Challenges with COVID 19

September 13, 2020

RE: Mandatory Mask Bylaw Update

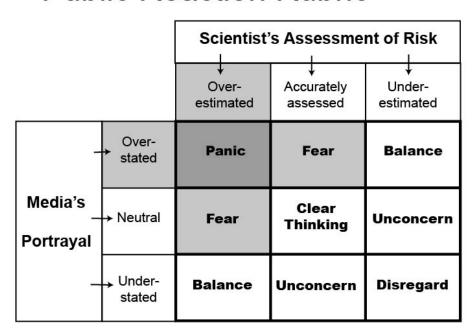
Dear mayor and council colleagues,

For the record, I had discomfort with our mandatory mask bylaw because it meant we took on the responsibility for public health when it could have been left that to a more qualified body. In making health decisions for everyone, we are now obliged to separate all the scientific hearsay being used to push financial and political agendas from the facts that allow us to promote clinically significant positive health outcomes. This is a difficult task, and I prefer we relinquish the duty. However, I am not in a position to move reconsideration, so I will simply point out some the challenges I see for us moving forward.

Representing the Public

Understandably, politicians are strongly influenced by public opinion. We, therefore, need to remind ourselves how public opinion itself is influenced. In a situation like COVID 19, clear thinking will result provided the risk is accurately assessed by the scientific community and the media is not biased in its portrayal. Inaccuracies or bias will affect the public's reaction as illustrated in the intersections of the following rubric.

Public Reaction Rubric



Toilet Paper Panic

The run on toilet paper at the beginning of the COVID scare shows that the public is susceptible to panic. Can they be blamed when scientists had greatly overestimated the virulence of COVID compounded by the media's preexisting bias to report fear and death? At the time, 48% of Canadians surveyed believed the media had exaggerated the extent of the coronavirus outbreak¹.

As legislators, we need to be sure that public panic does not propagate into public policy. Assessing how they are being affected by the media and scientific community may assist.

Constitutional challenges

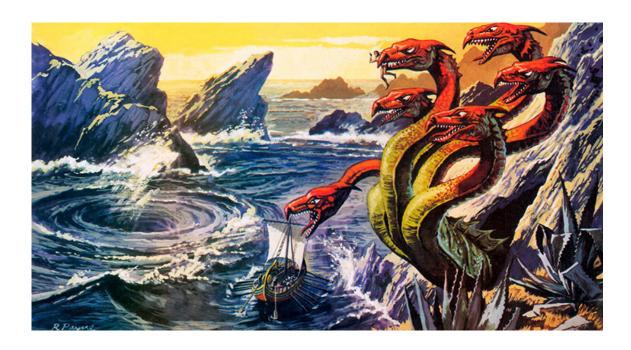
Since we passed the mandatory mask bylaw, news came out that a constitutional legal challenge has been made against Toronto and Windsor and other defendants. According to the statement of claim, their anti-COVID measures were "extreme, unwarranted and unjustified"².

It is unlikely that London will be affected by this case even though we took similar measures. However, we need to be aware that the points of vulnerability are actions disproportionate to the risk or strategies that cannot be proven effective.

Disproportionate actions

We can't protect everyone from everything. To try is a mistake, and that is why we have never before locked-down society.

To me, our situation is exactly like the story of "The Odyssey" by Homer, when the hero is told he must pass through a narrow straight where the two monsters Scylla and Charybdis live. If he stays to the right a multi-headed serpent would eat exactly six of his 50 crew members, a inevitable but sustainable loss. If he veers to the left his ship could be swallowed whole in a whirlpool, a loss which is not as certain but catastrophic. He was advised to sacrifice the six in order to secure safety for the ship and remaining crew.



Locking-down society was like entering the whirlpool and we have suffered the catastrophic losses. We did so because we were told that, this time, the serpent would kill two million people. That didn't happen, so the lock-down strategy for the first wave was disproportionate. It will also be disproportionate for the second wave so we need a course correction.

Targeted lasting benefits

A resident wrote to say he helped raise \$250k to install a powerful air filtration and sterilization system into a nursing home which contributed to them having zero COVID cases. This system creates targeted lasting protection for the most vulnerable people against COVID and every new bug in the future.

Our city lost 30 Million dollars as the participant in a lock-down plan to keep healthy people at home while providing little or no lasting or targeted benefit to the vulnerable. The same amount invested in air purification could safeguard 120 nursing homes far into the future.

Our nation and province have incurred such staggering debt that we can no longer afford short-term shotgun solutions. We have to use the 80-20 rule to avoid spending resources where they do not see significant gains and our plans have to help us as much next year as this year.

Neurotic new normal

In a well adjusted new normal, sick people stay or work from home and have things delivered. They bring a mask if they must go to a store, but courtesy masks are always available at the door. When healthy people encounter a masked individual, they are not frightened and say "Thank you for caring about my health, I hope you get well soon."

We will have a neurotic new normal if healthy people continue to wear masks and daily check the case reports of seasonal bugs.

Passion and diminishing returns on safety

Politicians can be very passionate about mitigating the risk of harm to their staff or constituents but, after numerous mitigations, a situation becomes sufficiently safe that further action is statistically insignificant. Unfortunately, the very idea of safety is so compelling that the pleas for weak gains continue with rhetoric such as, "If this saves one person, it is worth the cost." In reality, it is not worth it. The cost is disproportionate to the gain and the same money could be spent mitigating other risks that would save 10 or 100 or 1000 people.

Agendas

I challenge your world view if you believe that scientific facts are being discovered, accurately reported, and then responded to appropriately by experts and leaders. I instead suggest that there are dozens of disparate interests battling to control public perception in order to manifest their own agendas.

Vaccines represent a multi-billion dollar industry that influences public policy and opinion to sustain itself. Lingering fears of COVID will be a boon to surveillance companies selling contact tracing apps. Even groups that have nothing to do with health are hoping that the undefined new normal results in gains for their ideologies.

I am happy to be upfront with my own agenda which is anti-globalist and prioritizes freedom and selfdetermination for nations and individuals. As noble as that sounds to me, someone like Bill Gates, who has donated hundreds of millions of dollars to both the World Health Organization and to major media outlets, will have a lot more success pushing his narratives. I hope people recognize these narratives are not necessarily the truth.

Anti-science

Very unscientific things are happening with COVID that should concern everyone. Having a theory or observation that conflicts with a statement of the World Health Organization is not anti-science. It is a part of science that should be tested by gathering data or doing an experiment. Anti-science is the character assassination, deplatforming, cyberbullying, license revocation and dictatorial pronouncements that have been made against front line doctors sharing their clinical success with drugs that, coincidentally, won't make big money for big-pharma. One has to ask if these attacks are to protect science or to protect profits. If we have to continue wearing masks until we have a vaccine or a treatment, then a treatment cancel culture affects public policy.

Science is a double-edged sword

Scientific data can make a situation even more complicated for legislators who want to take on the public health role. Let me illustrate how one scientific fact could lead to controversy.

The 2019 US Department of Defense study on the effectiveness of the flu vaccine revealed that people who received it were 43% less likely to contract influenza but 36% more likely to catch a coronavirus due to vaccine interference³. Even though there is no proof that vaccine interference will or will not happen again this year, it is one thing that can make a 2nd wave worse than the first and public health officials can't know until the data comes in next year. As our stated goal is to reduce the number of COVID cases, we might feel obliged to inform residents the study suggests flu shots may add to their risk of catching COVID. However, public health officials could have a different opinion which begs the question, "Where are public health officials getting their information and should we be looking for a second opinion when basing policy on their advice?"

To be clear, I am making no suggestions here just illustrating the rabbit holes we could go down if are trying to make public health policies.

Masks can't hurt?

Provided you are sick, wearing a mask can prevent you from spitting or coughing large contaminated droplets into the nose or mouth of another person. There is little evidence to say it does otherwise. Council used its power to force London residents and businesses to invest millions of dollars on masks worn by healthy people. Most will end up in the landfill as money literally thrown away because we have nothing to show for them except the unprovable claim that it made a tiny difference during a time of lowest risk. I assert that these millions of dollars could have been spent in ways that achieved measurable gains and it is therefore false to claim that, "Masks can't hurt."

Summary of concerns

In summary my concerns relative to positioning our selves as a health authority are as follows:

- · We lack expertise as a body
- We unnecessarily acquire greater accountability
- We open ourselves to constitutional challenges
- We are vulnerable to the opinions of a misinformed public
- · We may be pursuing diminishing returns
- We are losing substantial resources on untargeted actions with no long term benefit
- We are forcing others to make investments that do not have optimal outcomes
- We are not evaluating the political and financial agendas at play
- We are not proactively formulating London's new normal

Sincerely,

Michael van Holst Councillor Ward 1

Endnotes

- 1 https://www.statista.com/statistics/1101742/media-exaggeration-corona-situation-by-country/
- 2 https://vaccinechoicecanada.com/wp-content/uploads/vcc-statement-of-claim-2020-redacted.pdf
- 3 https://www.sciencedirect.com/science/article/pii/S0264410X19313647?via%3Dihub