



Written by [Raven Clabough](#) on October 29, 2020

CDC Admits: No Conclusive Evidence Cloth Masks Work Against COVID

In a recent [report](#) in *Emerging Infectious Diseases*, the U.S. Centers for Disease Control and Prevention (CDC) suggests what experts have stated all along: There is no conclusive evidence that cloth masks protects users from coronavirus, especially since most people do not use them correctly and do not keep them clean.

The report states:

More research on cloth masks is needed to inform their use as an alternative to surgical masks/respirators in the event of shortage or high-demand situations. To our knowledge, only 1 randomized controlled trial has been conducted to examine the efficacy of cloth masks in healthcare settings, and the results do not favor use of cloth masks.

More randomized controlled trials should be conducted in community settings to test the efficacy of cloth masks against respiratory infections.



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There is increasing evidence that cloth masks not only may be ineffective against stopping coronavirus transmission, but that they may actually increase the spread of the virus, as well as worsening other health conditions.

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A September [report](#) by the CDC found that more than 70 percent of COVID-positive patients contracted the virus in spite of faithful mask wearing while in public. Moreover, 14 percent of the patients who said they “often” wore masks were also infected. Meanwhile, just four percent of the COVID-positive patients said they “never” wore masks in the 14 days before the onset of their illness.

Likewise, the CDC’s October journal report references a 2015 [study](#) on cloth mask efficacy that found that rates of infection were “consistently higher” among those in the cloth mask group versus that of the medical mask and control groups. The authors of the study suggested it was likely that the cloth masks were problematic because they retained moisture and had poor filtration.

The CDC writes of that study, “This finding suggest that risk for infection was higher for those wearing cloth masks.”



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The *California Globe* also observed that extensive randomized control trial (RCT) studies and meta-analysis reviews of those studies have shown that masks and respirators are ineffective against the spread of influenza-like illnesses and respiratory illnesses believed to be spread by droplet and aerosol particles. The *Globe* cited an analysis of 10 “randomized controlled tests” (RCTs) by the Center for Disease Control found “no significant reduction in influenza transmission with the use of face masks.”

“There is limited evidence for their [masks] effectiveness in preventing influenza virus transmission,” the studies found. This applied to masks “worn by the infected person for source control OR when worn by uninfected persons.” They concluded that there was “no significant effect of face masks on transmission of laboratory-confirmed influenza.”

Yet the CDC continues to recommend cloth masks for public use, even as the organization has flip-flopped on whether the virus is airborne. Their latest [assertion](#) is that airborne transmission is “sometimes” possible “under special circumstances.”

However, some experts have been sounding the alarm on the widespread use of masks, asserting they may cause more harm than good.

In fact, a group of doctors in Oklahoma is suing the Tulsa mayor and the Tulsa Health Department over the city’s mask mandate, asserting masks cause healthy people to become sick.

“On the OSHA website it states that employers shouldn’t make employees work in an environment where they have less than a 19.5 percent oxygen level,” said Clayton Clark, one of the plaintiffs. “And the mandated masks cause employees to dip below a 19.5 percent oxygen level within 10 seconds of wearing a mask, so I don’t want to make my healthy employees sick.”

Another plaintiff, Dr. James Meehan, MD, said he has seen an increase in patients with facial rashes, as well as fungal and bacterial infections, and has heard from colleagues around the globe that bacterial pneumonia is on the rise. He asserts this increase stems directly from mask wearing.

“Why might that be? Because untrained members of the public are wearing medical masks, repeatedly ... in a non-sterile fashion.... They’re becoming contaminated,” he said at an August [press conference](#). “They’re pulling them off of their car seat, off the rearview mirror, out of their pocket, from their countertop, and they’re reapplying a mask that should be worn fresh and sterile every single time.”

“New research is showing that cloth masks may be increasing the aerosolization of the SARS-COV-2 virus into the environment causing an increased transmission of the disease,” he added.

Dentists have also [reported](#) increases in oral hygiene issues, which they have dubbed “mask mouth.”

“We’re seeing inflammation in people’s gums that have been healthy forever, and cavities in people who have never had them before,” says Dr. Rob Ramondi, a dentist and co-founder of One Manhattan Dental. “About 50% of our patients are being impacted by this, [so] we decided to name it ‘mask mouth’ — after ‘meth mouth.’”

On the other hand, Sweden has declared virtual victory over the coronavirus, absent any draconian responses to the pandemic such as mask mandates and lockdowns, opting instead for “herd immunity.”

“Sweden has gone from being the country with the most infections in Europe to the safest one,” Sweden’s senior epidemiologist Dr. Anders Tegnell told Italian newspaper [Corriere della Sera](#).

“The findings that have been produced through face masks are astonishingly weak, even though so many people around the world wear them,” Tegnell states.



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The European Center for Disease Control and Prevention [confirmed](#) Sweden's reduction in infection rates, with just 12 cases per million, Summit News reported.

Reports by the CDC [reveal](#) that just six percent of reported COVID-19 deaths came directly from the virus, while a whopping 94 percent of the deaths attributed to the coronavirus were from people who had two to three serious underlying conditions, in addition to COVID-19.



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