

Dangerous Lack of Rational Information and Leadership

From: Adele Mercier [REDACTED]
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Subject: Dangerous Lack of Rational Information and Leadership
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The City of Kingston website claims that one should address one's questions relating to the Section 22 order to wear face coverings to FKL&A: "Questions and comments relating to COVID-19 health measures, including the Section 22 order to wear face coverings, should be directed to KFL&A. You can view their FAQ online."

The FKL&A website, for its part, states:

"Due to the high volume of e-mail submissions and the re-assignment of staff to assist with the COVID-19 response, we are unable to respond to individual e-mails regarding COVID-19 at this time."

In other words, there is no one to answer questions.

If the medical officer and the mayor of Kingston are so sure that masks work as to impose them on the entire population, then they should easily be able to explain why, and to explain why all the serious studies in reputable journals are fallacious that show that they are not, and indeed that they can aggravate the situation rather than improving it, not only because of the false sense of security they provide.

I note that not one of the city leaders I, and others, wrote to on the matter has deigned to reply.

This absolute abandonment of leadership is dangerous in a situation inciting fear. Governance by decree, rather than by informed rational discussion, speaks dangerous conspiracy theories (in case you haven't notice, these currently abound). The Kingston public is intelligent and educated, and deserves rational answers to rational questions.

I call upon our "leaders" —those who would enforce radical changes to our behaviours— to explain to the Kingston public why and how it is that they continue to believe that masks protect anyone from aerosolizing viruses (as opposed to bacteria), in spite of all the growing evidence to the contrary. (And please don't answer the glib "South Koreans wear masks..." —South Korea practiced universal testing and contact tracing.)

If the scientific evidence supports your decrees, then produce it.

If you cannot produce the evidence (because it isn't there), then explain to us why we must all wear masks anyway, and for how long. (And please don't answer: "It can't hurt", because then you just sound like Trump on hydrochloroquine.)

Adele Mercier

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Begin forwarded message:

From: Adele Mercier [REDACTED]
Subject: Your reply to the OCLA re: masks
Date: June 30, 2020 at 8:34:28 AM EDT

Dear Jim,

For what it's worth, my family and I do wear masks in public ...as well as practice a healthy form of distancing, and a great deal of hand washing. Nothing I say below is to be interpreted as opposing current measures in Kingston.

Respectfully, Mr Councilman, your reply entirely misses the mark.

The OCLA letter cites numerous SCIENTIFIC studies from the most reputable journals showing nul effects of masks in reducing the spread of viruses; these are highlighted below.

The letter also warns against well-known biases that all too easily infect “the overwhelming opinion of medical professionals”. A case in point: up until 1973, the overwhelming opinion of medical professionals was that homosexuality was a mental illness; the overwhelming opinion of medical professionals today is that it never was. Astronomical professionals were overwhelmingly of the opinion that Pluto as a planet, until 2006, under new evidence. WHO professionals were overwhelmingly of the opinion that the public should not wear masks, until lately, under no new evidence; that's not science, that's politics. You, Jim, know that.

What OCLA presents are not legal opinions as you dismissively put it, but scientific arguments. Please respond, or have your trusted medical professionals respond, to those. And if “legal opinions” are beneath reply, take it up with the WHO.

One thing you surely cannot disagree with, as a general supporter of civil liberties and of sound objective science, is that a government ought not, should not, and cannot impose measures on its citizenry based on bias, on a false sense of security, or on unscientific hunches, no matter how enthusiastically they are entertained by whichever professionals espouse them at the time. (This way lies bleach and hydroxychloroquine...)

Appealing to the better angels of our nature, we would wear masks in confined public spaces voluntarily, not because the science confirms they work (it doesn't, and nobody knows they do), but as a symbolic gesture of solidarity towards one another during these trying times, as a reminder that physical distancing slows down contagion, allowing health services to assist the sick and old to survive at very little expense (oxygen) who would otherwise die, and that we have a moral obligation to do that.

For your interest, see intelligent argument that Sweden has effectively engaged in *involuntary euthanasia*:
<https://www.youtube.com/watch?v=K4SQ-NOV-iU>

Sincerely,

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- Xiao, J et al. (2020) "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures", *Emerg Infect Dis.* 5 May 2020;26(5):967- 975. <https://dx.doi.org/10.3201/eid2605.190994>
["Although mechanistic studies support the potential effect of hand hygiene or face masks, **evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning.**"]
- Long, Y et al. (2020) "Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis", *J Evid Based Med.* 2020; 1- 9. <https://doi.org/10.1111/jebm.12381> ["A total of six RCTs involving 9 171 participants were included. **There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection and influenzalike illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization.**"]
- Bartoszko, JJ et al. (2020) "Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials", *Influenza Other Respiratory Viruses*, 2020;14(4):365-373, <https://doi.org/10.1111/irv.12745>
["Four RCTs were meta-analyzed adjusting for clustering. **Compared with N95 respirators; the use of medical masks did not increase laboratory-confirmed viral (including coronaviruses) respiratory infection or clinical respiratory illness.**"]
- Radonovich, LJ et al. (2019) "N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial", *JAMA.* 2019; 322(9): 824–833. doi:10.1001/jama.2019.11645, <https://jamanetwork.com/journals/jama/fullarticle/2749214>
["Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW- seasons. ... **Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.**"]
- Offeddu, V et al. (2017) "Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis", *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, <https://doi.org/10.1093/cid/cix681>

[“Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”; as per their Figure 2c]

- Smith, JD et al. (2016) “Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis”, *CMAJ*, Mar 2016, cmaj.150835; DOI: 10.1503/cmaj.150835, <https://www.cmaj.ca/content/188/8/567>

[“We identified 6 clinical studies ... **In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism.**”]

- bin-Reza, F et al. (2012) “The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence”, *Influenza and Other Respiratory Viruses* 6(4), 257–267, <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>

[“There were 17 eligible studies. ... **None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.**”]

- Cowling, B et al. (2010) “Face masks to prevent transmission of influenza virus: A systematic review”, *Epidemiology and Infection*, 138(4), 449-456. doi:10.1017/S0950268809991658, <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05> [None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H). See summary Tables 1 and 2 therein.]

- Jacobs, JL et al. (2009) “Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial”, *American Journal of Infection Control*, Volume 37, Issue 5, 417 - 419, <https://www.ncbi.nlm.nih.gov/pubmed/19216002> [N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.]