

Mask Study: “Makes little or no Difference” in COVID-19 Transmission”

Imploding Cochrane Collaboration in Latest Debacle

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A 2023 study published in the Cochrane Database of Systematic Reviews found wearing masks “makes little or no difference” in COVID-19 transmission

The New York Times got involved and columnist Zeynep Tufekci published an opinion piece titled, “Here’s Why the Science Is Clear That Masks Work,” in rebuttal — and reached out to Cochrane

Cochrane’s editor in chief released a statement about the study, stating the implication “masks don’t work” is an “inaccurate and misleading interpretation,” and they were calling on the authors to change the study’s summary and abstract

The study’s authors were blindsided by the statement, and the lead author reiterated, “There is just no evidence that they [masks] make any difference. Full stop”

In 2006, the Bill & Melinda Gates Foundation gave a \$1.15-million grant to Cochrane, which subsequently published controversial and heavily criticized research in favor of HPV vaccines, which Gates has widely supported

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The Cochrane Database of Systematic Reviews (CDSR) has long been considered a gold standard in research, as its reviews take into account all available empirical evidence to reach conclusions about any given topic. A systematic review is essentially a “study of studies,” which can generate “authoritative and reliable information.”¹

Their reviews are then updated every few years to ensure they reflect the latest research² and are considered valuable decision-making tools for researchers, health care workers and policy makers alike.

Unfortunately, Cochrane's unbiased reputation has been tarnished, and its editor in chief, Karla Soares-Weiser, appears to have sold out to the mainstream narrative, going so far as to throw her own researchers under the bus in the process. It all stems back to a study on masks — one of the most controversial topics of the pandemic.

Cochrane Review Finds Masks Are Worthless

A team of researchers led by Tom Jefferson of the University of Oxford has been studying “interventions for the interruption or reduction of the spread of respiratory viruses” since 2006. Beginning in 2010, they began focusing on “physical interventions,” — including screening at entry ports, isolation, quarantine, physical distancing, personal protection, hand hygiene, face masks, glasses and gargling — to prevent respiratory virus transmission.³

The review was updated in 2011, 2020 and again in 2023.⁴ The latest update added 11 new randomized controlled trials (RCTs) and cluster-RCTs, six of which were conducted during the COVID-19 pandemic, for a total number of 78 RCTs reviewed. In terms of medical and surgical masks, the team found “moderate-certainty evidence” that they're useless compared to no masks:⁵

“Wearing masks in the community probably makes little or no difference to the outcome of influenza-like illness (ILI)/COVID-19 like illness compared to not wearing masks ... Wearing masks in the community probably makes little or no difference to the outcome of laboratory-confirmed influenza/SARS-CoV-2 compared to not wearing masks.”

Even in the case of N95 and P2 respirators, no clear benefit was found. In the study's plain language summary, it's noted:⁶

“Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people), or respiratory illness (3 studies; 7799 people).”

Cochrane Editor Calls Mask Study ‘Inaccurate and Misleading’

During the pandemic, you may remember, [magical thinking](#) relating to masks created one of the most polarized debates in U.S. history and led to “anti-maskers” being labeled as “grandma killers.”⁷ So you can imagine the uproar when Cochrane released its findings.

True to form, The New York Times got involved and columnist Zeynep Tufekci published an opinion piece titled, “Here's Why the Science Is Clear That Masks Work,”⁸ in rebuttal and a video rebuttal that you can view below.

“Tufekci argued that despite no high-quality data, we could conclude, based on poor evidence, that masks do work,” Maryanne Demasi, Ph.D., a former medical scientist with the University of Adelaide and former reporter for ABC News in Australia, reported on Substack. “Tufekci also reached out to Cochrane for comment, and presumably, pressured Cochrane into publishing a statement on its website.”⁹

In the statement, Soares-Weiser, Cochrane’s editor in chief, stated the finding that “masks don’t work” is an “inaccurate and misleading interpretation,” and they were “engaging with the review authors with the aim of updating the Plain Language Summary and abstract.”¹⁰ “Cochrane’s statement was interpreted widely as an ‘apology,’ and in some cases, tweeters¹¹ believed the review was ‘retracted,’” Demasi explained.¹²

Authors: We Don’t Change Reviews Based on ‘What Media Wants’

Demasi spoke with lead author Jefferson about the unexpected statement. “It was upsetting,” Jefferson said. “Cochrane has thrown its own researchers under the bus again. The apology issued by Cochrane is from Soares-Weiser, not from the authors of the review.”¹³

Demasi also interviewed Jefferson after the mask study was initially published, and he was clear about its findings, stating, “There is just no evidence that they make any difference. Full stop.”¹⁴

Noting that there wasn’t much change in the findings from the 2020 review to 2023, Jefferson said the study was ready to be released in early 2020, as the pandemic was starting, “but Cochrane held it up for seven months before it was finally published in November 2020. Those seven months were crucial. During that time, it was when policy about masks was being formed. Our review was important, and it should have been out there.”¹⁵

He believes that Cochrane intentionally delayed publication of the mask study until it could massage the results to fit with the narrative that masks work:¹⁶

“For some unknown reason, Cochrane decided it needed an ‘extra’ peer-review. And then they forced us to insert unnecessary text phrases in the review like ‘this review doesn’t contain any covid-19 trials,’ when it was obvious to anyone reading the study that the cut-off date was January 2020.

... During those 7 months, other researchers at Cochrane produced some unacceptable pieces of work, using unacceptable studies, that gave the ‘right answer.’”

This time around, Jefferson and colleagues don’t intend to let Cochrane bully them into changing their study results to appease the media. He told Demasi:¹⁷

“We’ve decided that we are going to write to Cochrane leadership and complain about the way this has been handled ... In this instance, Soares-Weiser has gone outside the normal channels and made decisions without any consultation with the authors of the review. It is unacceptable.

... I will also contact the New York Times about the article where Tufekci used her platform to attack my credibility. She mentioned my name six times in her piece, despite there being multiple authors on the Cochrane review.

She has no track record of publishing original research on acute respiratory illnesses, and it appears that if she does not like what's in the review, it's open season on the scientists ... We are the copyright holders of the review, so we decide what goes in or out of the review. We do not change our reviews on the basis of what the media wants."

Cochrane Crushed Under Weight of Bill Gates' Money

When you're one of the richest people in the world, you can buy virtually anything you want — including control of the media and academia. In the past, the Bill & Melinda Gates Foundation (BMGF) funded the placement of "educational" messages in popular TV shows such as "ER," "Law & Order: SVU," and "Private Practice," including topics such as HIV prevention, surgical safety and the spread of infectious diseases, i.e., vaccinations.¹⁸

In 2006, the Bill & Melinda Gates Foundation (BMGF) also gave a \$1.15-million grant to Cochrane to "support the development of Cochrane's next generation evidence system, with a specific focus on maternal and child health ... a major component of Cochrane's wider technology development program designed to address the challenge of ever-increasing health data."¹⁹

As for why BMGF and other foundations that funded Cochrane may have been interested in this venture, Children's Health Defense reported:²⁰

"[T]he foundations' targeted pots of money appear to be helping Cochrane build a 'next-generation evidence system' that will use technological advances and machine learning to maximize the impact of 'Big Data.'

Vaccination is one of the policy arenas where the rollout of Big Data is being most enthusiastically embraced, with researchers acclaiming Big Data's potential to streamline the delivery of 'rationally designed vaccines' and to 'track the success of vaccination campaigns' ...

BMGF is actively promoting Big Data as a vaccination tool in the developing world, where it can 'track pandemics' and help vaccine workers 'determine what percent of a region they have immunized from a disease.'"

In 2018, a Cochrane review of human papillomavirus (HPV) vaccine²¹ was heavily criticized for conflicts of interest of the authors, including Dr. Lauri Markowitz, a CDC employee involved in the HPV vaccination program.

In a BMJ rapid response, it was further noted, "The Bill and Melinda Gates Foundation has been very influential in promoting HPV vaccination. In regards to the Cochrane HPV vaccine review, Cochrane has a conflict of interest in that it is a beneficiary of Bill & Melinda Gates Foundation funding."²² Children's Health Defense added:²³

"A ... Cochrane review highly favorable to the human papillomavirus (HPV) vaccine — one of the most disastrous vaccines ever rushed onto the market — suggests that the

foundations are getting plenty of bang for their charitable buck.

Despite ample indications that manufacturers used phony placebos and other statistical gimmicks to hide the serious risks of HPV vaccines, and mounting evidence of other ‘deceptive practices ...’ [the review] of HPV vaccines reported no increased risk of serious adverse effects and concluded that deaths reported in HPV studies ‘have been judged not to be related to the vaccine.’

These conclusions likely were well received by ... BMGF, which has supported the HPV vaccine’s introduction around the world.”

Cochrane Founder Thrown Out for Not Following Vax Dogma

Suffice to say, even “gold-standard” research organizations like Cochrane have been infiltrated by globalists looking to further their world domination narrative — mask-wearing included. If there were any doubt, consider the story of professor Dr. Peter Gøtzsche, a Danish physician-researcher who co-founded the Cochrane Collaboration in 1993.

Cochrane’s reputation remained remarkably unblemished all the way up until 2018, when Gøtzsche and Cochrane-affiliated researchers Lars Jørgensen and Jefferson — of the featured mask study — published a scathing critique of Cochrane’s review of the HPV vaccine, pointing out methodological flaws and conflicts of interest.²⁴

Gøtzsche was subsequently expelled by the Cochrane governing board, with the board insisting his removal was due to “repeated misuse of official letterhead to espouse personal views” and not due to his criticism of Cochrane’s HPV review.²⁵ Four board members (Dr. Gerald Gartlehner, David Hammerstein Mintz, Joerg Meerpohl and Nancy Santesso) resigned in protest of Gøtzsche’s removal from the governing board.²⁶

As it stands, Demasi suggests Cochrane may be a sinking ship, one that’s continuing its tradition of succumbing to pressure over controversial scientific conclusions, even if they’re sound. Jefferson, meanwhile, told Demasi that the editor’s attack on the mask study may backfire:²⁷

“I think Soares-Weiser has made a colossal mistake. It sends the message that Cochrane can be pressured by reporters to change their reviews. People might think, if they don’t like what they read in a Cochrane review because it contradicts their dogma, then they can compel Cochrane to change the review. It has set a dangerous precedent.”

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Notes

^{1, 20, 23} [Children’s Health Defense June 5, 2018](#)

² [Cochrane Database of Systematic Reviews, About](#)

^{3, 5} [Cochrane Database of Systematic Reviews, Physical interventions to interrupt or reduce the spread of respiratory viruses, January 30, 2023](#)

⁴ [Cochrane Database of Systematic Reviews, Physical interventions to interrupt or reduce the spread of \[...\], January 30, 2023, Version History](#)

⁶ [Cochrane Database of Systematic Reviews, Physical interventions to interrupt or reduce the spread of \[...\], January 30, 2023, Plain language summary](#)

⁷ [Steve Kirsch Newsletter November 7, 2021](#)

⁸ [The New York Times March 10, 2023](#)

^{9, 12, 13, 17, 27} [Substack, Maryanne Demasi March 15, 2023](#)

¹⁰ [Cochrane, Statement on 'Physical interventions to interrupt or reduce the spread of respiratory viruses' review March 10, 2023](#)

¹¹ [Twitter, Maryanne Demasi March 15, 2023](#)

^{14, 15, 16} [Substack, Maryanne Demasi February 5, 2023](#)

¹⁸ [Philanthropy News Digest April 3, 2009](#)

¹⁹ [Cochrane, Cochrane announces support of new donor, September 22, 2016](#)

²¹ [Cochrane Database Syst Rev. 2018 May 9;5\(5\):CD009069. doi: 10.1002/14651858.CD009069.pub3](#)

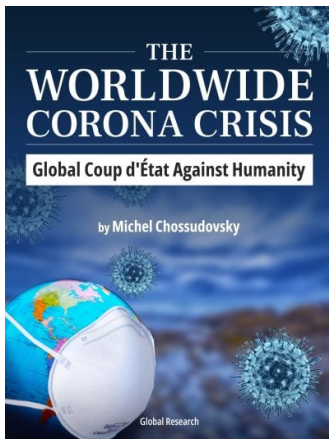
²² [BMJ 2018; 362 doi: https://doi.org/10.1136/bmj.k3472](#)

²⁴ [BMJ Evidence-Based Medicine 2018;23:165-168](#)

²⁵ [STAT News September 28, 2018](#)

²⁶ [Cochrane.org September 15, 2018](#)

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