

Mandatory Mask Bylaw (MO-07-20)

Key Areas of the Proposed Bylaw:

WHEREAS COVID-19 continues to be present within the City of Burlington and surrounding municipalities, and is a **disease that is readily communicable from person to person, even with minimal or no signs of symptoms or illness**

WHEREAS there is a **growing body of evidence on the effectiveness of masks and face coverings to act as a barrier to prevent the spread of COVID-19**

WHEREAS the wearing of masks and face coverings **may act as an ongoing visual clue and reminder** that public health measures, including hand-washing and maintaining a safe physical distance from others

THEREFORE, BE IT RESOLVED that Burlington City Council enact a temporary bylaw requiring individuals, organizations or corporations that are responsible for the operation of a facility or business, which have indoor, enclosed spaces open to the public, to ensure no member of the public is permitted unless wearing a mask or face covering in a manner which covers their mouth, nose and chin, subject to the exemptions below, to help limit the spread of COVID-19

BE IT FURTHER RESOLVED that members of the public attending facilities or businesses that are open to the public shall wear a mask or face covering in a manner which covers their mouth, nose and chin, subject to the exemptions below, and unless it is reasonably required to temporarily remove the covering to access services provided by the establishment, or while actively engaging in an athletic or fitness activity during physical activity, and exemptions may be accommodated if:

c. Wearing a face covering would inhibit the person's ability to breathe in any way.

BE IT FURTHER RESOLVED that the bylaw be in force for a temporary period of time, beginning July 20 and expiring September 30, 2020, unless extended or revoked by City Council;

BE IT FURTHER RESOLVED that council request that the Region of Halton present a mandatory mask bylaw for consideration by Regional Council at its meeting of July 15, 2020 to ensure consistency across the region; and

BE IT FURTHER RESOLVED that council request the Province of Ontario to enact a mandatory mask order under the Emergency Management and Civil Protection Act for those regions that have entered Stage 2 reopening, and/or will enter Stage 3 reopening; and

BE IT FURTHER RESOLVED that council request the Government of Canada to enact a mandatory mask policy;

Background and Discussion

Throughout the COVID19 pandemic, Burlington residents have done their part to protect themselves and their neighbours from the spread of the virus, leading to the lowest infect rates per capita in Halton Region, and among the Greater Toronto and Hamilton Area Municipalities

As of the writing of this report, the number of cases per 100,000 in Halton was 122, Hamilton 142, Waterloo 222, Wellington/Dufferin/Guelph 157, Niagara 160, Peel 368, and Toronto, 428. The Ontario rate is 240. Source: Public Health Ontario

However we cannot afford to let our guard down until a vaccine is found, and as the economy continues to reopen we need to guard against any false sense of security. Our community expects us to do everything we can to ensure public safety and to stop community spread. This virus is not more powerful than our collective will to fight it.

We **believe** that the benefits of wide-spread cloth mask use will set us up for a better transition into Stage 3 reopening.

Mandating, not just recommending, the use of non-medical masks **will help convince more members of the community to wear them as the economy reopens.** It will not be possible to achieve 100% compliance - nor is it with any bylaw. However, a bylaw will set expectations and assist with a greater degree of voluntary compliance. More people wearing masks is better.

As with so much during this pandemic, our understanding and the information available to us about the virus and the best tools we have to combat its spread is constantly evolving....

Our understanding of the need for masks has shifted as we have learned about the **possibility of asymptomatic spread.**

This Twitter thread from Ottawa Public Health sums up the situation

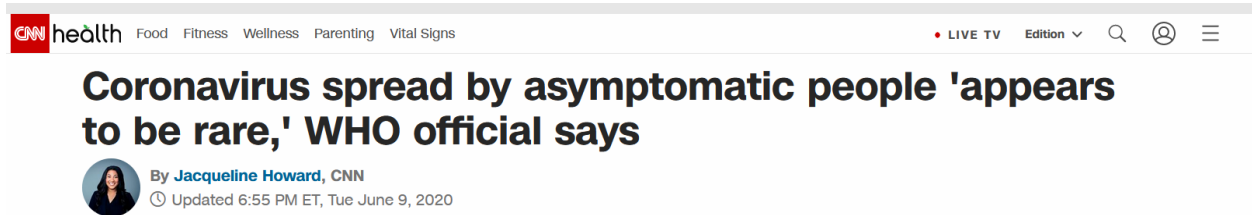
*"...Before we knew about asymptomatic transmission, there was no need for you to wear a mask unless you were sick. **Then evidence emerged to support its existence.***

*We are once again in a period of change. ***The emerging evidence shows us that wearing cloth masks in indoor public spaces is a necessary measure to help keep our community safe..****"

RESPONSE:

FACT #1: People infected with COVID-19 who are asymptomatic (which is most people) do NOT spread COVID-19

This from the World Health Organization on June 8th — devastating fact to anyone who still contends asymptomatic people can spread COVID-19:



The World Health Organization is privy to emerging data from all over the world of studies being done, which is why this quote from Maria Van Kerkhove, the WHO's technical lead for Coronavirus response, is such a big deal:

"From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual," Van Kerkhove said on Monday. "We have a number of reports from countries who are doing very detailed contact tracing. They're following asymptomatic cases, they're following contacts and they're not finding secondary transmission onward. It is very rare -- and much of that is not published in the literature," she said. "We are constantly looking at this data and we're trying to get more information from countries to truly answer this question. It still appears to be rare that an asymptomatic individual actually transmits onward."

FACT #2: Science shows masks are ineffective to halt the spread of COVID-19, and The WHO recommends they should only be worn by healthy people if treating or living with someone with a COVID-19 infection

WHO guidance: Healthy people should wear masks only when 'taking care of' coronavirus patients

POSTED 3:20 PM, MAY 29, 2020, BY FOX TELEVISION STATIONS

"If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask," Dr. April Baller, a public health specialist for the WHO, says in a video on the world health body's website posted in March. "Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough."

Just before the COVID-19 madness, researchers in Hong Kong submitted a study for publication with the mouthful of a title, "[Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.](#)" Oddly, the study, published in May, is actually housed on the CDC's own website, and directly contradicts [recent advice from the CDC](#) about wearing a mask. Namely, the study states:

"In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018....In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks...Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza....Proper use of face masks is essential because improper use might increase the risk for transmission."

English translation: there is no evidence that wearing masks reduces the transmission of respiratory illnesses and, if masks are worn improperly (like when people re-use cloth masks), transmission could actually INCREASE. Moreover, this study was a meta-analysis, which means it dug deep into the archive of science (all the way back to 1946!) to reach its conclusions. Said differently, this is as comprehensive as science gets, and their conclusions were crystal clear: masks for the general population show no evidence of working to either slow the spread of respiratory viruses or protect people.

Here's an article published in *ResearchGate* by noted Canadian physicist D.G. Rancourt, written directly in response to the COVID-19 outbreak, published last month. Titled, [Masks Don't Work: A review of science relevant to COVID-19 social policy](#).

“Masks and respirators do not work. There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles. Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 µm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle.”

To put this in simple terms: in order for a mask to really be effective that covered both your nose and mouth, you would asphyxiate. The minute the mask allows you to breathe, it can no longer filter the micro-particles that make you sick.

This study from 2015 in the *BMJ* cited: [“A cluster randomised trial of cloth masks compared with medical masks in healthcare workers”](#), and it bears repeating, since MOST of the masks people wearing in the community right now are cloth masks. Not only are these masks 100% ineffective at reducing the spread of COVID-19, but they can actually harm you. As the researchers explain:

“This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection...”

Increased risk of infection? Yes, that's what it says. Other studies have also looked at the impact masks have on your oxygen levels (because you're are forced to re-breathe your own Co2) and it's not good. Scientists [looked at oxygen levels of surgeons wearing masks](#) while performing surgery and found: “Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO2) and a slight increase in pulse rates compared to preoperative values in all surgeon groups.”


On May 21st, [this article](#) came out in the *New England Journal of Medicine*, written by several doctors and public health officials with the title, “Universal Masking in Hospitals in the Covid-19 Era,”



Perspective

Universal Masking in Hospitals in the Covid-19 Era

Michael Klompas, M.D., M.P.H., Charles A. Morris, M.D., M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Sheroy, M.D., Ph.D.

	Article	Metrics	May 21, 2020 N Engl J Med 2020; 382:e63 DOI: 10.1056/NEJMp2006372
	5 References 23 Citing Articles Letters		

This statement seems a perfect way to end my discussion of masks:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”

Anthony Veres