenza Pandemic?* (*Disaster Med Public Health Preparedness*. 2013;7:413-418)

[If Manikins Could Fly...](#) A Review of Eikenberry SE, Mancuso M, Iboi E, Phan T, Eikenberry K, Kuang Y, Kostelich E, Gumel AB "To mask or not to mask: Modeling the potential for face mask use by the general public to curtail the COVID-19 pandemic" (*Infectious Disease Modelling* 5 (2020) pp. 293-308)

[Review of](#) Cheng VC, Wong S, Chuang V, So S, *et al* "The role of community-wide wearing of face mask for control of coronavirus disease 2019 (COVID-19) epidemic due to SARS-CoV-2" (*Journal of Infection* April 30, 2020;16:13)

[Gassed Masks!](#) *Reactivation of viruses and deoxygenation during mask wearing.*

[Masking the Truth](#) - A discussion of aerosols and droplets

[We R0 New York City](#) - A discussion of the basic reproduction number.

[The epidemic of ignorance](#): Lessons from "Flattening the Curve" April 14, 2020

[Think Tanks!](#) The Dangers of Group-Think April 13, 2020