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Mr. Andrew Williams
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Wednesday, July 29, 2020

Dear Mr. Williams,

As of Tuesday, July 21, your staff has not permitted my wife, Nicole Manley, to receive her essential dialysis treatment at Stratford General Hospital because she refuses to wear a mask. As the scientific evidence (not theory) currently stands, there is nothing close to proof that masks offer significant (if any) protection from *infection* (for the wearer or those around them).

Despite popular belief, even the Ministry of Health admits that "Existing evidence demonstrates that wearing a mask… after an illness begins is not effective at preventing secondary respiratory infections."[1] Yes, masks have been proven to block the path of a virus; but two decades of randomized controlled trials have shown that any such reduction in viral load has not been sufficient to make a noticeable and significant reduction in the rate of infection.

For example, all seven of the randomized control trials cited in the ministry's report *COVID-19 – What We Know So Far About…Wearing Masks in Public*[2] came to the same conclusion:

1. The University of Michigan-School of Public Health found hand washing reduced influenza-like illnesses; while mask wearing made no difference whatsoever.[3]
2. A German randomized controlled trial found "there was no statistically significant effect" when it came to wearing masks "on secondary infections."[4]
3. A 2010 randomized study in the The Journal of Infectious Diseases found that neither "face mask use and hand hygiene nor face mask use alone was associated with a significant reduction in the rate of influenza-like illnesses cumulatively."[5]
4. A randomized controlled trial conducted during the H1N1 pandemic found "Influenza transmission was not reduced by… hand washing and face mask use."[6]
5. A 19-month randomized controlled trial found a reduction in respiratory infection through educational interventions; but no reduction when adding masks.[7]
6. An RTC of pilgrims sleeping together in tents found no difference in laboratory confirmed influenza cases among those wearing masks and those who were not.[8]
7. A trial in France found that masks produced a 0.4% reduction in secondary infection and "did not identify any trend in the results suggesting effectiveness of face masks."[9]

I can also provide similar randomized controlled trials with health care workers. The results were the same. This is why the Toronto Academic Health Science Network was not able to enforce mandatory mask wearing among staff after an arbitrator ruled: “Evidence that masking as a source [of] control results in any material reduction in transmission was scant, anecdotal, and, in the overall, lacking… [and] is the exact opposite of being reasonable.”[10]

At the same time, the Ministry of Health, the CDC, the WHO and SickKids all acknowledge proven, obvious and theoretical harms to masks (both to the wearer and to those around them).

Asking a patient to wear a medical device that has not been proven to ensure the safety of anybody, while causing known harms sure sounds like a violation of the human rights code.

Enforcing masks appears to waste resources, energy and time that could be put towards proven methods of reducing the spread of disease (e.g. improved ventilation) and educating people on ways to strengthen their immune system (e.g. sufficient sleep, diet, sunshine, etc.).

The use of masks appears to be based on hopeful theories which ignore the mountain of evidence resulting from real world testing. A study in *Emerging Infectious Diseases* concluded: “We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community…”[11]

Furthermore, COVID-19 has now been shown to be no more deadly than the regular cold and flu season. The CDC reports a mere 0.26% fatality rate.[12] Stanford found a 0.28% death rate.[13] Such a death rate puts the danger of COVID-19 “in the ballpark of seasonal influenza,” says Stanford’s Dr. John Ioannidis. 99.8% of those infected survive. Most have little to mild symptoms.

Wake Forest Baptist Academic Medical Center’s recent serology study pegs the fatality rate as low as 0.1%.[14] “The severity of symptoms is lower than we estimated and the vast majority of people who were infected are going to do fine,’ concluded their chief of infectious disease.

Furthermore, why has all-cause mortality not increased over last year? Why must Health Canada include “probable” cases in its COVID totals? Why does Ontario include deaths “whether or not COVID-19 was determined to be a contributing or underlying cause of death?”[15]

Unless you can provide evidence (not “expert opinions”) to the contrary, I therefore ask that my wife be allowed to return to her regularly scheduled dialysis sessions immediately, without a mask. And that staff cease coercing, shaming, ostracizing and belittling my wife for making an educated decision. Nicole should not be told that she is “putting lives at risk,” being “unkind," not “keeping others safe” or is being “disrespectful." Instead, she is exercising her constitutional right to protect herself and others from a false sense of security, from unproven theories masquerading as fact, and from the known harms of face masks to our health and society.

Sincerely,

John C. A. Manley

References

A copy of this letter in PDF format with clickable hyperlinks is available upon request.

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