Bangladesh Mask Study Correspondence

10/15/2021 1:06 PM

████@yale.edu, ████@yale.edu

Question About "The Impact of Community Masking on COVID-19 …"

Dear Dr. Abaluck and Dr. Mobarak,

Regarding "[The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh](#)," can you explain why "mortality data was not available" (p. 86)? This outcome is typically simple and straightforward to measure.

Sincerely,

James D. Agresti | President | Just Facts | 3600 FM 1488 Rd. | Suite 120 #248 | Conroe, TX 77384 | justfacts.com

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On Saturday, October 16, 2021, 07:41:28 AM CDT, Mobarak, Mushfiq <████@yale.edu> wrote:

Dear Mr. Agresti,

Thank you for your question.

Mortality is a very rare outcome. If you are trying to detect statistically precise changes in rare outcomes you would need to do a population level RCT (collecting data from 600 communities would not be large enough), or study changes in policies at the country level and then rely on administrative data on mortality.

Getting administrative data on mortality in rural Bangladesh in real time is not easy.

A. Mushfiq Mobarak
Professor of Economics, Yale University
http://som.yale.edu/mobarak
Zoom: https://yale.zoom.us/my/mushfiq

10/16/2021 10:29 AM

Abaluck, Jason <█████@yale.edu>; Mobarak, Mushfiq <█████@yale.edu>;

Dear Dr. Mobarak,

Thank you for your timely reply.

Would you kindly share the mortality data that you collected? Your study's preregistered analysis plan states that it will measure "hospitalizations and mortality (in both the village-level and individual-level experiments)." As I'm sure you know, the primary reason for preregistered analysis plans "is to avoid many of the issues associated with data mining and specification searching by setting out in advance exactly the specifications that will be run and with which variables."

Likewise, *The Handbook of Social Research Ethics* states that "any hindrance to the collection, analysis, or publication of data, such as inaccessible findings from refusal to share data or not publishing a study, should also be corrected for science to fully function."

Beyond the ethical obligation of full transparency, mortality data can provide vital information even if the confidence intervals of this outcome are large. This is because the data:

- defines the outer boundaries of the effects of masks on death.
- measures the worst and most clearly defined outcome (death).
- accounts for all potential life-saving benefits and lethal harms of masks.

Sincerely,

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On Sunday, October 17, 2021, 10:51:22 PM CDT, Abaluck, Jason <█████@yale.edu> wrote:

Hi James,

Collecting mortality data would have required us to revisit every household at endline in order to survey them (we only collected blood from the small subset of households symptomatic during our study period). Given the nationwide lockdown that went into effect, another round of revisits

would have been prohibitively expensive and complicated, and we prioritized the other outcome variables where we had much better hope of being statistically powered.

Jason

10/19/2021 5:03 PM

Hi Jason,

Thank you for your reply.

Did you collect mortality data during any part of the study before the endline? If so, would you share it?

Given that your team was "able to collect follow-up symptom data" from "98%" of the individuals in the study, why would they need to "revisit every household at endline to survey them"? It seems like the bulk of this surveying was already done, and all that was needed is to follow through on the remaining 2%.

Best,

Jim
James D. Agresti | President | Just Facts | 3600 FM 1488 Rd. | Suite 120 #248 | Conroe, TX 77384 | justfacts.com

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4/8/22

No reply to the email above.

10/28/2021 9:37 AM

Abaluck, Jason <███████@yale.edu>; Mobarak, Mushfiq <███████@yale.edu>;

Dear Dr. Abaluck and Dr. Mobarak,

I am writing to follow up on the e-mail below.

Sincerely,

Jim

James D. Agresti | President | Just Facts | 3600 FM 1488 Rd. | Suite 120 #248 | Conroe, TX 77384 | justfacts.com

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4/8/2022

No reply to the email above.