Proven science

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We've heard the phrase "proven science" a lot. Question: Exactly what makes something proven science, as applied to medical issues? Answer: It requires a randomized, double-blinded, placebo-controlled trial of sufficient size to make the results statistically valid.

A letter in last week's edition referencing the town property mask mandate stated that masks "work, a fact verified by numerous scientific and medical studies." That's not entirely correct. For full details, check out the recent analysis at cato.org/sites/cato.org/files/2021-11/working-paper-64.pdf.

The Nov. 16 Epoch Times added, "Many of the studies are observational, opening them up to confounding variables…Of 16 randomized controlled trials comparing mask effectiveness to controls with no masks, 14 failed to find a statistically significant benefit, the researchers said. And of 16 quantitative meta-analyses, half showed weak evidence of mask effectiveness, while the others 'were equivocal or critical as to whether evidence supports a public recommendation of masks…

"'More than 100 years of attempts to prove that masks are beneficial has produced a large volume of mostly low-quality evidence that has generally failed to demonstrate their value in most settings,' [said] Dr. Jonathan Darrow, assistant professor of medicine at Harvard Medical School.

"Dr. Martin Kulldorff, senior scientific director of the Brownstone Institute, stated, 'The truth is that there has been only two randomized trials of masks for COVID. One was in Denmark, which showed that they might be slightly beneficial, they might be slightly harmful, we don't really know…another study from Bangladesh…randomized villagers to masks or no masks. And the efficacy of the masks for reduction of COVID was something between zero and 18 percent. So, either no effect or very minuscule effect.'"

We should all practice healthy skepticism and seek to recognize and distinguish what is proven, what is hyperbole and what is agenda-driven rhetoric.