

DEPUTATION IN WRITING

REGIONAL COUNCIL

JULY 9, 2020

Subject: Mandatory Mask Wearing Indoor Public Spaces - York Region

Spokesperson: Elliott Meltzer

Name of Group or person(s) being represented (if applicable):

Brief summary of issue or purpose of deputation:

It's my understanding that your advice will be considered at the council meeting on July 9th regarding the wearing of masks indoors in public spaces. I understand also from speaking to some of those voting that they will be considering Dr Kurji's report most seriously in their vote. Some will simply follow recommendations and not do their own research I have been told.

It is for that reason I am writing you as an educated and concerned citizen of York Region. Along with your expertise and training, I offer the following for your consideration in the best interests of all concerned. I appreciate your work for my community. I trust your advice will come with full support for your recommendations and be made with full due diligence on your part. The issue is not black and white and I appreciate the weight of the decisions you must make.

With the impending July 9th vote for mandatory use of masks put forth for consideration by York Region council, which will determine the fate of its residents and those who are employed within its boundaries, it is my hope that you will give serious consideration to the content of this letter as you prepare to provide input that will affect the vote.

I am a current resident of Newmarket, a long-standing resident of York Region and a specialist in the area of mental health by occupation. I am also an independent scientific researcher. I am a father of two pre-teen children and have offices in both Richmond Hill and Newmarket.

When creating Public Health policy, it must be reasonable and proportionate to the impact of the threat in relation to the health, both physical and mental, of the people who may be affected. There must be a balance of consideration between protection and causing more harm than the threat itself.

I accept that Covid-19 is real and people are being seriously affected by the disease. At this time however, mandatory masking as a solution to stop the spread is not founded in science. Science does not function well in the world of "may's" and "possibly's". It works best when research is peer-reviewed, with adequate sample sizes, large population cohorts and randomly controlled trials (RCT's), using well designed studies that are replicable.

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In the hundreds of studies readily discoverable by any good researcher of legitimate data sources online, the only variable that is consistent among them is that they are consistently inconsistent in their results. The cumulative data suggests only that there is no scientific reliability or evidence that masks, especially outside of healthcare environments, are effective in reducing the risk of SARS-CoV-2 transmission or the spread of COVID-19. Some research references in this regard are provided at the end of this letter.

Supporting a policy change to mandate mask wearing indoors, given there is no foundation in science to support it and knowledge that so doing will place some residents of York Region in peril is clearly a questionable act on the part of government and policy influencers.

In the absence of supporting evidence, the use of masks should remain a choice, not mandated for individuals or employees.

It can also not go unnoticed that mask manufacturers themselves place warnings on their packaging similar to "This product is an earloop mask, this product is not a respirator and will not provide any protection against COVID-19 (Coronavirus) or other viruses or contaminants."

Masks have never been a formal recommendation to Canadian citizens until recently when it was suggested that changes in science are now supporting value in mask use. Despite such a declaration, there is no support from the World Health Organization, or any document published by the Federal or Provincial governments of Canada that validates it.

As a Public Representative whose decisions impact a great many people, you are often faced with decisions related to risk and it is with respect that you have made decisions based on clear and concise evidence. It is imperative that this decision be made based on the best possible outcome and with the least negative results. I implore you to consider not only the facts related to the science, but also the impact that mandating masks may have on a large part of the York Region population.

The primary argument for the recommendation and proposed mandating of masks is based on the presumed spread from asymptomatic persons within the population. It is being suggested that significant proof exists that shows asymptomatic and pre-symptomatic individuals are rapid spreaders of the virus in the general population. On the contrary, the documents published both by Canadian authorities and the World Health Organization suggest that this is not true. Even Dr. Maria Van Kerkhove, W.H.O.'s Technical Lead for Covid-19, has stated that asymptomatic and pre-symptomatic persons are not the individuals on whom we should be concentrating our efforts. (19)

For simplicity I have relied on the W.H.O.'s reports and updates, trusting on their broad experience from countries worldwide as a guide. Cases reported on their website state that pre-symptomatic individuals trace back to those living in close quarters - supporting that long term, close contact are the critical factor for transmission from this group. Conversely the limited studies that exist on asymptomatic individuals point to evidence that this group is unlikely to spread the virus.

The W.H.O's June 11, 2020 news update^[1] (i) and their June 5th publication on mask use in the community^[2] (ii) both affirm that most transmissions occur from symptomatic people through close contact with others therefore solidifying that only those people should be wearing masks.

With the knowledge that asymptomatic people are a minimal risk to transmit the virus, the mandating of masks is an act of malfeasance on the part of the government.

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Further consideration should be given to the fact that training and education on the use of PPE starts in medical and nursing schools and continues throughout the careers of medical professionals. It is therefore unreasonable to expect adequate training through the use of infographics provided by individuals in government to community members to ensure appropriate use and mitigate against infection or harm.

As outlined in the W.H.O's report, government is exposing community wearers to potential harm and risk of improper and/or prolonged use of a medical mask from the following:

- Self-contamination due to the manipulation of the mask by contaminated hands.
- Potential self-contamination that can occur if medical masks are not changed when wet, soiled, or damaged
- Possible development of facial skin lesions, irritants, dermatitis or worsened acne when used frequently for long hours
- The false sense of security, leading to the potential for less adherence to well recognized preventative measures such as physical distancing and hand hygiene.
- Risk of droplet transmission and of splashes to the eyes if mask wearing is not combined with eye protection
- And creating disadvantages for or difficulty wearing masks by specifically vulnerable populations such as those with mental health disorders, developmental disabilities, the deaf and hard of hearing community and children.

Of grave concern are the impacts on those who are directly disadvantaged by the mandating of masks. To provide a high level of understanding of what that means to residents of York Region are the statistics below:

- 5% or 55,000 of York Region's population are deaf^[iii] (iii) and rely on lip reading to communicate, mandatory masking would leave them in a world of complete silence.
- 4% or 44,000 of York Regions population suffer from a mental illness^[iv] (iv), many of whom may be unable to wear a mask as a result of PTSD (such as victims of sexual assault and physical abuse – often women), extreme anxiety or fear of closed spaces. The need to disclose this private information to others just to seek exception is undignified and potentially against their human rights.
- 3% or 33,000 of York Regions population suffer from Learning and Developmental Disabilities^[v] (v) and 1.4% or 15,000 elderly individuals in York Region suffer from a cognitive impairment^[vi] (vi) which is expected to grow to just under 20,000 by 2021. These individuals may not be easily identified by store owners or enforcement and penalized and chastised unnecessarily.

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- 15.1% or 166,760 children 12 and under^[vii] (vii) live in York Region. Mandating masks poses real harm to this group, enforcing it when returning to school means wearing masks for 6 – 8 hour per day. Consideration is needed on the health impacts from prolonged use mentioned in the W.H.O's report as well as impacts on self-esteem, learning and development of vital social skills all caused from masking vital emotional indicators necessary to psychological development in children.
- 12.7% or 139,700 of York Region residents live in poverty^[viii] (viii) many of whom may struggle to afford masks and may be working in essential jobs where they will be required to wear for prolonged periods of time. The potential for reuse and improper use by this group needs serious consideration.

Recognizing that these may not be the only groups impacted if there is a regional decision to mandate masks, it is a sizable number of the population nonetheless representing 41.2% of York Region residents or 453,200 people.

Of further consideration:

- Anyone who may be infectious, and must go out, as well as those who may be immune compromised, should be strongly encouraged to wear masks.
- Currently masks are unregulated in terms of manufacturing and pricing. If masks are to be mandated, the public needs to be protected from price-gouging and personal harm through the use of hazardous materials used in mask making. In my own community, from Dollar Store's to Walmart and endless online popup websites, I have seen masks priced between \$1 and \$20 each, not to mention the price of filters ranging upwards of \$30. In the public's best interest, masks for health reasons, mandated or not, should be provided by the government.
- The financial impact on the general public must be considered, especially for those that are in low income situations. Those already suffering from financial hardship must be supported to prevent further hardship from constant mask purchases or the harm that might befall them from the reusing of contaminated masks.
- From a mental health perspective, those who cannot wear masks for medical reasons are at risk of being shamed, guilted, and bullied by a fearful and paranoid public. They shouldn't be made to either share their medical information everywhere they go or be banned from buying basic necessities to feed their families.
- Fear and paranoia, can be caused by the constant use and visibility of masks, or the absence of them on some persons and not others, and is negatively impactful on the immune system. A stress weakened immune system is counterproductive to infection prevention.
- In order to best serve the public health interest not only during this pandemic but future health emergencies, focusing on prevention rather than remedy could be addressed through these considerations:

- Consider teaching health and well-being concepts to children (and adults) at the earliest of school ages which include:
 - How to build a strong immune system and how this affects the frequency, intensity and duration of illness, including viruses.
 - The benefits of healthy eating, physical activity, and a positive mindset on overall health and the prevention of illness.
 - The benefits of proper hygiene such as proper handwashing and cleanliness for self- health and the well-being of others around you.
 - The importance of self-care as a measure of self-worth. For example, concepts such as it's important to stay home when you're sick so you can restore your health and not infect others.
 - Teach the proper covering of mouth and nose when sneezing or coughing.
- Early education would lead to a healthier, happier society in general and although there is significant research to support this approach, I think it's more than obvious that this doesn't require reams of science to demonstrate its effectiveness.
- Other mandates might include enforcing stay at home policies for those who show signs of being contagious and requiring corporations to have non-termination and/or compensation policies for these situations.

Finally, there are a number of important unknowns related to the constant wearing of masks leading to potential harms from broad public policies. Unanswered questions include:

1. In making your decision, what kind of data will you provide to support it? The burden of proof rests not on the represented public body but on the policy makers and influencers. Your position of responsibility wasn't achieved because you focused on the small picture or because you took the advice of one person or group without asking many good questions, in the best interest of public service.
2. Since the science is inconsistent, what kinds of masks or face coverings are required and sufficient? How have you come to this conclusion?
3. Do used and loaded masks become sources of enhanced transmission, for the wearer and others?
4. Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
5. Are large droplets captured by a mask atomized or aerolized into breathable components? Can virions escape an evaporating droplet stuck to a mask fiber?
6. What are the dangers of bacterial growth on a used and loaded mask?
7. How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?
8. What are the possible long-term health effects, from feeling faint, lightheadedness, headaches, anxiety and diminished oxygen supply arising from impeded breathing?
9. Are there negative social consequences to a masked society?

10. Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification?
11. What are the environmental consequences of mask manufacturing and disposal?
12. Do the masks shed fibers or substances that are harmful when inhaled?
13. Since the making of masks is not regulated or controlled, how can the manufacturer of the masks or the material be trusted to be safe from harmful chemicals?
14. If the government is not regulating mask pricing, but requires mask use, how will those already burdened by financial difficulty be supported to prevent further hardship?
15. How will the government prevent those who cannot wear masks for legitimate reasons from being shamed, guilted or bullied by a fearful public? How will those legitimate reasons, medical or otherwise be determined?

I want to thank you for your very valuable time and consideration on this very serious matter. In closing I would also recommend that you take the time to review the W.H.O's report in full. It can be found at <https://apps.who.int/iris/handle/10665/332293>. In addition this letter sent by a nurse to a councillor in Ward 5 in Markham (<https://ward5markham.ca/should-wearing-masks-be-made-mandatory-in-public-indoor-places/>) has very compelling information and additional sources of research worth considering.

Sincerely,

Elliott Meltzer, Sp.Hons BSc (Psyc), RCH, MHT

Referenced Research

- 1- ^[i] <http://www.emro.who.int/media/news/transmission-of-covid-19-by-asymptomatic-cases.html>
- 2- ^[ii] [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)
- 3- ^[iii] Source York Region 2020 – 2023 Multi-year Accessibility Plan by YRP - https://www.york.ca/wps/wcm/connect/yorkpublic/41bb28df-a3a0-421c-9159-5b0bb26ada19/2020_to_2023_Multi-Year_Accessibility_Plan.pdf?MOD=AJPERES&CVID=n7chIzS
- 4- ^[iv] source York Region 2020 – 2023 Multi-year Accessibility Plan by YRP https://www.york.ca/wps/wcm/connect/yorkpublic/41bb28df-a3a0-421c-9159-5b0bb26ada19/2020_to_2023_Multi-Year_Accessibility_Plan.pdf?MOD=AJPERES&CVID=n7chIzS
- 5- ^[v] source York Region 2020 – 2023 Multi-year Accessibility Plan by YRP
- 6- ^[vi] source: York Region Senior Strategy – Senior Health in York Region – <https://www.york.ca/wps/wcm/connect/yorkpublic/2d5d45ba-1f1f-4f0f-9155-6b2371da440e/YR+Seniors+Strategy.pdf?MOD=AJPERES&CVID=mu9bx75>

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7- ^[vii] source: A Profile of Children in York Region, November 2019 –
<https://www.york.ca/wps/wcm/connect/yorkpublic/50325d6f-3214-4a9b-a0a2-e415b455724b/A-Profile-of-Children-in-York-Region.pdf?MOD=AJPERES&CVID=mXRCcKC>

8- ^[viii] source: York Region Action on Poverty Profile - Social Planning Network of Ontario -
<https://www.spno.ca/images/pdf/povertyprofiles/york/York-Cover-Page.pdf>

In writing this letter, I considered the amount of time and detail required to make this a readable document for you in time for the voting on July 9th. There is a growing body of research on the unclear effectiveness of mask wearing going back years, including meta-analyses and RCT's. They could not all be referenced in the article. I have provided a few further references for your personal perusal in order for you to make the most informed choice for the populous you represent. Science, over opinion and fear, is paramount.

The decisions we make today will affect the world our children understand to be safe, and their beliefs as to whether they can thrive, or simply survive.

Additional Research for review and consideration:

9 – Sick Kids Hospital, in Toronto, Canada, has highlighted their research on mask wearing by children and recommended against it. As well, they bring into question the uncertain benefits, especially if not used properly.

“Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and it is not practical for a child to wear a mask properly for the duration of a school day. It is noteworthy that several European countries have had children successfully return to school without face masks.”

<https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>

10 – This meta-analysis of 17 studies demonstrates study design flaws, bias recall, small sample sizes and inconsistent results.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/>

11– As masks are not regulated, those that want to save money, may purchase what turn out to be counterfeit masks online. <https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

12 – Examples of the varied price of masks that impact the financial well-being and potential safety of the general public as a result of lack of quality control.

<https://www.walmart.ca/en/health/home-health-care/face-masks/reusable-face-masks/N-9322>

https://www.amazon.ca/s?k=masks&ref=nb_sb_noss_1

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13 - The widespread use of cloth masks by healthcare workers may actually put them at increased risk of respiratory illness and viral infections and their global use should be discouraged, according to a UNSW study. The average consumer is using mostly cloth masks so this study can be extrapolated to include them as a consideration.

<https://www.sciencedaily.com/releases/2015/04/150422121724.htm>

14 – A review of 52 studies on masks and respirators as source control and PPE.

“Cloth masks are ineffective as source control and PPE, surgical masks have some role to play in preventing emissions from infected patients, and respirators are the best choice for protecting healthcare and other frontline workers, but not recommended for source control. These recommendations apply to pandemic and non-pandemic situations.”

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

15 – “The surgical mask is a bad fit for risk reduction.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868614/>

16- “Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza.” (May 2020)

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

17 - Covid-19: What is the evidence for cloth masks? (April 2020). The evidence is inconclusive or not statistically significant.

<https://www.bmj.com/content/369/bmj.m1422>

18- “We know that wearing a mask outside health care facilities offers little, if any, protection from infection.” (May 2020)

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

19 – “The World Health Organization’s (WHO) Maria Van Kerkhove, PhD, said in a press briefing Monday evening that asymptomatic individuals are less likely to transmit [SARS-CoV-2](#) than individuals with symptoms.”..” Kerkhove also acknowledged that asymptomatic and presymptomatic spread have been staples of past studies modeling transmission dynamics in nursing homes and household settings. She cited a "number of countries" reporting detailed contact tracing results, showing secondary transmission is a very rare circumstance. Much of this data, she added, has not been published.” (June 2020)

<https://www.contagionlive.com/news/dr-kerkhove-who-asymptomatic-covid19-cases>

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