

Tammy Cloud-McMinn

From: Sue & Peter Ladouceur
Sent: Tuesday, September 22, 2020 12:14 PM
To: City Clerk
Subject: Ordinance #3

All Receive - Agenda Item # 3
For the Information of the:
CITY COUNCIL
Date 9/22 CA CC
CM ACM DCM (3)

To Carlsbad City Clerk,

I am writing in support of Ordinance #3, facial covering requirements in high traffic areas. Please advise the City Council members of our support of this very important ordinance. We are now approaching a high infection period and it is of extreme necessity that the city and its citizens take the responsibility of ensuring that we at least have a chance of not spreading the virus. Masks and distancing are now the only tool we have in fighting this pandemic. We hope that the city will vote for this ordinance and make it a requirement in the stated areas.

Thank you for your dedication to the welfare of our Carlsbad citizens.

Sincerely,
Sue and Peter Ladouceur

Sent from my iPhone

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.

Tammy Cloud-McMinn

From: Colleen Christopher
Sent: Tuesday, September 22, 2020 11:33 AM
To: City Clerk
Subject: Covid guidelines

I appreciate how desperate most citizens are about our health and the health of loved ones and I don't want our businesses to keep suffering due to the resistance of the misguided few who still refuse to wear masks and distance. My big ask is that you and our other esteemed leaders consider strict enforcement of health guidelines by any means possible. We do not need any more education since unfortunately it has fallen on deaf ears lately though it was important at the beginning. Thank you for reading this longer than intended email. God bless you.

Colleen Burkett

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.

Tammy Cloud-McMinn

From: Art Submissions
Sent: Tuesday, September 22, 2020 11:36 AM
To: City Clerk
Subject: Item #3 Is the kind of community you want to live in?

Dear City Council Members,

Please do not pass #3 on the agenda for “**Enhanced Enforcement on facial coverings**”. Not only is this against our rights both constitutional and our right for health, this goes against all scientific research as to the effectiveness of masks actually preventing the public from the COVID virus or viruses in general. It states on the boxes of the masks that they are not effective against viruses. But beyond that, it is the **fear** that is continuing to be instilled in the public about the possibility of dying from a virus that 99.9% of the people recover from and that is no worse than a normal bad flu or cold that we have experienced our whole lives. This mask wearing guidance, (it is not a law) it is GUIDANCE. By continuing to be promote and enforce it you are turning people against each other and causing hostility in public places and places of commerce. The governor states in his own “**Covid PlayBook**” that businesses are **not to confront or enforce masks**. (See below) Many of us have stopped going out and shopping locally because of it, which is bringing our economy down and ruining Carlsbad.

Is this the kind of community you want to live in? I don't and I can assure you that majority of the public in your city do not want to live like this. Please do the right thing and be responsible to your citizens for their health and mental wellbeing as well as do not break the law by trying to enforce something that is only listed on the CDC and WHO as “**guidelines** for the public” not a law. (See below) How can you enforce something that is not a law? You should not put our law enforcement in that position either. They all swore and took an oath to “uphold the law” and you will be putting them in a position to break that oath.

I am trusting that you will all vote to uphold your **Oath of Office** and do the right thing by choosing to allow your citizens to decide for themselves if they need to wear a mask or not for their own protection and be responsible for our own health.

Thank you for your time.
Barbra Laughlin
Carlsbad, CA

GUIDANCE FOR EMPLOYERS AND WORKERS ENFORCING MASK REQUIREMENTS

Workers should avoid approaching coworkers or members of the public who are not wearing a face covering for the purpose of attempting to enforce a mask covering recommendation or requirement.

Guidance

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;¹
- Obtaining services from the healthcare sector in settings including, limited to, a hospital, pharmacy, medical clinic, laboratory, physician's office, dental office, veterinary clinic, or blood bank;²
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work of another business, including:
 - Interacting in-person with any member of the public;
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;

¹ Unless exempted by state guidelines for specific public settings

² Unless directed otherwise by an employee or healthcare provider

California Department of Public Health
P.O. Box 997377, MS0500 • Sacramento, CA 95899-7377
[Department Website \(www.cdph.ca.gov\)](http://www.cdph.ca.gov)

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.

Tammy Cloud-McMinn

From: Carrie Powell
Sent: Tuesday, September 22, 2020 11:38 AM
To: City Clerk
Subject: Regarding meeting-Facial Covering Requirement, Enhanced Enforcement

Dear City Council Members:

I strongly oppose the enhanced enforcement of facial coverings. I feel this is overreaching the cities power over the safety of my own body and is negatively impacting myself and others in our community. I don't believe that spending money on enforcement is effective use of my tax dollars.

When one is outdoors we should be able to walk without the impediment the mask creates. There is no reason that if I am more than 6' away I should have to wear a mask. Exercising in them is extremely hard. Furthermore, the masks affect my ability to breathe properly and make me extremely light headed and give rise to increased headaches. Never mind the emotional impact it is having on not being able to see people's expressions and turning people into anti-social tendencies when they are behind their masks. You can't hear people, thus your move closer. The constant touching of the face to adjust the annoying mask creates more germs. Please see the article below on the risks face masks pose.

Thank you,
Carrie Powell
Carlsbad Resident & Tax Payer

Blaylock: Face Masks Pose Serious Risks To The Healthy

POSTED BY [PATRICK WOOD](#) 1653SC ON MAY 11, 2020

With the advent of the so-called COVID-19 pandemic, we have seen a number of medical practices that have little or no scientific support as regards reducing the spread of this infection. One of these measures is the wearing of facial masks, either a surgical-type mask, bandana or N95 respirator mask.

When this pandemic began and we knew little about the virus itself or its epidemiologic behavior, it was assumed that it would behave, in terms of spread among communities, like other respiratory viruses. Little has presented itself after intense study of this virus and its behavior to change this perception.

This is somewhat of an unusual virus in that for the vast majority of people infected by the virus, one experiences either no illness (asymptomatic) or very little sickness. Only a very small number of people are at risk of a potentially serious outcome from the infection—mainly those with underlying serious medical conditions in conjunction with advanced age and frailty, those with immune compromising conditions and nursing home patients near the end of their lives. There is growing evidence that the treatment protocol issued to treating doctors by the Center for Disease Control and Prevention (CDC), mainly intubation and use of a ventilator (respirator), may have contributed significantly to the high death rate in these select individuals.

By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.
Russell Blaylock, MD

As for the scientific support for the use of face mask, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”¹ Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in controlling flu virus transmission.

It is also instructive to know that until recently, the CDC did not recommend wearing a face mask or covering of any kind, unless a person was known to be infected, that is, until recently. Non-infected people need not wear a mask. When a person has TB we have them wear a mask, not the entire community of non-infected. The recommendations by the CDC and the WHO are not based on any studies of this virus and have never been used to contain any other virus pandemic or epidemic in history.

Now that we have established that there is no scientific evidence necessitating the wearing of a face mask for prevention, are there dangers to wearing a face mask, especially for long periods? Several studies have indeed found significant problems with wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications.

There is a difference between the N95 respirator mask and the surgical mask (cloth or paper mask) in terms of side effects. The N95 mask, which filters out 95% of particles with a median diameter $>0.3 \mu\text{m}^2$, because it impairs respiratory exchange (breathing) to a greater degree than a soft mask, and is more often associated with headaches. In one such study, researchers surveyed 212 healthcare workers (47 males and 165 females) asking about presence of headaches with N95 mask use, duration of the headaches, type of headaches and if the person had preexisting headaches.²

They found that about a third of the workers developed headaches with use of the mask, most had preexisting headaches that were worsened by the mask wearing, and 60% required pain medications for relief. As to the cause of the headaches, while straps and pressure from the mask could be causative, the bulk of the evidence points toward hypoxia and/or hypercapnia as the cause. That is, a reduction in blood oxygenation (hypoxia) or an elevation in blood CO₂ (hypercapnia). It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20%, which can lead to a loss of consciousness, as happened to the hapless fellow driving around alone in his car wearing an N95 mask, causing him to pass out, and to crash his car and sustain injuries. I am sure that we have several cases of elderly individuals or any person with poor lung function passing out, hitting their head. This, of course, can lead to death.

A more recent study involving 159 healthcare workers aged 21 to 35 years of age found that 81% developed headaches from wearing a face mask.³ Some had pre-existing headaches that were precipitated by the masks. All felt like the headaches affected their work performance.

Unfortunately, no one is telling the frail elderly and those with lung diseases, such as COPD, emphysema or pulmonary fibrosis, of these dangers when wearing a facial mask of any kind—which can cause a severe worsening of lung function. This also includes lung cancer patients and people having had lung surgery, especially with partial resection or even the removal of a whole lung.

While most agree that the N95 mask can cause significant hypoxia and hypercapnia, another study of surgical masks found significant reductions in blood oxygen as well. In this study, researchers examined the blood oxygen levels in 53 surgeons using an oximeter. They measured blood oxygenation before surgery as well as at the end of surgeries.⁴ The researchers found that the mask reduced the blood oxygen levels (paO₂) significantly. The longer the duration of wearing the mask, the greater the fall in blood oxygen levels.

The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs. . This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.^{5,6,7}

People with cancer, especially if the cancer has spread, will be at a further risk from prolonged hypoxia as the cancer grows best in a microenvironment that is low in oxygen. Low oxygen also promotes inflammation which can promote the growth, invasion and spread of cancers.^{8,9} Repeated episodes of hypoxia has been proposed as a significant factor in atherosclerosis and hence increases all cardiovascular (heart attacks) and cerebrovascular (strokes) diseases.¹⁰

There is another danger to wearing these masks on a daily basis, especially if worn for several hours. When a person is infected with a respiratory virus, they will expel some of the virus with each breath. If they are wearing a mask, especially an N95 mask or other tightly fitting mask, they will be constantly rebreathing the viruses, raising the concentration of the virus in the lungs and the nasal passages. We know that people who have the worst reactions to the coronavirus have the highest concentrations of the virus early on. And this leads to the deadly cytokine storm in a selected number.

It gets even more frightening. Newer evidence suggests that in some cases the virus can enter the brain.^{11,12} In most instances it enters the brain by way of the olfactory nerves (smell nerves), which connect directly with the area of the brain dealing with recent memory and memory consolidation. By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.¹³

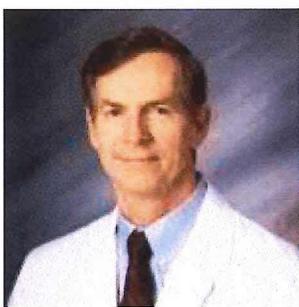
It is evident from this review that there is insufficient evidence that wearing a mask of any kind can have a significant impact in preventing the spread of this virus. The fact that this virus is a relatively benign infection for the vast majority of the population and that most of the at-risk group also survive, from an infectious disease and epidemiological standpoint, by letting the virus spread through the healthier population we will reach a herd immunity level rather quickly that will end this pandemic quickly and prevent a return next winter. During this time, we need to protect the at-risk population by avoiding close contact, boosting their immunity with compounds that boost cellular immunity and in general, care for them.

One should not attack and insult those who have chosen not to wear a mask, as these studies suggest that is the wise choice to make.

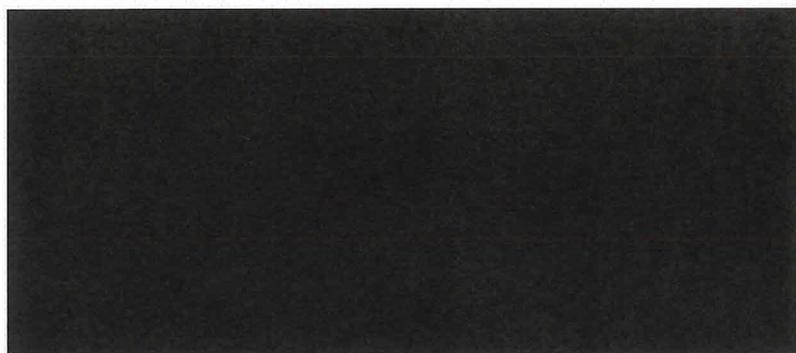
References

1. bin-Reza F et al. The use of mask and respirators to prevent transmission of influenza: A systematic review of the scientific evidence. *Resp Viruses* 2012;6(4):257-67.
2. Zhu JH et al. Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study. *J Lung Pulm Resp Res* 2014;4:97-100.
3. Ong JJY et al. Headaches associated with personal protective equipment- A cross-sectional study among frontline healthcare workers during COVID-19. *Headache* 2020;60(5):864-877.
4. Bader A et al. Preliminary report on surgical mask induced deoxygenation during major surgery. *Neurocirugia* 2008;19:12-126.
5. Shehade H et al. Cutting edge: Hypoxia-Inducible Factor-1 negatively regulates Th1 function. *J Immunol* 2015;195:1372-1376.
6. Westendorf AM et al. Hypoxia enhances immunosuppression by inhibiting CD4+ effector T cell function and promoting Treg activity. *Cell Physiol Biochem* 2017;41:1271-84.

7. Sceneay J et al. Hypoxia-driven immunosuppression contributes to the pre-metastatic niche. *Oncoimmunology* 2013;2:1 e22355.
8. Blaylock RL. Immunoexcitatory mechanisms in glioma proliferation, invasion and occasional metastasis. *Surg Neurol Inter* 2013;4:15.
9. Aggarwal BB. Nuclear factor-kappaB: The enemy within. *Cancer Cell* 2004;6:203-208.
10. Savransky V et al. Chronic intermittent hypoxia induces atherosclerosis. *Am J Resp Crit Care Med* 2007;175:1290-1297.
11. Baig AM et al. Evidence of the COVID-19 virus targeting the CNS: Tissue distribution, host-virus interaction, and proposed neurotropic mechanisms. *ACS Chem Neurosci* 2020;11:7:995-998.
12. Wu Y et al. Nervous system involvement after infection with COVID-19 and other coronaviruses. *Brain Behavior, and Immunity*, In press.
13. Perlman S et al. Spread of a neurotropic murine coronavirus into the CNS via the trigeminal and olfactory nerves. *Virology* 1989;170:556-560.



Dr. Russell Blaylock, author of [*The Blaylock Wellness Report*](#)



Subscribe or Renew The Blaylock Wellness Report

The Blaylock Wellness Report provides vital health information like high blood pressure, cancer prevention, diab...

newsletter, is a nationally recognized board-certified neurosurgeon, health practitioner, author, and lecturer. He attended the Louisiana State University School of Medicine and completed his internship and neurological residency at the Medical University of South Carolina. For 26 years, practiced neurosurgery in addition to having a nutritional practice. He recently retired from his neurosurgical duties to devote his full attention to nutritional research. Dr. Blaylock has authored four books, *Excitotoxins: The Taste That Kills*, *Health and Nutrition Secrets That Can Save Your Life*, *Natural Strategies for Cancer Patients*, and his most recent work, *Cellular and Molecular Biology of Autism Spectrum Disorders*.

Do you like this post?

John Barbour, President

Creative Stone & Tile, Inc.

5523 Foxtail Loop

Carlsbad, CA 92010

Office: 760-603-8282

Website: www.creativestoneandtile.net

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.

Tammy Cloud-McMinn

From: Sharon McKeeman
Sent: Tuesday, September 22, 2020 12:51 PM
To: City Clerk
Cc: Matthew Hall; Council Internet Email; Keith Blackburn; Cori Schumacher; Priya Bhat-Patel
Subject: Agenda Item #3 We Do Not Consent to More Restrictive Mask Enforcement

Please provide this comment to the City Council Prior to the September 22, 2020 meeting and please post it with the other public comments on the website. Please email to confirm that you have received, thank you.

Dear Carlsbad City Council,

I am a Carlsbad resident and a disabled mother of four who has medical conditions that prevent me from wearing a facial covering.

It has been over 200 days since Governor Newsom declared a State of Emergency. Under this emergency order he has issued 46 executive orders and changed 400 laws by fiat.

However, the Emergency Services Act does not let him hang onto "emergency powers" as long as he wants. It is very specific: "The Governor shall proclaim the termination of a state of emergency *at the earliest possible date that conditions warrant.*"

201 days ago we were told that we needed to stay home for 15 days to flatten the curve so that hospital capacity and ICU equipment would not be overwhelmed. According to the September 16, 2020 County of San Diego COVID-19 news briefing (<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/MediaBriefingSlides/mediaBriefingSlides.pdf>) with COVID patients included San Diego county hospitals have less than 80% of their beds full. 20% of SD hospital beds are reserved for COVID patients but COVID-related patients make up less than 5% of those admitted to SD hospitals currently. It also shows that there is a large surplus of ICU beds and equipment available.

At the San Diego County Board of Supervisors meeting on September 15, 2020 our Health Director Wilma Wooten verified that the current death rate for COVID is less than 2%. The CDC Weekly Updates shows a graph of provisional death counts that peaked in March, then rapidly fell, had a rise at the start of August that was nowhere close to the peak in March, and is now plummeting. This same report also states that "For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." That means that 94% of reported COVID-related deaths had 2-3 other comorbidities. This information can be viewed on the CDC website at https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

That data is just a glimpse at the metrics that prove there is no longer justification for an emergency order giving increased power to government officials. There are over 30 lawsuits pending against Governor Newsom because he has failed to "terminate the state of emergency at the earliest possible date that conditions warrant," and has overstepped the bounds of his power through the unconstitutional restrictions that he has imposed on private businesses, public education, and individual citizens.

Also September 14, 2020 U.S. District Judge William Stickman IV ruled that Pennsylvania's pandemic restrictions are unconstitutional per the First and Fourteenth Amendments:

The declaratory judgment says "(1) that the congregate gathering limits imposed by defendants' mitigation orders violate the right of assembly enshrined in the First Amendment; (2) that the stay-at-home and business closure components of defendants' orders violate the due process clause of the Fourteenth Amendment; and (3) that the business closure components of defendants' orders violate the Equal Protection Clause of the Fourteenth Amendment.

"Even in an emergency, the authority of government is not unfettered. The Constitution cannot accept the concept of a 'new normal' where the basic liberties of the people can be subordinated to open-ended emergency mitigation measures.

Rather, the Constitution sets certain lines that may not be crossed, even in an emergency."

As I'm sure you're aware the SD County Board of Supervisors is considering taking legal action against Newsom if he moves our county onto the most restrictive tier due to the cases at SDSU. Without the SDSU cases our county is well below the trigger for moving to the purple tier. Health Director Wooten asked CA to remove the SDSU cases from the metrics for our county because she does not feel they are indicative of where our large county is at as a whole in the fight against COVID.

It is also now obvious that policing residents to wear masks, stay in their homes, etc is not going to get our county open. Carlsbad and the rest of the county worked hard to meet the requirements to be removed from the state watchlist and reopen only to have Newsom move the goal posts by introducing new metrics and the tier system. At the County Board of Supervisors meeting the presentation from a panel of experts and comments from professionals in the community made it clear that it is numerically impossible to make it to the least restrictive tier.

At the September 15th meeting economic experts updated the SD County Board with the news that unemployment is up from 3% to 14% and that SD county's vital tourism industry has been hardest hit. Health experts reported that there has been a 200% increase in anxiety and depression with cases of severe depression up 500% and substance abuse and drug overdose skyrocketing. They pointed out that much of these behavioral health issues include the vulnerable population of our youth and teenagers. Mental and behavioral health issues can be deadly and we cannot ignore those risks while only focusing on COVID.

When SD County was removed from the watchlist at the start of September schools were allowed to reopen and many districts already have. However Carlsbad has delayed for weeks which leaves our youth with few outlets for healthy activity and positive environments. One of the few places our youth can find respite are on the trails and beaches in the area. Also the tourism industry rebounding relies on people being able to come to Carlsbad and comply with CA guidance without being further harassed by Carlsbad restrictions/enforcement.

The California guidance on facial coverings states that when outdoors they must be worn ONLY if six feet of distance cannot be maintained from those not in your own household. The CA guidance also states that among several exemptions persons with a medical condition, mental health condition or disability that prevents them from wearing a mask, and persons who are engaging in outdoor work or recreation are exempt. I do not know of any trails or sidewalks in the area that do not have areas where they widen so that individuals can pull off to the side. These can be utilized if needed for passing in order to maintain six feet of social distancing. If someone is concerned about having to spend time passing carefully or at some point having someone come closer than six feet to them they have several options. They can wear a respirator mask that offers them the highest level of protection available, and they can choose trails and outdoor areas that are large enough to remain six feet away from others at all times without having to pass carefully.

No one wants those who are at higher risk to have to stay in their homes. At the same time those of us such as myself and councilwoman Cori Schumacher who have medical conditions or disabilities that exempt/prevent us from wearing a mask cannot be excluded from public life either. I am regularly discriminated against now due to my disability and health conditions. The ADA protects the rights of those for whom access to businesses, schools and public areas looks different than their able-bodied peers. Those rights do not just disappear when there are other health concerns.

Health experts tell us vitamin D protects against COVID-19 and that it is less likely to transmit COVID outdoors. Our community and especially our youth need places where they can get out in the sun, boost their immune system, and let their spirits be lifted while coping with the loss of school, sports and other important activities and environments. Trails, beaches, sidewalks, businesses that are open, and other positive community spaces are important to the mental and physical health of our community and especially our youth.

I am thus shocked and extremely disappointed that Carlsbad would even consider issuing their own emergency order with the intent to impose further restrictions on their residents or allocate almost 70k for mask enforcement when that money could be used to bolster our suffering economy or support individuals and families who are struggling. Governor Newsom's emergency order is being challenged as unlawful and Pennsylvania has had their restrictions ruled as unconstitutional. Why would Carlsbad want to wander into questionable and probably unconstitutional territory by issuing their own emergency order and being even more restrictive than the state's facial covering guidance?

This is a vibrant, diverse community and those who are medically or otherwise exempt are already being harassed and excluded from public life. They should not also face this when they try to enjoy healthy exercise and life outdoors. At the County Board of Supervisors meeting we were told that the overreaction to COVID is costing a comparable amount of life years lost as COVID itself. We will not know for years what the full impact of these restrictions and overreactions has been on our children. Many young people do not have healthy safe homes and now in the absence of school or other public places they need somewhere that they can be that is not risky. Beaches, trails, and city spaces offer this to them and they should be able to enjoy those places without fear of harassment or being asked to wear a mask even in situations where the CA guidance says they are not required.

And as to the other comments posted on this agenda item...One is from a professional attorney who points out factual data about the lack of proven efficacy of the masks that citizens are being forced to wear and the proven detrimental effects they have. Another comment is from an upset woman who uses phrases such as "spraying lung juice." These words do not sound scientific. I understand that she is frustrated, but her frustrations and fears do not remove other citizens' rights. There are many residents who feel the same as myself and do not want to see any more restrictions forced on our community. However, most of them are so busy trying to keep their business afloat, or facilitate distance learning unpaid that they do not have time to send emails or call in comments. Please understand that this carefully researched and written email represents many voices in our community.

Government derives its power from the consent of the governed and we the people DO NOT CONSENT to any further restriction of our rights and liberties in the name of an emergency order which is no longer justified by any current data. We expect the Carlsbad City Council to refrain from instituting restrictions and enforcement that go further than the state guidance and we urge the Council to join the County Supervisors and other individuals, business, and representatives that are challenging Governor Newsom's unlawful and unconstitutional usurpation of power.

In the ruling against Pennsylvania's COVID restrictions the case pointed out a crucially important point of law: that a Governor's restrictions on liberty are subject to more scrutiny in month 7 than in month 1. The court stated, "Deference

cannot go on forever. It is no longer March." I hope that in the Council's deliberation today you will take into account that this is month 7 and it is no longer March.

Thank you for listening to the voices of the citizens you represent,
Sharon McKeeman

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.

Tammy Cloud-McMinn

From: Bob Laughlin
Sent: Tuesday, September 22, 2020 12:53 PM
To: City Clerk
Subject: 9/22/20 Council Meeting Agenda Item #3 - FACIAL COVERING REQUIREMENT AND ENFORCEMENT

Dear Clerk,

Please communicate my strong objections to the Carlsbad City Council's continued efforts to weaponize their "administration" of Health-related "recommendations", including the "Enforcement" of the use of Face Coverings, that are actually REDUCING the health of their citizens and visitors NOT protecting health!

SUPPORTING FACTS:

- 1) Council Members' Oath to Protect the Health and Safety of their citizenry being ignored
 - Your oath to "protect" the Health and Safety of your citizenry is being obstructed by enforcing use of face coverings
 - Facial coverings actually REDUCE available oxygen level for wearer by nearly 20% (OSHA requires 19.5%)
 - How can you in "good faith" promote measures that REDUCE health rather than promote health?

- 2) Enforcement of Facial Coverings is NOT based on Scientific Facts, but on some secondary, undisclosed agenda
 - Such actions express total ignorance of current facts stated by the CDC, WHO, FDA and PPE device manufacturers, the very same agencies that Governor Newsom and the California State Department of Health are basing their actions on
 - Absolutely NO evidence that face coverings REDUCE deaths even on a World-Wide scale
 - Extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.
 - *see list of Scientific Research documenting these facts below
 - ALL forms of face masks being recommended for public use, including N-95 surgical masks, have been proven to be INEFFECTIVE in protecting the wearer from infection from a viral pathogen, including the SARS-CoV-2 virus
 - *most face mask manufacturers post such warning notices directly on their product packaging

- 3) No Evidence of the continued existence of Conditions Required for Local "State of EMERGENCY"
 - San Diego Board of Supervisors themselves OBJECT to continued lockdown measures
 - *cited: 9/17/20 - **County Considers Lawsuit Against Gov. Newsom to Avoid Most Restrictive Tier**
<https://www.nbcsandiego.com/news/local/county-considers-lawsuit-against-gov-newsom-to-avoid-most-restrictive-tier/2407990/>
 - Inappropriate focus on Case-counts rather than Mortalities
 - WHERE ARE THE DEATHS IN CARLSBAD? WHY ARE THEY NOT BEING PUBLISHED???
 - NO DIRECT CORRELATION between Case Counts with either hospitalizations OR mortalities!
 - Total San Diego County deaths (as of 9/21/20) = **760** or **0.0225%** of total population of 3,379,160
 - *https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.html
 - Total Carlsbad City deaths (as of 9/21/20) = ????? of total (published) population of 118,313

WHY ARE YOU NOT PUBLISHING THE TOTAL DEATHS IN CARLSBAD????

Scientific "Randomized Controlled Trials" (RTC) documentation - evidence of facial covering futility to protect:

Jacobs, J. L. 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.

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.

bin-Reza 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."

Smith, J.D. 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." 3

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>

<https://academic.oup.com/cid/article/65/11/1934/4068747>

"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 Fig. 2c therein:

Radonovich, L.J. 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."

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>
<https://onlinelibrary.wiley.com/doi/epdf/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 influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed

bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”

Thank you.

Sincerely,

Bob Laughlin

CAUTION: Do not open attachments or click on links unless you recognize the sender and know the content is safe.