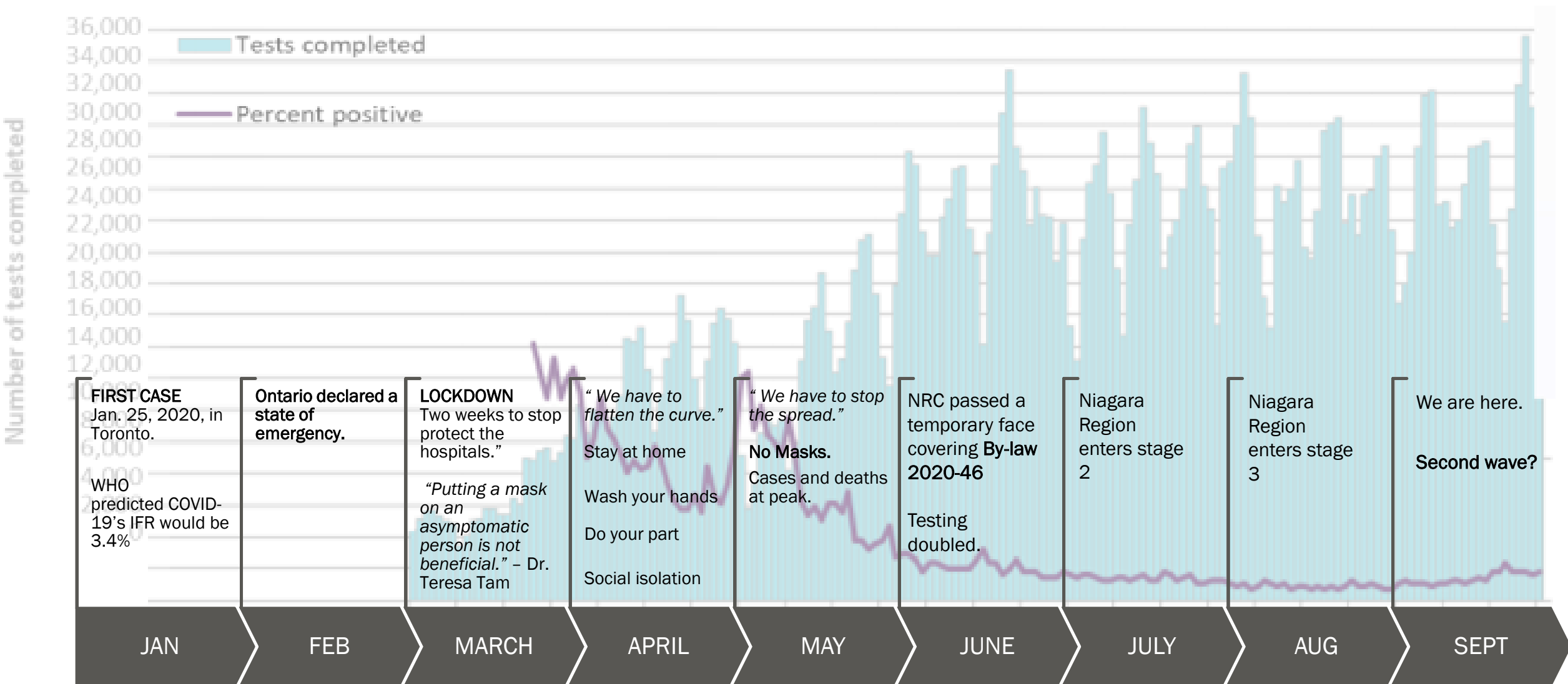




NIAGARA REGION FACE COVERING BY-LAW

FACTS OVER FEAR

HINDSIGHT IS 2020





WHO I REPRESENT?

HUGS 
over
MASKS.CA



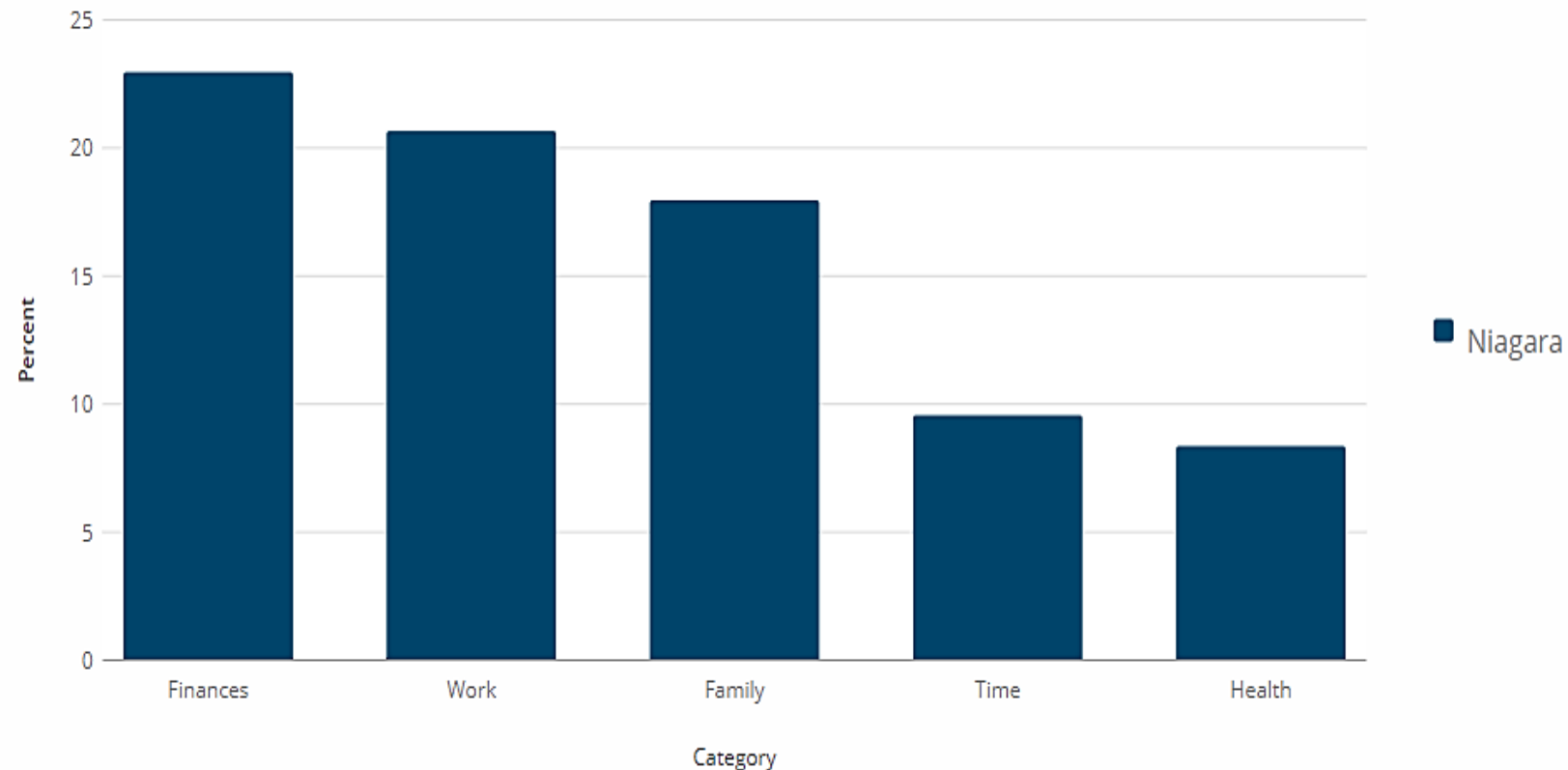
IT'S NOT "JUST A MASK"

- Although tolerated by most, not all people can wear face coverings.
- The Provincial government “passed the buck” to the Municipalities and business owners to mandate and enforce the scientifically questionable mask bylaws.
- Due to the sense of urgency, a lack of communication and paralyzing fear the result was a high degree of ignorance on the part of the people responsible for enforcing the bylaw, the already financially struggling business owners.
- Although most of the business owners honor the bylaw exemptions there have been an alarming number of reports of discrimination across the Niagara Region.
- An unforeseen and more imposing perceived threat to those who are unable to wear masks is other people.
- These concerns need to be addressed immediately because they are causing egregious discrimination and violations of the Ontario Human Rights Code.

MENTAL HEALTH

- In 2016, self-harm injuries were the second leading cause of injury-related hospitalizations and injury-related deaths. In Niagara, there were 814 emergency department visits and 444 hospital admissions related to self-harm.
- Since 2009, emergency department visits related to self-harm have **increased significantly**.
- Youth (15 to 24 years) have the highest rate of emergency department visits for self-harm injuries.
- In 2012 (most recent year of death data), **41** people died from self-harm.

Top five stressors in life (2015-2016)



Data Source: Source: Canadian Community Health Survey (CCHS) [2015-2016].

<https://www.niagararegion.ca/health/statistics/injury/default.aspx#selfharm>

“MASKS DON’T WORK” - [DENIS RANCOURT](#)

- The main method of transmission is long-residence-time aerosol particles ($< 2.5 \mu\text{m}$), which are too fine to be blocked by masks, and the minimum-infective dose is smaller than [one aerosol particle](#).
- Non surgical and cloth masks are not scientific and do more harm than good.
 - Results: The rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm. Penetration of cloth masks by particles was almost **97%** and medical masks **44%**.

Conclusions: 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.** - <https://pubmed.ncbi.nlm.nih.gov/25903751/> 2015 Apr
 - This study showed that the **filtering efficiency of cloth face masks were relatively lower, and washing and drying practices deteriorated the efficiency**. We believe that the findings of this study will be very helpful for increasing public awareness and help governmental agencies to make proper guidelines and policies for use of face mask. - <https://pubmed.ncbi.nlm.nih.gov/31289698/> 2019 Jun
 - **Conclusion:** Our findings suggest that a **homemade mask should only be considered as a last resort** to prevent droplet transmission from infected individuals, but it would be better than no protection.- <https://doi.org/10.1017/dmp.2013.43> May 2013
- Even medical masks offer scientifically insignificant protection.
 - Results: In an intention-to-treat analysis, rates of clinical respiratory illness and laboratory-confirmed viral were consistently lower in the mask arm compared with control, **although not statistically significant**. A post hoc comparison between the mask versus no-mask groups showed a protective effect against clinical respiratory illness, **but not against ILI and laboratory-confirmed viral respiratory infections**. - <https://pubmed.ncbi.nlm.nih.gov/28039289/> 2016 Dec

UNKNOWN ASPECTS OF MASK WEARING

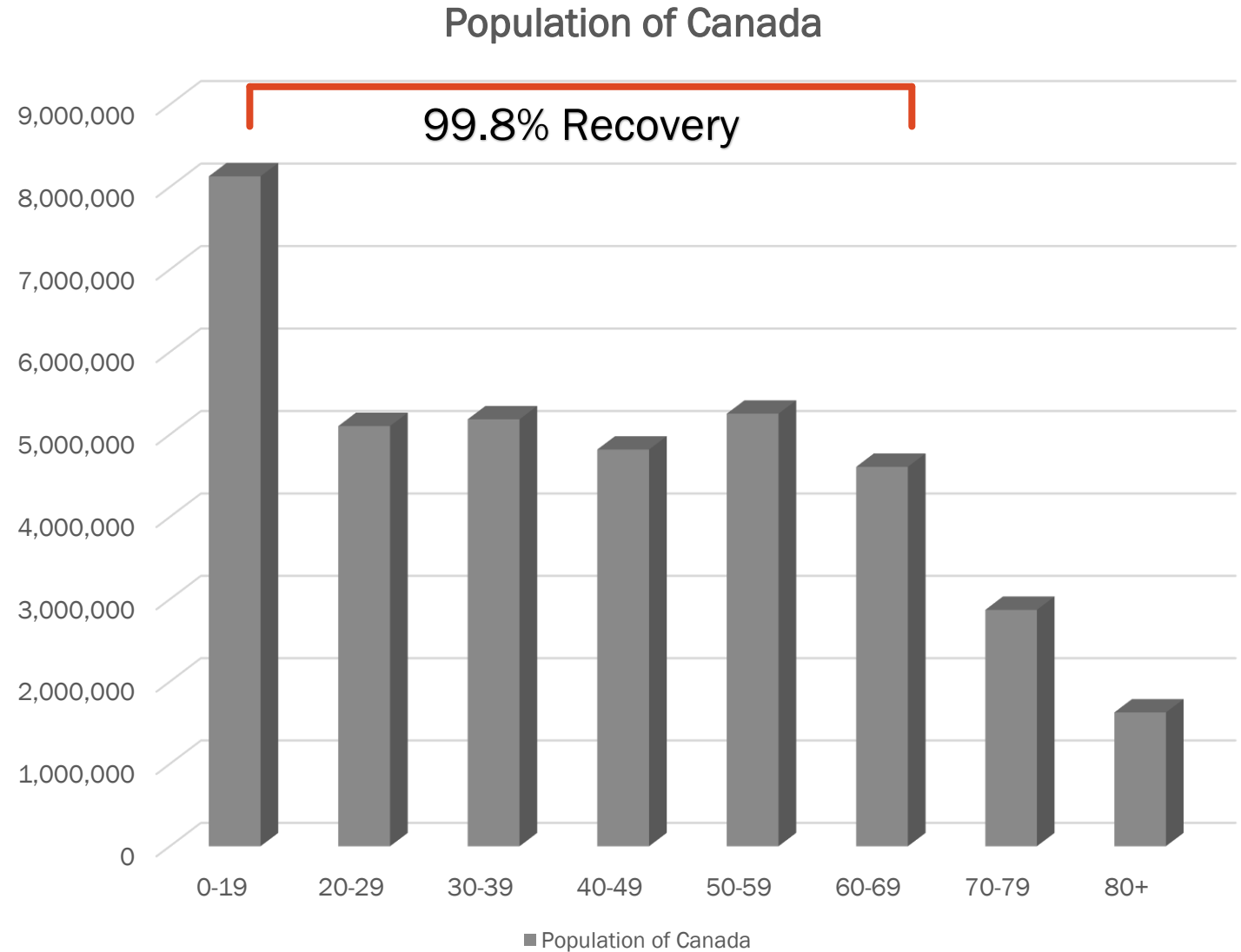
- Many potential harms may arise from broad public policies to wear masks, and the following unanswered questions arise:
 - Do used and loaded masks become sources of enhanced transmission, for the wearer and others?
 - Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
 - Are large droplets captured by a mask atomized or aerosolized into breathable components?
 - What are the dangers of bacterial growth on a used and loaded mask?
 - Should pathogen-laden masks be disposed in hazardous waste container suitable for a Risk Group 3 (RG3) human pathogen as defined by the Centre for Biosecurity?
 - Are there negative social consequences to a masked society?
 - Are there negative psychological consequences to wearing a mask, as a fear-based behavioural modification?
 - What are the environmental consequences of mask manufacturing and disposal?
 - Do the masks shed fibres or substances that are harmful when inhaled?

THERE IS HOPE!

“ IRRATIONAL FEAR IS THE REAL VIRUS”

	IFR Estimate	Recovery Rate %
0-19 years:	0.00003	99.99%
20-49 years:	0.0002	99.98%
50-69 years:	0.005	99.5%
70+ years	0.054	94.6%

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>



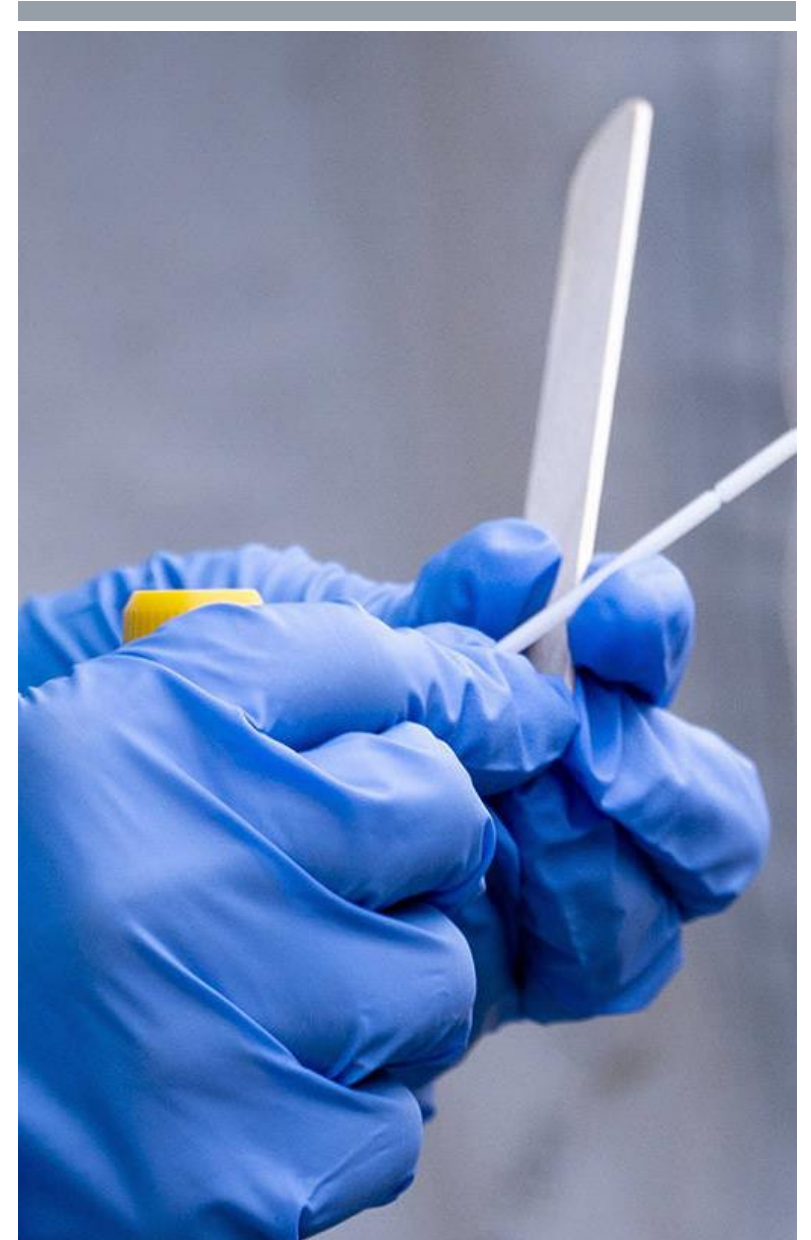
HOW IS NIAGARA REGION DOING WITH COVID-19?

- Outside LTC facilities, there have been **12 deaths** (from or with) COVID-19 in the Niagara Region with a population of 447,888 people (0.0026%).
 - That's 2.4 deaths per month outside LTC facilities.
- In total there have been 64 deaths (0.014% of the population).
- There have been 973 confirmed cases (0.22% of the population) and 31.1% or 303 of these cases occurred in LTC facilities.
- 3% of the total cases or 28.6 people were in intensive care.
 - Approx. 2 people per month, per hospital requiring intensive care.
- 10.6% of the total cases or 103 resulted in hospitalizations for COVID-19 (none ICU).
 - Approx. 7 people per hospital, per month requiring hospitalization.
- Currently, **99.7%** of all COVID-19 tests done in the Niagara Region are negative and there are zero outbreaks.

<https://www.niagararegion.ca/health/covid-19/statistics/statistics.aspx>

WHY THE FOCUS ON CASES?

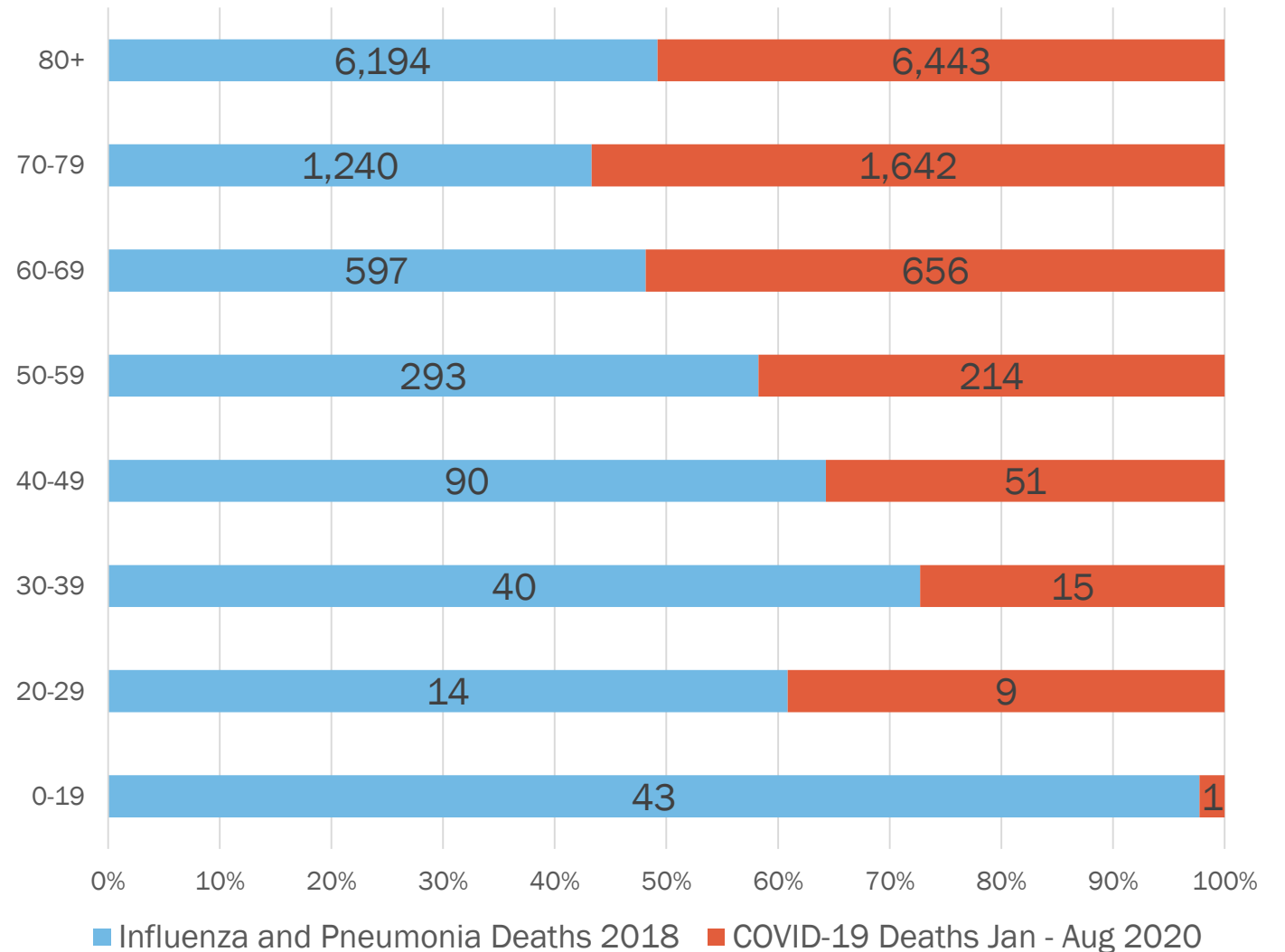
- Currently 99% of Canada's active cases are reported as mild.
 - <https://www.worldometers.info/coronavirus/country/canada>
- According to the CDC's "Current Best Estimate" the percent of infections that are asymptomatic is 40%.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>
- There are currently 28 active COVID-19 cases out of 447,888 people in the Niagara Region. (0.005%)
- 86.6% of the 973 total positive cases in Niagara people isolated at home.
 - <https://www.niagararegion.ca/health/covid-19/statistics/statistics.aspx>



THE SEASONAL FLU IS 1.7X MORE DEADLY FOR 76% OF CANADA'S POPULATION

When can we take off the masks?

Seasonal Flu 2018 Deaths v.s COVID-19 Deaths



<https://www150.statcan.gc.ca>

health-infobase.canada.ca/covid-19

THE ANSWER IS BLOWING IN THE WIND

1. End the mandatory masking of healthy people and you will end the confusion, discrimination, bullying and shaming.
2. Educate the public on the individual IFR, recovery rates and how to fortify their immune systems and you will end the irrational **fear**.
3. Those who wish to wear masks to “protect” themselves can continue to wear masks in public. Surgical masks or respirators should be recommended for those at risk.

We can continue to protect the vulnerable, practice social distancing and proper hygiene and we can all get through this, truly together.



SECTION 7 – LIFE, LIBERTY AND SECURITY OF THE PERSON



- 7. Everyone has the right to life, liberty and **security of the person** and the right not to be deprived thereof except in accordance with the principles of fundamental justice.