

To: Burlington City Council

From: Tom Muir, Resident

**Subject: Masking and Covid Mitigation By-law**

Dear Councilors;

I spent some time trying to find out who has jurisdiction for masking and other Covid mitigation measures. Please note that my expressed concern has always been for children, especially the 5 to 11 age, but generally, and overall, the school system.

This announced policy is not based on science. It's Mr. Ford and his single appointed designated spokesperson Officer of Health, so called "expert", talking a policy-talk narrative to tell us what they have decided we all have to do, and so you figure out your own risk.

That figuring might be okay if you have the wherewithal and information in order to do that, but not everyone does, and children in general do not have a clue about what we are doing, and they are part of the experiment they are being dropped in with no warning or delay after a 9 day break from school, with lots of unmasking and contact over that time. I wanted to know why there was no short delay of 2 or 3 weeks for ending the mask mandate in schools.

I found it amazing that despite claims from Education Minister Lecce that the government consulted far and wide, Peter Juni, the Chair of the Ontario Covid Advisory Panel, said many times, that they had not been consulted, and he said he would have advised a 2 or 3 week delay.

What really got me is that this unmasking, spacing and cohort cancel policy was a general one and included the entire school system and all students, without even mentioning them or schools in the Officer of Health statement. Students and schools are not a special situation to have regard for, despite a duty of care.

So to me, this "expert" did not recognize all school children, 5 to 11 for example, who are only about half vaccinated, and of course naively vulnerable, as a group to be cared for explicitly. Indeed, Mr. Ford told the School Boards that the health, and well-being of the students in the Boards care was not their business, and that this Covid policy effect on student health in schools was only the business of the Health Dept. represented to the public by one man, the "expert".

So just stay out of it Mr. Ford said. This is said, despite the fact that School Boards are responsible for on-the-ground delivery of all of this half-baked policy. This was a dictator line that should not have been crossed. It demonstrated clearly that it ignores the key question I have; what is our moral obligation to children in schools regarding Covid?

The policy is based on risk-taking and taking chances to get what they want. To me, it's idiotic to put the entire school system back in operation overnight like a light switch. It's a big lot of people in a relatively crowded space, all day, mostly congregate, constant interactions, with no public health protections anymore. It's a huge assembly forced on everyone in every school and

the system as a whole. Do they mask on school buses? What about the drivers? I don't really think it could be worse..

You haven't heard all the independent experts "shouting", if you may, that dropping masks, distancing, and cohort grouping from all children going back to school en mass after 9 days of spring break, more than likely with more contacts, fewer or no masks and less distancing, unrestricted mobility, more transmission, more travel, and so on, is not science, and to put it mildly, is too soon.

It's not safe for children, teachers, staff, or anyone in the family tree really. I ask, who knows about children and the situation better than teachers and Trustees? It's their duty. Mr. Ford dismissing this responsibility ghosts moral obligation.

I have some search results supporting a reasoned delay in masking by-law repeal that is appropriate based on considered safety, and where you have kept the mandate in place. Exposure scenarios for students are similar to some of these.

1. The provincial mask mandate is still in effect for public transit - does that include school buses, and if not why not? The exposure risk is pretty much the same.

This exposure risk matches up the classrooms regarding proximity, but the classroom is even worse regarding exposure duration, the virus is airborne as an aerosol and circulates around, what is the air exchange safety ratio in all the schools (have they new hepa-like filters or similar?), - no masks, no spacing, no cohorts. And then a question is will more students be in the classrooms?

2. Also for congregate care; - does this include day care, or PK and SK? And schooling is a form of congregate care. All of these exposure scenarios are more or less similar, so how does health differentiate these based on facts and data? If susceptibility (age eg) enters, some kids are susceptible.

I would like to know how many factors, that put kids in schools into exposure situations that are very similar to some contexts that the Province mask mandate will still be in effect?

Are there no contexts that Health can see that would enable a Sect. 22 order. Are none that I mentioned that could be candidates for "specific situations" status? Situational facts must be considered and explained by Health if they do nothing about a delay.

In conclusion, at the very least a serious guidance to wear masks for 2 to 3 weeks in schools at least is supported by these facts. There are a lot of other factors acting.

Thank you,

Tom Muir