

Secret Letter to CDC: Top Epidemiologist Suggests Agency Misrepresented Scientific Data to Support Mask Narrative

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Documents recently obtained from the National Institutes of Health suggest public health officials used inaccurate information and misrepresented medical research to advance their policy objective that masks prevent severe COVID-19 and virus transmission—despite opposing scientific evidence received from experts.

In a recently obtained letter (pdf) sent in November 2021 to the Centers for Disease Control and Prevention (CDC), top epidemiologist **Michael Osterholm**, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, and seven colleagues informed the agency it was promoting flawed data and excluding data that did not reinforce their narrative.

The letter warned the agency that misrepresenting data on trusted websites such as the CDC and the <u>COVID-19 Real-Time Learning Network</u>—jointly created by the CDC and Infectious Diseases Society of America (IDSA)—would "damage the credibility of science," endanger public trust by "misrepresenting the evidence," and give the public "false expectations" masking would protect them from the SARS-CoV-2 virus that causes COVID-19.

"We believe the information and recommendations as provided may actually put an individual at increased risk of becoming infected with SARS-CoV-2 and for them to experience a serious or even life-threatening infection," Mr. Osterhom wrote.

The authors urged the IDSA to remove the suggestion that masking prevents severe disease from its website and asked the CDC to reconsider its statements about the "efficacy of masks and face coverings for preventing transmission of SARS-CoV-2."

Osterholm also noted a pattern of selectively choosing data that supported the desired narrative that masks prevent severe COVID-19 disease and transmission—claims he said are unsupported by the scientific evidence provided by the CDC and IDSA on their websites.

The IDSA "Masks and Face Coverings for the Public" webpage appears to "focus on the strengths of studies that support its conclusions while ignoring their shortcomings of study design," Mr. Osterholm wrote. "Studies that do not support its perspective are similarly downplayed."

The COVID-19 Real-Time Learning Network was created in 2020 to share "accurate, timely information about COVID-19." According to its website, the IDSA's editorial team of infectious disease and public health experts synthesize clinical guidance, identify emerging scientific consensus and areas of ongoing uncertainty, and tackle "misconceptions and disinformation."

Although partly funded by the CDC, the IDSA collaborates with numerous medical professional organizations that publish medical journals and make recommendations based on agency guidance, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Society of Critical Care Medicine, the Society for Healthcare Epidemiology of America, and the Society of Infectious Diseases Pharmacists.

The letter was sent to CDC officials, the associate medical and associate digital editors of the COVID-19 Real-Time Learning Network, and IDSA board members, which included Dr. Rochelle Walensky, the former director of the CDC during the COVID-19 pandemic.

Experts Ask CDC and IDSA to Address 'Serious Errors' on Website

In his letter to the CDC, Mr. Osterholm asked the CDC and IDSA to address the "serious errors" published on its website regarding the efficacy of masks as soon as possible and strongly urged the IDSA to remove the suggestion that masking prevents severe COVID-19 from its website and a podcast where such "irresponsible claims were made."

Furthermore, Mr. Osterholm recommended the IDSA reconsider statements about the efficacy of masks and coverings for preventing SARS-CoV-2 transmission, noting the IDSA's website falsely suggests evidence of mask efficacy has strengthened throughout the pandemic.

"We do not agree that the evidence for their efficacy has strengthened throughout the pandemic, as the website suggests," Mr. Osterholm said. "In fact, contrary to the conclusion on this website, the November 2020 Cochrane Review cited states this: 'Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3,507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3,005 people).'"

Osterholm said he and his colleagues are not "anti-mask" but wanted to see a more careful scientific review of the data showing the role masks may play in preventing SARS-CoV-2 transmission. They offered to help the IDSA update its review of the science. Instead, the IDSA and CDC modified their website to promote masking, stating: "Masking is a critical public health tool for preventing the spread of COVID-19, and it is important to remember

that any mask is better than no mask."

The letter was part of documents obtained through the Freedom of Information Act (FOIA) by The Functional Government Initiative (FGI), an organization dedicated to "improving the American public's awareness about the officials, decisions, and priorities of their government."

"The story of official masking guidance should trouble the American public. Recall that Dr. Fauci at first said there was no need for masks. The cloth masks were all that stood between you and COVID. But as evidence against cloth masks appeared, the premiere scientific health organizations dug in their heels and refused to follow the science or listen to their trusted outside advisors," FGI said in a statement (<u>pdf</u>).

"That Dr. Osterholm and his colleagues felt compelled to raise concerns about cherrypicked data and the danger it presented to the credibility of public health officials and the health of the public says that something was deeply dysfunctional in these agencies," FGI stated.

The Epoch Times contacted the CDC for comment but did not receive a response.

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