

New CDC mask guidelines lifts mandates for most regions in the US

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On Friday, the Centers for Disease Control and Prevention (CDC) announced new guidelines which end mask recommendations for almost 70 percent of the US population. The shift in policy is not based on any scientific principles that have ascertained that masks are ineffective or no longer necessary to stop the spread of COVID-19. Instead, as noted by the *Washington Post*, it is intended to conform to a “process that state and local officials had already begun amid demands for a return to normalcy.”

However, most Americans continue to support mask wearing. The most recent poll by CBS News-YouGov found that 56 percent of respondents said that their state should maintain mask mandates. Additionally, 57 percent of parents of school-aged children felt it should be required in schools.

Previously, the CDC map of US states and counties stratified by risk categories for community transmission was based on COVID-19 case rates per capita or test positivity rates. The color-coded map shown in Figure 1 represents the CDC’s US COVID-19 community level map from last week, February 16, 2022. Almost every county (more than 95 percent) in the country is in the substantial or high-level zone, where the CDC would have advised masking indoors.

The substantial transmission category was defined as 50 to 99 weekly cases per 100,000 residents or a test positivity rate between 8.0 to 9.9 percent. The high transmission level was defined as 100 or more per capita or a positivity rate at 10 or more percent. If the two metrics demonstrated different transmission levels in a region, the CDC guidance deemed selecting the higher level.

Suddenly, the new CDC color-coded map now shows most counties have shifted to either a medium- or low-risk category with the flick of a switch. There has been a remarkable sleight of hand as the old maps are no longer

available on their site for comparison. The change in assessing community risk now “weigh hospitalizations for COVID-19 and the proportion of beds occupied by COVID-19 patients in local hospitals more heavily than rates of new infections alone,” as explained by NPR.

CDC Director Dr. Rochelle Walensky reiterated at a press briefing yesterday, “We want to give people a break from things like mask-wearing.” She added, “As the virus continues to circulate in our communities, we must focus our metrics beyond just cases in the community and direct our efforts toward protecting people at high risk for severe illness and preventing COVID-19 from overwhelming our hospitals and our health care systems.”

This is an unprecedented development in public health, in which the number of infections has been made redundant and meaningless. It functions to enact the political policy of “herd immunity” and its offshoot “endemicity,” which aim to make the virus a permanent fixture in society.

Regardless of the region in the country people reside in, those who are immunocompromised or at high risk for severe disease have essentially been told they should have a plan for rapid testing and seek advice from their health care providers about wearing masks and taking other precautions. As far as the Biden administration is concerned, they will have to fend for themselves.

There has been a significant backlash from public health officials, immunocompromised people and those with substantial co-morbidities that feel the mandates are being lifted prematurely. More than 1,800 Americans on average are dying every day from the disease.

Dr. Eric Feigl-Ding, who has been an outspoken proponent of keeping mitigation measures in place to check COVID-19 community transmission, wrote, “I never thought the CDC would gaslight us like this. Dr. Walensky, what are you doing?” He added, “Seriously, the CDC needs to improve its abysmal track record. CDC

staffers should honestly oppose the gaslighting nonsense happening from the top right now.”

The move by the CDC is not so much a surprise as it is audacious. They are flagrantly attempting to pull the wool over the public’s eyes with their sudden change in masking guidelines.

Though transmissions have declined considerably, the 7-day average remains high, at over 70,000 cases per day. So far this month, more than 50,000 have died as the US inches closer each day to the 1 million mark. Combined with January, the new year has already seen more than 120,000 Americans killed by the virus. Additionally, only 65.5 percent of the population is fully vaccinated with only two doses, and 28.4 percent have received a booster or a third shot. Most Americans must be considered partially vaccinated in an Omicron-dominant pandemic, due to the variant’s ability to evade immunity.

The Biden administration and the CDC are lifting restrictions to ensure schools are open and working parents are back at their jobs producing profit. However, the experience in the pandemic so far shows that new variants of COVID-19 will emerge that are more contagious and, despite attempts to sell Omicron as mild, still virulent and deadly.

The year 2021 saw even more Americans die from COVID-19 than the first year of the pandemic, despite the promises heralded by the development and distribution of vaccines. More working-age Americans died last year, and more children died last year and continue to die at horrific rates. When one compares flu deaths among those under 18 to COVID-19 deaths, 5 versus 1,346, the difference is almost 270-fold. And yet, children under five, who as a group represent nearly a third of pediatric deaths, have no vaccines to protect them.

Additionally, immunocompromised people are being left to fend for themselves. They represent 3 percent of the population in the United States or around 10 million people who are considered moderately to severely immunocompromised. COVID-19 is a community disease, and as such, they are at significant risk, under the current guidelines, to be exposed to the virus and suffer substantial consequences, regardless of their vaccination status.

Dr. Walensky neglects to mention that COVID-19 infections, regardless of whether the initial illness is mild, take a significant toll on the immune system and other organs of the human body.

The disease has recently been shown to severely injure the lungs of children who had recovered from their

infections. Their ability to ventilate the air and perfuse their capillaries with oxygen is compromised.

Mild COVID-19 disease has even been shown to affect the cardiovascular system of adults. People are at considerable risk of heart attacks, dangerous changes in their heartbeats, blood clots and more up to a year after their infections. Data from life insurers showed that non-COVID-related deaths in the second half of 2021 had jumped three-fold compared to the year before.

Other studies have found that 10 percent of those with Long COVID can have brain fog and severe headaches that hinder their ability to live their lives without suffering. Already Long COVID clinics are reporting long waits for patients to access these services to meet a medically severe condition.

Most tragically, the number of orphaned children globally affected by a caregiver’s death from COVID-19 has increased by 90 percent from the end of April (2,737,300) to the end of October 2021 (5,200,300). In the US, that total is shy of 150,000. The loss of a parent or other caregiver has a considerable impact on the future of these children.

In the above context, it bears repeating Dr. Walensky’s words, “None of us know what the future may hold for us and this virus. We need to be prepared and ready for whatever comes next. We want to give people a break from things like mask-wearing when levels are low, and then have the ability to reach for them again, should things get worse in the future.”

Indeed, Dr. Walensky knows full well the dangers posed by COVID-19 and what will occur to the US population by allowing the virus to spread unchecked.



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