CDC Refuses to Post the Fix to Its Mask Study

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By Paul Elias Alexander June 3, 2022 June 3, 2022 Masks 5 minute read

We have published many rigorous and trustworthy high-quality evidence pieces across the last two years to show that the COVID lockdowns, school closures, face masks, and mask mandates were ineffective and even harmful in terms of curbing infection and deaths (see here, here, here). A very recent Johns Hopkins review by Herby et al. did an exemplary job at reviewing the evidence and declaring what we have always stated, this being that lockdowns had no impact on mortality.

"Lockdowns in the spring of 2020 had little to no effect on COVID-19 mortality...lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, loss of life quality, and the undermining of liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are <u>little to none</u>."

We have shown the ineffectiveness of the COVID vaccines, and particularly the <u>Pfizer and Moderna</u> mRNA vaccines. We showed you conclusively about the <u>superiority of natural innate and acquired-adaptive immunity</u> over vaccinal immunity. We have written repeatedly

about the dehumanization and indignity of the <u>compulsory virus control policies</u> including where the ZERO-COVID movement and polices were devastating failures. We even tied the <u>COVID lockdowns and facial masks</u> to the <u>mass shootings</u> we are now seeing exploding across the US.

Jeffrey Tucker's piece on the loss of <u>moral clarity</u> is stunningly brilliant in sensitizing us to what could happen when already vulnerable persons are further isolated and dehumanized and all decision-making ripped from them, as was done to us during the heights of the COVID lockdown lunacy. We even wrote about the corruption of public health agencies such as the <u>World Health Organization</u> and their role in the COVID disasters globally.

Now I challenge the CDC directly and its Director Dr. Rochelle Walensky to do the right thing by publishing new research by Chandra and <u>Høeg</u> (<u>LANCET</u>) that debunks their (<u>CDC's</u>) recent mask study that is being used as a key study driving mask policy today. They have a unique moment to show some leadership and to understand much better research methods than the pseudoscience the CDC puts out on a routine basis.

Some back history to table up my key challenge to the CDC and Walensky. A CDC study by Budzyn et al. published in the MMWR on October 1st 2021 (<u>Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements — United States, July 1—September 4, 2021</u>), reported that "Counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates after the start of school compared with counties that had school mask requirements (p<0.001)."

Researchers concluded that "the results of this analysis indicate that increases in pediatric COVID-19 case rates during the start of the 2021–22 school year were smaller in U.S. counties with school mask requirements than in those without school mask requirements."

We knew right away that causation cannot be concluded from this ecological mask study and that this study encompassed children up to 18 years old classified as pediatric. We knew the research methods were poor, calling into question the findings. We needed data parsed out by age-bands and also, 17 and 18-year-olds are not the same as 5 or 10-year-olds. This observational study (plagued with selection bias) could not control for all the key potential confounding factors that could distort the findings.

There was no mention of statistical adjustment for vaccine status or prior infection (natural immunity) status, and we are dealing with very limited data that cannot be extrapolated to the nation in any meaningful manner.

Now Chandra and <u>Høeg</u>'s (<u>LANCET</u>) published mask study calls into question the findings of the <u>CDC's</u> prior masks study. Their methodology was far more rigorous and detailed, and they reproduced the CDC's methods by extending the study employing a far greater sample of districts and a much longer duration time interval. They reportedly utilized nearly "six times as much data as the original study." Chandra and <u>Høeg</u> assessed the statistical association

between mask mandates and per-capita pediatric cases, by employing multiple statistical regression techniques to control and adjust for potentially important differences across school districts.

They no doubt recognize that their observational study is also plagued with constraints, methods wise, but their work is far more robust and trustworthy. They concluded that "replicating the CDC study shows similar results; however, incorporating a larger sample and longer period showed no significant relationship between mask mandates and case rates. These results persisted when using regression methods to control for differences across districts. Interpretation: School districts that choose to mandate masks are likely to be systematically different from those that do not in multiple, often unobserved, ways."

The key finding as reported was that they "failed to establish a relationship between school masking and pediatric cases using the same methods but a larger, more nationally diverse population over a longer interval." This was opposite to what the CDC reported, and they materialized this by improving on the methodology and underlying evidence that the CDC prior employed.

I now openly challenge Dr. Rochelle Walensky and the CDC overall, to take the step of publishing this Chandra and <u>Høeg</u> (*LANCET*) analysis and correcting the existing flawed <u>MMWR</u> that it is using to drive masking policy. These researchers Chandra and <u>Høeg</u> are top quality and their work I have followed and examined, and it is beyond reproach methodologically and statistically. High-quality, transparent, explicit, trustworthy, and very open to scientific scrutiny and reproducibility.

The marque top level position that the CDC once held in the US and globally no longer exists. The credibility has fallen dramatically and this has a whole lot to do with COVID and how its leadership functioned in deceiving the nation by withholding <u>important COVID</u> <u>information</u>, repeatedly.

Johns Hopkins top level epidemiologist clinician <u>Dr. Marty Makary</u> even went as far as stating that the CDC is sitting on key information to suit its narrative. That is code for the CDC lies and deceives the nation, to suit its goals. Coming from Makary, this is a catastrophic indictment.

Over to you Rochelle and CDC, let us see if you are brave and principled enough to do the right thing and publish the updated Chandra and <u>Høeg</u>'s (<u>LANCET</u>) mask study, in your MMWR. Take down the flawed MMWR and put the corrected Chandra and <u>Høeg</u>'s version up.

Author



Paul Elias Alexander

Dr. Paul Alexander is an epidemiologist focusing on clinical epidemiology, evidence-based medicine, and research methodology. He has a master's in epidemiology from University of Toronto, and a master's degree from Oxford University. He earned his PhD from McMaster's Department of Health Research Methods, Evidence, and Impact. He has some background training in Bioterrorism/Biowarfare from John's Hopkins, Baltimore, Maryland. Paul is a former WHO Consultant and Senior Advisor to US Department of HHS in 2020 for the COVID-19 response.