

From: **Steven Pelech**  
Date: Tue, 15 Mar 2022 at 22:15  
Subject: 22MR15\_Pelech Letter to UBC President Santa Ono call for end of mandatory masking

Dear President Ono,

I am very pleased that the Rapid Antigen Testing Program at UBC has finally been terminated as per your UBC announcement on February 28th, 2022 with the following url link:

<https://broadcast.ubc.ca/sendy/w/t7FEWPu9muUBp9hhQurZHQ/ALZhOyNQv5GqA4LMOmfdmg/kKAdZu892MT78d763cFtNtHC1g>.

As you know, I have always felt that the implementation of this program selectively for unvaccinated students, staff and faculty was unjustified and unfair, especially when putative actions were being applied to those that were not compliant with mandatory COVID-19 vaccine status registration or the rapid antigen testing. You also stated in the same announcement that "*Other safety measures, including the requirement to wear masks in indoor, public spaces continue as long as required by Public Health Orders.*"

Your recent UBC announcement on March 10th, 2022 with the following url link: <https://broadcast.ubc.ca/sendy/w/t7FEWPu9muUBp9hhQurZHQ/ALZhOyNQv5GqA4LMOmfdmg/ziQJ763pAz4WiESfeZ8vAzpg> indicated that "*Today, the BC Provincial Health Officer, Dr Bonnie Henry, announced that the Public Health Order requiring masks to be worn in public indoor spaces is lifted as of March 11, 2022.*" It was further stated that "*The latest changes indicate that while face coverings will be optional for people in all indoor public settings, individual organizations can choose to continue to require mask wearing on their premises. As such, UBC will continue with the current approach, requiring masks to be worn in public indoor spaces on both campuses, until the end of the 2021/22 Winter Session on April 30, 2022.*"

Although there is clearly no longer a BC Public Health Order for masking on the UBC campus (outside of hospital spaces), UBC Senior Administration has decided to continue with this action without clear justification of the need for this. Mask wearing at this stage of the pandemic is poorly supported by scientific studies. The recently epidemiology evidence world-wide has clearly shown that even the combination of mask wearing with COVID-19 vaccination failed to prevent the largest waves of COVID-19 in the last 2 years. This probably reflects the fact the

largest size of water droplets that could harbour SARS-CoV-2 and can remain suspended in the air ( $\sim 60 \mu\text{m}$ ), are smaller than the 80 to 500  $\mu\text{m}$  size of the pores in the typical masks utilized. The SARS-CoV-2 virus itself is only about 0.15  $\mu\text{m}$  in size.

The influenza virus is 0.1  $\mu\text{m}$  in size and also aerosol borne. **The Canadian Pandemic Influenza Plan for the Health Sector (2006)**, which was coordinated by Health Canada with direction from the Pandemic Influenza Committee, a Federal, Provincial and Territorial technical advisory committee, is instructive of the benefits of masking during a respiratory virus pandemic ([https://www.longwoods.com/articles/images/Canada\\_Pandemic\\_Influenza.pdf](https://www.longwoods.com/articles/images/Canada_Pandemic_Influenza.pdf)). Careful analysis of the 550 page document on page 227 (Section 2.6) is particularly germane. In this section entitled "Use of Masks During a Pandemic," it states, *"Although there is a lack of evidence that the use of masks prevented transmission of influenza during previous pandemics; in the early phase of an influenza pandemic, it may be prudent for HCWs to wear masks when interacting in close face-to-face contact with coughing individuals to minimize influenza transmission. This use of masks is advised when immunization and antivirals are not yet available but is not practical or helpful when pandemic influenza has entered the community. There is no evidence that the use of masks in general public settings will be protective when the virus is circulating widely in the community."*

On the Government of Canada website at <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/surveillance-annex.htm> in the publication, "Surveillance annex: Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector," which was updated in December 2015, the word "mask" is only used once, and in the context that the use of masks still requires evaluation as a protective measure.

Furthermore, there is very little data that supports the use of masks to prevent transmission of COVID-19. On the contrary, there is overwhelming publications that conclude that masking, social distancing and other restrictions causes more harm than good. The following comprehensive John Hopkin Study by Herbe *et al.* (2022) documents relatively little benefit from masking and other COVID-19 restrictions. <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>

In addition, a compendium of over 400 studies available from the Brownstone Institute also documents the failure of compulsory COVID-19 interventions (masking, lockdowns, restrictions, closures): <https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/>.

UBC has been well recognized as a place of low transmission of SARS-CoV-2 during the entire COVID-19 pandemic. In view of the dramatic reduction of the incidence of COVID-19 in the general BC population since mid-January, the high degree of immunity in our community resulting from natural infection and/or COVID-19 vaccination, and the availability of new medicines to treat COVID-19, there is really no compelling reason to continue with a mask mandate that has already been lifted by the BC PHO. If there is, then the justification for these should be made available for proper scrutiny by other health experts at UBC.

In view of the negative physiological, psychological, and environmental impacts of masks, mask wearing should no longer be compulsory but an option for those that remain fearful of the SARS-CoV-2 virus despite the extremely low risk that it presents to certainly the student demographic on our campuses, and staff and faculty under retirement age. It's time to follow the science, and as an evidence-based institution of higher learning, we need to set the example for the rest of our society.

Respectfully submitted by Steven Pelech.

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