



Public Submission

City Clerk's Office

In accordance with sections 43 through 45 of [Procedure Bylaw 35M2017](#), the information provided **may be included** in the written record for Council and Council Committee meetings which are publicly available through www.calgary.ca/ph. Comments that are disrespectful or do not contain required information may not be included.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information provided in submissions relating to matters before Council or Council Committees is collected under the authority of Bylaw 35M2017 and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta, and/or the Municipal Government Act (MGA) Section 230 and 636, for the purpose of receiving public participation in municipal decision-making. Your name and comments will be made publicly available in the Council agenda. If you have questions regarding the collection and use of your personal information, please contact City Clerk's Legislative Coordinator at 403-268-5861, or City Clerk's Office, 700 Macleod Trail S.E., P.O. Box 2100, Postal Station 'M' 8007, Calgary, Alberta, T2P 2M5.

I have read and understand that my name and comments will be made publicly available in the Council agenda. My email address will not be included in the public record.

First name (required) Jessica

Last name (required) Gardner

What do you want to do? (required) Submit a comment

Public hearing item (required - max 75 characters) Masking Mandate

Date of meeting Jul 5, 2021

Hello,

I just wanted to voice my concern over the potential removal of the mask mandate once the province opens back up. I feel it is my responsibility to my children to speak up. As a mother of two young children ages 4 & 6 my concern is they are not yet protected by a vaccination and they will be left vulnerable to Covid-19 and more importantly the new Delta variant which has proven to be more contagious in other parts of the world. Furthermore, we do not yet know what the impact of the Stage 3 opening will be in terms of new cases/hospitalizations let alone the Calgary Stampede. These new rushed loosening of restrictions could very well push us into a dangerous 4th wave of the virus, and this vulnerable age range will have no protection whatsoever.

Comments - please refrain from providing personal information in this field (maximum 2500 characters)

Removing the masking mandate while such a large portion of our population remains vulnerable seems highly irresponsible, especially since children of the 0-12 age group do not seem to grasp the social distancing measures required and currently they have no avenue of vaccine protection.



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I would be very surprised if I am the only parent with these concerns. Please consider leaving the mask mandate in place to protect children aged 0-12 until a vaccine is available to them as well.

Thanks for your time and consideration,

A concerned parent



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First name (required)	Ashley
Last name (required)	Allan
What do you want to do? (required)	Submit a comment
Public hearing item (required - max 75 characters)	Mask bylaw
Date of meeting	Jul 5, 2021

Comments - please refrain from providing personal information in this field (maximum 2500 characters)	Please get rid of the mask bylaw OR show us the proof it is effective. At this point, it's just ridiculous to keep imprisoning and suffocating Calgarians over a flu. Don't be the bad guy when the rest of the province is finally re-embracing sanity.
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First name (required)	Sam
Last name (required)	Cross
What do you want to do? (required)	Submit a comment
Public hearing item (required - max 75 characters)	Masks
Date of meeting	Jul 5, 2021

Comments - please refrain from providing personal information in this field (maximum 2500 characters)	It's time for our Mayor to realize Calgary isn't special. The province and many other cities and towns including Lethbridge and Edmonton have dropped their mask mandate. It's time to stop encouraging people to live in fear. You need to stop continuing to do things like this just so you can disagree with Kenney. The masks must go.
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June 30, 2021

Delivered via Email: druh.farrell@calgary.ca, ward.sutherland@calgary.ca, joe.magliocca@calgary.ca, jyoti.gondek@calgary.ca, sean.chu@calgary.ca, George.chahal@calgary.ca, jeff.davison@calgary.ca, evan.woolley@calgary.ca, gian-carlo.carra@calgary.ca, eaward10@calgary.ca, Jeromy.farkas@calgary.ca, shane.keating@calgary.ca, diane.colley-urquhart@calgary.ca, peter.demong@calgary.ca, cityclerk@calgary.ca, themayor@calgary.ca

The City of Calgary-City Council
800 Macleod Trail SE
Calgary, Alberta

Attention: All City of Calgary Councillors, Mayor Nenshi and City Clerk

RE: END THE MASK BYLAW

Lawyers 4 Truth advocates for the constitutional and statutory human rights of individuals to show their face. We write to you to demand that the City of Calgary Council (“Council”) immediately terminate masking of any sort for Calgarians. The Province of Alberta will enter Stage 3 of their reopening plan, effective July 1, 2021, which will, *inter alia*, remove the indoor mask wearing requirement in Alberta. Other major Cities in Alberta, including the City of Edmonton, will also be eliminating their mask bylaw effective July 1. The Province of British Columbia will enter Stage 3 of reopening and will not require masks to be worn.

We understand the unsupported opinion of Dr. Raj Bhardwaj is the sole source of evidence being relied upon by Council in making the decision about whether to continue with the mask bylaw. Dr. Bhardwaj is not a virologist, epidemiologist or respirologist, which may explain why he appears to be ignorant of the scientific reality that MASKS DO NOT PREVENT THE TRANSMISSION OF A VIRUS AND CAUSE HARM. If Council has been provided with any other evidence in support of mandated masks, we demand that you immediately provide us with such evidence.

We request that you consider other, more qualified experts who are better positioned to advise Council. We attach for your reference and consideration, the opinion of Dr. Dang, a Calgary respirologist, who corroborates that mask wearing is nonsense. This opinion only scratches the surface of the scientific evidence refuting the efficacy and safety of masks.

We have also been advised that Council will not allow for public consultations and is not likely to rely on other evidence in making this decision. In a purportedly free and democratic society, the fact that Council would intentionally restrict Calgarians from having their voices heard on this subject, including restricting evidence from qualified doctors and experts, is deplorable.

Your masking Bylaw is unconstitutional and a violation of the human rights and freedoms of Calgarians. This unreasonable restriction is a violation of sections 2(a), 2(b), and 7 of the *Canadian Charter of Rights and Freedoms* (the “Charter”).

Pursuant to section 52(1) of the *Constitution Act, 1982*, and as confirmed by the Supreme Court of Canada, “the Constitution of Canada is the supreme law of Canada”. All legislation, regulations,

orders, government decisions, and government action, including municipal bylaws, are subject to the Constitution.

The Constitution of Canada includes the *Charter*. The *Charter* constitutionalizes and thereby guarantees particular rights and freedoms, such as the four fundamental freedoms of conscience and religion, thought, belief, opinion and expression, peaceful assembly, and association. Section 52(1) of the Constitution provides that “any law that is inconsistent” with the *Charter* “is, to the extent of the inconsistency, of no force or effect.” The Impugned Bylaw is subject to *Charter* scrutiny and to s. 52(1) of the Constitution if it is not *Charter*-compliant.

Section 1 of the *Charter* permits government to limit or infringe *Charter*-protected rights in narrow circumstances. *Charter* rights can only be limited by laws that are “demonstrably justified in a free and democratic society”. The burden of proof regarding the limitation of *Charter* rights lies with the government that enacted the impugned law.

To date, no government in Alberta has been brave enough to present any cogent evidence to support their unscientific and unjustified public health mandates. At this juncture, it appears such evidence does not exist.

We were born with certain inalienable rights. The right to breathe freely. The right to express oneself freely. The right to associate and communicate. The right to bodily autonomy. The right to informed consent regarding medical interventions. Face coverings inhibit most, if not all, of the rights and freedoms that safeguard our human dignity, rights and inalienable freedoms. It follows that no man or woman can force or coerce another man or woman to wear any type of face covering.

Council’s current Bylaw recognizes that exceptions are permitted if a person cannot wear a mask and that no proof is required to demonstrate this exception. We note that you expressly state the following on your website:

“Proof is not required if someone has an exception. Businesses are not expected to enforce the bylaw or deny services as not everyone is required to wear a face covering.”¹

You have misled Calgarians to believe this is a mandatory Bylaw, when in fact, exceptions are permitted. To date, the failure on the part of Council to highlight this exception for Calgarians in press conferences and on government mandated propaganda posters has caused strife, conflict and division. As “leaders” and ELECTED representatives who are entrusted to represent our Community, you receive a *failing grade* for continuing to perpetuate fear rather than leading our Community to a positive resolution.

Not all disabilities are visible, and no person should be empowered to coerce or impose an obligation on another person for which they are exempt. We believe you know this, which is why you contradicted yourself on your website. This conduct proves that the province and municipalities share awareness of the legal exemptions and human rights the Orders and Bylaws are subject to by the provisions of the *Charter* and the *Human Rights Act*. Your abject failure to refuse to honor the inherent rights and freedoms of the citizens who elected you is unacceptable.

1 <https://www.calgary.ca/csps/cema/covid19/safety/covid-19-city-of-calgary-mask-bylaw.html>

Masking Requires Informed Consent

The alleged need for the use of masks is to limit the spread of a deadly virus. Any requirement imposed on a person to wear a face covering is a medical intervention for which informed consent by the individual is required.

Clearly, the City of Calgary, businesses and their staff have not conducted adequate due diligence and are not qualified to inform a person of the risks of mask usage and obtain informed consent. Anyone being asked to wear a mask should first be assessed, with the individual risks explained to them, and then, only if they consent, could they be asked to wear a mask. An individual has domain over one's body to determine whether a mask is appropriate. If an individual believes he or she is exempt from wearing a mask, the individual is exempt. It is not within the scope of authority for any level of government to interfere with autonomy over one's own body.

Summary

The supreme laws of Canada are the *Constitution* and the *Charter* that codify our fundamental rights and freedoms - not the discretionary whims of government officials or politicians. The City of Calgary mandatory mask Bylaw is a contravention of these Constitutional rights. This letter constitutes formal notice that if you do not forthwith end the mandatory masking Bylaw in Calgary, we will file an action against the City of Calgary in the Court of Queen's Bench of Alberta to terminate this Bylaw. Effective July 1, 2021, Council will no longer be able to use the Province of Alberta's draconian Orders to justify the use of this Bylaw.

We trust you will govern yourselves accordingly.

Yours truly,
Lawyers 4 Truth



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Enclosures

Masks for infection prevention in a general population setting

The COVID-19 infection has created world-wide panic and for the first time in history, there is almost a universal attempt to lock down healthy people instead of the established practice of isolating and protecting the sick and vulnerable. One of these related measures are mandatory mask mandates. They vary from place to place but most require people to wear masks or face coverings of virtually any quality/construction in a public indoor setting.

Before the COVID-19 infection began and prior to the use of masks being politicized and almost venerated as the saviour of us all there was no controversy about public mandatory mask measures in other previous infections (eg. H1N1 in 2009, SARS in 2003, etc.). The idea of mandating the general public to wear masks in almost every public setting would have been ridiculous during those times. Taking the politics and rhetoric away from this debate, there simply is not any sufficient, robust objective data to justify this measure.

The use of masks for infection control is nothing new. It has been used since Victorian times but almost exclusively in the medical setting for very specific situations (eg. in the operating theatre). The medical settings are the gold standard for mask wearing. The most ideal setting is the operating theatre. Here, the masks are the best quality, they are exchanged regularly if they get wet, they are put on carefully and correctly and the face is never touched afterwards. The room is controlled, the temperature is ideal. However, while there is no doubt wearing a mask in the operating room is almost universal and they do block transfer of large particles (eg. blood, sputum) the evidence that they are good at reducing infection is not conclusive and is in fact disputed. Research into the effectiveness of masks in the operating theatre as an effective infection control measure has been done over many decades and there is no definitive evidence that even in this ideal world that wearing a mask is effective. A comprehensive review in 2014, “Unmasking the surgeons: the evidence base behind the use of facemasks in surgery ([J R Soc Med. 2015 Jun; 108\(6\): 223–228](#)) looked at the literature to date and concluded, “there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination. A Cochrane Database Systematic Review, “Disposable surgical face masks for preventing surgical wound infection in clean surgery” ([Cochrane Database Syst Rev. 2014 Feb 17;\(2\):CD002929](#)), reached similar conclusions. It cannot be emphasised enough that the literature prior to COVID-19 in a medical setting with the most ideal conditions failed to show that masks were effective at reducing infections. How much less can we expect from general public masking where conditions are far from ideal and we are dealing with the smallest type of infection, a virus measuring 0.1 micron in diameter.

There has been data showing how incorrect mask applications can actually be harmful. The majority of the public choose to wear cloth masks for reasons of comfort and reusability but these are not only ineffective but potentially dangerous. A cloth mask has very large pores that the virus can pass through quite easily. As mentioned, COVID-19 measures about 0.1 micron (about 100X smaller than a bacteria). To put things in perspective, an N95 mask, which is amongst the highest grade of mask available is rated to block up to 95% of particles measuring 0.3 microns or

bigger. Even the highest grade of protection available officially is 3x too big for the COVID-19 virion. One study in 2015 looked at cloth masks ([A cluster randomised trial of cloth masks compared with medical masks in healthcare workers | BMJ Open](#)) and concluded:

“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.”

This study also showed further risks such as viruses may survive on the masks themselves and self contamination was possible due to incorrect donning and offing of masks, which is almost universally seen in the general population.

If we now go to the present time and look at the research available specifically on COVID-19 and masks we find little true objective data. Most is anecdotal, observational and has been politicised on both sides of the field. There has only been one randomised controlled trial that dared take this matter up, the DANMASK-19 study ([Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers: A Randomized Controlled Trial: Annals of Internal Medicine: Vol 174, No 3 \(acpjournals.org\)](#)) looked at this and despite desperately wanting to find objective evidence that masks works, they could not. Mask mandate supporters in the media tried to spin that data as somehow actually supporting mask use but the data in it clearly showed there was no benefit of wearing masks. Not surprisingly there has been no further randomized controlled studies being done for fear of further showing lack of effectiveness. Even many of the manufacturers of medical and disposable grade masks now specifically mention on the box that their masks are not rated and do not protect the wearer from COVID-19 or other viral infections.

Even the observational data in the world must lead an objective viewer to question the value of mandatory masks. A comparison of two large states in the USA, California and Florida, is instructive. Both are amongst the largest and most populous states but with very different approaches to COVID-19. California has the most draconian mask laws and lock down rules whereas Florida is essentially open and back to normal. The infections and death rates in California have been considerably higher than Florida.

There are those who say even if there's no definite evidence that masks work, they still say we should wear one. They argue we should do everything possible to try to curb this virus and transmission and it is better than doing nothing so why not do it? However, if we accept this premise, we could argue almost any restrictive measures on the population without good evidence (unfortunately, that is what we are seeing anyways with other measures) and we are subject to the arbitrary whims of those in charge. In addition, wearing a mask in public is not harmless. It's clear that we are designed to breathe through our nose and mouth without any obstructions. This is simple biology and is meant for the best health of the individual. We only obstruct our airways when there is true benefit and even then, only temporarily and for the shortest time possible (eg. wearing a carbon filter mask while in an industrial setting is hard to do but will protect the wearer from damage to the lungs). Having the public wear masks, most of which are often wet, dirty,

reused, and incorrectly worn, can lead to health problems and inhaling pollutions and secretions over and over.

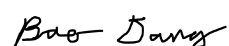
There is also the harm of giving the public an illusion that if they wear masks they will be protected and will not get COVID-19. This may give those at highest risk (the elderly and immunocompromised) a sense of false security. They may then expose themselves to risky situations thinking their mask will protect them. Personally, I have seen many patients (including health care workers) both in the hospital and in my clinic, whom had active COVID-19 infection or have recovered from it. I would have to say that the vast majority have diligently worn their masks as directed by the health authorities. This is seen also in every province with the waves of cases we are seeing. Despite almost universal mandatory mask policies and varying forms of lockdowns in Canada the cases have risen far higher than when COVID-19 began in the spring of 2020 prior to any mask mandates. The failure of masks to clearly curb cases illustrates their ineffectiveness in the real world setting.

The Association of American Physicians and Surgeons have set up a comprehensive webpage, ([Mask Facts - AAPS | Association of American Physicians and Surgeons \(aapsonline.org\)](https://www.aapsonline.org/education/mask-facts)), discussing the properties of various classes of masks, the nature of how COVID-19 infection can occur (droplet and aerosolised), and have given a very detailed overview of relevant studies over the decades looking at masks and their usefulness in infection control. The website is objective and references the peer reviewed literature extensively. A review of the resources there shows some salient key points:

1. COVID-19 viral particles are smaller than any of the mask ratings including N95 masks.
2. Cloth masks have virtually zero efficiency in blocking COVID-19 particles.
3. Mask wearing technique in the general public was abysmal with about 10% success.
4. Dozens upon dozens of studies and reviews over the decades looking at various masks and their effectiveness at reducing viral infections show the preponderance of studies do not show any benefits.
5. Real world data from various countries show that cases increased after mask mandates were enacted and countries that had no mask mandates (eg. Sweden) did just as well or better than countries with mask mandates
6. Physiological studies show potential harms of masks including decreased paO_2 (ie. Oxygen levels in blood), headaches, self contamination due to moisture retention. Some of these are referenced directly from the World Health Organization. Whether these potential harms are of clinical significance is certainly debatable but must be considered when deciding if masks should be mandatory. If no definite benefit can be demonstrated from masking then it is not reasonable to potentially subject the population to these potential harms.

For governments to impose infection control measures on the population they need to demonstrate their measures are reasonable, safe, and most of all effective. Mandatory masking meets none of those criteria. They are not reasonable as they restrict a patient's face, identity, and breathing for

significant portions of the day. They place an unreasonable expectation that the population will wear the “correct” types of masks, put on the masks and leave the masks on correctly. They are not safe since they are not worn correctly by the vast majority of the population leading to risks of self contamination, airway obstruction, and leading to a false sense of security. They have not ever been proven to be effective in control of viral infection either in the current situation or in the previous decades. For all these reasons, there is no justifiable reason that masking should be imposed and forced upon anyone.



Bao Dang, MD, FRCPC
Internal Medicine and Respiriology
April 10, 2021