



Masking Mandates and COVID Perspective from SMUFU

“Covid is Airborne” means Covid spreads like smoke - it floats through the air and can hang in the air for up to nine hours. If someone was smoking across the room from you or in an office across the hallway from you, you would eventually be smelling/inhaling that smoke. Likewise, if someone had been smoking in a room two hours before you got there, you’d still be smelling/inhaling that smoke even if they’d now gone. That’s how Covid works; this is established science. Policies should adhere to the established scientific research and no longer utilize the now-debunked ideas of droplet transmission that emphasizes the importance of surface cleaning, remaining six-feet-apart, etc. If we improved our indoor air quality, used CO2 monitoring, etc, we could potentially now safely reduce or remove our masking requirements. But we have not yet made these investments.

Any discussion of Covid risk should also include a discussion of the fact that an estimated 1 in 7 people infected with Covid will experience Long Covid. There is also a mountain of research showing that Covid can trigger a whole host of other long-term health issues - we already have definitive proof that it increases risks of strokes, heart attacks, diabetes, neurological issues, autoimmune diseases and much more. Recently emerging evidence has shown it may also increase cancer risks. A recent report from Canada’s chief health advisor called the current pandemic a “mass disabling event” (<https://www.ctvnews.ca/health/report-says-long-covid-could-impact-economy-and-be-mass-disabling-event-in-canada-1.6306608>).

Additional reading related to Occupational Health and Safety

<https://www.saltwire.com/atlantic-canada/opinion/susan-joudrey-nova-scotia-governments-inaction-hurts-schools-100808111/>

Among dozens of studies, the NIH study showing that schools with universal masking had much lower Covid transmission rates than those without during the Delta wave <https://www.nih.gov/news-events/news-releases/mandatory-masking-schools-reduced-covid-19-cases-during-delta-surge> If we improved our indoor air quality, used CO2 monitoring, etc, we could potentially now safely reduce or remove our masking requirements. But we have not yet made these investments

The WHO (which admin has cited before as informing their decisions) recommends universal masking indoors <https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the->

[community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](#)

It's also worth pointing out that after Nova Scotia lifted masking requirements at the provincial level, we saw an explosion of cases, hospitalizations, and deaths that have not returned to the prior levels achieved with protections. In the first year of no masks, 587 Nova Scotians died - compared to 125 during the TWO years with protections in place (over four-fold increase in half the time). We're currently averaging 38 deaths a month. We can also recall the hospital overcrowding, staffing shortages, etc. that we've experienced since. So we know what happens when we end masking - more people get sick and more people die preventable deaths.

It's been proven that schools are [sites of transmission](#) that balloon cases in their communities. As in, a student who contracts Covid bring it home to their elderly parents, their immunocompromised sister, etc.

It is incorrect to say that Covid transmission is lower/risk has receded, because we are no longer community testing - in fact, very few people even qualify for a PCR test anymore. Tara Moriarty of the [Moriarty Lab](#) at U of T uses a variety of data including wastewater to try to estimate actual infection rates - [yesterday](#), she rated Nova Scotia's Covid risk as "Severe" and estimated that 1 in 42 Nova Scotians has an active infection. Again, if we want to be good community members, we have a responsibility to break chains of transmission. [Covid is the third leading cause of death](#) in Canada, behind heart disease and cancer (that's ALL cancers!) and the second leading cause of hospitalization behind childbirth (making it the leading illness cause of hospitalization). SMU can lead on this if we want to!