



Written by [Selwyn Duke](#) on February 1, 2021

University Infectious Disease Expert: Fauci Wrong on Double-masking

Should you wear two masks, as Dr. Anthony Fauci has recently recommended?

Not if you're wise, says an infectious disease expert.

Epidemiologist Michael Osterholm, a professor at the University of Minnesota and a Biden transition team advisor, made his comments both in an interview with [WCCO Radio](#) last week and also on *Meet the Press* on Sunday.

The professor, head of his university's Center for Infectious Disease Research and Policy, "said Fauci's [recommendation to wear two masks at once](#) to stop viral infections made no epidemiological sense," *The College Fix*, writes, [reporting](#) on Osterholm's WCCO appearance.

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"'Masks, as they're defined[,] work in two ways,' Osterholm said," the Fix continues. "'The first is in regards to how that masks fits. How well does it fit around you? It's like swimming goggles. They don't usually leak through the lenses they leak through the seal around your eyes or face.'"

"N95 respirators, which are worn by relatively few people compared to cheap cloth masks, are designed to filter out viruses through a 'very tight face fit' combined with 'electrostatically charged' filter material that traps viruses even as the 'pore size lets air travel through easily,' he said," the Fix also relates.

Providing further detail, the *New York Post* [writes](#) of how Osterholm said on *Meet the Press* that "the problem occurs with masks that have an 'already compromised fit or filtration capacity,' allowing respiratory droplets to escape out of holes."

"'If you add on another mask, you may actually make it tougher for the air to move through the two-cloth area, and then at that point it causes more air to actually leak around the sides, which actually enhances your ability to get infected,'" the professor also stated, the paper relates.

Osterholm said that while there are instances in which double-masking can enhance effectiveness, in most cases it does more harm than good.

Moreover, many experts assert that even wearing a single mask isn't beneficial. In fact, an "aerosol expert at the University of Colorado-Boulder, Jose-Luis Jimenez, warned in [Time](#) last summer that aerosolized transmission (normal breathing) was the largest source of infection, and that people wearing poorly fitted masks (i.e., the vast majority of them) simply direct aerosols to those standing behind them," to quote the Fix again.



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Jimenez isn't alone in doubting masks' efficacy. The chief epidemiologist at Sweden's Public Health Agency, Anders Tegnell, said in August that mask-wearing could actually be dangerous because it lends a false sense of security. Moreover, as *The New American's* Raven Clabough [wrote](#) last summer:

"The evidence for [masks] is contradictory," said Christian Hoebe, a professor of infectious diseases in Maastricht. "In general, we think you must be careful with face masks because they can give a false sense of security. People think they're immune from disease or stop social distancing. That is very negative."

This sentiment was echoed by Coen Berends, a spokesman for the National Institute for Public Health and the Environment in the Netherlands. "Face masks in public places are not necessary, based on all the current evidence," said Berends. "There is no benefit and there may even be negative impact."

The efficacy of masks is not settled science, but the few rigorous studies that have been done have shown masks to be ineffective at stopping viruses. According to the first randomized clinical [trial](#) studying the effectiveness of cloth masks, published in April in the journal *BMJ Open*, individuals who wore cloth masks had significantly higher rates of respiratory infection than those who wore medical masks. The authors of the study suggested it was likely the cloth masks were problematic because they retained moisture retention and had poor filtration.

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.

If you haven't heard about these studies, don't be surprised. As ex-*New York Times* writer Alex Berenson informed last October (video below), studies questioning masks' efficacy are being censored. Note that the below segment also presents Centers for Disease Control data indicating that masks may not be effective.

More troubling still and perhaps explaining some of the aforementioned studies, masks may even be contributing to SARS-CoV-2's spread, [suggested](#) ex-Army surgical technician and biologist J.H. Capron last July. His thesis is that for most people, the masks become akin to Petri dishes on their faces.

While everyone has to make his own health decisions — as he'll enjoy the benefits or suffer the consequences thereof — one factor that must be considered, regarding anything, is theoretical vs. practical application.

One example is that Marxism may appear to work — until you factor in how real human beings actually behave. Another example is how top Harvard AIDS researcher Dr. Edward C. Green actually [said](#) in 2009 that the "Pope is correct": Our best studies show a "consistent association ... between greater availability and use of condoms and higher HIV-infection rates." How could this possibly be?

Well, at the "level of population," Green [explained](#), the recommended course is ineffective. In other words, even if a particular prescription is effective for a given educated and conscientious individual, it may actually be counterproductive when applied to large populations.

It's likewise with masks. We can't simply ask how effective the measure is if a theoretical person



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(responsible) wears a theoretical mask (N95) maintained and worn in a theoretical way (disinfected and properly fitted), but: How will the average person apply the recommendation?

(We should also consider masking's long-term psychological/social effects and those of continually inhaling your own CO₂.)

Whatever the case, what surely aren't reliable are Fauci's prescriptions. The internist — that's what he is (he has no relevant degree in anything else) — [was against mask-wearing](#) before he was for it, and now he's for double-masking. In fact, if viruses mutated as much as [Fauci's recommendations](#), we'd all likely already be dead.



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