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Mr. Andrew Williams
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Dear Mr. Williams,

In your recent letter you state "HPHA is confident that there are no negative impacts to individuals using a mask…" You then reference the mask exemption document from its anonymous advisory council which lists many "negative impacts" to mask wearing:

- anxiety and panic attacks so bad that counselling and therapy are recommended
- triggering post-traumatic stress disorder where a horrific memory is relived
- agoraphobia and asphyxia reactions wherein the person feels they are dying
- children so negatively impacted that they "cannot be persuaded" to wear a mask
- acne vulgaris — a skin disease which stresses the immune system, can lead to permanent scarring and has been linked to depression and suicidal thoughts[1]

For further negative impacts, the last page of the Ministry's document on masking[2] is titled: "Risks Associated with Wearing Masks" and warns of the following:

- "Mask use by the general public could be associated with a theoretical elevated risk of COVID-19 through… self-contamination."
- "The external surface of the mask may become contaminated and touching one's face is a common practice."
- "…may be associated with facial skin lesions, irritant dermatitis…"

The claim in your previous letter that HPHA has "taken a precautionary approach" appears the very opposite of the truth. As Denis Rancourt PhD, a tenured professor of physics from the University of Ottawa, has written:

> In light of the medical research, therefore, it is difficult to understand why public-health authorities are not consistently adamant about this established scientific result, since the distributed psychological, economic and environmental harm from a broad recommendation to wear masks is significant, not to mention the unknown potential harm from concentration and distribution of pathogens on and from used masks. In this case, public authorities would be turning the precautionary principle on its head…[3]

The same paper lists ten concerns poised by scientists on mask wearing:

1. Do used and loaded masks become sources of enhanced transmission, for the wearer and others?
2. Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
3. Are large droplets captured by a mask atomized or aerolized into breathable components? Can virions escape an evaporating droplet stuck to a mask fiber?
4. What are the dangers of bacterial growth on a used and loaded mask?
5. How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?
6. What are long-term health effects on HCW, such as headaches, arising from impeded breathing?
7. Are there negative social consequences to a masked society?
8. Are there negative psychological consequences to wearing a mask, as a fear-based behavioural modification?
9. What are the environmental consequences of mask manufacturing and disposal?
10. Do the masks shed fibres or substances that are harmful when inhaled?

Even during surgery the use of face masks has been shown to increase infection rates. "It has never been shown that wearing surgical face masks decreases postoperative wound infections," writes Göran Tunevall M.D. in the *World Journal of Surgery*. "On the contrary, a 50% decrease [in infection] has been reported after omitting face masks."[4] Tunevall confirmed this with his own randomized controlled trial comparing 1,537 surgeries with masks to 1,551 without. Wound infections went up 34% when masks were worn. Likewise, the *Annals of the Royal College of Surgeons of England* found that the use of face masks during surgery resulted in a 50% increase in wound infection.[5]

There are at least twelve other randomized trials, conducted in operating theatres. All twelve found that infection rates were lower without masks or that masks made no difference. This is a concerning finding considering that hospital infections are one of the leading causes of death in Canada.

Indeed, a five-year university study from 2001 on the use of face masks with peritoneal dialysis found that "the occurrence of peritonitis in patients performing bag exchanges without a face mask is not different from that reported by other centers [where face masks are common practice]… Instead, the mask may be a source of bacterial contamination, from rubbing against the face… hand contamination may result when the patient tries to correctly position the mask or involuntarily touches it. Adequate hand-washing, and not the act of wearing face mask, may possibly be the most important factor in infection control…"[6]

In a lawsuit currently underway against the city of Tulsa, Oklahoma's mandatory masking bylaw, Dr. James Meehan, MD testified: "Reports coming from my colleagues, all over the world are suggesting that the bacterial pneumonias are on the rise" as a result of mask use. He also warned that "New research is showing that cloth masks may be

increasing the aerosolization of the SARS-COV-2 virus into the environment causing an increased transmission of the disease…"[7]

One of New York's largest dental clinics recently reported 50% of its patients are suffering "decaying teeth" and "receding gum lines" as a result of mask use. "We're seeing inflammation in people's gums that have been healthy forever, and cavities in people who have never had them before," Dr. Rob Ramondi, a dentist and co-founder of One Manhattan Dental told FOX News.[8]

Now if masks produced a significant reduction in the flu-like illnesses, these negative impacts might be acceptable. But that is not the case, as I've demonstrated in previous letters, and to which you have offered no evidence to the contrary.

Indeed, your advisory council states "inappropriate medical exemptions [for the wearing of mask] have the potential to inadvertently hasten the spread of COVID19 in our community." It may have the "potential" but certainly lacks any evidence. The Ministry's masking document actually says: "…existing evidence demonstrates that wearing a mask within households after an illness begins is not effective at preventing secondary respiratory infections."[9] Every randomized trials (with verified outcomes) cited by the Ministry of Health shows masks do little to nothing to reduce infection. Indeed, the same studies suggests masks increase the spread of bacteria and viruses, while causing other harms — socially, physically, mentally and financially.

While many trials have been conducted to test the effectiveness of mask wearing, few or none have evaluated its safety – particularly in high-risk cases. I find it surprising how willingly HPHA forces renal failure patients into such a medical experiment without even a control group to compare it to. Especially when you consider:

- Masks cause a sudden rise in CO2 which will increase blood PH levels, which may be harmful to those whose kidneys are not able to remove acid from the blood or balance bicarbonate levels.
- Renal failure patients also suffer from anemia, so one must question whether limiting their air intake is wise.
- Most (if not all) renal patients suffer serious heart conditions, which rises in CO2 have been known to exacerbate.

I can find no studies evaluating the safety of muzzling end-stage renal patients with a germ collector. Thus, is not HPHA forcing an untested medical device on renal failure patients, under threat of denying them life-saving dialysis treatment? And would you not agree that this medical device has been proven to be ineffective and has not undergone satisfactory safety studies (despite the fact that it has a long list of known side-effects)?

And is it not obvious that masking creates a social environment of fear and stress? Masks are often worn by criminals trying to hide their identity while perpetuating an offence (theft, violence, rape, murder, etc.). Masks also create a phobia of germs and a false sense of protection, leading to an irrational fear of those not wearing a mask. Would not increasing subconscious stress and fear in patients, visitors and staff activate the sympathetic nervous system and thus down-regulate their immune system?

In the end, there is no evidence that mask wearing protects other people, while it has many obvious, proven and theoretical harms. Should not the use of a mask be a personal decision made by the user and their doctor (as with any other medical treatment); and not universal prescription that one is coerced into for reasons of political or financial gain?

As Dr. Meehan states: “In February and March we were told not to wear masks.What changed? The science didn't change. The politics did. This is about compliance. It's not about science... Our opposition is using low-level retrospective observational studies that should not be the basis for making a medical decision of this nature.”[10]

I understand that you are following the dictates of those above you. Instead, I ask you to follow science and liberty. Please stand up for the safety and freedom of those you serve and who have put their trust in you; while at the same time protecting yourself and your organization from being held accountable for such careless disregard for scientific evidence, constitutional law and personal liberties.

As Nobel laureate Bertrand Russell once said: “The fact that an opinion has been widely held is no evidence whatever that it is not utterly absurd.”

Sincerely,

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1 Barnes LE, Levender MM, Fleischer AB, Feldman SR (April 2012). "Quality of life measures for acne patients.” Dermatologic Clinics (Review). 30 (2): 293–300, ix. doi:10.1016/j.det.2011.11.001. PMID 22284143

2 Public Health Ontario. COVID-19 – What We Know So Far About...Wearing Masks in Public. June 17, 2020. https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/what-we-know-public-masks-apr-7-2020.pdf?la=en

3 Rancourt, Denis. Masks Don’t Work A review of science relevant to COVID-19 social policy. April 2020. http://ocla.ca/wp-content/uploads/2020/04/Rancourt-Masks-dont-work-review-science-re-COVID19-policy.pdf

4 Tunevall, Göran. “Postoperative wound infections and surgical face masks: A controlled study.” World Journal of Surgery. Vol 15. 1991. https://link.springer.com/article/10.1007/BF01658736

5 Neil W M Orr. “Is a mask necessary in the operating theatre?” Annals of the Royal College of Surgeons of England. 1981 Nov; 63(6): 390–392. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/

6 Figueiredo et al. “Bag Exchange in Continuous Ambulatory Peritoneal Dialysis Without Use of a Face Mask: Experience of Five Years.” Advances in Peritoneal Dialysis. Renal Unit, Hospital São Lucas, Porto Alegre, Brazil. http://www.advancesinpd.com/adv01/21Figueiredo.htm

7 Tulsa, Oklahoma Press Conference. 2020 August 20. YouTube. https://www.youtube.com/watch?time_continue=15&v=ZbmvCKcUNuA&feature=emb_title

8 Licea, Melkorka. “'Mask mouth': Dentists coin new term for smelly side effect of wearing a mask.” 2020 August 7. FOX News. https://www.foxnews.com/health/mask-mouth-dentists-new-term

9 Ibid 2

10 Ibid 7