



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

Agenda #	Relate To	Position	The following individuals submitted comments on agenda item:	
			Name	Comments
Set Matter 2		Favor	A Freylicher	
			Aaron Perez	We do NOT need another masking bubble placed on the county residents, the virus has taken its course and the e now have therapeutics and vaccines available. Trust the science!
			Adam Sabag	
			Adrienne M DiLullo	No science to back this up with hospital data or mask studies. Other counties have much lower mortality than LA WITHOUT mask mandates.
			Alethea Jones	
			Alexander W Guerrero	No mask in school
			Allison Baldocchi	
			Amity Gomez	This is absurd. There is absolutely nothing to support this and I fully support Barbara Ferrer's removal from her current position for terrible policies and the impact they have had on your family, business or children.
			Amy Cooper	Masks don't work, the real data doesn't support the need, let people make their own choice, DO NOT mask the kids again - it greatly affects their development and their mental health,, and Barbara Ferrer needs to be fired. How does an unelected official get so much power? Plus, not disclosing the conflict of interest with her daughter and the bogus mask study should be enough to justify it.
			An Huang	The county needs to 1. Fire Barbara Ferrer and 2. Stop all the over reaching because of their power trip.... Masking is history !!!! Move on people just move on already... enough with your power trip and control and stop treating the community like we are dumb because we are not!!!! Let our kids go back to school "NORMALLY " Humans live off of oxygen stop suffocating us already!!!! Leave the masking up to the people and FIRE FERRER TODAY!!!!!! You have already lost your credibility if you don't do anything about it it will just tank further !!!! People are fighting back !!!!



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Set Matter 2		Favor	Anahita Kar	There is no data supporting your tyrannical mandate. Your own hospitals have contradicted your nepotistic and conflict of interest based research conducted by your own daughter. That is disgusting and unacceptable. I for one will not comply and neither should any restaurant or establishment. We the people should decide whether we want to put on a face diaper Or not. You have no right to arbitrarily impose your tyrannical edicts over us. WERE DONE WITH THE PLANDEMIC! . Diaper or not Want to
			Andrea Golin	The jig is up - people are now aware this is political theater and masks do nothing to prevent the spread of a virus (as notated on the boxes of masks themselves).
			Andrew Fisher	Terminate Barbara Ferrer. She's unelected, unaccountable and unqualified. Her \$500,000 total compensation is OBSCENE!
			Anna Thomas	No more mask mandates that Don't work and politicians don't even follow. Stop these tyrannical government mandates. Maybe this will stop the mass exodus out of California because of these mandates. Number one cause of death of young people is suicide let people breathe.
			Anne Martz	
			Anne Stenehjem	I oppose any mandatory mask mandate. It is well documented that masking does not prevent the transmission of covid-19. This is overreach of local leaders to control and divide people. If public health was really an issue, then why are tens of thousands of illegal immigrants pouring into our country untested?
			Antoinette Rascon	An ABSOLUTE NO on any further mask mandates! Stop the tyranny! Plenty of studies show the ineffectiveness of masks and major damages on children's mental and physical health. If Barbara Ferrer was SO worried- she would have been wearing her own mask at the overcrowded baseball game- on her face properly- than on her arm!!! Give us all a break!!!
			April M Bean	I am writing to express my opposition of any type of reinstatement of a masking policy. I am attaching a link of 150 different scholarly studies demonstrating that masks are ineffective in slowing the spread of Covid-19, or any other respiratory virus. centerforneurologyandspine.com/do-masks-work-see-the-review-of-over-150-studies-below/
			Arezou Berghoff	No more mask mandates . We are vaccinated and must go on with our lives

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Set Matter 2		Favor	Aura Chacon	We do not need to return to masks. To mandate masks is going backwards instead of moving forward. Starting the school year with masks will only create more anxiety and breathing issues on our children. Furthermore, the masks hinder our youths development to socialize and learn since it's hard to understand someone behind a mask.
			Barbara A Sziraki	I oppose reinstating Mandating Wearing Masks. Do not abuse my Constitutional rights. No Mask Mandates!
			Barbara G Kramer	California is the ONLY state that is trying to impose this DRACONIAN measure. Wake up and allow us to return to some semblance of the lifestyle those of us living here, Myself for over 30 years, came to live in this state in the first place. Or the exodus to Florida will quadruple this year.
			Basha S Miller	
			Benjamin Katz	Stop the useless mask mandates. Few even wear a mask properly or the proper masks. Hand wash mandates would be more useful
			Bitu Simanian	Masks are completely unnecessary and ridiculous to enforce again. Keep it as a personal choice and stop destroying LAW
			Bob Kuhn	There is no scientific study that can show masks do any good to stop what you're trying to protect the kids from. This is more like a common cold. Please do not impose the mask mandate it's just gonna infuriate the public and not protect us from anything.
			Brandelyn Addison	
			Brenda Knight	oppose mask mandate in schools
			Briana Bayar	
			Bridget Roberto	Stop it with the mandates masks and anything else pertaining to Covid. Adults know how to govern our own lives and our own children.
			Britt Lind	Barbara Ferrer and the board of health cannot make laws. Her attempt for force people to wear masks is illegal and cannot be enforced. The public and restaurant owners will fight back on this with lawsuits. Ferrer is doing this purely for the sake of CA democrats who want to fearmonger the public before the election. This has nothing to do with public health.
			Brittany Hernandez	I oppose the reinstatement of indoor masks



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			Comments
			Bryan Bergsteinsson
			It is time for you, as our ELECTED leaders, to step in and end this mask mandate. I'm sure you're read about the comments made by the doctors at Harbor USC Medical Center on the subject. Barbara Ferrer, an unelected official who has no medical training is out of control and it's time you corrected this. I couldn't believe that the study used to impose a mask mandate on our students was done by her daughter who has zero background in this area. Time will reveal the damage done to our businesses and more troubling our students from these irrational actions on her part. Will your legacy be one of courage to end this madness or will you simply circle the wagons?
			Carissa Bohm
			DO NOT MANDATE MASKS!! Actual science has proven them completely ineffective
			Carlos de Leon
			People are not dying like 2020 and the Covid variant has weakened. The pandemic is over and people will not wear masks
			Carlos Varela
			Carol Beecher
			carol bernstein
			Please do not implement the mask order for LA County. The people testing positive in the hospital are not in the hospital for Covid. This will hurt all the school children in Los Angeles County. DO NOT VOTE FOR MASK MANDATE!!
			Carrie Mackensen
			LA County has lost all trust in Barbara Ferrer. She was not forth coming about her daughters involvement in the research she cited. Her lack of transparency and selective reading of data breeds mistrust. The research is clear, masks are causing harm to our children. Both of my boys developed speech delays for a virus that gave them ZERO symptoms. This virus is equivalent to a cold and as such increase numbers do not amount to a public health emergency. As Barbara Ferrer's boss, we ask that you demand accountability and stop her abuse of our children. I will not mask my kids. I will not mask. If I am sick, I stay home. The government is not meant to control people but to act on our behalf. We the people do not want mask mandates, we will not comply. We will protect our children from these fear tactics that are causing psychological and relational harm. Please stop the mandates and FIRE FERRER!
			Cathy Lynn
			Mask mandate is ridiculous . For the last two years the lockdowns , mask and vaccines have done nothing to stop the spread of covid. In fact data coming out is saying the vaccines have harmed people and weaken their immune system so they are more likely to get sicker than the unvaccinated . Time to move on and let people live their lives .



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Set Matter 2		Favor	Cecily Dussell	Please vote against this. Studies have shown that most masks that the general public wears do not help. Plus, the number of times we seen public officials blatantly ignore their own mandates with masks just shows that it's all theater and does nothing to help.
			Celeste Miller	It has been medically proven that masks are ineffective at stopping viruses from spreading. It's also been proven that mask use is causing bacterial infections to occur. Any consideration to muzzle children with masks again is ridiculous and shows disregard for all information now KNOWN on this topic today.
			Chris Fontes	Maks don't work and only lead to hurting children not helping them. please oppose. We will not comply!!!!
			Christian C Wahla	Barbara Ferrer must NOT be allowed to make the County of Los Angeles continue to be the laughing stock of the state. Do NOT allow her to damage our businesses and children's lives once again. She needs to be fired if she won't resign, and a Medical Doctor must be put in control of the County Health Department.
			Christopher Chee	Please do not put masks back on. The mandates harm my business and our economy by discouraging people to go into the office. Almost nobody wants to sit inside wearing a mask all day.
			Christopher Decker	Do not allow Public Health to reinstate a mask mandate. Mask mandates are unpopular and ineffective. LA County would be one of the only jurisdictions in the US to cling to this ineffective intervention.
			Cindy James	Please be reasonable! We do not need another mask mandate. This is a burden placed on already struggling businesses and schools. The current "crisis" is being handled with efficiency. The hospitals are not overcrowded and deaths are low considering the overall population of LA County. This is the only county in the United States considering this. It is not needed! Let the people of Los Angeles county be free to use their own brains to make health decisions.
			Cintia Pedone	No more mask mandates. The overwhelming majority of Americans are vaccinated against Covid. Leave people alone.
			Clarira Amurao	Masks do not do anything.
			Claudia Echeverria	On behalf of Community Health Councils (CHC), we support item 2, reinstating the indoor mask mandate. The communities that we work with in South LA are disproportionately affected by COVID and reinstating the mask mandate will help limit the increasing number of hospitalizations.
			Claudia Fernety	No more MASK MANDATES! The emergency is OVER. And anyway, masks do more harm than good. Lockdowns do more harm than good.
			Claudia Newby	It is not scientifically backed by evidence and harms our children. We reserve the right to choose to wear masks or not.

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Set Matter 2		Favor	Clervil Heraux	Stop the peer reviewed non-effective face making of us and our children. You all know they dont work, STOP this madness. NO more plandemic ANYTHING!
			Concerned Citizenonemllion	This is ridiculous! Why put masks on people when the risk of contracting covid is so low and we are over two years into this lockdown pandemic situation. This woman is a social worker and not a medical doctor and needs to stop already!
			Connie Borja	
			Corey M David	There is no scientific basis for bringing back the mask mandate. There is great hard to children in schools when forced to mask. DO NOT LET THIS HAPPEN AGAIN. PLEASE
			Craig Beckman	Ladies, I urge you to oppose the Mask Mandate as presented by Barbara Ferrar this morning. She is not a real doctor - only a social worker. She has an agenda which has damaged the City of Los Angeles and Los Angeles County as well. Enough is Enough! Sincerely, Craig Beckman
			Cynthia Cleary	
			Cynthia Hurtado	No mask in school
			Cynthia Romo-Greene	Masks do not work. It's hard to breathe. It's not healthy especially for people who have asthma. And it's unconstitutional to make people wear something that smothers them.
			D Lech	There is no health emergency. There never was a COVID emergency. Stop the fear mongering, lies and dangerous misinformation. Masks do nothing except to give you pride in thinking you are in control, which is what the entire scamdemic is all about. The vaccines have been proven to be ineffective and useless, and in fact, harmful or deadly to many people. Your lies are sinful.
			Damian Fante	I am strongly opposed to mask mandates of any sort. We did them before and they didn't work. Study after study comes out saying that the effects are negligible in terms of transmitting virus. There is no science to back this up. Children's development is adversely effected by the use of masks as well. Covid is something we have to live with. If an individual feels like wearing a mask they are free to but to force everyone to wear them is illogical.



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Set Matter 2		Favor	Dan Casey	The unbiased research has shown little to no benefit from masking. Those that chose to mask are allowed to those that don't should have the same choice. Recent data has shown the declining seriousness of the virus including the case of our 79 year old president.
			Dan Casey	The unbiased research has shown little to no benefit from masking. Those that chose to mask are allowed to those that don't should have the same choice. Recent data has shown the declining seriousness of the virus including the case of our 79 year old president.
			Dana Tykocinski	The mask mandate is not neutral. The impact has been catastrophic to our children's development (psychological, speech, ability to learn, etc.) We will not sit back this time silently.
			Daniel Palmero	Even the CDC recognizes the inefficacy of masks, countless studies continue to conclude that masks under the best circumstances are statistically insignificant in preventing the spread of a Influenza type virus like COVID. This tyranny of baseless, fear-mongering control needs to end now. Our trust in our representatives is waning continually, primarily for this type of irresponsible governance. I call for the immediate overturning and blocking this outrageous new mask mandate. I call upon the Board of Supervisors to think about their duty and act swiftly and decisively for the best interest of California citizens. COVID is endemic and it's well past the time to stop living in fear, and get back to normal.
			Daniel Ruiz	It's time to adapt to COVID and move on with our lives like in other states and countries. We cannot continue with useless masking and unmasking. Please override the public health director's impending masking requirement(s) related to COVID
			Danielle Bracamonte	Remove Barbara Ferrer
			Danielle Carry	The hospital data speaks for itself. Other states that do not mask have the same outcomes as us, masks are not working. It time to allow people to make their own choices for their families. No masks on kids.
			David Dallas	It is ridiculous to apply a mask mandate 2 1/2 years into a pandemic. Our children need to breathe. If your scared protect yourself. Children should not have to sacrifice their sense of normalcy in order to protect the aged. Start representing us and not your woke agenda Thank you David dallas
			David Nurse	1. Rules for thee but not for me ! Ferra at All Star Game. 2. Masking our kids and students have stunt the growth and learning of our children, numerous studies, and educators have pointed out.
			Davina Penhaskashi	

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Set Matter 2		Favor	Dawn Berry	If you pass the mask mandate, you all will be getting a contractor employment agreement for \$50,000 every time I am forced to wear a mask, as you are the one forcing these businesses to "hire" me. Don't worry, IRS office will be Settling matter.
			Dawnyelle A DeLongchamp	As a school psychologist I have seen much more damage to children's overall developmental levels, specifically in the areas of adaptive behavior, communication, social and emotional behavior from wearing a mask than COVID damage. Masks due more harm to children than COVID does. Follow the science!
			Debbie Lopez	Please no indoor masking. Thank you.
			Deborah Anderson	Masks do not work. They are unsanitary and cause more harm than preventing transmission...the virus passes right through unless properly fitted n95 mask
			Deborah Broumeie	This would be worthless, since masking does not work. Our children have suffered from this mask mandate. The CDC admitted that masks failed. Link: fee.org/articles/cdc-schools-with-mask-mandates-didn-t-see-statistically-significant-different-rates-of-covid-transmission-from-schools-with-optional-policies/ Further, Ferrer is not a medical professional. Her daughter is not a medical professional. Link: foxla.com/news/report-accuses-barbara-ferrer-of-relying-on-her-daughters-cdc-backed-study-on-school-mask-mandates Relying on an "inside job" to collude with the CDC is what they actually DID. Businesses will suffer - again. Los Angeles citizens will suffer. It turns out that masking can be harmful. Link: technocracy.news/mercola-how-face-masks-make-you-sick-instead-of-protecting-you/ Doing the same thing over again that did NOT work the first time, is insanity.
			Debra Cummings	I believe if you want to wear a mask then do it, but do not FORCE everyone to wear a mask. I believe it should be CHOICE and not MANDATED. Please stand up and fight for our right to choose and for our kids. I will not send my child to school in a mask again
			Diana Makkabi	I oppose masking
			Diane Ake	Masks do not protect children from disease. They harm them physically and emotionally and psychologically. There are numerous studies on this. Do the right thing. Look into your hearts. Don't mask children just to get more COVID money or from irrational fears with no basis in reality. Protect our kids!
			Dina Avtzon	



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Dina K Cohen	<p>EXTREMELY URGENT:</p> <p>Please submit your opposition to the mask mandate. There is a hearing scheduled for TOMORROW Monday July 25th to review the mandate. WE NEED MORE COMPLAINTS IN OPPOSITION:</p> <p>1) Go to: publiccomment.bos.lacounty.gov</p> <p>2) choose #2 public health order and click "Oppose"</p> <p>3) submit your complaint. If you need an example, use this:</p> <p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
			Doreeta Ganjian	
			Ed Justice	Hospitals, Doctors and those who are truly informed and away from the politics oppose instituting a mask mandate again. Please don't let this happen. The effects of the last decisions regarding Covid are still being felt economically.
			Ed M Mitchell	I oppose requiring people to wear a mask indoors.

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Set Matter 2		Favor	Eileen M Saul	Vote against mask mandates for LA County ~ the research is in that mask do not prevent the transmission of Covid. Allow the citizens the freedom to choose whether to mask up or not. As an orange Co resident, I do not want LA County ridiculous laws to lead the way in our state. Thank you!!
			Elenor Thompson	No more mask mandates thank you! Let the vulnerable wear masks and the rest of the population remain free. Enough is enough. We need to live with COVID, not dictatorial mandates and continual governmental "state of emergencies". Thank you, but we have returned to normal lives. We will no matter. Rekindling this mask mandate anywhere in CA is wrong and we reject this policy. Respectfully, E Thompson
			Elianna J Boudai	Oppose indoor mask mandate that does not align with the state. Oppose this mandate coming from someone who has conflicting interests which have never been disclosed. There is no scientific evidence of this working and in fact shows that masks have hindered children.
			Elizabeth Muradyan	Stop the indoor mask mandates.
			Elizabeth Preciado	I no longer trust Barbara ferrer and her opinions. End all mask mandates. Stop torturing our children.
			Elizabeth Ward	I oppose any and all mandates regarding masks and vaccines. In addition, I support the removal of Barbara Ferrer from her position immediately.
			Emily Bergler	This is no longer a deadly virus and children are not at high risk for either contracting or transmitting this virus.
			Emma Goodman	These mask mandates are not back by any scientific date. These representatives creating these tyrannical mandates are hypocritical. They are going to sports games and not wearing them. Our children are having issues with speech impediments because of them. Let them breathe!
			Erica Landmann	Do not follow advice from a non-medically trained "Dr Fararr". Do NOT require indoor masking! People are over this. Make it a choice.
			Erica Van Gorder	No mask for kids in school. Please.
			Erin Kyle	
			Erin A Igoo	I oppose reinstating the mask mandate
			Evelyn Shooshani	
			Farnaz Fard	

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			Frances H	Stop it... just stop ... enough already.. stop dumbing the people !!! you guys are way over your heads on you power tripping Instead, you need to 1). fire Barbara Ferrer. She is not and was not a good fit for her position since day one. How she was appointed to held her position is very questionable!!!! Her being at the over packed All Star Baseball Game is simply a slap in the people's face when the majority of us for the past 2 1/2 years have not had a life but complied with the ridiculously ruling for COVID not to mention all the kids that suffered both mentally and physically due to all the strong-arm and invasive mandates and 2). End all mandates NOW !!!! By this day all of the so called "safety measures and mandates" should be by "Choice" and "strongly recommended" if you must say something to show your power trip!!!! LA county needs to stop all the overreaching and power tripping and start working for its people and community!!!
			Frank Bellomo	No masks in school
			Gabriella Sho	
			Gail Flyer	I want to say no to mask mandate Thank you
			Gail Hardy	NO MORE MASK MANDATES! In Placer County, they replaced their Public Health Director. The new director focused on disease control rather than population control – protecting the vulnerable while citizens made their own decisions. The result: a COVID mortality rate half that of in LA.
			Gloria A Pruyne	The CDC even admits that cloth masks aren't affective. Don't force masks on children.
			Greg Poppin	I believe real public health depends on our ability to breath freely
			Hamed Panah	Will never vote again for anyone in office now if this passes.
			Heather Bosco	Do NOT want to return to indoor masking. Leave it optional.
			Helen Limburg	Please do not again disrupt our businesses and economy with a useless mask mandate. Many studies show that the only meaningful protection for vulnerable populations is for they themselves to wear a properly sealed N95 mask. It is ridiculous to impose a mandate for masks that do not stop the spread. The vulnerable need to protect themselves.
			Henry Kazatchkov	



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Set Matter 2		Favor	Herb Johnston	On my last comment thread I said I was opposed but what I meant is I'm opposed to mask mandates and vaccine mandates as they are useless and illegal and unconstitutional and do not protect anyone from anything in fact vaccines are killing people. In that statement I forgot to mention that Barbara Herrera should be terminated immediately in whatever way is most expedient and at whatever cost. There is no science to support the egregious government overreach and the obvious cow-towing to the globalists that are controlling our country and Democrat blue overrun states and cities
			Hilary Curran	I am strongly opposed generally, this is significant overreaching step back for all residents and not aligned with what the data is telling us. Further, this is extremely concerning for our children and I would ask we ensure masking in school remains optional under any circumstance. The unintended consequences for our children far outweighs the very low risks that may be present. Parents need to retain the right to choose what is best for their children.
			Hollie Rush	I oppose mask mandates of any kind.
			Inna Dan	Fire Ferrer and we oppose mask mandates !!!!!!!
			Isabel Valdocinos	Do not pass mask mandate. At this point mask are a joke. With mask and vaccine people are still getting sick. I do not want my children to be force to wear a mask when it does more harm than good. Asthma is not good with mask. Pleas oppose
			Jackie Lewis	
			James Bosco	Do NOT return to indoor masking. Keep it optional.
			Jamie L DeRosa	I oppose this mask mandate and I am not going to let my child go to school and play in 100° weather in a mask! That is very dangerous as summer is technically still here until September and they go back to school Aug. 15th.
			Jana Jacobsen	There should be no mask mandate. People are not forced to wear these masks and teachers and staff should not be the ones enforcing this rule. If people want to mask they can. Do not force children to wear these again. There is no data to support doing this.
			Jane Walker	
			Janine Lulich	Please, please do not enact a mask mandate! The numbers do not support such an action. This will bring dire consequences to L.A. County, people will move, businesses will suffer losses and children will continue to deal with speech and learning deficiencies. History will not look favorably on this action. If enacted it would be a colossal mistake!



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HILDA L. SOLIS
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Correspondence Received

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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Jany Despotov	The fact that we are even continuing to entertain the ridiculous mask mandate is beyond me. As hospitalizations continue to decline and doctors have already spoken out even on the biased main stream media advising that there is no need for mask mandate. And they even encourage people to fight on and obtain antibodies through contraction. Farrar and her ridiculous mandate are clearly out of order. If we are following the science let's follow the science. And the science of doctors speaking out all over are saying that this is ridiculous. It is time that ferrar resign as she clearly has a conflict of interest with her daughter's CDC report. All she is trying to do is add substance to her daughter's report. She has no interest in the well-being of this county. The science clearly has not been followed and has only been used to continue tyranny in this state.
			Jason Conner	I advise not re-instating a mask mandate. It goes against current research and experience, which is that "COVID" is not much of a problem and that face masks are ineffective. With vaccines and proper face masks available, those who are vulnerable or worried have the means to protect themselves. There is no need to attempt to force people. This is now a personal health issue, not a public health issue.
			Jeannine Kranzow	I do not support this.
			Jeff Gundlach	Sorry, this is completely ludicrous ! Zero science to support cloth masks! More health problems than benefits ! Will not harm my body for your political agenda!
			Jeffrey Barton	No mask in school
			Jennifer Garcia	The science does not support another mask mandate.
			Jennifer Hecker	Please do not reinstitute mask mandates again. I have many thoughts on this matter, but all I will ask is that there is not a mask mandate again. If our own public leaders can't and won't follow a mandate, why expect the general public to do so. Save the mandates for items that really matter. Otherwise you lost more credibility than you already have.
			jennifer ko	It's been 2 years and we not only have so much data but we have 2 years of experience living with covid. Kids cannot be masked all day at school. It does more harm and we have no idea long term side effects these kids will have later in life. Have you seen the mask kindergardeners are wearing after 10 minutes? it is disgusting. filled with spit, sweat, nose discharge and you want them to wear it all day? you're hurting them. Please stop. Use your position to do good and to help children, not harm them for your selfish gain, selfish control.



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Jennifer Koch	I am opposed to mask mandates for students and staff. I am a parent as well as a teacher so I support the choice for ALL. I watched my students regress with all of the Covid protocols as they have special needs. They need to see my face and mouth for appropriate development/communication. I read all of the previous comments regarding opposing the mask mandates and I support the other reasons mentioned as well.
			Jennifer Schreter	Please replace Barbara Ferrer with someone who can follow the science. On July 18, 2022, LAC USC MDs presented that Covid hospitalizations were very rare. Over the last 2 plus years, Ferrer has proven incapable of managing the nuance of this pandemic - masking the least vulnerable in school with massive learning and developmental loss. She needs to be replaced - do it Now!
			Jennifer Tindall	Monday, July 25, 2022 I am writing in regards to the new mask mandate that is proposed for Los Angeles. As a citizen of California, I am 100% opposed to a new mandate. It's been proved with several studies that masks do not work and are having a severely negative impact on our children in schools. Please refer to this study: (researchsquare.com/article/rs-1773983/v1 It's been proven that wearing a mask is hazardous one's health. Please refer to this study: (Bacterial and fungal isolation from face masks under the COVID-19 pandemic Scientific Reports (nature.com) Please let logic, common sense, and science prevail and do not approve this mask mandate. Thank you, Jennifer Tindall
			Jennifer Y	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
			Jennifer L Delahunty	FERRER is not the right person to be in charge of our public health, she does not have the best interest of the community and getting back to normal or at least letting the option for people to make there own decisions whether they want to wear a mask or not. Wearing a mask does not keep you from contacting Covid. All other country and states are moving forward from Covid and have gone back to normal. People can protect them selfs and there family how they see fit. Please let us move away from these mandates that didn't do anything for us the first time around.
			Jessica Gudino	No Masks for children.
			Jessica Pietro	
			Jessica Sepulveda	We DO NOT need another mask mandate. The science does not support imposing this again.

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Set Matter 2		Favor	Jessica Stuursma	
			jill wilson	Pubic Health Director Barbara Ferrer should resign due to her HUGE conflict of interest. She avoids the real data and pushes orders that have no basis in reality- other than those "facts" her daughter creates. BOS- residents and voters are watching you- your Covid power craze will not be allowed to stand as is. VOTE NO and do not support this insanity. And get Barbara a burger and some sun!
			Joanne Allor	It is time to follow the real science on masks and this virus and stop the mask mandate by Ferrer. It's time to get a real a Dir of PH that actually focuses on disease control vs people control. It is time to fire Ferrer.
			John Fraher	
			Jon Dixon	Babara Ferrer is anti-science and she actually presents a huge threat to public health. Anybody elected who follows her dictates will be on the wrong side of History. Masks or anti-science and it's just a matter of time before the truth is truly known by people. Remove Barber Ferrer and reverse course
			Jon Hernandez	No mask mandate
			Jose Cruz	I have a right to breathe fresh oxygen. Oxygen is essential to life. I will not ever cover my face with a muzzle. It's illegal to assume I am sick with no proof. Mandates are not laws. My Hod that I worship says to stand before him without my face covered. Only prostitutes and thieves cover their face.
			Joseph May	Please do not reinstate a mask mandate. The legitimate studies don't support such. The indirect negative impact on mental health and addictions outweighs even the most positive studies for masks. Put your ego aside Ferrer. The dangerous COVID is past us. You are just stuck on your powere
			Joshua Bergler	I oppose reinstating the mask mandate.
			Joyce Hsu	
			Juana H Lazcano	I worship God by breathing keeping my face unveiled. My rights are protected by CA Gov Code 12926(g): CA civil codes 43, 46 and 51:CA Gov Code 37100:CA HSC 24171 and 24172. If the county does adopt the ilegal mask mandates again, YOU are required to accommodate those like me who have a legal religious exemption to this suffocation practice.
			JUDITH Shoemaker	

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			Name	Comments
Set Matter 2		Favor	Julianna Guerrero	
			Julie Zaller	Do not impose mask mandates! And more importantly FIRE Dr. Ferrer. She is not qualified and has been proven to be wrong by many physicians in the LA area, who also disagree with the need for indoor masks.
			Karen Bell	
			Karen Widman	It's time to fire Dr Ferrer. The conflict of interest in using the report written by her daughter Kaitlin Barnes is a clear conflict of interest
			Karen E Hensen	Our family opposes any LA County Mask Mandate. The studies shown mask don't work and are harmful to children and adults. Our own LA County Doctors have stated, there is NO reason to bring back masks based on the numbers. NO to mask mandates.
			Karen K Voskanian	This mandate is unlawful and unnecessary. The head of LA County Hospital went on live T.V and said that the hospitals are not overwhelmed and that only 10% of the patients have Covid. Ms. Ferrer is not a medical doctor and does not have the knowledge to make these decisions. If the mask mandate is reinstated, it will hurt small local businesses who are barely making ends meet as it is. You represent the people and I hope that you listen to your constituents and make the right decision.
			Karen N Fayssoux	Opposing mask mandates.
			Kasha Forgette	I oppose the mask mandate. The majority of the adult and child population in the US has already been vaccinated and had prior Covid infection. The emergency is OVER! We are in the endemic phase now. Requiring masks did not work as we can all plainly see, and is a violation of our first amendment rights. If you try and pass this mask mandate absurdity we will vote you out!
			Katherine M Waller	Since announcing the mandate, Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly – indeed jubilantly – with 70,000 baseball fans.
			Kathleen Bergstrom	Please....no mask mandate. Those who want to wear them can. The rest of us shouldn't be forced to do so.
			Kathy Culina	
			Kathy Morris	It is child abuse to have these kids wear masks again. I am Dealing with ongoing depression issues with my daughter and will not mask her again. There is absolutely no reason to mask them. Please do t do this to our kids. I beg you
			Katie Luera	



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Set Matter 2		Favor	Kayla E Robinson	These mask mandates don't work. Most people do not even wear the proper filtration masks (KN95s and N95s), and it's simply a ploy for more Los Angeles County control. Other counties surrounding Los Angeles do not have a mask mandate and do not plan on having one. People will just to business in adjacent cities and Los Angeles will be hurt ultimately from this.
			Keith Klein	Give the fine people of this city the respect they deserve by allowing them to make their own decisions regarding their health for themselves and their families. The city's overreach into the lives and livelihoods of Angelenos has gone far enough. Your credibility as a governing body has been damaged and you are driving a wedge between the people of this city and government. In America, elected officials are the servants of the people, not the other way around, and the people have spoken. I request you block and permanently end the mask mandate being threatened by Barbara Ferrer, or remove her from her position. Thank you.
			Kelley Soper	Mask do more harm than good. Do not bring back the mask mandates for students.
			Kellie Vago-gross	
			Kelly Bomar	Masking should always be a choice, especially when it comes to kids at school.
			Ken K Behzadi	I along with thousands of Los Angeles residents firmly oppose the proposed mask mandate. As a lawyer with over 30 years of experience your proposed mandate will be challenged in court and defeated if implemented. However, the overwhelming majority of residents oppose your false and misleading data and proposed indoor mask mandate which is contrary to the recent opinion of Chief LA County Medical Director. You should back off these ridiculous posturing and stop your nonsensical fearmongering or face recall.
			Kevin Paterson	I opposed mask mandates, as every sane citizen does. They just promote the incubation of bacteria and sickness for the wearer, and have never worked. If they did work, California would not have any more cases. Follow the dozens of peer reviewed controlled studies for decades that are unanimous that masks do not prevent the spread of a virus!
			Kim Engeseth	With regards to reinstating an indoor mask "mandate" Barbara Ferrer has been contradicted by Los Angeles hospitals. She is also relying on a mask "study" authored by her own daughter who is not a medical professional. Enough is enough.
			Kim Lemoine	I'll wash my hands and cover my mouth when I cough and stay home if I'm sick. ENOUGH with the masks already.
			Kimberly Notch	



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Set Matter 2		Favor	Krishna Wolter	No mask mandates. The science is clear. Masking does more harm than benefits, especially to children.
			Kristen Gorrindo	
			Kristin N Glass	No masks in school
			Kristina Martin	There is absolutely no scientific backing to enforce another mandate. We allegedly live in a free country. Perhaps we can focus on dealing with the actual issues Los Angeles is currently facing-homelessness, lawlessness, crime, inflation etc. and not create further anger, discord and dissatisfaction. Enough is enough!!! The citizens of LA have suffered ENOUGH at the evil hands of Barbara F and we have had HIGHER death rates. ENOUGH. IS. ENOUGH. THIS TIME WE ARE GOING TO FIGHT BACK!
			Kristy Paul	
			Laila Miller	There is no scientific or logical basis whatsoever for continuing with mask mandates. There is no evidence that masks have any notable effect on reducing the spread of covid-19, which is here to stay. Instead, these 'mandates' have done much more harm than good. It has been documented that forcing masking upon the populace has led to marked increases in mental health crises, developmental delays in children, and incidents of violence over masking disputes. Please put a stop to this insanity.
			Laizer Labkowsky	
			Lana Butler	It is time to stand up to Barbara Ferrer who is not even a medical doctor. The study that the CDC relied upon was authored by the Barbara Ferrer daughter, who is also not a medical doctor either and we have clear science that masks do not work. Put a stop to this madness and block her diktat at this meeting.
			Laura Allred	Please oppose all mask mandates within the State of California.
			Laura Bardwell	Enough is enough!
			Laura Frazier	We know that mask mandates do nothing but harm children. Please do not impose a mask mandate.
			Laura Kiely	I support indoor masking in public settings, including schools, during a surge in Covid cases and increased hospitalizations. I also support mandatory Covid vaccines for all eligible students.
			Laura A Amorelli	
			Lauren Newman	



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Set Matter 2		Favor	Lee Ann Schantz	Please dismiss B. Ferrer and appoint a more qualified person as Public Health Director who is actually a medical doctor....like the ones at USC who believe there is no need for ANOTHER mask mandate. For those of you on the Board of Supervisors who don't have the backbone to stand up against her nonsense - or worse, actually agree with her - then you should consider stepping down as such actions would clearly demonstrate a complete disregard of what is best for the residents of Los Angeles.
			Lenora Gentry	Stop the insane mask mandates. Masks do not work. Proven.
			Leona F VALENCICH	Masks are unhealthy and cause more problems than the idea they are worthy. Statistics show they have nothing to do with helping folks.
			Liel Gola	
			Lillian S Keller	I am strongly against the mask mandate and plan to move if it happens
			LINDA ENG	I OPPOSE REINSATING MANDATING WEARING MASKS!
			Linda E Williams	The masks didn't work before and they won't work this time. Besides the data being used for this is incorrect. It's time to fire Barbara Ferrer. No more masks!!!! Won't do it.
			Lindsey LeGrande	Masks don't work. Horrible for children! And people in general.
			Linette Prescott-Marx	Studies show that masking children does not change Covid outcomes. See studies done from Fargo v West Fargo. Totally unnecessary, and harmful on multiple levels for child development. I am very disappointed that a social worker is making harmful decisions about Covid.
			Lisa M Cusack	I strongly oppose a return to an indoor mask mandate. In is unnecessary burden on businesses and individuals with health concerns. It is bad policy for 2022. Thank you



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Set Matter 2		Favor	lori Daniels	<p>NO MASKS</p> <p>July 25, 2022</p> <p>Dear Board of Supervisors,</p> <p>Please vote no on the mask mandate.</p> <p>The biggest hospitals in Los Angeles have confirmed that although more people may be testing positive; the symptoms are mild and not creating a health problem.</p> <p>Most people have had it and we are all fine. At risk people may wear a mask if they chose.</p> <p>Children are at almost zero risk for covid. But the masks have been shown to impede learning and spread covid because they are laden with germs and never worn or replaced properly.</p> <p>Please keep the mask optional in LA county.</p> <p>Thanks, Lori Daniels</p>
			Lori Hall	NO MORE MASKS - READ THE STUDIES AND STOP WITH THE POWER GRAB. THEY DON'T WORK AND WE'RE SICK OF YOUR POLITICS
			Lorrie Valerio	No masks! It should be up to the individual if they want to wear one or not.
			Madeline Hubbard	I oppose all public health orders of masking and vaccinating people. The Emergency order needs to stop now.
			Madeline McFadden	<p>There are now close to TWO HUNDRED studies that show that masks provide no benefits as far as slowing the spread of a virus or protecting the wearer and in fact, can do significant harm. If you have data to the contrary it is incumbent upon you to produce it or you must vote against a mask mandate. The public is tired of your politics. Follow the science...if you don't, you are public enemies.</p> <p>brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/</p>
			Marcela Hasbun	

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Set Matter 2		Favor	Margarita Hetzel	I'd like to express my opposition to the returning mask mandate in LA County. I would like the county to protect our most vulnerable by refraining from providing false sense of security that comes along with the use of cloth masks. Please allow the most vulnerable to choose to wear an N95 mask, and allow the remaining population to choose whether or not to wear one. We have enough data that shows the wearing of masks in schools, restaurants, and other public places does not influence the number of case rates or deaths. Thank you.
			Maria Luisa Palma	I oppose the indoor mask mandate, especially for schools. Do not use children as political pawns. Parents have the ultimate right to decide if their own children should mask—not government officials. Children deserve to be able to attend physical schools with their peers and not have their education, socialization and development stunted by the mandatory use of masks. Aren't their mental health problems from school closures and mandatory masks enough already? Children can't get their childhoods back once they are squandered.
			Marianna VALDIVIA	No mask in schools
			Marilyn Malloy	
			Mark Kaufman	Stop the stupid mask mandates already!!!!!!!!!!!!
			Marlene Moore	The science CLEARLY shows that masks DON'T work. It's harming anyone who has to wear them.
			Marlese R Ramirez	Time to end this, there is even a recent study comparing school districts one masked and one unmasked -researchsquare.com/article/rs-1773983/v1 the health director had her daughter do the recent mask study, sounds like a conflict of interest. I will just leave town to spend my money where there is not this stupidity
			Mary Lyon	I strongly oppose the proposed mask mandate.
			Matie Lopez	Masks will kill my small business along that I will no longer attend my gym. Move on Los Angeles is struggling with crime, homeless and filth. Focus on that not masks. Travel anywhere and you will see thriving businesses and mask free
			Matthew Tessier	Mask mandates are unconstitutional and Barbara needs to be fired for conflicts of interest referencing a study that was conducted by her own daughter and contradicting local hospitals who have stated there is no need for masks

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Set Matter 2		Favor	Mayte Acuna	
			Megan Botton	Actual (real) medical doctors refute the necessity for a mask mandate. Ferrer's flawed policies over the last few years have harmed more people with ZERO evidence or data to suggest otherwise. My students have been experienced more anxiety and depression than ever. They survived a school shooting and it gives a lot of anxiety to not see someone's face. My own children have experienced increased respiratory issues like worsened asthma while having to wear dirty cloth over their faces all day in school. The damn boxes say they don't protect against viruses. COVID is NOT the serious issue it once may have been...according to REAL doctors with the medical knowledge, background, and experience to say so. At this point, mental health is a much bigger threat than a seasonal virus. If the BoS gave themselves the (illegal) authority to remove an elected official against the wishes of the public, then surely the BoS can remove an unelected official at the demand of the public.
			Melanie Baker	Oppose mask mandate
			melanie hoots	I oppose any and all new mask mandates for anyone. it is up to the individual as to whether he wants to wear a mask. It has NOT been proven to help prevent or stop viruses.
			Melissa Roe	Mask mandate opposed
			Mer Lupo	
			Meredith Dwyer	END the eviction moratorium! It's unreasonable at this point. The moratorium has been in place for 28 months and being abused. Also, do not bring back face masks.
			Mia Viljoen	Advocating for Mask CHOICE. It is beyond absurd to impose a mandate again at this point. Barbara Ferrer should be fired. WE will NOT comply. The rest of the word realize the implications of mask wearing vs mental health especially compared to the mildness of all current and future variants. STOP mandating things which does not make sense! Embarrassed to live in such a backwards behind with the times county. Get back to being on top of things!!!!
			michael fenig	It's not needed anymore. This is clear. Must we all move out of the county in order to live with common sense. Get a grip.
			Michael Gordon	We do not need another mask mandate. We will ignore any such mask mandates!
			Michele Cowart	



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Set Matter 2		Favor	Michelle Forte	I work in LA and oppose a mask mandate. Masking should be optional not dictated. It makes for a hostile work environment for many in the sense that we are then forced to wear mask with the threat of discipline including termination if we don't. I have lung issues and am very uncomfortable in them. We can't go in masking forever.
			Michelle Haloossim	Stop abusing our children!
			Michelle A Parke	
			Micolette Cole	We saw Barbara at the game unmasked, acting like all was well. We are all tired of the rules for thee but not for me! The face diapers do not make a difference and are actually detrimental to our health especially for children. The Covid emergency was handled badly and is over. Stop the masking and the mandates or we will be forced to vote all of you out. It's absolutely absurd to continue these tyrannical rules. You work for the people.
			Mike Kascak	I am vehemently opposed to a public mask mandate. Masking should and must be optional. We live in a free society, and individuals must be allowed to make their own decisions, especially those related to their health. We are NOT in a state of emergency, and our hospitals are not in danger of being overwhelmed with Covid cases. I urge you to vote down this health mandate!
			Mike Mats	
			Milo Grecian	FACE DIAPERS WILL NOT BE MANDATED! FERRER IS A VILE LEFTIST CRONY PUSHING A MARXIST AGENDA ALL WHICH DENIES SCIENCE AND FACTS! WE DO NOT TREAT MOSQUIOS WITH CHAIN LINK FENCES AND FACE DIAPERS DO NOT WORK!! REMOVE THIS CRIMINAL FERRERER WHO DEFIES SCIENCE!!
			Monika Gutierrez	This is no longer a deadly virus, and children are not at a high risk for either contracting or transmitting this virus.
			Nahiyah A Khan	Bringing back masks will have a hugely detrimental effect on business and schooling. Although they were once very useful to us in fighting the disease, most people have returned to life as usual and will ignore the mask order. It will simply be a nuisance to the law-abiding citizen.
			Nana R Stark	I oppose mask mandates. Masks are not a cure all - and literally have no effect on stopping transmission. Solid NO on mask mandates.
			Nancy Wang	Fire Ferrer, Rules for thee but not for me. She is a hypocrite.
			Nathan Binkley	Just canceled a trip to LA. Love to visit, will not come back under the threat of a mask or vax mandate. Entire family of 4 vaxxed and boosted.
			Nechama Cunin	
			Nicole Barry	

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Set Matter 2		Favor	Nicole Bernier	We lease just stop! Stop the mandates and stop all of the lies. We will not comply with masks any longer and my kids will not suffer anymore.
			Nicole Estrella	
			Nicole Johnson	NO MASK IN SCHOOL
			Nicole McDaniel	No masks in schools
			Nina Stewart	
			Nita Causey	STOP The Madness! Masks are Useless Political Theater as exhibited by Barbara Ferrer at the Dodger game with over 70,000 fans! Inside or outside, there is no difference, as real studies (and CDC OWN study in 2012) Show they DO NOTHING (and the world, especially Europeans who are maskless know) and the Medical Tyranny Must End. WE WILL NOT COMPLY with this Lawless Order...and NO it is NOT a Law !!!
			noelle herrera	I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 5) Biden who is vaccinated, double boosted, masked, and regularly tested Biden has Covid. This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
			Noelle Tydlaska	You cannot bring back masks for kids in school. My family will not comply. You already ruined kids lives for much longer than needed and they need normalcy. Masks are not normal. Please stop putting the burden on kids because the teachers have unions.
			Noreen Mooney	Please refer to the 54 peer reviewed NIH studies on the inefficacy of masks.
			Norma Monroe	Fire Barbara Ferrer
			Oliver Kaufmann	No more masks for our children in school!
			Orah Gidanian	
			Paige Friesen	
			Pamela DeVito	Keep your mask mandates off of our children! They are not at serious risk from this virus! Wearing a mask to school and breathing in CO2 and filth all day serves to delay their social, emotional and academic development. Where there is risk...there must be choice.



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Set Matter 2		Favor	Paris Kerend	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
			Patricia Diaz	
			Patricia Widman	I VERY much oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
			Patrick W Rowan	
			Paul Farrell	Stop the madness!
			Pia Romano	There is no need for re-establishing mask mandates in LA county or California as a whole. End mask mandates and government over-reach. We are at a point in the pandemic where individuals can determine risks for themselves and decide if they want/need to wear a mask. Hospital cases/deaths are down. We DO NOT need mask mandates!!!
			Rachael Blumberg	No masks, there's no evidence that they work and it's child abuse. My daughter and son don't want to go to school with masks.

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Correspondence Received

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			Name	Comments
Set Matter 2		Favor	Racheal Yard	I vehemently oppose any further mask mandates in Los Angeles. All evidence on masks show that they are not effective in curbing Covid, instead they create many problems from sickness to disfunction. Do not impose mandates, this control grab is ridiculous.
			Rachel Andrew	
			Rachel Larkin	GET RID OF BARBARA FARRAR AND HER DAUGHTERS BULLSHIT STUDY. The Board needs to stop listening to a woman who is pushing mandates based on her political affiliation and kick backs from the school Unions. DO NOT MASK OUR CHILDREN. How about you focus on the blooming mental health crisis.
			Rachelle Dior	Mask mandates go against science and do not prevent the spread of COVID. Focus on protecting vulnerable populations not controlling the general population.
			Randy Gonzales	I strongly oppose any order that mandates the use of masks in Los Angeles County. As mentioned by The LAC and USC Medical Center reps, it's "the wrong move due to false data". False data being used to implement a mandate is completely unethical, immoral, and sinister to the people of this county. I along with many residents would see a lawsuit come from this if implemented.
			Rebecca Martinez	Please do not send LAC back into ineffective mask mandates. It will HURT businesses already struggling. Customer will go into other counties. Fire Barbara Ferrer Now!
			Rebekah Barrios	Masks should not be mandated. This should be choice since we know that there MANY studies that show they can actually make matters worse and people are fed up. The protection is just not there and many many in LA county have already gotten COVID and people that have been vaccinated have gotten it more then once as that causes issues in the immune system. The people of LA county are over being mandated to do such things as masks and lockdowns. This should be a personal choice and this goes the same for school children that are the least at risk. ASlo you see ferrer at ball park with mask on her arm she does not even wear her mask in crowded event and she is preaching that all should be already even before this looming blasphemous mandate to wear them.
			Rebekah Howes	Please Oppose the mask mandate. We are a free people and forcing us to mask is not legal. If people want to mask it should be their choice.
			Regina Strasberg	Strongly oppose
			Regina A DeRose	We have had enough of masking & people still get sick...allow heard immunity to take over...that is the natural order!!!!
			Reina Fischer	

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			Name	Comments
Set Matter 2		Favor	Rena Aleman	
			Renee Salvador	No more mask mandates. It does not come without its own detrimental consequences. Let people decide for themselves when and if they feel the need to wear a mask. This used to be the land of the free, and should be once again!
			Rhonda L Read	Barb Ferrer...She isn't even a real doctor
			richard nelson	
			Richard N Basile	Mask orders. They are not needed and harmful to everyone involved. Barbara Ferrer is not a medical doctor and can't point o any meaningful science to prove masks work for anything but pissing off the the constituency. Stop it NOW you have overreached enough. You will pay for your actions. We dont forget. Barbara Ferrer needs to be replaced. She is a corrupted Piece of S that does not even abide by her own orders. Example. The all star game ...on camera with NO MASK.
			Robert Weitenhagen	masking masking no sense 90 year old biden got covid and lived so will you
			Robyn Ross	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29 and that Barbara Ferrer MUST Abe removed from her position as the head of the Los Angeles department of public health due to her incompetence, fraudulent actions and missed handling of Los Angeles health response to COVID-19. Which is a continual act of abuse of all the people she's serving.
			Ron Santo	Please do not impose a mandatory mask order. Also, please remove Barbara Ferrier from her position LA County Public Health Director and find a replacement that listens to real Medical Professionals. Now is not the time go backwards. Thank you, Ron Santo
			Sabra Chili	Do not put a mask mandate in to effect in Los Angeles. Not only is it unconstitutional but it is not a deterrent to any disease. In fact, it causes diseases to the sickly and affects the health of the healthy adversely.
			Sara Cohen	I oppose I'm asking especially that of children in schools. More children have died of influenza than Covid unmask our children and let them breathe. We have enough protocols in place
			Sarah Peterson	I oppose Barbara Ferrer's Public Health Order to Re-instate Mask Mandates. Medical doctors in Los Angeles, data, and all peer-reviewed studies show the ineffectiveness and harmful affects of mask mandates. FIRE BARBARA FERRER!!!!
			Segio Padilla	



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			The following individuals submitted comments on agenda item:	
Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Shady Farshadfar	This proposed indoor mask mandate is not justified at all. How does a non MD become the director of public health for the largest county in the country? Why would any supervisor approve this terrible decision? Why isn't the Board of Supervisors asking themselves ad Ferrer these basic questions. That's your JOB. You all need to fire Ferrer.
			Shannon LaForge	Los Angeles has had one of the strictest policies in the United States and it has not made an ounce of difference when you compare that to other states with less restrictive policies. Couple that with the fact the Barbara Ferrer hired her DAUGHTER to consult on the mask policy that was created, we now have a huge case of nepotism and corruption. Barbara Ferrer needs to resign now or be fired and we need to move on to live our lives with the thousands of viruses that exist in our society without illegal mask mandates.
			Sharam Tabibnia	Stop damaging the youth .. they are not in danger because of the virus.
			Sharon Dallas	Please vote no to mask our children! I follow LA county Covid every day and even as cases go up death rate is very low. There is no valid reason for this. Masks don't work Thank you Sharon dallas



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Sheri Martin	<p>I oppose all mask mandates.</p> <p>Masks are ineffective and in many ways they harm. It's a myth that masks prevent viruses from spreading. The overall evidence is clear: Standard cloth and surgical masks offer next to no protection against virus-sized particles or small aerosols. reference: jamanetwork.com/article.aspx?doi=10.1001/jamainternmed.2020.4221</p> <p>There has been one large randomized controlled trial that specifically examined whether masks protect their wearers from the coronavirus. This study found mask wearing "did not reduce, at conventional levels of statistical significance, the incidence of Sars-Cov-2-infection." reference: acpjournals.org/doi/10.7326/M20-6817</p> <p>The size of a virus particle is much too small to be stopped by a surgical mask, cloth or bandana. A single virion of SARS-CoV-2 is about 60-140 nanometers or 0.1 microns. reference: Berenson, A (November 24, 2020). Unreported Truths about Covid-19 and Lockdowns: Part 3: Masks</p> <p>The pore size in a surgical mask is 200-1000x that size. Consider that the CDC website states, "surgical masks do not catch all harmful particles in smoke." And that the size of smoke particles in a wildfire are ~0.5 microns which is 5x the size of the SARS-CoV-2 virus! Wearing a mask to prevent catching SARS-CoV-2, or similarly sized influenza, is like throwing sand at a chain-link fence: it doesn't work.</p> <p>All parties mandating the use of facemasks are not only willfully ignoring established science but are engaging in what amounts to a clinical experimental trial. This conclusion is reached by the fact that facemask use and Covid-19 incidence are being reported in scientific opinion pieces promoted by the CDC and others. reference: cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html</p> <p>The fact is after reviewing ALL of the studies worldwide, the CDC found "no reduction in viral transmission with the use of face masks. reference: Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, Jingyi Xiao¹, Eunice Y. C. Shiu¹, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling (Volume 26, Number 5, May of 2020).</p>



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Shiva Bagheri	Barber Ferrer is NOT A DOCTOR & neither is her daughter with the fake mask study. Putting masks on children all day long is child abuse. My child was getting D's and F's when they forced this on our kids at school. She has allergies and it also caused them to be inflamed. This is physically and mentally damaging! Finally when they took the masks off the kids her grades went back to A's and B's. We cannot do this to Children again! If this abuse continues there are going to be huge lawsuits against the LA board of supervisors and Barbara Ferrer!
			Sierra J Reich	
			Stacy Ewart	We do not want to wear mask they do not help
			Stephanie Bracci	No masks in school
			Stephanie Seegal	Mask Mandate. NO MASKS. Strongly opposed to mask mandates.
			Stephanie A Kleinjan	I strongly oppose any further mask mandates. 1.)The recorded words of LA county health officials themselves saying Covid is not a threat to the population or health professionals. 2.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that just happen to test positive for other reasons. This recently happened with a family who went to the hospital for a stroke and tested negative at the emergency, then positive once in her room. She did not have Covid and when tested again, she was negative again. The data is flawed and inaccurate. 3) There is a huge conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 4) Ferret's own unmasked attendance at a stadium is further proof she even knows there is no emergency 5) this is a great overreach of power and violation of our rights. 6) Biden himself being diagnosed with Covid despite his regular masking, testing, and being vaccinated and twice boosted proves that these policies do not work. Ferrer should immediately turn in her resignation.
			Steve Gregory	No more mask mandates. We're done.
			Steve Mercieca	Please replace Barbara Ferrer with someone who can follow the science. On July 18, 2022, LAC USC MDs presented that Covid hospitalizations were very rare. Over the last 2 plus years, Ferrer has proven incapable of managing the nuance of this pandemic - masking the least vulnerable in school with massive learning and developmental loss. She needs to be replaced - do it now!



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Steven Skinner	I'm in Orange County, but right next to LA county and I adamantly oppose all COVID and mask related orders. My daughter will be starting school next year, and if any such mask or vaccine mandates are made I'll surely be leaving to a state where nothing of the sort is required. California and I believe just one other state are trying to implement this garbage nonsense. Obviously this state has sold out to the medical/health/big pharma industries.
			Susan Arnall	Follow the science! After two years and billions spent, we have crippled our economy and created variants that prolong the goal of reaching herd immunity. Masks do not work. Masking children is a form of abuse. Masking adults is a form of tyranny. Designed to frighten and control speech and the right to redress grievances. We have the right to CHOOSE between vaccines and natural immunity.
			Susan Bennett	I refuse to allow children to wear masks. There is no evidence they work on any level. It causes breathing problems as well as emotional distress. They are at a zero risk for death. This virus has run its course and we will not comply.
			Susan Gauen	I oppose all mask mandates for children in our schools. Masks do not protect anyone from COVID and should not be required for students who don't want to wear them.
			Susan Quam	PLEASE do not allow our health department to impose another mask mandate. While I agree masks work, masks mandates do not. It will only put people at odds with another, make it difficult for businesses, and place a completely unreasonable burden on our children. They need to be living a normal life. There is no other county in the United States considering such a mandate. Our original objective was to avoid overwhelming the hospitals. We are well past that.
			Susanna Harter	NO MORE MANDATES! Every *legitimate* study has shown that masks do nothing to stop a virus, but they do suppress the immune system, making people sicker and more likely to have a bad outcome when covid attacks. These mandates are bad medicine, bad science, bad policy, and illegal. It should be up to the individual to make up his/her own healthcare decisions. Let people breathe! Places that "allow" life, liberty, and the pursuit of happiness (the right to breathe oxygen fully) have the best outcomes in overall health. Quit pushing your own hysteria on healthy, law abiding citizens.



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Set Matter 2		Favor	Susannah B Hosbein	Long time Los Angelian, and native born in West LA. Left LA because of the drastic and draconian orders and regulations put in place. Unwilling to come back due to grave and concerning health restrictions. Masks don't work. They hurt individuals immunity and they starve people of needed oxygen and cause hypoxia. Also, detrimental to the learning disabled, the young, the hearing impaired, the blind or partially blind and cause irrevocable damage to mental health. Do not place restraints on people that they will be forced to violate because they are harmful to peoples well-being and integrity.
			Svetlana Kasman	Masks should be voluntary, not mandatory. They are detrimental to people's ability to communicate, esp for hearing impaired and kids. Everyone will get Covid, it's a milder form and masks do not prevent transmission. If someone wants to wear a mask, they will wear it. Stop the draconian mandates already. Ferrer must leave, she is an embarrassment to LA.
			Svetlana Sinovoi	Masking hasn't worked. It currently doesn't work and will never work to prevent the spread of Covid. I don't understand why this charade keeps going on? Why is Barbara Ferrer still in office and why is her daughter, who is not a doctor, allowed to have any input in any medical decision? Stop the lies before it's too late!



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Set Matter 2		Favor	Taji C	<p>We are the ONLY state with the strictest covid measures and now Ferrer wants us to believe we are in a HIGH level status and need to mask up again?? Ferrer recently went viral at a baseball game WITHOUT A MASK. She is not a licensed medical professional and is not qualified to determine what is best for our health and well being!</p> <p>According to California Legislative law civil code 46 its considered SLANDER to impute that someone is spreading an infectious or contagious disease. According to California Civil code 43, every person has, subject to the qualifications and restrictions provided by law, the right of protection from bodily restraint or harm, from personal insult, from defamation, and from injury to his personal relations. I personally have been verbally assaulted because I choose to breathe natural oxygen which is against the LAWS!!! Why isnt Ferrer upholding the laws?? The govt is funding corner Covid testing sites that have not been vetted, unsanitary and no medical professional on site which is illegal. Covid test sites are on street corners, gas stations, parking lots etc. The govt is funding this racket for cases? How do you know the test are even accurate coming form these unsanitary sites.? Recently USC frontline physician stated at a town hall " a LOT of people we are seeing have bad colds" "Its not the same pandemic despite the media hype". Where are the peer review studies showing mask effectiveness on certain age demographics? You are applying a one size fits all measure especially on people who are the LEAST at risk. Ferrer has not considering ADA laws either therefore she should be fired from her position as health director as she knows nothing about health and science. Mask should be optional as EVERY individual is responsible for there own immune health NOT the government.</p>
			Tamara T Shapiro	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions & mishandling of Los Angeles'
			Tammi Martinez	Please do not put a mask mandate back in place.. communities are frustrated, parents are frustrated. Stop masking and start putting your efforts toward vaccination so the problem can be eradicated.. not masked!
			Teresa A Swigart	I oppose the mask mandate. Masks have not proven to be effective and only damage our children and our own psyche. This is unconstitutional and you are overstepping your bounds. I , like many others will not comply with this order if implemented.
			Terri OConnor	This fiction must stop. End the mask mandates. They make no sense and accomplish nothing. Look around. This oppressive government control over individual healthy citizens has to end.



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The following individuals submitted comments on agenda item:			
Agenda #	Relate To	Position	Name
Set Matter 2		Favor	Theresa Kilcourse
			<p>I oppose the proposal to bring back indoor masking in LA County—for schools and childcare settings in particular. Mask mandates are harmful to local businesses and to the health and well-being of children. But more importantly they can't be justified by the evidence we have on Covid hospitalizations in LA County and the effectiveness of masks.</p> <p>As we have heard in a recent address by doctors from one of the largest public hospitals in Los Angeles, the severity of Covid cases in hospitals is being overplayed by the health department. Covid cases in hospitals appear to be incidental and are not leading to overwhelmed ICUs or cases of pneumonia and death. The public now has a good understanding of the difference between hospitalizations "from Covid" and "with Covid." Other neighboring counties are not calling for a new mask indoor mandate.</p> <p>The board of supervisors can regain some trust in public institutions by acknowledging that the most recent Covid variant is not as severe as earlier strains. I believe the onus now lies on the Health Department to show evidence that masking and mask mandates can slow the spread of the virus. The public has seen the data showing virtually no difference in rates between regions that imposed mask mandates and those that didn't. So far there has been no legitimate RCT showing masks can slow spread.</p> <p>This will be very unpopular this time around. People aren't buying it any more.</p>
			Tiana Dallas
			Tim Prutow
			Todd Monroe
			Toni Przybylski
			Tonya Haddad
			Tracy Ford
			<p>Barbara Ferrer is corrupt and should not be allowed to make any mandate involving public health. She needs to be fired She should have disclosed that the "study" she was basing her mandates on were conducted by her daughter, and for her to say that the public has no right to know these things shows her and her daughter's incompetence. She does not have a medical degree, nor does her daughter, and therefore should not be making medical decisions for anyone. Additionally, Johns Hopkins has done a study (appropriately) that shows mandates do not work, and only cause more harm.</p>

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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Favor	Tyrone Vaughan	This is completely unnecessary. Follow the science. Masking has no effect on transmission. The studies have come out and are conclusive. Covid is now endemic, like the flu. Let's move on...
			Vala Hohalek	
			Valerie Amador	Mask mandate
			venea meyer	
			Veronica Ross	No masks in schools
			Veronica A Clementel	Ferrer: STOP the nonsense that YOU keep following! I am a Scientist! YOU are corrupt! and YOU are harming our life!!!! NO MASK MANDATES!!! I know how to read the DATA!!! STOP LYING TO ALL OF US!!! YOU ARE BEYOND CORRUPTED!
			Vickie L Knox	No more mask mandates
			Vicky Hernandez	Strong opposition to mask mandate
			Vince Ramos	There have been numerous data collected globally on effectiveness of masking in the past 2 1/2 years. There is no data supporting effectiveness of masking against COVID-19 vs no masking. LA County Health official was seen in a crowded event recently without mask on. Mandate would only increase public tension and hurt local businesses.
			Vincent Casey	No more mandates. This is enough! The data does NOT support these actions. This is a clear over step of government officials. STOP THIS NOW!!!
			Wendy Tribble-Tew	We are opposed of mask mandates
			Whitney Alley	Barbara Ferrer must be removed from her position due to her lies and misguided information. I oppose the upcoming mask mandate and this power grab must end.
			Yvonne Bailey	Want to keep people healthy? Keep gyms and indoor exercise activities mask free. Kids can't breathe while wearing masks indoor while doing intense physical activity and neither can adults. This mask mandate is going to put the health of LA County backwards by dissuading people from hitting the gym. It's unnecessary and the facts have shown time and time again it doesn't work.
			Zane Wells	No masks.
		Oppose	A Freylicher	
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			Name	Comments
Set Matter 2		Oppose	Aaron Courseault	
			Aaron Flynn	Making children mask again? Based on a bogus study. While Barbara Ferrer goes maskless because she knows it is just theater. Stop her unilateral control of our personal individual rights.
			Aaron Gigliotti	No one else in the entire world is doing this. It is bad for children. This is a terrible and punitive action.
			Aaron Hampton	All efforts to enforce unlawful, unhealthy, and unhelpful medical practices are Constitutionally and morally wrong. The best way to help the people is to empower them, not control them, which is what this Health Order would do. Please take responsibility and do not allow this to go any further.
			Aaron Johnson	No masks in school
			Aaron Ramirez	I oppose this action. As a parent I saw the detriment masking had in my children. I will homeschool if this goes through!
			Aaron Yashouafar	OPPOSE!!!
			Aaron A Elliott	I greatly disapprove of re-implementing the mask mandate for public schools and public places/businesses.. There is not a strain on our public medical system, and these mandates are not effective, nor practical, nor moral. It's ridiculous to ask people to comply with these rules that were set up at the beginning of this pandemic was in a much different stage of severity. It is far past time to allow people to make informed decisions that best fit the circumstances at hand, and it's time to let people live their life. Please make the right call here.
			Aaron N Hunter	It is way past time to end the mask insanity. We know mandates didn't work. We performed no better than states or counties without mandates. These mandates have huge economic costs to small businesses and accomplish nothing. My business and myself will no longer comply with these absurd orders.
			abby singleton	I think it's unnecessary to make our children wear masks again for many reasons. CDC shows how masks don't work against infection and our kids are not a high risk group. It limits learning and has already done so much damage to our children over the past 2 years.
			Abigail Wozney	
			Abigail R Mazlin	
			Ada Cunin	
			Adam Cole	



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Adam Magsig	Ridiculous to bring this back, people should have the right to choose wether or not to wear a mask. Ferrer refuses to look at this as a nuanced situation, not everyone is at the same risk, hospitalizations are low, those at risk can protect themselves. The mask mandate has a massive negative impact on schools and businesses. Plus, there might be a massive conflict of interest here.
			Adam Trujillo	I'm 100% opposed to mask "mandates" they are 100% illegal and unconstitutional. There is no way you can force US citizens to wear something over their face against their will. Please stop the insanity and actually listen to the people for a change
			Adam Walch	I have never before sent an email to a government official, but I feel compelled to do so now. Please recognize that there is massive, justified opposition to the seemingly arbitrary restoration of the mask mandate. There is no credible scientific study that proves masks are any more than nominally effective at best. There is no other county in the country currently in the "high" range of transmission that is undertaking this step. The reasons given by the Health Director, who is not a medical doctor, are based on vague social issues, which are inherently controversial, and have nothing what-so-ever to do with science, medicine nor health. Yesterday, Thursday July 21, there was an increase in daily hospitalizations of ONE patient. This is not a crisis, and the general public understands it is not a crisis. The decision to re-mask is unfair, politically motivated, and without any rational basis. Please do all you can to have this unreasonable decision reversed. Thank you for reading this email. Adam Walch 90275
			Adam E Ruff	I will not comply. I look forward to your arrests and prosecutions for crimes against humanity.
			Addison Bachman	
			Adrian Gonzalez	I do not trust dr Ferrar who is a social worker and non elected official who has power over 10 million people in the county. I personally will not comply and not will my business.
			Adriana Bratslavsky	Re: Reinstatement of Mask Mandate -- FOLLOW THE SCIENCE!! Masks are not only USELESS in avoiding the spread of COVID-19, they pose potential health hazards to users! ABSOLUTELY NO MORE MASKING!!!
			Adriana Delgado	Align with the state. Mask recommended not mandated. Check Ferrer's power please we are all suffering based on her daughters "science". Why not listen to the doctors from USC? Actual medical doctors.
			Adriana Guidi	It has been proven multiple times that masks do more harm to our children than protect them. If you follow the science like yo say you do, then masks don't work. This will set us way back if we mask our kids again. Please vote no.

As of: 7/27/2022 8:00:07 AM



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Adrianna Castaneda	Oppose indoor mask mandates or any mask mandates for that matter as they do nothing but litter and cause a nuisance. Especially for my 9 year old son and 6 year old grandson who had to wear this face decoration in school impairing their learning abilities! Kids need to see facial expressions! Stop the fear mongering already! COVID isn't going to go away so just live with it and leave us alone!
			Adrianne Kahen	Not necessary.
			Adrienne Canchola	
			Adrienne Ewers	NO MASKS IN SCHOOLS
			Agnes Novie	I vehemently oppose a mask mandate. I cannot watch my kids enter a 4th year of disrupted school because of these unscientific policies. Ferrer needs to listen to medical doctors and epidemiologists when they say cases are down. She needs to explain herself and prove masks work - hint, they don't! She is unfit for this position and has caused too much damage to the people of LA, this can't go on - fire her or ask her to resign. For once, ask her some tough questions and hold her accountable. Listen to your constituents.
			Aharon Blaustein	
			Aida Shusterman	
			Aimee Lopez	Masking is detrimental to children's health. Masks are ineffective at stopping viral spread as shown by many studies done in Spain and this country. Fire fetter.
			Aimee Parsons	Overreach of your authority
			Aimee Stern	No! No more mandates. No more torturing our children. No more depersonalization, dehumanization, and forced obedience to government. No more fraudulent sCiENCE. No more corruption. The power will return to the PEOPLE.
			AJ Johnson	These mandates are unconstitutional, divisive and disruptive. We know that the County has been dishonest at worst, and incompetent at best, when it comes to tracking the COVID numbers and implementing common sense scientific "rules" (notwithstanding the fact that these mandates are unconstitutional to begin with). Businesses need to focus on production, not HR/compliance. People need to not be in fear or in worst cases, using minimum wage workers to have to fight off non-mask wearers. This is a personal choice. And most importantly...masks. don't. WORK.
			Akiva Blaustein	



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			The following individuals submitted comments on agenda item:	
Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Alaleh Mapar	STOP MANDATES! This is government overreach. We are 3rd year into Covid and the strains are not nearly as dangerous and we have effective treatments and almost everyone had vaccines, boosters and also had Covid. Enough is enough.
			Albert Gersh	The onerous and unconstitutional restrictions proposed stand in direct opposition to body autonomy and in any case have no basis or justification in science for public health.
			Alejandra E Rodriguez	I am opposing reinstating a mask mandate particularly for children K-12. Children have been robbed of a normal, mask-less childhood for going on 3 years now. They deserve to be able to smile freely without being muzzled.
			Alejandro Lara	Given the comments from the USC Hospital meeting, why would we impose a mask mandate on the County if the number of people being admitted to hospitals BECAUSE of Covid and Covid alone is low? Additionally, both real-world stats (Alameda County among other places) and recent and updated studies (studies not conducted by a County official's child...) show masks do not make a difference in transmission levels.
			Alejandro Luna	<p>Enough is Enough, we the Citizens of LA County will NOT take your fake based (conflict of interest written by your daughter) fake science based mask mandates anymore!</p> <p>You have shut down and bankrupt many businesses and you have caused hard working citizens to lose everything they have worked their entire life for. These law abiding tax paying citizens are now leaving the County and many leaving the state.</p> <p>Stop the lies, your fear based mongering lies and mandates have caused more illness and death. Healthy individuals should not be masking or locking down. I am Extremely healthy, my Immune system works. Your masks mandates are unhealthy and are causing bacteria growth and re-inhalation of Carbon dioxide which is meant to be exhaled because it is waste.</p> <p>Barbara Ferrer is NOT a Medical Doctor - only a Doctor in Sociology and does not have LA County's residents, and Citizens best interest.</p> <p>The board members need to vote for what is right and need to get a back bone and stand up for what is right. We are in year 3, and you all still have not learned anything from this. This is Sad and Pathetic that those in power only believe in masks for thee but not for me.</p>



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Alejandro Szita	Most if not all of the "Health Orders" have had nothing to do with Health. You don't need to be a Doctor or a specialist to see this. The Mask "mandate" is a clear example. The Public is not as ignorant as some legislators think, quite the contrary. Masks don't stop viruses, that is an established fact. Masks don't protect the wearer, that is an established fact. Masks don't protect people around the wearer, that is also an established fact. Masks create division, upsets, fights in stores and more polarizing when we need less. Masks obviously work if you want to create fear, division and upsets. Pushing this Agenda is only going to create more trouble for THE LEGISLATORS as it would push more people into non-compliance and therefore decreasing the power of the legislators - this is counter productive to YOU the legislator. Then also, "mandate" or "order" are just words, since no such thing is legally enforceable.
			Alethea Goodyear	No mask mandate in schools! It is NOT needed.
			Alex Bedrsian	
			Alex Chesler	Oppose mask mandate!
			Alex Cruz	Mask mandate
			Alex Freylicher	
			Alex Hackert	Given the current, less-severe variant, another masking order makes little sense. Further, Barbara Ferrer's judgement is subject to question given her inability to disclosure basic conflict-of-interest information. The board should override her decision lest it cause further adverse economic impact to the county.
			Alex Napohaku	
			Alex P	As someone with diagnosed panic disorder, it is incredibly difficult being forced to wear masks which impedes breathing techniques to avoid attacks. I'd imagine similar issues for people with asthma. I am especially saddened to think of all the children suffering and may develop issues later on. Not only should this public health order be rejected, and Ferrer fired, she along with everyone else involved should be held accountable for all the unnecessary suffering. Wearing masks is not an easy thing for many people like myself, it is NOT "just a mask," and well known by now to be useless. I see many other cities, counties, other states, and they are living life normally. Why can't we? Why do we need to continue to suffer? Why is there still even an emergency order?



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Alex Ruggieri	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
			Alex Shimer	I am opposing the mask mandate in schools as a mom of a rising 3rd grader at LAUSD who struggles with speech articulation. While I understand the importance of public safety, it is now clear the public health response to the pandemic is harming kids and their emotional and educational development more than it is protecting them. While most kids are impacted negatively by masks and school closures, my son and others who struggle with their speech are doubly impacted. The inability to have speech services unmasked for years as well as not being able to see his friends and teachers mouths when speaking (and vice versa) has been incredibly harmful. I urge you to please consider the mental, physical and developmental ramifications of having our children masked in school. We need to move forward and put the kids first.
			Alex Taveira	Please do not reinstate the mask mandate in LA county. It's been almost 3 years, we know a lot more about this virus than we did before and we have a variety of treatments available including antivirals and 4 vaccines, with Novavax, approved just recently. Deaths from covid are very low. And most westerns countries including every European Union country, have dropped mask mandates for good. This is horrible for people who have to work for hours on end in masks especially public transportation and airport workers without breaks. But even more egregious is forcing children to wear masks. This is causing irreparable social, mental, emotional and educational harm to them. Covid is not the same threat it was in 2020. Follow the science please. This order is against science. This is just political posturing from Barbara Ferrer, who isn't even a medical doctor. Let's move on from covid. Los Angeles county is no different from any other county in the country. This would be a horrible decision and would leave Angelinos on an island isolated from the rest of the state and country. Thank you.
			Alex Tavizon	The science doesn't warrant the mandate. End mandatory mask mandates and make it optional.
			Alex Washington	



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Agenda #	Relate To	Position	Name	Comments
Set Matter 2		Oppose	Alexander Beinfeld	Please - for the love of god - end the forced masking. Allow people the freedom to choose. The longer this goes on - the more obvious it becomes that it has nothing to do with "health" and everything to do with strange ulterior political motives. The health emergency is over. If we don't move on now then we never will. Is that what you want for LA County? A permanent biomedical state of emergency and pure dystopia? By the way, masks are littered everywhere. See them at the beach all the time. It's disgusting. Enough!
			Alexander Smith	Oppose indoor mask mandate. Especially in schools. Make optional.
			Alexander M Corbett	You are a twisted, evil person and should be ashamed of every breath you have ever taken. Leave us alone for God's sake.
			Alexandra Banos	Masks have caused extreme anxiety issues with my son. If masks are enforced again we will be forced to leave the public school system. Along with MANY friends and family members.
			Alexandra Brumfield	
			Alexandra Freeman	It is absolutely ludicrous to impose another mask mandate. Study after study has shown this measure to be ineffective at preventing the spread of Covid. Additionally many many people have recovered from a natural infection. Since they are not at high risk it is pointless for them to wear one. Please let it be an optional choice for those who feel or believe it gives them extra protection.
			Alexandra McNeese	I oppose a mask mandate
			Alexandra S Branca	The public has lost trust in Barbara Ferrer and many of the BOS for that matter. The looming mask mandate is a complete embarrassment and should be taken off the table immediately. As parents, we absolutely REFUSE to mask our young children and it is a disgrace that we are having to fight for this for a third school year. Barbara Ferrer is unqualified to make these decisions for the entire county of LA. Please support parents right to make decisions for their children. This is our line in the sand, we have had enough and the public schools will see an even greater drop in enrollment should this mask mandate take place. Wear a mask or don't come to school is the message being given. Children not allowed to attend school is no solution. Stop this insanity. We beg of you.
			Alexis Papadopoulos	As a citizen and business owner of Los Angeles County, I ask that the board strongly consider not re-instating mask mandates by the end of July 2022. Los Angeles County has fully vaccinated Covid rate for the following quartiles: Quartile 1 - 64.1% Quartile 2 - 69.1% Quartile 3 - 72.1%

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Quartile 4 - 82.1%

The national fully vaccinated rate for Covid 19 is 67.2%

Per Los Angeles County Board of Public Health, 72% of Los Angeles County residents have been fully vaccinated. This statistic shows and is proof that LA county has a higher fully vaccinated rate than the rest of the nation as well as ranking # 13 out of California's 58 counties for being fully vaccinated.

The LA County Board of Public Health, along with Barbara Ferrer, have stated over the past 2 1/2 years of this pandemic, that high fully vaccinated rates must be seen and mandates will stop, life will get back to normal, Covid will be behind us and finally, we can all begin to trust the data and system once again.

Unfortunately what has occurred is not only a lie but a blatant abuse of power from the top of California politics but more importantly, where it matters the most, in our own backyard of Los Angeles County, spearheaded by Barbara Ferrer.

Miss. Ferrer has abused her power from the beginning of this pandemic. She has implemented mandate after mandate and used her influence to coerce agencies and businesses alike, to enforce mask and vaccination mandates to hard working Angelinos whose voices are never, not seldom, NEVER heard. These businesses and agencies that are forced to require mask and vaccinations of their workers have been required to do this based off of false data, false science, and abusive influential power of Miss. Ferrer and her constituents.

If that is not bad enough, lets remind ourselves of the countless times during the pandemic that Miss. Ferrer was seen in public spaces not socially distanced and mask-less. Need a re-fresher? The latest MLB All-Star game with over 65,000 in attendance. This was after she told all of us to wear a mask or else.....or else we will be mandated by her to wear a a mask again. But I guess these rules only apply to us regular folks in Los Angeles who are not politically or otherwise connected to be able to say: "Do as I say and not as I do". Miss. Ferrer, Mayor Garcetti, Governor Newsome, all have shown this blatant disregard for mandates and rules that apply to us. I say us because there is a clear divide in this state and city: the elites in power and those they have power over.

Miss. Ferrer needs to be removed from her position immediately. She should not have the "power" over us citizens of Los Angeles County, especially after we learned that there is a massive conflict of interest with Miss. Ferrer and her daughter, for which Miss. Ferrer's' mask mandate is being driven and generated from.

The County of Los Angeles has a leadership and power problem: we have no leaders and those in power are abusing it. Miss. Ferrer is at the top of the list



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	<p>and has been even before the pandemic. Her decisions have been now proven, with recent factual data and statistics, to be not only in-correct and flawed but also lacking scientific data to make sound decisions that BENEFIT our county. Her decisions did nothing to benefit our county but rather increased suicide rates, increased depression rates, lower school enrollment rates and further increased resentment towards public agencies in charge of keeping us safe.</p> <p>Barbara Ferrer needs to be removed from her position immediately.</p>
Alexis Trivundza	<p>I OPPOSE THE MASK MANDATE!!! This is an abuse of power and politics. Business owners and families should be responsible for making their own choices on whether they would like to wear a mask or not. Everyone has now had the opportunity to be vaccinated and still has the choice to wear a mask if they need or want to. Those of us who have been responsible to get vaccines, boosters should not have a mandate imposed.</p> <p>Barbara Ferrer also has a conflict of interest with her daughters research over the Mask Mandates that she did not disclose that makes her appear to not have the public or residents interests. NO MASK MANDATE!!!</p>
Ali Samson	<p>Oppose mask mandates in schools for young children. There is ample evidence that masking children has detrimental effects (i.e., to children with disabilities, the social emotional development of toddlers, etc.). Further, no credible scientific evidence that supports such mandates. Mandates don't work and disproportionately harm the most vulnerable — low income people who don't have a choice at work and tragically, our children.</p>
Ali Sneary	<p>7/25/22 To: County of Los Angeles Board of Supervisors Re: Public Health Order</p> <p>As a long-time resident of Los Angeles County and concerned citizen, I am voicing my opposition to ANY re-instatements of a mask mandate. We are on Year 3 of this and it is beyond time that people learn to live with this virus just like we have with the flu and cold. We are still part of the United States of America and we have this important thing called the Constitution that needs to be followed, as well as Civil Rights. Having these rights allows the people who "choose" to wear a mask able to do so, and at the same time gives us rights not to. We are all responsible for our own health. Government should not be interfering with our health. FACTS: Covid has high survival rates – 98-99% survival for ages 0-69, and 96-97% for ages 70+. There are numerous therapeutics available as well as prevention by living a healthy lifestyle. Wearing masks cuts down on the oxygen that a human body needs and also places people at risk by breathing in their carbon dioxide. Bacterial pneumonia is very common with prolonged mask wearing. Respectfully.....Enough is Enough!</p>
Alice Bohlinger	<p>No more masks! No more masking our kids! They've done more harm then good. No forced or coerced vaccines that don't work. We are all responsible human beings that have plenty of resources with which to protect ourselves and our families against severe Covid. We refuse to have our freedom of</p>



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	breathing taken away anymore!
Alice Saginian	Personal choice it's horrible no oxygen getting you our longs
Alice Trathen	Mask mandates DO NOT result in stopping the spread of COVID. Perfect example is Biden being fully vaccinated, double boosted, and wearing a mask in public most of the time. Mask mandates are an infringement on our rights as free citizens. This emergency would contribute to more pandemic anxiety and stress, and move this state backward instead of resolving to live with this virus using the effective treatments (other than masks) available to citizens today. Please do not vote to support this public health order.
Alicia Barlow	We don't need another mask mandate. Let people breathe clean unobstructed air. If someone is at risk and feels a mask will help, they can easily choose to mask themselves. Hospitalizations DUE TO COVID (vs. WITH COVID) are not high. Do not put the school children at further learning and emotional risk by masking them either. Stop eroding people's freedoms.
Alicia M Moreland	
Alida Carlson	<p>Bringing back a mask mandate in Los Angeles County is unjustified, which is why so many County doctors are pushing back.</p> <p>Although COVID-19 cases are rising, Dr. Brad Spellberg, CMO, and Dr. Paul Holton, Chief of Staff, both from LAC+USC Medical Center, say 90 percent of those patients are not admitted because of the virus, as of July 20th, 2022. Within the last week, LAC+USC Medical Center reported that 30 patients tested positive for COVID-19. However, only three patients were admitted to the hospital due to complications related to the virus, and zero COVID-19 patients were in the Intensive Care Unit (ICU). While tests are returning positive, some may not be contributing to an accurate case count due to various factors, according to LAC+USC officials. One major fact being that a person who has recovered from COVID-19 can continue to test positive on a PCR test for months, even though they are no longer actively infected. This evidence alone changes the metrics for Ferrer's reasoning to impose a mask mandate.</p> <p>While Los Angeles County Fifth District Supervisor Kathryn Barger, whose representative area includes Santa Clarita, is not anti-mask, she is against re-instating a mask mandate. "As I've stated before, implementing mandates that are inconsistent across County lines only creates confusion and frustration among the public," Barger said. "I oppose any forthcoming indoor mask mandates in Los Angeles County. This action is not in line with the rest of the state and creates inconsistency. Masking enforcement is unrealistic. We've also reached a point where we are equipped with the necessary tools and resources to fight COVID-19, such as vaccines and treatment. Our hospitals are not inundated as they once were. I encourage anyone who needs an extra layer of protection to wear masks in crowded, indoor settings. But we must do away with blanket mandates and trust our residents will make their own informed decisions to manage their own health risks."</p> <p>Throughout the entire Covid pandemic, LA Public Health has not had an</p>



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	<p>epidemiologist on staff – though they claimed to be hiring one. Barbara Ferrer herself is not a medical doctor. She has a PhD in Social Welfare, and only a Masters in Public Health. She seems to care less about overwhelming evidence and more about the metric by which she judges her "success:" high vaccine rates and low case rates. Vaccination rates do not help transmission rates, as has now been proven. And the ever-decreasing death rate from Covid has come from nature, not anything LA County Public Health has done.</p> <p>Ferrer's motivations have recently been in question after conflict of interest allegations regarding the fact her daughter was the co-author in a mask study despite no acknowledgement of relationship by Ferrer. This should be investigated further before she is able to continue in her role.</p> <p>Lastly, Ferrer has been silent about the malignant transient camps spreading throughout the city, or the public health hazard they present. These camps are infested with rats, human waste, and other disease vectors, right in the midst of dense residential areas. Dr. Drew Pinsky warned us years ago that these could introduce Typhus, Bubonic Plague, and other medieval diseases far deadlier than Covid.</p>
Alina Mirakyan	
Aline Agopian	
Alisha A Pitts	<p>Masks are not bad science, they are NOT science. They do not stop transmission, they harm immune systems, they breed infection on facial skin and are terrible for childhood development. Please stop this madness for the coronavirus which is now equal to a flu, and the coming made up pandemic of monkeypox, which is a sexually transmitted disease.</p>
Alison Doyle	<p>I strongly urge you to not reinstate the mask directive in Los Angeles County. The recently shared county hospitalization rates do not support this unnecessary step. LA County often sets the tone for the rest of the state and small rural areas like mine in Northern California are then tremendously impacted by these over-reaching decisions and are subjected to a one-size-fits-all, which is not a sustainable way to handle this pandemic. I've also attached a recent study from North Dakota showing no significant difference in the region that masked versus unmasked. Sadly, it has been our children that have had to bear the brunt of these ineffective policies and we cannot subject them to another school year of masking when the benefits are not clear. PLEASE VOTE NO and continue to allow masking to be a choice!</p>
Alison Gagnon	
Alison Gordon	<p>I oppose this order. Please leave this optional. Mandates are not successful and further divide the community. This is especially harmful to children. Please continue to align with the State Department of Health and the rest of the country.</p>
Alison Lovie	<p>It is cruel to impose another mask mandate on children, who have been harmed academically, socially, emotionally, and language-wise by prior mask mandates.</p>



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Allen Hanasab	
Allen Mortensen	I understand this will put in place another mask mandate. Just so you know, if I find myself in this area, I will not comply with this mandate, also if there are any protests or lawsuits began to fight it, if it is implemented, I will send support for that protest or lawsuit.
Allen Wessel	Currently, the public can choose to wear a mask or not. We don't need directives from the government. We should not even be in a State of Emergency any longer. Do not go along with this madness that LA's own hospitals contradict the Covid numbers being reported.
Allen Wilson	There is no need for mask mandate to return. Each person should make their choices and self assessment whether to mask up or not. Also, please review the Public Health Director position that should require PhD to perform the tasks not PhD in Social Work. Public Health Director should not just be face of the department but with medical knowledge much like an actual doctor.
Allison Bruno	I oppose the mask mandate
Allison Maresh	Kids do not need to grow up in a world where masks are normal. You are affecting their social skills in schools. They do not need to wear a mask at school. Kids need to see facial expressions to know social cues. The vaccinated are getting covid twice as much as the unvaccinated so what is the point. Stop trying to control people. Let us have our own choices back. Protect our children.
Allison Tyler	I would like to say I know I do not reside in LA county, but this does matter to me because once LA county does something, Mr. Newsom follows right along with it. I think it is important to look at where we are with covid. We now have medication options for higher risk people. There are plenty of vaccines for anyone that would like to have it. If someone feels the need to where a mask, that is their choice and I would never judge someone for wearing one. I do not believe we are in a place where the county health officials should force a mask on someone. The death rates with these new variants are so low. Now you can actually say this is similar to the flu as far as death rates go, or even less really. My entire family just had covid about a month ago and it did get us in different ways. My school age children were over it within 2 days, my husband was over it in about 1 day and I was done with it in about 5 days. I think it is time to let this run its course. Protect the ones that are vulnerable, but we have to realize that as adults those that are vulnerable should be responsible to protect themselves by wearing a mask. The science has proven that they can protect themselves by wearing a mask. Whether I wear one or not, they can protect themselves by wearing one. It's called being accountable for yourself. Stop making this pandemic a thing still. We all have adjusted how we live, but stop acting like we are responsible for everyone around us. Everyone should be responsible for their own health. Stop making



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	restrictions, eventually people will get tired of it all. I think most are already tired of being told what to do. LA county should not dictate what the rest of California has to deal with.
Allyson Tolan	No masks in schools
Alon Hakakian	
Alysha Henrikosn	
Alyson Long	Masks don't work!!!! Illusion!!! Wake up!!!
alyson Pernecky	I truly cannot believe we are still talking about masking after LA hospitals reported their actual data contradicting Ferrer's grossly exaggerated covid numbers AND after learning Ferrer relied on a mask study authored by her own daughter. The Brownstone Institute has published more than 150 studies showing masks don't do anything to stop spread and LA's own data shows they did nothing except harm kids in schools who are the only ones actually forced to wear them while adults can ignore the mandate. There are also peer reviewed studies that show kids are inhaling as much as 6 times the acceptable amount of Carbon Dioxide when wearing a mask - for 8 plus hours a day while in school. This timing is very suspicious - just as we are about to send kids back to school. Have they not suffered enough? Seriously what is the limit to the burden they are forced to endure with all of this? There is no hiding the damage that Ferrer's policies did to kids and just how little if anything those policies did to mitigate covid in Los Angeles. Why can't we allow people to choose whether or not to wear a mask? I keep going back to these words, "when you find yourself in a hole, stop digging!"
Alyssa Serafin	Do not support having to wear masks again. The covid rates for LA county do not warrant re-masking and the efficacy of masks are sub par at best.
Amanda Bern	
Amanda Bernshteyn	
Amanda Bos	
Amanda Breceda	2yrs later and we know masks don't prevent transmission. Covid is here to stay with us forever. Do you expect citizens to wear a mask whenever you say to?? You lost our trust and now is the time to try and earn it back! Do the right thing please.
Amanda Falabrino	I oppose reinstating the indoor mask mandate.
Amanda Greenwald	
Amanda Horn	Masks are not effective and have no place in our schools. Our children have been subjected to enough of your harassment and brutality and it must stop
Amanda Jens	
Amanda Liu	
Amanda Lopez	Who would be so idiotic to impose a mask mandate again when even the cdc and top health officials have shown masks don't even work against covid? In



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	addition, a Supreme Court Judge in Florida ruled mask mandates were beyond the CDC's scope of practice and outside of their jurisdiction so why would LA county make themselves look so bad? I would seriously question the intelligence of somebody trying to impose another mask mandate hahaha hilarious!
Amanda Lynn	
Amanda Martinez	
Amanda Pearson	I oppose the indoor mask mandate.
Amanda Reed	I vehemently oppose reinstating indoor masks. We have vaccines and tools to combat this virus which have been proven to work. Please focus your efforts on getting people vaccinated and stop threatening the public with restrictions. We all have suffered. The majority of people are good people who have been compliant. We got vaccinated. We got our children vaccinated. We did remote learning far longer than other states. We put our trust in you and now we have lost the trust. We can look around us and see that other people are faring the same in regards to covid without the psychological anguish we also have to endure by being Angelenos. I love this city. I do not want to leave in search for freedom. I desperately want my leadership to make sense. Most importantly, I feel deeply the time to heal is now. The children need to heal. Mothers need to heal. Families need to heal. Please VOTE NO to mandates which will only further polarize our communities.
Amanda Woods	STOP putting masks on kids!! There is NO science behind it! Strongly oppose.
Amber Cone	Covid is no longer a deadly threat to our children. Do not have them wear masks all day in school! I strongly oppose the requirement for children to wear a mask in school. Those families who wish to, can.
Amber Douglas	
Amber Fyfe	I oppose reinstating the mask mandate.
Amber Mottola	No randomized trials have shown masking to be effective in this Era of covid. We can't live this way forever. There is plenty of evidence about one sided masking being effective. Stop forcing this on people we are exhausted. These mandates at this point in the pandemic only cause harm.
Amber Oh	This insane government overreach needs to end ASAP! We ALL know masks don't work period! The actual science shows this! It's time to move forward!
Amber Reedy	
Amber Susa	My children have suffered the negative impacts of prolonged masking, and if the indoor mask mandates return, I will be forced to pull them out of school and homeschool. This will cause financial hardship as a small business owner, but I refuse to put a mask on them ever again. The masks caused more severe negative affects than actually getting Covid. I strongly oppose the indoor mask mandates and demand personal choice. I am asking the Board of Supervisors to vote NO on bringing the indoor mask mandates back.



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Amber R Coyle	Oppose indoor, outdoor, or ANY mask mandate whatsoever. Oppose mandates in any schools, businesses, or any filming sets. This is illogical, not based on science, and it's doing more damage psychologically to people than anything. The people making these decisions are not even qualified and don't even follow their own rules. We are are sick and tired of the hypocrisy and double standards, and the politicization of public health. This is a free country and we have the right to make our own decisions in regards to our health. We are not stupid and we will not forget what you all have done to us.
Ambre V Dahan	
Ambrogio Russo	Freedom for the people!!
Ami Padilla	
Amiel Moshfegh	I strongly oppose the new mask "mandate." The virus has mutated to be an overwhelmingly benign pass thru respiratory illness for which there are vaccines and treatments available. Certainly we have reached a phase where everyone can be held responsible for their own health. But to mandate everyone , including 2 year old children, wear a mask is simply unreasonable and will cause much more harm than good at this point. Furthermore, the metrics being used are clearly off as your own public health data states that at least 40% (if not more) of Covid hospitalizations are not due to covid but incidentally happen to test positive for Covid which puts the county well below the threshold to even consider such mandates. Please see attached PDF
Amiya K Sherrod	There are 3 vaccines plus boosters available. No need to force mask !!
Amy Cooper	Ignore my comment that was marked as "In Favor". I strongly oppose. Masks don't work, the real data doesn't support the need, let people make their own choice, DO NOT mask the kids again - it greatly affects their development and their mental health,, and Barbara Ferrer needs to be fired. How does an unelected official get so much power? Plus, not disclosing the conflict of interest with her daughter and the bogus mask study should be enough to justify it.
Amy Ferguson	No masks
Amy Fraser	There is no empirical evidence that masks prevent the spread of Covid. I have firsthand evidence from working with children that the students that mask are the ones that get sick more often than those that do not and are sick repeatedly throughout the year. My child's health has suffered significantly from being required to wear one; both physically (acquired an on-going skin infection from the mask, and required the use of her inhaler on a daily basis from having to wear it) It IS CAUSING HER ILLNESS, NOT KEEPING HER HEALTHY. Masks are detrimental to the mental health of children of ALL ages and they are DESTROYING OUR PLANET. 7 billion masks are thrown away DAILY!!!!!!!!!!!!!!!!!!!!11 How on God's earth will our planet ever recover from this massive pollution masacre???? THE supposed benefits CAN NEVER OUTWAY the DAMAGE they are doing to our planet. Masks are the greatest pollution in our cities now. This is not about health. People who want to continue to wear then and destroy our planet, so be it,



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	but you will not dictate my child wear a medical device that is DESTROYING her health.
Amy Fredericks	
Amy Gomez	Masks have not proven to work at all and it causes health problems! People should be able to make their own choices if they want to wear one or not!
Amy Grable	Masks interfere with learning. Social connections are hindered when you are not able to see facial expressions. Students have suffered enough and are not at high risk for Covid complications.
Amy Hageman	
Amy Heagle	Oppose masks in class, especially for elementary students
Amy Johnston	
Amy Magnotta	Please listen to the real experts...the current public health leadership has lost all credibility. The BOS need to oppose any recommendations for another mask mandate for LA County. Let your constituents decide for themselves. The days of mandates need to be done.
Amy Martin	Masks lowers children oxygen levels, suppresses immune systems , amplifies ALL Negative effects , decreases cognitive precision's. Children don't learn facial expressions. Masks collect molds, bacteria & viruses also raises carbon dioxide levels in the blood. Harmful more then good Why you should reconsider make the good choices for our children & their future's.
Amy McDaniel	We should be allowed to choose whether we want to mask on our own and if we want our children tested. STOP the mandates
Amy Okohira	
Amy Reichert	I oppose any mask mandates!
Amy Ross	Reinstating a mask mandate is an unnecessary and ridiculously overreaching idea NOT supported by science. It is shameful that the Public Health Officer is even considering this. I am appalled.
Amy Salessi	Against masks in schools!!
Amy Schafer	Will not send my children to school if mask mandates are in-forced. There have been studies showing children in school with masks do not slow the spread. Let them have a choice!
Amy Smith	There have been numerous of studies of the effectiveness of masks and mandates over the past 2 years. Studies are CLEAR. Schools that masked children had no different rates of transmission. And for social and linguistic development, children need to see the faces of others. Also there are studies showing that wearing a mask is causing additional harm. SAY NO TO MASK MANDATES!! researchsquare.com/article/rs-1773983/v1



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Amy Threlfall	Numerous scientific studies (hundreds) have been conducted on the efficacy of masking for the prevention of COVID-19, with no actual scientific evidence showing the types of masks the general public are wearing prevent the transmission of COVID-19. COVID-19 isn't going away, and as a society we need to learn to deal with it, and continuing to force masking on us is not learning to deal with it. Employers are having a hard enough time finding employees who want to work as it is, without adding "Mask Police" to their employee's duties, this is going to hurt the already struggling businesses more, as employees are tired of dealing with having to enforce these "rules" on the public entering their businesses. The verbal abuse they are given is not fair, and they certainly are not compensated well enough to deal with it. The yo-yo cycle of mandating and not mandating masks has done nothing to help us as a society, both physically and mentally. If a person wants to wear a mask, great, they should be able to. And the same should go for those who do not wish to wear one as well. Let's not forget the negative effects the masks have has on our youth as well. Numerous studies have been done on masking our youth showing little to no benefit from masking. In fact, it has had the opposite effect, giving children respiratory infections from improper use and cleansing of masks. We have effectively made our youth sicker. Not to mention the negative mental effects it has had on our youth as well. It is time to move on from masking, and nonsense mandates, especially when there is a conflict of interest between the person doling out the "mandates" and the one who wrote it, with little to no scientific evidence.
Amy Vincent	We have heard from the doctors. Enough is Enough I have seen 1st hand how Covid effected my Child. One day of a mild fever and that's it. Now we want them to go back to school with masks. Let this be a choice not a mandate. We're only hurting our Children and they have been through enough these last 2 years.
Amy Zibman	End masks and testing!! They do not work. There's plenty of research and studies from thousands of doctors. 3 years....Enough is enough!
Ana Collazo	No Masks in school
Ana Gonzalez	This has happened over and over, these mask are hurting us more than helping. Even Barbara Ferrer is tired of them, please see her latest viral video. It's unfair that she plans on masking us all, when she can't do the same.
Ana Ramirez	
Ana Reyes	
Anahit Oganessian	
Anait Takhmazyan	
Analisa Salazar	Oppose makss
Anastasia Blyn	The masks have never made a difference in the transmission of COVID 19. The only masks that are effective are N95 masks, which you must be fitted for and are not a realistic option. At this point, everyone in our population has



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	either had COVID, had the vaccine, or had the opportunity to get the vaccine. Basically everyone has some level of immunity, or has CHOSEN to not be vaccinated. The death rate is now very low and hospitals are not overwhelmed with COVID patients. The vast majority of COVID cases are mild and we cannot mandate masks for a disease that is now equitable to the common cold or influenza.
Anastasia Kermani	Oppose mask mandate
Andrea Bergmann	There is no real proof that the masks have a significant benefit. Due to my children having anxieties to masks and my own limitations with a mask, this mandate excludes us from normal everyday life in our own neighborhood. We have to travel to other counties to do basic things like grocery shopping, Church worship, and Library books. This mandate also bullies businesses . Many establishments lose business when they are forced to require customers to wear masks. If other people feel that masks are important, they should be free to wear them, but it should not be mandated that I wear them. If you want to address real Health issues, please focus on solving homelessness. There are much bigger fish to fry than policing free American citizens about a piece of cloth on their face.
Andrea Boucher	Talk to the experts and stop the insanity of government overreach! Please consider the impact on our children!!!!
Andrea Cruz	
Andrea De La Rosa	
Andrea Evans	
Andrea Gomez	No mask
Andrea Henighan	Oppose indoor mask mandate.
Andrea McDaniel	
Andrea McDaniel	
Andrea Oliveau	Mask mandates have not shown significant enough improvements in Covid cases/outcomes to justify County level mandates. At this stage of the game, everyone who wants the Covid vaccine has had it. Those who don't want it have either been infected or perceive the risk of infection as low. We have reached the endemic stage of Covid-19 and public health messages should mirror reality. Bringing mandates back will negatively affect morale of Southern Californians and probably increase anxiety and substance abuse (again). Public health is a multi faceted discipline that MUST take mental health into consideration. Masks are available for anyone who wants them, but there should be NO MANDATES.
Andrea Pullen	I oppose this mask mandate. Enough is enough. Let our children breathe, let us breathe. This is our rights as human beings, and the CDC study from 2020 already showed that over 75% of people who got Covid were wearing a mask all the time or most of the time. They are petry dishes filled with



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	bacteria. Strongly oppose. Thanks.
Andrea Ramirez	As a public school teacher and parent I strongly oppose this! I will pull my child from public school if this passes. You are harming our children, their mental health, etc. You are not protecting them!
Andrea Wadsworth	
Andrea Wilson	We do not need to mask our children in school. There are so many studies that show the negative impact of a child's social and emotional development due to masking them. My daughter cried her first week of kindergarten because she was not able to make friends because she was not able to identify them each day because the masks disguised their faces. My daughter also experienced trouble breathing in PE class due to being masked. I cannot allow this same in human practice for her first grade experience. As I mother, I beg that the public "health order" for a mask mandate be reconsidered
Andrea L Klembith	Although I do not live in the LA County, I travel there frequently. A new mask mandate is not only ridiculous, science has shown it does not prevent the spread of covid 19. I am no longer willing to support areas who require such ridiculous mandates. I will NOT travel to the LA area if mask mandates continue. I represent many on this issue. The people who will suffer from these ridiculous mandates are the children and small businesses. Quit with the dictatorship already.
Andreina Ochoa	I strongly oppose reinstating any mask mandates, specifically indoor mask mandates, particularly for young children in schools. There are too many downsides mitigated by leaving it optional; especially when Mrs. Ferrer has been abusing her, "emergency health officer powers," and recently admitted to, "work around the lack of state or federal laws."
Andres Nieto	
Andrew Binder	Bringing back this mandate is child abuse. End the ridiculous unscientific tyranny now. Stop sacrificing our children for your power trips.
Andrew DeVera	My 92 year old mother has been on hospice since 12/21, and I have been home bound minimally exposed to the masses. We just caught a variant of CoVid and we're still alive. We all need to learn to live with this virus like we learn to live with other contagions. Masks are a joke!!! Stop the mask mandates and keep good hygiene! Wash your hands and live on!
Andrew Faust	We're done with the mandates. No more masks. Never again.
Andrew Holt	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
Andrew Key	Do not be idiotic and bring back masks indoors especially for kids
Andrew Montez	The masks should not be necessary unless working specifically with COVID patients. They're unneeded and pose no beneficial gain whatsoever. This is greatly contributing to medical waste.
Andrew Ross	As a new school year approaches, it so important that the Supervisors not allow Barbara Ferrer to impose a new mask mandate on the County. Mask mandates have been shown, over and over, to be extremely ineffective at



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	<p>stopping the transmission of COVID-19. While many people and business will ignore the mandate, the weight of its harmful effects will fall on the people on which it will be the most enforced: children and students. Most children have either been vaccinated or recovered from infection (including my own), and the masks that are most commonly used on children are provably ineffective. Three years of school have been irreparably disrupted for our kids; please do not make it a fourth.</p>
Andrey Orlov	<p>Following the science it is clear that mask mandates do not work! I am sick and tired of unelected bureaucrats with no medical credentials dictating public health policy.</p>
Angel Bueno	
Angel Gladden	<p>Please do not reinstate masking for our children. COVID is here to stay and write need to learn to adjust and move on. There has been too much loss of social skills and decreased teaching ability because of the mask mandate. Please do no reinstate it.</p>
Angela Augustus	<p>I oppose a mask mandate. I am an early childhood educator and I have seen the damage this inflicts upon children's social + emotional development.</p>
Angela Battles	
Angela E	<p>This Board & Barbara Ferer continu to lie to County residents regarding COVID-19 & the vaccines. As of July 15, 2022, Vaccine Adverse Events Reporting System (VAERS) has 1,350,947 reported events regarding the COVID-19 vaccines. 29,635 deaths, 169,426 hospitalizations, 132,276 urgent care, 199,646 doctor visits, 9,793 anaphylaxis, 15,683 bells palsy, 4,882 miscarriages, 15,914 heart attacks, 50,527 myocarditis/pericarditis, 55,540 permanently disabled, 8,721 thrombocytopenia/low platelet, 33,009 life threatening, 44,074 severe allergic reaction, & 14,350 shingles. YET, this Board continues to report that the vaccines are safe & effective. Board member Solis has repeatedly discussed that the Hispanic population & children need to be vaccinated. The "vaccines" do not prevent contraction mor transmission. At the very least, they reportedly reduce severe symptoms/hospitalizations AND potentiallyincrease the likelihoodof getting other variants. To date 0 healthy children have died of COVID-19. Children have a 99.997% survival rate. The current vaccines are for variants that no loner exists. There is not ONE fully FDA approved COVID-19 vaccine available in the U.S., yet this Board continues to push its constituents to obtain an experimental treatment. Barbara Ferer needs to be investigated. There are reports that LAC USC Medical Center was diagnosing patients to be COVID-19 positive when they weren't even tested. Its numbers are flawed and there is no integrity. This Board has proven time & time again that it does NOT care about its constituents. This Board appears to uphold special interests that supercede that of its constituents. The numbers being reported are a blatant lie yet this Board continues to rely on information Ferer is disclosing, possibly under the Boards guidance.</p>
angela gabayan	



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Angela Godber	I strongly oppose this health order. The virus is no longer a threat.
Angela Levy	I do not trust Barbara F. We are harming our kids when you mandate mask, especially my child who has auditory processing. Please stop mandating mask, and putting out false information. I had to put my 9 Year old in therapy cause he thought his dad would die. Stop scaring our kids. Let them have a choice. This kids are being punished enough.
Angela Levy	I oppose mask mandates in Los Angeles. It has affected my child, who has auditory processing. Children should not be harmed anymore.
Angela Metts	The science data presented by hospitals does not support the need for this order. Your own public health director was seen at a Dodger game without a mask. The CDPH does not recommend masks for the upcoming school year.
Angela Morales	No more ridiculous mandates! Our Governor doesn't follow them and if we can have the Met Gala and host the Super Bowl, there is clearly NO emergency.
Angela Nonenmacher	
Angela Roehrborn	These children have been through enough! Let them breathe! No masks for children. Proven ineffective
Angela Schoppe	I strongly oppose the mask mandate being forced on us by Barbara Ferrer. I will not comply.
Angela Wenz	I do not support another mask mandate. I am an ER nurse and the covid pts coming in for covid have very mild symptoms and are discharged in a matter of minutes. Pts that are admitted just happen to test positive for covid, they are not sick WITH covid. The masks are unnecessary and do not stop the transmission. Dr Ferrer is abusing her power and needs to be replaced.
Angela M Bickly	The control needs to stop.
Angela R Lowell	In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold out Dodger Stadium this week with a mask around her arm (and not over her face)--notwithstanding her dire warnings to the public about how bad things are right now--I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated. ²
Angelica Garcia	
Angelina Hivakimian	



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Angeline Baker	Oppose forced mask mandate. Our children will no longer comply. They have suffered enough. This is coming from the words of my high school and jr high son. I will stand by their choice.
Angie Aleksanian	Oppose mask mandate
Anita Franco	No masks
Anita Singh	As a pediatrician I do not support the mask mandate. Our youth is greatly suffering from mandates specifically the developmental delays and mental health crisis. Additionally the health care access is still sufficient and does not pose A health risk for those who need health care to access. This current variant is highly contagious yet has not caused a large peak in hospitalizations specially icu rates as prior variants. Please follow the well educated physicians and scientists and remove politics from your decision making. Thank you for your time.
Anita Yisef	I am against the masking mandate coming back, this is ridiculous and enough is enough. People should have the choice of what to do
Anita M Rix	No masks for students or teachers.
Anjuli Richeson	LA's own hospital doctors have said that the recent spike in cases of Covid are not resulting in a huge increase in hospitalizations much less deaths. Masks have done nothing to prevent case surges or hospitalizations when they were mandated. (As witnessed last December-January). It would be completely unscientific to implement a mandate now with no statistical data to back it up. I oppose a mask mandate and there are very strong studies to support never implementing one again.
Ann Agajanian	If the administration is comprised by "intelligent people" why do you continually listen to individuals that are not qualified to set mandates. The mask mandate I thought was over because it has repeatedly shown that it does not hinder nor prevent COVID. Lets show California that you want to get back to normal & step forward instead of controlling people & step backward
Ann Flaherty	It has been proven masks do not work and are in fact detrimental especially to our youth. There is literally no science to this mask mandate absolutely none. This is political science and ultimately child abuse.
Ann Gruter	I oppose reinstating the mask mandate
Ann Loy	Masks don't work and they are extremely dangerous to one's physical, emotional, psychological and spiritual health! Take off the mask and smell the bullshit! We are done with draconian tyranny, socialism, communism and you guys ushering in the New World order. Patriots are lions, not sheep. The size of a mask fiber and the size of a virus micron alone should have never allowed these pLanDEMic commie cover mind control device muzzle petri dishes to ever be put on anyone's face especially children!
Anna Bernshteyn	Masks should be optional
Anna Garbawi	Masks don't work and only harm people, provide strong evidence we need masks again.

As of: 7/27/2022 8:00:07 AM



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Anna Griese	<p>Barbara Ferrer has lost your confidence. The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered</p> <p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p> <p>Remember this is an election year for some of you! PLEASE DO SOMETHING!!!</p> <p>Anna Griese</p>
Anna Kay	
Anna Keshishyan	
Anna Kuznetsov	No mask mandate. No to any mandates. Give people freedom to choose and be responsible for their choices.
Anna Okhovat	
Anna Rez	
Anna Rosselli	No mask mandate thank you
Anna Schafer	
Anna Starikova	Oppose an indoor mask mandate, particularly for young children in schools. It



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	has to remain optional, because there are too many downsides if it is a mandate.
Anna Maria Ybanez	
Anne White	Fire unqualified Barbara Ferrer. No mask mandates. No Covid injection mandates, no mandates, period.
Anne M Marso	Let people make their own decisions. I don't wear a mask and I have not had covid. Personally responsibility is what prevents infections
Anne Marie M Crotty	My son was just in the hospital for an routine endoscopy. When the nurse took his vitals, his oxygen levels were low. When I questioned it, she said, "Everyone's oxygen levels read low because of the mask." At this point my son had been wearing a mask for a little over an hour. Under no circumstances should the County force children in school to wear a mask for 6-7 hours a day. There is no science behind kids wearing masks that show any benefit to them. In fact, we know the physical and psychological long term effects of mask wearing far outweigh any health benefit. Please do not go backwards because of power, money and Union pressures. Please let our kids breath freely. Putting a mask mandate back in schools is equivalent to child abuse.
Annette Pringle	
ANNINE MADOK	<p>I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES</p> <p>Also including the below letter, submitted with permission:</p> <p>Dear Honorable LA County Supervisors,</p> <p>Thank you for permitting public input on LACDPH & Dr. Ferrer's proposed mask mandate.</p> <p>I am writing you as a Santa Monica parent of 2 school-aged kids, someone with lifelong ties to LA County, PhD research scientist with a federal COVID treatment research grant, board certified MD and former LA County+USC Medical Center faculty, national authority on COVID policy who appears on national television several times a week and is a regular print/media contributor on the topic, and member of LA Uprising (coalition of citizens/parents committed to evidence based COVID policies, particularly in schools) and Urgency of Normal - urgencyofnormal.com/ (encourage you to visit the site) to urge you to oppose and not enforce Barbara Ferrer's unjustified and harmful mandate.</p> <p>Rather than copy and paste a highly referenced OpEd I co-authored with prominent experts Drs. Balsitis, Klausner and Sood (and which appeared in 11 newspapers this weekend), I'll allow you to read it here: ocregister.com/2022/07/22/bringing-back-a-mask-mandate-in-los-angeles-</p>



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county-is-unjustified/?utm_campaign=socialflow&utm_content=tw-ocregister&utm_source=twitter.com&utm_medium=social

In it, we prove using data from LA County USC Medical Center, your OWN hospital which cares for the poorest/sickest patients at highest risk of COVID that we are NOT in a COVID emergency and that Ferrer's numbers are artificially elevated by a factor of 10 or more and there hasn't been a SINGLE patient intubated in the ICU FOR (not with) COVID for several MONTHS. Therefore, we are not anywhere close to justifying a mask mandate, even if it had solid proof of meaningfully reducing deaths and serious infections.

I also urge you to weigh the MANY known societal/economic/academic/psychological harms of mask mandates (particularly on kids) against the slim benefits of such mandates, if any. We have seen immense learning loss, social deprivation, language deficits, depression, drug abuse, and other problems. All for a virus that doesn't kill healthy kids and for which we have authorized vaccines and treatments available to ALL.

During the Super Bowl, with 80,000 adults from around the world indoor in one place, during a prior mandate, in the presence of Dr. Ferrer, there was hardly a mask to be seen. Even Governor Newsom and Mayor Garcetti didn't mask. If you somehow permit this mandate, make it CLEAR to the public that business and public places and schools are to enforce this pending mandate with the same level of rigor and consequence, to children and adults, as was applied during the Super Bowl and which the wealthy and ruling elite apply to themselves. In other words, HONOR SYSTEM with NO punitive enforcement (such as exclusion from school) whatsoever. Moreover, MANY kids, including my own, will NOT be masked at school given the false medical basis for it and the known harms to kids, and we don't need to turn schools into a center for angry showdowns between students, teachers, parents, police and others. You can avoid this NOW by banning all mandates and replacing Dr. Ferrer with a more suitable leader.

Finally, regarding Dr Barbara Ferrer as you know, this past week has produced 4 scandals by her alone (with another rumored to be published by media this week):

1. Caught lying about COVID numbers
2. Caught not disclosing relationship with and denying involvement in a "research" paper co-written by her daughter, a LACOE employee, published by CDC, used to justify mandates at schools, despite being acknowledged on the paper
3. Caught on video wearing her mask on her arm, not her face, at the Baseball All Star game around thousands of people despite an "emergency" that warrants mask mandates
4. Caught not disclosing her own powerful pro-mandate staffer's marital relationship to a teacher's union boss and sibling relationship to a powerful/influential pro-mandate State Senator, himself a former school board



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	<p>member with great influence in public schools</p> <p>A vote of No Confidence in Dr. Ferrer that comes with her removal from her office, alongside a demand for transparency and an independent investigation into the workings of her office, would send a strong message that say LA County cares about facts, cares about its residents, and does not tolerate fraudulent or corrupt behavior. Therefore, you have a moral authority to speak up because people listen when you speak.</p> <p>I would be more than happy to discuss any of this with you personally.</p> <p>Very best regards,</p> <p>Houman David Hemmati MD PhD</p>
Anthony Amador	Mask mandate
ANTHONY CANGAS	<p>I can't comprehend the idiocy of our health director to continue with these mask mandates. There exist zero evidence that they (cloth and paper masks which the great majority of the public wears) do anything to prevent transmission. Even the feckless CDC has admitted as much.</p> <p>Not to mention, doctors at local hospitals have come out and discussed they are not facing a COVID crisis by any measure which is what should matter most. I couldn't more ashamed and embarassed by our health leadership in Los Angeles county.</p>
Anthony DeMartinis	No mask mandate!!!!!!
Anthony Garrido	Oppose any mask mandate, especially for children in schools.
Anthony Ghilardi	Indoor masking should remain voluntary, if it makes people comfortable then they should wear it. It has been proven to be ineffective, (especially the way the general public uses them). My family and I will not be wearing them and will not support businesses that enforce them.
Anthony Ragan	We absolutely do not need another mask mandate. Study after study has shown they do no good, while harming the development and mental health of our children. The hospitalization numbers of people hospitalized with Covid as opposed to because of Covid do not in any way justify a new mandate.
Anthony Rodriguez	I'm an air quality expert. Mask mandates do more harm than good. Surgical masks are useless.
Anthony G Scotch	If you are truthfully wanting to "follow" the science, I would recommend



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	someone read the numerous recently published studies that prove no added benefit of reduction of the spread of the virus by wearing a mask or not in a school setting. However the emotional development of younger students is affected by the mask requirements. Let the kids be free!
Anthony L Garrido	I will take my family and business to Orange County.
April Franklin	Oppose the mask mandate. My children have suffered enough depression, loss of confidence and horrible learning loss from politicians using children as pawns to further their agendas. Leave our children's faces alone. Let them breathe!!!
April Graves	If masks come back, I will completely stop shopping in person at any business. This will crush our community. Studies on masks to prove efficacy were tested on HAMSTERS. That's a fact! Our youngest children have delays in speech because of mask mandates in schools. This is absolutely over reaching, but I am not surprised since our health director's daughter did the "research"
April Laird	We have watched the Covid virus progress into a relatively " normal" flu that no longer requires measures of this kind of magnitude. Most masks don't work. They cause more harm than good for school-age children. Let's get real and base decisions on facts and common sense.
April Peters	No more masks!!! This has to stop!
April Silverman	Enough with these mandates especially from a woman who doesn't live in La county has no medical degree quotes fake studies by her daughter who doesn't either also Barbara clearly wasn't scared at the dodger game maskless on Tuesday . Enough is enough let's focus on the fact that crime is at an all time high so if it's about safety we could die by just leaving our homes there's homeless everywhere peeing , pooping , masterbating , shooting up heroine needles and smoking crack !!!!!!!!! Enough with the masks that don't work !!!!!!!!!?
Apryl Pehrson	Say NO to mask mandates! Stop this constant power tripping.
Aras Baskauskas	
Arash Amirnezami	
Arash Fard	
Arash Molayem	
Arbi Tooroosian	
Arev Arshaguni	Please vote no on mask mandates. Research has proven that masks don't make a significant difference in virus spread, but have disastrous effects on physical and mental health.
Ari Shandling	
Arianna Neville	We have seen the scientific evidence time and time again that masks don't STOP the spread of covid. This is ridiculous

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Ariel Khakshoy	
Ariela Rosenblatt	
Ariela Tzion	
Ariella Schrader	
Ariella Schrader	
Ariella Weiss	
Arkady Bernshteyn	
Arlene Perlman	Masks should be optional. If someone wants to wear one, they should feel FREE to do so. If someone prefers not to wear a mask they should be FREEE not too. It's ridiculous that LA County is still trying to control people.
Arman Manookian	
Armenay Maseredjian	This has gone on long enough. You need to put an end to this mask mandate and the harm you have caused to so many. Do the right thing and do not impose mask mandates.
Armine Shamiryan	Masking does more damage than good especially in children. There is zero benefit in masking. It has created speech delays in children. Hate towards people for wearing or not wearing one. We have one of the most unhealthiest person in public health giving us health advice. We are not children. If someone wants to wear a mask let them wear one. Its personal choice. Mandates are illegal. This is more of power grab than anything else. Enough with masking.
Armineh Chelebian	Once again LA County fake doctor, not a medical doctor nor a scientist but a social worker Dr. Ferrer is at it again with mask mandates ...all your mandates have not helped solve and curve the problem ... and you are again using the same methods expecting a different results ?? Definition of insanity,... this is nothing but a fabricated misinformation, put out there with her and another power grab by her and LA county board if passed , while masking masses as she collects her 600K and attends games with no mask and waves and dances amongst thousands at the game shows pure hypocrisy and unsubstantiated control of masses... thank you
Arthur Pia	We are way past... Science has shown ZERO EFFECT
Arthur Schaper	Dear LA County Board of Supervisors: I do not care how many times Barbara Ferrer declares mask mandates here, there, or anywhere. She has neither wisdom, right, nor authority to maintain these outrageous mandates. I assure you that local businesses and other establishments will NOT comply with any further strictures or restrictions. They are not based on science, but political posturing. The fact that there are



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lingering COVID-19 strains in Los Angeles County is attributed to one of two things:

Poor hygiene and health on the part of individuals--which is not the responsibility of the general public.

The county's foolish decision to pursue harsh lockdowns and unreasonable health mandates, which hindered herd immunity.

MIT conducted a comprehensive study, determining that strict lockdown measures had no serious impact:

[businessinsider.com/6-ft-social-distancing-rule-exposure-indoors-2021-4](https://www.businessinsider.com/6-ft-social-distancing-rule-exposure-indoors-2021-4)

And here is other research to confirm that those terrible measures did not help, but actually hindered the fostering of herd immunity:

[washingtonpolicy.org/publications/detail/comprehensive-research-finds-that-lockdowns-dont-work](https://www.washingtonpolicy.org/publications/detail/comprehensive-research-finds-that-lockdowns-dont-work)

Last of all, Supervisors, Barbara Ferrer is a gross hypocrite who does not even abide by her own imposed COVID-19 strictures. We all saw the video of her unmasked at the LA Dodgers baseball park a few weeks ago:

aschaper1.blogspot.com/2022/07/barbara-ferrer-health-hypocrite.html

We are also fully aware of the corrupt dealings between her and her daughter, since she relied on a study conducted by her own daughter to extend these ridiculous, unconstitutional mandates.

Your former colleague, the Mayor of Los Angeles County Michael Antonovich has wisely called for the firing of Barbara Ferrer, as well:

kabc.com/2022/07/22/former-la-county-supervisor-antonovich-on-ferrer-who-is-not-a-medical-doctor-resign-or-be-fired/

Former LA County Supervisor Antonovich on Ferrer—who is not a medical doctor: Resign or be fired! | KABC-AM

Speaking with 790 KABC's John Phillips, former LA County Supervisor Mike Antonovich pulled no punches on the subject of the embattled Director of Public Health Barbara Ferrer. He said because of her failure to disclose the possible conflict of interest in her daughter co-authoring a study used by ...

kabc.com

?

Hear the people of Los Angeles County, Supervisors:

WE WILL NOT COMPLY. NO MORE MANDATES!

Sincerely,



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	Arthur Schaper
Arutyun Oganessian	
Arya Hamzelou	There is no real reason to do this mask thing anymore. Everyone can decide for themselves. The science does not back it up.
Arye Lipsker	
Ashley Claridge	
Ashley Dadon	Mask should be of choice. My children have speech issues and not seeing peoples lips has caused speech delays.
Ashley Ellinwood	
Ashley Frandzel	
Ashley Gozini	Oppose the indoor mask mandate! Especially on children in schools!
Ashley Jones	Oppose masking children in LA County Schools. Damage to children and their social, emotional and mental health with mask mandates and heavily outweighs risks of covid in children. People are not dying from covid at a high rate, especially children.
Ashley Musser	I opposed the upcoming masking mandate. This should be a personal choice just like it is for the rest of California and the world.
Ashley Payne	
Ashley Roller	I strongly opposed the indoor mask mandate. Children are not at risk nor are they contracting or transmitting this virus. The effects Of masking are far more detrimental than the virus itself.
Ashley Roshanzamir	
Ashley Thompson	
Ashley Watson	
Ashley Wood	
Ashly Bollman	This is no longer a deadly virus, and children are not at high risk for either contracting or transmitting this virus!
Asiya Djalilov	
Atara Kagan	
Aubrey Mohandessi	Oppose mask mandate for workers and school children. Anyone who believes in masking is free to do so. Adults and children who do not wish to make should have the choice. Covid will be 4 years old it IS NOT a novel virus anymore and has been extensively studied. It is not a deadly virus but a flu like illness and should be treated as such.
Audra Fong	Doctors at LA County USC hospital have made it clear that no one is



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	hospitalized because of Covid. They described it as a bad cold for everyone they are seeing. Why should Ferrer be allowed to impose a mask mandate for a virus that is endemic according to Dr. Fauci and no longer a health threat to almost anyone, especially nit to children who have largely been spared throughout even the worst of the pandemic? Barbara Ferrer is lying about Covid hospitalizations and Covid danger. She is unelected and unaccountable, and has a major conflict of interest as her own daughter authored a report she uses to validate her mask rules, which many studies invalidate. She has utterly neglected the needs of children across the county - she intends to forcibly mask toddlers for eight hours a day at daycare during the dead of summer. Her performance is shameful and she must be fired immediately. Stop the anti-science mandates which have proven multiple times over to be useless at curbing virus spread but incredibly effective at harming children developmentally and emotionally, harming businesses and dividing the residents in our great city.
Aurora Torres	Stop forcing mask mandates in LA COUNTY! This county has been basing this decision on misinformation and lies from Barbra Ferrer! She needs to be fired! She's been lying about what really has been happening with Covid! No other county in CA is doing this! It makes 0 sense!
Austin Singer	
Autumn Kramer	
Ava Amador	Mask mandate
Ava Ava	
Avalon Varada	I OPPOSE MASK MANDATES INDOORS, OUTDOORS EVERYWHERE.
Avery Thornton	
Aviva Williams	<p>NO MASKS on the residents of Los Angeles County, ever again, NO MASKS on my children in their last few weeks of summer camp and as they begin a new school year. Just because some arbitrary threshold was reached, just because Barbara Ferrer keeps repeating "masks work"— these are not reasons to muzzle 10 million people. What is the public health benefit of reinstating a mask mandate now? So everyone who already got covid... will be prevented from getting it again? Did the masks protect anybody from their first infection? We all know the answer to that.</p> <p>Barbara Ferrer has lost the trust of the public. The additional facts coming out now— that she is contradicting doctors about the severity of covid in our county, and her daughter's undisclosed conflict of interest on her sham "research"— should give you all the cover you need to boot her out. She needs to be replaced with someone who will treat the public like adults. Give us facts and let us make our own health decisions. Coercion is no way to run public health.</p>
Azniv Macdonald	It is more harmful than helpful... follow the real science not the papers that have conflict of interest.



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Azucena Hernandez	Opposed to the mask mandates. My husband is Deaf and the mandates are such an inconvenience to communicate. Clear masks/ face shields are NOT an option for us. Absurd that reinstating mandates are even being considered. Anyone that wants to use masks can continue to do so.
babak Kadkhoda	
Bahareh Ramin	COVID data is not being presented accurately. Mask mandates are not effective (no data to back effectiveness). Ferrer is no longer fit to make decisions on behalf of LA residents.
Baila Dardashty	
Baldwin Borland	I strongly oppose this mask mandate. Please allow people to make their own decision at their discretion. Thank you!
Bambi Brodit	This has got to STOP LA! We the people of California want to live our lives, raise our children in normal settings and go on about our business. Putting masks on us and our children is RIDICULOUS! Director Ferrer, YOU are an appointed official, not elected. You do not have the power to impose such mandates, including ones based on your daughter's research and completely biased and incorrect. We should not be mandated by you or any of our appointed or elected officials. The bottom line is this has got to end! No more masks, no more mandates, enough is enough! I oppose this!
Barbara Bailley	No MASKS!
Barbara Brown	
Barbara Collins	
Barbara Dyk	Unnecessary, unconstitutional and not effective whatsoever and you all know it
Barbara Helland	It has now been scientifically evaluated that masking throughout the shutdown and reopening caused severe learning damage in children. We have already lost a year because of this, and our children cannot afford to fall even further behind. The most vulnerable children were hurt the most: special needs children and children who do not speak English as their first language. Children have proven to weather covid much better than adults with far fewer hospitalizations and deaths. Please DO NOT MASK THE CHILDREN. While I do not live in your district, what you do will affect other districts in the State, and I am writing on behalf of them as well as on behalf of your own children.
Barbara Karch	There's no need for a mask mandate - there is no longer a pandemic going on. Also, masks are known to be ineffective for stopping viruses, and the box they come in states that. Masks are harmful for an individual's mental health, and possibly their physical health- studies are still ongoing. I strongly oppose mask mandates for any reason. The government must stop forcing people to wear useless and harmful masks.
Barbara Kelly	Please don't! We will pull our kids out if public school and support a different county
Barbara Richards	



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Barbara Scolaro	
Barbara Van	Forcing masks, shots and quarantine is ILLEGAL, IMMORAL and UNCONSTITUTIONAL!!!!!!!!!!!!!! LEAVE AMERICANS ALONE!!!!!!!!!!!!!!!!!!!!!! This is a Constitutional Republic not a dictatorship!!!!!!!!!!
Barbara G Kramer	I ticked the wrong box, I AM NOT IN FAVOR....
Barbara J Carr	Reference attached Word document
Barbars Simpson	This is tyrannical... no one should have their oxygen supply limited, especially when proven ineffective! If you wanna wear a stupid mask wear one, but no one should be mandated to breathe in a chemical covered face covering. Ferrer should be FIRED, she is no medical expert nor is her daughter!!! Vehemently OPPOSE!!!
Barbra Laughlin	I oppose the proposed mask mandates again. They have proven over and over not to work. It is unconstitutional to require people to go against personal or religious beliefs and also personal health choices.
Barry Preston	Please, no more masking. It's clear that it's a bad public health mitigation with clear harms. You can come with me to the college and look at it. It's an empty, faceless wasteland with everyone masked. We're all vax'd to be on campus. Masks? They are worn haphazardly anyway. They don't work as any type of virus mitigation. Thank you!
Barry Whitsett	Barbara Ferrer has proven herself incompetent! Her failed policies have killed Angelenos at the same rate as those of Texas & Florida, places with open schools and thriving economies. Please Terminate her for CAUSE ending this madness and saving taxpayers her pension expense. REAL FACTS & DATA 7/12/2022 COVID-19 from the beginning (000s) Texas 29,730 Pop 89.1 Dead 0.3% / Florida 21,945 Pop 76.4 Dead 0.3% / LA County 10,040 Pop 32.5 Dead 0.3% / source: New York Times
Beaden Barty	We are the only territory (LA County) in America with this order. The question I want to raise. Where is the data to support that people who are not masked at indoor public locations are getting infected from COVID?
BEATA M MURPHY	You guys have to finally say NO to this Ferrer. This masking order is nuts. Here are the questions you should ask. Out of the people being hospitalized how many actually went in for COVID? 2nd out of the people that are there how many are NOT full vaccinated? Now let's look as MASK study's that are coming out- unless u are mandating A WELL FITTING N95 or K95 mask you have about 20 min of protection. So what's the point.



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	<p>Now to stay on the masks and vax - how about you guys focus on education and GIVING people who need the kn95 the masks and continue to get them vax- 40% of the Black and Brown population is still not vaccinated. Who Ferrer is constantly talking about. Those are the people going to the hospital and dying. In addition to people with underlying conditions. who should be taking extra precautions anyway and having conversations with there DR as they have other issues. So how about Focus on helping people by teaching them to take care of themselves and giving them KN95 if they can't afford to buy one.</p> <p>The rest of us are fine it's a cold - stop this crazy</p> <p>Ferrer - she is healthy, vaxed, and was at dodger stadium with 70,000 people in the middle of a spike - no mask - oh wait it's out side right? This is super contagious" people cheering and yelling top of their lungs if she was really worried, why go maskless?</p> <p>Please look at some of these studies coming out- for goodness LA COUNTNYs own actual dr's came out and said this is over blown and sited numbers - look at that!!!</p> <p>I go with the actual Drs not a Dr is social services.</p>
Becky Buckelew	<p>bmj.com/content/374/bmj.n1730/rr-2</p> <p>I oppose mask mandates for all ages! If a person wants to wear one, that should be their option. Forcing everyone to wear one is an assault on our freedom of choice. They have been shown to not be affective.. actually damaging! Follow the real science!</p>
Becky Pine	<p>Mask mandates are not legal! They were not legal the first time and they are not legal now. Do not allow this to go through!</p>
Becky SPEH	<p>I do not support mask mandates. Evidence does not show we need to do this. Doctors and hospitals are reporting data is not supporting the need for a mask mandate. They are not effective anyway. Teaching is hard enough without the mask. Barbara Ferrer is not even a medical doctor to be making these recommendations anyway.</p>
Belky Remon	<p>No mask order</p>
Bella Cardona	<p>Dear Board of supervisors, Please oppose or abstain from these ridiculous mandates. Our children suffered long enough already academically and in their health. Please please please stop these inhumane mandates. Thank you Bella</p>
Ben Johnson	<p>Please do not do this to our children again. The mandates were devastating to their learning and socialization. I have two kids with autism and the mandates are terrible for their well being. Plus, masks don't work.</p>
Ben Stern	



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			Ben D Hensen	I am a college student who attends college in LA County. I oppose any mask mandate. Mask's do not work and interfere with the learn process and basic communication. The LA County Dr's stated this does make any sense is wrong for our citizens.
			Benjamin Cohanad	
			Benjamin S Schwartz	I am thrilled to be able to go onto the official public record, for all eternity and for all posterity, as an enlightened citizen in 2022 saying NO to any further ridiculous COVID mandates. The usage of masks to control COVID has been proven over the past two years to be UNSCIENTIFIC. And the mandating of masks (or vaccines!) is prima facie UNAMERICAN. You should all be ashamed of yourselves for letting Ferrer and her minions attempt to control the population of this County with such patently UNSCIENTIFIC and UNAMERICAN diktats. This nonsense is absurd and Kafkaesque and has been since April 1, 2020.
			Benji Wood	
			Bente Borland	Please vote against another mask mandate. Allow people the freedom to make their own decisions whether and when to wear a mask. We are capable of making informed decisions and do not need to have our freedoms violated.
			bernadette Gen	
			Bert Kager	It is time to listen to people who know about the science of masks and the evidence shows they do absolutely nothing except to demoralize people. Give up the stupid notion that wearing a mask will help, it only harms. If you don't stop this madness we will have to remove you from office .
			Bertha Carbajal	I support the removal of Barbara Ferrer as she has mismanaged the Health Department. There is no emergency and I oppose further mask mandates for adults or children. The attached article doesn't support masks. fee.org/articles/limited-to-no-impact-study-provides-more-evidence-that-school-mask-mandates-are-not-effective/
			Beth Brody	Hello, I wanted to express my deep concern with the possibility of a mask mandate in schools, especially in early childhood and elementary schools. Parents that have concerns can mask their kids. To force children to mask indoors when people can go into a packed bar without masks is completely unreasonable (no one enforces masks at bars, even with the mask mandate - everyone is "eating and drinking". Second, there is no science to back up this claim that masks actually make a difference in schools. I encourage you to read the various meta-analyses showing that to be the case. It affects children's mental health, social interaction, and all around well being without making an impactful difference in the spread of covid. This will have a long term harmful effect on our entire country and community if children are forced to sacrifice so much.

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	<p>My 5 year old is extremely upset when she is forced to wear a mask in school. She can't see her teacher's faces when learning language and writing. She can't see her friends' emotions when responding to each other. So many kids are falling behind developmentally due to masking, I see it first hand in my kid's class. My 2 year old is going to start school and it is imperative he sees people's faces to develop language and social skills properly. Forced masking affects their social well being and social development. I appreciate you listening to our concerns. This is not a political opinion at all and I believe we should all have a choice to wear a mask or not wear a mask based on our own risk assessment. I believe in my kids' overall health and well being, as all parents do. To my kid, this means no masks. Other kids and families are allowed to have other opinions and choose to do what they want when the mask wearing has not been shown to significantly stop any spread of covid in schools.</p> <p>To remove that choice from the parents and mandate an ineffective and likely harmful policy is overreach and inexcusable.</p> <p>I UNDERSTAND YOU WANT TO DO WHAT'S RIGHT AND PROTECT PEOPLE. PROTECT OUR CHILDREN, THEY ARE THE FUTURE. I ASK YOU TO PLEASE KEEP MASKING OPTIONAL IN SCHOOL.</p> <p>Thank you, Sincerely a concerned constituent and parent Beth (parent of a 5 year old and 2 year old)</p> <p>theatlantic.com/science/archive/2021/12/mask-guidelines-cdc-walensky/621035/ " The World Health Organization, for example, does not recommend masks for children under age 6. The European Centre for Disease Prevention and Control recommends against the use of masks for any children in primary school." "But the Arizona study at the center of the CDC's back-to-school blitz turns out to have been profoundly misleading."</p>
Beth Brody	I want to add that imposing an indoor mask mandate further harms low income schools where kids have less access to outdoor space and will be forced to wear a mask more hours in the day than not. Make masking a choice - especially in schools. Thank you.
Beth Chevalier	We as Californians can make our own decisions regarding OUR OWN HEALTH. I disagree with this ridiculous mask mandate. If people want to wear a mask, by all means go ahead. If they don't, by all means don't. I don't need you all making decisions for me and my family down in the L.A. area as we are all adults and very capable of making our own decisions. I 100 percent oppose this public health order.
Beth Gorski	No masks mandate at school
Beth Vega	Masks do nothing period!!!! Let our kids breath!!!!



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Bethany Blomquist	
Bethany Cole	Oppose the indoor muzzle requirement and leave it up to the individual to decide for themselves unless you would like to personally be held liable for any and all damages that result in taking your unlicensed medical advice.
Betty Freitag	
Betty Kimes	Masks help no one and just make our kids suffer irreparable harm. They are at such low risk . No more masks!! Even fauci said they are worthless!!
BETTY POOLE	MASKS DO NOT WORK. THE SHOT DOES NOT WORK. SET CA FREE !!! STOP SUFFOCATING PEOPLE !!!EGAHQ
Beverly Tennant	I oppose mask mandates. Given that Newsone, Barbara Ferrar, Nancy Pelosi and others in our governments have flaunted the previous mandate and all the current scientific articles proving their inefficacy, another mask mandate is just about control and unjust power.
Beya Hansen	
Biana K	Oppose mask mandate very few if any other counties with high transmission in CA and nationwide are doing this.
Bianca Carlos	
Bill Zaruka	This is laughable to continue these ineffective and policies that nobody will abide by.
Bitu Nehmadi	We oppose public mask mandate!!
bjj fdeer	
Bl Huss	Multiple studies and peer reviewed research has shown that wearing masks fail to curtail transmission of the Covid viruses. They have also been shown to be unhealthy when worn for hours at a time. Please do not institute a mask mandate.
Blake Giesler	According to a USC Doctor and epidemiologist, 10% of all patients in the hospital is because of the virus. No patients are intubated. The seriousness of the variant is lower that the original virus. Masks are highly ineffective. Masks are a way that show that politicians are trying to do something. People should be allowed to make their own choices as to whether to wear a mask or not. Students and teachers should not be forced to wear masks indoors. It's time to move on from the virus and live life, not continue the heavy handedness of the government forcing people to follow dictates. This is anti-American.
Blake Ishii	END MASK MANDATES - FIRE FERRER
Bob Hilman	As a physician and a father, I oppose the indoor mask mandates for kids. These have not proven to be beneficial in fact have been detrimental to their speech, social development, and health.
Bob Salessi	Against masks in schools
Bomgaars Jenalee	Make masks optional!

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PUBLIC REQUEST TO ADDRESS THE BOARD OF SUPERVISORS COUNTY OF LOS ANGELES, CALIFORNIA

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HILDA L. SOLIS
HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

Bonnie Braiker-Gordon	Vehemently oppose this mandate!
Bonnie HOrn	Because your County effects our ENTIRE State as Gavin follows you blindly into dictatorial edicts, I am from northern California and I want your asinine edicts to come to a full stop!!!
bonny violette	I strongly oppose a mandate that is NOT necessary, it is all political, NOT science and needs to STOP NOW !! thank you for voting against the agenda of controlling us !
Brad Chert	
Brad A Morgan	
Brad M Listermann	Mask Mandates will kill more people in economic distress than ever from coronavirus.
Bradley Campbell	At this point -- more than two years since the start of the pandemic and more than a year after effective vaccines have been available -- mandatory mask mandates are a serious human rights violation. Mandates are not effective at stopping or even at slowing the spread of covid, and even if they were, the costs to individuals and society would be too great to justify this level of coercion. Masks prevent children from developing normally, they inhibit normal social interactions, and they make it difficult for people to form communities and to sustain social relationships. Those who want protection from Covid are free to wear a well fitting N95 and to keep it on, and there's no reason to force everyone else to mask. Please stop this mask mandate and FIRE BARBARA FERRER. She has been a disaster throughout the pandemic. She is corrupt, nepotistic, and dishonest, and the public does not want this mandate.
Bradley L Combest	Cases will always rise and fall, a metric that cannot influence or dictate policy. COVID-related deaths are hardly any longer of concern as we know the survivability rate is well above 99%, barring obesity or other co-morbidities. When will this government acknowledge the actual science, that masks have NEVER been effective in slowing or stopping the spread. Otherwise we would have ever only need 2 weeks to 'flatten the curve'. Fauci, the CDC, and every 'expert' has been wrong virtually every step of the way in trying to control nature. The vaccines lose efficacy immediately, the masks don't work, social distancing was made up out of thin air, and the abysmal results exposed this for political theatre. Stop the psychological destruction of our communities and focus on real health! Get obese people to eat better, exercise more, and maybe turn your attention to processed foods. All you have to do is look around to see that the majority of your constituents and citizens do not want to wear masks. Let the ones that do, wear them if they work so well.
Brandi Samuelian	Indoor mask mandating should NOT come back to LaCounty... this is absolutely unnecessary at this point in the pandemic... people are vaccinated, boosted, and there are medication for the immunocompromised if they get covid... covid is not like a bad cold for most people and there is absolutely ZERO reason to try and force people to wear masks inside... especially at



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	school, the gym, etc etc... DO NOT BRING BACK MASK MANDATES ENOUGH IS ENOUGH
Brandie L Hettiger	
Brandon Delgadillo	I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(a): CA Civil Codes 43, 46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (1 Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice. Even though I am a resident of Orange County, I spend time in Los Angeles, so this illegal measure affects me as well.
Brandon Mcconathy	No masks mandate
Brandon Miller	No more masks and a no vote to anyone who is for them. Stop destroying peoples health, lives, and business.
Brandon Shainfeld	Vehemently oppose this insane mandate.
Brandon Yashouafar	No more masks
Breanna Nikolakopulos	
Breeana Cazel	Barbara F. Your mask mandate is not going to help. It's stupid.
Brenda Benavidez	
Brenda Berrelleza	Barbara Ferrer's outrageous request to mandate masks is contradicted by Los Angeles' own hospitals own numbers about covid! Ferrer is relying on a study by her own daughter, and Ferrer herself has been recently caught at baseball games without a mask. Why? Because we don't need them and she obviously knows that! A mask mandate will only further cripple small businesses and encourage judgement and discrimination in our communities! The people are sick of the fear mongering. Stop fear mongering the public and stop crippling our small businesses and our economy any further!!
Brenda Durnin	I strongly oppose the new proposed mask mandate. The science has shown that mask mandates do nothing to help stop the spread of covid. Leave it up to personal choice of each citizens. Our school age children cannot have another year with a mask mandate, too much damage has already been done to them.
Brenda Konoske	Evidence continues to show mask mandates do little to no good, but they do cause great harm to most especially our school children children. As a parent of 4 in the San Gabriel Valley, I beg you to reject the mandate. We have all been vaxed and have had covid, the mask mandates only cause harm.



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Brenda Lipscomb	
Brenda Maldonado	No more mask mandate it's unsafe for everyone
Brenda Ping	Mask mandates based on Barbara Ferrer's daughter?? She is way over her qualifications! End her regime and take back control of the city. Fire her and stop the mandates!
Brenda Tavakoli	Masks do more harm than good specifically for schools. Europe got rid of them in 2021. Enforcing them again will lead to damage and lawsuits. Anyone who wants to wear one is welcome. Stop forcing them. Covid is now like a cold. This is not March 2020. The virus has changed. The medicine has changed.
Brenda Taylor	<p>I strongly oppose the mask mandate, especially on children. Masking children needs to stop. After speaking with a few colleagues, we have some common observations. Children were/are being mentally and physically abused because of the county-imposed mask mandates. I can't help but think these children are all going to come down with some type of respiratory symptoms in the future. We have no real idea yet of the psychological problems this will cause these children. These children have learned to fear, isolate, or divide each other and their family members.</p> <p>Encouraging continued use of masks needs to end before any additional damage is done to these children. Children should be able to live a life without fear mongering.</p>
Brendan Miller	<p>Barbara Ferrer has terribly mismanaged the covid crisis in Los Angeles, leading to tremendous harms to the population of our county. She must go.</p> <p>These harms include developmental and educational delays in our children, serious mental health issues in our youth and adults, cruelty to families and the elderly who cannot share their love with each other in person, destroyed the livelihoods of uncountable families, and continue to lead to needless, groundless and cruel discrimination and segregation based on medical information and choices that should be private.</p> <p>Whatever "dashboard" she has been using to guide her policies in the name of "public health" are obviously and tragically too narrow to allow her to actually consider and protect our public health broadly defined. I don't care what she learned in school, we expect someone with the title of Director of Public Health to understand all of the complexities and inter-dependencies before advising or taking authoritarian action.</p> <p>Scientists recognize the whole testing and data regime governing covid policies are bankrupt and need to be overhauled: thehill.com/opinion/healthcare/3565529-bad-news-covid-19-numbers-are-pretty-meaningless/</p> <p>We are tired of misguided and myopic authoritarian, top down policies that have not worked and where the negative adverse effects of the policies were</p>



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clearly evident from the very beginning. (Counties with more authoritarian policies have NOT done better over time.)

Barbara Ferrer is not some kind of god with special knowledge: she is a limited human like all of us, it is only her arrogance and hubris that is a problem. She does not and cannot know what is best for the incredibly diverse people of this county.

Let individuals and families make our own health choices and decisions. We are not stupid. We will stay home if we are sick. We will stay away from sick people if we are vulnerable. We are not dealing with ebola but a kind of flu.

Throughout history it is always under the guise of "emergencies" that we forget that our civil rights must be inviolable or we cannot sustain our democracy. This must end immediately.

If people assess the rewards vs risks for wearing masks, then they will choose to wear one. If they assess the rewards vs risks of the vaccines, they will get the vaccine.

It is an outright lie that the covid vaccines are "safe and effective." That cannot be said of any medicine, especially a new medicine using new technologies. Scientists have already demonstrated serious adverse effects for some people and these risks were known early on. EVERY medicine has side effects for some populations.

Who are you to force a kind of Russian roulette on people? Why would I want to trade a relatively small reduction in possible serious illness for a 1 in 5000 chance (per dose!) of a serious adverse effect and maybe death? Maybe others make other calculations and that is their choice, but I nurture and trust my immune system.

And I know that I do not and cannot control nature or life. I know that death eventually comes for us all. I hope I have more time, but I accept my choices as an adult. That is what it means to live in a democracy: we make our choices and live with them. I want no nanny or "benevolent" overloads.

Barbara Ferrer and her arrogance and intolerance must go.

We must have a public health director who informs the public but ultimately lets the people decide what is best for themselves and their families. That is the only way to restore trust in public health as an idea or practice.

Thank you for your attention to this critically important and urgent matter.

Brendan Wynne



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Brendon Cendejas	
Brenna Rucker	Masks cause more harm than good. Medical decisions are personal and not for the government to decide.
Brent Forsee	As a parent and educator I have observed the harm masks have done to student learning and mental health. Continued masking is a clear message to children they are not safe and this builds long term anxiety around school in kids. School environments should be as normal as possible and masking is definitely not normal. It stifles in person communication and drives children into loneliness and depression. The science that isn't manipulated by Dr. Ferrer and her daughter is clear, masks in schools do not work and cause long term harms to children.
Brent Ilouliau	
Bret D Richards	My family and I highly oppose another Mask mandate please do institute this ridiculous mandate that no one else in the country is under. We are already known as The Nanny State please stop treating everybody like we're babies
Brett Keller	No mask mandates!
Brian Cofield	
Brian Lindsey	enough with the masking that does NOT work. This is ridiculous. Covid is now a part of our society. GET OVER IT and move on.
Brian Mikail	
Brian Miller	I Will not comply with anymore mask mandates and I will never vote for anyone who is for pushing mask agenda's and harming us people and our freedom.
BRIAN MONTANEZ	This is no longer a deadly virus, and children are not at high risk for either contracting or transmitting this virus
Brian Neufeld	No to mask mandates. Hospitals are NOT full of Covid- sick people. We have medicine. Let people make their own health decisions by conducting with his/her own doctor, not Ferrer, the fake doctor. The rest of the world is thriving. Don't push us backwards once again. Let us choose!
Brian Ott	Mandatory masks have only emboldened unelected officials who enjoy dictated what citizens should do, as opposed to living in a free society. I live in Orange County and have actually not gone on at least two trips into L.A. with family and friends because quite honestly I do not want to go there, with your history of mandates. Masks have not stopped or slowed Covid. Historically, the Spanish Flu was shorter in duration as a pandemic; I personally think used and reused masks are a cross contamination danger. Please do not pass an unconstitutional and medically useless mask mandate. Wide spread masking has also emboldened theft and violence in L.A. because criminals are harder to identify and blend in more with everyone else. Please do the right thing, and as Nancy Reagan told us: just say no! Thank you.
Brian Wagner	



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Brian Wendel	Mask do no work to slow or stop a respiratory virus. The virus is 1/2 a micron, 1/1000th the diameter of a hair follicle. Scientists have known for decades that masks do nothing, see attached file detailing many studies done. Included is a review by the CDC of all Random Control Trials and masks on influenza....the review concluded masks are ineffective. Many studies on Covid, too. Thank you.
Brian r Michaels	If you do this all members of the board who vote for it should be recalled.
Brian T Sterling	Masks should be optional. We are going on 2.5 years now. Enough is enough.
Brian W Williams	Mask mandates are ridiculous. Let people wear them if they want and let the other choose not wear one. The masks don't work and are unhealthy to wear.
Briana Beard	
Briana Cendejas	
Brianna Freudenberg	
Brianna Kurowski	
Brielle Peich	No masks for kids.
Brisol Estrada-Valenzuela	
Britney Nucci	I am writing in to vehemently oppose the upcoming mask "mandate" coming from Ms. Ferrer. Mask mandates only hurt children psychologically and physiologically, and have been proven to NOT make a difference in covid infection rates. Any information to the contrary has been proven to be manipulated data. There is not ONE peer reviewed study that shows that mask mandates are effective. If you believe masks work, then it should be free choice as to if you want to wear one or not....if they work, then those that wear them should feel protected. Our district (and most in L.A.) shows that there is upwards of 93% vaccination rate. We were told that only 75% would be needed to resume "normalcy." Now clearly, that is not true. When will this madness end? The removal of freedom of bodily autonomy is not constitutional. Masking of the healthy is a violation of human rights. Again, if they work, then those that want them can wear them and feel safe. To force them on healthy children and adults is wrong, especially when it has been proven that there is NO asymptomatic spread, children are NOT the vector of disease (more kid die from flu than covid every year, and we have never been forced to masked for that), and more then 75% of the population already has antibodies. That is not to mention that Ferrer has been exposed for lying about the true covid numbers in LA, and just a short week ago was filmed at a baseball game with her mask around her wrist. Oh, so the virus knows it can't spread then, but will be full steam ahead on July 28th? Please do not participate in this evil and demented agenda, and keep the masks off healthy kids and citizens of LA.
Britney Rose	



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Brittany Dolbier	
Brittany Ellis	I am strongly opposed to the pending school mask mandate. My kids school day should be devoted to actual learning and instruction NOT mask management.
Brittany Mitchell	
Brittany Nevins	I oppose the mask mandate
Brittany Parker	Oppose mask mandate
Brittany Petersen	
Brittany Rothenberg	
Brittany Sheehan	PLEASE do not bring back forcable masking. The data is very clear - masks do not protect us from the spread of COVID and in no way make our city safer. Our children have suffered irreparable damage from years of masking in schools and elsewhere. They are only now just slowly transitioning back to normal life. The ripple effect of this decision will be horrific, and for absolutely no reason, and completely NOT backed by science. The data has shown time and time again that mandating masks does NOT prevent deaths or hospitalizations. Please, for our kids, sake, do not do this to us.
Brittany Sornborger	Masking
Brittany R Gutierrez	
Brittany T Holtson	Masks do not work. Data shows areas with mask mandates prolong instances of covid in a population. Stop making us so things that don't work!! Follow the damn science!! THEY DO NOT WORK AND DO MORE HARM!!!
Brittney Crawford	No masks in school
Brittny Burford	We no longer need to wear masks and I do not support bringing back a mask mandate. As private citizens, we should be allowed to make our own decisions for our health and well being, not the government. As a vaccinated and boosted adult, I feel there is no need to wear a mask in indoor public places and feel it is unnecessary. The majority of the public have taken action to protect themselves and I do not see individuals complying with another mask mandate after 2 years of restrictions. I also live in the South Bay and we are not like the rest of Los Angeles city or county. Also COVID is moving from a pandemic stage to an endemic stage and people are living their lives as such and should be able to make their own decisions not a mandate.
Bronwen Diffner	I want Ferrer fired for her terrible policies which have impacted my family and workplace. She is overzealous in her policies and there is no medical evidence supporting her want to require indoor masking again.
Bronwyn Schramm	Surely we have learned the inefficiency of masking by now! There are other research studies to see besides the one by Barbara Ferrer's daughter. Perhaps looking at some of the other research, including the actual covid data from our local hospitals, would result in a more balanced outlook and a



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	return to personal judgement & informed consent.
Brooke Morgan	
Brooke Ruggieri	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Brooke Shindelus	
Brooke Sigler	Do NOT bring back the mask mandate. I have lost all confidence in our public officials and their ability to properly govern. Barbara Ferrer needs to be fired. I will not be masking my children again.
Brooke Wharton	
Brooke E Larson	Keep the masks off our children just like Barbara kept her mask off at the ballgame. Other public health officials disagree on her logic. I am one of the many parents who pulled their children from LAUSD. My sons school was more interested in masks then school work.
Bryan Garber	Please fire Barbara Ferrer. We have no trust in her and the data she's using is flawed on hospitalization. Only a small percentage are in the hospital for covid and implementing another mask mandate will cause the community to lose faith in public health moving forward.
Bryan Ginter	Mask and other Covid mandates are unconstitutional. Everyone should be allowed the choice to mask, get an experimental shot, test or anything else related to Covid. End all "health" mandates.
Bryan J Halcott	No need for this, you cannot prove prior mandates had any effect on outcomes. Let it go already.
bryan p bohlinger	Please do not bring back in door masks. This has caused mental health issues, depression, learning issues...ect. Most importantly this doesnt stop the spread of covid especially cloth masks. This is not based in science but based in control.. what science data shows that masks actually stops the spread of covid? Please stop ruining our County with your over bearing non scientific rules that dont really protect people. There is a reason why CA has had more people leave then come in and that is due to bad policies like masking that do not have any basis in science..
Bryant Smith	We oppose any mask Mandate. We all know by now they don't work and have seen the evidence through real scientific studies. We have hit heard immunity. we will not force children to do this again with all The issues these children are having. It is by far worse then them wearing a mask.
BRYCE FORBES	Fire Barbara Ferrer
Buffy Dakan	Enough of the masking. It has proven not to work in many studies. CA has the worse stats on Covid and more restrictions than any other state. Stop it.
C Prochnow	Oppose. This would be worthless, since masking does not work. The CDC



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	admitted that masks failed. Link: fee.org/articles/cdc-schools-with-mask-mandates-didn-t-see-statistically-significant-different-rates-of-covid-transmission-from-schools-with-optional-policies/ Further, Ferrer is not a medical professional. Her daughter is not a medical professional. Link: foxla.com/news/report-accuses-barbara-ferrer-of-relying-on-her-daughters-cdc-backed-study-on-school-mask-mandates Relying on an "inside job" to collude with the CDC is what they actually DID. Businesses will suffer - again. Los Angeles citizens will suffer. It turns out that masking can be harmful. Link: technocracy.news/mercola-how-face-masks-make-you-sick-instead-of-protecting-you/ Doing the same thing over again that did NOT work the first time, is insanity.
C Repaci	Let people make their own decisions about covering there breathing hole or not. There is no science backing these mandates and they are unconstitutional. In fact I've had more issues with my breathing wearing one than not. And we've all seen the stats from UCLA. There is no one being hospitalized from covid. Enough already and let us live our lives!!!!
Caitlin Harries	
Calie W Doyle	
Callan Banos	Do not put mask on our kids again in the classroom
Callie McIntosh	
Callie Opel	I OPPOSE reinstating the mask mandate. The negative impacts on students in schools far outweigh the benefits.
Cameron Kolby	
Cameron Marrone	
Cameron Wilson	Bos must fire Barbara Ferrer. There is no more justification or places to hide. She should be held accountable. And if not - all of you will by the voters who are waking up. The tide is turning. Do not allow the ridiculous mask mandates. There is no justification. Barbara has an undisclosed conflict of interest with her daughter and the lead doctors at the county made clear we are not in an emergency.
Candace Sam	I am completely against the mask mandate and I think Barbara Ferre is out of her mind and needs to be fired.
Candace Tour	I completely oppose the mask mandates. It's child abuse.
Candice Combs	To the LA Board of Supervisors, I wholly oppose anymore mask mandates and any other medical interventions that Barbara Ferrer may wish to ILLEGALLY force upon the public. I along with many other citizens are DONE with Ferrer's UNETHICAL



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	<p>behavior. In light of the most recent information regarding her daughter coauthoring the document that she is basing her tyrannical mandates upon, that happens to be a gross conflict of interest. A FIREABLE OFFENSE.</p> <p>Barbara Ferrer is smug, haughty and is routinely caught at public events herself MASKLESS. To refresh your memory, The Super Bowl and the MLB All Star Game.</p> <p>WE THE PEOPLE OF LA COUNTY ARE DONE. FIRE BARBARA FERRER. NO MORE MASKS! AND WE THE PEOPLE HAPPEN TO PAY EACH OF YOUR SALARIES, DO NOT EVER FORGET WHO YOU WORK FOR. YOU ARE ELECTED PUBLIC SERVANTS, NOT MEMBERS OF AN ARISTOCRACY.</p>
Candice Naysan	No more masking!!!!
Candice Nicole	
Candice Weaver	
Candice M Maillard	
Candra L Coogan	
Candy Rinard	No more mandates.
Cara Cooper	
Caragh Obrien	Vote no on mask mandate. As a teacher I see the negative impact on our children. Some won't take off their mask ever! Others are sooo fearful and anxious. Please vote NO.
Carine M Rose	
Carl Reed	
Carla Davidson	
Carla Heune	AS YOU WELL KNOW, MASKS DO NOT WORK NOR HAVE THEY EVER WORKED. THE PACKAGE ON N95 MASKS SAY THAT THEY DO WORK FOR COVID. WE WILL NOT COMPLY WITH THIS STUPIDITY AGAIN!
Carla Thomas	<p>I have have filled this out 5 time and an error is popping up . I strongly oppose Ferrers impending mask mandate , she's not a doctor or a scientist.</p> <p>Maybe you can put her on the social worker task force for those committing crimes</p>
Carlie Buys	I oppose reinstating the indoor mask mandate
Carlos Varela	
Carlotta Albanese	No mask mandates



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carly tedeski	Please no more masks or mandates. make it a choice, masks are a huge cost for no benefit.
Carly K Capper	Hello, I'm writing in opposition to the proposed indoor mask mandate especially when it comes to Schools and other child care settings. It appears LA Public Health is using all incidental positive covid cases in the hospital vs actual covid hospitalizations, as we all heard from USC County Hospital, only 10% of their admissions are due to covid. This data alone would make the mask mandate unnecessary and detrimental to our children. But after 2.5 years of forcing our children to carry the absolute heaviest burden of the pandemic, it is way past time that we start putting them first. The damage that has been done will take years to reverse. We also know, due to numerous studies, that masking is ineffective in school and therefore completely unnecessary. Do the right thing and protect our children from this government overreach. We owe them so much more than what Public Health is offering. As adults will be able to not comply with this mandate (see LAX), children will be forced or lose out on a proper education. Show your constituents that you actually care for their wellbeing and oppose this shameful mandate.
Carol Allison	Masking is damaging our children in ways we may not understand for years to come. Masks do not work and children are among the least affected by Covid-19. There is NO science to back this up.
Carol Belanger	Let the Public's Immune System Work!!!!!! The Masking is ONLY ABOUT CONTROL!!!! There WILL ALWAYS BE DISEASE, VIRUSES, AND ILLNESS!!!!!! THE BIGGEST VIRUS IS FAUCI, NEWSOM, AND FERRER!!!!!! THEY ARE POWER HUNGRY AND INSECURE!!!!!! WE ARE NOT SHEEP-LE!!!!!!
Carol Corrigan	
Carol Enriquez	In light of recent news that hospitals are not having a crisis of Covid sick patients, nor have they for months. and with the severity of illness not nearly like it was before due to the vast majority of residents being vaccinated or having natural immunity, to institute mask mandates again is completely unnecessary and unwarranted. We need to move in the direction of learning to live with, what one of our chief medical doctors has stated, is now an annoying common cold like illness for the vast majority of us. Especially those that are vaccinated. Trust in public health is already at an all time low. Please don't reenforce this with an unwarranted mandate. Let people chose to mask if they wish. Emphasizing the need to use an N 95 if they chose to protect themselves.
Carol Gilbert	
Carol Hamilton	NO MORE MASKING!!! Those things are proven unhealthy - your psychologist is NOT a medical doctor - neither are you. This is practicing medicine without a license. Even the CDC says that people with breathing problems should not wear masks!!!!
Carol Heisel	



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Carol Keefer	
CAROL RAMOS	Please consider the negative impact of this health order to the businesses in the local community, the negative effect of forced masking on our school aged children, and the waning impact of masking at this point in the pandemic, as evidenced by the results seen in Alameda County earlier this year.
Carol Round	
Carol Shafer	Once again, you are stepping over all of our constitutional rights! First of all, these masks DONT WORK!! Second, how dare you, LA County again, treat us like puppets! I have been vaccinated and boosted and am SICK OF WEARING A MASK AND WON'T DO IT!! How dare you, Barbara Ferrer, who isn't even a physician, tell us what to do! And Garcetti, you liberal lunatic, knock it off! You don't give a crap about LA County residents with your radical behavior. MOST OF US WILL NOT BE WEARING A FRIGGIN MASK!!!
Carol J Knyal	
Carola E Caldwell	Ferrer's dictatorial, scientifically useless mask mandate has nothing to do with public health and everything to do with fear-mongering, oppression, and control. Countless studies prove the worthlessness of masks for viral infection prevention and control. brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/?utm_source=substack&utm_medium=email
Carole Kennoy	No more masks mandates!
Carole La Caze	This is a very negative rule with no real scientific bases. Hospitals are no longer in danger from Covid and people are tired of being forced to do something that is not productive.
Carole A Mayne	Please do not continue to incite fear in the public. There is NO STATE OF EMERGENCY in CA, and it is illegal to use this as an excuse to mask children in schools or the public.
CAROLINA MORAN	Mask mandates have proven to be nothing but a negative experience for people, especially children, who do not want to wear them. These negative experiences include examples of negative health results, mental and/or physical. The doctors in our local hospitals even disagree with another mask mandate. This is an overreach and we, as citizens, are tired of being forced to do certain things by unqualified and/or unelected officials.
Caroline Bass	NO mask mandate!! Do not force this mandate upon the people!
Caroline Ghiam	
Caroline Mora	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Carolyn Forte	Masks do much more harm than good. End this madness!



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Carolyn Harper	We cannot continue to make our kids pay the price due to political agendas. Covid is not killing our kids. We need to let them get back to normal. I oppose the mask mandate
Carolyn McCarthy	I support masks for those who want to wear them. However, I think it should be up to the individual to do what is best for them and their own health. I do NOT support a mask mandate for everyone in LA county. I am a mother to children ages 12, 9 and 3. All children need to see the faces of their teachers and friends to learn and thrive. My daughter was forced to run a mile each week during PE wearing a mask in the heat outdoors. That is not fair or appropriate. I am a speech language pathologist in a local school district and work with children with special needs. These children need to see my face and my mouth, read facial cues and learn to produce speech sounds. I do not support a mask mandate and I do not trust or support Barbara Ferrer. Thank you for your time.
Carolyn S Goodson	Stop the insanity as covid is the new flu and MASKS DON'T WORK! Do your research on the recent studies of masks and they are actually very harmful and create bacteria the enhance disease. Stop the control and power tactics and let people live their lives and handle their own health. YOU aren't the doctor's, you are the problem!!! MASKS DON'T WORK!!! Repent of your sinfulness you evil tyrants!
Carri Zotti	Fire ferrer. She isn't a doctor. Masking and any other covid mandates is completely useless. Ferrer is evil and only wants control. Covid isn't going away and none of the mandates make a difference. Fire that evil woman!
Carrie Brumfield	I oppose any mask mandate of any kind
Carrie Illum	
Carrie Meadows	Fire Barbara Ferrer and do not impose another useless masking mandate.
Carrie Rivera	I oppose mask mandates. All studies show they have done little to nothing to mitigate the spread of Covid 19. We are done, move on.
Carrie A. Hagerty	All studies even by the CDC have shown masks to not work. But they hinder visual communication and facial smiles which everyone needs to see in order to live healthier lives! The Bible says laughter is healing to the bones, so let's not hinder our healthy children and/or adults back into a mask mandate! Please oppose!
Cary A Wilcox	
Casey F Ligon	I strongly oppose the reinstating of mandatory mask wearing in California or anywhere, due to the fact that it has been scientifically proven to be a danger to respiratory health, ineffective against the spread of viruses, and an infringement on the rights of citizens.
Casey L Holt	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
Cassandra Blanco	
Cassandra Whitney	



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Cassidy Marshman	
Cassie Hetrick	I am against any upcoming mandates for Covid 19 either vaccine or mask for adults or children. We are hurting business for LA. This will cause further speech delays for children.
Cassie Hunt	
Cate E OConnell Katz	After nearly two and a half years and loads of data supporting that masks do not prevent the spread of Covid 19 (and it's variants) it is inconceivable to me that you are considering instituting another mask mandate. Please do not let this agenda pass. The human body is a remarkable organism and this mask business does more harm than good. Please for the sake of public health and for the sanity of the citizens of California, do not pass this agenda matter!!
Catharine H Morris	<p>Dear LA County,</p> <p>I am reaching out to you in response to LA County's forthcoming planned mask mandate. I vehemently oppose such a mandate. When the rest of the country continues to move forward and away from covid mandates, why is it that LA continues to not follow the science and impose mask mandates on our county?? And most importantly, our children when school begins.</p> <p>As per the leaked meeting of LA Doctors, the science in this country ndoes not support this mandate (7:40 they begin discussing the covid numbers):</p> <p>youtube.com/watch?v=_fGuA-nU7EI&feature=youtu.be</p> <p>Barbara Ferrer is not a doctor. Yet she continues to enforce non-sensical rulings. Did you know that the CDC relied upon a study for school mask mandates that was authored by her very own daughter - who is ALSO not a doctor? Why aren't we listening to the real doctors. It is so incredibly dismissive of our medical community. And absolutely tyrannical behavior that is causing long term mental health issues and absolutely hurting our children's education. Let them Breathe!</p> <p>Also, if covid is such a concern for Ms. Ferrer - why was she unmasked with 70,000 others at the All Star baseball game just 4 days ago, right after announcing the return of mask mandates due to LA county due to the high risk of COVID. It is just another example of CA government hypocrisy.</p> <p>END THIS MADNESS now and let us move on from this pandemic.</p> <p>IF THE 'SCIENCE' DIFFERS BY GEOGRAPHIC AREA, IT'S NOT SCIENCE. IT'S POLITICS.</p> <p>Why are you playing political games that are jeopardizing an entire generation's childhood education?</p>
Catherine Edwards	



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Catherine Sarkisian	I am a fully vaccinated NIH-funded scientist and a physician with a masters degree in public health. While there may be a benefit of masks in some situations to slow spread, mask MANDATES do not work to decrease bad outcomes from current strains of covid-19. DPH has zero data to support a mask mandate in 2022. fee.org/articles/the-new-york-times-explains-why-mask-mandates-don-t-work/ . Mandates that are not supported by evidence further erode trust in our public officials and public health in general and we will pay the price in the future for this lost trust. The BOS must say no to this empirically unfounded and harmful mandate.
Cathie Teague	
Cathleen Anderson	No more mask mandates. We all know the agenda behind this useless mask order. And what happens in LA eventually is pushed on the whole state. There's no evidence that even when a virus is going through a population, it is curtailed by a mask. Therefore, I'm completely opposed to reinstating a mask mandate.
Cathy Hobart	Our hospitals are NOT seeing an increase in covid patients. Masks work if worn correctly, but mask mandates don't work. Please focus on vaxing/boosting the elderly, vaxing/boosting the most vulnerable, making it easy to access the vax/booster, and educating about vaxing/boosting. Mandates divide us. Mandates don't work. Masking correctly works, but no mandates. I'm begging you, as a mom, to please fight for the kids. All kids. Mask mandates impact their ability to learn (can't hear teachers or others), social development, physical health & mental health. Low-income students, English Language Learners, & Special Ed Students are impacted the most by mandates. The kids are just starting to come back to life. Please don't mask them again. They have already paid too big of a price.
Cathy Lau	I strongly OPPOSE a mask mandate in LA County. Our Students deserve to breath freely so they can get oxygen to their brains in order to learn. Mandating masks is anti-science.
Cathy Morfopoulos	I strongly oppose.
Cece Garcia	Barbara has her own personal (likely privately funded) agenda and should be removed from the position. She no longer serves the people of Los Angeles but rather her own interest(s).
Cecilia De La Rocha	
Cecilia Gartner	I oppose the wearing of mask It's been two years now. We have the vaccine, booster shots and medicine to treat covid. We are forced to wear mask when thousands of illegals are allowed in this country without being vaccinated or being masked. This does not make sense. Its time to move on
Celeste Miller	Masks don't work. They cause bacterial infections.
Celina S Garcia	No Mask Mandate!



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Celinda Porterfield	NO to mask mandates. This can be a "suggestion" but not a mandate. No more mandates!
Celine Hakakha	I am strongly opposed to bringing back a mask mandate. Especially in schools.
Chahm Alakhras	No indoor masks
Chana Rothstein	
Channah Ungar	These mandates are unconstitutional. People should have a choice whether to wear a mask or not. There should be no mandates not to mention any mandate is illegal and there is a fine up to 10 million dollars for any mandate that can not prove it is medically sound. Masks and not medically sound. They do not protect and they are a nuisance especially for children in school.
Channing Binder	This mandate it's based on a complete conflict of interest and it's detrimental for children. If this goes through I will be pulling my children from school. Please stop the child abuse.
Chantal Cohanad	
Chantal Sameyah	The state of emergency needs to end. It is an abuse of power at this point. We understand the virus, we have the vaccines and treatment.
Chantal Soomekh	Leave masking optional, in alignment with the state and the rest of the world. Masking indoors, particularly children in schools, has too many downsides and is not proven to help lower any Covid numbers. Children are being taken advantage of and this needs to end. Leave it optional.
Chantalle Garcia	
Charise Mirabal	I am an LA County resident strongly in opposition to any further COVID mandates, including the reinstatement of masks. Masking does not contain the viral spread of COVID, and at this point, is causing harm to many people. Children in school are suffering speech and emotional delays and experiencing a myriad of physical afflictions from prolonged masking. Children with physical and neurological disabilities are suffering exponentially. Mental health issues are exacerbated by blocking emotional exchanges between people. Small businesses will suffer from loss of customers, and it will increase stress and anxiety among employees who are again expected to enforce these undesirable requirements. In addition to this, Barbara Ferrer has shown to lack ethics when it comes to conflict of interest regarding the study she used to justify masking our population. This woman needs to go. This madness needs to stop. Please begin the process of restoring public trust by firing unfit public servants, and reinstating pragmatic and common-sense based policy.
Charlene Costa	All mask mandates need to stop. There is no state of emergency. There are doctors and health officials trying to tell you that masks do more harm than good, especially for the children. Stop the insanity!!!
Charlene Sarnecki	This is NOT based on science. Leave us to decide on our own health matters. Ferrer is NOT a Dr nor is she an elected official. She is using this for her social agenda. Fire her!!!



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Charlene Yashouafar	LET OUR KIDS BREATHE
Charles Forman	Absolutely no more mask mandates, lock downs, or vaccine mandates. "My body my choice."
Charles Graves	
Charles Johnson	Oppose mask mandate re-instating. Bad policy, proven by science and mental health experts.
Charles Kaufman	The scientific evidence has failed to show that cloth or paper masks contribute in any meaningful way in preventing the spread of the Covid 19 virus. In addition, the current version of this virus is no more dangerous than regularly occurring flus and therefore government action is hardly required.
Charles Southey	Stop the nonsense and hire a public health director who is an actual MD. Follow the science not Ferrers daughters conflict of interest article that has not been peer reviewed. Stop the madness!
Charles G Mecay	
Charlie Williams	
Charlotte Schweder	I oppose any mask mandates. They are proven to be ineffective and also cause illnesses. Children develop rashes and those that wear them, even as adults claim moderate to severe headaches. It is not the government's job to tell us to wear masks. This should be left up to each individual. I believe that control is the issue here and we are created free.
Charmaine Liccardi	There is no scientific reason to mandate masks again! Listen to actual MEDICAL DOCTORS for a change! If the virus is so deadly, why was Ms. Ferrer at a baseball game with no mask a week ago? Her failure to disclose conflict of interest regarding her daughter and virus guidelines is illegal. NO MASKS. Period.
Chase Korell	
Chava M Oratz	I am very strongly opposed.
Chava Z Yemini	
Chaya Cunin	If COVID is going to be around forever, we need to find a more realistic, workable and sustainable solution other than masking. Data shows unless worn perfectly, it doesn't work and mandates don't control how ppl are masking and most are masking improperly...
Chaya Cupa	
Chaya Grossbaum	
Chaya R Zaetz	No more mask mandate
Chelsea Richards	Stop infringing on our rights. People can wear masks if they wish. You should not make them. You saw that this did nothing in the past so why are you trying to do it again? WILL NOT COMPLY!
Cher A Riedel	I have a son I carry a not from his neurologist for his inability to wear a mask.



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	The further South in CA we go that note is not respected. Law makers need to look at health risks of face masks. Fauci himself at one point in the past spoke about the long term health risk. I personally cannot safely breathe my own breath for any amount of time greater than 10 minutes this has shown to be dangerous behind the wheel of a motor vehicle. Face mask mandates has caused me to cancel unnecessary routine visit doctor appts since I am not able to limit my use of oxygen.
Cheree Border	Absolutely oppose any mask mandate. We are not in a pandemic and feel this is being used as a form of control. What happened to 'My body, my choice'!? I will not wear a mask, my family will not wear masks and my children and grandchildren will not wear a mask. We will pull them out of school before we will send them anywhere an unnecessary mask is requested. That goes for vaccines also. No. Just no. Stop the insanity. We will NOT fall for this nonsense a second time.
Chereen G Michel	Let the people choose what is best for them. Our children are suffering, they are having learning loss and speech delays. I am against masking, testing, and vaccine mandates.
Cheri L Fariss	
Cherie Simpson	Please do not put our children at any more risk by wearing these masks yet again, without any advantage and with dire consequences to their mental, social and physical well being if they do wear them. Please do not harm our children any more! Sincerely, Cherie
Cheryl Harwood	Feel the most vulnerable and those people around them should wear masks but children in school should not. Nor should the general population. I respect the work you do but this issue has been milked as far as it should go.
Cheryl Sedlock	Stop with the Bullshit and lies of the CDC they work for Big Pharma, not People, they are a profit organization and Gavin Newsom is a communist tyrant hell bent on the destruction of California for the NWO Globalists, we aren't idiots we are very observant and do our research.
Cheryl Tormey	Mask mandate
Chester Trocha	No mask mandates! Fire Ferrer! She is not a medical doctor and has no business overseeing health protocols for LA County. She also isn't following scientific data
Chiara Hovland	We strongly oppose the upcoming mask mandate and most importantly mask in schools k-12. It is damaging to businesses and children.
Chloe Abrams	Oppose indoor mask mandates especially for children in schools. Masks DO NOT stop the spread, follow the science
Chris Acob	



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Chris Barlow	<p>There is a lack of a large body of evidence showing that masks work (This one document showing masks work is biased due Ferrer daughter is one of the authors and she is on the County Education Committee).Hospitalizations due to "not with" Covid are not on the rise. If people want to wear mask because it makes them feel safe, then let it be their choice. Stop with these ridiculous mandates. I think it's hypocritical that Ferrer was seen on video wearing a mask on her right arm not covering her face during a crowded baseball game and two days later she is lecturing about the importance of wearing a mask.</p> <p>I feel the County made a huge mistake by accepting the money from the Biden Build Back Better Covid Relief Act. Following all of their Executive Orders and pushing it on the people because of the money you received was a poor decision.</p>
Chris Bauer	
Chris Bethurum	<p>Stop the charade, you and other public entities are not following science. You're following misguided political motivations including CYA. Intelligent AND rational people have no respect for what you and city entities are doing on this matter and far too often are further stressing their already stressed lives CONSIDERING HOW TO GET AWAY FROM YOU OR GETTING YOU TO LEAVE OFFICE. Snap out of it. I view you as petulant children on this and who knows how many other matters.</p>
Chris Carroll	<p>I oppose the reinstating of a mask mandate.</p>
Chris Feil	<p>DO NOT MASK OUR KIDS</p>
Chris Gagnon	
Chris Ganan	<p>I vehemently opposed the mask mandate. There is no justification for a blanket mandate, there are no studies that have conclusively determined masks help prevent the spread. The blunt force policy tools that were utilized early on in the pandemic are no longer relevant. No one will comply with the mandate, only the kids will be forced to be in masks and it will further stunt their development like it has the past 2 years. Brown University studied the general cognitive childhood scores from 2020 to 2021 versus the preceding decade and they found that children born during the pandemic have significantly decreased verbal, motor, and overall cognitive performance compared to children born pre pandemic. When it comes to the downsides of masking kids, there is no prior study that truly informs the moment: In all human history we have never masked so many children for so many hours a day for so many years. We simply do not know the long-term impacts of this evidence-free intervention. We need to move on, full stop. At this point we have turned something that was out of your control entirely to a much more individual decision. There is an option to put on your own mask or stay away from crowded events, you have the option to get vaccinated, if you get the virus, there are several existing and new therapeutics that are available. And if you are healthy or young, there is a very low risk of being hospitalized or dying from the virus. We have seen that there are very few, if any, hospitalization in LA due TO covid. We are not going to eradicate this</p>



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	respiratory pathogen from Earth. Pre pandemic there were flu seasons (some worse than others), but we didn't disrupt society, mask our kids, constantly test them, and create a hysteria. Four years ago we had 41mm cases of influenza in a matter of months, the department of health didn't mask everyone during that occurrence. It is irresponsible to claim to promote health and safety at school without acknowledging that the downside of masking now outweigh the benefits. Gyms and Yoga studios need not comply, but schools do? You have the President of the United States that is in his late 70's and high risk, and "working through" covid. Why are we doing this to our kids? This insanity needs to stop.
Chris Girch	We are done with your games. Stop this nonsense.
Chris Isola	I do not trust Barbara Ferrer and believe an infectious disease specialist should replace her. I do not believe a new mask mandate should be implemented in the County this week.
Chris L	Give it up, move on with your life. 99.9% survival rate. Find something else to keep yourself home and scared forever.
Chris Lefevre	Reinstating an indoor mask mandate is another political, self-serving, and non-scientific initiative from Dr. Ferrer who would put LA County as the only one in California choosing to reinstate non-medical, divisive policy into our already hard-ridden communities. We urge all to oppose this unnecessary and undemocratic policy.
Chris Mills	
Chris Nichols	The mask mandate has been proven many times over that it causes more harm than good. Please do not enforce this. If citizens wish to wear a mask, they are welcome to.
Chris Pellitteri	Mask mandates and other overreach of government must end - they are not working. Let the people decide if they choose to wear a mask.
Chris Weaver	With hospitalizations overwhelmingly incidental and severe outcomes decoupled from case numbers, a mask mandate should be out of the question. There has been so much data that indicates zero difference in outcomes in areas with mandates vs areas without. You can very easily see that there is no empirical evidence to support taking this action. In school settings the data is exactly the same. My kids private school was one of the first in the county to reopen and make masks optional and not a single child or parent went to the hospital in over a year. Don't cave to the nonsense. Make the right decision and allow individuals to make their own comparative risk assessments like they always have throughout human history.
Chris L Crispell	Stop making masks forced. Let people decide what is best for them. Most don't even wear correct ones as it is. They aren't 100% stopping from transmission either.
Chrissie L Bailey	No on any mask mandate. I can only imagine how many mental health issues have been caused by this terrible strategy. In addition, leave our kids alone who are at very little risk. I am a native of California and would leave this state rather than see my grandkids, kids or myself in masks again. Your control is



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	offensive and wrong. Your California policies are pushing people like me out. It is tragic!
Christi Allen	Let people make their own choices and move away from all devisive and ridiculous mandates of any kind
Christian A Meadows	<p>Dr. Ferrer is unable to make such mandates. There is numerous reports masks don't work against the flu virus (Covid-19); does not make people safer; and violates the 1st Amendment to the US Constitution (42 USC 1983). Additionally, she was found to have likely falsified the report with her daughter, also a County employee. Finally LAC+USC Doctors confirmed there is no risk to hospitals. kabc.com/2022/07/20/report-barbara-ferrer-who-is-not-a-medical-doctor-relied-on-report-by-her-daughter-who-is-not-a-medical-doctor-to-formulate-mask-mandates/</p> <p>Oppose Set Matter 2!</p>
Christie Cecil	I vehemently oppose mask mandates for the county! It is tyranny and an infringement on my rights and my family's rights as a US Citizen. Masks are proven useless and only make the people sicker. I will not comply to your ridiculous mandates!
Christie Pesicka	<p>Attention Los Angeles County Board of Supervisors,</p> <p>You are elected by and work for your constituents. You cannot allow Barbara Ferrer to continue in her position - she must be removed immediately. It is obvious to everyone that her breach of duty, intentional misrepresentations of fact, conflict of interest and baseless mandates have corrupted the Los Angeles County Department of Public Health. For all of the reasons listed below, Dr. Ferrer has become a liability and must be replaced.</p> <p>1. Barbara Ferrer has conflated and fabricated data and is not sharing her numbers with the leading medical doctors in the county public health system. This is unconscionable.</p> <p>-On July 13, the CEO of L.A. County-USC Medical Center, Jorge Orozco, held a video town-hall meeting for employees. With him were two doctors: LAC-USC's Chief Medical Officer, Dr. Brad Spellberg, and epidemiologist Dr. Paul Holtom.</p> <p>-Dr. Spellberg explains that the COVID infection numbers they're seeing are flat.</p> <p>"It's just the same," he said emphatically. "It's not changed. It's been the same. It's like two months of 'the same.'" "The numbers at LAC, COVID-positive tests, have continued to go up," Dr. Spellberg said, and then forcefully added, "BUT this isn't because we're seeing a ton of people with symptomatic disease getting admitted." He repeated, pointing to a graph, "It's the same thing. We're seeing a lot of people with mild disease in urgent care or [emergency department] who go home and do NOT get admitted, and of those who are admitted, they're, 90% of the time, not admitted due to</p>

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COVID.”

-Meanwhile. Dr. Ferrer, who is not a medical doctor, is preparing to impose another indoor mask mandate on the entire county, population 10 million. She asserts that the county is barreling toward the Center for Disease Prevention’s “high” category of virus activity, with “cases” rising sharply.

2. Barabara Ferrer did not disclose that the author of the LA County Office of Education paper published by the CDC and used to justify masking in schools, was written by her daughter, which is an unethical conflict of interest.

-Any new proposed mandates are dangerous for students, who face additional learning loss, just as they are trying to turn a corner from the damage previously done. Schools will be one of the few places masks are enforced. UTLA is currently in contract negotiations—and are asking Ferrer for mandates as a leveraging tool in these negotiations.

-To make matters worse, LACPH offers no credible studies demonstrating that mask mandates have any bearing whatsoever on lowering transmission, hospitalizations or deaths.

-LAUSD has a fully vaccinated faculty and staff and a highly vaccinated student population. Masks are available and allowed to be worn by anyone who chooses to do so; but there is no justification to mandate the masks for students who do not want or need to wear them.

-Our children should NOT be forced to mask for another school year. They desperately need normalcy so that they can begin to heal and recover. We are now entering the 4th school year of interrupted learning. LAUSD had the longest closures, least instruction and strictest mitigation in the country. Mask mandates are not benign: phonics, socialization, reading, non-verbal cues, communication and mental health are heavily impacted. Labored breathing, fainting, headaches, head injuries due to peripheral vision issues of masks, dehydration, delayed speech and autism-like learning difficulties are among the harm of long term mandates.

3. Barabara Ferrer, who is not a medical doctor, is the only county public health officer planning to impose new mask mandates. All other county public health officers in California with similar transmission, which are run by medical doctors, have decided not to implement mask mandates.

You all, The L.A. County Board of Supervisors, must take charge and change course now. Fire Barbara Ferrer.

Sincerely,

United Parents of Los Angeles

Team Reality



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Christie Rutherford	I oppose indoor mask mandate!!
Christina Andonopoulos	No mask mandate. Hospitals no where near capacity and vaccines and treatment ate available to everyone. Pandemic is over, move on.
CHRISTINA BALTAZAR	NO MASKS MANDATES ON OUR CHILDREN FOR THE NEW SCHOOL YEAR.
Christina England	
Christina Quijas	No masks in schools
Christina Raden	
Christina Repaci	No MORE MASK MANDATES!!!! We the people have had enough
Christina Rice	<p>Me and my family strongly oppose a mask mandate. The facts show that masks are not an effective strategy for limiting transmission, and that they are, in many ways, causing damage. Masks, when used by the general public throughout daily life, are not used properly, and they carry germs and bacteria. They limit oxygen intake, which is vital, and they make communication difficult.</p> <p>We don't currently live in the county, but we are close to the border, and our family lives in Los Angeles. We are there often to visit, work and patronize shops. We will be affected by a mandate, and we will take our lives and business elsewhere to avoid masks.</p> <p>These mandates are unlawful and violate our rights. Watching how local and state health departments have handled coronavirus over the last 2 years has been eye-opening. Unfortunately, we have lost faith that these institutions actually care about health. What we've seen the decisions seem to be driven my money, power and politics. We will not support the use of masks.</p>
Christina A Swenson	I oppose the mask mandate! I also am calling for the firing of Barbara Ferrer.
Christina M Garcia	
Christina M Oseguera	Against any further mask mandates. They dont work. There are hundreds of published studies that prove they dont work
Christina M Repaci	Let us free citizens choose. We are tired and stressed enough already. Masks do NOT work and make us more anxious than we already are. ENOUGH IS ENOUGH
Christine Chevillotte	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with state dept of health guidance and the rest of the world.
Christine Cohn	
Christine Dingilian	A mask mandate in completely unnecessary. It does nothing to stop the spread and ultimately has a negative affect on people, especially children.

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	We must to learn to live with Covid as we are now in the endemic phase and we are not seeing a big upsurge in hospitalizations and deaths due to COVID.
Christine G	We cannot keep our kids in masks indefinitely. Everyone should be free to assess their own risk and choose whether or not to wear a mask. No more mandates for a virus that will be with us forever.
Christine Hearn	I strongly oppose any re-imposition of a county mask mandate in any shape or form. A mandate blatantly does not follow the science and in fact goes against major studies released recently that show the negative impacts in all facets by the use of masks during the pandemic and lockdown. Moreover, the recent internal video from LA County Hospital shows that there is no health emergency to warrant any return to a mask mandate. The data and metrics being used are misleading and incorrect. Mask mandates are especially harmful to K-12 children and I implore you to stop any move toward a re-imposition of an unlawful mandate. Allow citizens to make their own determination of their risk level and make up their own minds about whether or not they want to use masks. People have been doing this for several months now, and a re-imposition of a mandate at this juncture will not further your objective of reducing the risk of transmission. It will only further divide citizens and prevent our community from returning to normal.
Christine McCain	<p>"According to the Rome Statute of the International Criminal Court, the Geneva Conventions define war crimes to include "willful killing; torture or inhuman treatment, including biological experiments; willfully causing great suffering, or serious injury to body or health; extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and wantonly; compelling a prisoner of war or other protected person to serve in the forces of a hostile Power; willfully depriving a prisoner of war or other protected person of the rights of fair and regular trial; unlawful deportation or transfer or unlawful confinement; and taking of hostages".</p> <p>The treatment of the free citizens of California and the withholding of education on grounds of mask use is a flagrant abuse of power. Anyone mandating that someone wear a mask, which has been proven to be ineffectual, smothering and recycling carbon dioxide to the wearer, should be tried and severely punished for crimes against humanity! Should we expect head coverings and religious attire next in the government's overreach? Where does it stop?</p> <p>It's pathetic when war criminals are treated more humanely than the citizenry of The United States! Anyone forcing this human experiment in an exercise of power and mindless disobedience at this juncture is either willfully ignorant, narcissistic, or has a dark political/social agenda.</p> <p>Taxpayers fund public schools and pay for government services. We do not fund human experiments in humanitarian abuses, trauma, or suffering. Children cannot learn while being suffocated! The masks do not prevent coronavirus, a virus that's as old as the dawn of time. They serve solely as a virtue signal of compliance to authoritarians at best, or a means of expressing a political viewpoint, at worst!</p>



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Christine Parkinson	Masks have been proven not to work. You have not only made businesses suffer, but our children have suffered as well. Studies prove that test scores and learning has been significantly impacted by the ability or lack thereof to see their teachers faces. Stop this madness!
Christine Paulus	This is America, a land of Freedom. We have the right to make our own choices. If citizens of LA County, or any county, would like to wear a mask then they can. You cannot force masks on people for a virus that is not going away. We've NEVER had mask mandates for other viruses, why this one? People don't trust the government anymore because of all the back and forth revolving around Covid.....Fauci said "no need to wear a mask" in the beginning, then "everyone needs to wear a mask to slow the spread" to "get a vaccine and you won't have to wear a mask" to "you can still spread the virus fully vaccinated so mask mandates are essential". No more! A vaccine stops the virus from spreading in the vaccinated, the Covid vaccine is not a true vaccine. It's causing complications in people, autoimmune disorders, hormonal changes, heart palpitations, just to name a few. I'm personally one of the people that was forced to get the vaccine and have complications from the shot. I will NOT comply to a mask mandate anymore. This is not about health anymore, it's about compliance and politics. In closing, everyone has a right to wear or not to wear a mask, to stay home or not to stay home, to get a shot or not to get a shot. It's a choice that we all have. Everyone is different and needs to do what they feel comfortable with doing.
Christophe Bryant	The mask mandate is an egregious overreaction based on data that does not support it. Not to mention the conflict of interest present by having Ferrer's daughter being a coauthor of the document she's basing this ridiculous mandate on. Ferrer was unmasked in a large crowded baseball game after making her decree. The hypocrisy is ripe and this draconian move will only hurt businesses and children. Ferrer should be fired or resign for this.
Christopher Boldon	
Christopher Evans	Local hospitals have made it abundantly clear that COVID hospitalizations are primarily incidental. Barbara Ferrer is misrepresenting COVID metrics to forcibly mask ten million people. She is unelected and unaccountable, and has a major conflict of interest as her own daughter authored a report she uses to validate her mask rules. She has utterly neglected the needs of children across the county - she intends to forcible mask toddlers for eight hours a day at daycare during the dead of summer. Her performance is embarrassing and shameful and she has made it abundantly clear why she must be fired immediately. Stop the anti-science mandates which have proven multiple times over to be useless at curbing virus spread but incredibly effective at harming children, harming businesses and dividing society.
christopher jewett	No Science behind this at all. I could speak volumes on this but I will say as a small business owner and someone who is friends with a great deal of small business owners this has an extremely negative affect on them as well as on our children's health and well-being
Christopher Martinez	No more masks!.



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Christopher Twining	<p>In a July 13, 2002 press conference at LA County USC you can see that LAC USC executives and their epidemiologists state that "[o]nly 10% of our COVID positive admissions are admitted due to COVID. Virtually none of them go to the ICU, and when they do go to the ICU it is not for Pneumonia. They are not intubated....we have not seen one of those since February" and "[a] lot of people have bad colds, is what we're seeing" and "if the experience of our hospital is reflective of across the county, which I believe it is, we're just seeing nobody with severe COVID disease."</p> <p>The presenters were Brad Spellberg MD, Paul Holtom, MD, and Jorge Orozco.</p> <p>Dr. Spellberg is Chief Medical Officer at the Los Angeles County + University of Southern California (LAC+USC) Medical Center.</p> <p>Paul Holtom, MD, is a Hospital Epidemiologist, at the Los Angeles County + University of Southern California (LAC+USC) Medical Center.</p> <p>Jorge Orozco is the Chief Executive Officer at the Los Angeles County + University of Southern California (LAC+USC) Medical Center.</p> <p>Based on what these actual experts and on the ground clinician/physicians are saying there is absolutely no basis for a mask mandate. Imposing one now would be arbitrary and capricious as another attorney has already mentioned.</p> <p>Additionally, I find the following as sufficient cause to terminate or demand the resignation of Dr. Barbara Ferrer (PHD in Social Welfare NOT AN MD nor HARD SCIENCE PHD):</p> <ol style="list-style-type: none">1) her lack of an MD or degree in Epidemiology or a hard science2) her ridiculous over \$600,000 salary (that's higher than Dr. Fauci's salary)3) her continuous lying over the last 2.5 years (her denial of natural immunity)4) her reliance on studies co-written by her daughter and failing to disclose this obvious potential conflict of interest.
Christy Duke	
Christy Wolfe	<p>The last thing LA county businesses and employees need is a mask mandate. Strongly oppose any mandates. LA county looks like a joke when we implement these rules that destroy our businesses and that none of the people making them abide by (think Newsem, Ferrer), and data shows they may not actually have any real impact. Your constituents are getting tired of you not representing us.</p>
christy l herman	<p>STOP. Stop these madates, these dictatorial rules set by a political elite who cares not for the welfare of the public, it is becoming more and more evident all the time. Where is REAL proof that these mask madates, lockdowns, all</p>



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	this control, has done any good at all? STOP.
Christy L Kitto	
Chrystin A Keller	I oppose reinstating the indoor mask mandate.
Cindy Aguilar	No masks in schools
Cindy Campbell	I oppose another mask mandate. We cannot and should not have to live with our breathing restricted one more day. Barbara Ferrer is not a medical doctor. We have rights and this is a violation. I will NOT COMPLY.
cindy dunaway	<p>Dear Board of Supervisors, When Covid first began, the public was asked to socially distance. We did that. As it went on, the public was asked to get vaccinated. We did that. The current numbers do not reflect a high number of deaths based on Covid. The numbers are not even represented fairly, most patients in the hospital with Covid are coming in for other procedures. Covid is a virus like the flu, it is not something that should stop our lives again.</p> <p>Children in masks at school does not work! They cannot relate to one another, they cannot communicate well with each other. Furthermore, the masks are filthy and full of germs, and the kids cannot breathe. As a teacher, I can see the impact that masks are having on children's learning. Especially at the elementary schools. Children are unable to learn how to read, how to write, how to sound out words, because they cannot see the teacher's mouth and they cannot see how to form proper sounds with their mouth. If we go back to school in masks, we will lose so many students to private schools because the private schools will not enforce masks. I beg you to not have the kids come back in masks. We are all vaccinated. We have done what we were told. We cannot go back in masks again. It is negatively impacting the social and academic growth of children.</p>
cindy fraboni	mask don't work & it's time to stop this masking!!!!
Cindy Hinsberger	
Cindy Hood	Please do not mandate masks anywhere in CA! Masks should be an individual choice to wear or not wear.
Cindy LaFave	I oppose the mask mandate. This public health order would further hurt our children. This virus is no longer a deadly threat. Children are NOT at high risk of contracting or transmitting this virus. The virus has gotten weaker and weaker. Please, allow our children to catch up on all that they have lost during the initial part of the pandemic when these measures were necessary.
Cindy Mcloughlin	NO mask mandates! There are over 100 studies that show they don't work and are harmful to the person wearing masks! There are so many studies showing there is NO difference in schools on CoVid 19 with schools that mandated masks, and those that didn't. Follow the science! The science shows masks do NOT work. Enough with this madness already! Do the right thing . NO mask mandates!
Cindy Meyer	No masks
	Good afternoon,

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Cindy Padgett	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th. Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19. Thank you!
Cindy Russo	Barbara Ferrer needs to be fired. She is not a medical doctor, the science says that not only do masks not work, but they harm your gums, lungs, internal organs, skin..... There are more than 200 studies showing masks are ineffective.
Cindy Van Scoyoc	Another mask mandate is completely ridiculous. Please oppose it!!
Cindy R Goldbeck	No more masks!!! This nonsense has gone on long enough! We don't need masks (they don't work anyway, they do more harm than good) and we don't need Barbara Ferrer! She claims we need masks but then she goes to a game with a ton of people and her mask is on her arm? Can you say hypocrite? Get rid of her already! We've had enough of these fear tactics aimed at taking away our rights and businesses. We the people are the sovereign in this nation. You work for us! Now leave us alone and let us get back to normal already!
CLAIRE GUTIERREZ	
Claire Whittington	Oppose to indoor mask mandate especially for younger children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with state dept of health guidance and the rest of the world.
Clare Flynn	No masks for school children. Let's not make the same mistake again.
CLARENCE E ERICKSON	Masks don't stop the spread of COVID. The last two years have demonstrated that. We should emulate Sweeden not Singapore.
Claudia Cuscianna	Please stop with the mask mandates. The Corona virus hospitalizations are on a decline. The waves of infection come and go and the previous mask mandates have done nothing to stop the infection rates. Please just let us continue to live life normally and stop with the mask mandates. Being around high school kids and them not wearing masks at school, they seem so much happier. It's so nice to see peoples faces and smiles again. It's so nice to be able to hear people when they speak. Please please please no more mask mandates. If people want to continue wearing one great, the choice is there's but please no more mask mandates.
Claudia Lovell	No mask mandate for kids. This will be their 3rd school year impacted by your policies where Covid is not a threat at this stage to them. There are many who are suffering from speech delays and isolation because of the masks. Stop it! Regain the respect from the LA parents.
Claudia Newby	
Claudia C Taylor	The vote you take on July 26 regarding mask mandates will resonate throughout the state. It will affect me and my great grandchildren. Science



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	has proven . . . many times . . . the lack of efficacy of masks in regard to COVID-19 or any virus . Science, apparently doesn't matter to some when it doesn't support their agenda. They, instead, make up their own science. I whole heartedly encourage and implore you to do the right thing and rid your county of mask mandates . . . of the emergency status altogether. I pray that you vote "no more mandates." Stand for the truth and sanity. This isn't the time or place for politics. Peoples' livelihoods are seriously at risk—not because of COVID-19 but because of politicians and bureaucrats . . . who don't follow their own rules. Enough is enough!!!
Claudia K Lopez	I would like to have mask choice and not mandate masking.
Claudia M Hernandez	Please stop forcing these mask mandates on us! They are y constitutional! And do not end covid 19! If anything they are causing more health and breathing problems also attract more bacteria and covid 19!! End this now!!!!
Claudine Shokouhi	No more masks!!
Clint Carlton	Do not mask our kids for this school year.
Clover Barragan	Oppose indoor mask mandate Science does not support Community members that want to wear mask always have the option, personal choice I love our community and want people to stay here. This could possibly push more people to leave LA County or even CA
Cody Lyon	Please let people make their own choices regarding masks. Can't do this forever with a virus that keeps mutating.
Cody Roller	I strongly oppose indoor masking. Virus is no longer a threat and there are several courses of treatment.
Coleen Garcia	I am a Spanish and ELD teacher. I can't teach wearing a mask. It also creates anxiety in my world. It is destroying our youth too!!!! Why do you think so many teachers have left education??? If one chooses to wear a mask, power too them. Stop mandating things that don't help!!!
Colin Herman	I strongly oppose a mask mandate, especially for children in school. Please keep masking optional, for people that feel that masks actually work they can wear them. There is a severe conflict of interest with Barbara Ferrer and we have lost all trust in her. Masks for children in school is harmful for their emotional well being and emotional development as well as their language development. Please keep masking optional.
Colleen Kinsman	I am 100% opposed to the (again!) indoor mask mandate which basically does nothing. Research has shown that the surgical and cloth masks, which the Vast majority of people wear, offer little protection. The weaves of these masks are much larger than the virus, which can easily slip through the weaves. Most importantly, this variant is has minor symptoms, and in fact, is nothing more than a cold. Which, by the way, where has the cold and flu been the last 2 years? Diagnosed as the Virus to keep the fear going and continue



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	<p>your restrictions and control. Please let us move on from this constant fear, frustration and depression. The virus will always be here and we need to accept it and allow our own immune systems to fight it. Also, PLEASE FIRE BARBARA FERRER. She will not relinquish control, just like our Dictator Governor. Unfortunately, due to the handling of this Virus, I've lost trust in our Medical Profession but The Public Health Director should actually be from the Medical Field, which she is not. Thank you</p>
Colleen A Johnston	<p>I oppose the mask mandate. It is hurting our children not helping them. There is NO valid, trustworthy data showing any evidence that masks do any good. Stop hurting our children.</p>
Collette Ramirez	<p>This mandate is ridiculous and does not prevent the spread. Oh and it's unlawful. Please manage the disease and not the population. Those who want to wear a mask will. Please stop terrorizing Angelenos, this is unsubstantiated bullying.</p>
Concerned Angeleno	<p>Oppose the indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.</p>
concerned citizen	<p>I am opposing the proposal to bring back indoor masking, specially for schools.</p> <p>The Superbowl was a prime example where the mandate was in place and several politicians didn't follow (Eric Garcetti claimed he was holding his breath, Governor Newson is seen smiling)</p> <p>The other neighboring counties are not bringing the mask indoor request.</p> <p>Data showing OC and La county cases (not mask vs mask) in Dec-Jan this year showed how it simply didn't work</p> <p>A video leaked on Twitter showed how hospitals are NOT overwhelmed.</p> <p>What the board has to answer is how Barbara Ferrer's daughter was hired (do we have nepotism in public offices now)? and she needs to show qualifications in data, data science, statistics or any other science degree that is relevant for this job.</p> <p>Another video shows Barbara Ferrer receiving an award and removing the mask "because it was hard to talk" , well, how an indoor mask helps kids in speech therapy, learning the ABCs and answering the teacher's in the classrooms? How are the teachers able to talk if even Barbara Ferrer removed her mask?</p>
Concerned Mother	<p>Oppose an indoor mask mandate, particularly for Young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.</p>
Concerned Teacher and Parent	<p>I do not agree with the mask mandate. I listened to Director Ferrer's multiple meetings on this topic. She never once acknowledged that there are harmful impacts of masks - especially for children. Many of our children have already missed out on 2 years of socialization and language development. I do not</p>



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	believe Director Ferrer is appropriately using an equity lens - I am concerned that due to these harms our most at-risk children will be even further disadvantaged due to these policies. I hope the Board of Supervisors can see the bigger picture with these policies.
Connie Borja	
Connie Gonzalez	
Connor Dreyer	
Connor S Harris	Board members, I implore you to oppose this unneeded health order. We need to move forward not backwards. Masks are only going to make the problem worse. As someone who has experienced both sides of the argument, I support a no mask mandate policy. People are happier and safer without having to wear a mask wherever they go. Los Angeles used to be a great place to be, but with all the covid fear and mismanagement of county government has increased homeless but that aside, please think of your constituents when deciding this public health order. What would they want?
conrad midolo	
Coppie Rivera	Let's start living with the fact that Covid is here and not going anywhere. Let us have our freedom of choice to choose whether or not we want to use a mask or not. We don't need a mandate or anyone else to let us choose what's right for our own health. Focus instead on the outrageous homeless problem in Los Angeles!!!
Cora R Laing	
Coral Padilla	Masks should not return to LA County. Reputable studies have demonstrated their ineffectiveness and lasting negative effects on wearers. As an educator, I've witnessed the academic and psychological harm it has created for students, especially younger ones. Ferrer preaches about health concerns but she has no problem cheering on the Dodger's among thousands of fans just as Garcetti and Newsom were unafraid during the Super Bowl. The world has moved on from covid and LA needs to do the same. Masks will only force people to shop and dine elsewhere and for more students to pull out from LAUSD. Can this city afford this? More business closures and less students means less money.
Corey Jens	
Corey Podell	Believe the ACTUAL science and data re:masking and not a totally corrupted "study" lead by Ferrer's daughter. Ferrer is completely unfit and you are too if you continue to stand behind her. ALIGN WITH THE STATE. No mandate. Fire Ferrer.
Corey Roberts	
Corinne Furnari	I'm writing in opposition to a mask mandate. As a business owner, I have seen the negative interactions people are having and importantly the negative impact to business traffic that mask mandates drive. While I respect those that prefer to mask themselves, I am opposed to any mandate which only has



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	downsides from my perspective. In the last Covid wave we saw increases and decreases without a mandate. And the same when I saw the Orange County data. Their Covid waves increase and decrease just like ours in LA, but they have no mask mandates. So it's not the masks that are driving that trend.
Corrie Flores	Ferrer has lost all public trust. This mandate is based on inflated numbers that don't reflect the actual reality in hospitals and on the ground. Please simply ALIGN WITH THE STATE and consider getting a backbone and firing the completely corrupted Ferrer
Corrie Zupo	No more mask mandates!!!!
Corrina Gonzales	
Corry L Matthews	Mask or no mask, vaccine or no vaccine...trying to enforce these mandates is a violation of our constitutional rights. It should be a choice!!! If they make one feel safer then they should have that option to keep them...protect yourself!
Cortnee Peterson	Strongly oppose this overreach. This has gone on far too long, people should be able to make these personal health decisions on their own!
Cory Briggs	Mask do not work. They are stupid. They are dangerous. They stop nothing. They are a breeding ground for all sorts of organisms on your face that get sucked into your lungs. Mask causes acne, hypercapnia, hypoxia, bacterial pneumonia, brain cell death, ect..
Courtney Macker	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
Courtney Mitchell	Oppose an indoor mask mandate
Courtney Page	Say no to the proposed mask mandate. It is NOT justified and the science shows it doesn't work. Do NOT mask out kids anymore
Courtney Rice	No mask mandates. I have no confidence in Barbara Ferrer to make these decisions for LA County. This action has damaged children in ways we may not understand for years to come. Masks do not work.
Courtney Saye	This mandate adversely impacts LA County businesses and school children. Customers will take their shopping dollars to Ventura and Orange County to avoid the mandate & employees will be yet again in a tense position trying to enforce this. Numerous studies have been released (even from our own California universities) on how mask mandates in schools did not work. Support our county businesses and residents with a no vote.
Cr Lipsker	
Craig Handjian	Let's be like the rest of the country and leave masks behind us. Do not bring back the mask order.
Craig McNabb	
Crawford S Moller	Current infections are mild. Doesn't warrant this requirement. Bad for kids, hard on many adults. Mask efficacy is questionable.
Criata Levy	



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			Cristina Taylor	stop imposing this stupid mask mandate. Masks do not work to keep people from catching covid. If masks worked then back when it was mandated for everyone to wear them would not have gotten covid. Stop infringing on our freedom. This is ridiculous and I for one will not be listening to anything you or anyone in your position says. You are all a bunch of liars who are doing this into scaring people to think that covid is worse than before. Listen to all those doctors who just came out last week against everything you said. yes numbers may be higher but people are not dying from this strand. Just stop already!
			Crystal Moio	No mask mandate- leave these kids alone. If someone really wants to wear one let them but as for the rest it should be a personally choice. How long are we going to go through this? COVID is here to stay and gets weaker and weaker. Masks only work if they are actually fitted to your face. Let kids be kids. It has been proven such a small Risk to children. You are doing damage to our children. They need to be social, have interaction, look at people, learn how to read expression all Which can not happen with masks. You are pushing more social media on them by pushing masks. They need to talk to each other not by text, or apps etc.. face to face is the best interaction. NO MASK MANDATE
			Cuong Tran	We do not need a mask mandate. Look at the rest of the world. Let people breathe. People are not dying. If you reinstate a mask mandate, you will continue to destroy our childrens education and local businesses.
			Currie Dunn	
			Cynthia Frantz	There was a recent news report that the "mask study" being used by the county to justify the mask policy was co-authored by Dr. Ferrer's daughter, who has a master's in business administration not medical science. Only 1 doctor is an author on the study. There was no disclosure about the close relationship and funding coming from Dr. Ferrer herself to admit any of the bias that exists. It is all highly inappropriate and prejudicial. Perhaps you should look into the validity of the study before you force all the of business to suffer and become the mask police for a policy created on a corrupt study.
			Cynthia Hernandez	
			Cynthia Herrmann	The time for masks is over. They have harmed our children and do not work.
			Cynthia Perelson	Our kids cannot go another year in school with masks on! My son has auditory processing issues and because he cannot understand his teacher with a mask on, he has fallen significantly behind academically. Please DO NOT reinstate mask mandates!
			Cynthia Ramos	We are the only county considering this. This is no longer 2020, we have ways to deal with the virus and most that get sick have mild symptoms. This is making LA an outlier and not in a positive way. This is most detrimental when it comes to our kids, my youngest has not had one year of normal schooling and it's played a toll on her emotionally. I refuse to continue to torment her bc Barbara Ferrer wants to bow down to the unions. Enough is

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	<p>enough!! If someone chooses to wear a mask that is their decision likewise someone weighs their risk and chooses not to. You want to have the power to strip the sheriff of his elected position yet you have never questioned a woman that no one voted for and many want out of her role that she isn't qualified for.</p>
Cynthia Tilford	<p>No more MASKS!!! Masks are mentally harming our children!!</p>
cynthia J rahav	
Cynthia K Egold	
Cynthia L Bush	<p>Ms Ferrer is not a qualified medical professional. I demand she be fired! The mask mandate will not stop the spread of covid as evidenced by data.</p>
Cynthia M Palm	<p>When can we be done with the lies of covid and masks? The world knows that masks have been proven to be ineffective. Why does LA still have to live in an anarchy? Let's stand for the truth that covid is not needing masks to protect, never did and never will. Quit breathing your own CO2.</p>
D Lech	<p>Please delete previous "in favor" position for this "oppose" position.</p>
Daciana Iancu	<p>Please stop mask mandates. They don't help the spread enough and cause more psychological harm than help. Those who want to wear masks can still do so. Covid is mild enough now. Please stop hurting our children.</p>
Daina Trout	<p>DO NOT MASK OUR CHILDREN. This is an absolute crime. Cases may be on the rise, but it is not killing people anymore. This is child abuse! This is not scientifically backed. You need to be fired for this decision.</p>
Daisy Valencia	<p>Solis has abandoned her constituents. This mask mandate will only hurt us more. Undue burdens on small business, children, and public employees.</p>
Dale Quasny	<p>No Indoor Mask requirements. Not backed by science or statistics.</p>
Dalia Kamrava	<p>I oppose indoor masks, especially for children in school. There are too many studies that show that it isn't an effective way to mitigate covid.</p>
Dalia Santana	<p>We strongly oppose this mask mandate</p>
Dalia Sassouni	
Dalphina C Basile	<p>Absolutely NO!!mask mandate. Keep Los Angeles FREE!</p>
Dalton Gehring	<p>Ferrer consistently fails to weigh the benefits of mandates with the costs. She has a completely myopic agenda that has damaged LA more than it's helped.</p> <p>She has taken her health orders too far and the community will no longer stand for being bullied.</p> <p>A mask mandate would have no measurable effect on transmission rates. At this point in the pandemic, anyone who wants to wear a well fitting, high-</p>



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	<p>quality mask is already doing so. Everyone else will ignore the order or wear ineffective cloth masks to avoid confrontation from local businesses, which bear the responsibility of trying to enforce this ill-advised policy.</p> <p>LA children will far farther behind and many parents will opt to move or homeschool if LA continues down this irrational path.</p>
Damaris Menjivar	
Damian Fante	<p>I am strongly opposed to mask mandates of any sort. We did them before and they didn't work. Study after study comes out saying that the effects are negligible in terms of transmitting virus. There is no science to back this up. Children's development is adversely effected by the use of masks as well. Covid is something we have to live with. If an individual feels like wearing a mask they are free to but to force everyone to wear them is illogical.</p>
Damian Fante	
Dan Cummins	<p>I strongly oppose the adoption of any new mask mandate in favor of allowing individual citizens to make their own choice on whether to mask or not.</p>
Dan Dezzy	
Dan Leech	<p>I oppose mask mandate.</p>
Dan OConnor	
Dan Singer	<p>NO INDOOR MASKS Mandates. Not statistically backed & no medical evidence to support wearing masks</p>
Dana Bird	<p>Opposing mask mandate. FIRE Barbara Ferrer</p>
Dana Caldwell	<p>How come Barbara Ferrer is implementing mask mandate in LA and was maskless at a sport event in LA on July 2022? video is on twitter. There is no emergency mask mandate needed. People need to go around their lives without unjustified mask mandates!</p>
Dana DuBose	<p>I am writing to strongly oppose any mask mandates. Mask mandates should never have been implemented, but it is without doubt unconscionable to consider imposing them at this point after 2.5 years. Enough is enough! Masks are not neutral, they are not benign. They limit human interaction, breathing and communication. They stunt child development and academic progress. They are harmful! And on top of it there is clear scientific evidence they are useless at preventing infection or transmission of airborne viruses. Every RCT has shown this. The flawed studies that Barbara Ferrer has relied on are not worth the paper they were written on. I will not comply with any mask mandates. I will not patronize businesses that ask me to wear a mask. And schools have NO right to continue forcibly masking children as a condition of getting the education our tax dollars pay for. Put a stop to this and it's long past time that Barbara Ferrer step down or is removed from her position. She is a divisive figure who has caused immense harm to our county</p>
Dana Grillo	<p>No masks in schools</p>



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Dana Labib	
Dana Reid	
Dana Tanner	I am opposed to all mask mandates. Unnecessary and unconstitutional.
Dana S Montague	Unnecessary,
Dane Montero	
Dani Kovner	
Dani Zandel	<p>To Whom it May Concern:</p> <p>We are no longer battling an unidentified illness. Covid had proven that nearly everyone will be touched regardless of vaccinated status or use of masks.</p> <p>I ask first, about the reinstatement of this policy, who do you expect to enforce it? Will it be the police officers and sheriffs you have spent two years calling uncivilized brutes? So, obviously, enforcement will be minimal.</p> <p>The restaurants and retailers and other businesses who were needlessly shutdown and are struggling to survive the 11% inflation that was caused by this disaster: You're going to pit employees against employers, and customers against retailers, for what? Entertainment?</p> <p>Our country is in an extreme state of division, and implementing a reinstatement of these orders - when neither the death count, nor the actual TRUE infection count warrants it, is nothing more than agendizing a tyrannical joke.</p> <p>Please consider that each adult who has made it through these last two years, is aware of the risks of leaving their homes, and fully capable to make the decisions to wear or not wear a mask. Please consider that Los Angeles County, once a highly desirable place to live, is now the laughing joke of the country.</p> <p>Please put your egos aside and allow our county to heal.</p>
Daniel Aspen	
Daniel Bayar	
Daniel Cayem	I oppose a mask mandate.
Daniel Gordon	No mask mandate!!!!
Daniel Hakakian	
Daniel Kasman	STOP MANDATES! This is government overreach. We are 3rd year into Covid and the strains are not nearly as dangerous and we have effective treatments and almost everyone had vaccines, boosters and also had Covid. Enough is enough.
Daniel Schrader	
Daniel Stowe	
Daniel Tron	Studies of the recent masking, social distancing, business, social and school lockdowns and vaccinations have overwhelmingly demonstrated they did not nor do not work. Do not reinstitute these failed policies



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Daniel Wilmoth	As a person who works in Los Angeles County and a person who lives adjacent to many cities in Los Angeles County, I oppose the mask mandate. Masking will in no way help the citizens who need to serve the county and its patrons. It's damaging to all of our mental health and encourages criminals. I say no. Thanks.
Daniel Zakowski	The CDC has reported no excess deaths in the last 4 months, and making masking decisions based on case rates alone do not make sense and is causing real harm to kids
Daniel R Bennett	I am opposed to any new public health orders regarding Covid. Please see my public comment attached.
Daniel R Bennett	<p>I am writing in opposition to the imposition of any county wide mandates, particularly an indoor mask mandate. Recently the head of the Department of Public Health, Barbara Ferrer, was quoted as saying that a mask mandate would likely have to be reintroduced on July 29th because CDC guidelines suggested we were in a high transmission area. She also mentioned that this was necessary for 'social equity' purposes, such that the majority of people should be required to sacrifice for a minority of what she calls 'vulnerable' people.</p> <p>There are many flaws with this line of reasoning. My first objection would be to the continued reference by the CDC and The Department of Public Health to case transmissions. This may have seemed like a rational point of reference in the early stages of the pandemic when we didn't have a clear idea of the disease, did not have any treatment of symptoms, and did not have a vaccine. "Flattening the curve" of transmission was hailed as a way to stem the wave of infection and reduce the burden on hospitals. This is clearly no longer an objective.</p> <p>We are well beyond these deficiencies in medical treatment that we saw in the initial phase of the disease. With the introduction of widespread vaccination and use of therapies, coupled with the fact that the disease is now endemic (meaning circulating permanently and widely) in the population, referencing transmissions is no longer relevant. Survival rates of people who are vaccinated, even with the new variants, are significantly high enough to end the public health emergency. Hospitalizations (which should be defined as ICU admissions only, and not trips to the ER) are significantly lower, as are deaths. It is not reasonable to set a baseline of near zero for either of these to justify a continued state of public health emergency nearly three years beyond the start of the pandemic.</p> <p>Disregarding the fact that mask mandates have shown largely mixed long-term efficacy, the myopic view of the CDC and Los Angeles County Health Department, which only focuses on the direct health impacts of the disease, ignores in its entirety the impacts that masking and other Department of Public Health mandates have had on our community. We need to also look at what the unnecessary fearmongering causes: closed businesses, unemployment, rise in homelessness, decline in tourism, spike in mental health (anxiety, depression), student and child learning deficiencies, supply chain disruptions, and, of course, inflation. These are the costs the majority of us will be paying in order 'to protect' a small minority of people, most of whom are most likely unvaccinated or who have underlying conditions that</p>



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the majority of us can do nothing about.

I am also very concerned about how Barbara Ferrer is injecting her political ideology into our public policy. It is not for her to decide what 'social justice' priorities are for Los Angeles County. She has already demonstrated a complete lack of understanding of the wider impacts of her policies, so it makes no sense for us to accept her opinions on social justice. Indeed, in my opinion, her non-medical, rather unscientific comments in this regard are grounds for her immediate dismissal, as she is an unelected employee of the Department, and is in no way answerable to voters as a politician would be. More importantly take a look around you in the community and observe the behavior of the residents. Do they look like people who are terrified or scared of Covid? We have finally returned to some level of normalcy (apart from dealing with inflation and the other long-term, pernicious effects of the government's Covid policies), and yet once again Barbara Ferrer wants to impose an unnecessary mask mandate in the heat of summer, that will literally accomplish nothing. I recognize people living in the bubble of the healthcare industry may think that 'doing something' is better than nothing but the wearing of masks that the majority do not need in order to show that 'we care' is not a proper policy to pursue.

Rather it would be far better for the Department of Public Health to focus on increasing access to treatments, public education around vaccines, and strengthening the public healthcare system to be able to endure such pandemics in the future. It is fine for the Department to provide guidance or advise people to wear masks, as is someone's individual choice to wear a mask for their own protection. But to impose this as a mandate on all people in some vain effort to stop transmissions will prove as useful and nonsensical as the requirement to wear a mask into a restaurant only to take it off as you eat. Such a mandate – particularly at this stage of the pandemic—should be rejected outright.

As a thrice vaccinated, Covid surviving resident of this County and City of Los Angeles, I feel quite powerless to address my concerns about the Department of Public Health, given that its policy is being set by someone I cannot vote out of office. Therefore, I am petitioning you, as elected officials, to stop this mask mandate from moving forward and allow the voters of your districts to decide for themselves what actions they need to take to protect themselves as individuals against Covid. Believe it or not, we are quite intelligent and able to assess for ourselves what is and what is not an acceptable risk behavior.

Daniela Mottahedeh

The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it.
Children are not responsible for keeping adults safe
The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons)
Basing Masking on inflated metrics is arbitrary
Indoor mask mandates do not impact transmission rates in the general population ([sfgate.com/coronavirus/article/bay-area-mask-mandate-](https://www.sfgate.com/coronavirus/article/bay-area-mask-mandate-)



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	<p>results-17271294.php)</p> <p>Mask mandates in K-12 schools do not impact transmission rates in schools</p> <p>Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.)</p> <p>Natural Immunity and high vaccine rates must be considered</p> <p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
Daniella Roth	<p>Barbara Ferrer has lost our trust.</p> <p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it.</p> <p>Children are not responsible for keeping adults safe</p> <p>Mask mandates in K-12 schools do not impact transmission rates in schools</p> <p>Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.)</p> <p>Natural Immunity and high vaccine rates must be considered</p> <p>Basing Masking on inflated metrics is arbitrary</p> <p>Indoor mask mandates do not impact transmission rates in the general population</p> <p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold out Dodger game with her a mask around her arm (and not over her face)- notwithstanding her dire warnings to the public about how bad things are right now- I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This can not go on! It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country and eve the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
Danielle Gonzalez	Masks do not prevent transmission if the virus.
Danielle Matanzo	
Danielle Pitts	MANDATES DO NOT REDUCE THE SPREAD OF COVID. PEOPLE ARE GETTING SICK REGARDLESS OF MASKS AND VACCINATIONS.



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	YOU'RE PUTTING PEOPLE AT MORE OF A RISK BY COVERING THEIR MOUTHS WITH MASKS THAT INHIBIT AIRWAYS AND CAUSING HEALTH OTHER HEALTH CONCERNS AND DECREASED SOCIAL AND LEARNING DEVELOPMENTS ON CHILDREN AND DISABLED ADULTS. FEAR MONGERING IS A TACTIC YOU'VE BEEN USING FOR 3 YEARS NOW AND PEOPLE HAVE HAD ENOUGH.
Danielle Sarver	The mask mandate is absurd. Do not continue to abuse these children with these ridiculous actions!
Danielle Simantob	
Danna V Rosenthal	<p>Barbara Ferrer has lost my trust.</p> <p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it.</p> <p>Children are not responsible for keeping adults safe</p> <p>The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons)</p> <p>Basing Masking on inflated metrics is arbitrary</p> <p>Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php)</p> <p>Mask mandates in K-12 schools do not impact transmission rates in schools</p> <p>Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.)</p> <p>Natural Immunity and high vaccine rates must be considered</p> <p>Fire Ferrer. She does NOT Deserve to be running the LACDPH! We need someone who is a medical doctor and follows science.</p> <p>Danna Rosenthal Los Angeles, CA 90049</p>
Danny Burke	Strongly Oppose mask mandates. idiotic and horrible for kids. Don't be a stool for the UTLA. NO OTHER COUNTY IN THE US IS DOING THIS. Take note.
Danny R Turner	This is ridiculous at this point. All this for just a flu that 99% of people will get over. This is just government scare tactics I will not comply.
Dante Rosh	
Danya Swanson	As an educator in California, mask prevented nothing but impediment to my students learning. It effected academics and social /emotional learning. We must learn to live with this virus just as we have with other viruses.
Daphnah Nazarian	
Daphne Lee Fujisawa	
Daphne R Goodwin	
Dara Cadam	No masks in schools!



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Dara J Mchenry	
Darcey Arena	
Darcy Roberts	Fire your health director and stand up to the tyrannical dictators. Vote no or you will be voted out yourselves.
Darius BrownJr	This Board says they care about "equity" where is the equity in bringing back a mask mandate for my kids when their counterparts a county over with same level spread don't have to? Equity my a** you don't care about us.
Darlene Capuano	I strongly oppose the mask mandate.
Darnell Price	We will not comply with your unscientific mandate. Trust the medical doctors please ALIGN WITH THE STATE
Darren Johnson	This is no longer based on the science. There is no justification for this mandate now that vaccines and herd immunity have long since taken effect. You're only going to drive more and more people to leave this state.
Daryn Kratz	
Dave B	
David Andrews	
David Aria	I oppose the coerced masking mandate of children in public schools. The masks do not work and they damage the children by causing irreversable brain damage, lowering the immune system and oxygen deprivation! NO MORE MASKS!!!
David Arthur	On behalf of small business owners, parents, and specifically parents of children in LAUSD please listen to science and oppose the mask mandate. Enough is enough!
David Batty	Good afternoon, I am writing today to protest the plans announced by the LACDPH to reinstate the mask mandate next week. Based on data and comments from doctors at local hospitals, the current community infection levels are not resulting in significantly increased hospital admissions due to COVID, only an increase in incidental cases detected upon admission to the hospital for other reasons. The total number of people in County ICU beds has likewise not increased significantly due to COVID. The CDC guidelines were constructed in an effort to control the impact of COVID on our hospitals and since hospitals are not being severely impacted, there is no reason to bring back a masking order at this time. Numerous other California counties have chosen not to bring the mask mandates despite seeing similar data (in some cases for longer) as we see now in LA County. The State of California is likewise not planning to bring back a state-wide masking order. The same goes for numerous counties and states across the U.S. The LACDPH needs to strike a proper balance between health risks from COVID and disruption to our communities from unnecessary mandates. The agency should continue to recommend masking in indoor spaces, particularly for those in high-risk groups, but reinstating the mask mandate is not backed by a holistic look at the data or any real significant increase in the risk level at this time.



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	Yours truly, David Batty
David Beauchamp	Please disregard the mask mandates. Masks (currently in use) are shown to be ineffective against transmission of viruses. People need to move on with their lives and eliminate use of time and energy on non productive issues.
David Bolog	<p>No. This does not help. It has been proven physically harmful to people respiratory system. It creates a environment for bacterial infections and causes them in the respiratory system. (Speaking of environment, it also creates excess waste).</p> <p>It is harmful psychologically. It creates division and strife between people who think this is a good idea and those who know how harmful it is.</p> <p>It is harmful for children development not allowing them to see facial expressions. It's especially challenging for those children with developmental communication disorders.</p> <p>It creates an undue burden on business owners who have enforce this mandate and will further harm them economically by county health inspectors who find person not wearing their mask in their business. For a lot of business it is difficult to police each customer, especially if your business has major square footage. This will just take money out of their pockets</p> <p>This is a really bad idea. Haven't we learned that yet? I have. This has and will continue to do more harm if allowed. Please do not allow this to happen.</p>
David Brock	Imposing a mask mandate in LA County will affect LA County Colleges. These are 100% mandatory vaccinated and boosted campuses which also requires testing. CSU kept campuses closed for FOUR SEMESTERS, then delayed the start of Spring 2022 using ALL mitigation only to have LA host the NFL playoffs and then the super bowl with MASKLESS GOVERNMENT OFFICIALS. The mask mandate was dropped not based on science but on a change in the political climate of the midterms where the CDC reclassified risk levels. Then "shareholders" of CSU made the determination that wearing a mask or not should be a personal choice. This is no longer about science. I oppose the mandate!
David Brody	PLEASE KEEP MASKING OPTIONAL - ESPECIALLY FOR KIDS
David Coffer	
David Dardashty	
David Fischer	<p>Barbara Ferrer has lost the trust of the people of L.A. County. Her "zero-covid" approach has done tremendous damage to the businesses of our community and, most importantly, to the children in our schools. I am asking for her to RESIGN OR BE FIRED.</p> <p>The number of new cases being used to justify this new mandate is</p>



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	<p>misleading. The top doctors at LAC and USC Medical Centers recently confirmed that 90% of their COVID-positive patients are there for other reasons. We now know that indoor mask mandates do not impact transmission rates in the general population, and mask mandates in K-12 schools do not impact transmission rates in schools (they only serve to create and exacerbate learning deficiencies). Instead, natural immunity and high vaccine rates must be considered.</p> <p>In light of the recent revelations of Ferrer's conflict of interest and that the County's top physicians have admitted that covid is not causing serious disease or overwhelming hospitals, there is no substantial evidence justifying a new order. If L.A. County were to follow Ferrer's guidance, we would be the only County in the country not following the science and the data. I OPPOSE THIS MASK MANDATE</p>
David Fleming	No other county in California that is currently in the "High" Covid category has implemented a mask mandate. Barbara Ferrer has manipulated statistics to force a mask mandate. She is wrong. Even the leadership at County USC (who are actually practicing medical doctors and experienced epidemiologists) say there is no is no impact on care at the hospital. Barbara Ferrer has also been implicated in a conflict of interest, and can no longer be considered credible. She needs to be relieved of her duties. I vote and will vote anyone out of office that supports any new Covid mandates.
David Franko	I have a religious exemption to all of these un-lawful orders! I know my rights and will lobby to unseat any of you that vote yes to this unlawful order. Hospitalizations are down. Completely unnecessary!
David Fullmer	I very much oppose any mask mandates! They violate my Rights as a Citizen of California!
David Hernandez	At this point, this is just blatantly ignorant overreach. How many more studies from all over the world proving that masks don't work need to be published for this madness to end? Not only do they not work, in fact, long-term mask wearing lowers blood oxygen, increases the risk of bacterial infection and thus lowers the immune system. Trust in public and elected institutions is already at a historic low. Don't lower it further. History will not look kindly on those who refuse to acknowledge that which is true. DO THE RIGHT THING. WE WILL FORGIVE YOU.
David Juarez	Opposed to the Mask Mandate.
David Khakshoy	
David Mertens	Please vote no on mask mandates.
David Moore	No masks!
David Mount	Oppose indoor mask mandate!!! Especially for young kids in school. It's not good for there mental health.
David Nurse	1. Rules for thee but not for me ! Ferra unmasked at MLB All Star Game - 2. Epoch Times, quotes, "Teachers say most children are now 2 years behind because of developmentally, toddlers are taking longer to speak", Epoch



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	Times July 13-19, Author Jackson Elliott, Epoch Times.
David Olivera	Save our kids souls oppose the mandate and align with the state. Kuehl is my supervisor and I've never been so disappointed in someone's cowardice to stand up to corruption
David Rossi	Reimplementing mask mandates, especially under current conditions, is embarrassingly insulting. Please treat adults like adults and simply provide recommendations, not mandates. Thank you
David Ruiz	I oppose the mask mandates.
David Ruiz	I oppose the mask mandates!!!!
David Sanford	Barbara Ferrer has lost all credibility. Her mandates have harmed my children and will continue to do so. We will not be complying with any new mask mandates. And we are disappointed she is no longer relying on science, extremely credible studies, and taking our kids' development and mental health seriously.
David Shans	STOP MASKING US. WE WILL SURVIVE.
David B Winters	Your vote on the impending order for further activation of the mask mandate is not warranted. The county and city medical facilities have acknowledged there is no imminent danger to the public regarding life threatening issues of COVID. Treatment has been established, people are functioning without masks and your data provided by your own health department underlings has determined there is not threat. The exception is the opinion of an unqualified author and Health Services Director. This decision ultimately has an effect throughout the state and impacts others close to LA County. Thank you for your time.
David L Burke	I strongly oppose Dr. Ferrer's Public Health Order to Re-instate Mask mandates. This is politically motivated, unnecessary, and ill-advised.
David L Schwartzman	
David M Kenneth	Reinstating a mask mandate does not follow any scientific evidence. Please stop Ferrer from abusing her power and dictating a ridiculous order that does not follow common sense, actual science, or Constitutional law. Do what's best for The People, not politicians seeking control.
David M Pascucci	LA County I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(q); CA Civil Codes 43,46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Great of Life. (1 For 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from go in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a gal religious exemption to this suffocation practice.



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David P Hoyt	This is not china
Davina Fisher	Oppose
Davon Lowery	Following the science has demonstrated that the pandemic is over, period.
Dawnette Palmore	I oppose another mask mandate. There is more and more scientific evidence that masks do not work in preventing viruses from being spread. We can protect those at risk without masking everyone. Your own actions out in public prove that you know masks do not work. Barbara Ferrer was seen without a mask at an indoor event with 70,000 other unmasked people. I urge you to also oppose this mandate, it is only hurting people not helping them
Dawnie Taylor	
Dayonara Fuentes	No mas mask mandate. Mis hijos sufferames muchos
Dean Wong	I OPPOSE the mask mandate, particularly for children. There are too many downsides to mask mandates that can be properly mitigated by making it an option rather than a requirement. Los Angeles should remain in line with the rest of California and the rest of the country. I urge you to OPPOSE this matter.
Deana Kerns	Oppose indoor mask mandate for Everyone, especially young children in school and special needs students of all ages. There are too many downsides and long term harm that are mitigated by leaving it optional, which is consistent with State Dept. of Health guidance and the rest of the world. Thank you.
DeAnn Reich	
Deanna Funk	
Deanna Koeller	I oppose the mask mandates. Barbara Ferrer was seen unmasked at a sporting event without distancing herself. However, she believes she can mask our children. All summer, children have traveled, played sports, done camps, etc, all while unmasked. These children deserve to breathe.
Deanna Wahl	Please stop the mask mandate. There is no evidence that masks stop the spread of infection
Debbie Dahl	Studies show that masks do not stop the spread for Covid. I will not wear a mask as it is my medical right to take care of myself as I see fit.
Debbie Eiland	
Debbie Hermes	Masks do not work! I oppose making anyone, especially our children wear masks.
Debbie Hernandez	It doesn't help stop the virus, it hurts society. Stop the mask mandate
Debbie Ilouliau	
Debbie Padgett	Nuremberg code article 6 section 3 This order is unconstitutional and illegal and the people will not comply. I suggest you brush up on the constitution before deciding to do something like



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	this again.
Deborah Abramson	
Deborah Acero	There is just as much profession documentation that masks do not work. Don't harm our children.
Deborah Castleman	I OPPOSE. I OPPOSE. I OPPOSE. And I will not comply. I will stay away from all businesses that are cowardly enough to enforce this tyranny (and stupidity). It disgusts me that my tax dollars are being used to DESTROY LOS ANGELES. People used to love to come here! I was proud to live here! NO MORE.
Deborah Fernandez	I will not wear a mask again. They are useless. Quit trying to control people. We are not sheep we are bad a\$\$ LIONS. And WE WILL NOT COMPLY ANY MORE!!!
Deborah Hall	I oppose the mask mandate scheduled for 7/29.
Deborah Hiner	No more mask mandates for CA they do not work science doesn't support
Deborah Kadkhoda	
Deborah Landowne	My family wanted to travel from Placer County to LA for a USC 30th reunion. However, if LA imposes a mask mandate we will not be attending. We do not wish to spend any money in a place that disregards common sense and does not uphold or respect the US Constitution.
Deborah Midolo	
Deborah Russell	end all mask mandates.
Deborah Tucker	Please, no more masks mandates. This is not necessary, and hurts our children. There may be more infections but disease severity is now much less. Please let children function normally
Deborah G Leavitt	
Deborah G Leavitt	
Debra Mackney	I personally heard a Stanford University Cardiology Professor tell his students that N95 medical grade mask lose their protective abilities within 5 to 15 minutes. This is due to moisture from breathing. This fact has not changed. You must cease the mental and physical abuse of our children by implementing mandates that number 1 DO NOT WORK and 2 have harmful long term physical and psychological effects. You have no right to do more harm to our children.
Debra Moore	No masks!
Debra Owen	Real science shows masks to be useless.
Debra Threlfall	The masks that 99% of the public is wearing won't do a thing to stop transmission. There have been numerous studies done in the past 2 years



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	showing the NEGATIVE effect of masks. Not to mention even more recent studies showing that what has been being pushed to combat Covid is not medically correct. STOP with the overreaching!!!!!! This has gone on long enough. There is a definite conflict of interest here concerning Dr. Ferrer.
debra v tricerri	as has been said before, masks do not work! stop the mandate for something proven not to make a difference!!
Deekla Marshall	NO more masks! No more Barbara Ferrer. She should be fired immediately. Her policies have have hurt my kids. They've hurt all of our kids. They are not based on science. She has violated our fundamental freedoms. Start listening to the people -- we are saying no more.
Deena Fireman	
Deena Plach	Fire ferrer!!! She cannot be trusted!! Masks don't work!!! Leave our children alone!! Stop being commies and trying to control a population! We are the only county in the nation who cares about Covid anymore!!! It is the flu! No one cares! Get over your selves and give up the lies!!! It's over!
Deena Shih	I do not support wearing masks in school. Let our children be children. Let them learn in a normal environment with their peers.
Delene Reifer	We need to stop this mask mandated and move on. The hospitals do not agree with this and by wearing the masks you are weakening the immune systems. Please stop this madness.
Dena Bricker	Enough is Enough, NO Mask Mandates
Dena Hempel	I oppose indoor mask mandates for school or anywhere else.
Dena Piraino	Let us breathe! Masks are useless with Covid. I was born and raised in Los Angeles. I am so sickened by what is happening to my hometown.
Denise Allenbrand	There is so much science proving masks do nothing to protect or prevent illness. If masks work, why aren't they working? This is about power over people and nothing else.
Denise Ballard	
Denise Desantis	
Denise Gonzalez	I do not trust Barbara Ferrer her credibility has been ruined after finding out who her daughter is. My daughter now suffers from sinus issues and anxiety with your mandates. I will have to pull my kids out of public school due more masking, and short staffed school. Due to your mandates.
Denise Lujan	I oppose the indoor mask mandate for children in schools. This is no longer a deadly virus.
Denise Mathre	I oppose the reinstating the mask mandate, Covid is at a point now that it has become very contagious but very low risk, particularly for children. The ill health effects created by the masks now far outweighs the potential benefits they had when covid was at its worst, it is unhealthy for children psychologically, chemically and emotionally to be wearing masks
Denise Traboulsi	No confidence in public health officer and a return to mandatory masking. Dr.



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	Ferrer's rationale is based on social equity, not on science. Masking recommendations are more effective than mandates. Statistics being collected by the county on covid hospitalizations and deaths are misleading and inaccurate.
Denise Wooster	Please, please, please DO NOT ENFORCE NOR REQUIRE additional mask mandates. They are ineffective and are causing great harm. Personally I cannot breath and get bloody noses from them. Virus molecules pass through the majority of mask fibers. Humans cannot process CO2; we expel it. Mask wearing causes headaches, prevents healthy breathing, causes skin irritation and is negatively affecting cognitive and language acquisition in children. It prevents clear communication, especially for deaf & hard-of-hearing citizens. And that is whom you represent - the citizens. The time has come to remove the Public Health Director; she has not represented citizens, truth, sound medical science or logic for a few years now. NO MASKS! Thank you
Denise Yu	No masks!
Denise F Magnuson	
Denise L McComb	I will never wear a mask nor will my children. NEVER. This is a satanic and completely unhealthy practice. There are many studies that prove this too. I would even classify any mask mandate as a crime against humanity. Mandates are a crime and all who impose them will receive justice.
Denise M Anthony	
Denise M Hobbensiefken	THIS IS ridiculous. There are ZERO scientific studies/data that masks keep kids safe. Please stop!!!
Denise N Delurgio	
Dennis Adkins	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Derek Esterberg	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Derrick Wilkins	Stop the dictatorship.
Desiree Duvall	
Desiree Lynggard	No masks in schools.
Desiree Neman	
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Desiree Neman	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with the state department of health guidance and the rest of the world.
Desiree Rahban	The "science" through studies done around the world strongly shows that mandating masks does not work. Most importantly, I strongly oppose a mask mandate in schools. It is an ineffective strategy with more downsides than up. In fact, mandating masks is very damaging for our children who have already lost so much through this mandate in the past. Just make it optional like it is across the world. The "science" is not different for Los Angeles and it is a grossly negligent to be making these decisions that suggest otherwise.
desiree ryan	I think it should be a personal choice.
Desiree Sanchez	
Destiny B	I oppose the mask mandate due to the psychological and physical harm that masks cause. Please vote no and allow people to decide for themselves the steps they want to take to protect their health.
Devin Rose	
devora leinkram	
Devyn Hart	The numbers are down. We do not need the city issuing a mandate, especially when Ms. Ferrer finds it safe enough to be maskless in a crowded stadium AFTER she has stated that people have not taken her advice to mask-up with the situation getting more and more dire. I'm starting to believe that there is another motivation here other than the health of our city/state/country/world. Freedom of choice.....
Diana Alfano-Flores	I am against mask mandates especially for our kids at school. They are the least at risk. Adults are not being forced to follow these rules, so why are imposing them on our children.
Diana Campos	The flaunting of unchecked power is a disgrace. The BOS has been completely corrupted. Zero confidence from Angelenos. Resign with dignity. You are making fools of yourselves
Diana Hinek	Vote NO on mask mandates!
Diana Mills	I oppose the mask mandate. Especially for schools.
Diana TREJO	
Diana Valdez	No mask mandate, will anyone on this Board stand up for us? The hard working citizens of LA who will bear the burden of this. No mask mandate based on inflated and corrupted numbers
Diana L Newman	We are an educated society that based on US Constitution are Free to Choose. Mask crests a suppression of our own bodies immunity to fight of diseases & viruses. God created an incredible machine in the human body & even covid vaccinated they are getting COVID 19. I oppose the Mandate for masks



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Diane Brewington	No! These unlawful health "orders" promote discrimination and harassment. These health decisions are between doctor and patient, not for any politician to decide. Unlawful orders make you liable for another's health if they follow these unlawful orders. NO MORE FACE MASKS. It's been 3 years, just stop already.
Diane Colgan	No mask mandates ever again. Mask do not work. If they do, email me your peer review.
diane Crandall	Follow the science--masks don't work!!
Diane Gilbert	PLEASE help LA County businesses and people stay afloat! PLEASE OPPOSE this absurd diktat of Ferrer. Rather support healthy eating and lifestyle!
Diane Herbkersman	Opposed to mask mandates. Cases in LA are very few. Barbara Ferrer is not a medical doctor nor is her daughter who is pushing the mask mandate. Ferrer was recently seen at an All Star Game without a mask. Need I say more.
Diane Kolby	
Diane Sparks	No scientific studies show masks work. Studies don't show kids are Super Spreaders of COVID-19. Plus children are not at risk for death. In addition we are past the pandemic and well Cove it is here it is no longer death threatening. Yet the masks cause mental health risks to the kids.
Diane V Umana	<p>Despite all evidence that face masks do not prevent the transmission of respiratory illnesses, LACDPH is considering a return to this useless mandate.</p> <p>Not only do decades of scientific studies indicate that there is hardly a health benefit to wearing a mask, the social destruction surrounding the policy in our communities is obvious and palpable. For the damage caused by latter reason alone, mandatory masks should not return (and, in fact, they never should have been). It's just not worth the collateral damage and it's not, or should not be, just about COVID. They are clearly not conducting a risk-benefit analysis that takes these points into consideration.</p> <p>If a mask mandate is reinstated, and thousands of people and businesses do not comply, it will certainly undermine the already questionable "authority" of the LA County Department of Public Health going forward, as it currently does at LAX.</p> <p>Also, my child will not go to school in a mask.</p> <p>Lastly, mask mandates are a violation of basic liberties and a disgusting policy in a professed free society.</p>
Diane W Stull	No longer a need for masks...they are proven to do nothing at all. If you are ill, stay home Otherwise, just be observant and wash thoroughly after going out somewhere. and for people who wear hearing instruments, they



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	absolutely cannot understand anyone speaking with a mask on - detrimental in so many ways...
Dianna Branch	The mask mandate for schools has been shown to be detrimental to children's learning process. It is not needed to protect anyone as they essentially do not even work. A mandate in LA can lead to the governor mandating again for all schools. Children need to be IN school not on ZOOM classes.
Dianna Shannon	
Dianna S Miller	SEE OTHER COMMENT
Dianne Ball	
Dianne Wierenga	This is an ineffective way to control any virus, and COVID certainly does not have sky high mortality rates, which renders this order unnecessary. Those who are afraid and/or at risk are always free to wear a mask if they believe in its magical powers.
Dianne Wilson	
Dianne E Atkins	Do not let this be another stupid tactic to control the people. This is the start of communism. Elected officials are to work for We the people. Not to control us, and have stupid mandates to wear masks which have been proven to do nothing. We the people have had it with mask and control and will not comply. If you want to keep your job at work for the people not your own agenda.
Diego Padilla	
Dina Aspen	
Dina Martins	<p>In light of the revelations regarding Dr. Ferrer's egregious conflict of interest, the press conference from USC + LAC's top medical professionals contradicting Dr. Ferrer's Covid and hospitalization "numbers" and the video of Dr. Ferrer at a sold-out Dodgers game this week during a "critical" Covid surge, she must be investigated. This is an EMBARRASSMENT to your department and the public feels duped. We look towards your department and officials for transparency and safety, yet Dr. Ferrer has managed to make us lose faith in your capabilities.</p> <p>This cannot go on and your constituents are listening and watching, along with the rest of the world. We cannot be mandated to wear masks when the rest of the world has moved on. Masks should now be a CHOICE and there will be an uproar if the mask mandate is pushed through with non-science backed numbers. We will no longer stand for our children to be masked up at school, especially when there are numerous medical studies that show there is absolutely NO difference in schools that did not mask their kids.</p> <p>We ask that you please do something in order to instill the credibility of our</p>



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	public health officials before it's too late. Please do your part and do not support the mask mandate, ask for Dr. Ferrer's resignation and finally end the State of Emergency.
Dina K Cohen	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
Dion Monge	No more mask mandates. They do not work and this has been shown by several studies now. They especially do not work if the mask is not an N95. This policy is a control tactic. If the student wants to wear a mask then fine. Everyone is free to decide.
Dolly Singh	
Dolores Sales	OPPOSE MASKS, Fire Barbara Ferrer for her policies that ruined the county
Dominique Klarich	LA's own hospitals and universities have contradicted the effectiveness of masking. With protection from immunity rising — both from vaccination and infection — the overall risk of severe disease is now generally lower, the CDC has said.
Don Morris	Masks have been proven to have little to no effect on stopping the corona virus. Beyond that it should be a personal choice.
don williams	Go ahead and try your fascist mandate again. WE WILL IGNORE IT - AGAIN.
Don W Cadora	To Whom It May Concern,

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We reject (oppose) further indoor mask mandates which must be enforced by an already stressed and limited workforce.

This will encourage others to frequent businesses outside of Los Angeles, decreasing sluggishly recovering business in L.A.

It's already known that only "fit-tested" N-95 masks and respirators have any effectiveness. So a broad mandate where people wear cloth masks and other masks makes no sense.

On a macro view, mask use has not changed the course of the pandemic. Much of the research agrees that the effectiveness of mask mandates is debatable...

Study Link:

Foegen, Z. (2022). The Foegen effect: A mechanism by which facemasks contribute to the COVID-19 case fatality rate. *Medicine*, 101(7), e28924. doi.org/10.1097/md.00000000000028924

The lockdowns have been scientifically proven ineffective. Vaccine mandates were inappropriately targeted to people not at risk from covid. Masks now seem merely symbolic that local government is doing something about that which it cannot control.

Stop now.

Cheers, Don

Peer Reviewed Research Paper Link - Aggressive Measures, Rising Inequalities and Mass Formation During the COVID-19 Crisis: An Overview and Proposed Way Forward

papers.ssrn.com/sol3/papers.cfm?abstract_id=4118910

Dona Hutson

Donald West

Donna Antolak

Donna Butler

The science and data does not back up mandating wearing masks. This needs to stop. No to masking. It should be voluntary. I have asthma and the masks make it very difficult for me to breathe. I had corona in June and it was a sniffle. This has to stop.

DONNA COHEN

Barbara Ferrer has lost your confidence.
The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it.
Children are not responsible for keeping adults safe
The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are



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	<p>there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandateresults-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated. Remember this is an election year for some of you! PLEASE DO SOMETHING!!</p>
Donna Hancock	<p>Masks have been proven NOT to be effective in reducing transmission, yet they can cause health problems. Why on earth would you bring them back? I'm sorry... we will not comply. Please give this up now.</p>
Donna Holmes	
donna kingsley	<p>Let's try something new to defeat Covid instead of masks. Data and the example of our mask wearing vaxed and boosted President shows the old mandates for mask wearing are not effective. Let people wear masks if they want to - they are free to make that choice. Let's allow kids to go maskless and not be forced again to wear masks at schools. Cases are dropping. Let's promote things that build healthy immune systems. It's a new idea to try. Forcing people to wear masks is a step backwards and will negatively impact LA business as people will just chose to shop in Orange County. LA will be the ONLY county in the nation with a forced mask mandate..PLease vote to oppose this!</p>
Donna Luce	<p>Once again our children are the target of political schemes and it needs to stop! I will pull my children from school and immediately homeschool them if this ridiculous tyrannical mandate passes.</p>
Donna Ramos	<p>Masks are not what is in our child's best interest. Our family will make the decision to either homeschool or move out of state if this goes through.</p>
Donna J Wagner	<p>There are tons of studies showing the mask mandates do not work and in fact cause harm. California counties that do not impose mask mandates have much better statistics regarding covid19 than L.A county does with all it's</p>



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	mandates. The definition of stupidity is doing the same thing over and over and expecting a different result.
Donna R Hecht	<p>NO MORE MASK MANDATES!</p> <p>At this point, mask mandates are an anti-science cult sustained by a desire for totalitarian control. See the New York Times article below.</p> <p>Other countries aren't doing this. Other states aren't doing this. Other California counties aren't doing this.</p> <p>You're destroying trust in public health. Please stop the madness.</p> <p>nytimes.com/2022/05/31/briefing/masks-mandates-us-covid.html</p> <p>There is also a very serious question as to whether Director Ferrer manufactured the "data" on which she purports to rely. See this Twitter thread:</p> <p>twitter.com/Pavement1999/status/1551279289684832256</p>
Donnie G Teague	
Dora Lopez	This is Barbara Ferrer should be fired for conflict of interest how disgustingly unethical having her daughter write that for her! Ethics! No masks enough. If people are sick they stay home! Hi
Dora Varela	I strongly oppose the mask mandate for all. This is NOT following the science. This has especially effected our children negatively and continuing to mandate masks is ignoring the fact that masks make little to no difference to the spread. Our children shouldn't live this way. We shouldn't live this way.
Doreeta Ganjian	
Doris Daneshgar	
Dorit K Haroni	Masks must be optional. Can't force people to mask and breath in the toxins of mask. Must be optional for whoever has mental issues and feels more secure wearing it.
Dorit K Haroni	<p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may</p>

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			<p>have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
		Dorit Wolf	<p>I'm strongly against masking kids for any purpose ever again. The risk of Covid to them is minuscule. Especially in comparison to the damage masking does to their learning and behavior. Please do not mask the kids!!!!!!</p>
		Doska Field	<p>I will pull my kids out of public school before I will mask them again. Children have been hurt most by these destructive Covid policies. I will not allow you to harm my children for the sake of your political agenda.</p>
		Doug Bauer	<p>The public health directors overzealous power trip has to come to an end. Covid will never go away so you don't have the right nor the power to tell me how to live with a mask or without. It is each persons individual choice....not the public health director.</p>
		Doug Bayer	<p>Fire Barbara Ferrer. No more mask mandates. They dont work and are detrimental to our economy and physiological well being</p>
		Doug W Ledin	<p>I am asking that you rein in Barbara Ferrer and not allow a mask mandate to be re-instated.</p> <p>Recently LAC+USC medical center revealed that of all of the COVID patients they have only 10% of them are there because of COVID. The rest are there for other reasons but due to required testing they were found to have COVID as well. None of their COVID patients are in ICU or are being intubated.</p> <p>So things are very different now than two years ago. LAC+USC Medical Center is the largest hospital in the county and provides a reasonably good picture of what is going on throughout LA County hospitals. If we take 10% of the current total COVID patients in hospital because of COVID that is less than 200 people in a county of 10 million+. This in combination with the fact that there is no definitive study out there that proves masking is effective in reducing COVID infection should be reason enough not to re-instate a mask mandate upon the businesses and people of LA County. Thank you for your time.</p>
		Douglas A Young	<p>Fire Ferrer. Unscientific orders, conflicts of interest, declining morale in the department. Unacceptable, she must go.</p>

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Douglas E Roberts	No masks!
Dr M Melanie Sapienza	There is no health emergency. Over 70% of Californians HAVE BEEN VACCINATED SO THEY SUPPOSEDLY CANNOT GET THE VIRUS. Masks do not prevent the spread of an airborne virus so they are USELESS AGAINST COVID19. Follow the real science. This is pure tyranny.
Drew Berry	Choice over mandate please .
Duane Hoffmann	
Duane Killion	Please follow the science that says masks have no positive effect and in fact have negative effect on children
Duke Cullinan	No mask mandate. Masks are ineffective in controlling the virus. Health Dept. must show clear and conclusive proof that their diktat is warranted and effective, and not just an arbitrary blind stab at appearing to "do something."
Duncan Elledge	Although I do not live in the Los Angeles area I am concerned that reinstating the mask mandate will not only negatively affect those in So Cal (especially children) but the ripples will cause the same throughout California. The benefits of forcing children to wear masks is far outweighed by the damage done.
E Jacobs	
E Waldo	Fauci and imitators like Ferrer have nurtured a cult of personality meant to overpower all else: common sense, actual science, the Constitution itself. I demand that we bring this era of government control to an end.
E Marie Campanile	
Earis Corman	nature.com/articles/s41598-022-15409-x If you bother to go to the link above where I got the attachment, you will learn that wearing masks can easily harm your health. If people want to be ignorant, there is nothing I can do. But don't expect me to do hurt myself just because people in power insist upon ignoring facts.
Earlene Boyd	History has proven that masks DO NOT prevent the spread of COVID. I ask you to oppose this measure
Ebony Clark	
Ed Feigelstock	Reserve masking for actual epidemics that cause many deaths.
Ed Galvan	I oppose reinstating the mask mandate for a virus that is no longer as deadly as initially suggested. Children are not a high risk for either contracting or transmitting this virus and masks have been proven to be detrimental to not only their mental health but overall health.
Ed Thomas	County is way past critical contamination vector with no new emergencies likely throughout winter. We will responsibly use facial & respiratory liberty & restrictions as our group circumstances voluntarily assert. 1. DO NOT mandate mouth and nose coverings. 2. Remove Dr. Ferrer without replacement. We do not need a public health



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	<p>politician.</p> <p>Thank you, Ed Thomas 5th District, Burbank</p>
Eden Sarusi	
Edgar Vargas	<p>I oppose this measure to re-instate mask mandates into Los Angeles County. We have over two years of data that proves how ineffective mask mandates have had on the public. Let's also not forget how Law enforcement, businesses, and the workplace will NOT enforce these mandates in any way. Leave it up to an incompetent public health official like Barbara Ferrer to provide guidance that is driven by a study that was co-authored by her daughter as a clear conflict of interest. I would have hoped that this matter would focus on her being relieved of her duties as a public health official.</p>
Edileen Limbaga	
Edmund R Moreno Jr	<p>No more mask mandates. When will it stop? Will every single virus now constitute a political issue to divide over? The science does not support this ridiculous rule. No more masks!</p>
Edward Bachelder	<p>Masks have been shown to worsen covid infection rate and contribute to poor overall health. This 2022 study appearing in the Medicine Journal concluded "A parallelization analysis based on county-level data showed that in Kansas, counties with mask mandate had significantly higher case fatality rates than counties without mask mandate, with a risk ratio of 1.85 (95% confidence interval [95% CI]: 1.51–2.10) for COVID-19-related deaths. Even after adjusting for the number of "protected persons," that is, the number of persons who were not infected in the mask-mandated group compared to the no-mask group, the risk ratio remained significantly high at 1.52 (95% CI: 1.24–1.72). These findings suggest that mask use might pose a yet unknown threat to the user instead of protecting them, making mask mandates a debatable epidemiologic intervention. The cause of this trend is explained herein using the "Foegen effect" theory; that is, deep re-inhalation of hypercondensed droplets or pure virions caught in facemasks as droplets can worsen prognosis and might be linked to long-term effects of COVID-19 infection." The link to the paper is here: journals.lww.com/md-journal/Fulltext/2022/02180/The_Foegen_effect__A_mechanism_by_which_facemasks.60.aspx</p>
Edward Pedregon	
Edwin Aguilar	<p>Don't mask out children. My LatinX children have suffered enough. My almost 4 year old can speak English. She can't see through her teachers face-masks. She is already behind in her development. Stop messing with her education.</p>
Edwin A Barillas	<p>No mask. We did that long enough.</p>
Edwin S Herrera	<p>Masking should be optional to each individual. Mandates are no longer required not necessary.</p>
Efrain Bugarin	<p>Look at the numbers, they don't lie. No more masks mandates, period.</p>



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Efren Sales	
Elaine M Juffs	
Elaine M Milentis	Absolutely NO Mask Mandate R
Elana Fullmer	Please do not mask our children again, they have lost years of normal childhood already, enough. They are not in danger and never were. They must see each other's faces to learn and talk and be children. brownstone.org/articles/the-best-mask-study-yet/
Elana Gimbel	Mask mandate is unfounded and not based on science or key metrics. It punishes our children and has shown to be ineffective and perpetuate loss of learning and behavioral issues
Elana Moas	
Elazar Mojdehiazad	
Eleanor Arkans	STOP THE FEAR MONGERING AND SHOW US THE PROOF THAT MASKS PREVENT VIRUSES FROM ENTERING OUR BODIES! NOT EVEN VACCINES AND BOOSTERS PREVENT THE PEOPLE FROM CONTRACTING THE DISEASE. YOU HAVE ALREADY DONE SO MUCH DAMAGE MENTALLY AND PHYSICALLY TO THE POPULATION ITS CRIMINAL! STOP THE MANDATES!
Elena Levi	A mask mandate is not justified based on the science, covid numbers, or any other metric. No one will comply except those forced to — children and generally low income workers. I cannot standby as these unscientific and immoral mandates are imposed. We will pull our children out of LA schools and we will see to it that every one of you is replaced by the next election if you do not act in the interest of our CHILDREN. Every childcare professional I know speaks to the unthinkable developmental, language, and social-emotional delays that covid policies have had our children. Our children have paid enough for the incompetence and negligence of adults. These policies will go down in history as a moral crime. I won't stand by and be complicit.
Elena Procopio	
Eli Cebula	As a high school student, who has already had covid, I am terrified that if you bring back the mask mandates in LA County, we will have to continue to wear them for school year. I do NOT want to wear masks again. No students want to wear masks again, and if they do want to, then they should be allowed to but not forced to wear them. No mandates! No masks!
Eliana Levine	
Elijah Guerrero	No masks In school
Eliot Khakshoy	
Eliran Hakakian	



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			Elisa Reuter	100% OPPOSE Mask Mandates for anyone in this state or country. This needs to STOP! True data, true science, true mental well-being and care of our population needs to be of the utmost importance. NO MORE MASKS! STOP IT!!
			Elisabeth Crain	
			Elisabeth Finnerty	
			Elise Marrero	
			Elisha Krauss	Studies have shown, and first hand experience over the last two years has demonstrated that masking doesn't prevent the spread of Covid and negatively affects our city's children. Especially those who use English as a second language, are from single parent homes, minority communities or other underserved groups. Please do not force mask our city's most vulnerable again. It's not necessary. They need normalization and connection with other human beings. They need to see the faces of their parents, teachers, classmates, and even strangers to experience the necessary developmental and emotional growth. They don't need to be fed unscientific fear based solutions by a government that has already ruined two years of their life.
			Eliyahou Dardashty	
			Eliza A Lewis	There is absolutely no medical science or studies to support the mask claim. I myself will NOT comply. I am not Vaxxed and have not ever worn those stupid masks. I have never gotten covid in this entire 2 years. The masks do not work and are simply a propaganda tool. The only death rates on the increase is our small businesses. Stop the bullshit!
			Elizabeth Barcohana	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.



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			Elizabeth Cebula	I am completely opposed to mandating masks. If one chooses to mask, then they should. If one chooses not to then they shouldn't be FORCED! Our on CDC said that one-way masking is fine. If that is the case, then why FORCE people to wear masks. We all have had the opportunity to get the vaccination and to the take the precautions we feel necessary for our own bodies and our own health. Please stop pushing these mandates on us. LA County has had the strictest covid measures. This has to stop NOW! My biggest fear is that this will then continue when school resumes and that is absolutely sickening to me. As a teacher and a mother, I saw first hand the damages masking did to our children. We cannot allow mandate masking to happen EVER AGAIN. It should remain one's choice. My body, my choice. I'll mask when I feel it necessary and not when I do not feel it necessary. PLEASE STOP THIS GOVERNMENT OVERREACH. Dr. Ferrer is wrong and this must NOT be mandated again in LA County.
			Elizabeth Cebula	Stop Barbara Ferrer and her ridiculous mandates!
			Elizabeth DeHaan	No masks in school



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			elizabeth edmunds	<p>I'm writing to you all to express my confusion at LA County even considering mask mandates again. Basing the decision off our hospitalization numbers are a joke when you consider we are a county of 10 million people. Everyone has seen the leaked video of the doctors and the hospital numbers. There is no severe disease in our hospitals, and no one needs intubation. Several other counties are considered "high risk" and have decided not to enforce mask mandates again. Japan who has the highest rate of voluntary masking, has a higher infection rate than we do.</p> <p>The simple act of masking citizens dehumanizes them and takes away their individuality. It makes it harder to breathe and we still have no long term health studies on the effects of masks on our health. All Masks have fibers, chemical laden and otherwise, and those fibers will end up in your lungs. Demanding people use N95's are cost prohibitive and unreasonable.</p> <p>People have lost their jobs, relationships, and others their lives via suicide thanks to the restrictions we've endured over the past two years, the mass exodus of people leaving CA and especially LA County should show you how many people disagree with how this has been handled.</p> <p>When it comes to masks in schools, much like the miracle vaccines, they don't prevent transmission. Children are suffering still and when you declare testing, vaccines, and n95s as necessary to go to school, people spiral mentally. My child was emotionally damaged by scared teachers who were told they would die being infected by children. Teachers stopped class to enforce masks up and over noses. Teachers rewarded children for taking an EUA vaccine with ZERO long term data. We don't even have good short term data. Teachers discriminated against children based on vaccine status, type of mask, and even if parents were vaccinated. All things that make zero sense. We were all sold a bunch of BS, and people have suffered. Children developed tics, severe anxiety, and social problems because masking is humiliating and dehumanizing. You are ruining an entire generation of children with these mandates and upcoming mental health crisis will be very difficult to manage across so many people.</p> <p>Covid is here to stay, and not one mitigation effort has worked; not mass vaccination, not social distancing, not shutdowns, and not mandatory masking. None have eradicated Covid nor have they prevented outbreaks. It's time to move on learn to live with it and stop abusing the powers you're given to abuse the people.</p>



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			<p>Name</p> <p>Comments</p>
			<p>Elizabeth Heatherton</p> <p>The initial "order" to mask did ZERO but torture people (especially children) ENOUGH ALREADY!! Stop the lying: it's a virus and it's here for the duration. People are no more dying from Covid than they are from yearly flu/pneumonia illness! If you want to actually save lives: stop all the fentanyl from coming into our county! NO MASKS!</p>
			<p>Elizabeth Jouvenat</p> <p>Unscientific and unconstitutional Overreach by the health director who is not an M.D. and thus BOS. Actual hospitals and M.D.s have discounted "data" the dir. relied upon. Investigation is needed for numbers/cases/hospitalizations/deaths arrived at. Also an investigation into if/how the director is compromised and tainted as she uses "evidence" from persons she is personally associated with and related to. Even CDC discounts validity of prescribing masks, etc. In fact, they've been judged to be physically and mentally harmful.</p>
			<p>Elizabeth Molayem</p> <p>My kids can't breathe in a mask and are suffering physically and emotionally.</p>
			<p>Elizabeth Muradyan</p> <p>Stop the indoor mask mandates</p>
			<p>ELIZABETH Stone</p> <p>I have been an educator for over 15 years, both in elementary and middle school. I have seen first hand the negative affects that masking children has had. Both academically, as well as social emotionally. The data from the last 2 years has shown that masking doesn't make a difference in the spread of covid. Our children deserve better. Please stand up for our children and block this order to implement masking in schools. Thank you.</p>
			<p>Elizabeth Thomas</p> <p>I don't have a CCPOA or US Postal workers Unions to back me, so I'm writing to you as a citizen lobbyist for my children who lost out on two years of an education, as well as social and sporting events because you wouldn't remove the Ferrer, the unelected health director! Each supervisor represents two million people, and it's time you listen to your constituents. You've had the power all along to fire her for being unqualified to make scientific Covid policies, but now she should definitely be fire for this blatant conflict of interest scandal.</p> <p>To keep this never happening again, we need an ballot initiative that gives citizens the power to vote on the public health director since she is now the most powerful person in the county dictating the lives of 10 million people! I'd also like a proposition added that either breaks up Los Angeles county like in the Bay Area or adds 2-4 more supervisors to better represent the most populated county in the nation. My community was poorly represented during the pandemic since we were lumped into downtown's high Covid numbers. Our numbers were very low for most of the pandemic and we should have had more freedoms like Orange County since we only live a couple miles from the border.</p> <p>Thank you for your time.</p>
			<p>Elizabeth A Reinhardt</p>

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			Name
			Comments
			Elizabeth B Good
			Simple fact is that masks do not prevent COVID, vaccines do not prevent COVID and a vaccine card does not mean you are immune from COVID. Fact is, this an opportunity for government to instill fear and impose power over the people. The choice for masks and vaccines belong to the people.
			Elizabeth L Swanson
			STRONGLY OPPOSE the mask mandate. Ferrer and the LADPH have made a mockery of this county. Our protocols are not rooted in science, they are rooted in corruption. We will not comply this time - prepare for mass resistance and ultimately mass exodus. You're hurting children, businesses, our city. Let us CHOOSE.
			Elizabeth M Phillips
			Elka Freylicher
			Ellen Carmona
			Ellen MacKay
			Elsa Litchfield
			No support for additional or continuing mask mandates!
			Elsie Hughes
			There is no data whatsoever to support any health order or mandate - in fact there never was any date to support any such thing, neither is there data demonstrating that masking helped at all - the opposite is true.
			Emilia Neudorff
			NO ON MASK MANDATE!!! We have had enough of mandates and we are intelligent enough to know when to use one!!!
			Emily Aoun
			I can not oppose this enough! Enough with this nonsense!
			Emily Arizo
			Emily Berger
			Re-imposing the indoor mask mandate is not only unnecessary but also bordering on insanity. COVID in its current state is barely more than the common cold and requiring people to wear masks for something so minor, especially now that such a high percentage of people are vaccinated is unnecessary. It's time to officially accept the endemic phase of COVID and move on.
			Emily Hilgenberg
			We will not comply. This should be a choice. I do not trust Ferrer. She is not a doctor.
			Emily Lara
			Remove Barbara Ferrer! She has withheld pertinent information and does not allow the science or the medical experts to lead. Please end all forced mask and vaccine mandates!!
			Emily Noguchi
			Please vote no on any more mask mandates for Los Angeles. It is unnecessary, purely unscientific and just plain wrong to force people to wear a mask. Thank you.



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			Emily Snyder	If Barbara Ferrer issues a new mask mandate it will prove that public health does not FOLLOW THE SCIENCE, but their own agenda. As it has been shown, time and time again, that masks are performative pieces of cloth that do vast social harms and allow criminals to escape with their identities unknown. But one thing masks do not do is prevent a communicable disease. Covid is endemic, it poses no real threat to 99.8% of the population beyond a cold and not even a severe cold at that compared to many other viruses my own children have contracted this year alone and the time is well over due to treat it like we treat it every other virus. Three years in the word "novel" is no longer appropriate or correct. It is not novel and it is not even a remote threat. What is a threat are the harms public health continues to pose at will if they are not curbed immediately.
			Emily Wilcox	Barbara Ferrer should be removed from office given her conflicts of interest that she hasn't been honest about. Remasking our kids is harmful and unscientific.
			Emma Collins	Enough is enough. This masking is no more than virtue signaling at this point. Tell the Fake Doctor Ferrer to stop destroying our lives. In addition, we the public would like to know why you don't have an MD in her position. She is not qualified for the job. Please retire her. She needs to listen the the County Doctors who are refuting her masking. There's an election coming soon.
			Emmanuel Rodriguez	
			Eric Bald	No masks in public school
			Eric Davis	no masks. It's like stopping mosquitos through chain link fences. They don't work. Concentrate on better access to healthy foods and diets in the poor and under privileged community to build up normal and natural immunity. Masks isolate people and make it worse. Better high quality food is the answer. NOT MASKS
			Eric Feil	Oppose an indoor mask mandate, particularly for young children in schools.
			Eric Franklin	I oppose a new mask mandate in LA or anywhere else in California. There is no good evidence it is needed at this point in the pandemic. People can choose to where a mask if they please. Also, there is evidence that mask mandates don't slow the spread of Covid especially with the highly infectious BA5 as the prevailing strain.
			Eric Gehrke	
			Eric Kinnert	I am opposed to any mask mandates.
			Eric Luckenbach	This order only promotes continued distrust in local government. It is out of touch with reality and science. It is out of touch with voters. Fire Ferrer.
			Eric Lyon	

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			The following individuals submitted comments on agenda item:	
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			Eric Miller	Please block the mask mandate, we would be the only county to have one, other counties have the same numbers if not worse. Do not continue to ruin businesses and go along with this woman's do as I say not as I do mandates, see All Star game at Dodger stadium.
			Eric A Peterson	Mandatory population wide masking as a public health measure to contain a viral pathogen has never been shown to be effective in well controlled studies. Please see the following link to more than 150 comparative studies and articles on mask ineffectiveness and harms compiled by the Brownstone Institute: brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/ The citizens of Los Angeles County, along with anyone who works there, deserve public health policies that actually work, such as the Front Line COVID-19 Critical Care Alliance, The Association of American Physicians and Surgeons, America's Frontline Doctors, Dr. Peter McCullough, and Dr. George Fareed and Dr. Brian Tyson early treatment protocols, among other - NOT ridiculously INEFFECTIVE masking, or a tunnelvision focus on mRNA "vaccines" that INCREASE all cause mortality. Its time to do the right thing. You have already served as a model for what NOT to do. Finally, if you want to hear from an industrial hygienist speaking on masking, please see rumble.com/c/PettyPodcasts Thank you for your hopefully thoughtful consideration.



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			Eric H Roth	<p>How many times must you make the same mistake of confusing possibility for certainty? How many times will hysteria and panic prevail in Los Angeles County over reason and evidence? How many times will a mandatory, coercive government action worsen a public health challenge? How many children in Los Angeles needlessly suffered from overly long school shutdowns and mandatory mask mandates over the last two years? How many lower are reading levels and math skills in LAUSD than they should be if school board officials had actually listened to the evidence instead of their fears (and major campaign donors)? What lessons can the LA County Board of Supervisors draw from the profound mistakes of the LAUSD Board?</p> <p>Please take a deep breath, and listen to the actual empirical evidence from local hospitals. How many LA County residents are in hospitals today because of Covid? How many patients are on breathing machines because of Covid? How many people - of what age range - have died with Covid? And, finally, how many patients in the last month have died FROM Covid?</p> <p>Please reflect on your previous actions, review the mistakes made in the last two years, put aside political preferences, and reject the latest paranoid proposal to reduce personal freedom in Los Angeles County.</p> <p>Thank you for your time, energy, and efforts to improve the quality of life in Los Angeles.</p>
			Erica Kershaw	Focus on protecting at risk groups and let the rest of us decide what is best for our children and families. Enough is enough. You are not providing leadership you are putting your foot in the door of dictatorship.
			Erica Landmann	I oppose the mask mandate!!!! Do not follow medical advice from a social worker major, "dr farrar". Let people make their own choices. My body, my choice.
			Erica Riperton	
			Erica Rivera	



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			Erica Sesar	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
			Erica Smith	I oppose any and all future mask mandates and will not comply. As an individual we have the right to choose. Please give us back our medical freedom and right to choose what we do with our bodies!
			Ericka F Sheffield	I oppose children being forced to wear masks at school. It should be a choice.it isn't. Fair to the children to source this on. It will have a negative effect on social, overall physical and mental health, and learning.
			Ericka M Verrett	I do not trust Barbara's Ferrer. She's a lying hypocrite
			Erik Acevedo	I oppose any mandates masking policy. Adults should be free to make their own health decisions
			Erik Zaldana	
			Erika Aleman	



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			Erika Foy	Why would we mandate masking as cases begin to flatten in LA County? We should at least wait a week to see if this is a sustained trend. Please postpone a universal mask mandate until it is certain it is in fact needed. If the plateauing continues while you reinstate masking, you will loose the public confidence in your leadership. We are not even certain the masking is effective and there is data that shows the second booster is actually prolonging the virus. It also seems a bit political to be reinstating masking right before school starts. Lots to consider.
			Erika Kosterlitzky	Vaccinations and boosters are enough. No more mask mandates
			Erika Unger	As a citizen of LA county, I will never again comply with criminal and illegal mandates. You and your dictators have pretended long enough. We the people are saying, NO. There is no evidence that masks ever worked and that evidence has not changed in 2 years. I will never, repeat NEVER, be subject to crimes against humanity again as long as I live in this free and wonderful country. Resign immediately. Sincerely, a current but maybe not future resident of LA county. (I currently spend every one of my hard earned dollars in Orange County because of the horrible criminals running LA)
			Erin Dunlevy	<p>Barbara Ferrer has failed the children and citizens of LA County. We now have mountains of data showing us that mask mandates do not work as public policy, but LACDPH will not pivot. My children have suffered from years of missing normal socialization, activities, schooling and milestones. My neighbors are suffering from the irresponsible exaggerated messaging around the current danger of Covid-19 and some live in fear far out of proportion to the current reality. The CEO, head epidemiologist, and CMO of LA County's own hospital were recently candid about the very low hospitalizations and severe illness they are seeing and these medical doctors were immediately hushed by Ferrer, who does not have a medical background and has spent her career on diversity and equity.</p> <p>We were deeply disturbed to find out that Barbara Ferrer's daughter, Kaitlin Barnes, was hired by LA County in December 2020 and immediately co-authored a questionable study (when LA schools were closed) used by public health to insinuate that heavy Covid restrictions (masks, tests, vaccines) are necessary to safely open schools. Again, the data shows this is not true and schools without restrictions have fared just as well. Masks do not appear to affect case rates at all. How can the public trust any of the studies touted by Ferrer under these conditions? It has major implications for the credibility of public health, particularly LADPH. It is time for her resignation or termination.</p>
			Erin Franssen	I strongly oppose the indoor mask mandate. Children are not at high risk and the masks are causing harm to them.



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			Erin Hedrick	Barbara Ferrer is not acting scientifically. Doctors oppose children in masks. She does not listen to them. My 13 year old's immune system has been completely ruined from mask wearing. We have had many trips to CHLA and the doctors there says they are seeing so much immune suppression I. Children and now their staff. This cannot go in any longer.
			Erin Hipsman	
			erin horwath	Hello los angeles county board.... I am a mother to 4 kids and have 3 in public school in glendora unified. We have just returned by registration, if the schools are forced to mask again i will pull all my children and homeschool. The rest of the country is open, this virus does not harm 99. Whatever % of children, and creates dividing lines between peers and creates social anxiety. I refuse to go along with this charade any longer. I will be done with the public system. Please i urge you to allow all people, including kids, the basic freedom of choice that our nation/state deserves. The politicians are infringing upon our rights as citizens, i will be protesting in front of my elementary school if they try this again. Masking has proved to be more harmful and not helpful in securing a virus that can't be stopped. No more public masking of any kind.
			Erin Kempe	I am 100 % against a mask mandate of any kind. And will be voting only for those who will not impose any more restrictions on the people of California.
			Erin MacDonald	I strongly oppose the mask mandate. Forcing our young children & youth to wear masks has many negative impacts. This should be a choice. Mandates don't work. Please stop the madness.
			Erin Marshall	No more mandates
			Erin McManus	Absolutely oppose! Such nonsense, fire Ferrer. This is not following the science what so ever.
			Erin Merrick	
			Erin Osborne	
			Erin Papadopoulos	July 25, 2022 To the: Department of Public Health Los Angeles County Board of Supervisors I respectfully ask that all mandates and restrictions for the Los Angeles

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County be dismissed due to reckless behavior by Dr. Ferrer. In light of recent revelations involving Dr. Ferrer and her blatant misconduct, I also ask that she step down immediately or be terminated.

Dr. Ferrer stated that the Los Angeles County is in the "high" tier level of Covid transmissions and she has been asking the public to wear a mask or the mask mandate will be reinstated. As we have all seen flooding the news media, Dr. Ferrer attended the recent 2022 MLB All Star Game at Dodger Stadium MASKLESS along with 65,000 other maskless people. That is an example of do as I say not as I do type leadership.

The recent press conference from some of USC + LAC's most respected medical professionals and leaders, contradicted all the data and information Dr. Ferrer has been reporting to the public. We know now Dr. Ferrer was relying on a very flawed metric system and exaggerated Covid / ICU cases. Dr. Ferrer knowingly spread misinformation to keep the children and the residents of Los Angeles County in a mask. That is a blatant abuse of power.

More importantly Dr. Ferrer based her mask mandate on a paper co-authored by her daughter who does not have a medical background nor is she a medical doctor. That is a huge conflict of interest and Dr. Ferrer did not disclose the relationship and claimed not to have read the paper. How does one base a decision that effects so many lives based off something they did not read? That is morally and ethically wrong and Dr. Ferrer's credibility has been tainted and she cannot be trusted.

These heavy handed mandates and restrictions must come to and end. There are more and more studies being released that prove masks are not effective with slowing or stopping the spread of Covid. Simply put, masks do not work. In fact masks have more negative and harmful side effects, especially on the children and their learning skills.

Suicide and depression rates have gone up over the last two years. It is time for the people to make their own decisions and wearing a mask should be voluntary and not forced.

I strongly oppose the mask mandates and any restrictions. Please take into consideration the people and the negative impact it will have on businesses. I strongly encourage you to look into Dr. Ferrer and her reckless misconduct and remove her from her position.

Thank you for your time and consideration.

Sincerely,

Erin Moran Papadopoulos

Erin Stover

Oppose Set Matter 2 - masks have not shown any increase in risk or decrease in cases of Covid. This is scientific fact. Children should not be



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	masked, as it has been proven they have fallen behind in school, particularly in speech. This is also traumatic to young children and those with special needs.
Ernst von Harringa	Wearing masks is detrimental to your health, as it makes air unhealthy to breathe. Children suffer from not seeing each other faces which is necessary when learning to speak.
Esther Citrows	There is no supporting data or research indicating wearing mask prevent contracting covid.
Esther Draper	<p>I worship God by breathing, keeping my face unveiled is a core principle of my Religious Belief, Practice and observance.</p> <p>My rights are protected by Ca Govt Code 12926q. It is against my lawfully protected Religious rights to veil my face or obstruct my God given Breath of Life.</p> <p>Also, my Civil Rights are protected under Ca Govt Civil Code 43, 46 and 51.</p> <p>Also, Code 37100, Code 24171 and 24172.</p> <p>Check out.</p>
Esther Plotke	
Eunice Onwunyi	STRONGLY OPPOSE the mask mandate. It's arbitrary and we all know "two weeks to slow the curve" was a lie and did not achieve wanted goals. This virus has mutated and is now a cold. I work at the hospital and the patients getting this don't even know they have it! Deaths and hospitalizations rates have plummeted. It's time we live with this as an endemic and stop the government overreach. Our children have suffered needlessly for years due to the pointless masking. They are NOT at risk from severe illness from this! Please for once listen to the healthcare professionals and the parents. Please do not implement masking in LA county.
Eunice Sanchez	
Evalie Napohaku	
Evan Wecksell	end the hypocrisy please relieve this "Health" Director of her responsibilities.
Evelyn Gomez	Why does the Board still stand with Ferrer? We are all so disappointed in you. Please follow the ACTUAL science from ACTUAL doctors
Evette Michaelis	Masks are negatively affecting the kid's mental health. Oppose mask mandate.
Ezequiel Marzocchetti	
Fabian Moreno	Did you know that Ferrer has been contradicted by LA's own hospitals about



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	COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly with 70,000 baseball fans just like Newsome did. Hypocrisy and tyranny do not belong in our society. You can wear your mask and live in fear, but don't push your fear on us. This is paranoia and insanity. It's no wonder now why mental health issues have gone through the roof. Keep pushing this Covid propaganda and you will continue to see our society fall into despair, depression and suicide. Masks don't work and they don't save lives. Stop this madness forever. Kids need to show smiles, and people need to stop trying to make others live like this. Unmask our children and unmask your freedoms. Stop the Covid propaganda.
Falon Koontz	Masking has caused so much harm. I strongly oppose required masking and would like Ferrer to resign. Her reign is over and we are calling her out.
Farah Kreutz	Enough is enough. The scam is over. Barbara Ferrer (and her daughter) need to be fired. if you are reading this DO NOT COMPLY. STOP testing and move on with life. A virus is a virus and it will NEVER be stopped. The vax is causing more harm than good and the leaders of the city, state and country will be held accountable...including each board of supervisor
Faramarz DR Davidi	
Farnaz Cotroneo	We do not want another mask mandate!
Farnaz Fard	
Farnaz Mikail	
Farzaf Yash	
Farzana Seddiqi	
Favid L Carlson	I strongly oppose any mask mandate for the county! They don't work! Kids wearing at school all day with snot, sweat, dirt healthy?? Ridiculous ! If the county again imposes such, I will take my biz \$ to O C or S B counties Thank you
Fay T	Ferrer's indoor mask mandates need to stop . We need to learn to live with this virus . It's not the last time we will have a spike , we can't react like this every time. Our children are the ones suffering the most . Research shows that masks don't nothing . Also most of your top doctors agree that we are not overwhelmed at hospitals and no need for these mask mandates. Also if Ferrer can party at a sold out dodgers game without social distancing then everything is all good ! Please stop this !
Felicia Glade	I am writing to you today to express my concern over the lurking mask mandate- Just say NO! I am a mother of (3) public school kids, a business owner and active community member. Another mask mandate is destructive in schools, businesses and in the community. I will pull my kids form public school if you reinstate the



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	<p>mandate. I have over a dozen mom friends that will do the same. I could list one hundred reasons or more why another mandate would be detrimental and unnecessary but I think you actually agree. The hospitals are NOT flooded with people dying nor are we even remotely close to that point.</p> <p>Make masks "strongly recommended" if you must say something. Make it a choice.</p>
Felicia Janowiak	<p>My kids have suffered enough! I will NOT allow any state elected official to tell me my family MUST wear a mask when they are out and about living their lives without masking. My kids will NOT be forced to mask in any environment. I do NOT agree with any mask mandates you are trying to enforce. My kids well being is my HIGHEST priority and they will NOT pay the consequences for your actions.</p>
Felicia Kruger	<p>I oppose any new mask order and demand the termination of Ferrer.</p>
fereshteh kohanim	
fereshteh kohanim	<p>DO NOT WANT MASK MANDATE</p>
Fereshteh Yousefzadeh	<p>Please do not make the mask mandate mandatory. We are in a different stage of the virus and as seen from Before, masks do not protect us from the virus and there are resources of someone gets sick</p>
Fernando Chavez	
Fiona M Halminski	
Florence Kleinjan	<p>I strongly OPPOSE any and all mask mandates. 1.) LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 5) Biden who is regularly masked, tested, vaccinated, and double boosted just announced he has COVID. More clear proof that these policies are TERRIBLE. Ferrer should resign immediately.</p>
Frances Dailey	<p>I oppose the unlawful mask</p>
Frances Stone	<p>No statistics or data to back dangerous mask mandates</p>
Francis Burke	<p>Regarding Covid mask mandate. Does it work to prevent Covid? Science says no, masks do not work to prevent Covid.</p> <p>Please don't rely on the quackery of Ferrer and her study authored by herself and daughter. Look at the hospital doctors actually attending to Covid patients, they say masks do not prevent Covid. Stop the politics, focus on disease control rather than population control, let the people decide that's</p>



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	there decision to make.
Frank Bernardo	Do not require masks
Frank Castro	
Frank Toobi	
Frantz Delsoin	I oppose all mask mandates. Other states haven't had them and they are doing no better or worse than we are.
Fred Alvarado	This will have a enormous negative impact on childrens health, business and mental health on individuals. Mask do not work!! Please ask Barbara if we can wear them on our elbow! Hypocrites!!
FRED Bahrami	
Fred Dardashti	
Fred Taylor	First, the current Covid iteration is a fraction of strength of the 'Delta' two years ago. It's barely a common cold & no health threat. Secondly, I've read doctor's testimonies that the vast majority of hospital cases are folks with Covid rather rather than because of Covid. STOP THE MADNESS. NO MASKS!! FOLLOW THE SCIENCE.
Free Man	Will not comply!
Gabriel Cote	The masks don't work. They need to not be reinstated.
Gabriel Robles	Anyone giving medical advise who is not an M.D. should be held criminaly and civilly for any and all damages. Further we can not use false data that the health directors daughter is pushing. Masking children causes developmental, physical and mental health effects that are worse than the disease. Vote no.
gabriela beltran	Mask mandates do ABSOLUTELY NOTHING!! stop the circus games
Gabriela Lopez	It is time to stop the madness. The rest of the world has moved on from the Covid panic. As an educator, I can attest to the incredible damage mask wearing has on children. Studies show masks do not have a significant effect on the number of covid cases. Here is one of the latests studies: assets.researchsquare.com/files/rs-1773983/v1/e13a2526-72ff-459b-a988-37ef6eb6eadf.pdf?c=1656708065 Stop this madness and let people make their own choices. NO MORE MANDATES from spineless, hypocritical officials who are drunk with power. Enough is enough!!
Gabriela N Rodriguez Munoz	I am in opposition of reinstating a mask mandate as it pits clients against business owners, students against teachers and neighbors against neighbors. Please stop sowing division amongst us. Those who are in favor of wearing masks have continued to do so regardless of mask mandates.
Gabriella Sho	No masks
Gabriella W Klein	I oppose any projected mandate to reimpose mask wearing in LA County.



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	Besides the countless studies worldwide, not including the study co authored by Dr. Ferrar's daughter, that have shown no difference between cases or outcomes from places with mask mandates vs places without, additional studies show real harms from masking, particularly young and vulnerable children. It's is dehumanizing practice and has kept the people of our county isolated from each other. Dr Ferrar's scandalous conduct at the Dodger game and revelations of her connection to the foundational study for her policy making make her unfit to guide our county's health policy. Fire Ferrar we need a medical doctor in her position.
Gabrielle Carlson	I oppose reinstatement of a mask mandate in Los Angeles County.
Gabrielle S Daigre	Please Do Not mandate masks in schools. Make them optional for staff and students.
Gabrielle S Daigre	As a CA credentialed teacher, I ask for the choice to teach my students with a mask option. I have had deaf students, and students with speech IEP's who need to see my lips and hear my words clearly spoken. Please make masks optional, not mandated. Please allow me to teach my students effectively.
Gaby Fogelson	No making children
Galina Barskaya	I oppose reinstating mask mandates. It wasn't working in the past and is going to create a lot of problems for a lot of people with very questionable benefits.
Gar Rock	No mask mandate
Garald Annan	<p>The requirement to wear a mask due to some unfounded terror of Covid-19 viruses has become purely a means of feeding and magnifying a heath issue to create a political crisis – and hoping for political gain. Just a note: It is very hard for anyone to look like a prudent politician when science, medicine, and even the general populous are reporting and behaving like the message of terror has no content or rational underpinning or backing.</p> <p>The day I knew that masks in Canyon Country (ahem - that's not far from Los Angeles) were no longer required, I stopped wearing one. I am a senior citizen; yet, I have been hobnobbing with my fellow townsfolk, going shopping, going to movies, eating out, taking strolls, and in general – ah, how shall I say it? Living! All with no ill effects due to any airborne, or structure borne, virus, bacteria, or other pathogen.</p>
Gartrell Grant	Millions of lives, businesses destroyed by this person. Out of 58 Counties of California LAC is the ONLY county advocating for the unscientific mask mandate, from a non-MD social activist. Who should NOT be in charge of anything let alone public health for millions of people. She is corrupt, evil, unqualified, liar, wicked individual. She should be FIRED IMMEDIATELY! Not given a chance to resign, she doesn't deserve it. California has suffered long enough from the incompetent/corrupt Government and City, County Officials for decades. From the top all the way down. I strongly oppose this unscientific mask mandate.
Gary Charlebois	No masks in our schools!!!!



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Gary Clark	It is long past time that these harmful mask mandates be stopped.
Gary Gray	I am opposed to any mask mandate. Masks are not effective in preventing the spread of Covid 19.
Gary Hobart	Power-hungry, unelected, Ph.D. Ferrer is just asserting her authority to make her life relevant by lording over little children and small businesses. If we kiss her ring, will she leave us alone?? NO TO MANDATES!!
Gary Svolos	Fire Barbara Ferrer now. She is not a doctor. We will not comply anymore.
Gaye Keith	
Gayla Neidengard	Please do NOT impose this mandate.
Geela Letvin	
Gena Schneider	No makss
Gene Lopez	Masks only provide limited protection. School children are at very low risk and should not be required to wear masks.
Genevieve Sheekey	I STRONGLY oppose dr. Ferrers public health order to reinstate make mandate
Genice Pena	This is damaging to our children. There's no prof that mask help in any way. I oppose mask mandates!
gentile barkhordarian	Stop holding the citizens of Los Angeles County hostage, Barbara Ferrer! Hospitals are not bursting with Covid patients, and There is no one in the ICU because of Covid. Stop lying to the people of L.A.
Geoffrey Rosenberg	
George Baserga	Oppose indoor mask mandate, especially for children. Masks need to remain optional.
George Collado	The reason the state or federal gov hasn't implemented "protections" such as forced masking, testing, or vaccinations is because no one, not the – government, employer, school, or appointed "health officer" – can mandate a non-FDA approved, FDA-Emergency Use Authorized experimental protocol including vaccines, testing, masks, devices, treatments, and medicine. If they could mandate, then they would have to recognize and honor medical and religious / personal belief exemptions and grant them without penalty AND they would have to go through the proper legal, legislative channels to ensure accuracy, safety, legality, and due process of law!
George Hobart	Masks in school have lead to many of my fellow students developing an anti-social lifestyle. Do not allow masks to be required
George Serhal	We have zero science behind outdoor masking.
Georgia Green	I strongly oppose indoor mask mandates in any setting. This is beyond the scope of governmental authority, especially now that COVID-19 is an endemic health threat - one that is well understood and tolerated by the public



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	- we need to allow individuals to make their own health decisions.
Georgine Codiga	stop this nonsense. You do not have any authority to tell us men and women how to live our lives. Please stop.
Gerda Reed	
Geri Harvey	
Geri Metz	
GERRY BROWN	THIS RIDICULOUS MASK MANDATE SITUATION IN THIS STATE IS UTTERLY RIDICULOUS AND THESE TERRIBLE GOVERNMENT LEADERS NEED TO BE REPRIMANDED FOR SUCH FOOLISHNESS
Getchel Wilson	There is no need to issue a mandatory masking order. The Doctors at LA General Hospital have stated this publicly and no one in LA County wants to have to wear a mask by mandate. It should be voluntary. The Coronavirus is a virus like a cold. We don't wear masks in you catch a cold. I ask you to oppose this order.
Gevork Mirakyan	
Gianni Neiviller	
Gidget Wood	
Gigi Martinez	There is no need for a mask mandate. Masks don't work and mostly everyone is vaccinated so what's the purpose. End the state of emergency and stop taking advantage of your constituents. Just another political power grab.
Gigi Pascual	Please unmask us. We are tired of this. Do not let us suffer anymore. Do not let the children suffer anymore.
Gilda Nahamia	
Gilles Barretieri	
Gina Ballard	
Gina Rabbin	Another mask mandate based on NO science whatsoever that shows a mask does anything to protect against a virus (that has now devolved into a common cold)? In fact, current studies show how dangerous a mask is, with an accumulation of germs, bacteria, fungus, and more accumulating on the mask - both inside and out - and being breathed back into the lungs and respiratory system. This decision to impose mask mandates, when the rest of the country has long since moved on, is nothing more than political BS. Stop it!!! Neither Barbara Ferrer nor her daughter have any medical background; they are both pure political players with the people of this county caught in their dangerous game. Enough!!
Gina Riedel	We will all sue Los Angeles County for violating humans rights. Enough is enough. Our society can survive death from pandemics, but, it cannot survive tyranny.
Giorgio Andonian	The mandate is going to impact children one more time. The mental health and development of our children should be TOP priority. Publicly available



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	data shows NO difference between masked counties and unmasked counties.
GIOVANNA M LADUCA	HEALTH DIRECTOR WANTS TO PUT IN MASK MANDATES AGAIN THIS FRIDAY
giovanni funiciello	This is ridiculous. There is no need to re- mask everyone . You have this hypocrite of a fake doctor out in public last week at the dodger game with no mask on and now she wants to mask everyone . Nobody will follow her orders any longer . She needs to be dismissed . Enough is enough . We the citizens will come after all Supervisors and politicians if you don't start doing right by the people . We will not comply . Leave it to the citizens to choose what they desire .
Glenda Yakel	If this woman can be out and about at all star games, then her forcing masks is a lie, . Stop the mandates and forced vaccines. Fire Barbara Ferrer. Over 200 studies prove masks don't work and hospitals are empty. Please share.
Glenn Cathy Atkins Sr	We oppose any Mask Mandates, as science has proven they offer no protection and our children need to breathe. Thank you
Gloria Chavez	Mask mandate are illogical, harmful, and set Kid's back years developmentally. It hurts teens and gives them debilitating social anxiety. My own child suffered because of this. Please don't bring back the mask mandates, I implore you. Listen to your constituents! We do not want it and we will not comply this time around.
Gloria Espinoza	NO MASK MANDATES!!
Gloria Lopez	he has been abusing her power and in so doing so she is abusing children and all people of LA county. Using her daughter's co-authorized study is unethical & a conflict of interest. Plus, she laughs when being interviewed about this. Clearly demonstrating she only cares about being authoritarian corruption and not caring about anyone but herself. Her draconian policies have proven an ineffective nightmare for LA county's residents and small businesses . Moreover, students and children are paying the highest price in life as they are being significantly harmed, physically, mentally, & academically. She ignores the true science. Masks have proven ineffective. Even Dr Fauci himself declared this at the beginning of the pandemic during an interview, that masks DO NOT WORK ! There is video of him telling the US masks don't work to prevent infection. They only make one feel safer. Feeling safer is not scientific evidence. If she wants to FEEL SAFE, she is free to wear it. She can not spread her fear to the people of LA. There are zero studies in the world the show scientific data that masks work. The rest of the world is FREE! The pandemic has ended. It's time for LA County & California to be FREE! Mask do not work nor are they necessary. Forcing prophylactic medical measures on human beings without their consent is illegal & a violation of the US CONSTITUTION. LAC -USC doctors already declared numbers are low at

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	county hospital. Only 10 patients tested positive with a highly fakes positive instrument that was not created to detect viruses. Furthermore, they were not admitted for pulmonary infections. The pandemic is over. The state of emergency is OVER! Time to put an end to her tyrannical measures that have proven not to work. She is power hungry and needs to go ASAP. The people have spoken.
Gloria Mills	
Gloria Richman	MASKS DO NOT WORK. THEY PREVENT YOU FROM BREATHING AND ALL YOU DO IS BREATHE IN YOUR OWN AIR. IT HAS BEEN PROVEN. STOP MAKING US SLAVES OF YOUR RIDICULOUS RULES AND LET US LIVE OUR OWN LIVES AS WE CHOOSE. IS THIS NOT A DEMOCRACY AND DO WE NOT HAVE FREEDOM OF CHOICE? YOU ALL HAVE MADE THIS COUNTRY HORRIFIC TO LIVE IN.
Goldie Geisinsky	
Grace Dorn	Please do not impose another mask mandate. Our children can't go into another school year of wearing masks! The negative effects of mask wearing are affecting not only language acquisition but also social interactions. Children need to see faces! Not only children, but all of us!! In my area lots of masking and no "hellos". Human interaction has negatively been affected. It's inhumane and negatively impacting people's mental health. There is no scientific, medical reason for masking. Children are not at risk for severe Covid and for goodness sakes, if an 79 year old President can do well than that's proof enough. Also, there are good therapeutics available which should clearly not make this an Emergency any longer. Please do not impose this unhealthy mandate!!
Grace Garrett	Oppose Barbara. Ferrer oppose mask mandates and oppose silencing pur children
Grace Torpoco	I oppose the mask order and think ferrer should be removed. I'm just going to take my business to Ventura county.
Grace E Braun	This order is not backed by the science, not in line with actions across the world, and dangerous to the businesses and livelihoods across the county.
Graham KAYE	Fire this charlatan for misleading the public about her daughters employment and not wearing a mask to public venues
Grant Williams	As one of your constituents, I am writing to urge to to rein in LA County Department of Public Health and its Director, Barbara Ferrer. Her threat to reimpose a mask mandate despite there being no strain on the hospital system, and with scant evidence that broad community mask mandates work, she is no longer basing her decisions on data or science, but on gut feeling. In doing so, she is eroding what little credibility her department has left. Mask mandates did not prevent the massive Omicron surge, why should they prevent another surge when there are more transmissible variants



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	<p>circulating? How will masking in only Los Angeles County prevent the development of new strains, as she claims?</p> <p>These mandates will only further harm LA businesses and schoolchildren, who have already suffered enough under her failed leadership.</p> <p>Reject her mask mandate, and replace her with someone with actual credibility within the medical and epidemiological fields. She is no longer fit to lead</p>
Grant F Garl	
Grant R Leonard	Absolutely without merit to dictate another, useless mask mandate. While older and vulnerable citizens of California need take certain precautions, not just for Covid but flu and other viruses, penalizing all of the rest of us is not warranted and an attack on our personal liberties. Vote No!
greg goodman	I am OPPOSED to the indoor mask "mandate". The SCIENCE says they don't work. No more masking/testing etc of children. It's chid abuse. STOP.
Greg Haptor	No mask mandate.
Greg Poppin	I accidently tapped in favor in my previous response
Greg Tepe	Vote NO on the indoor mask mandate, especially not in schools, the children have suffered enough!
Gregory McGinity	<p>Dear Supervisors:</p> <p>I would urge you to reject the imposition of another mask mandate on the citizens of the County of Los Angeles.</p> <p>Let's review the science.</p> <p>Standard surgical masks do essentially nothing to control the spread of respiratory viruses such as Sars-Cov-2 or influenza. On February 6, 2020, scientists from Hong Kong published a meta-analysis about masks in Emerging Infectious Diseases, a journal published by the Centers for Disease Control (CDC). The study "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings – Personal Protective and Environmental Measures" by Jingyi Xiao et. al. examined studies on whether masks slow the spread of the flu. (It did not cover the coronavirus. However, the viruses are roughly the same size, and they are transmitted in similar ways.) The authors looked for randomized controlled trials that examined whether masks lowered the odds that people would be infected with the flu. The authors examined ten qualifying scientific papers. Most showed no evidence that masks worked. A couple of the papers found a slightly positive effective. A couple of the papers found the opposite – a negative effect. Overall, the studies found no benefit from masks. The study stated, "We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."</p> <p>In a 2015 arbitration case in Canada involving health care workers who did not see the necessity of wearing masks, the neutral arbitrator stated in his decision, "scientific evidence said to support the hospital's mask mandate on patient safety grounds is insufficient." Similarly, in a 2018 arbitration case in</p>



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	<p>Canada along the same lines, the neutral arbitrator called the evidence for mask mandates, "insufficient, inadequate, and completely unpersuasive." In 2009, four researchers published a study in the Journal of the International Society for Respiratory Protection entitled "Filtration Performance of FDA-Cleared Surgical Masks." Their study found, "surgical masks should not be used for respiratory protection." The CDC used similar language on one of their public posters ("Understanding the Difference") that explained that surgical masks do "NOT" provide the wearer with a reliable level of protection from inhaling smaller airborne particles and [are] not considered respiratory protection."</p> <p>A study released in Annals of Internal Medicine in March 2021 entitled "Effectiveness of Adding a Mask recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers" (Henning Bundgaard et. al.) The trial included 6,000 subjects. The results found that masks do not work.</p> <p>The science is clear. I would respectfully request that you follow the scientific research and reject any new mask mandate.</p> <p>Sincerely, Gregory McGinity Redondo Beach, CA</p>
Gregory J Stephenson	Masks do not work!
Gretchen Gesell	
Grigor Aleksanian	
Guida M Dennis	<p>Show me the science supporting universal mask wear in any community for SARS CoV-2, or influenza for that matter. I've been reading and researching it for months now, and I can't find credible evidence that supports wearing masks. They don't work they way you and the general public seem to believe they do. Which is exactly why we have never recommended universal mask wearing in the community for influenza!</p> <p>When you mask someone with an asymptomatic or mild case of CoVID-19, you force the wearer to re-breathe and inhale their own infectious viral particles. These viral particles need to be cleared from the lungs, not re-inhaled to increase the viral load and worsen the infection.</p> <p>Mandating that healthy adults and children wear face masks in schools during a California summer will force them to constantly touch, reposition, remove, misuse, mishandle, and reuse their warm, moist, contaminated masks. This will increase disease in the population, even when mask wearers aren't re-breathing their own SARS CoV-2 viral particles.</p> <p>Furthermore, mandating face masks will induce arterial deoxygenation and re-breathing CO2. Not only does this cause headaches, brain fog, and anxiety, it suppresses the immune system, making improperly handled, touched, dirty, and contaminated masks an even more serious risk to health.</p>



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	Thank you, Guida Dennis
Gunter Fliszar	Enough damage has been done with masks, especially to our children. Their effectiveness has not been demonstrated by the data available. The health statistics (hospitalization numbers, for example) do not present a strong case for masking.
Gustav Salkinder	NO MORE MANDATES! Stop this government abuse and overreach! We are in the 3rd year of Covid, with each strain it's less potent - majority of people had it once or twice already with double vaccination and double boosters! Masks are not protecting, they are hurting development of speech in kids and impede communication. Enough is enough!
H Chisholm	Oppose an indoor mask mandate, particularly for children in schools. The usage of masks should be optional and left to the decision of an individual or parent based on an individual's specific health conditions and/or needs. Many people (including children) have already had Covid at least once if not multiple times. Many have also been vaccinated and boosted. Mandated mask wearing at this point is nothing more than a draconian law that triggers division and virtue signaling within society. Mask wearing does not stop the transmission of Covid (as seen in the 20/21 study done in Bangladesh). They are ill-fitting by nature and not even worn correctly a majority of the time. Unless you implement mask fittings to every single person as done in the medical field, masks will do little to deter the spread of Covid or any other illness while simultaneously create other social issues related to continued mask wearing.
Hadas Abouaf	Masking is harmful to our children and doesn't work
Hailee Gomez	
Haleh B Kamrava	
Haley Dreyer	
Halston Mikail	
Hamid Molayem	
Hank Neufeld	I can't breathe when I wear a mask at school. I can't learn either. I'm healthy and should not have to cover my face.
Hannah Hosni	Absolutely NO MASK MANDATE
Harald Wolfe	
Harmoni Esterberg	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Harry D Gordon	NO MORE MASKS!

As of: 7/27/2022 8:00:07 AM



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Hayden Victor	<p>I oppose a new mask mandate, especially for children. Barbara Ferrer's inability to recognize her own PRIVILEGE as she decries "equity" and "masks are a mere annoyance" is truly abhorrent. She is clearly a AGEIST and ABLEIST (as is every one of you who shrugs off masks mandates as "easy" to abide by) bc it ignores the enormous harms and difficulties they present for young children and those with disabilities. Masks are a High Cost, Low Benefit intervention for children. What's more, children remain the least vulnerable to covid, why would you keep making them bare the brunt of "reducing the spread" for Los Angeles. With a new mask mandate, kids will surely be masked at school and at after school activities from 8 am -5 pm, while adults will attend concerts and sporting events with zero mask enforcement. We have seen this happen over and over in LA. No masks at Oscars, no masks at the Emmys, but strict enforcement of masks on 2-year-olds. Shameful.</p> <p>It is truly beyond me, and tens of thousands of your constituents, how there hasn't at least been a hearing on Dr. Ferrer's conflict of interest, her department's continuing failure to accurately report covid statistics and its very obvious practice of skewing statistics and misreporting statistics in order to fit Dr. Ferrer's (and her "labor partners'") desired conclusion (mask mandates). How could you watch Dr. Ferrer's attempts to answer Marla Tellez's questions last week and believe this person is up to the job? She clearly isn't. She doesn't see the obvious issues of her department's reliance on her daughter's study? Her non-responsive responses would have had her admonished were they given in a court of law.</p> <p>Because of your personal relationships and apparent unwillingness to scrutinize Dr. Ferrer, why not set up an independent commission of actual medical professionals to evaluate Dr. Ferrer's performance and make recommendations about whether we should be masking our children again this school year, notwithstanding the irreversible damage Dr. Ferrer's department has already done to our children, including the most vulnerable (children with disabilities)? In a time of crisis, it is YOUR job to lead, not to stick your heads in the sand and continue to ignore your constituents. Los Angeles public health, more than ever, needs actual medical professionals leading its department. Dr. Ferrer is not up to the task, and the fact that she hasn't already offered up her resignation given the events of last week alone (to say nothing of all the other harm she's done) should tell you everything you need to know.</p>
HAYLEY Farasat	
Heath Clarke	Mandates are unconstitutional, and masks are useless. STOP THIS MADNESS NOW.



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Heath Hinze	See Attached Word Document
Heather Bosco	DO NOT PUT MASKS IN CLASSES!
Heather Brecht	Having to wear masks in schools
Heather Curcio	
Heather Drake	Case numbers and hospitalizations are falling therefore no mask mandates are needed! We don't mask for colds, we don't mask for the flu and we no longer need to mask for Covid because we have vaccines and therapeutics. Follow the actual science here please. Thank you.
Heather Frankovich	This is an unnecessary, unfounded overreach of power AGAIN. Let the people determine for themselves. There is no hospital overwhelm, kids do not die from COVID- in face of allllllll the evidence, you choose for us? Let us be free to choose for ourselves. Stop terrifying people. You need immediate removal. CA is a national embarrassment-re:COVID. Travel for one moment, and gather other states reports. See the real world, where people are free to live their lives and choose their safety measures. Anyplace but CA where leadership is not dictatorship.
Heather Hilterbrand	I STRONGLY oppose Barbara Ferrer's new mask mandate!!!!
Heather Johnson	I strongly oppose the mask mandate. There is no reason to bring it back. Masks do not work and harm our children, who are about to go back to school. Stop bowing to the unions. Ferrer is not fit for the job, especially after all the scandals that have been exposed this week. Fire Ferrer and hire a medical doctor instead.
Heather Kim	Please do not attempt to muzzle us the people of LA County on July 29th. We all know the subsequent strains after the original one have been mild and honestly, unavailable. You all know the hospitals are not filled to the brim with covid patients. Enough with the lies. Forced masking on children is child abuse. Any family who chooses to mask should be able to mask but any family who chooses not to should be respected as well. Looks like fake doctor Babs Ferrer was at a Dodger game unmasked recently while threatening to reinstate the indoor mandate. Lol, the gig is up you morons.
Heather Morrison	There is scientific evidence this does not help the spread of a virus. It causes more harm.
Heather Thompson	Masking students at schools is wildly unnecessary, and a huge step backward to any physical and mental health progress that has been made on our return to "normal." NO TO MANDATORY MASKING AT SCHOOLS!
Heather Wharton	
Heather D Manskar	I oppose mask wearing at this time. Vaccines and N95 masks are readily available as well as at home tests. Masks do not allow our children to communicate or see facial expressions. It is detrimental to them.
Hedrick Bessie	I oppose the LA county mask mandate. It's not healthy for children in schools. It causes unnecessary emotional stress. It should up to each individual if they



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	want to wear one.
Hedy R Niblack	
Heidi Adams	
Heidi Gabrielle	Again with this nonsense? Why hasn't this woman been fired yet? She isn't a medical Doctor and uses information from her daughter! How ridiculous is this? Businesses are suffering at the hands of someone with a power trip. California is a joke. I'm embarrassed to live here
Heidi Harrison	Masks are not effective in prevented the spread of Covid. The severity of the illness does not warrant restrictions on private citizens, masking children is not only child abuse it is detrimental to their Learning. Stop pushing an agenda that is harmful to mental and physical health!
Heidi Krause	Mask mandate
Heidi Krause	Mask mandate
Heidi OBrien	Mandating mask use is an over-reach. Anyone who wants to wear a mask can absolutely do so, but it's not warranted to impose a mandate on everyone. Particularly for kids in school, where this has been proven to be a barrier to learning. And as I hope you're well-aware, studies have shown mask use can actually INCREASE the severity of a COVID infection, flu, etc., by causing reinhalation of droplets. I understand that the intent may be to prevent infection; however, there has not been correlation between mask use and reduced infection rates, and prolonged mask use will actually make an infection worse!
Heidi H Alexander	I am against this mask mandate. This mandate is against common sense, actual science, the Constitution itself. Please vote no on a mask mandate.
Heike Sussman	I oppose the mask mandate for schools. There is absolutely nothing to support this and I fully support Barbara Ferrer's removal from her current position for terrible policies and the impact they have had on your family, business or children.
Helene Wolf	Oppose ferrer.. do not support Ferrers mask mandating or any other mandates she has regarding covid
Hengameh Neman	
Henry King	No more masks. It hasn't worked for almost 3 years.
Henry Feiglin	Oppose mask mandate's
Herb Johnston	It is obvious that any reference to science at this point is ignored, - all the numbers have been inflated and manipulated to serve the purpose of globalist controlling this country and especially Los Angeles County. Masks are as unhealthy as anything can be-, are detrimental to human lung tissue. There are no covid vaccines in existence, only experimental gene therapy.. and it has is obvious that it is the purpose of this board of Los Angeles



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	County to inflict as much damage on the population as possible. Is an egregious and unconstitutional crime against humanity and God. It is obvious and has already been stated by various government agents that your governing body and much of the United States government could care less about the Constitution the Federal Constitution or any state constitution. Your actions are unlawful. There is no emergency, the crisis is manufactured.
herminia casares	
Hilda Ayala	I am opposed to the mask mandate. There is NO need. NO TO MASKS!!!
Hillary Varley	Fire Ferrer! Power needs to be taken away from Barbara Ferrer. She is making decisions based on power and fear instead of logic. There should be no mask mandates. Families should be able to make their own judgment on their children wearing masks.
Hillina Lane	
Holly Bourgault	I oppose the mask mandate
Holly Holloway	A mask mandate will not stop the spread it will only harm more businesses. I am canceling all plans in Los Angeles until there is a confirmation that no new mask mandate is coming. I will drive 20 minutes to free and sane orange county. Enough already. Stop the madness.
Holly Mathews	
Holly C Hancock	The mortality and hospitalization rates are down in LA Country since the height of the pandemic. The research supporting the efficacy of the masks that most people are wearing show very little benefit, if any, in diminishing the rate of spread. Covid has become more akin to the seasonal flu and we don't mask up every year due to the flu. There is little need to reinstating the mask mandate.
Homan Sef	Mask mandates don't work!
Houman D Hemmati MDPhD	<p>Dear Honorable LA County Supervisors,</p> <p>Thank you for permitting public input on LACDPH & Dr. Ferrer's proposed mask mandate.</p> <p>I am writing you as a Santa Monica parent of 2 school-aged kids, someone with lifelong ties to LA County, PhD research scientist with a federal COVID treatment research grant, board certified MD and former LA County+USC Medical Center faculty, national authority on COVID policy who appears on national television several times a week and is a regular print/media contributor on the topic, and member of LA Uprising (coalition of citizens/parents committed to evidence based COVID policies, particularly in schools) and Urgency of Normal - urgencyofnormal.com/ (encourage you to visit the site) to urge you to oppose and not enforce Barbara Ferrer's unjustified and harmful mandate.</p>



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Rather than copy and paste an highly referenced OpEd I co-authored with prominent experts Drs. Balsitis, Klausner and Sood (and which appeared in 11 newspapers this weekend), I'll allow you to read it here:
ocregister.com/2022/07/22/bringing-back-a-mask-mandate-in-los-angeles-county-is-unjustified/?utm_campaign=socialflow&utm_content=tw-ocregister&utm_source=twitter.com&utm_medium=social

In it, we prove using data from LA County USC Medical Center, your OWN hospital which cares for the poorest/sickest patients at highest risk of COVID that we are NOT in a COVID emergency and that Ferrer's numbers are artificially elevated by a factor of 10 or more and there hasn't been a SINGLE patient intubated in the ICU FOR (not with) COVID for several MONTHS. Therefore, we are not anywhere close to justifying a mask mandate, even if it had solid proof of meaningfully reducing deaths and serious infections.

I also urge you to weigh the MANY known societal/economic/academic/psychological harms of mask mandates (particularly on kids) against the slim benefits of such mandates, if any. We have seen immense learning loss, social deprivation, language deficits, depression, drug abuse, and other problems. All for a virus that doesn't kill healthy kids and for which we have authorized vaccines and treatments available to ALL.

During the Super Bowl, with 80,000 adults from around the world indoor in one place, during a prior mandate, in the presence of Dr. Ferrer, there was hardly a mask to be seen. Even Governor Newsom and Mayor Garcetti didn't mask. If you somehow permit this mandate, make it CLEAR to the public that business and public places and schools are to enforce this pending mandate with the same level of rigor and consequence, to children and adults, as was applied during the Super Bowl and which the wealthy and ruling elite apply to themselves. In other words, HONOR SYSTEM with NO punitive enforcement (such as exclusion from school) whatsoever. Moreover, MANY kids, including my own, will NOT be masked at school given the false medical basis for it and the known harms to kids, and we don't need to turn schools into a center for angry showdowns between students, teachers, parents, police and others. You can avoid this NOW by banning all mandates and replacing Dr. Ferrer with a more suitable leader.

Finally, regarding Dr Barbara Ferrer as you know, this past week has produced 4 scandals by her alone (with another rumored to be published by media this week):

1. Caught lying about COVID numbers
2. Caught not disclosing relationship with and denying involvement in a "research" paper co-written by her daughter, a LACOE employee, published by CDC, used to justify mandates at schools, despite being acknowledged on the paper
3. Caught on video wearing her mask on her arm, not her face, at the Baseball All Star game around thousands of people despite an "emergency"



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	<p>that warrants mask mandates</p> <p>4. Caught not disclosing her own powerful pro-mandate staffer's marital relationship to a teacher's union boss and sibling relationship to a powerful/influential pro-mandate State Senator, himself a former school board member with great influence in public schools</p> <p>A vote of No Confidence in Dr. Ferrer that comes with her removal from her office, alongside a demand for transparency and an independent investigation into the workings of her office, would send a strong message that say LA County cares about facts, cares about its residents, and does not tolerate fraudulent or corrupt behavior. Therefore, you have a moral authority to speak up because (as experienced with Gascon) people listen when Beverly Hills speaks.</p> <p>I would be more than happy to discuss any of this with you personally.</p> <p>Very best regards,</p> <p>Houman David Hemmati MD PhD</p>
Howard Brown	<p>The woman is a dishonest hypocrite and has repeatedly demonstrated her incompetence and political power hungry bias. We need non biased people who actually know what they are talking about. FIRE FERRER NOW!!!</p>
Howard Fox	<p>A new mask mandate is in direct contradiction to the science as we now know it. Herd immunity is forfeited for public control. Hospitals do not seem flooded and new medicines are available. Enough is enough. Many vaccinated people like myself will not be happy come Election day.</p>
Hugo B Schwyzer	<p>Dear honorable supervisors,</p> <p>I am pleading with you to reconsider the imposition of the mask mandate on July 29. This will pose an unfair burden to businesses, and create conflict and even opportunities for violence in an already tense summer. Please keep our beautiful county in alignment with the rest of the state and don't drive business to adjacent, free-er counties.</p> <p>I know there's a lot to balance here. The net harm of a mandate outweighs the good, and I urge and plead with you to stop the mandate before it's implemented.</p>
Hunt Turner	<p>Do not implement a county wide mask mandate. These are unnecessary, masks dont work, and create an unnecessary level of fear. Consider:</p> <ul style="list-style-type: none"> -North Dakota mask study showing no discernable difference in results. americanexperiment.org/north-dakota-study-masks-in-schools-hardly-impacted-covid-spread/ -According to USC Medical (7/14/22) 90% of COVID hospitalizations are not because of COVID but happen to have COVID. -The entire state of FL (28 M people) dont wear masks and are doing just fine. <p>Masks become disgusting and toxic: nature.com/articles/s41598-022-15409-x</p> <p>Be a leader and vote against this outrageous health order!</p>



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Ian Konowitch	I urge you not to allow the mask mandate to happen. LAX has a mandate that is not enforced, this will be the same. People don't want masks and the only place there will be enforcement is at schools where kids face more danger driving to school than they do from COVID. If people want to wear masks they have every right but this can't go on forever, enough. Let people decide for themselves.
Ian Wood	
Ibonne Demogines	I am in 100% Opposition to these Mandate.
Ignacio C	I oppose any mask mandates, especially for young school children who have been proven to be the least impacted by covid. Fire Barbara ferrer for incompetence
Inessa Sarkisyan	Cases of Covid will always go up and down but that doesn't justify mandates as hospitalizations and deaths are not an issue anymore. This is just a clear violation of personal rights. Each person should be free to mask or not.
Inna D	I OPPOSE MASK MANDATES ! Looking at all the research they have. Done nothing . It has caused so much harm to our children mentally and emotionally . ENOUGH IS ENOUGH
Ira Strasberg	
Irene Hernandez	
Irene Yaymadjian	
Irina Fitzgerald	NO MORE MASKS! This is a made-up emergency.
Irina Moises	Im saying NO to mask mandates coming back and I have zero confidence in Barbara Ferrer to make these decisions for LA County. Our children are finally doing better and starting to catch up academically. We know how to take care of ourselves.
Iris Jue	Vote NO to reinstate indoor mask mandate.
Iris Strauss	Ms. Ferrer must be forced to resign. She's is incompetent, a hypocrite, and clearly is not qualified to make any type of medical decision for anyone. I've lost ALL of the little trust I had left in the "leaders" of LA county.
Irma Betts	Numerous studies have stated mask mandates are not effective in reducing COVID transmission.
Irma Brien	
Irmina Jimenez	No masks in schools!
Isabel Bradley	Unconstitutional
Isabel Marquez	



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Isabel Sanchez	<p>Dear LACBOS,</p> <p>Please do not reinstate any more mask mandates of any kind. All scientific studies show that mask mandates have minimal benefits and much more costs to society as a whole. Recently, Doctors from USC mentioned that there were minimal patients admitted for COVID cases, and much more with COVID, of these cases only about 3 were admitted.</p> <p>As the Board of Supervisors of LA County I understand that with all the COVID fear being perpetuated by MSM you chose to take what you considered the safe route at the time. You, unfortunately handed over the reigns to an incompetent public servant who is not even qualified to be making health decisions for all of LA County. On top of that, Barbara Ferrer clearly made decisions based on fraudulent studies compiled by her own daughter. This is a clear conflict of interest which was not disclosed to the public by Ferrer.</p> <p>It is time to take the reigns before the county of Los Angeles looks foolish in the eyes of the whole nation and even the world. Not only should the Board place all health decisions in the hands of the citizens, but it should also fire Barbara Ferrer, who's only accomplishment has been to force mask all of LA county without providing the numbers to justify her measures.</p> <p>Her forced measures and faulty rubrics, have damaged LA county's credibility when it comes to the science. Her measures have also done astronomical damage to our children and their education.</p> <p>Please consider releasing her from her contract and using your power for good. Say no to the mask mandates for the sake of us all.</p> <p>Thank you! Isabel Sánchez</p>
Ivan Matthews	
J Haroun	<p>No more mask mandates!! The pandemic is over and Covid is now endemic. Mask mandates are not part of an endemic plan. People can assess their own level of risk and masking should be optional accordingly. Barbara Ferrer has lost the public's trust. She has NO medical or scientific background to be making health decisions for the public and her ethical standards are highly questionable, as we have no seen.</p> <p>Mask mandates were a detrimental burden on businesses and caused adverse physical and mental health impacts in school children. Do not bring back mask mandates!!!</p> <p>dailynews.com/2022/07/21/fire-barbara-ferrer</p>
Jacalyn S Jimenez	<p>Mask mandates has been proven it does not have any positive effect on disease control. It is a control issue used by politicians that are only trying to put fear in the public.</p>



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Jacinda Beck	<p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold out Dodger Stadium this week with a mask around her arm (and not over her face)--notwithstanding her dire warnings to the public about how bad things are right now--I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p> <ul style="list-style-type: none">• Children Are Not Responsible For Keeping Adults Safe. Children are the least likely to experience serious outcomes from infection, yet they will be required to continue to mask in schools for the sake of adults. Even now, children must mask indoors for 10 days after exposure. This is also out of alignment with California guidelines.• California Department of Health Recommends Indoor Masking. It does not require it, even though two-thirds of the state is also at high level of transmission. The County should align with the State guidance.
jack brand	End the ridiculous mask nonsense! L.A. County's "Public Health" Director, Barbara Ferrer step down!
Jack P Macdonald	
Jack T Hobart	
Jackie Lewis	Strongly opposes putting anyone in mask again as they do nothing but cause harm
Jackson Reich	
Jacob Chesin	I oppose reinstating the mask mandate. Children are not at high risk for contracting or transmitting the virus. Nor are they at high risk for adverse affects if they do catch the virus
Jacob Cortez	Unlawful/unconstitutional to mask against will. My body, my choice
Jacob Crane	
Jacob Fisher	
Jacob Lunger	



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jacob ramirez	NO MASKS ARE NOT NEEDED. I WILL NOT COMPLY.
Jacob Rodriguez	
Jacob D Hensen	I am student and oppose any mask mandate. Studies show they do not work and interfere with learning and communicating. They are harmful to children and adults. NO to mask mandates.
Jacqueline Ramirez	Mask DO NOT help! I don't understand why we have to keep masking! COVID is the new flu and at this point everybody will get it. Why cant we just go back to normal lives before Covid.
Jacqueline S McClure	I oppose mask mandates
Jacquelyn Marciano	
Jaime Diaz	MY BODY, MY CHOICE
Jaime Frisbie	No more mask mandates!!!!!!!!
Jaime Scott	Masks mandates are not backed by science and have not been proven to be beneficial in reducing the spread of covid. We are at a point where covid is here to stay and people should be able to make their own decisions on how to live with it.
Jaimie Weaver	No masks
Jairo Sanabria	
Jamal Obeid	The idea that we should bring back masks is not only bad but insane. Ferrer's hypocrisy by telling everyone we should be worried then going to the baseball game is proof. When she received her award she had to remove her mask to speak correctly, her conflict of interest with her daughter authoring a paper claiming mask benefits when all other studies show the opposite. These and many more coming from someone other than an MD are shameful. Then the USC doctors come out and say there's almost no severe cases at all. Please stop gaslighting, fear mongering, and using lies to achieve your aims of forcing things on people that have no effect, except maybe deleterious ones. No more mandates at all.
James Borell	
James Bosco	DO NOT PUT MASKS BACK IN CLASSROOMS
James Buchanan	There is no science supporting this matter and plenty proving it damaging to the health of our children, cities, county, and state. Especially our workforce, which continues to dwindle, and leave.
James Callaghan	Mask mandates, and the covid state of emergency for Los Angeles County, needs to be ended NOW. The head of the Los Angeles Public Health Department, BARBARA FERRER, has been caught by multiple press outlets behaving in a corrupt and fraudulent manor to continue pushing a 'covid threat' narrative that not only does not exist, but that also has significant 'CONFLICT OF INTEREST' ties to her family and the LAUSD Teacher's Union.



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1. Barbara Ferrer has shown a deep conflict of interest in her job to protect the health of Los Angeles County as she has said that she never read the CDC study that she based Los Angeles mask mandates on however this study was, co-authored by her own daughter, co-authored by 4 of Barbara's own employees & acknowledged in 2020 by Barbara Ferrer

2. Barbara Ferrer continues to tally 'with covid' hospitalizations as 'from covid' hospitalizations, resulting in a +90% inflation of the data according to Los Angeles County USC medical doctors Brad Spellberg & Paul Holtom in their online townhall on July 13th 2022.

3. Barbara Ferrer has said numerous times that her health guidelines for Los Angeles must be approved by labor/union partners, which includes The LAUSD Teacher's Union, where her daughter works and was co-author of item 1 above. The Teachers Union has expressed an interest in receiving covid-19 relief funds, to the tune of +\$4b/yr, in perpetuity which points to an obvious conflict of interest and is supported by Barbara Ferrer attempt to keeps LAUSD students in masks to perpetuate a non-existent covid threat that would guarantee the LAUSD Teacher's Union this money.

4. Barbara Ferrer has ignored MULTIPLE studies now available from leading education experts that all cite significant damage was done to children in school both do to distant learning and mask mandates. Our kids are now behind educationally and socially from where they should be and many will never catch up. As the head of the Los Angeles Public Department of Health maintaining the health of our children should of be the HIGHEST PRIORITY to Barbara Ferrer, yet it is not.

5. Barbara Ferrer has ignored 2 years of CDC data show that school age children are the most resilient and least at-risk age group when it comes to serious illness or death from covid-19. This combined with point 4 above paint a clear picture that our shool age children DO NOT NEED TO MASK OUTDOORS OR INDOORS FOR ANY REASON.

As the Los Angeles Board of Supervisors you alone have the power to repeal mask mandates for Los Angeles and remove Barbara Ferrer from her position and I DEMAND you support both of these actions at your upcoming meeting on July 26th 2022.

The citizens of Los Angeles are finished paying Barbara Ferrer's salary of +\$600/yr (the highest paid civil servant in the United States including Anthony Faucci) and it is now your duty to remove her from public service for the rest of her career.

James Didier

I strongly oppose the imposition of a mask mandate on students as children are not High Risk and the virus is no longer a serious threat to them.

James Meehan

Oppose new mask mandate. The virus is now very weak, as viruses tend to get. Masks are very questionable in terms of efficacy. The study that



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	LACDPH has relied on is not peer reviewed, and was even authored by Barbara Ferrer's daughter! Meanwhile there are many peer reviewed studies concluding masks do nothing. Focus on protecting the vulnerable and let everyone else choose for themselves. Focus on severe disease control, not population control.
James Rodriguez	
james a lum	Please stop the fake doctor from reimposing the ridiculous mask mandate based on her daughter's deeply flawed report. We're tired of her constant mandates to prove her power and control. We look to you to do the RIGHT thing and will remember during the next election
James K Johnson	Follow the SCIENCE-mask do little if any good to stop the spread while harming our society. Covid is a reality and we accept it. If you are going to get it you will(even with all the precautions even President Biden got it) and have a 99.9% chance that you will be fine. Thanks for you consideration.
james p durham	<p>Totally oppose this mandate as 1. masks don't work. 2. The study Dr. Ferrer claims for schools has a conflict of interest w/ her daughter running the study. 3. Scientists and Dr's all over the country are not seeing an increase in intubation, death or breathing issues as such there is no benefit in pushing a mask mandate or any other arbitrary restrictions. In addition, mask cause further issues w/ those especially in the heat and bacteria. Most of the people in the 20-30s w/ polio died of bacteria infection in the lungs. There is absolutely no science based reason to purse a mask or any other restrictions at this time. Florida and other states that remaining opened and not masked actually did better than states w/ mandates. Based on the science which I have provided and the in addition, July 13th 2022; Brad Spellberg, the chief medical officer of Los Angeles County and University of Southern California Medical Center, and epidemiologist Paul Holtom, said that there have been no changes in the transmission levels of COVID-19." To quote the Dr's. "Our Covid situation – it's just the same. It has not changed," Spellberg said. He showed a graph and said, "it's plateaued and has not gone down."</p> <p>Dr. Spellberg said they are seeing thousands of people with Covid, "but it is mild, and they go home," he said.</p> <p>He said of the patients who are admitted to the hospital, "90% of the time it is not due to Covid. Only 10% of our Covid-positive admissions are due to Covid."</p> <p>"None of them go to the ICU, and when they do, it is not for pneumonia," he added. "They are not intubated. We have not seen one of those since February."</p> <p>"A lot of people have really bad colds is what we are seeing, Spellberg said.</p> <p>"It is just not the same pandemic that it was, despite all the media hype to the contrary... I mean ... a lot of people have bad colds is what we're seeing," Spellberg added."</p>



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	<p>"So many people are testing at home and not reporting that in," Epidemiologist Dr. Paul Holtom said. "No one has any idea how many are actually testing positive."</p> <p>Further any infringement on our personal rights and freedoms not based on medical science is against the law and further for children should be classified as "Cruel and unusual punishment as well as neglect and abuse".</p> <p>Not to mention all studies except Ferrer daughters directly contradict the benefit of mask mandates. Further to show this a methodist hospital in houston has over 400 nurses and staff (basically the whole hospital) that are vaccinated and boosted plus masked at work that have all come down w/ Covid and been sent home.</p> <p>These are multiple reasons why this is not a public health order but political power move by unelected city workers.</p>
James R Butler	No mask mandates!
Jameson Weber	<p>My wife and I are fully vaccinated and by no means "anti-mask" but I need to express my deep concern with and opposition to the possibility of a mask mandate being reintroduced in Los Angeles. I am in the process of relocating back to Los Angeles with my family (2 young children) with plans to establish an office for my firm (potentially 40+ employees) and this is / was my greatest fear about doing so and may cause us to reverse our decision. This is both a material step backwards for Los Angeles and its residents (especially children) as well as a step backwards from even New York, where we are leaving. This will put Los Angeles, and California broadly, on its own in the U.S. and Globally with such an overreaching and harmful response to COVID.</p> <p>Of primary concern is the implications for schools, especially early childhood and elementary schools, and the profound negative implications for children. Parents should have the right to choose what is best for their children, and with these changes that choice would be taken away. Parents that feel like masks are appropriate for their children of course always retain that choice. I'd ask you to consider:</p> <p>There is no science to back up this claim that masks actually make a difference in schools, many studies including this by the CATO Institute reiterate this.</p> <p>Further, it's widely understood that children are one of the least affected populations by COVID and it's variants</p> <p>The World Health Organization, for example, does not recommend masks for children under age 6 The European Centre for Disease Prevention and Control recommends against the use of masks for any children in primary school</p>



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The Arizona study at the center of the CDC's back-to-school blitz turns out to have been profoundly misleading

However, there are profound negative unintended consequences in the effects on children's development, socialization, confidence, mental health and all around well being

To force children to mask indoors when the entire population continues to travel unmasked and gather unmasked etc. it is ineffective, unreasonable and categorically putting adults well being ahead of children's

This will have a long term harmful effect on our entire country and community if children are forced to sacrifice so much

My 3 year old son has thrived no longer having to wear a mask...which draws a sharp contrast to when he did. He is/was extremely upset when forced to wear a mask. He couldn't see his teacher's faces when learning language or other lessons. He couldn't hear their voices, or have his own voice be heard, given the muffling impact of the masks. He couldn't see his teacher's or classmates' facial expressions or emotions when responding to each other. This translates to challenges developmentally, socially and it significantly impacts the ability to develop confidence.

I appreciate your consideration and listening to my concerns. This is not political, but I believe we should all have a choice to wear a mask or not wear a mask based on our own circumstances and risk assessment. I believe in my children's overall health and well being, as all parents do. For my family and my children, this means no mask. I fully support other families having a different point of view and choosing for their children to wear a mask.

To remove that choice from the parents and mandate an ineffective and likely harmful policy is overreach and inexcusable. I understand you are trying to do what's right and protect people but this approach is misguided, is not respecting what material amounts of data are telling us and has profound unintended consequences.

I ASK YOU TO PLEASE DO NOT REINTRODUCE THE MASK MANDATE IN LOS ANGELES. AND IN ALL CIRCUMSTANCES KEEP MASKING OPTIONAL IN SCHOOL.

Thank you,

Jameson Weber

A sincerely concerned constituent and parent (3 year old and 9 month old)



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Jami Hoffman	Strongly oppose. Science does not support it.
Jami Jones	Oppose an indoor mask mandate especially for school age children who will soon be going back to school. There is no proof that this does anything at all ask the last two years have shown. Or the last 100 years of mask not stopping any respiratory flu virus otherwise it would have been done. The microns are too small and the masks can not stop them. There are more negative consequences than positives to this being a mandate. It should be optional to the individual which is consistent with State Dept. of Health and guidance being used by the rest of the world.
Jamie Acevedo	Oppose the indoor mask mandate, especially for children. The risk vs reward is in arguable and our children have suffered enough at the expense of this political corruption. If this passes, I will pull my child from the school system and I know 15 others who plan to do the same. Covid is over, hospitals are not overwhelmed, we know this for a fact. We will not comply.
Jamie Bechtold	I urge you to oppose the proposed mask mandate in LA County. The actual numbers reported by Los Angeles hospitals do not support another mandate and the study Barbara Ferrer is using to support it was authored by her own daughter, who is not an MD, and has a huge conflict of interest. This mandate could devastate what is left of LA businesses.
Jamie Clack	
Jamie Durfee	No more masks! Mask choice only. This masking children is horrible and creating a mental health issue and health issues. The science does not support kids wearing masks. Knock it off!
Jamie Rager	I respectfully request to see the data where it is proven that the masks actually stop people from getting the virus, as cited by Dr. Fauci's own admission that he is double vaccinated and quadruple boosted while wearing 2 masks and yet still showed positive with signs of a virus. When non-sick people are forced to wear a mask, it defies common sense that they can give someone a virus they do not have. There is absolutely no reason for any emergency orders to be pushed down to citizens. As soon as you prove the ACTUAL death rate due to COVID and not other secondary body/immune issues, then there may be a case for your argument that masks shall be worn. Any person can wear a mask, if they do desire. This should NOT be forced on others as we live in a free country that is not in any such emergency situation.
Jamie Stanchfield	<p>I am an elementary school teacher and oppose mandatory masking. I have many reasons for my position.</p> <p>I have seen first hand how covering up a child (and adult's face) so they can go to school or work has been harmful. The surgical masks say on the packaging that they DON'T protect against COVID, so why are they being forced? I suffered allergy type issues for the 2 years that I was FORCED to wear my mask while teaching. In March, when I was allowed to remove my mask, within 2 weeks I was off of every nasal spray, inhaler, and allergy pill that I had been taking for almost 2 years. In addition, not being able to smile as I passed children and coworkers in the hall brought me tremendous sadness. It was extremely depressing being masked for almost 2 years. That</p>



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	<p>is NOT to flatten the curve! The day my mask came off I felt total joy!</p> <p>As for my students, I had children suffering from anxiety type behaviors, not wanting to come to school since they didn't want to wear the mask, insecure behaviors, etc. I had to constantly remind them to wear it properly. Is this my job as a teacher? Don't teach, but make sure that little ones are masked? Once masks became optional, I saw smiles, self confidence appearing, increased socialization, a drastic improvement in academics (from extreme COVID learning loss), and even more positive things. Please visit a classroom to see the difference between smiles and just seeing eyes only. Go into a school with masked children and employees. See what you're doing to them mentally.</p> <p>Let the parents, kids, and personal physicians make the decisions for their families/own patients about personal masking. It is not up to you and the board to make a blanket decision on what protects everyone else, while forgoing my health (being able to breathe without tons of medications from masking).</p> <p>Covid isn't going away anytime soon, and the lack of educated decision making from LA County when large, local, hospitals themselves say that they are not treating many COVID patients is absurd.</p> <p>LET OUR IMMUNE SYSTEMS DO WHAT THEY ARE MEANT TO DO! This is not the first illness that sends people to the hospital or causes death (unfortunately). Germs have been around in life and schools forever.</p> <p>MENTAL HEALTH IS JUST AS IMPORTANT AS PHYSICAL HEALTH.</p>
Jamie Vasquez	No masks in schools
Jamie Zuniga	Oppose an indoor mask mandate particularly for kids in schools. There are too many downsides that are mitigated by leaving it optional. This is consistent with the state department of health guidance and the rest of the world.
Jamie B Rudner	I sm opposed to reinstating the indoor mask mandate especially in schools!
Jamie M Tickel	We've been through this long enough and we all know masks don't help. No one is dying from covid like before when this first happened. Stop instilling fear in the public!
Janae Cain	I strongly oppose mask mandates! This is nothing but government tyranny. I will not comply.
Jane Feil	Mask choice in LA County. DO NOT MASK OUR KIDS.
Jane Heary	This is absolutely ridiculous that we would consider a mask mandate again. Those who want to wear them can. You will drive more parents to drop their kids from public schools and drive more residents out of this area.
Jane Jimenez	Oppose.



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	Illegal - no authority to mandate "public health" measures. No "public health emergency"
Jane Rampe-Hensley	Discontinue and form or mask mandate, especially on school kids out in the open at recess. They will be stronger for it.
Jane Robinson	DO NOT EXTEND OR CREATE ANY MORE MASK MANDATES. THE SCIENCE CLEARLY INDICATES THAT THEY ARE INEFFECTUAL AND DO NOT BENEFIT RESIDENTS OF CALIFORNIA OR SCHOOL CHILDREN.
Jane H Lord	Comprehensive real world data now available to prove that masks do not work and may in fact cause harm. Infringement of inalienable rights of sovereign beings. Re-introduction of masks based on flawed data. Ferrer conflicted and should be removed from office. No risk benefit analysis ever produced. I suggest that every member of the Board of Supervisors read "Unmasked The Global Failure of Covid Mask Mandates" by Ian Miller. I strongly oppose the re-introduction of a mask "mandate".
Janelle Bowers	
Janelle Sommer	No more mask mandates. Covid is no more than a cold now. Ask my 86 year old mother with a heart condition who recovered just fine. This absurd.
Janet Betts	
Janet Cubak	Absolutely no science based reason for reinstating the mask mandate ! We oppose reinstating the mask mandate. Our poor children cannot bear it!! It's child abuse!!
Janet Daneshvar	
Janet Kidd	<p>I strongly oppose reinstating the mask mandate in Los Angeles County. Covid is not a deadly virus – at this point, it resembles a common cold or flu. We have seen over the last 2 ½ years the damage the masks have done to people, especially our children. Right now we need to focus on getting our children caught up in school and caught up emotionally. The damage that has been done between the mask mandate and the isolation of lockdowns is almost irreparable. However, I still have hope that it can be repaired. However, if you continue to try and mandate masks, it may soon become irreparable damage. I would hope that all of you would not want that on your conscience – to know that you contributed to the damage of the next generation.</p> <p>I respectfully request that you allow the citizens to make their own decisions regarding their health like we always have. Those that want to wear masks will – their choice. To take that choice away from everyone else to NOT wear a mask is criminal in my mind.</p>
Janet Okhovat	
Janet Roshanzamir	



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Janet Rutledge	It is time to stop mandating and let people make their own choices. If masks work then why are so many vaccinated people still getting sick?
Janet Von Lutzow-Schoonyan	
Janet M Smith	As a resident of LA County I do not want to see another mask mandate implemented here.
Janette Rodriguez	No to mask mandates. Enough is enough. It is doing irreversible damage to our children. No!
Janice Atkins	Follow the science. Hospitals no longer have problems with the COVID cases and would never have if we would have been able to use over the counter treatments. Stop being the dictator!
Janice Kohles	No more mask mandates. Personal choice as it is now.
Janice Kong	I oppose the unscientific mask mandate being considered for LA County. If you impose this mandate my family and many like-minded families will boycott LA County businesses and shop in Orange County as we did before. Stop this unconstitutional, unnecessary, unscientific government abuse of power once and for all.
Janice Kong	I oppose the unscientific mask mandate being considered for LA County. If you impose this mandate my family and many like-minded families will boycott LA County businesses and shop in Orange County as we did before. Stop this unconstitutional, unnecessary, unscientific government abuse of power once and for all.
Janice Lima	Stop imposing mask mandates and end the state of emergency now.
Janice Munson	There is no science to back reinstituting the mask mandate. Why were we told to get vaccines if they are forcing masks again.
Janine Roy	Further studies have shown Masks don't work. It's better to breathe air. Mandates are opposing our God given rights as Americans.
Janna Burbidge	Strongly opposing the mask mandate. Give the children a choice. The children need the social connection to teachers and students through visual expressions. The mask prevents open discussion and learning with all the distractions to deal with on the face. Please just stop this requirement my boys are miserable when they are forced to wear it. Sweaty and uncomfortable.
Jany Despotov	Your website has a glitch I specifically chose the a pose option. And as I started typing is switch to other and when I finalize day is switched to in favor. So I am re-submitting my response and M in complete opposition to this ludicrous mask mandate The fact that we are even continuing to entertain the ridiculous mask mandate is beyond me. As hospitalizations continue to decline and doctors have already spoken out even on the biased main stream media advising that there is no need for mask mandate. And they even encourage people to fight on and obtain antibodies through contraction. Farrar and her ridiculous mandate are clearly out of order. If we are following the science let's follow



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	the science. And the science of doctors speaking out all over are saying that this is ridiculous. It is time that ferrar resign as she clearly has a conflict of interest with her daughter's CDC report. All she is trying to do is add substance to her daughter's report. She has no interest in the well-being of this county. The science clearly has not been followed and has only been used to continue tyranny in this state.
Jared Bradshaw	
Jarred Herman	<p>Regarding Public Health Order for Indoor Masking</p> <p>My primary opposition to the indoor masking requirements is focused on how this applies to children in classrooms. As the public health policy makers for Los Angeles County, I trust you are aware that there is NO robust RCT trials that show masking children in schools is effective at preventing the transmission of COVID. If you are not, I encourage you to read the various meta-analyses showing that to be the case: such as this.</p> <p>Therefore, this decision by your team either displays a fundamental lack of knowledge regarding the studies on this topic, or more likely, this is a case of naive interventionism. While I understand the pressure you may feel to do your part to help, this indoor masking requirement will demand sacrifices from our children that will have NO impact reducing the transmission of COVID, but will likely have social and developmental impacts on the children themselves.</p> <p>What kind of society asks their children to be the first to take on the burden of "protecting the rest of us"? It would be almost unthinkable even if it worked, but given we know it does not work and is at best neutral and more likely harmful, it is unforgivable to enact this policy.</p> <p>It goes without saying that any parent that evaluates the risk-reward tradeoff differently than I do has the freedom to have their child wear a mask. To remove that choice from the parents and mandate an ineffective and likely harmful policy in schools is overreach and inexcusable.</p> <p>I most strongly request that you do not enact this indoor masking decision in schools and leave the masking decision to the parents, where it belongs.</p>
Jary Guerra	Mask are not medically necessary. COVID infection and hospitalization numbers are low according to the doctors at LAC+USC county hospital.
Jasmine I	<p>Barbara Ferrer must be fired immediately! She has created policies that have had a negative impact on adults, children and businesses in LA County. Enough is enough!</p> <p>When do we get our lives back? There is no transparency coming from her office and the new information that has come to light is causing distrust with LA citizens. She can not remain at her job and investigations are in order. I strongly urge the Board to reject any new public health mandates. This has gone on for far too long. Fire Ferrer immediately!</p>
Jasmine Moshfegh	Elementary and early childhood Children are being harmed through these ineffective policies. Masking should not be implemented in schools. Speech



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	<p>delays, behavioral issues and learning disabilities are being seen at schools in every demographic. Hospitalization of children is a non issue due to their low risk of disease. According to lac + USC hospital doctors there has been no rise in Covid hospitalizations. Schools should not be forced to implement a mask mandate. They should be left with mask choice.</p>
Jasmine Yadgari	<p>Please do not put masks on our kids! It's enough! You are harming our children.</p>
Jason Christman	<p>I strongly oppose the renewed masking mandate set to being on July 29th. This proposed policy does not align with the health guidelines in ANY other counties in California, or ANY other county in the entire country. Many of these counties have already entered the "high" CDC community transmission level, and yet are not proposing similar mandates. LACDPH has given no justification for why LA country should be reacting differently.</p> <p>In fact, in last week's media briefing, Barbara Ferrer admitted that hospitals are not under strain, and that we are in a "better place now". Cases have already peaked and hospital admissions are already coming down – all without a mandate. The only justifications Ferrer can muster for her proposed orders is that it promotes "equity" or that it's her belief that masking is an "act of kindness". Frankly, this is insulting coming from a public agency that is supposed to be making decisions based on evidence backed scientific principles. These are not legitimate reasons to impose a mandate on 10 million people.</p> <p>We know that masking mandates cause considerable hardships, especially in schools where students will be starting their third year of learning interrupted by mandates. Why aren't concerns of "equity" or "kindness" ever expressed towards students who have suffered years of learning loss thanks to Ferrer's and LA County's extended school closures (some of the longest in the nation and world) and continued interventions that prevent students having a normal school year. Putting masks back in the classrooms will impede language learning and clear communication from teachers. Ferrer helpfully demonstrated this herself a few months ago, when she had to remove her mask to be clearly heard while accepting an award from the LACBOS.</p> <p>While we know there are real harms, community masking has yet to show any real benefit. Alameda county recently implemented and quickly dropped a similar mandate, and comparing cases levels to neighboring counts showed no difference. When pressed, Ferrer couldn't answer why that was. The truth is she doesn't like the answer: study after study has shown that masking mandates have had minimal to no effect. While wearing a well fitted, high quality mask may help protect on an individual level, mandates have minimal effect.</p>



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Increasingly, Ferrer seems less motivated by following the science, or aligning with the rest of here CA colleagues than pursuing her own agenda. The studies Ferrer has presented to support her mandates are incredibly weak and hopelessly confounded. One study used nothing more than a phone survey to determine mask usage. And in an obvious conflict of interest, her daughter authored a study based on mask usage in LAC schools during a time when most were still closed. She violated basic academic standards by failing to report the personal relationship to her mother. When asked about this in her 7/21 press briefing, a visibly angry Ferrer gave an embarrassing performance attempting to avoid blame. She claimed no knowledge of this study until recently, even though it was authored by her daughter, included Ferrer in the acknowledgements, involved and number of LAPDH staff, and was used by the CDC director and over 50 news outlets as a support of masking policies.

I suggest instead of rubber stamping every order from LADPH, the board should do its job, investigate the actions of LACDPH leadership, and immediately replace Barbara Ferrer with a public health expert with real scientific or medical background, who can work with doctors, hospitals, and officials in our county to come up with common-sense policies that balance the needs of everyone.

Ferrer and LACPH has lost legitimacy, and not only should this current order be voted down by the Board, she should be removed from office and replaced immediately.

1. How does LA county justify a mask mandate when 20+ counties in CA are already in the "high" CDC tier and have not re-implemented mandates? LA will be the outlier in CA and in the country.

2. Why did Alameda county's recent mandate show no decrease in case numbers from surrounding counties?

3. Why has LA performed no better than surrounding counties even though it's mask mandate has been extended far longer?

4. Why did Barbara Ferrer's daughter (a communications and marketing MBA with no scientific background) author a study supporting her mother's policies and not disclose a conflict of interest?

5. In her 7/21 press briefing Ferrer claimed to have no awareness of her daughter's study. Considering she is listed in the acknowledgements, 4



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	<p>members of her staff were involved, and the study itself has been used by the CDC director and over 50 news outlets to justify mask mandates, it seems obvious Ferrer is lying. Why is lying about a real COI and breach of basic ethics acceptable?</p> <p>6. Barbara Ferrer admits hospitals aren't overwhelmed, and that most of the positive new admissions are incidentals. What then is the justification for renewed mandates?</p> <p>7. Why is someone without a medical or scientific background making decisions for one of the largest counties in CA? Policies that don't align with the rest of the state. Shouldn't we have an actual health expert making policy</p> <p>8. Do you believe an un-elected official, should be implementing far reaching mandates on principles such as "equity" and "kindness", rather than true public health emergencies? Aren't decisions like this more appropriately done by the legislature in a democracy? Doesn't a useless mandate further erode trust in public health?</p> <p>9. When will this end? Following these current standards will most likely trigger forced masking again in the fall/winter, and most likely again next summer at the least. Covid is here to stay, and continuing a Covid-Zero strategy means permanent on/off mandates.</p>
Jason Goedecke	
Jason Hohalek	
Jason Kraus	No more mask mandates...
Jason lopez	In Favor O Oppose G Other O Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
jason marquez	
Jason Notch	
Jason Schneidman	NO MASKS
Jason Smith	It is time to stop the outrageous cult of the covid mask as even radical Gavin Newsom told us on KTLA news its only an excuse to legislate.
Jason Stulbaum	



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Jason Tamayo	
Jason Terena	
Jason L Tarver	<p>I have a medical condition in which I am unable to wear a face covering. I am facing termination at my current job which I acquired two months ago. Prior to that I was unemployed for two years unable to get a job due to my medical condition. During that time I experienced severe depression. And no businesses cared to consider my medical condition.</p> <p>Last year a Security Guard punched beat and threw me around, and tased me for not wearing a mask in a grocery store. Onlookers watched as they approved the actions of the security guard. This happened during the mask mandate.</p> <p>Do not mandate face coverings. I will lose my job and again be unemployed, and again face discrimination.</p> <p>You guys will still be employed no matter what, but I don't have that privilege.</p>
Jason T Cowne	<p>There are two (2) reasons why I am opposed to reinstating the mask mandates for kids in school. The primary reason is that there are no peer-reviewed, randomized controlled clinical trials demonstrating that masks are safe and effective for kids in a school setting. The second reason is the conflict of interest highlighted recently where Dr. Ferrer relied on a school mask mandate study that was co-authored by her daughter (Kaitlin Barnes) to influence public policy - clearly a conflict of interest that causes loss of trust in Dr. Ferrer's public policy decisions. Please see links below for references. I am firmly opposed to imposing the mask mandates on school aged kids for school.</p> <p>Thanks, Jason</p> <p>theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/</p> <p>foxla.com/news/report-accuses-barbara-ferrer-of-relying-on-her-daughters-cdc-backed-study-on-school-mask-mandates</p>
Jay Biranbaum	<p>I do not trust Barbara Ferrer. I oppose a mask mandate and will not comply. I will sooner move out of la county than follow these non-science useless and harmful mandates.</p>
Jay Estrada	<p>No mask in schools, the science does not support this theory.</p>
Jay Stoltmack	
Jay Turo	<p>I strongly oppose reinstating the mask mandate. The science behind it is questionable at best, and asking businesses to enforce it is unfair and at this juncture, impractical</p>
Jayden Cantu	

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Jaymee Guillen	No mask mandates!!!
Jazmine Prinn	Oppose any mask mandate
Jean Pak	no more mask mandates- they dont work and we need to move on.
jeane long	Masks are no longer needed unless you want ot wear them. Why should our district have to wear them when no one else is. Riverside and OC are not pushing masks. Also why did you just allow san diego comic con if your so concerned about covid. Masks should be something a person has the right to wear and not to wear. Also masks are causing sinus infections in people who have to wear them for then 6 hours a day who are working. There are studies on the NIH in regards to masks and sinus infections from long term use. ncbi.nlm.nih.gov/pmc/articles/PMC7490318/ Thoughts of us with asthma are having a great difficulty with masks. Children its not helping. Do you have children? Do you understand that they touch disgusting things. They then touch there mask and have to breath in that bacteria filled thing they touched while in school. This causes other problems like sinus and bacterial infections to form. Please stop with this silly mask stuff.
Jeanette Redstone	Masks are not healthy for our children to wear all day long. Most families have already had, been exposed to, or been vaccinated from Covid. Masks are pointless and will harm our children, not help them.
Jeanette Steadman	Do not bring back mask mandates! Fire Ferrer!
Jeanne Draves	Dear Board of Supervisors - This is to respectfully ask that you not accept the public health order to require masking indoors, especially for children in school. Over the last two years, masking has shown to be a detriment for many children and a hindrance to their learning. Studies that have compared schools that have masked versus schools that have not masked have concluded that the spread of covid is virtually the same. On top of this, the latest variants are not as serious as the initial strains. Doctors at LA County recently held a press conference and said that this strain of covid is not impacting the hospitals. The patients that are hospitalized are there for reasons other than covid, but just happen to have covid. If you continue to enact health orders that don't follow the reality on the ground, your constituents will continue to lose faith in your leadership. This policy along with vaccinations, will continue to drive families away from the public school system.
Jeanne Wiens	I oppose masking our children. No more masks!! Adults included
Jeannine Kranzow	I earlier accidentally started that I support this so resubmitted just now. I DO NOT SUPPORT INDOOR MASK MANDATE
Jeff Cavano	Strongly oppose. Masking provides no health benefit, actually harms health and impairs people's ability to communicate. If you support the order then many people will not comply. If you support the order then businesses will suffer from fewer people choosing to visit LA county.
jeff Freeman	Barbara Ferrer

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	Medical and Scientific Opinions Do Not support Mask Mandate in Los Angeles County
Jeff Robertson	No Mask mandate is needed. Even the hospitals say it is not needed.
Jeff Sundquist	The covid virus has now morphed into nothing more than a cold. Even the president who just got covid came away with nothing more than the sniffles. To impose a mask mandate at this time would just be a control measure to remove freedoms.
Jeff Wilson	No masks. Fire Ferrer for dishonesty
Jeff A Flick	
JEFF J GLORIOSO	NO ONE IS GOING TO WHERE A MASK!!!!!!
Jeff L McCorkhill	
Jeff S Shelton	I Oppose this unscientific, unconstitutional, and illegal measure to force people to wear medical devices (masks).
Jeffery Stroope	I don't know why you bureaucrats are so intent on harming our kids. Even a recent study out of UC Davis and USC shows that masking school kids has "little to no impact" on the spread of Covid. But masking kids causes speech problems and social cue issues for them. Leave the kids alone.
Jeffrey Bellissimo	I OPPOSE any new mask mandate, and respectfully demand the BOS OPPOSE. Last week, the Chief Medical Officer of the LAC-USC stated that the CV 19 situation in the hospitals has not changed since February, and that 90% of the CV "hospitalizations" were individuals admitted for other reasons, and then tested as asymptomatic cases. Only 10% were admitted BECAUSE of CV19, and that there were ZERO cases of pulmonary disease. The Chief Medical Officer stated that the actual hospital situation was not congruent with "media hype". OPPOSE any new mask mandates.
Jeffrey Florans	
Jeffrey Karsh	
Jenah G Hamsher-Kellogg	No masks in schools
Jeniece Balderrama	We have all learned to live with Covid, it should be everyone's CHOICE how they protect themselves. No mandates! Masks have had a significantly negative affect on students mental health. It is time to let everyone choose what is best for themselves and their own children.
Jenifer Lemon	
Jenn Crafts	LA Public Health and Barbara Ferrer have destroyed the public's trust and completely discredited themselves. To reimpose a mask mandate when actual doctors in LA hospitals are speaking out to let the public know that they

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are NOT overwhelmed would not only further diminish the public's trust, it would also be completely unenforceable. People will not just put these useless masks back on. We have done everything you have asked. Personally I isolated for a year, my business was shut down for a year, I double masked even outside. I got vaccinated right away and helped over 20 others get appointments. I did it all. No more. Covid will be with us forever - we need to live with it. And that means living normal (UNMASKED) lives. Europe is already doing that. Nordic countries aren't even testing anymore. Those people are not biologically different than the people of LA. This is no longer an emergency.

Furthermore mask mandates have proven ineffective over and over and over. There is no place in the entire world where mask mandates have slowed the spread in any way. This data is public and we can all see that. Actual CDC data now shows that counties with mask mandates have the exact same case curve as counties without them. Alameda proved that nicely.

This is unenforceable. All this will do is force children and hourly workers to be masked all day. People with some of the lowest risk will suffer the most. And why? There's absolutely no reason now.

Most everyone has had covid now. We will all get it over and over numerous times in our lives. For the great majority it is a cold. My 70+ year old parents and my 50+ friend who is a heart transplant patient both have had it and recovered 100%. The vaccines have defanged it and that should be CELEBRATED. Mandates will continue to be ineffective, and most people are no longer afraid because they've had it and recovered.

If this is reinstated Los Angeles County would be the only one in the whole nation with a mask mandate. It's ludicrous, ineffective and harmful. Take the out you've given yourselves since cases are going down and save a little integrity. We will not comply anyway.

Jenn A Gibbs	I do not believe my children should wear masks at school. Masks do not work and i do not agree with them wearing them.
Jenna Marshall	
Jenna R Kinsbursky	
Jennette Hert	No masks please! I'm a HS teacher and have PTSD from wearing them and teaching last year!!!!!!
Jennie Opdyke	I strongly OPPOSE a new mask mandate in LA County. We have all seen and heard actual numbers in the county that do not justify any changes. You will only anger this county more and make the movement to remove as many people as possible come November happen. DO NOT attempt another mandate. Parents will vote and recall you all out.
Jennifer Alden	Oppose mask mandates!



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Jennifer Arenas	There should be NO MASKING OF CHILDREN at any time. Masks, including surgical and N95, have proven to be ineffective in stopping the spread of any viruses. Masking has caused illness in my children with bacteria on the masks right on their faces. Masking has injured my children's ability to learn in the classroom, especially my son with Autism and speech delay. NO masks for students! NO masks for teachers!
Jennifer Atencio	I oppose the mask mandate, especially for young children.
Jennifer Barnett	Enough. There's no reason for this, and is contradictory to EVERYTHING we have learned (facts and scientific data) about masks is that they do not work. They are not effective. They do not prevent or help "stop the spread". Why are we doing this again? If people want to wear a mask, they can. If people don't want to wear a mask, they can. It's that simple. Stop trying to push "mandates". It's not legal and is a violation of our civil rights. You all continue to operate under "the color of law", which is against the law. This is unacceptable and needs to end, unless you can provide hard evidence that the masks work and providing statistical data on the isolation of the actual virus. Which I know you are unable to provide as the virus has never been isolated. Rearrange your priorities, this is not one of them. COVID is done.
Jennifer Beatty	Masks do not impede the spread of this virus. There is no scientific evidence to request, let alone mandate, indoors mask requirements. Stop punishing the public with punitive mandates and stop lying to the citizens of Los Angeles County.
Jennifer Colantuono	Quit trying to tell people what to do. Barbara and her daughter need to go!
Jennifer Fiamengo	
Jennifer Fleming	Oppose mask mandates
Jennifer Fleming	No indoor masking!!!! No masks at all period!
Jennifer Franks	
Jennifer Garbick	No mask in schools
Jennifer Geck	I do not agree with a new mask mandate consideration - this is not based on science. Look at states which completely remained open for school and limited masking - they are no worse off than CA. LA has had ENOUGH - look at the Dr. at the All Star game = why would I think a mask would be needed? Thank you,
Jennifer George	Several studies have confirmed face masks do not prevent transmission of The CCP virus. Even Dr Brix has acknowledged the vaccines don't work and the whole plan was a scam. Time to stop this nonsense.
Jennifer Goldstein	No mask mandate. Follow the science. People should mask if they are afraid of getting infected....not the other way around. I refuse to be dictated to again!
Jennifer Hanasab	
Jennifer Herring	Let people do what they want to do. This should be a choice.



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Jennifer Koch	Please disregard my previous response. I accidentally clicked in favor. I AM NOT IN FAVOR OF MASK MANDATES. I AM OPPOSED TO MASK MANDATES. I am a parent as well as a teacher. I have seen my students regress with all of the Covid protocols. They need to see my face for appropriate development/communication. It should be a choice for all. I have read the other comments submitted which oppose mask mandates and agree with those as well.
Jennifer Kuhn	
Jennifer Massey	There should be no further mask mandates; they offer zero proven benefit yet Barbara Ferrer continues to impose them with no scientific basis for her arbitrary decrees. These mandates harm our economy and pose continued threats to our children's development and mental health.
Jennifer Onofre	Masks don't work and I don't want our children to have to suffer any longer wearing masks that science does not prove have any real protection but does more harm than anything!
Jennifer Ortega	No masks in school!
Jennifer Osterman	No masks in school
Jennifer Renolds	Strongly oppose any further mask mandates, especially in schools for children. This would be the 4th school year disrupted by covid restrictions and closures. You have to factor in the harms of masking and we already know the risks of covid in children are minimal. We all heard the USC doctors explain how the variant is now very mild and there is no strain on the hospital system. Enough is enough.
Jennifer Rob	My son said he would rather do home school then wear a mask at school again. He said it was miserable wearing the at school & difficult to learn in. They gave him headaches and were very itchy. I will home school if this masking goes into effect again. It's torture to the kids and it's mid evil seeing a preschooler in a mask. Sincerely, the Rob Family
Jennifer Roth	<p>I oppose a mask mandate at this time.</p> <p>The data presented on hospitalizations is misleading, when it has been widely reported that only 10% of hospital Covid patients are hospitalized FOR Covid (rather than incidental).</p> <p>Given we have vaccines and treatments today, it would be silly to instill a mask mandate based on case rates - that has become crystal clear over the last year. It seems that LA is one of the few health departments in the entire country that uses arbitrary metrics like number hospitalized with Covid and looks at case rates.</p> <p>Further, mask mandates have been shown to be wholly ineffective and only drive divisiveness among our community, as well as negative impacts to business and school kids. At this point in the pandemic, everyone is able to make choices based on risk (just as they daily make choices about their health). Again, I oppose the mask mandate.</p>



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Jennifer Shram	Fire Barbara Ferrer!!!!
Jennifer Svoboda	No masks in school
Jennifer Thompson	no mask mandate!!!!
Jennifer True	Masks have been so destructive to our children. Plenty of research reveals that masking does NOT reduce the spread of covid. Please do not institute this damaging practice!
Jennifer Walters	
Jennifer Wood	
Jennifer A Krause	Please fire Dr. Ferrar. Masking DO NOT mandate masks for school children= the are NOT spreaders of COVID and are not responsible for an adult disease. Look at the stats on kids under age 4 getting vaccinated- only 3%. They are NOT super spreaders of COVID. Enough is enough!
Jennifer A Viggiano	This is no longer a deadly virus, and children are not at high risk for either contracting to transmitting this virus.
Jennifer D Tavelli	I firmly oppose imposing a "mask" mandate for our children. There is no basis that masks are stopping the spread of the virus. In all the times my son was supposedly exposed last year he never contracted the virus. Hospital rates due to Covid are low. Please keep our children normal and stop the mental health issues that are coming from being masked, quarantined, and made to feel like they have diseases.
Jennifer J Solum	I strongly oppose Barbara Ferrer's public health order to reinstate mask mandates. My family and I will not comply with any future mask mandates.
Jennifer L Peterson	<p>Enough is Enough! Give us the right to choose what is right for ourselves & our families! The real thing we should be fighting is the mental crisis all this nonsense has caused! My kids are finally starting to have some normalcy in their lives again- please don't take that away!! They will be devastated.</p> <p>Covid 19 is no longer the scary virus it was made out to be in the beginning and DOES NOT need to be mandated. I know from experience- I had the original strain February of last year & the newest a few weeks ago- and quite honestly I've had colds & sinus infections far worse than both!!</p> <p>I 100% oppose the upcoming Los Angeles mask mandate slated to begin on July 29th. Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19. The political BS is beyond ridiculous, to the point that my family stopped watching the news over a year ago.</p> <p>PLEASE END THIS CYCLE!!</p> <p>Furthermore as a healthy, active 37 yr old women planning to have another child- I absolutely DO NOT want the vaccine. I'd rather get Covid again than risk the complications the vaccine could cause.</p>



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Jennifer M Campbell	No masks in schools
Jenny Brandi	Please do not reinstate the mask mandate in LA county. We understand this virus much better over two years and now we have a variety of treatments available as well as the gene therapy "vaccine". Give us our freedom to choose what to do with ourselves. If I'm sick, I stay home or I will choose to wear a mask if I must go out. Masks aren't the best solution. Prevention and treatment are. Why aren't we focusing on asking our citizens to eat right, lose weight, lower stress, and get vitamin d? What happened to following the science? Focus on our real issues like homelessness, crime, and the economy and not this! Thank you.
Jenny Chesler	Oppose an indoor mask mandate. Particularly for young children in schools.
Jenny Layne	
Jenny Martinez	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with state department of health guidance and the rest of the world.
Jenny Rodriguez	No indoor mask or vaccine mandate for public schools.
Jenny Rouh	OPPOSE a indoor mask mandate particularly in schools. Leave it optional like the State Dept and the rest of the whole world.
Jenny Threadgill	
Jeordie C Fellner	Time to end the mask mandates, it has gone on too long. Those that are worried should be vaxxed by now.
Jeremy Kerns	Oppose indoor mask mandate. Particularly egregious to children with special needs children being significantly impacted. Current studies show significant negative consequences for masking and inconclusive benefit. Special needs children, particularly those with speech and hearing impairment are impacted the worst. Please leave masking voluntary.
Jeremy Selhorst	
Jerrod Ferguson	
Jerry Carlos	
Jessenia Ramos	No masks in school!
Jessica Baker	When did LA County children become the enemy? Why are you allowing them to continue to suffer at the muddied hands of "Dr." Ferrer after her alleged egregious conflict of interest, reportedly undisclosed (though now emails have been released showing the CDC was made well-aware of this months ago)? Why is she risking her own life just this week by attending the MLB all star game at Dodger Stadium, maskless (her mask was dangling from her arm), as she stood among 50k+ people when she continues to push her narrative of the current "surge" LA is experiencing, despite actual medical professionals releasing countless contradicting, substantiated accounts of reality? Why is it ok for her to make a calculated assessment of risk for



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	herself yet we are not afforded the same right as parents of (healthy) minor children living in this county? Please can someone on this board make it make sense? It is time for Ferrer to resign or be fired - she continues to mishandle everything she touches, our children being no exception. What needs to be mitigated is her gross abuse of power and complete failure in the handling of COVID-19 from day 1. Please DO SOMETHING.
jessica clausen	
Jessica Donatoni	
Jessica Gordon-Carson	
Jessica Hirsch	<p>I just wanted to make sure you were all aware of the USC County Hospital Townhall where it came very clear Barbara Ferrer, not an MD, has no idea what she is doing and needs to be ousted from her position of power over 10,000,000+ Los Angelenos.</p> <p>youtube.com/watch?v=_fGuA-nU7EI</p> <p>Also wanted to make sure you realized that she is an unethical leader</p> <p>redstate.com/jenvanlaar/2022/07/20/study-cdc-relied-upon-for-school-mask-mandates-was-authored-by-la-county-public-health-directors-daughter-whos-also-not-an-md-n575405</p> <p>Add to note that the former teacher of the year is publicly speaking about the detriment of masking our children</p> <p>kusi.com/former-teacher-of-the-year-manuel-aceves-mask-mandates-caused-catastrophic-learning-loss/</p> <p>Her time is up she needs to go we have no respect for her and no desire to continue masking out children in schools when it's already been clearly empirically reviewed around the world and proven that it does not stop the spread and is extremely detrimental to our children's well-being.</p>
Jessica Hochman	
Jessica Hughes	
Jessica Jackson	<p>I stand in complete opposition to any further requirements to mask anyone in LA County. Enough is enough. Science has proven masks do nothing and I refuse to ever mask my children again. You are to carry out the will of the people and no one wants mandatory masks. Those who wish to mask have the freedom to do so. NO MORE MANDATES.</p>
Jessica Koshki	



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Jessica Lugo	
Jessica Mascorro	Hello, In light of the revelations regarding Dr. Ferrer's egregious conflict of interest, the press conference from USC + LAC's top medical professionals contradicting Dr. Ferrer's Covid and hospitalization "numbers" and the video of Dr. Ferrer at a sold out Dodgers game this week during a "critical" Covid surge, she must be investigated. This is an EMBARRASSMENT to your department and the public feels duped. We look towards your department and officials for transparency and safety, yet Dr. Ferrer has managed to make us lose faith in your capabilities. This cannot go on and your constituents are listening and watching, along with the rest of the world. We cannot be mandated to wear masks when the rest of the world has moved on. Masks should now be a CHOICE and there will be an uproar if the mask mandate is pushed through with non-science backed numbers. We will no longer stand for our children to be masked up at school, especially when there are numerous medical studies that show there is absolutely NO difference in schools that did not mask their kids. We ask that you please do something in order to instill the credibility of our public health officials before it's too late.
Jessica Pieroth	No masks in school
Jessica Ruiz	I want to express my concern over the lurking mask mandate- Just say NO! I am a mother of 2 public school kids. Don't let this cruel woman mask our kids in the heat of summer just in time for schools to resume. Another mask mandate is destructive in schools, businesses and in the community. I will pull my kids from public school if you reinstate the mandate and I know MANY families will do the same. The hospitals are NOT flooded with people dying nor are we even remotely close to that point. Ferrer can attend a Dodgers game with THOUSANDS of people and we have video of her MASKLESS. Even she doesn't believe in these mandates! Make masks "strongly recommended" if you must say something. Make it a choice. Thank you.
Jessica Sperling	No scientific data/findings regarding effectiveness of mask wearing and disease prevention. COVID-19 is manifesting as typical sickness and no longer lethal to majority of population and masks are ineffective in transmission. In contrast research has only revealed mask mandates have triggered the devastating developmental delays in children and mental/emotional/physiologic Negative Effects.
Jessica Stuursma	
Jessica Vitanza	
Jessica Young	I oppose mask mandates and they have proven to be ineffective and cause developmental delays in children. Masks isolate, breed fear and segregation.
Jessica B Pakdaman	
Jessica L Sreden	



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Jey Tiourchi	Enough is enough! Please STOP torturing your constituents. If an individual WANTS to wear a mask, he/she is free to do so without being told to. If a person prefers not to, please leave them alone 2+ years after this pandemic has started. Everyone at this point knows that there is no science behind these mandates LA county keeps imposing. It is time to remove the Emergency Powers the Governor has somehow kept and let residents and businesses run their lives the way they want to without local government intervention.
Jill Austin	Please for the sake of our children and their emotional and physical --take masks off our children! This is but a cold for them...but a lifetime of emotional issues! The science does NOT support masks!
Jill Boivin	
Jill Borell	
Jill Hanley	Mask mandate for schools
Jill Panossian	REJECT INDOOR MASK REQUIREMENTS. Barbara Ferrer needs to resign or be dismissed for her misguided, compromised and terrible policies and the impact they have had on families, communities, businesses, children and education. FOLLOW THE REAL DATA AND TRUE SCIENCE.
Jill Pintens	<p>Please further question Dr. Ferrer on her reinstatement of the mask policy in LA County. This new mandate is tied to hospitalization numbers, per the CDC. Can Dr. Ferrer provide data on how many patients are admitted to the hospital solely due to Covid, versus patients in the hospital for other reasons, but happen to test positive for Covid while there? What is Dr. Ferrer's REAL response to the comments made by Paul Holtom re: lack of serious Covid patients in County hospitals? What is Dr. Ferrer's advice for the 17-year-old McDonald's worker in LA County, across the street from Orange County, trying to enforce this mandate?</p> <p>There is enough confusion and anger in the world. Do not let Dr. Ferrer add to it. Many people in LA County wear masks anyways, and the two "groups" per se (masked and non-masked) seem to be getting along much better since March, knowing each can follow THEIR PERSONAL CHOICE.</p> <p>I understand Dr. Ferrer feels she is keeping people physically safe. I have 4 children, 2 of which have had to crawl back from what Covid did to their mental health. They will likely recover from a bad cold, but I can not ensure their mental health can take another hit when starting new schools and trying to meet kids wearing masks. So if Dr. Ferrer goes to bed at night thinking she is keeping people safe, she is naive. It is time to give mental health priority....it has been 2 plus years doing it Ferrer's way.</p>
Jill Shepard	Why does a mask mandate need to be reinstated? If any of this worked Covid would be gone but it's not. It makes no sense to reinstate a mask mandate when you can fly on a plane literally sitting on someone's lap without



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	a mask.
Jill Simonian	Oppose indoor masking and permanently dismiss Barbara Ferrer for compromised reporting and egregious, human rights violations due to overreaching directives not based on scientific findings. NO MORE INDOOR MASK MANDATES.
Jill Turek	LA County has become a laughing stock due to the unscientific and arbitrary mask mandates.
Jillian Bauer	No mask In schools
Jillian Cuen	
Jim Angulo	I do not want a mask mandate!
Jim Kehlet	Masks cause more damage than benefit. No mask mandate!
Jim Lukowitsch	<p>There is no scientific justification to support masks protecting against respiratory viruses. Not a single valid study supports this. Masks weren't designed to do this and never were used for this. The most masked countries have seen the highest covid case counts.</p> <p>Masks do restrict oxygen and gather dangerous bacteria that a person must breathe through. Masks prevent children from learning social cues and language.</p> <p>Please do the right thing and scrap this inane and harmful policy! Fire Dr. Ferrer!</p>
Jim Magnotta	<p>I am writing to let you know that I oppose the mandating of masks in LA County starting this Friday. We are more than 2.5 years into this on again off again mask mandate We know that unless you have a N95, the other masks are little more than face decorations.</p> <p>Imposing this on LA is truly cruel....do we think people are not moving around counties? The rest of the country has moved on....can we? COVID is never going away....we have been told that if we have 80% vaccination rates, we will have herd immunity....so what is going on? Our vaccination rate is 83.3% with at least one dose. Our own President has COVID and is double boosted and has the most robust protocols around....but still got COVID!</p> <p>As a County, we did what we were asked to do and got vaccinated, but you still take away our ability to choose - mask or no mask. Let this be a choice not some mandate. Who is going to enforce this? Are we going to have our police involved? I think we can agree they have bigger issues to solve with crime at record levels.</p> <p>We want our freedom (remember, we live in America) and we don't want to keep losing it over the County Health Director who is NOT A MEDICAL</p>



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	DOCTOR!!!! There have been reports that the data being used is faulty and being manipulated to support this conclusion. She should NOT have this much power over the county...she really needs to be relieved of her duties.
Jim Mosier	Please do not move forward with the mask mandate. Education has been impacted greatly, this is the wrong decision.
Jim A Dillavou	
Jimena Hernandez	
Jimena Toscano	
Jimmy Johnson	the data shows the mask mandates did nothing to help stop the spread of covid, also cases are very low. The Public Health Director, Barbara Ferrer has been seen out without mask a sporting events and so has the mayor and the Governor for a matter of fact. This is an infringement of basic rights and there is no solid or truthful documentation to support the mask mandates.
Jin Yu	
Jo Robson	
Joan Hollingsworth	
Joan Morse	
Joan S Peralta	
Joanne Levy	Do not force the public to wear masks, including children in school. Please.
Joanne Pavan	
Joanne Schreiner	
Joaquim Morrison	Do not mandate masks. There are not effective filtering out viruses. Even n95 masks as ineffective in that they are not fitted properly. The best thing a mask does if filter out oxygen.
Joaquin Paredes	No on the mask mandate, they don't work, Fire Barbara Ferrer for conflict of interest.
Joe Corrente	Mask mandate is unnecessary and harmful to the community and economy. Please investigate the conflict of interest regarding the mask study Dr Ferrer is relying on, that was completed by her daughter.
Joe Gonzalez	Oppose mask mandates
Joe Migdol	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Joe Pulliam	



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			Joe Scibelli	<p>Ferrer said that Los Angeles County will return to an indoor mask mandate if we remain in the arbitrarily created "high" designation for two weeks. Can she please provide empirical evidence to show where masks have been effective? Pick a city, county, state, or country and show where mask have been effective.</p> <p>Ferrer has thus far failed to provide empirical evidence to support her decisions. The onus is now on the Department of Public Health to prove that masks are effective in a real world setting and not in a lab on a manikin or a phone-in survey.</p> <p>Los Angeles County was subjected to an indoor mask mandate for nearly two years and we saw no statistical difference between us and our neighboring counties. Why does the Department of Public Health continue to push measures that have been proven to be ineffective in the real world?</p> <p>I refuse to comply with this new mandate until such evidence is provided.</p> <p>Ferrer was not wearing a mask at the Angel City FC game, despite it being a large outdoor gathering. This contradicts her department's recommendations. Does Ferrer even truly believe in these recommendations?</p> <p>It's is time to allow people to decide for themselves, just like every other county in the United States has allowed.</p> <p>For the sake of Los Angeles County residents, please vote to remove Ferrer from her unelected position.</p>
			Joe Vukovich	No more mandates. In the past they did not work towards a good outcome. Mandates hurt individuals, the family, and our economy.
			Joel Delman	As a parent of two children in LAUSD, and a taxpayer in Los Angeles for far more years than I wish to admit, I am writing to ask you to follow the science... Not Barbara Ferrer. It has become more than clear that Ms. Ferrer - a social justice activist, not a medical Dr. has a political agenda, backed by public employee unions and her sense of equity, that has nothing to do with the science of Covid and the many, many negative impacts masking adults and children in Los Angeles County would have. These have been more than well documented, economic, learning loss, socialization etc. etc. etc.... Yet the benefits of masking are also clear... There are none. Study after study, including recent ones by UCLA and in Alameda county, have shown that masks have no impact on the spread of this disease. I implore you, once again, to follow the science. Do not re-impose a mask mandate in Los Angeles.
			Joel Krause	Mask mandate
			Joel Krause	Mask mandate
			Joelle Meese	I strongly oppose a mask mandate. The masks do not prevent the transmission or contraction of the virus. We all have seen this and studies



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	<p>prove this. If someone is immune compromised and they are concerned about contracting the virus, they should take steps on their own to prevent this. At this point, there are options for people to prevent the contraction of the virus that are effective - as opposed to wearing a mask, which is ineffective. In addition, the current strain of the virus is not deadly to the vast majority of people. Does personal responsibility ever factor into decisions made by our government? If someone is concerned about getting the current strain of the virus, they must take their own actions to prevent it especially when the virus is not deadly as it is now. The masks create issues of their own such as induce anxiety and create a veil of anonymity, which leads to people lashing out against one another and becoming even more divided. Continued mask wearing also creates a host of bacterial issues in the nose, mouth, and throat. We have all seen the effects of continued mask wearing on children - creating issues for those that are learning to speak and engage. Please stop this. It is unnecessary and an over-reach by the government. If someone wants to wear a mask, it should be their decision - not a decision forced on them.</p>
Joey Amini	Fire Barbara Ferrer, immediately!!!
Joey Perry	
John Bocobo	<p>I oppose the reinstitution of mask mandates for L.A. County.</p> <p>There is NO peer reviewed scientific evidence proving the efficacy of masks against the Covid virus and such a mandate is unconstitutional.</p>
John Corcoran	Masking should be a personal choice, not dictated by a health officer who relies on a mask study from her own daughter and who was seen enjoying herself "maskless" with 70,000 other baseball fans. Thank you.
John Cr	<p>LA BOS is supposed to work on behalf of the people. Not on behalf of unelected not doctors. Masks do not do anything to slow the spread. Similar to all of the other mitigations that LA County forced onto us. Enough is enough .</p> <p>The four months with the highest case counts, Dec 2020, Jan 2021, Dec, 2021 and Jan 2022 were each during a period when you mandated masks.</p> <p>The mountain of evidence showing masks do not work could fill an ocean. Much like masks already have.</p> <p>Even if you vote yes, we will not comply. People will take their hard earned dollars to Ventura and Orange County. Aside from saving on sales tax, you'll be contributing to the continued destruction of small businesses.</p> <p>You are agents of the people. You and the entire California legislature has forgotten that fact.</p>
John Crystal	Please stop this un elected non medical doctor.
John Enete	Let each citizen decide for themselves. We are adults. You don't know better than us what is in our best interest.



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John Estrada	No mask mandate!! It doesn't work and Ferrer needs to go. You're the only county in the country and in the world making up your own science to fit your own agenda. Lay off our kids, too.
John Estudillo	Stop the mask mandate in LA county. This is not beneficial to the county as most people have no trust in the public health director, the public health department, and this current board of supervisors. As a resident of LA county, this mandate will hurt businesses and the economy. We are the only county, ONLY COUNTY, in California that is even considering this mandate. This should speak volumes how misguided our so called public health director is. On top of that, the issue of ethics is at play now that she did not disclose a conflict of interest with her daughter to the residents of this county. She denies it but it clearly is a conflict and when asked she laughs and shrugs it off! Please as a board do the right thing and end this complete nonsense and do not mandate masks in LA county.
John Fraher	
John Kurowski	Let's have some common sense and listen to the doctors. The hospitals are not seeing an increase in covid hospitalizations. Ferrer is twisting the data. Wearing masks in schools is effects children learning capabilities and causes increased stress! Please don't harm our children over your inability to understand data. The Drs have no reason to lie to us! Listen to them and don't harm more children
John Martell	
JOHN MAYSLES	Enough is enough. Stop the nonsense. Listen to the hospitals. This will also hold the door open for more child abuse aka school masking. There is no emergency. This is a cold that is going around now. Please please please Just STOP!
John McMullan	
John Noyola	
John Petrick	
John Quintanilla	Local jurisdictions should not be mandating health to children
John Sakr	Stop masking our children
John Schallberger	Oppose mandate
John Scipton	
John Smith	
John Stubbs	Do not bring back mask mandates. They do not work and prevent children from learning.
John Sullivan	Stop this insane mask mandate. It has been proven that the mask DOES NOT stop the infection of covid. You realize that doing the same thing over and over and expecting a different outcome is a sign of insanity.



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John Teague	We will not comply.
John Vlach	No more mask mandates.no more Covid restrictions or vaccine mandates..they are available for those who choose them
John C Stults	There is no need for a mask mandate. Let the science guide the issue--not politics.
John Calvin Byrd III	
John D Hamblin	THIS HEALTH ORDER TO MASK AGAIN NEEDS TO BE STOPPED. NO, I'M NOT A RESIDENT OF LOS ANGELES COUNTY, BUT I AM A RESIDENT OF CALIFORNIA AND I WON'T VISIT LOS ANGELES COUNTY WITH A MASK MANDATE. BARBARA FERRER SHOULD BE FIRED.
John E Beck	
john E koch	no more do you understand no more.It cant be enforced,you wont enforce it,the sherriff thank god wont enforce it.everyone knows now that a mask does nothing,try wearing prescription glasses with a mask they get fogged up with your digusting co2 that you exhale wich is NOT safe,who the hell do you people think you are fooling?I WILL NOT COMPLY!
John F Dougery	Data doe not support mask mandates. Bit the damage to our children this data is supported. Leave our families alone.
John P Zirkel	I as a Registered Nurse oppose any public health order requiring any citizen to wear a mask indoor or outdoor. The trauma wearing a mask to the internal organs such as the lungs, heart and mental health are far more dangerous to our health than Covid is. I work in a medical center and there have been no increase in patients admitted to the ICU due to Covid the death rate remains extremely low and only people with co-morbidities are suffering such as obesity. Barbera Ferrer is not a compitent leader in fighting for our public health I would like her to be terminated from her position as the Public Health Director since she has no background or experience in the medical field and does not understand how viruses work. The number 1 defense against getting very ill from a virus including Covid is to stay healthy by exercise and eating right. Vitamins such as D,B,C and Zinc along with a healthy diet and exercise is the best defense of any illness including Covid. Why isn't our Health Director pushing for easier access to free nutritionists and free gym memberships if she is so concerned about our well being? I have no faith in her leadership and would like for the board to consider termination of her as Director of Health.
John T Kiapos	VOTE NO ON MANDATORY MASKS!
Jolene Garrido	Mask choice. No mandates in schools.
Jolie Jackson-Martine	
Jon Bertollid	We do not need a mandate. We are the people of "choice." We need schools and businesses to thrive. Hospitals are not full, at all, due to Covid. The thought of another mask mandate is absurd.



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Jon Bland	
Jonathan Cannon	I oppose any mask mandate and demand you fire Ferrer from her job.
Jonathan Deundian	Please oppose mask mandates at tomorrow's hearing. Studies indicate masks are not statistically significant in mitigating against infection. Studies also indicate masks wearing of this kind may conduce toward hazardous levels of carbon dioxide for individuals. Moreover, students, particularly, our young and vulnerable children, are experiencing delays in speech and socialization. I beg you to oppose these mandates and ones much like it.
Jonathan Hakakha	I strongly oppose bringing back a mask mandate in Los Angeles
Jonathan Layne	As we near our kids going back to school, I oppose the mask mandate when the CDC even recognizes that more than 90% of kids have immunity. We as parents are still trying to recover from our kids being masked in school. Furthermore, when Ferrer uses a study co-authored by her daughter, this creates a massive conflict of interest. Ferrer has done enough damage to residents of this county while she is one of the highest paid employees in the state. It's time to Fire Ferrer.
Joni Ganci	Masks did not work, they cause respiratory problems. If people want, they can choose to wear a mask. You are infringing on our rights by mandating something causing harm.
Jordan Hershey	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed immediately from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Jordan Rockwell	Hello! Enough already. Enough of the masking of our kids. The damage being done to them is not, "no big deal." It damages their cognitive and language development as well as psychologically. Submit, comply, submit, comply. The rest of the country is laughing at our once-beautiful state and for good reason. Please, enough. No more.
Jordyn Siegel	You will not mask us
Jorge Urrutia	Wearing a mask should be an option. There are no peer reviewed scientific studies that prove that mask wearing prevents the spread of COVID and that they are safe for use, either short or long term.
Jose Arau	Masks harm children, men and women. Fauci wrote the whitepaper explaining this. (Not to mention the need for oxygen for proper thing and clarity/function.) Pneumococcal disease comes from bacteria that grows in the masks from the environment caused by the person's exhalation heat and moisture and then the bacteria enter the lungs with each incoming breath. As a pubic servant you are bound to your State and Federal Constitutions. Should you have the audacity to pass this, I will file an international criminal tort claim against you, personally, your school district and the State of California, as you will be complicit to a crime against humanity. Full stop. Try



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	me.
Jose Barragan	
Jose Valdovinos	No to masks in schools.
Jose Luis Da Silva	No mask mandate, we will not comply. Align with state
Joseph Bellissimo	I OPPOSE any new mask mandate. I am 91 years old with a 5 bypass and 3 stints. I can make my own health decisions.
Joseph DAmbrosi	
Joseph Doss	
Joseph Draus	I oppose any new mask mandate and the use of he a health racism and health equity as scientific evidence for it. The health director should be using science not social issues
Joseph Green	DO NOT impose another non-sensical mask mandate on our children. They need to be able to move past the covid hysteria and continue their educations without more harm done. The masks don't work, everyone knows it.
Joseph Mulder	Given that mandating masks for the general public has never had an appreciable effect on covid spread anywhere it has been done, it is difficult for a rational person to understand why such a thing is still being contemplated. And since no reasonable person can possibly still believe the air that's breathed out of the top, side, or bottom gaps of a paper or cloth mask is appreciably different or safer than the air that's breathed out of the front of a person's uncovered face, one is left to assume that anyone still pushing masks on the general public is guilty of either incompetence or malice, if not both.
Joseph Pereira	
Joseph A Cagle	All votes in favor of this are from uneducated, unrealistic, unreasonable adults. Are we all done hurting the children in L.A. County public schools? Have you had enough of stunting their growth? Anyone that mandates masks under the current COVid numbers should be fired and replaced. If California government were a private business most of you would have been fired long ago. Kids have parents, they don't need you to decide for them. I'm happy I'm an adult and in control of my own families decisions. So many of my fellow adult friends agree. We will all be voting in November. DO THE RIGHT THING! Don't do the politically right thing. Those decisions are transparent and make you all in favor of this look foolish.
Joseph R Branca	I strong oppose the looming mask mandate for LA County. The hospitals are nowhere near overwhelmed and the numbers being used to base this decision off of are completely skewed. Barbara Ferrer is unqualified to make these decisions and is being non transparent with the public and BOS. As a parent, I refuse to mask my 3 and 5 year old children. With the mask mandate, this means they will be unwelcome to attend school. What a complete disgrace and embarrassment. Stop this insane mask mandate. We are losing trust in all of you.



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Josh Haslam	I've been all over the country. Los Angeles has been one of the only places where people wear masks religiously. We would assume if masks are effective in limiting hospitalization and infections in general that it would show up in the numbers. However, when comparing LA to places that rarely wear masks LA is not better or even level with those places. In fact one can argue that the numbers show LA is doing worse and could argumentatively come to the conclusion that masks not only aren't effective but are actually harmful to the immune system. See attached for study
Joshua Feiglin	
Joshua Ghiam	
Joshua Kleinsman	There is a massive difference between lowering our strain on the medical system so it doesn't collapse, and mandating behavior to prevent disease. It isn't effective, nor practical, nor moral, to continuously force people to comply with these abstract rules that were created when the disease was for all intents and purposes, entirely different. It is far past time to allow people to make informed decisions that best fit their circumstances and their lives. Please make the right call and oppose this health order.
Joshua Tomlinson	
Joshua E Bohm	Do not force another mask mandate upon L.A. County. We have high levels of vaccination, and awareness of how covid spreads. Please allow those who are at risk to manage their own risk, and isolate, or wear their masks voluntarily. Show yourselves to be freedom loving Democrats you claim to be.
Joshua F DeMasters	
Josie Franco	
Joy DiPalma	Barbara Ferrer is terrible! I want her fired for her terrible policies and the impact they have had on my family, business and children. Listen to your voters and see what the other parts of this state and country are doing. Wake up!
Joy Marino	We do not want mask mandates. Fire Ferrer!
Joy A Jarfors	As a frequent visitor to the Los Angeles area, I am opposed to being forced back into a mask. There is no evidence or actual science to support that masks are effective in controlling Covid. I would urge you to look into Covid rates for those counties that did away with mask requirements. Further, while the new variant of Covid is contagious, it is not as serious as previous variants of the virus. In fact one could argue that the virus is becoming just like the common flu or an upper respiratory infection (common cold) If LA County goes back to a mask mandate then I will avoid travel into the area. I am not going to be forced into wearing a mask for no good reason. I urge you to vote No on this mandate. Thank you. Joy Jarfors
Joy M Wilcox	This is not the governments place to impose wear a mask are down there plenty of vaccines masks testing treatments that should not be imposed by our government



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Joyce E Chamberlain	Mandating masks has a more sinister reason--to control populations and their actions by requiring individuals, little by little to give up their freedoms. It has nothing to do with health. As a health professional I disagree with the need for them.
JR Dahan	Unconstitutional - stop - enough damage to countless minority owned businesses and children, especially those with special needs. Freedom of CHOICE over an individual's own body is a constitutionally protected right and fundamental so stop listening to the wrong/incorrect/incompetent/and just plain bad legal advice that leads to you to think that you can implement such mandate - you have zero legal authority to do so and we now have legal precedent in addition to our state and federal constitutions that clearly establish these facts. Again, just stop! Let people choose. Please.
Juan Turcios	Given her track record, I no longer support Barbara Ferrer or her health policies. This new mask mandates must not take place and she would do the city a huge favor by stepping down.
Juan Zamora	Leave the children alone.
Juan C Jauregui	It is ridiculous to impose mask mandates for what is now effectively less harmful than the flu.
Juana H Lazcano	I worship God by breathing keeping my face unveiled. My rights are protected by CA Gov Code 12926(g): CA civil codes 43, 46 and 51:CA Gov Code 37100:CA HSC 24171 and 24172. If the county does adopt the illegal mask mandates again, YOU are required to accommodate those like me who have a legal religious exemption to this suffocation practice.
Judith Bellville	Masks cause their own health problems, and have been proven ineffective for Covid prevention. Our students have suffered under the previous mask mandate.
Judith Egan	
Judith Jordan	Masking children is harmful to their physical and mental development. Prior to C19 this would have been appropriately considered child abuse. Today should be no different.
Judith Man	Hello, there are more than enough mitigation options that every person can choose from. Masking is one option that people should have the choice to use, not be forced to. And please leave our kids alone.
Judith Salas	
Judith Thompson	Masks don't work and we won't wear them. Enough is enough. Just leave us alone.
judy collinsworth	I'm deeply opposed to mask mandates at this time.
Judy Kuhn	No science-they don't make a difference and they damage children
Judy Rosenfeld	No mask mandate!! Illegal!
Judy Turnquist	No masks in schools.



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Judy E Watson	Just nonsense. No proven scientific data.
Judy M Nelson	Do not allow the indoor mask mandate to be reinstated.
Juli L DiLustro	I oppose the new mask mandate. This strain of COVID is easy to get over. Leave us alone and stop bossing us around. It's time for you to step down.
Julia Angel	I oppose fascistic, dictatorial mandates that are NOT supported by hospitals and scientists but the only sick pleasure of the power thirsty unelected officials. Who is this woman to decide for millions of people whether they muzzle themselves or not? I am sick of this dictatorship! Enough is enough!
Julia Gembarski	
Julia S Maddox	I strongly oppose the mask mandate you are considering this week. Science shows masks are unhealthy & do not work. People need to build their immunity against on-going flu viruses. Stop the insanity of stepping on our constitutional rights & allow people to get back to normal.
Julia W Feil	Oppose indoor mask mandate for children in schools.
Julie Arata	No more masking of our children! Stop this madness! Masks don't work against the spread of COVID. Do not force them to take this experimental vaccine either! The science does not support its efficacy. If these mandates are implemented, CA will be losing another family. We will gladly take our tax money to another state.
Julie Beuerlein	
Julie Comaianni	No masks in schools
Julie Cremins	I oppose the mask mandate
Julie Flanagan	
Julie Hamill	Please see attachment. The proposed order is arbitrary and capricious. It harms children and provides no demonstrable public health benefit. The County's physicians have admitted that covid is not causing serious disease or overwhelming hospitals. The substantial evidence needed to justify any new order simply does not exist.
Julie Hazimi	I strongly OPPOSE another mask mandate. It will affect children heading back to school. Leave them alone! There is a lack of randomized studies that prove efficacy in masking children. Board of Supervisors needs to put a check on Dr. Ferrer's power. You are not required to implement whatever policies she recommends. Furthermore, Ferrer's ethics are questionable when she failed to disclose that her daughter co-authored a study that the CDC and local officials have used to support masking in schools. Patients admitted for COVID are not the same as patients admitted for other reasons that also happen to have COVID. You cannot bundle that data to

As of: 7/27/2022 8:00:07 AM



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	bolster numbers and implement unnecessary mandates. Please use your power ethically.
Julie Kennedy	
Julie Marcuzzi- Occhiato	Strongly opppse
Julie Merckell	I'm against mask mandates . Fire BF . She isn't a doctor and there is no state of emergency anymore . The children do not deserve this anymore
Julie Morrow	I have a God given right to breathe and Constitutional Rights that should be upheld by our State and local Boards.
Julie Muer	Do not muzzle the people of Los Angeles! It didn't work before and it won't work now. Masks DO NOT work. Period! And especially do not mask children.
Julie Rodriguez	Mask interfere with learning in kindergarten with phonics and reading.
Julie S	Show us the science that masks work with this variant, that's more contagious than measles. Follow the science. We will not mask forever, we did it for over 2 years. Bubble goes in front of word.... always.
Julie Walsh	I am vehemently opposed to a public mask mandate. Masking should and must be optional. We live in a free society, and individuals must be allowed to make their own decisions, especially those related to their health. We are NOT in a state of emergency, and our hospitals are not in danger of being overwhelmed with Covid cases. I urge you to vote down this health mandate!
Julie Zavarella	No masks !!!!!!!!!
Julie K Azevedo	Masks do not work. Look at the science and make a sound decision. Children need to be in school without masks. Not one child died of covid in school last year, and only a handful out of millions of teachers (probably with existing health problems) died. We do not need masks mandates. Let us be free to choose how we live and conduct our lives. Stop worrying about masks and concentrate on the mental health, homelessness, and drug problems in California.
Juliet Antoun	
June Koropmillesn	Mask mandates hurt our youth. I am opposed to these mandates. Has anyone on the BOS consulted with LAC and USC hospitals who don't see any stress on the system? Why would Public health even consider this given what our healthcare professionals say?



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	I think the BOS needs to let public Health know that they will not support mandates going forward.
Jusith Palmer	No mask mandates
Justin Bowen	
Justin Miller	I have seen first hand how the mask mandates have negatively effected my children. They have had trouble breathing, especially in high temperatures, they have gotten sick from wearing them. They are small and have come home with disgusting, filthy masks. They are missing the ability to read expressions, catch on to social cues, but maybe most of all just breath freely and get to be kids. I refuse to ever put a mask on them again. Masks should be optional not a mandate. As parents, it's our choice what we want to do when it comes to our children's health. I hope you take into account the voices of those you represent and voted you in. This isn't a matter of left or right, this is about choice and doing the right thing. No one should be forced to do anything with their bodies, period.
Justin Trout	At this point, a mask requirement is totally unreasonable and unproductive. Just stop with it.
Justin Weekes	Please don't reinstate the mask mandates.
Justine Kragen	<p>Contrary to how many try to spin it, the pushback on mask mandates is not a partisan issue- it is an issue of common sense and scientific literacy. Hospitals are not overwhelmed. The covid crisis is over.</p> <p>Ferrer defends mask mandates by saying she is "not a fatalist" and that masking is a "sign of caring" - but 2 years of real-world data have shown that public mask mandates do not have a significant impact on community spread! We cannot continue to sacrifice our kids and our communities to futile mitigations. Ferrer's messaging and her policies are irresponsibly prolonging debilitating fear in some, and inspiring rage in others. Ferrer's public health orders are tearing communities apart.</p> <p>It is not "fatalistic" to accept the reality that a highly contagious respiratory virus cannot be controlled by public masking. Masking my child at school will not make grocery stores safer for older, immunocompromised people- no matter how much we "care".</p> <p>Even if we had proof that mask mandates reduced community spread- which we absolutely do not- there would be no hospital-based justification for imposing mask mandates at this point in time.</p> <p>We have to accept that reality that covid is here to stay and people must make their own choices.</p>
K G	Okay, this is ridiculous. We the People have had enough of this Totalitarian Dictatorship. Your continual power grab is causing an uproar. You people all



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	need to step down. Enough is enough!!!
Kacie Griffin	
Kadija Roussi	Scientific research has shown , along with the years of mandated indoor wear that masks are ineffective and largely symbolic. We need to focus on strengthening public health and allowing people to seek necessary preventative treatments or effective therapeutics to stop the spread.
Kaela N Aguas	<p>It's actually illegal to require someone to wear a mask in any business establishment. To do so would be discriminating against those who choose to breathe freely. California Civil Code 51 requires businesses to serve clients without discrimination based on many factors, including medical conditions and religious practices, and they need to do so in the same and equal manner. That means businesses cannot make you be separated from others, and you must be served like anyone else, regardless of whether you are wearing a mask or not. They also cannot force you to leave their establishment if you refuse to wear a mask. Denying someone entry to your place of business is a violation of Penal Code §236 PC. "The unlawful violation of the personal liberty of another," if you prevent a person from shopping at your stall or shop.</p> <p>Masks are not proven to be effective.</p> <p>We've been required to wear masks most of the time for two years now. At the beginning of COVID, we were told that if we just masked up, the disease would be mitigated within weeks. But that didn't happen. People were and are still wearing masks because two years later the Coronavirus is still out there, although it is definitely weaker, thanks to the natural cycles of disease mutation.</p> <p>Many people may say that COVID is transmitted through airborne droplets when people sneeze or cough, and that the material of a mask would block those droplets from exiting or entering a mask. However, what most people don't know is that particles of the Coronavirus still pass through masks. Although the bigger droplets are stopped, the smaller ones aren't, and the little viruses get through. Did you know that the virus particles of COVID are roughly 100 nanometers in size? That's one thirtieth the size of a pore in a face covering. It's like trying to stop a mosquito with a chain link fence. It's very ineffective.</p> <p>Face masks were not actually intended for disease prevention. They were originally made to protect the wearer from dust, smoke, and ash particles. Now, consider this: dust, smoke, and ash are large enough to be visible. Virus particles are not. Can you see the little holes in a masks? Yes you can. The pores in a masks are large enough to let the microscopic particles pass through, yet they're not large enough to allow for a sufficient flow of oxygen. There are bad side effects that come with wearing a mask. Many people have trouble breathing when they wear masks. Some side effects of wearing masks all the time include but are not limited to: headaches, shortness of breath, lightheadedness, and fainting. I myself have experienced headaches and shortness of breath from wearing a mask over my mouth and nose for even as little as three minutes. This breathing discomfort is caused by the mask keeping me from breathing fresh air.</p> <p>Because the amount of air that goes in and out of the mask when you breathe</p>



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is reduced, too much carbon dioxide from your exhalations remains inside the mask, where you breathe, and not enough fresh oxygen comes through. Have you ever heard of Sudden Infant Death Syndrome, or SIDS? It is caused by the same thing we go through from wearing a mask: breathing too much carbon dioxide, which causes a mostly temporary condition called hypercapnia. Of course, SIDS is caused by a much more severe case of hypercapnia than what you and I experience, but it was caused by the same thing and could potentially escalate to that level if you wear a mask long enough.

Not only is there physical damage that comes from masking, but there is also psychological damage. Dr. Baruch Vainshelboim explains that, "As described earlier, wearing facemasks causing hypoxic and hypercapnic state that constantly challenges the normal homeostasis, and activates 'fight or flight' stress response, an important survival mechanism in the human body...

Encountering people who wear facemasks activates innate stress-fear emotion, which is fundamental to all humans in danger or life threatening situations, such as death or unknown, unpredictable outcome. While acute stress response (seconds to minutes) is an adaptive reaction to challenges and part of the survival mechanism, chronic and prolonged state of stress-fear is maladaptive and has detrimental effects on physical and mental health. The repeatedly or continuously activated stress-fear response causes the body to operate on survival mode, having sustained increase in blood pressure, pro-inflammatory state and immunosuppression."

In conclusion, masks are not proven to prevent or curb the spread of the Coronavirus. Masks aren't just useless. They are actively harmful to your well-being and mine. According to the CDC, if you are "between the ages of 0 to 70, you have a 99% [COVID] survival rate. And if you're over 70, the survival rate is nearly 95%" Why do we need to protect ourselves by using a method that does not work, and actually causes more harm than good, for a virus with a survival rate that is 95% or higher? Yes, I know that there are high risk people who have pre-existing conditions. Maybe you're one of them. I understand that you have to be wary of any sickness, and that COVID isn't an exception. But wearing a mask won't keep you safe from COVID. If anything, it could cause other bad medical conditions. The only disease prevention methods that have consistently proven to work time after time are washing your hands and keeping your distance from sick people. And if you've already caught COVID, you have the best protection: natural immunity, which, according to a 700,000 person study in Israel, means you are 27 times less likely to become infected than someone with vaccinated immunity.

>>> If masks really worked, they wouldn't have to be mandated! People would freely choose to wear them. They wouldn't need to be unlawfully forced into it by the government. <<<

This is why I oppose the indoor mask mandate.

Thank you.

Kaitlin N Gurley

Let the kids breath no mask mandate!!!!!!



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Kalani Van Scoyoc	No masks, kids are the least likely demographic to be affected by Covid
Kameron Veenendaal	The masks have been proven to have little to no impact on the spread of covid. There's no science behind the CDC's insistence on universal masking in schools. People have freedom of choice. If we so choose to wear a masks we can and if we dont want to we should not be forced to do so. Masks have a negative effect on the deaf communities as well as people with lung autoimmune diseases. Do NOT implement mandatory masks because you're afraid and you along with the government peddle fear porn propaganda. Covid is going to stay we need to live our lives and move on! People die from the Flu in the same proportions as they did with covid. STOP THE INSANITY OF MASKS!
Kara Gray	Please do not bring back facemasks. It hurts the mental health of my children.
Karen Anzora	
Karen Arrigo-Hill	I strongly oppose Dr. Ferrer's public health order to reinstate the mask mandate, especially in our schools.
Karen Cabrera	
Karen Farrell	
Karen Flynn	Forced masking is unconstitutional and government overreach. Masks are harmful to vulnerable people- children and special needs individuals especially. This authoritarianism needs to stop.
Karen Gough	Do NOT impose another mask mandate! Californians demand freedom and dignity. Let us choose for ourselves. Masks harm children's emotional and mental development. Haven't they suffered enough over the last two years?
Karen Hix	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Karen Hollinhurst	Please make masking optional not mandated. Each person can decide for themselves. I work in Los Angeles. Please do not make masks mandated again in Los Angeles.
Karen LaCaze	I am OPPOSED to bringing back any mask mandates in LA County. If someone feels safer wearing a mask then they can do as they wish but to MANDATE that all children in school and anyone inside an establishment need to wear a mask is wrong. Not only is this grounded with ZERO SCIENTIFIC SUPPORT but it has already done untold DAMAGE to our children. Barbara Ferrer, who is NOT A MEDICAL DOCTOR, and who allowed her DAUGHTER, who is also NOT A DOCTOR, to weigh in on mask



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	mandates is OUTRAGEOUS and dangerous. Barbara Ferrer has obviously lost her perspective and should no longer be allowed to make the decisions on matters of Covid-19. LA County needs someone who is not making POLITICALLY BASED decisions. We need experts in the field of epidemiology and virology, who will make rational, scientific based decisions for the millions of citizens in LA County. Thank you.
Karen Levine	
Karen Lewis	There should be no more mask mandates. Mask need to be by choice. There is no medical/scientific facts/data that shows that masks work. Please stop the madness. Give California back! There is no state of emergency either. Hypocritical politicians are just seeking to retain power. This is a country of freedom to choose.
Karen Moniz	There are numerous studies showing that masks do nothing to stop viruses. They especially cause more harm to children than getting Covid, some studies also show. This masking farce needs to end!
Karen Nagao	No masks
Karen Noone	On what basis do you think this is healthy? Even the CDC came out with the mask study on the effects of wearing masks.. mold, fungus, bacter. We all know how Rediculous this is. Oh and tour a Medical professional?? Hardley
Karen Sto	Scientifically not proven to work. Actually causes other issues. Other areas did not mandate masks and had better results.
Karen Sutton	
Karen E Hensen	We oppose any mask mandate in LA County. Studies have proven mask don't work and are harmful to children and adults. Our own LA County Dr.'s have stated the numbers do not add up to masking any one.
Karen K Voskanian	
Kari McDaniel	No new mask mandate. Ferrer is using inaccurate data to make her decisions. The hospitals are not overrun with Covid patients, they are there for other reasons and happens to test positive while there. Masks should be optional always! Worry about yourself not what others do. Ferrer needs to go! She is bad for LA!
Karin Allison	Keeping the pandemic going artificially without any data purely for political purposes has got to end. No more mandates!
Karin Cabe	No mask mandates for children in schools. They have gone through enough and this will impact their mental health negatively even further.
Karin A Heagle	Haven't we learned the damage done to our children yet!
Karina Lahood	No mask mandate keep LA free.
Karina Lyon	
Karina V	My family and I oppose reimposing mask mandates. Numbers used have been arbitrary, as the number of People hospitalized for Covid are not nearly



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	as high as the county has stated. We are well below the threshold. Masks should be a choice. Doctors and Pediatricians everywhere are publicly stating that they do not agree with mask mandates. Masks are not benign, especially to children, and there is an absence of data that suggests a mandate will improve Covid outcomes. In fact, studies are showing that in large populations, there is a lack of data that shows a large enough benefit. Please make it a choice and stop dividing.
Karine Smith	
Karissa Cook	Masks are a personal choice, people decide what is best for themselves. No mask mandate
Karli Adkins	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Karli Fisher	Covid is an endemic. LAC-USC MD's said themselves our hospitals are not full and not overwhelmed. Covid has transformed into a bad cold. We are 3 years into this. People need the ability to make their own choices, live their own lives without mandates or your control. Especially when it comes to our children - who are not- and have never been- at high risk. Do not impose a mask mandate. Do not make LA a national outlier with over-reaching policy.
Karlie Couto	
Karolin Makhani	Please let our toddlers learn how to speak
Kassandra Kernes	I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that then tested positive. The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
Kate H	Oppose mask mandates. Barbara Ferrer is not a medical doctor. She does not have any medical experience and should not be the Public Health Director. She has continuously made bad decisions based on manipulated data which has caused irreparable harm to LA County children. This BOS has been active participants in Ferrer's social experiment on children. Study after study has shown the negative impact masks have on children. LA County children have suffered enough under your failed leadership. It is time to replace Ferrer with a real MD, someone who does not lie or mislead the public.
Kate Omara	Enough is enough. Ferrer used faulty studies and isn't qualified to make these decisions.



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Katherine Alden	I oppose mask mandates. Mask should be Optional
Katherine Barnett	No more mandates! No more masks!
Katherine Bramkamp	The masks have been shown with research not to work. There is no difference in outcome whether you wear a mask or not. The masks are causing terrible problems with children and their ability to learn.
KATHERINE DURRIN	Please please please do not mandate masks for our children.
Katherine Hunt	This health order has no basis in science. Again and again, mask mandates across the world and in Los Angeles have been shown to have no impact on COVID cases. Public health should focus on protecting the very vulnerable and not imposing pointless and unenforceable mandates on people who are at very little risk of serious illness from COVID. Barbara Ferrer has proven to be unsuitable and untrustworthy and has contributed to a significant mistrust in public health which will inevitably have unfortunate repercussions, particularly with regard to vaccine rates. Her focus has been far too much on schools, and it is apparent that she has collided with unions to force useless and harmful mask mandates. A recent study showed uses masks contained pathogens (bacteria and fungus, some from fecal origins) - this is highly unsanitary as well as detrimental for those with weakened immunity. Children with IEPs and those with developmental disabilities are being discriminated against by mask mandates by being prevented from attending in person school and activities because they can't tolerate masking. This is not equitable and not at all in line with many countries such as the UK who never required children and those with disabilities to mask. We will no longer submit to capricious mandates and unscientific fear-mongering from Ferrer. She absolutely does not deserve a \$500,000 salary and should be removed from her post.
Katherine Pesanti	I will pull both my children , who are elementary grade level out of public school if the mask mandates go back into effect. You will not mask my kids again. They are finally adjusting from this 2 1/2 year trams you have all helped create. Enough is enough. Home school is on our horizon.
katherine strange	it's completely criminal and not lawful
Katherine Taveira	I strongly oppose this- we have learned a lot about COVID by now and have found the masks are not making enough of an impact to outweigh the negative effects of them- it's not fair to our children to be forced to interact with covered faces and not see emotions and movement while talking - irá not ok to force workers to wear a covering on their face all day while working - we have treatments now for COVID like any other illness and the severity of it is minimal at this point - life needs to return to normal and follow the facts like any other virus we expose to daily
Katherine Valentine	
Katherine Webb	
Katheryne Scoggins	



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Kathi Verstegen	
Kathleen Bransfield	I absolutely oppose any mask mandate
Kathleen Cherritt	Masking school kids is detrimental to their emotional health. Please replace Barbara Ferrer with someone who can follow the science. On July 18, 2022, LAC USC MDs presented that Covid hospitalizations were very rare. Over the last 2 plus years, Ferrer has proven incapable of managing the nuance of this pandemic - masking the least vulnerable in school with massive learning and developmental loss. She needs to be replaced - do it now
Kathleen De La Mora	I oppose the mask mandate as we have vaccines, medicine AND a much more mild strain of covid. I ask that Barbara Ferrer be fired as she is unqualified and abusing her position.
Kathleen Egbert	Masks don't block these viruses. Duh. That's why I write the word FRAUD on all my masks. If people think they work, they can wear them. Starting another mask mandate just makes LA look STUPID and adds to pollution.
Kathleen Kendall	It's really time to follow the science and statistics. No more mask mandates. Quit wasting all our time and money.
Kathleen Leal	What happens in Los Angeles, there goes the rest of California. We need to treat the rise of Covid not as something to be solved but as a trade-off with consequences seen and unseen. For the past two years the mask mandate at the community college where I work has exploded the sense of isolation and ambivalence in my students. The exasperation of non native speakers unable to see the expressions and clearly hear the target language made it more arduous to succeed in their lower division classes . Many more opted for on-line classes where they can watch the lecture numerous times with a professor not wearing a mask. The costs? Less interaction with their peers and professors and many more opting not to return (as the data reflects in the decline of community college transfer students). This policy may virtue signal that you are concerned about the safety but the evidence clearly reflects the costs (which we still haven't felt the full impact of this ghastly policy)is causing harm and is robbing the agency of our youth
Kathleen Lockie	California's own universities find in studies that masks provide little to zero protection! Please don't do this to our kids Again!! Let us choose what is best. Stop this insanity!!
Kathleen Lyons	Keep Calm and Get Over It. Stop alarming the public for no good reason. We reserve the right to make our own health care choices. Ferrer must go; she and her Dr. pal have cooked the statistics. Dictates are not the American way.
Kathleen Newlon	I am NOT in favor of indoor masking at this time. Thank you.
Kathleen B Millikan	Very strongly oppose!
Kathlene Stakely	
Kathryn Benjamin	
Kathryn Besten	Who declares an emergency concerning enough to force mask children and

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	every employee and business just getting back to stabilization if they're lucky, then attends an sports event with tens of thousands of unmasked spectators? This emergency is not urgent enough to start immediately? And now, it seems Barbara Ferrer was caught lying about the statistics of hospitalizations and deaths from Covid. enough is enough. You are eroding public trust.
Kathryn Cayem	
Kathryn Indiek	
Kathryn McKinnon	
Kathryn Tamayo	
Kathy Beckwith	Instituting a mask order will be a horrendous mistake and severe government overreach. At this point people know the risks of Covid and will act accordingly. A mask mandate will only serve to prove LADPH irrelevant and unreasonable as a mask mandate goes against all common sense. Additionally, the mental health ramifications of forced government masking has severe implications that are not being addressed.
Kathy Dardashty	
Kathy Detrick	Absolutely NO mask mandates, especially in schools!!!
Kathy Granados	We don't need an indoor mask mandate. Please vote to oppose it.
Kathy Halligan	Science is not backing up the mandating the use of masks & Masks should never be put on children, it is psychologically & physically damaging. Science has been ignored long enough. Stop this repeated insanity, remove Ferrer if she refuses to acknowledge real science only following politics
Kathy Kachaturian	I am free to chose what health preventives I take. No one will tell me or mandate what I should do to my body. I oppose this unlawful mandate.
Kathy Leebhoff	I oppose all masks
Kathy Lopez	No masks! Studies already show they are useless. We as citizens control our own health not the BOS or the County of Los Angeles.
Kathy Murphy	Masking does more harm than good
Kathy Payton	I am against wearing masks again and I will not comply with the mask mandates for schools.
Kathy Scribner	I oppose mask mandates and they have proven to be ineffective and cause developmental delays in children. Masks isolate, breed fear and segregation.
Kathy Weiss	No mask mandates! Where is the peer-reviewed evidence that they work?
Katie Reina	
Katie Roy	My child will not be wearing a mask , we oppose this and it is not needed in schools. It does more harm to our kids than good.
Katie Yudin	



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katlyn wagner	STRONGLY OPPOSE ANY MASK MANDATE OF ANY KIND
KATRIN MANZOUR	
Katy Villari	
Kayla Reifschneider	
Kayla Walker	
Kayla Walker	
Keila Terena	<p>Mask have caused more damage then good. There have been over a hundred studies released that show little to no difference between schools that were masked and ones that weren't. These studies also address the issues these masks have caused to school aged children in regards to their education delays, mental health issues, and physical issues. Enough with playing with peoples lives. If people feel they need to be masked they have that choice no one is stopping them.</p> <p>Ferrer needs to stop with these crazy mandates on a virus that millions of people have been vaccinated and boosted against and the millions that have already had the virus and have natural immunity. Medical professionals are even calling her out. There is no emergency, doctors have a handle on the virus. People are getting colds like systems from Covid nothing like it was two and half yrs ago when the medical industry didn't know what they were dealing with. Stop playing with peoples lives. Enough is enough!</p>
Keisha Jackson	<p>As a school administrator and mother of three, this mandate would be HORRIBLE for our kids and the city. Why does the BOS continue to stand with Ferrer after what she's done? It's okay to admit when you're wrong THAT is actual leadership</p>
Keith Blyn	
Keith Giles	<p>As a board member for the Lancaster school district and a father of kids in the district I believe mandating masks at this point is ridiculous we already know the science of masking kids is that it causes more harm than it does to prevent Covid-19 please do not go forward with mandating mask for children and employees make it optional Please get a county health director that has some medical background and not a degree in sociology Thank you for your consideration Keith Giles Lancaster School District board trustee area one</p>
Keith King	<p>And fire Ferrer, the unlicensed and non medical school graduate dictating the City's terrible pandemic response.</p> <p>Replace her with a licensed medical doctor who knows what he/she is doing.</p>
Keith Lehto	<p>The CDC guidelines do not reflect the current virus mutation which has been shown to be no worse than typical cold symptoms.</p>

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			Keith G Prokop	
			Kelley Albrecht	There should be no more mandates
			Kelley Gill	No mask!!!!!!!!!!!!!!
			Kelley Harmon	Please stop masking. It does nothing!!! We will pull our children out of the public school system 100%. Let them build up immunity. Thanks in advance.
			Kelley Jimenez	
			Kelley Raleigh	
			Kelli Dunaway	
			Kellie Neufeld	You pride yourselves on "choice." Let people choose to make their own decisions. Say no to a mask mandate.
			Kellie Wagner	
			Kelly Brinn	Barbara Ferrer has caused irreversible damage to the people of Los Angeles with her tyrannical and nonsensical medical mandates, which do more harm than good. We will not comply with any more of her mandates, in fact, we know that she is not a doctor, and has based her opinions on what millions of other people should do with their bodies on a fraudulent study, written by her own daughter. We are tired of her crazy ideas and mandates, she needs to either resign or be fired at once.
			Kelly Evans	Oppose that mask mandate. 100%
			Kelly Greene	No mask for our kids!
			Kelly Hanes	I strongly oppose indoor mask mandates, science says they do not work and children have a very low risk of having difficulty with the virus or transmitting it!
			Kelly Kehlet	Please do not reinstate the mask mandate! The public has completely lost trust in our public health system because we have been lied to so many times about masks, vaccines, contact tracing-all of it. Masks don't work. Let us make the best decisions about our own health and the health of our children.
			Kelly LeBerthon	NO MASK MANDATES. follow common sense, actual science, and the Constitution!
			Kelly Lee	NO MASK. NO MASK. NO MASK. NO MASK.
			Kelly Martino	There is no scientific data that supports mask effectiveness and you would actually be harming our children!
			Kelly Merrill	Oppose indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with state dept of health guidance and the rest of the world.
			kelly nassour	I strongly oppose Dr Ferrer's public health order to reinstate a mask mandate.
			Kelly Phillips	I strongly oppose mask mandates. The studies and anecdotal data have showed over and over that they don't work. Instead they do more harm than

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	good by giving a false sense of safety, delaying kids learning, and development and more. They are so useless, the people imposing these mandates don't even wear them (unless they are virtue signaling) so obviously know they don't work. Imposing this mandate again is just an indication of your politics rather than using science and protecting the health and safety of the public, which is your job. Please vote in a way that this draconian, unscientific measure is not allowed to go through again. Allow kids the opportunity to be free and learn how they absolutely need, especially now, after all the delays they have experienced over the last few years.
kelly sultemeier	No more mask mandates!
Kelly Terborg	
Kelly A Harvanchik	Please fire the incompetent, evil, liar, Barbara Ferrer. This woman does not care about our children and the negative effects these mandates have had on them. These masks are doing way more harm than good. It is not normal not healthy for our children to be wearing these useless masks. They are breathing in filthy bacteria and are probably getting more sick from wearing them. Our children are going back to school in just two weeks. The temperature in early August is usually around 100 degrees. Not only is it physically harmful to them but it is emotionally, mentally, and socially harming our children. Kids do not even know how to socialize in person without being covered up. This should not feel normal to them. There has been much more depression and anxiety as a result of these pointless mask mandates. My child will not be complying with this nonsense if imposed.
Kelly C Hacker	Mask mandate not necessary for school children. They're the healthiest in the country. DO NOT PASS THIS MANDATE.
Kelsey Stapp	I oppose mask mandates in schools
Kelsie Gigandet	NO MASK
Ken Sheer	This is an atrocity that you want our city to be the ONLY city in the country that has a mask mandate? How can that make sense? If you believe in freedom of choice then you will not allow this nonsense because most people won't comply anyway and you will only antagonize. Please remove Barbara Ferrer, who is a fake Dr and is the most over paid health official in the country. Didn't see her wearing a mask at the NFC championship game!
Ken Spickler	Mandatory masking indoors does not follow any sound science and will not slow the spread of the SARS Cov2 virus. This has been illustrated when comparing regions where mask use was mandated versus areas where mask use was optional. Community spread of the virus was comparable in both areas. At this point viral spread and the danger from it can be compared to a cold or the flu, circumstances which historically have never led to mask recommendations, much less mandated mask use.
Kendra Millard	
Kenneth Lovell	
Kenneth E Vinson	These mask mandates don't work. Most people do not wear N95s and



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	KN95s. Most people still wear cloth masks that don't work. Surrounding counties are not having mask mandates; Los Angeles will lose business to outside counties.
Kenneth J Reyes	There is no scientific study proving the mask mandate works nor proactive ways to improve other people's health besides taking the vaccine.
Kerri Siano	Masks don't work, all studies point to them having zero impact on the spread of Covid. Ferrer has had way too much unchecked power for way too long. Get rid of her and her power, she's done enough damage. And don't you dare make kids mask up again, they have been through enough.
Kerri Weinstock	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides. These are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
kevin butler	<p>Please say NO to another mask mandate in our county!!</p> <p>In light of the information LEAKED out of LAC+USC Medical Center to the public, Barbara Ferrer's intentions and judgement in regards to our county's approach to Covid must be questioned and monitored! Why is Barbara lying to the public about the REALITIES of Covid? Why is she manipulating and censoring the data to justify another mask mandate??? Why does LA County continue to insist on implementing Covid restrictions at the expense of our children's mental and physical well-being? Why are we the only county in CA with a "high" level of transmission that plans to reimpose a mask mandate??</p> <p>I am a parent of a 9 year old child who's entering his 4th year of school stressed by Covid. I DO NOT want him back in a mask at school. I'm even considering pulling him from public school and homeschooling him, which I NEVER thought I'd do. But our kids mental health have suffered enough!!!</p> <p>Covid is here to stay. It is not the same virus it was in 2020--over 2 years ago!! Most people (especially children!) have already recovered from Covid. People have access to masks, vaccines, Paxlovid, etc. if they want them. Please, please, PLEASE regard mask-wearing as a PERSONAL CHOICE.</p> <p>Sincerely, Kevin Butler</p>
Kevin Cardenas	Oppose mask mandates
Kevin Davis	I am vehemently opposed to the mask mandate being reinstated. Let people make their own choices.
Kevin Hakakian	
Kevin Kampff	I oppose this mandate. Please stop Barbara Ferrer from imposing her insane mandates on our kids. She needs to be replaced with someone who can follow true science.
Kevin Kranzow	I oppose having indoor mask mandates.



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Kevin Kubarycz	Stop all mask mandates!
Kevin Linke	
Kevin MacLean	No more ridiculous mask mandates that don't work!! Hospitals are not being overrun. Fire Barbara Ferrer who's lying about the severity of cases.
Kevin Molloy	Do not follow the recommendations of the politically charged anti-science health director! There are over 100 peer reviewed studies that show that masks do not work and do not slow any virus spread.
Kevin Paterson	I oppose the mandating of masks, as all sane citizens do. They don't prevent the spread of a virus, as dozens of controlled peer reviewed scientific studies over the past three decades tell us!
Kevin Paterson	I oppose the mandateing of masks. Follow the science of dozens of peer reviewed controlled studies for decades that unanimously agree that masks do not prevent the spread of a virus.
Kevin Tolan	No masks in schools
Kevin Underwood	Stop using this as propaganda the people are done with this illegal agenda and it has been proven in effective. Why is during elections that this comes up and why is there a specific time to install this bogus illegal mandate. It is all very convenient for those in power to place this on the people. Start listening to the people not the agendas for political gains. We will vote out those who push their illegal will on the people.
Kevin Wheeler	I have two children going to school and it breaks my heart to think they will need to mask up their beautiful little faces and go through this trauma all over again. They deserve their normal routine back and masks are not part of it. Im also concerned for the impact on restaurants and gyms. These business have endured and the ones that made it through this should not have to go back and relive it. I can only imagine the heartbreak and fear these small business owners are worrying about right now. I strongly oppose the mask mandate in Los Angeles.
Kiarash Neman	
Kieran Kranzow	Oppose indoor mask mandate
kim Darigan	I STRONGLY OPPOSE adopting another Mask Mandate. There are over 150 actual studies that demonstrate that masks don't help stop respiratory viruses from spreading. DO YOUR JOB, and fall victim to "rubber-stamping" what your funding sources tell you to do, but do what is best for your constituents!
Kim Evatt	
Kim Fagan	
Kim Gould	The detrimental effects of masking are not being addressed (off gassing of dyes and materials, shedding of fibers, etc.)nor are any scientific data that support masking as effective in mitigating contagion. The evidence is overwhelming that mandating masks is useless and harmful-physically, psychologically, and socially. OFFICIALS NEED TO PROVE "WHY", PUBLIC



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	DOES NOT HAVE TO PROVE "WHY NOT".
Kim Krause	Mask mandate
Kim Krause	Mask mandate
Kim Kuehfuss	
Kim Kutner	This mask mandate is unnecessary and causes undue hardship for businesses and our children!
Kim Martellino	I'm opposed to all mask mandates.
Kim Martinez	Vigorously Oppose
Kim Mcconathy	No mask mandates
Kim Petroni	NO to unscientific mask mandates. Stop any unnecessary mandate! Stop the damage being put on our children .
Kim Tyler	Oppose indoor mask mandate, especially for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with the State Department of Health guidance and the rest of the world.
Kimberley Brock	Imposing a mask mandate in LA County will affect LA County Colleges. These are 100% mandatory vaccinated and boosted campuses which also requires testing. CSU kept campuses closed for FOUR SEMESTERS, then delayed the start of Spring 2022 using ALL mitigation only to have LA host the NFL playoffs and then the super bowl with MASKLESS GOVERNMENT OFFICIALS. The mask mandate was dropped not based on science but on a change in the political climate of the midterms where the CDC reclassified risk levels. Then "shareholders" of CSU made the determination that wearing a mask or not should be a personal choice. This is no longer about science. I oppose the mandate!
Kimberley Poynor	
Kimberly Mainstain	
Kimberly Matthew	
Kimberly Notch	
Kimberly J Belvedere	<p>The time has long since passed that any public health order is needed. Leave people ALONE. Masks do not work, that much we know. Studies have shown no difference in infection between places that have strict mandates and places that do not.</p> <p>Ferrer is drunk with power and there is no justification for any mask mandate. At most, covid is a flu for 99 percent of the population. If people want to mask up they are free to do so - that is what freedom means.</p> <p>I work in LA County but live in another county. We have not, and will not, do masks in our counties. Even when it was imposed the last time, it was widely</p>



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	<p>ignored for good reason.</p> <p>It is time to let people make their own choices. Living "with" covid does not mean going backwards and playing the pandemic games again. It means going back to normal and letting people decide for themselves whether a mask is right for them.</p>
Kimberly L Scott	<p>We have leaders of the county that exempt themselves from mask wearing mandates. We have Fauci who has flip flopped on this subject every time big pharma, or billionaire tech companies needed him to adjust this theory on mask, and protection. We have experienced over two years of people wearing the same filthy mask and touching it to put on and take off with their hands and touching surfaces like door handles, menus' gas pumps, groceries, etc. We already have evidence that the vax was a hoax, and did not protect against infection, in fact, just the opposite. It is my opinion, as well as Fauci's that the healthy population does not need to be quarantined and or masked up. The little paper mask do nothing but turn perfectly normal people into sheepish, socially awkward, and mentally confused, conformists. Breaking the soles of individual thought, and ability to make decisions for themselves. It's a personal choice, and the healthy people of California do not want to give our personal freedoms to other's personal fear.</p>
Kirk Spahn	<p>Mandating masks at this juncture is beyond ridiculous and will hurt LA. It should Be a CHOICE</p>
Kirsten Gonzales	<p>Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.</p>
Kirstie Schipper	
Kit Kjelstrom	<p>Do NOT mandate masks again. The science does not support their use to significantly control viruses.</p>
Kody Andrew	
Koorosh Setareh	
Kourosh Neman	
Kris Caiozzo	<p>Barbara Herrera is a social worker, not a medical doctor. There are no studies to prove that masks ever worked, it's a political and unscientific way of dealing with a virus that is here to stay. Everyone should have the freedom to make their own decisions and shame on anybody that thought this was a good idea for our children,SHAME ON YOU for perpetuating bad mental health.</p>
Kris Dana	<p>The whole country doesn't wear it why do we need. It is harmful to our kids they cannot breathe it causes psychological damage</p>
Kris Kenneth	<p>Reinstating a mask mandate is preposterous and does not follow any scientific evidence. Please stop Ferrer from abusing her power and dictating</p>



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	a ridiculous order that does not follow common sense, actual science, or Constitutional law. Please do what's best for The People, not politicians seeking control.
Kris Mortensen	
Kristen Adams	There is absolutely no data to support mask-wearing to litigate what is now equivalent to a cold.
Kristen Daniel	
Kristen Edmond	The people have had enough of these unlawful and useless mandates.
Kristen Kring	I strongly oppose mandating masks.
Kristen Miller	
Kristen Ostertag	Oppose masks mandates especially for children. All the studies show they do nothing to protect them from a virus that doesn't even affect them. In fact, it's to their detriment with children unable to see faces for reading, learning and social interaction.
Kristen Ponce	Fire Ferrer!! She is doing more harm to this county and it's residents than good!
Kristen Tedei	My family will not comply with another mask mandate. My kids deserve to go to school and see other kids smile.
Kristen A Ray	Our children are done being subjected to the use of masks as a form to control a virus that cannot be controlled. We will no longer allow our children to be masked and we will fight to send them to school maskless. If my child must mask she will be pulled from our local school district. It's enough!!!! Leave our kids alone.
Kristen D Wong	<p>As an attorney, a long-time Los Angeles resident, and a mother of 2 school-aged children, I OPPOSE the mask mandate, particularly for children.</p> <p>There are too many downsides to mask mandates that can be properly alleviated by making it an option, rather than a requirement. There is a very important distinction between deciding something is a "good idea" and deciding it should be "mandatory." Los Angeles should remain in line with the rest of California and the rest of the country.</p> <p>And, again, as an attorney, I am troubled by the fact that we are considering pushing the legal limit to this extent. Future historians will write about how the leaders here in Los Angeles manipulated the law and infringed on individuals' rights in this way. The laws are in place for a reason and, again, making masks optional can mitigate some of the very real drawbacks to this proposed policy. I urge you to consider how you want to be remembered and to OPPOSE this matter.</p> <p>Respectfully, Kristen Wong</p>
Kristen E Looyesen	I oppose all mask mandates as masks are ineffective, and individuals are not



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	being hospitalized for Covid any longer.
Kristi Haines	It's your choice to wear a mask BUT IT IS NOT YOUR CHOICE IF I WEAR ONE!!
Kristi Phillips	<p>Unlike the health directors in the other 57 counties of CA and through the US, Barbara Ferrer has refused to pivot to a "personal decision making" strategy and LA County continues to be stuck in 2020 with threats of more mandates and residents, schoolchildren and businesses will pay the price for Ferrer's stubborn, egotistical, controlling & patronizing personality.</p> <p>LACounty BOS needs to stop Barbara Ferrer from making LA the outlier of the State and Country when things have changed so much since 2020: vaccines are easily accessible to anyone who wants them and the virus is much milder with a very low IFR for all ages of only 0.001% - 0.1%. The majority of the country understands this and accepts this and is ready for a full return to normal.</p> <p>Given the misrepresentation of hospital data that Barbara is using to over exaggerate the current impact on LA hospitals which have only a very small number of actual patients hospitalized because of their covid symptoms, the credibility of LADPH has suffered. On top of that, the undisclosed conflict of interest between Barbara Ferrer and her daughter in the MMWR CDC published study where her daughter worked with members of the LADPH staff to conclude that the mitigation strategies her mother required in K-12 schools were effective which the LADPH then referred to such CDC studies to support their continued mask and other mandates in schools, is clearly a violation of ethical standards. Barbara Ferrer has lost the trust of the public. LA residents and businesses deserve to have a competent, qualified and ethical Director of Public Health and it is well past time to fire Barbara Ferrer and replace her with an experienced MD as the Director.</p>
Kristi Shoup	
Kristie Sepulveda-Burchit	<p>There is ample evidence that masking is not benign and it can cause harms. Mandating masking should never been done nor tied to any metrics especially if you have no indicators that it actually helps in any way. Our families who have children with exceptional needs have been denied access to in person education, supports and services because they cannot wear face coverings. They are entitled to receive a FREE AND APPROPRIATE PUBLIC IN PERSON EDUCATION and in order to access this they need to not have roadblocks such as the mandate requiring them to mask to do so. For more information on the harms refer to our website here educateadvocateca.com/face-masks-and-social-distancing and face coverings in schools here educateadvocateca.com/face-coverings-in-schools</p>
Kristin Charlebois	
Kristin Lopez	I am against any order that mandates wearing a mask for adults but especially for children. Masks should be optional!
kristin nugent	This is an unnecessary and unscientific proposed mandate.



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	As a local community member and a parent, I completely OPPOSE any further action by Ferrar and or her daughter to subjugate our families to completely disproven harms with masks.
Kristin Schultz	There is no data to support that masks (especially when non medical personnel are using them) are helpful in eliminating or even reducing covid infection spread.
Kristin Sedy	
Kristin E Ferguson	Barbara Ferrer has become a detriment to the people of Los Angeles County. Her credibility is nonexistent. When it comes out that the studies she is referring to in order to keep the population muzzled were written by her own daughter, there is a clear conflict of interest. Not to mention, she fails to follow any actual data coming out of hospitals in the area. She isn't even an actual MD. If the Board of Supervisors does not remove her, the Board's credibility will end up just as far in the garbage as Ferrer's. While the voters can't replace Ferrer, we can certainly replace the Board. Please do what is right for the people of Los Angeles. Get rid of Ferrer!!
Kristina Carpenter	My 4th grader said he would rather get COVID than to have to wear a mask at school or anywhere else indoors.
Kristina Feil	Opposing an indoor mask mandate, particularly for children in school.
Kristina Martin	CORRECTION. I AM 100% OPPOSED TO THIS EVIL!!!!
Kristina Svachova	Never bring this illegal measures up ever again! Shame on all of you, you're criminals!!!!
Kristina E Hughes	NO MORE MASK MANDATES. NO MORE MANDATES. THERE IS NO SCIENCE BEHIND IT. WE WILL NOT COMPLY.
Kristina M Lynch	Mask mandates are against the law, do not work and cause harm. Did you know cancer grows in oxygen deprived environments? Did you know that Covid particulates can get through any of the suggested masks and lodge into the fabric create the perfect environment to actually transmit Covid? Did you know that masks cause your internal organs to work harder and lower your immune system? Did you know that wearing masks increases your risk for lung and sinus infections? Did you know that wearing masks makes it impossible for the hard of hearing to understand and be able to communicate? This includes the deaf and elderly. Did you know that mask wearing is negatively affecting our children causing delays in learning and traumatic set backs in socialization? I urge you to oppose this recent suggested mandate and fire the incredibly inept health director immediately.
Kristine Lepel	This has already been contradicted by drs in la county. This is about control and not about health. Strongly oppose!
Kristine Takhmazyan	
Kristine Tooroosian	
Kristine D Tornez	
	Do not bring back the mandate!

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Kristopher M Carmona	
Kristyn Graham	Follow state and CDC Guidelines. Please stop mandating beyond their recommendations. Residents should be advised to "strongly recommend" mask wearing indoors as such and not be forced. It's going to create so many problems to keep going back and forth.
Krystal Briscoe	Will not mask myself or my children. Stop with the governmental overreach. It'll just keep our kids out of public schools.
Krystal Reid	There is no logic in masking our children in schools when the science doesn't back it.
Krystin Pascolla	
Krystle Montez	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th particularly for young children in schools. It should be kept consistent with the rest of the state and CA department of health guidance. Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Krystle Parmenter	Oppose the mask mandate for children in schools. Particularly the young children. There are too many downsides that are mitigated by keeping it optional, which is consistent with the state department of health guidance and the rest of the world.
Krystle S Halpenny	We have come very far since the beginning of the pandemic. We have many more resources and knowledge regarding Covid 19. Considering to mask indoors again is unnecessary and proven not to prevent the spread of Covid 19. Please consider citizens to make the choice for themselves. Thank you.
Kurt Kosterlitzky	We've been vaccinated and boosted enough is enough already
Kyla Vaughn	
Kyle Benner	All your bullshit will only go so far. Common sense and grit to ward off your BS attempts to bit & bridle the population TO CONTROL.
Kyle Stuart	The mask mandate is not something that needs to be dictated by the County of Los Angeles. People are free to choose when to wear a mask. Please focus on actually helping people impacted by COVID instead of dictating personal choices that nobody will enforce.
Kylie Videgain	
L S	<p>I strongly oppose the impending county mask mandate slated to begin on July 29th. I also join the call for you to remove Dr. Barbara Ferrer from the Department of Public Health due to her incompetence, exceedingly poor judgment, manipulation/obfuscation/withholding of facts/data and failure to provide effective leadership with regard to COVID-19.</p> <p>These are a few examples of the alarming pattern of obfuscating facts and poor judgment from Dr. Ferrer:</p>



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	<p>- commencing a countdown to the impending mandate based on manipulated data (the with/from issue), in stark contrast to boots-on-the-ground healthcare realities (kindly see recent LAC+USC virtual town hall weekly updates, e.g., youtube.com/watch?v=nBdOc71SDqU&t=592s)</p> <p>- not disclosing - or even perceiving - a conflict with her daughter's authorship of the DPH mask study (also a bad study; kindly see this thread for discussion and references: twitter.com/pavement1999/status/1551279289684832256);</p> <p>- acknowledging that the Covid 'vaccines don't work so good' to the audience at USC Keck School of Medicine's Grand Rounds in Population and Public Health Sciences (youtube.com/watch?v=2MldQJwHRgY&t=4851s) while continuing to promote them as a public health measure (because the truth would complicate public messaging!)</p> <p>Dr. Ferrer's unchecked power is not being used to advance the public's health but rather to advance junk science that serves unknown (to me) interests. Please accept her resignation or remove her immediately. Los Angeles County deserves ethical and competent leadership in the sphere of public health (and ecumenically!).</p> <p>I also see a note on the agenda re: "status on the COVID-19 vaccine." I hope that you will review this important study from Qatar regarding the durability of natural immunity and vaccination at this point in time (Duration of immune protection of SARS-CoV-2 natural infection against reinfection in Qatar, medrxiv.org/content/10.1101/2022.07.06.22277306v1.full.pdf).</p> <p>Thank you for your time and consideration.</p>
LA Citizen	<p>In a news conference on July 13, Brad Spellberg, the chief medical officer of Los Angeles County and University of Southern California Medical Center, and epidemiologist Paul Holtom, said that there have been no changes in the transmission levels of COVID-19. That the cases they have seen have 90% mild symptoms, that they do not have any one in the hospital who had pulmonary disease due to COVID. They also stated they have not had to intubate anyone since February.</p> <p>Why then are the people of LA County now being subject to another masking enforcement, determined by a incompetent county employee, who has ZERO medical training?</p> <p>This is a another bad decision based on flawed data interpreted by Ms. Barbara Ferrer.</p> <p>She is no longer serving the people of LA County. Barbara Ferrer has lost the confidence of the people of LA County.</p>
Lacey L Cambio	
Lacey Scripture	<p>I oppose all masking mandates and request Barbara Ferrer be fired for conflict of interest and the harm posed on the youth of LA County.</p>



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			Ladan Rabbani	
			Laizer Labkowsky	
			Lana Van Aggelen	I oppose any further mask mandates for Los Angeles County. The hospital admissions numbers do NOT reflect the actual admissions strictly because of a positive COVID test. ONLY admissions for COVID alone should be counted towards the CDC Mandatesgoing forward. Our small business & schools should no longer be on lockdown at this time. Thank You
			Landon Merrell	No more masks! They don't work and are wrecking havoc on our mental health and our children are missing out on life.
			Larry Brownstein	Enough with the mask charade. We already know that it is just a strange kind of theater to see who will blindly obey government orders. Stop the nonsense.
			Larry Eissler	
			Laura Allred	Please Oppose all mask mandate within the state of California. Thank you
			Laura Buford	
			Laura Darlas	
			Laura Frazier	My comment said Favor but I meant to select oppose. No mask mandate.
			Laura Giles	I have no confidence in Barbara ferrar and her health officer orders. She is basing her mask mandates on inflated numbers thst are contradictory to the hospital doctors. She is using a study on masking school children that was done by her own daughter while several other studies show little difference in transmission between schools that mask and schools that didn't mask school children. She was also caught on camera unmasked with 70,000 baseball fans just last week. She needs to resign or be fired!!!!
			Laura Gordon	Do not implement a mask mandate.
			Laura Henry	Masking should not be mandated.
			Laura Malafronte	Oppose mask mandate
			Laura Massie	Previous masking did not work! Please follow the real science and do not force us to cover our faces and struggle to breath for no proven purpose. Barbra Ferrar needs to resign for leveraging her daughters pro-mask study.
			Laura Parrish	
			Laura Perone	
			Laura Reid	Strongly oppose. Masks do not work at preventing transmission. Masks are harmful, this is an overstep in authority. It is a mental health contributor, a burden on employees and businesses and flat out useless. We will not

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	comply.
Laura Sciorba	Masks have been shown to have little or no effect in the prevention of Covid. This is political theater. And the timing, right before midterms, is extremely suspect.
Laura Solano	Remove Ferrer! We cannot go back to her dictations of mask
Laura A Chenelia	Make it a personal choice. People can decide what's best for themselves.
Laura M Mitchell	No mask mandate! It's only going to cause more depression/anxiety. Cloth masks don't work.
Laura S Goodwin	
Laurel Hatch	Masks are just a form of compliance that is unconstitutional and harms children. Childrens mental health should be far and above the Fake Emergency Orders implemented by unelected unscientific policy. Stop the madness! I do not want a 2022 election cycle determined by Cheating, Ballot Harvesting and un monitored Drop Boxes. All stemming from a fake Emergency Power Mandated by Adolph Newsom.
Laurel Hirschmann	<p>The reason the state or federal gov hasn't implemented "protections" such as forced masking, testing, or vaccinations is because no one cannot mandate – government, employer, school, appointed "health officer" – can mandate an non-FDA approved, FDA-authorized experimental protocol / device / treatment / medicine / ETC. and, even if they could, they would have to recognize and honor medical and religious / personal beliefs exemptions and grant them without penalty AND they would have to go through the proper legal, legislative channels to ensure accuracy, safety, legality, and due process of law!</p> <p>The reason the state or federal gov hasn't implemented "protections" such as forced masking, testing, or vaccinations is because no one cannot mandate – government, employer, school, appointed "health officer" – can mandate an non-FDA approved, FDA-authorized experimental protocol / device / treatment / medicine / ETC. and, even if they could, they would have to recognize and honor medical and religious / personal beliefs exemptions and grant them without penalty AND they would have to go through the proper legal, legislative channels to ensure accuracy, safety, legality, and due process of law!</p> <p>This is a dangerous & illegal decree that is not only unsafe, illegal and unconstitutional, but a direct threat to the Separations of Powers and Checks and Balances systems integral to our Constitutional Democracy.</p> <p>Allowing Barbara Ferrer – and/or San Diego County and/or Culver City – to unilaterally mandate masks, again, without any science or data in support sets a dangerous precedent that our Laws and Constitutions do not matter and that these can be circumvented in a "state of emergency," which will only lead to more "states of emergency."</p>



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Laurel A Pabian	No mask mandate
Lauren Clayton	
Lauren Cotner	Mask mandates. You will kill our area. Barbara has no authority. She is not an elected official. She isn't even a medical doctor. Stop buying in to the BS. Do your damn research. This will costs businesses thousands maybe millions of Dollars. We will drive to Orange County and shop. Trust me it will be worth it.
Lauren Eden	I am a public school teacher. Mandatory masks last year interfered with teaching critical phonics skills, student social interactions, and were not effective in stopping students from getting sick because children do not even wear them correctly, nor do they keep them clean and sanitary. Children are not at risk from Covid complications. Masks only serve as an educational barrier.
Lauren Gibbs	Strongly oppose an indoor mask mandate, particularly for young children in schools. Masks and vaccines will remain an option. But mandating (especially young children) has too many negative consequences that greatly outweigh possible and unestablished benefit. Masking should remain optional, in conformance with virtually all other jurisdictions guidelines.
Lauren Harger	I strongly oppose any action taken by the County of Los Angeles to impose indoor mask mandates yet again. As evidenced by the mask study in Alameda County recently, mask mandates have no effect on transmission of Covid, and most likely cause harm. A recent study just published in Nature magazine revealed that harmful fungi and bacteria collect on masks worn for hours at a time. Moreover, the hospital admissions data is flawed, according to doctors at County USC hospital. Only 10% of Covid hospital patients were admitted for that reason, and nobody is in ICU for Covid pulmonary care. This mandate is about hysteria and control, not about science.
Lauren Mcconathy	No mask mandates
Lauren Morris	No masks in schools
Lauren Newman	
Lauren Oberlander	No more mask mandates. It's clear covid is simply here to stay and it appears to have spikes in the summer and winter. Just let us live our lives and if anyone wants to wear masks then so be it, but stop with the mandates for masking for something as simple as going to a store. There is absolutely no true evidence that masking will lower the transmission and we should be able to make these choices for ourselves and our own health.
Lauren Schneider	
Lauren E Tomich	
Lauren N Delgado	No Masks in schools
Laurence A Jeffery	This is not following any rational [valid] scientific evidence. Masks have been shown in actual valid experiments to be very hazardous to



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	<p>physical health. Results show they provide no protection from any disease, and are actually very bad for physical, as well as mental and psychological health.</p> <p>They need to be banned from all establishments and society. It's nothing but fear mongering, and needs to be stopped immediately.</p>
Laurie Bennett	<p>Masks have NOT been proven in any scientific study to prevent Covid. Barbara Ferrer is NOT a medical doctor - you are giving her entirely too much power to make decisions for the people in L.A.</p> <p>Covid is 99% survivable, why are we still reacting like every case is a guaranteed death sentence?</p>
Laurie Dorr	
Laurie Fulton	<p>Making masks mandatory again is ridiculous. We are healthier both physically and mentally using our own judgment. Government has no right to control us.</p>
Laurie Stern	
Laurie Ukkestad	
Laurie A Bryan	<p>Stop this crazy mask madness, people will not comply!</p>
LAW OFFICE OF BARBARA E SCHNIER	<p>People are capable of monitoring themselves. We don't need a nanny state that does not educate themselves on the efficacy of masks.</p>
LC Chen	<p>Dear Holly Mitchell and Supervisors,</p> <p>I can't believe I must write you again about the soon to be reimposed mask mandate, especially for children. This is ridiculous and an outrage. I am vaxxed/boosted, so is everyone in my family, including double boosters. I have lost people to Covid. I have been compliant throughout this ordeal. I stayed home, socially distanced and even wore a mask outdoors as idiotic as that was. I refuse to do this any longer. I have absolutely no faith in LA County Department of Public Health and Dr. Barbara Ferrer especially when it is very clear that LA County, with all our restrictions, did not fare much better than other counties and states that used the least restrictive measures. I will never forgive any of the politicians like you, Mayor Garcetti and Gov. "Freedom" Newsom despite voting for all of you to get into office! All of you have damaged my child's elementary school years. I used to be a reliable Democratic voter, but no more.</p> <p>The time for forcing everyone, especially our kids, to wear masks again is long over. Vaccines are readily available for those who choose (or were forced to) vaccinate. New drugs to treat Covid. New Covid strains are less lethal than before. We cannot control or stop transmission. There will always be a new variant. All we can do is make individual choices to protect ourselves. LA County appears to be the only county in America, in the state of California, considering doing this. Dr. Ferrer is not a medical doctor, nor do</p>



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	<p>she even have a science or medical background. I am perplexed as to how she was given this job or why she has been feted by the Board and others despite her extreme positions. I also don't understand why you are allowing Dr. Ferrer to exert so much control over my life and further damaging my kid's school experience for a fourth year! We cannot continue to live in perpetual state of fear. In addition, compared to Orange County, who never reimposed mask mandates, there's little different between their numbers and ours. This is just one more reason, on top of many other reasons, to leave LA County. I certainly plan to spend as much time in Orange County for all my grocery and other shopping needs if this mask mandate comes back and will start looking at pulling my kid out of LAUSD and leaving LA County.</p> <p>Show some leadership. End all Covid mandates.</p>
Leah Mount	Oppose masking. Fire Ferrer
Leda Williams	NO MORE MASK MANDATES!!! Let each citizen decide for their own!!!
Lee Cohen	<p>Perception is everything and at the moment the BOS constituents have lost all trust in LAPH and especially Dr. Ferrer (#fireferrer). The reported facts to require masks do not add up and it appears that it is now about power and control. The cat is out of the bag regarding the Unions and their influence they have over the policy makers. This is a significant turning point and don't underestimate the momentum against these mandates particularly among parents. We all know once this mask mandates goes into effect, the BOS will not change it for months to come. This means another year for all our children to be masked at school. We all know that these mandates have caused severe repercussions in our children from depression, isolation, speech delays, skin issues, breathing problems, etc. Furthermore, there is a large percentage of the population that is already wearing a mask. It should remain voluntary. MANDATE is a very strong word and those who don't want to wear a mask for a variety of reasons (e.g., vaccinated, boosted, just had covid, etc.) should not be forced to against their will. This part of the population is frustrated with your lack of scientific basis for these mandates. They will push back hard in meaningful, lawful ways and I for one will join them.</p>
Lee Moya	<p>Stop this fraud of putting masks on kids. Get educated on the harms & that these false 'measures' are based on made up 'policies' not actual science, evidence & data. Fire the fraud, criminal PH officer NOW</p>
Leesa Dang	<p>There are two (2) reasons why I am opposed to reinstating the mask mandates for kids in school. The primary reason is that there are no peer-reviewed, randomized controlled clinical trials demonstrating that masks are safe and effective for kids in a school setting. The second reason is the conflict of interest highlighted recently where Dr. Ferrer relied on a school mask mandate study that was co-authored by her daughter (Kaitlin Barnes) to influence public policy - clearly a conflict of interest that causes loss of trust in Dr. Ferrer's public policy decisions. Please see links below for references. I am firmly opposed to imposing the mask mandates on school aged kids for school.</p> <p>Thanks, Jason</p>



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	<p>theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/</p> <p>foxla.com/news/report-accuses-barbara-ferrer-of-relying-on-her-daughters-cdc-backed-study-on-school-mask-mandates</p>
Leigh Jedeikin	The COVID protocols have showed no statistically significant improved conditions. LA county doesn't need mask mandates. Leave the people of this city alone. Ferrer has admitted this is about political science and pockets of communities. Vaccines are every where. People can mask if they choose. It's closer to 2023 than 2020 and you want to force masks? STOP.
Leila Berjis	Oppose an indoor mask mandate, particularly for young children in schools There are too many downsides that medicated by Leaving it optional, Which is consistent with state department of health guidance And the rest of the world.
Lena Bedik	No mask mandates for any mandates foe a non existing virus
Lenette A Pike	Please stop the mask mandates. Masking does not protect against virus's. Let us make our own decisions about whether to wear a mask or not. LA Hospitals have contradicted Ferrer on her Covid numbers. Let's listen to the medical doctors.
Leni Sinclair	There are at least 91 studies that prove the ineffectiveness of wearing surgical masks to prevent viral transmission. Here is a link to the CDC and their take on that topic. wwwnc.cdc.gov/eid/article/26/5/19-0994_article If the masks are not effective, why are you trying to re-establish this useless mandate? Control?
Leora Namvar	
Leslie Colgin	We oppose this order because it does not serve the public health. Our children have struggled to breathe with being forced to wear masks. They make it difficult to communicate and they do not prevent the micro particles from getting people sick. This order is anti-health and we are paying attention to who enacts these orders.
Leslie Dunn	Masks have been proven to not make a lick of difference in the spread of Covid...especially cloth masks. Cloth could actually have a negative effect
Leslie Rappa	Opposed to indoor mask mandates especially for children and staff in our school settings. There are too many harmful effects that are mitigated by not leaving it optional which is consistent with the state dept. of health guidance and the rest of the world.
Leslie Rivera	I oppose an indoor mask mandate, specially for young children in schools. There are too many wrong reasons as leaving it optional, which is consistent with STATE DEPARTMENT OF HEALTH DEPARTMENT guidance and the rest of the world.



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Leslie Simon	
Leslie A Foubberg	No more mask mandates. The concern is death not an illness and the numbers do not support the tyrannical mask mandates of all. Stop the insanity and power grabs. We are done with all of it. You're ruining our city and state.
Leslie F Padgett	Please keep masks optional
Leslie K Mercer	Masks are oppressive and not necessary medically. They also are horrible for the environment.
Leslie L Hoffmann	
Lessette Cortez	Please review all the face mask studies.
LeTasha Henry	The fact that Ferrer is still in power, about to inflict this on millions of people and none of you supervisors make a peep? We know she's completely corrupted but you guys too? I voted for you Kuehl I am ashamed to have done that.
Leticia C	Strongly oppose re-imposing ineffective mask mandates especially in schools based on unjustified COVID hospitalization numbers. As stated by the USC and LAC medical doctors, most of the "COVID hospitalizations" aren't actually by COVID. They represent people coming into the hospital for other reasons and testing positive. As also stated by these doctors, there is no strain on the hospital system due to the fact that this variant is very mild. Medical studies have also shown that the risks of COVID in children are minimal. Mask mandates prevent children from learning and are causing more harm in their educational and social development. I urge you to listen to the real medical experts who are on the ground and have a medical background. It is time for the Board of Supervisors and LA County of Public Health to follow the real data and true science.
Leticia Fletcher	I oppose the mask mandate in Los Angeles or in California the masks have not stopped the spread of Covid and not scientifically proven to work My family in Los Angeles and I will not be wearing masks we will be voting out the public health director when it's time she does not care about the public but instead has chosen to fill her pockets with taxpayers money
Leticia Page	
levon alexanian	Wearing mask does not stop spread of covid and in fact bad for your health by depriving yourself from getting sufficient oxygen, it could cause health issues for seniors. There is no scientific proof of its effectiveness but rather political decision guided by fear. Even "Public Health" Director, Barbara Ferrer has seen without mask with 70,000 baseball fans. You as a board member has duty to protect innocent public and not follow hypocritical officials who make political decision and not health related one. We elected you and expect your protection.
Levon Midwood	I OPPOSE MASK "MADATE" - no more
Lewis R Fisher	Please carefully consider the negative impact this order will have on our local businesses, the spillover effect on school-aged children who will begin the



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	school year in masks, and the waning impact of such an order in light of the results experienced earlier this year by Alameda County. thank you
Liam Cohen	In light of recent news that hospitals are not having a crisis of Covid sick patients, nor have they for months. and with the severity of illness not nearly like it was before due to the vast majority of residents being vaccinated or having natural immunity, to institute mask mandates again is completely unnecessary and unwarranted. We need to move in the direction of learning to live with, what one of our chief medical doctors has stated, is now an annoying common cold like illness for the vast majority of us. Especially those that are vaccinated. Trust in public health is already at an all time low. Please don't reenforce this with an unwarranted mandate. Let people chose to mask if they wish. Emphasizing the need to use an N 95 if they chose to protect themselves.
Liana Bellissimo	I OPPOSE any new mask mandate, and respectfully demand the BOS OPPOSE. This proposed order contradicts the Chief Medical Officer of LAC-USC.
Liane Schirmer	I strongly oppose mask mandates as the actual science does not prove that masks have any effect on mitigating or eliminating cases. As we can all clearly see, people who have been double, triple and quadruple-vaxxed have been getting covid. Thus neither the vaccines nor the masks are of any use. Good ventilation and the ability to breathe fresh air I daresay is more salutary. We the people must have dominion over our bodies and health regimens. Let those who want to wear masks do so. Do not force the rest of us to go along. Re-instituting masks will crush small business, decimate employment and worse, demoralize an already beleaguered population.
Lida Simhaee	
Lilit Asadourian	The Board must vote note on Dr. Ferrer's attempts to institute an indoor mask mandate. We are approaching year 3 of covid. The disease is never going away. Area hospitals are not overwhelmed and neither the surrounding counties nor the state are returning to indoor masking. Our business and children, in particular, have suffered enough. The true science shows that indoor masking is not effective at stopping the spread of the virus. In addition, Barbara Ferrer has proven herself to be incompetent and operating under a substantial conflict of interest and must be fired. It is time to return to normalcy in this county and allow people to make decisions for themselves.
Lilit Davoyan	I strongly oppose mask mandates, especially for schools
Lillian Anderson	No on mask mandates! It is unconstitutional and bad for health and our freedom! "We the People" will breathe.
Lillian F Clark	NO to masks in schools.
Lina Cohan	Oppose possible indoor mask mandate, especially for school aged children!! We have seen that masking does not prevent the spread and it's more harmful to children then helpful.
Lina Tabanfar	Oppose indoor mask mandate, especially for children. We should be aligning



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	to the state. And Dr. Ferrer had a conflict of interest regarding masks and her daughter's article (who is not a doctor). There is no scientific evidence showing masks work. And the mental and emotional development of children has been hindered due to the masks. Keep masks off everyone, especially children! No mask mandate!
Linda Bagnall	This tyranny must stop! They are just children. Dry asphyxiation kills.
Linda Chaman	In light of USC's internal disclosure of Covid cases, I see your case is not being a matter of importance, and Dr. Ferrer's egregious conflict of interest and her daughter being a co-author of A scientific paper that influenced public policy, I and countless others truly hope that you will vote against having masks reinstated for LA County. Additionally, children under no circumstances should be forced to mask any longer. Covid health dangers are no longer a widespread threat to health, especially those to our children. It is time to move on from this and actually do the right thing in letting everyone move on with their lives and livelihood.
Linda Davaris	I oppose indoor masking mandates especially in schools. We have vaccines available for those who want them. Also there are drug therapies for those that contact Covid and need them. The study Barbara Ferrer is using is from her daughter who is not a doctor a clear conflict of interests. As a teacher and parent I have seen firsthand the harm mandatory making has done to our children in schools. Please let it continue to be a choice for all. Do not enact another mandate.
Linda Esposito	Oppose indoor mask mandate...again!
Linda Quiroga	
Linda Schrader	
Linda Schwartz	I oppose!
Linda Semmelmayr	Masks do not work. Do not subject the people of LA to the dehumanizing wearing of masks again. It promotes mental health problems but does not stop the spread of a virus.
Linda Silver	I urge you to overturn Barbara Ferrer's ridiculous mask mandate. Once again an elected politician is trying to force a mandate on the public while blatantly ignoring it herself. The public who voted these politicians in are tired of this "do what we say, not what we do" attitude. Base your decisions on scientific studies (not one written by her daughter btw) and the well being of the public that you have been elected to serve.
Linda Turrubiates	
Linda A Shoemaker	I strongly oppose the mask mandates for school children. It is downright unhealthy and suffocating. Let them breathe. Sincerely, linda A. Shoemaker
Linda J Kostenuk	I cannot believe after two years of NO proof that masks work to prevent the spread of COVID-19 is still being discussed. This is just utterly ridiculous!



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	<p>Our children need to get back to some kind of normalcy. Wearing a mask to cover those precious smiles and faces is just going to hurt them not help. I lost my husband to COVID-19 and guess what? He wore a mask when he was told to all the time. It did not help him; did it? Let the kids be free and stop the child abuse and control of making them wear a useless mask.</p>
Linda L Kubisch	<p>A great number of articles have been written that masks absolutely do not help any virus, but is instead a political and authoritative issue that harms all people in many ways, no thanks to Newsom. Your California mandates are ridiculous as compared to most other states and nations. You are severely harming humanity against the words of the Lord Jesus Christ that we are to love our neighbors as we love ourselves. Think and Do carefully, for this is a time to love and heal rather than hate and harm.</p>
Linda R Wright	<p>Covid is no longer a matter of life and death. Historically, masks have not been mandated for most viral outbreaks. It was appropriate at the time that so little was known about it, treatments were hit and miss, and death was all too common a result of contracting the disease. This country needs to except the fact that getting ill is a part of the human experience. There are actually advantages to having the disease and possessing a natural immunity to it. Individual freedom should not be sacrificed just so policy makers can "play God" and pretend they have the power to prevent this illness. It is also, disingenuous to force these precautions on the populace and at the same time, allow thousands of potentially COVID-carrying migrants into our country every day with no such mandate placed on them.</p>
Linde M Lantion	<p>There is a clear conflict of interest with Barbara Ferrer referencing a report her daughter was a part of. It makes me wonder if her daughter got a job because of influence by Ferrer.</p> <p>I cannot follow the medical advice of a non-Medical doctor that has never seen a patient and does not have a background in epidemiology. I am asking for her to resign or be terminated from her position.</p>
Lindsay Johnson	<p>Research has shown that wearing masks during the pandemic offered little to benefit in preventing the spread of Covid 19. Some research supporting comes from our own California college universities. In fact, it has been noted that mask mandates have caused more damage than good, not only in our schools but in a public forum. It is against our constitutional rights as human beings to impose such mandates, especially when our own public officials have been caught multiple times not following the same mandates they are inflicting upon others. The symptoms of Covid have proven to be no more than common flu symptoms and we have never had a mask mandate for flu season. So why now? The population that continues to be susceptible to succumb to the effects of Covid are those of the elderly and those that have pre-existing conditions. There is not a reason to strip away the rights of citizens and threaten businesses for not honoring such Ludacris requests. Enough is enough! Time to make California a great state that it once was by giving its residents back their freedom of choice.</p>
Lindsay Marcos	<p>I oppose indoor masking!!!</p>



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Lindsay Pelascini	Masks have been proven time and time again to be ineffective at stopping the spread of Covid. It creates additional waste in our landfills, litter in our streets and drives consumers to surrounding counties who don't require masks in businesses. Please do not reinstate this senseless mandate.
Lindsay Villarreal	Strongly oppose
Lindsay Wheeler	I have two children going to school and it breaks my heart to think they will need to mask up their beautiful little faces and go through this trauma all over again. They deserve their normal routine back and masks are not part of it. Im also concerned for the impact on restaurants and gyms. These business have endured and the ones that made it through this should not have to go back and relive it. I can only imagine the heartbreak and fear these small business owners are worrying about right now. I strongly oppose the mask mandate in Los Angeles.
Lindsay N Zylstra	No masks in school
Lindsey Bryan	AT THIS POINT, MANDATES ARE NOT FOLLOWING THE SCIENCE. ANY FURTHER MANDATES WILL ELIMINATE ANY CREDIBILITY PUBLIC HEALTH IS CLINGING TO. LET US BREATHE!
Lindsey Jackson	No mask in the class. No mask on our students
Lindsey Roberts	I want Ferrer fired for her terrible policies and the impact she's had on my family, business and children.
Lindy HOLT	No more mask mandates!
Lisa Adkins	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Lisa Boyd	Please no masks for schools. The fear everyone is instilling in these innocent children is much worse than any virus. The Covid virus mutations have weakened it to a state that our bodies can fight it naturally. And with the help of all of the great medical technology out there now, please stop inserting panic into everyone's lives. Please let us all live and choose.
Lisa Carr	
Lisa Cleveland	Please do not go backwards and bring back mask mandates. You already made everyone get vaccinated and now u are going to require masks again? School is starting, it's hot and students are now insecure with their looks and wear masks to hide their face. It's called mask phising in school. U are ruining these kids! The children need normalcy please!!! Be honest with the numbers. People hospitalized WITH covud and FROM covid are 2 different things.
Lisa Collinson	I oppose mask mandates for kids in school. It makes learning more difficult and the science does not show masking children helps with stopping covid.
Lisa Ehmke	Just no!
	Do not mask our children in school.



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Lisa Evans	
Lisa Hernandez	<p>Barbara Ferrer has lost the trust of the people of L.A. County. Her "zero-covid" approach has done tremendous damage to the businesses of our community and, most importantly, to the children in our schools. I am asking for her to RESIGN OR BE FIRED.</p> <p>The number of new cases being used to justify this new mandate is misleading. The top doctors at LAC and USC Medical Centers recently confirmed that 90% of their COVID-positive patients are there for other reasons. We now know that indoor mask mandates do not impact transmission rates in the general population, and mask mandates in K-12 schools do not impact transmission rates in schools (they only serve to create and exacerbate learning deficiencies). Instead, natural immunity and high vaccine rates must be considered.</p> <p>In light of the recent revelations of Ferrer's conflict of interest and that the County's top physicians have admitted that covid is not causing serious disease or overwhelming hospitals, there is no substantial evidence justifying a new order. If L.A. County were to follow Ferrer's guidance, we would be the only County in the country not following the science and the data. I OPPOSE THIS MASK MANDATE.</p>
Lisa Howard	<p>I'm a lifelong L.A. County resident begging you to get Dr. Jonathan Fielding to come out from retirement and restore trust to the Health Department. I'm very angry that sociologist Barbara Ferrer is still making medical decisions under a state of emergency that shouldn't still exist. She is a fraud - not a doctor - and openly states she's following union directives about masking instead of advice from actual doctors in our county hospitals. Medical professionals say we do NOT need a new mask mandate, that our hospitalizations are overblown from incidental positives. The department relying on a school masking report co-written by Ferrer's daughter, without disclosing the relationship, is a huge ethics problem. It's a scam and Ferrer needs to be fired.</p>
Lisa Husak	I do not support the mask mandate for la county. Enough already.
Lisa Ianniri	
Lisa James	Do not approve a new mask mandate! Stop this insanity, if people want to still wear them, then let them. Let the rest of us be the free people that America is based on.
Lisa Kabaker	<p>Enough with your trying to control our lives. Masks make no difference, this is what real science shows. You are cowards, handing over the important decisions in this county to an unelected bureaucrat who has the title 'Dr' even though it's not a medical title in her case.</p> <p>You are destroying the lives of our children who will soon return to school, stop the insanity.</p>
Lisa King	Stop the mask mandates.
Lisa Koesster	You need to stop with the political posturing and get on board with your constituents. You work for us, not the other way around. Stop with the



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	mandate rhetoric. Masks are DANGEROUS and help no one. We are ALL looking forward to your removal fromn office. If you are still living in fear please seek professional help on your own dime. There are many qualified therapists who may be able to help you, if you are open and willing to change.
Lisa Lainer	<p>First fo all, the way this form is designed is deceitful. It appears as though you have designed it to have people mistakenly click on 'in favor'. This only adds to public distrust in the Board of Supervisors.</p> <p>I strongly oppose a return to indoor masking. The mask mandate been proven by Johns Hopkins to not have been useful. On to of that, masking kids in school has already caused serious mental health challenges (along with the lock downs) and reinstating it only adds to their trauma. There is no reason to do anything...Los Angeles hospital administrator have publicly said that there is no crisis brewing. Dr. ferrer is manufacturing one to manipulate for her social agenda.</p> <p>While I am here, Dr. Ferrer should be fired. She has worked hard to create and stoke fear in the population that is unwarranted. She is not an honest broker, and her use of her own daughter's paper to justify her plans, without acknowledging that there was a relationship between them (and then blaming her own daughter for not disclosing this relationship) only adds to public mistrust.</p>
Lisa Longnecker	Don't you know mask mandates don't work? GET ON THE REAL SCIENCE! You can't force people to breathe their own exhaust in the name of a worldwide panic. You're creating pandemonium. STOP IT and OPPOSE ALL MANDATES. Focus on the vulnerable and make sensible services available but LOOK AT YOUR NUMBERS!!! Your covid death rates were horrid with the worst mandates of all. Get your heads out the gutter and stand for common sense. NO MASK MANDATE.
Lisa Lopez	
Lisa Luko	
Lisa McMillian	Enough with the masks!!! We know it's all BS. Hospital counts are NOT up, deaths are NOT up, illness is NOT up. You are making businesses implement this and they are tired of it. WE ARE ALL TIRED OF IT!!
Lisa Nageer	No masks in schools
Lisa Nambo	
Lisa Naysan	
lisa phillip	No mask mandates. they don't work at all and are destructive for all. mask wearing must be optional!!!! Everywhere and for Everyone.
Lisa Poropat	
Lisa Roah	
Lisa Simmons	No more "mandates" for masking. Fire Barbara Ferrer. Enough is enough.



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Lisa Vaporis	This is no longer a deadly virus and we do not need to force our children to wear masks.
Lisa A Rosini	I will take my children out of school if mask are required. Please stop now.
Lisa M Tanner	
Lisa N Matro	
Lissa Mora	Mandatory masking is ineffective & an abuse of power. Masking school kids is abusive & ineffective. This county deserves better representation.
Liz PERALTA	I'm against any kind of mask mandate. The hospitalization and death rate are nothing. Citizens do NOT need mandates. I support removing you from office if this is instituted.
Liz Roz	
liza moalemzadeh	
Lizz Beltran	I do not trust Barbara Ferrer and she is not a real medical doctor, I strongly oppose the mask mandates and I strongly oppose any covid mandates as covid is not a serious illness for most people and children.
Logan McKinnon	
Lois Worthy	
Lois M Shade	Masks should be optional for those who feel vulnerable and never again mandated. People are entitled to make choices. Mask up or not. Get the shots and the boosters or not. Stop calling those shots a vaccine, please. They are not, even if you change the long-standing meaning of vaccination, these are shots and don't work even if every elected official proclaims they do. Ferrer looks ridiculous out with 70,000 people without a mask suggesting the rest of us should mask up.
Lonni Shams	I oppose the mask mandate as it is unconstitutional and lacks any proven data that they prevent spreading infection
lora cohanim	No more masks!!!!!!
lora eades	I recommend you not have a mask mandate. It's not needed and it hinders the ability for student education when you can not see another face and when you are being masked. Masking only hinders education. CA is currently listed 40 in the USA for education levels, do not make it worse.
Lorena Garcia	Barbara Ferrer has no right in making any kind of medical decisions this ain't her field. Masking kids is not ok at all! Masks don't do nothing she is evil.
Loretta Lasseigne	NO MORE MASK. STOP CONTROLLING US.
Lori Anderson	Bringing back mask mandates is absurd. These is NO good science to back this up. When wearing a mask you wind up inhaling CO2. Masks also accumulate bacteria and fungus. There is NO health benefit. Dr. Ferrer has a PhD in social welfare, not medicine. And she has a huge conflict of interest in her daughter co-authoring a new mask report. Her daughter is also not a doctor. The rest of the country has learned to live with Covid and move on.



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JANICE HAHN
KATHRYN BARGER

Correspondence Received

	Stop muzzling our children. We will not comply.
Lori Charlebois	No MASKS for our children ??
Lori Lacy	
Lori Weyuker	
Lori Woodall	You can not put children in masks at school. They can not focus or learn. I spent all last year catching them up not to go back to a mask that does not protect them. You will fail our children again by masking them up.
Lori A Ayala	Absolutely NO mask mandate! Keep Los Angeles FREE
Lori A Ayala	Absolutely NO mask mandate! Keep Los Angeles FREE
Lori L Thompson	No mask mandate
Loriene Miller	NO MORE MASK. I WILL NEVER COMPLY! WE WILL NOT GO BACKWARDS ONLY FORWARD BREATHING FRESH AIR!!!! YOU WILL NOT CASUE US MORE HARM, DISTROY PEOPLE LIVES OR BUSINESSES!!
Lorraine Anuszewski	NO to mask mandates coming back
Lorraine L Lomas	Barbara Ferrer must be fired! Masking harms our children and is unnecessary!
Louis Cohen	Please do not impose another mask mandate. They are ineffective at stopping the spread of COVID and will pose undue burden on our businesses and children.
Louis Fossessa	There are several studies that show masks do not work. Even a n N95 is only capable of 95% chance of protection. Anything less than that is useless. Smoke particles are bigger than virus particles and regular grade masks cannot even block smoke particles. And masks can be harmful by collecting germs and blocking oxygen intake.
Louisa Cushman	Masks do not work. They create social emotional and educational issues. Do not bring mask mandate back. It is unnecessary and does not follow any science.
Louise Moore	
Luba Labkowsky	Please do not bring this back! We can not wear masks anymore. We have a vaccine and people can decide what is best for themselves!
Lucero Padilla	
Lucia Knickmeyer	
Lucia Raya	oppose indoor mask mandates for students and keep optional.Government Code 3700: any law measure, policy, order,ordinace or rule is null and voided if it conflicts with the California Constitution or the U.S Constitution.
Lucinda L Crowe	



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			Lucy Cole	My husband and I 100% oppose mask mandates!
			Lucy Loftlin	I oppose mandated masks.
			Lucy Lupo	
			Lucy Snow	Please vote no on the impending mask mandate for LA County. There remains no good data and science to suggest that wearing a cloth or paper or even n95 does anything to stop a virus. On the contrary, countries and cities with the highest masking rates, had the highest rates of infection. They are unsafe and contain many harmful bacterias, that can endanger the lives of our most vulnerable immunocompromised citizens. This is a reckless and illogical proposal that should not be allowed to return.
			Luis Larios	FIRE BARBARA FERRER NOW! NO MASK MANDATES!
			Luis Larios	NO MASK MANDATES! FIRE BARBARA FERRER NOW!
			Luis Sanchez	Fire barbara ferrer, our body our choice. Not her decision. She's in a scandal as it is, was at the all star game no issue. Let's Hollywood elites do what they want. No mask mandate, we are done with this . No one else is doing this
			Luis M Garcia Astua	Pura Vida Pools opposes reinstating a mask mandate in LA county. Businesses have been through enough hardship, they shouldn't be subject to uphold a mask mandate that Angelenos don't respect or obey.
			Luke Estrada	No more masks!
			Luke Hatfield	I'm a lifelong resident of Santa Monica. I've written numerous emails expressing my concern with COVID mandates. I have yet to receive a reply. These restrictions have destroyed our small businesses and permanently harmed the most vulnerable - our precious children. To make it worse, they've been ineffective. It's time to move on. Our 5-year old daughter Charlotte starts kindergarten next month. If she's forced to wear a mask, it's not possible for her to learn and grow and thrive. Please stop this madness.
			Luke P Dunlevy	Listen to the LAC+USC doctors who are telling the truth that hospitalizations due to Covid is only about 10 percent of what LA Public Health is reporting. Almost no one in the ICU due to Covid. Why lie about it? Now the public has lost all trust in Barbara Ferrer.
			Luv Yu	This is simply not backed by any science. It's child abuse and this woman should be fired
			Luz Carrido	Please do Not reinstate the mask mandates. The masks do more harm than good on multiple levels; there is scientific data that supports this claim. More physical and psychological issues caused by mask wearing. Please do NOT

As of: 7/27/2022 8:00:07 AM



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	reinstate masks mandates.
Lyle Michaud	Reinstating masks defies science, common sense, and the American right to life, liberty, and the pursuit of happiness.
Lyn Harrelson	
Lyn Harrelson	
Lyndzee MCNEIL	
LYNN BRYANT	There is no science that supports the efficacy of masks. However, there is science that proves that masks are a health risk.
Lynn Harris	Ferrer MUST start listening to qualified experts (doctors at major LA County medical facilities) who state that LA County in fact IS NOT in a high level risk stage requiring mask mandates. She is out of control, does not base decisions on medical professional advice and has shown conflict of interest regarding her own daughter. It's egregious and the board must start doing their job to support LA County citizens and stop letting her single handedly destroy lives. Statistics have already proven the devastating results of extended masking in our schools. If masking is required in schools it will mark 4 straight school years of masking in some form in our schools. It started when my daughter was a freshman and to think she will start her senior year in a mask is unfathomable. YOU as a board are directly responsible for that by allowing Dr. Ferrer to remain employed. You need to terminate her immediately and start making informed decisions based on facts. I urge you to replace her with a qualified medical professional as she does not have the proper credentials to be making the decisions she's been allowed. Please vote NO on reinstated mask mandates.
Lynn Thompson	I absolutely oppose mask mandates. They do not work. People have had their opportunities to get vaccinated and boosted. Most people have already had Covid. Those who are still concerned can take their own precautions. Don't force masks.
Lynne Jackson	I'm not wearing a mask again
M A	The mask do not help. Please stop with these charades. People are sick of this
M Edmundson	As a vaccinated teacher, I oppose any further health mandates for our citizens and students. It's time to see that the rest of America is moving forward and allowing citizens choice with masking and vaccination. Please move on and let people live with their own responsible choices. Also, these masks are creating a lot of waste and litter. As many have mentioned, more mandates just don't make sense. Stop the mandates!
M L	Masks are a false sense of security. They dont even protect 100% against visible dust particles so they definitely dont work against covid.
M Sauer	
Mac Esfandi	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The



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	High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate- results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
Madeline T Winkler	
Madelon P Forman	NO MASK MANDATE
Madison Benveniste	
Madison G Salessi	against masks
magdalena soul	do not do the la mask mandate. it is not needed. If you look up kary mullis and the pcr testing not being valid you will know why
Maggie Steelman	I oppose bringing back a mandatory mask mandate.
Maggie R Gertel	
Mahboubah Boudai	Oppose indoor mask mandate. Especially for children in schools. Masking should be a choice. It has no scientific worth and study after study has shown how harmful it is to our children's development and health.
Mahlone Becker	I am totally OPPOSED to the mask mandates being forced on our community once again. I fail to understand why the science is not being followed about the masks and the lack of effectivity. One only needs to look at the numerous scientific studies available to know that masks do not work. The virus is extremely small, it's the equivalent of catching flies with a chain-link fence. Then there is the issue of the damaging effects of mask wearing such that we humans are unable to breathe fresh air. This is not natural and will have unforeseen health affects in the future. DO NOT REINSTATE THE MASK MANDATES!!!!!!
Mahnaz Pouratian	



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Malkah Farah	No mandatory masking! Let people choose for themselves!!! Stop controlling the people! Stop controlling and damaging businesses. Enough is enough! No one is dying of Covid. Covid is now just like any other flu. Stop contrite people!
Mallory TIPPLE	<p>To the Los Angeles County Board of Supervisors,</p> <p>Several members of my family have medical problems which are complicated by wearing masks. It's not safe for us to wear them, but the number of businesses and establishments who do not understand our medical exemptions is frightening, stressful, and sometimes debilitating. Some have in fact barred our entry—even to buy groceries!</p> <p>Please do not force us back into this toxic environment.</p> <p>Mask mandates disenfranchise those who are harmed by mask wearing, including people with asthma, heart conditions, children and ESL learners.</p> <p>More and more published studies show that masks harm children's development and hinder academic success. Our children can't afford to keep falling behind.</p> <p>Please vote NO on the mask mandate.</p>
Man Kit Sou	
Mandana Kohen	
Mandie Luna	DO NOT COMPLY TO A LIE!
Mandy Carucci	<p>After what has been uncovered the past week with LAC Hospital vs Barbara Ferrer's numbers, you cannot impose a new mask mandate and keep the credibility of LA Public health. I care about equity too, but we all know that masks have no change in that outcome. LA Public health should be reaching out the poor communities and encouraging 2nd boosters if they really want to prevent death and severe illness. The department should also be using resources to vaccinate against Monkey Pox in the communities that are at risk.</p> <p>We need to do real things to help people, not empty symbolic gestures.</p> <p>Do the right thing and restore credibility to the Board of Supervisors and LA Public Health and please do not do more to hurt businesses and social recovery than you did last summer.</p>
Manoly Gustavson	Please stop masking our children. This is unacceptable. If others want to continue masking, fine. I don't judge. This is no longer March 2020. Please stop these mandates.
Manoucher Mobasseri	We are opposed to the masking of children! As a family with teachers we see the harm more then any good. We stand against this 100%



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Manuel Kalemjyan	No mask mandates for individuals, businesses and schools, please!
Manuel Oseguera	There is no evidence out there that show masks stop transmission and the health department has ignored hundreds of published studies that show masks do nothing. This needs to stop
Manuel Perez	Dear Board of supervisors and Barbera Ferrer. Opposing this mask mandate y'all are trying to implement. Come now after what the USC doctors stated that the hospitals aren't really packed like Ferrer says about. We need to stay aligned with all the other counties who chose to remain with voluntarily masking.
Mara Beth Coyne	DO NOT MASK THE PUBLIC ESPECIALLY OUR CHILDREN WHO HAVE LOST SO MUCH LEARNING! NO to ALL COVID VACCINE MANDATES!
Marc Star	If masks prevent hospitalizations, the evidence must be shown. Your constituents are watching you closely and we are tired of being treated like peasants by your inane diktats. STOP THE MANDATES! You are creating far more physical and mental health problems and solving nothing related to the spread of Covid. Enough time has passed and enough studies have been conducted to demonstrate that your mandates were useless. And if you continue this insanity, you better believe your constituents will replace you at the first opportunity.
Marcela Herrera	I oppose the mask mandate
Marcia Wilson	
Marco Battaglia	I am against a reinstatement of the mask mandate. Masking is not supported by science. Furthermore our COVID hospitalizations are manageable.
Marco Gerace	I vehemently oppose this mask mandate in LA County over such a minimal amount of cases being used disproportionately.
Marcus Gilkeson	
Marcus Sanford	I have no confidence in Barbara F policies and will not be following any of her departments masking requirements. I don't trust her office and do not believe she is following science or other scientific bodies.
Marcus YOUNESSI	No more mask mandate. Leave it to choice of the individual. Thank you!
margaret callahan	End this mandate now
Margaret Lundstrom	I STRONGLY OPPOSE. STOP ALLOWING HARM TO THE CHILDREN WITH ANOTHER NON- SCIENCE BASED , NON-LOGICAL, NON-REASONABLE, AND AGAINST COMMON SENSE MASK MANDATE. THANK YOU!
Margaret Morrison	Every single act, the declaration of the State of Emergency, the Emergency use Authorization, the fraudulent face, mask, the business closures, and the OSHA AND CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further these acts disrupted the democracy of the United States of America and resulted in the violation of 18 USC and 2384. The conspirators announced it in 2015, then



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	<p>prepared the pathogen in 2016, and laid out the terror campaign in September 2019. They are now profiting from the death of American Citizens.</p> <p>I strongly believe that our LA BOARD OF COMMISSIONERS AND BARBARA FERRER ARE A PART OF THIS CONSPIRACY. She is not a MEDICAL Doctor which is required by the state of California. She needs to be fired and all financial gain stopped or refunded to the people of Los Angeles. The Peoples Court of Public Opinion has filed a lawsuit against those responsible. Crimes against humanity. Of which Barbara Ferrer all of our news channels should be held responsible along with our own governor, attorney general and the states Medical Health director, along with any elected official that has allowed this State of Emergency to continue. PLEASE DO NOT ALLOW THIS MASK MANDATE TO BE IMPLEMENTED. IT WILL DO MORE HARM TO THE PEOPLE OF LOS ANGELES THAN TO HELP. Los Angeles does not need more people unemployed, homeless, or bankrupt due to the political actions of Barbara Ferrer. Follow the money! find the crimes.</p>
Margaret Orenstein	<p>We need data to mask children for a 3rd year. If you don't have it - stop covering my child's face. He's asthmatic and it's already hard enough to breathe. Also my kids emailed and faces need to be seen by their classmates and teacher to communicate.</p>
Margaret Seitz	<p>Ridiculous at this point. We all know our elected officials aren't wearing them. Why should we. There is no longer a state of emergency. People are always going to get sick with colds and flu. Too many repercussions to follow a procedure that doesn't work anyway</p>
Margaret C Hinchliff	<p>Masking has been proven to be ineffective. Please stop repeating this same insanity!</p>
Margaret J Franklin	<p>Please no mask mandate</p>
Margaret M Almanzan-Lopez	<p>We are asking the board of supervisors to strike down any potential re imposition of the LA county mask mandate. We represent hundreds if not a few 1000 of attendees and are family and friends who are sick and tired of this unconstitutional and tyrannical practice that is not based on real science. Masks do not work for viruses that are extremely small and can pass through the fibersthere are many studies stating that that they are hurting children in school.</p> <p>They are unnecessary they are causing a lot of educational barriers for teachers and students and this would be disastrous right before for school starts again. Let the population of LA county mitigate their own health if one is sick stay home take care of their health that we've done for hundreds of years. This is wrong and unnecessary and we find it very hypocritical that Dr.. Ferrer was celebrating maskless at the All Star game at Dodger stadium just last week!! We are watching the vote ...we are taking notice Of what will be done today. Thank you and please do the right thing for LA County!!</p>
MARGARITA AUSLANDER	<p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public,</p>



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	<p>and the newly disclosed video of Dr. Ferrer at a sold out Dodger Stadium this week with a mask around her arm (and not over her face)--notwithstanding her dire warnings to the public about how bad things are right now--I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p> <p>To add, in light of the preeminent doctors at LAC+USC disputing Ferrer's claims of the dire covid situation of hospitalizations, the Board should call on these doctors to present their data at a board meeting rather than rely solely on barbara Ferrer's interpretation. It would be negligible to enforce a blanket mask mandate on 10 million people, including toddlers, without investigating the claims of the renowned doctors at LA County's largest hospital.</p>
Margarita Sarkisian	
Margie Algorri	I oppose reinstating the mask mandate. No more mandates.
Margie Campbell	
Margot Farris	<p>I am a resident of Manhattan Beach and I am requesting that there be no more mask mandates. People know if they should wear a mask or not and it should be left up to the individuals to wear or not wear a mask. I have had enough!!</p> <p>Sincerely,</p> <p>Margot Farris 425 31st Street Manhattan Beach, CA 90266</p>
Margot Gracie	
Marguerite Dessornes	Oppose any mask mandate! Stop the insanity! Let common sense, actual science, and the Constitution be your guide!
Maria Alvarado	Mask no
Maria Palmieri	<p>We need to learn to live with Covid and stop causing more mental anguish, separation, fear and anxiety to our children. Let them have a normal childhood! We all had a normal childhood! Do not strip our children of the right to a childhood free of fear and anxiety. We will be paying the price for this in the future with an increase in suicide, depression, anxiety and isolation in our youth. Anyone who wants to wear a mask has a right to wear one. Stop enforcing these mandates on others. Stay in your lane! Let parents decide how to raise their children. Nobody is forbidding mask wearing for those who wish to wear one. But allow those who do not to try and live a normal life. We are 3 years into this pandemic which we know we will live with forever- so let's</p>



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	learn to live with it!
Maria Saavedra	I oppose mask mandate in the County of Los Angeles
Maria Saavedra	oppose mask mandate in Los Angeles.
Maria C Sciarrino	
Maria D Marrone	My student are deaf or hard of hearing and cannot hear their teacher when s/he is wearing a mask
Maria E Cronin	NO MASKS IN SCHOOLS !!!!
Maria G Gutierrez	I am writing to you to OPPOSE the mask mandate in LA County. There are no real, scientific reasons to institute a mask mandate. There are multiple studies that have been done in California, other states as well as other countries that show that masks do NOT improve covid outcomes. There is currently no Covid threat in hospitals-it's very important to distinguish between WITH covid and FROM covid. Furthermore, we should NOT be masking our children because not only does it not benefit them, but it harms them. There were no changes a few months ago when the mask mandate was lifted at schools. Those who choose to still wear a mask, can. But it should not be a mandate. When children are forced to wear a mask they breathe in their own carbon dioxide. Children are not careful and can take their mask off to eat and put it anywhere. Children can spit, sweat, cry and their mask can harbor bacteria and then they can put the dirty mask back on. Children need to see facial expressions for their emotional development, mental development, and speech development. If faces are covered, then they can not learn and make the necessary connections. In addition, having a mask on their face constantly reminds them that something is not okay and it raises their fear and anxiety. It is not okay to do this to children. We have seen the local and state leaders attend events with thousands of people not wearing a mask, so our children and LA county residents should be able to attend places unmasked if they choose so. I am a parent and a public school teacher and I wholeheartedly believe that all students should have the choice to wear a mask, it should not be mandatory. Please do the right thing and make masking OPTIONAL.
Maria L Godinez	No Mask Mandate
Maria L Vargas	
Maria Socorro Galindo	
Mariana Linares	NO MASKS, either get vaccinated or face the consequences. We live through history, NO MORE MASKS!
Marianna Dumas	I oppose
Marianna Toumanian	While cases declining, LA county residents having high number of vaccinations and multiple studies by prominent scientist and scientific organizations proving little or no efficacy of mask in stopping transmission. At this point, it's power muscle flex, driven by political ambitions.



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Mariasha M Davidoff	
MARIBEL GUERRERO	
Marie Gallo	<p>No mask are needed in LA. The children should not have to mask either. If a underwear can't stop a fart why would a mask stop a virus! Don't subject us to insanity and additional stress in our life! We should be addressing the dirtiness if LA County instead! I was in LA this past weekend. It is deplorable a disgrace for visitors to see. Unbelievable amount of trash and debris everywhere. Stricter laws should be imposed to address properties being maintained to a standard of avoiding hoarding, excessive inoperable vehicles, excessive blight. Which all takes a toll on neighborhoods more Blight more crime!</p> <p>Wake up and address issues that are truly health safety and life issues!</p>
Marie Peterson	
Marie White	I oppose any mask requirement.
Marie Elena Rigo	Mask mandates are an unproven intervention without high-quality cluster RCTs (randomized controlled trials). The vast majority of people are vaccinated and/or have natural immunity. There are treatments available and plenty of room in hospitals. This is an unnecessary mandate -- it's 2022 and the public will not comply.
Marie-Renee A Tupaz	Forced masking is inhumane, cruel and abnormal
Marilyn Bayles	I adamantly oppose another mask mandate. We should be free to wear a mask or to NOT wear a mask. Let people choose for themselves.
Marilyn Malloy	
Marilyn Pineschi	NO MASKS!!! Absolutely done with this stupidity!!!
Marina Brodetsky	<p>In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold out Dodger Stadium this week with a mask around her arm (and not over her face)--notwithstanding her dire warnings to the public about how bad things are right now--I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p> <p>To add, in light of the preeminent doctors at LAC+USC disputing Ferrer's</p>



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	claims of the dire covid situation of hospitalizations, the Board should call on these doctors to present their data at a board meeting rather than rely solely on barbara Ferrer's interpretation. It would be negligible to enforce a blanket mask mandate on 10 million people, including toddlers, without investigating the claims of the renowned doctors at LA County's largest hospital.
Marina Pismennaya	I strongly oppose the reinstatement of the indoor mask mandate for Los Angeles county particularly for children in schools. All controlled studies have proven mask mandates do not effect covid infections along with other mitigation. During the last school year our children have become sick with colds, flus and covid regardless of all covid regulations. This fact alone proves that mask have never worked. The children of Los Angeles will not return for a third year of masking for 7 hours. I do not trust Barbara Ferrer and will not comply with a mask mandate.
Marisela Leiva	
Marissa Besson	I strongly oppose mandatory masking in Los Angeles County, particularly in schools. Masking blocks social cues by covering facial expressions and interferes with learning. Studies have come out showing that masking children does not slow the spread of Covid-19. Our ICU's are not overwhelmed. Mandating masks is not needed and bringing them back will only cause harm.
Marissa Leitner	<p>Please don't reinstate mask mandates for my children!</p> <p>My son Abe has significant food and environmental allergies. Per doctor: "Patient has multiple severe food allergies as well as environmental allergies. His symptoms are often subtle but can be life threatening. They include facial flushing, swelling of eyes, lips and tongue, nasal congestion and rhinorrhea and difficulty breathing. These symptoms may be difficult to notice when the patient is wearing a mask."</p> <p>Also, his speech is also developmentally delayed and he can't get the proper modeling from a peer/ grown up. It impacts his social interactions to have limited speech support with masks. He is not the only one. Many kids are struggling with speech and this will impact a generation of kids.</p> <p>My daughter Alana has significant asthma. Her breathing is labored each day and a mask makes it much harder for her to breathe.</p>
Marissa Leitner	<p>-California department of health RECOMMENDS indoor masking it doesn't REQUIRE it</p> <p>-Children are not responsible for keeping adults safe</p> <p>-The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons)</p> <p>-Basing Maskin on inflated metrics is arbitrary</p> <p>Indoor mask mandates do not impact transmission rates in the general population</p> <p>-Mask mandates in -12 schools do not impact transmission rates in schools</p>



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	-Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) -Immunity must be considered
Marjan Penyasian	
Marjaneh Etebar	Do not bring back the mask mandate!!!! Let our children breath. Anyone who wants to wear a mask has the right to do so. Children are not at high risk and should not be forced to wear masks at school.
Marjorie Graham	
Mark Bernier	#NeverAgain - coercion is against the very precepts laid out in the Nuremberg Code - we are done.
Mark Bowman	I oppose reinstating Mask mandate
Mark Burbidge	I will leave CA schools if this is imposed. My boys education gets worse with this requirement.
Mark Carnaghe	NO??
Mark Fog	
Mark Herrera	
Mark Mitchell	I strongly oppose a mask mandate. There is no science that supports masks other than N95 masks that fit tightly against the face as having little if any value in preventing the spread of this disease. I will be sure to note which supervisors support this infringement upon our civil liberties and common sense and will do everything I can to see that they defeated in their next election. I will never comply with such a ridiculous effort that our (non doctor Ferrer) is dictating to control people. She is overpaid by a ridiculous amount and has no business setting policy that goes against the science.
Mark Napolitano	In regards to Kathryn Bargers recent comment, masking is NOT a one size fits all!! Masking is detrimental to our childrens learning abilities. The statistics are out there to prove that childrens test scores have been severely decreased. The use of mask not only makes it harder for the students to understand or hear. Mask have also been proven to be bacterial magnets and are actually detrimental to one's health. In the environment of a lab or hospital they're used with HEPA filters in areas that are constantly wiped down with germicidal wipes, UV lights, and N95 mask which are changed every time entering or exiting the containment area! Therefore if you're not using all of these items than the mask are in fact ineffective, especially cloth masks! Even the CDC has stated the ineffectiveness of mask! Mask if anything need to be OPTIONAL for everyone, not just in school environments, but anywhere! Stop damaging OUR CHILDREN, stop instilling FEAR among the community, & let the people do as they please!! After all, you're elected positions requires that you follow the voice of the governed, it's not for you to choose for US!!
	please Fire remove from office Barbara Ferrer she does not represent the will

As of: 7/27/2022 8:00:07 AM



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Mark Nealson	of the people.
Mark Nealson	please end the madness masks dont work and even if they did you also need eye protection.
Mark Soderman	There is sufficient scientific study to support the finding that masks not only do not stop viral transmission but that they increase the accumulation of bad bacteria causing worse infections than had they not been used at all. On top of this, no governing body or authority has the natural right to tell individuals what to do or not do with their bodies. Masking or not masking should be a personal option and choice, and under no circumstances should be mandated; in LA County or anywhere else for that matter. Thank you for doing what is right and putting the decision to mask or not to mask squarely where it belongs, in the hands of individuals who may find the importance of oxygen reaching their brains of utmost importance.
Marki Cordero	Oppose masks
Marla Rosen	If Barbara Ferrer would consult studies not just published by her own daughter, she would see evidence against mask mandates. Please oppose this ridiculous dictatorial move by this woman who does not even possess an MD.
Marla D Samuelson	No mask mandate. No proof of health hazard. Barbara is a liar. She needs to be fired. Hospitals in Los Angeles county have just said there is absolutely no covid health concern at all. No problem is what I read from hospitals. There is only one hospital in Santa Clarita where I live. My niece works there. There is no problem or concern from our Henry Mayo Hospital. Barbara is lying. Hku
Marlene Gordon	We do NOT need a mask mandate. I oppose the mask mandate. The Board should also fire Barbara Ferrer as the head of the LA Public Health. She is incompetent and crazy!
Marnie Schallert	
Marques Brown	As a public school teacher I can say with a million percent confidence this looming mask mandate will do nothing NOTHING to help our kids. In fact it will hurt them as it has proven to over the course of the past two years.
Marsha L Roberts	Please consider impact to citizens and economy and do not impose a mask mandate at this time. Focus on disease control, protecting the vulnerable population, while allowing citizens/parents to have the freedom to make their own decisions in their communities and personal best interest. Respectfully, Marsha Roberts
Marshall Goldman	Covid mask mandates should not be continued. There is no supporting science behind masks and children have already suffered enough social and emotional recession due to the last 2 years.
Marshall Phan	No more masking, period. First and foremost there is clear harm to children developmentally from continuing masking. And to whom masking children protects from exactly? Vaccinated school staff? You already fired or let go unvaccinated staff to begin with. And the general public doesn't need



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	any more masking, other areas of the country didn't have any masking mandate and they had the exact or even lower per capita cases of COVID-19. And the rate of mortality is so low now and we have treatments now compare to the past for this ENDEMIC, this is no longer a pandemic. Move on, let go of your power, let people be and choose their decisions. Most of the country has moved on, why is Los Angeles so backwards?
Marta Grejada	<p>In the vote today, whether to reinstate a mask mandate, please do the right thing and vote NO! The studies done on effectiveness of masks and lockdowns have unequivocally shown that these measures do NOT reduce the spree of Covid. All these measures do is hurt the residents. We have seen businesses close, people lose jobs, and adults and children alike SUFFER while wearing masks.</p> <p>Your job is to look at the available data on whether masks help stop the spread of Covid, and the data shows they DO NOT. Therefore I urge you to vote against this measure which is useless against Covid, while at the same time harmful medically and financially.</p> <p>You have a chance right now to stand for science, data, and freedom- take it!</p>
Marta Olivares	Please do not bring back masks. I have to fight with customers in my shop. This isn't fair when other counties don't have mandates. I will lose business to Orange County. Please think of Hispanic small business owners. Thank you. Mrs Olivares.
Martin McMahan	Please provide data establishing the effectiveness of non-N95 masks at preventing transferring of Covid. Otherwise, no mandate should be imposed.
Martin Sigler	
Marvin Camacho	
Mary Altmann	Harming children with masks to acquire funds is not an option.
Mary D	<p>Do NOT reinstate a mask mandate. You will be taking the County backwards in a policy not supported by the science.</p> <p>From LAC+USC July 14, 2022: "Only 10% of our COVID positive admissions are admitted due to COVID. Virtually none of them go to the ICU, and when they do go to the ICU it is not for pneumonia. They are not intubated... we have not seen one of those since February."</p> <p>Aside from the destructive economic impact this would have (people will go to businesses in adjacent counties, leaving businesses in L.A. County to suffer), our children need to quit bearing the brunt of pseudo-solution policies that do far more harm than good to their long-term, whole-child development.</p> <p>NO TO MASK MANDATES (and fire Ferrer!)</p>
Mary Durham Kouzehkanani	Oppose mask mandate!



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Mary Huckstep	No more masks! The emergency is long gone.
Mary Jordan	Enough of the mask mandates. It's time to replace your health officer.
Mary Key	We have taken every precaution. Let us now choose our own way. No mask mandate.
Mary Key	This is actually completely against all science of the study of masks and of COVID. We have suffered 2.5 years from mandates and this is enough. There are "vaccines", there's a "medication". Let's move forward. Stop the abuse.
Mary Lemonnier	Oppose an indoor mask mandate, especially for schools. As a teacher who worked with students online who did not want to wear masks all last year, the education they received could not be equivalent to those who attended school in person. Allowing masks to be optional mitigates the problems that arise and is in keeping with State Dept of Health guidance and the rest of the world.
Mary Mercado	I oppose reinstating mask mandate
Mary Shearer	
Mary A Piro	This is outrageous that this is even being considered ?? I urge a no vote!
Mary A Piro	I am opposed to this item as well as Barb Ferrer and her daughter. Barb Ferrer should be removed.
Mary Ann Fernandez	There are dozens of studies proving masks do not work in spreading virus particles due to their extremely small size. Stop this unscientific approach to a cold/ flu virus. Respect our freedom of choice.
Mary Ann Hunter	NO MASK MANDATE!!!!!!
Mary Beth Solorzano	Barbara Ferrer has lost the trust of the people. She must be removed from office and all mandates must end.
Mary Dee Romney	Ten million people who have given up way too much over the past 2.5 years should expect the BOS to appoint a qualified public health officer, not one driven by fear, ineptitude and a return to the same failed directives.
Mary E Nieves	Mandating masks again is a baseless, extreme, ineffective order. Not only is it ridiculous, but it HARMS children to wear masks for hours on end at school. Why do you continue to harm children? Mandating masks would make this the 4th year of the children's education being interrupted. Enough is enough. Please stop harming children.
Mary Jo Gagliardi	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Mary Jo Gagliardi	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her



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	incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Mary K Donovan	No mask mandates
Mary K Zepeda	
Mary Kate Becerra	
Maryanne Greenberg	We keep the masking and it is ridiculous. I work in a retail store for over 2_years why is she demanding masks. They do NOT work. It is time to stop this harassment. We are adults we behave like adults. How about she allows us to be grown up like an adult!
Mathew Filzen	I oppose this health order and consider it nothing less than a conspiracy to deprive people of their rights under color of law. LA County's one sided YOU MUST WEAR A MASK policy has radicalized a segment of the population against those who can not or will not wear a mask, creating mask fanatic state fascists. These radicalized mask fascists have acted on behalf of the health department and LA County Inc. under color of law by way of threat, intimidation, coercion and violence with the rights of others. Your health policies are directly responsible for countless criminal actions and deprivation of rights under color of law. You must be held accountable for your criminal actions! You will be held accountable for you criminal actions!
Matt Aleman	Please reference the numerous reports finding "school-based mask mandates have limited to no impact." Particularly those studies conducted by California's universities.
Matt Degnan	FIRE FERRER She is not an MD, and has no place telling us how to live, or give health guidance. DO NOT force masks on our children.
Matt Johnson	I oppose reinstating a general mask mandate for all public spaces. This tactic has ultimately not shown a significant population-level effect in reducing COVID transmission in LA or in other jurisdictions, and it is disappointing that DPH will not consider more recent evidence demonstrating this in the real world, and continues to rely on outdated and limited hypothetical models instead. It is relevant to note that Los Angeles County would be a national exception in adopting this policy even among other Democratic-controlled large urban areas like the SF Bay, New York, Chicago, etc. Even if DPH and the Board insists on going forward with the mask mandate, it should at least require DPH to exempt children under a certain age (e.g. 5, or 8) from the requirement. Requiring toddlers to wear masks in all public contexts is a serious burden on children and on their families, potentially limiting their access to a variety of public spaces if their toddlers cannot successfully wear a mask. When mask mandates were in effect in Europe and Asia, they never applied to children this young. Even if you truly believe mask mandates reduce community-wide transmission of COVID, please consider whether that ought to be a responsibility borne by 2 year old



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	children.
Matt Krause	Mask mandate
Matt Ross	No masks in schools
Matt Spiva	<p>I have been a public school teacher for 25 years and I am completely opposed to reinstituting the mask mandate. The time I was teaching with a mask on was unbearable. Not only was it very difficult for my students (grades 6-12) to understand me, it was nearly impossible for me to understand them. I would ask them to repeat their questions several times, as I walked closer to them. Even when standing right in front of them I was only able to understand them about two-thirds of the time. I cannot begin to tell you how much this slowed learning. And not only do students and teachers not wear their masks properly, they constantly touch them and adjust them then touch desks, door handles, pencil sharpeners, classroom supplies, etc. Please take some time to look at the data from other states and countries to compare masked versus unmasked students. There is nothing to show that masks helped slow the rate of infection at all. Thank you for your time and consideration in this matter.</p>
Matthew Berrey	
Matthew Cebula	<p>NO MASK MANDATES!!! I completely oppose mask mandates coming back to LA County. Let those who want to mask then mask! This cannot be mandated ever again. Knowing what we now know, mandating masks is nothing but a power trip and Dr. Ferrer should not be able to force people to mask. Stop, just stop.</p>
Matthew Fleming	Totally unnecessary and worthless.
Matthew Islas	
Matthew Krause	Mask mandate
matthew macaluso	<p>Fire Barbara Ferrer. NO MORE MASK MANDATES. We are literally the ONLY county in the ENTIRE country that is still threatening mask mandates. Everywhere else in the entire United States is back to living normally. We have consistently been held back due to the tyranny and overreach of Ferrer, and the LA BOS's failure to hold her accountable.</p> <p>LAPH's decisions are not based in science. COVID was a crisis back in 2020 and 2021, but not anymore. Our hospitals are nowhere even close to being overwhelmed (which was the whole justification for mask mandates). Brad Spellberg, the Chief Medical Officer of LAC + USC Medical Center said last week, the ICUs are empty, the overwhelming majority of hospital "admissions" are incidental positives (instead of FOR Covid), and it's been reduced to a cold for the majority of people who do show any symptoms.</p> <p>In addition, mask mandates don't work. Look at per capita case rates and hospitalization rates between counties that had mask mandates, and those without mask mandates, and you'll see the same exact trends. It has zero impact. Even Alameda County backed off from their toothless mask mandate</p>



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	<p>in June 2022 - and no surprise, their COVID rates were identical to surrounding counties without mask mandates. It did nothing.</p> <p>It's time to shift from public health to personal health. Anyone worried about COVID can wear a well fitted KN-95. Leave the rest of us alone. Mask mandates are holding back LA from moving on from this, like everywhere else in the country is.</p> <p>Compliance will be laughable. The masses are over it. Read the room, follow the real science (instead of the garbage studies LAPH refers to) and listen to the hospitals who are saying they are completely fine, and see that the era of mask mandates is OVER.</p>
matthew macaluso	<p>Fire Barbara Ferrer. NO MORE MASK MANDATES. We are literally the ONLY county in the ENTIRE country that is still threatening mask mandates. Everywhere else in the entire United States is back to living normally. We have consistently been held back due to the tyranny and overreach of Ferrer, and the LA BOS's failure to hold her accountable.</p> <p>LAPH's decisions are not based in science. COVID was a crisis back in 2020 and 2021, but not anymore. Our hospitals are nowhere even close to being overwhelmed (which was the whole justification for mask mandates). Brad Spellberg, the Chief Medical Officer of LAC + USC Medical Center said last week, the ICUs are empty, the overwhelming majority of hospital "admissions" are incidental positives (instead of FOR Covid), and it's been reduced to a cold for the majority of people who do show any symptoms.</p> <p>In addition, mask mandates don't work. Look at per capita case rates and hospitalization rates between counties that had mask mandates, and those without mask mandates, and you'll see the same exact trends. It has zero impact. Even Alameda County backed off from their toothless mask mandate in June 2022 - and no surprise, their COVID rates were identical to surrounding counties without mask mandates. It did nothing.</p> <p>It's time to shift from public health to personal health. Anyone worried about COVID can wear a well fitted KN-95. Leave the rest of us alone. Mask mandates are holding back LA from moving on from this, like everywhere else in the country is.</p> <p>Compliance will be laughable. The masses are over it. Read the room, follow the real science (instead of the garbage studies LAPH refers to) and listen to the hospitals who are saying they are completely fine, and see that the era of mask mandates is OVER.</p>
Matthew Miller	
Matthew Ruggles	<p>Not only do masks not stop viruses, they harm the wearer. The mask serves as a mobile petri dish that makes it more likely the wearer will develop a secondary bacterial infection; which is what actually kills most people. Other conditions include headaches, dizziness, skin rashes and infections, bacterial ling infections, throat and sinus infections, gum issues, breathing difficulties,</p>



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	brain fog, lethargy, increased anxiety, hampered decision making, heightened distress, psychosocial consequences, and a barrier to communication. The history of medical interventions is fraught with very poor public health recommendations. Which is why all decisions about health must be made by the individual. We all know you are corrupt and pushing a political agenda. The public are increasingly aware. Make good decisions for the benefit of all.
Matthew Ryczek	
Matthew J Kinsbursky	
Matthew J Prasch	Extremely against going back to indoor masks.
Matthew R Ogan	Please try to be reasonable.
Maureen Berry	No more mask mandates in Los Angeles. The mandate is not backed by science. It is medical tyranny. How dare you Barbara Ferreri!
Maureen Block	nature.com/articles/s41598-022-15409-x. This Nature Journal article and other large scale studies show that masks not only don't work, they are harmful to our health. VOTE NO. Please do not legislate harmful medical policies into law. We the people will vote you out and hold you accountable.
Maureen denitz	No more masks. Fire the leadership of LACounty Health. No more mandates
Maureen Fernandez	
Maureen Haney	
Maureen Malczynski	I respectfully oppose any implementation of a mask mandate. Most specific in our schools. Our children have shouldered the brunt of these mandates and have been scientifically proven to be the least affected by covid 19. Mask mandates are not scientific and do more harm than good for our babies. Learning loss has been significant. Please, consider these young kids who just want to have a normal school year.
Maureen Patton	Wearing a mask does NOT help !! It only makes you sicker and is used as a tool to control people and keep them scared !! Wake -up !! Educate yourself with the truth !!!
Mauricio Bowsa	
Maxene Montgomery	No more mask mandates
Mayan N	
McCartney Baldwin	Mask choice!
McKenna Heagle	
McKenna Kanuit	



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Megan DeMasters	
Megan Fraboni	Mask mandates have never made sense and they have not worked. If so wouldn't covid be done?! Why should someone mask if they are healthy. This is person's personal choice something the government should have no say in!
Megan Gregorovic	No masks in schools
Megan Payne	No masks in schools
Megan Sulzinger	Please do not try to reimpose this completely unnecessary health order again. We are sick of it and everyone else is. It's also still completely irresponsible to impose a blanket restriction on all cities within the largest county in the country regardless of case count. If people want to wear a mask nobody is stopping them. Please allow adults and parents to make the decision for themselves when it comes to masks which we now know do not prevent the spread of Covid. This will just put ANOTHER unnecessary burden on businesses still trying to financially recover from closures as a result of the pandemic. This makes no sense and is NOT based on science.
Megan Vargas	We have seen across the state of California how detrimental masking of children has been. We are experiencing an all time low of children being behind not only educationally but also mentally masking does nothing but harm children and there is zero evidence to support masking in schools we cannot continuously subject our children to this abuse.
Meggie Dees	Stop mask mandates. You're killing our kids. Worsening immune systems. Forcing them to fear showing their faces. Depressing them. Kid suicide is up way too high and it's your fault! Their blood is on your hands.
Meghan McGraw	Do NOT bring back mask mandates. This community needs to learn how to live with COVID-19 and let people make decisions for themselves with regards to masking.
Mehdi Nayssan	
Mehrnoush Yasharlour	
Melanie Heath	The mask mandate was proven not to work. Those that chose to wear a mask, that is their choice and it should remain a CHOICE.
Melanie Hoven	Oppose mask mandates. Leave decisions up to individuals and stop this cycle of control and fear.
Melanie Koch	Masks do not stop you from getting sick Washing your hands keeps you from getting sick.. I never get sick because I wash my hands You people are sick And I won't ever wear a mask
Melanie Neff	If you mask us again we're done. The bullshit is over. Vaccines don't work and neither do masks, which we know because all of our leaders only where them in photo ops to present their picture of control. Take a few lessons from Florida instead of destroying our once amazing state
	Masks must not be implemented again for the following reasons;



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Melanie Tardell	1) There is not a single study that proves masks have been effective at preventing the spread of Covid-19. 2) If anything, the most recent studies suggest masks have had little to no effect at preventing Covid-19. 3) Barbara Ferrer, who has been a constant mask proponent despite the latest and most accurate scientific findings, has conflicts of interest in that her daughter, who works for the Office Of Education without a medical degree, authored a study which Ms. Ferrer and the CDC relied on in support of masks in schools. 4) We have been in an endemic for over a year. 5) Our governor recently admitted his continual renewal of our "state of emergency" lacks legal footing (the law states an official emergency must end at the earliest possible time) but he will unlawfully persist until legislation favors his approach. 5) At a recent press conference with Experts/Doctors at LAC & USC, they state; "Only 10% of our COVID positive admissions are admitted due to COVID. Virtually none of them go to the ICU, and when they do go to the ICU it is not for pneumonia. They are not intubated... we have not seen one of those since February, in months (. . .) It is just not the same pandemic as it was, despite all the media hype to the contrary. Yeah, public health is scared. A lot of people have bad colds, that's what we are seeing."6) A mask to prevent the spread of Covid-19 is considered a non-FDA approved device. Legally, no government agency or agent can mandate a non-FDA approved, FDA-authorized experimental protocol / device / treatment / medicine.
Melina DeAnda	I do not trust Barbara Ferrer or her judgments. I will not comply with the proposed mask mandates. Barbara Ferrer should resign.
Melina D DeAnda	I oppose mandated masking. Aside from Ferrer's daughters "study" there is no evidence that supports mask mandates. In fact there is a lot of evidence that masks are useless and harm our kids. Do not reinstate the mask mandates, now or ever. Stop the ridiculous political charade and let people make their own health decisions.
Melinda Currado	No to mask mandates. No to emergency orders. Yes to honest discussion on the real science of masking. Yes to each individual's freedom of choice for vaccines or masks. No more power grabs. No more businesses shut down.
Melinda Grotz	High Covid cases does not equal more hospitalization or deaths. We should not base any mandates on case numbers. At this time our community is not at risk of overcrowding in hospitals, nor is it at risk for high Covid death rates. Please oppose a new mask mandate for LA County citizens, especially our children. The science proves the children have suffered enough. Thank you.
Melinda I Naughton	
Meline Hancock	
Melissa Anderson	I am strongly opposed to this mask mandate! There is absolutely no proof that they work to protect the public from Covid. They make it more difficult to communicate and connect with others and have detrimental mental health impacts on the majority of people.
Melissa Eaves	Infection/hospitalization rates are dropping and this is effectively another flu.



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	Enough!! NO MORE MASKS.
Melissa Fisher	
Melissa Hamilton	Please avoid mask mandates.
Melissa Mann	No masks in school!
Melissa N	Fire Barbara and her team for not stating and making it clear that there was a conflict of interest with her daughters study. She doesn't belong in public health and has lost all credibility and trust. Please don't let the mask mandates be reinstated, especially for children at school. It is harmful to their health physically and mentally.
Melissa Pam	THIS WOULD BE DETRIMENTAL TO BUSINESSES WHO ARE ALREADY STRUGGLING BECAUSE OF THE LAST TWO YEARS AND INFLATION. ITS ALSO HARMING OUR CHILDREN. THIS IS UNNECESSARY AND FORCING BUSINESSES TO GO UNDER.
Melissa Rojhani	
Melissa Rosen	Please direct public health resources to creating vibrant health in Los Angeles. Our water quality, obesity and metabolic syndrome epidemics, lack of healthy food accessibility and a multitude of NCDs are greater overall public health threats. The enforcement is a drain on resources and divisive in nature. You're creating a irreversible loss of public trust in public health. Power to the people.
Melissa Silveira	No masks in schools
Melissa Teigue	I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that then tested positive. The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
Melissa Walker	The mothers of Northern California stand with our sisters in LA County. We are fully invested in the outcome and stand in solidarity in the fight for our children. The Moms never wear out.
Melissa M Karelius	As an individual with a science degree (not Political Science, Social Science or Educational Science, but Biology), I have seen no factual evidence that wearing a mask during this pandemic has prevented even one Covid infection. Instead, being forced to wear a mask has caused an uptick in mental health issues and anger management issues. Please stop this.
melody pirian	
Melody Terani	



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Melody A Rohde	LAC-USC , days BEFORE Barbara Ferrer said that masks are coming back as a mandate due to increased hospitalizations related to covid19 and variants in LA County. The leading hospital for covid treatment in LA, LAC-USC FINALLY stepped up and called her out for lying!!! There's NOT A SINGLE person hospitalized for covid in their hospital. There are 24 positive cases that were tested because everyone is tested, that are there for noncovid related medical reasons. These 3 top doctors of the hospital call her out and give us real insight. FIRE BARBARA FERRER!!!!!! WRITE YOUR LETTERS TO THE LACBOS demanding this woman's immediate resignation for deliberately and knowingly lying to the public and creating more hysteria.
Melvin Layne	It's time to Fire Ferrer.
Memoree Joelle	Barbara Ferrer, who has no medical degree, should be removed immediately for attempting to force face coverings on the public, which have no data to back up their use and more importantly, directly violate several CA civil codes including GOV 12926 and CIV Code 43. It is against my religious beliefs to wear any type of face covering, and should a business or a public servant of the health department attempt to coerce me to do so, as a twice over protected class, I plan to pursue this matter under the following code: CIVIL CODE - CIV DIVISION 1. PERSONS [38 - 86] (Heading of Division 1 amended by Stats. 1988, Ch. 160, Sec. 12.) PART 2. PERSONAL RIGHTS [43 - 53.7] (Part 2 enacted 1872.) 52.1. (a) This section shall be known, and may be cited, as the Tom Bane Civil Rights Act. (b) If a person or persons, whether or not acting under color of law, interferes by threat, intimidation, or coercion, or attempts to interfere by threat, intimidation, or coercion, with the exercise or enjoyment by any individual or individuals of rights secured by the Constitution or laws of the United States, or of the rights secured by the Constitution or laws of this state, the Attorney General, or any district attorney or city attorney may bring a civil action for injunctive and other appropriate equitable relief in the name of the people of the State of California, in order to protect the peaceable exercise or enjoyment of the right or rights secured. An action brought by the Attorney General, any district attorney, or any city attorney may also seek a civil penalty of twenty-five thousand dollars (\$25,000). If this civil penalty is requested, it shall be assessed individually against each person who is determined to have violated this section and the penalty shall be awarded to each individual whose rights under this section are determined to have been violated.
Menachem Grossbaum	
Menachem M cunin	
Menachem M Lipsker	



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Menashe Blaustein	
Menucha Goodman	
Mer Lupo	
Meranda Contreras	I oppose the mask mandate especially in school. There is no significant evidence that shows masks are effective or slow the spread of Covid.. END THE MASK MANDATES PERMANENTLY
Meredith Chen	No more mask mandates! Keep it optional.
Meredith A Parry	
Meriah Davis	Please oppose this mask mandate. We have more Covid cases despite the masking and vaccines. It doesn't make sense and does not help. It is just causing more stress and a social divide. I have not heard of one study that shows masking has worked. Let us breathe. Let us be free.
Mesody Schapiro	
Mhyrianna Root	Do not treat us like we are children. We are educated intelligent mature adults. When I raised my children and grandchildren you were not there. I did a fine job. They contribute to society. Get out of the way of parents and grandparents and let us make our own health choices like we always have. America stands apart from the rest of the world because we can make our own free will choices, Especially about our own health. That is a basic human right. And I choose to wear a mask in public as do many of my friends. We feel completely safe. Some have been vaccinated and some not and we get along fine and we are very healthy. How dare you think you can tell people to put a diaper across their face and treat them like kindergartners. What happened to respect for your elders? Your mama should've bent you over her lap and spanked you good. Stop it right now.
Mia Feil	DO NOT DO THIS TO OUR KIDS AGAIN. Mask choice!!!!
Mia Hays	Strongly oppose mask mandates as they are harmful to our children in schools, sports and activities, and everywhere else the masks prevent them from experiencing normal breathing and human connections.
Mia J Suarez	No Mask
Miah Ruiz	
Micah Currado	No mask mandate! Local doctors say it's totally unnecessary.
Michael Allawos	I am in opposition to the proposed draconian mask mandate that infringe on our personal liberties and have proven not to work no matter how many times we are told this is "misinformation".
Michael Alvarez	There's no reason for this, it was more dangerous before and it did nothing to stop the spread or death. States that didn't have mask mandates had similar numbers. Don't waste time on this non sense, very few people will follow it because it doesn't make sense.
Michael Berookim	

As of: 7/27/2022 8:00:07 AM



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Michael Blazey	do not re-impose the mask mandate! There is no verified proof that it works and it is destroying our children
Michael Bush	B. Ferrer is not a qualified medical professional, and is a corrupt politician. I demand she be fired. By DATA the mask has no effect on COVID and does not stop the spread.
Michael Choe	No mask mandate. End state of emergency
Michael Cordich	Masks are dangerous to your health - brownstone.org/articles/the-foegen-effect-how-mask-wearing-can-make-you-sick/ Mask study showing they don't prevent the spread of an aerosolized virus- brownstone.org/articles/the-best-mask-study-yet/ Over 150 studies and articles showing masks don't work - brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/amp/
Michael Eshaghian	
Michael Fish	No mask mandates... Ridiculous
Michael Flanagan	
Michael Fredericks	
Michael Jacobson	
Michael Kohanoff	
Michael Lin	Barbara Ferrer is grossly inept at her job. She is a corrupt government bureaucrat and has demonstrated gross abuse of power through the medical tyranny she has subjugated the poor citizens of LA county to. In addition she is a hypocrite. She was present at Dodger Stadium amongst a crowd of 56,000 while wearing no mask. Meanwhile she is enforcing masks on children who aren't a health threat, as well as masks upon citizens in indoor settings of just a handful. What a joke! She must be removed immediately.
Michael Rucker	
Michael Schrader	
Michael Schwartz	I oppose
Michael Snider	Please block any mask order or any pther additional public health orders from Barbara Ferrer. She has shown contempt for science and truth and needs to be fired
Michael Spigel	"Follow the Science" is a phrase that had been used repeatedly throughout the pandemic. Now that we appear to be on the other side of it, Barbara Ferrer, a person with extreme public health authority is refusing to do just that. As evidence, on July 18, 2022, LAC USC MDs presented that COVID hospitalizations were very rare and that most of the current hospitalizations of people with COVID have actually been hospitalized with something else.



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	Further, over the last 2 years, Ferrer has proven incapable of managing the nuance of this pandemic, an example of which was masking the least vulnerable in school leading to massive learning and developmental loss. The time has come to replace Ms. Ferrer with someone who will review data and heed the advice of both medical experts as well as those currently working the frontlines in our hospitals.
Michael Stramaglio	<p>While I commend the County for doing their best to try to improve health outcomes for COVID related illness and death, put simply, this mandate will NOT accomplish this, and, therefore, is nothing more than a nuisance for businesses, citizens, and anyone who believes in the notion of freedom and civil service.</p> <p>If people want to wear masks, that should be an individual choice. To make a mandate is out of line with the state, with the country, with the data, and with the CDC.</p> <p>This does not make sense. Please end this.</p>
Michael Trinidad	Oppose public indoor masking!
Michael white	This is an absolute overreach in power by Barbara Ferrer! LA county needs to do better! Do not allow this mandate to be imposed it is completely unscientific! This social worker needs to be removed from her position!
Michael D Craine	
Michael L Lujan	
Michael O Perlmutter	
Michael S Tanner	Its one thing to require adults to mask, but it hampers children's ability to learn and grow the way they need to in school if they are masked. This hasn't been an issue for children the same way as adults and we should not have a mask mandate if it means masking kids at school.
Michael T Maynes	Masks have been proven beyond a shadow of a doubt NOT to protect adults or children from any air borne diseases. Viruses, like the manmade Covid-19 virus are less than 1/1000 the size of a human hair. Less than one micron vs the common mask opening of 80 microns. Masks prevent clean oxygen from entering a human and maximize rebreathing of the human exhaust or carbon dioxide and forces the mask wearing subject to retain a multitude of dangerous pathogens. This like a lot of politician's policies, all risk and no benefit. I STRONGLY OPPOSE ANY AND ALL MASK MANDATES
Michaela L Mesica	
Michal Davis	
Michele Casale	Please oppose all mask mandates, especially for children in schools. There is a significant amount of evidence to show that mass do not prevent the spread of the virus.
	The masks do not work. It's fear mongering & political theater. There is no



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Michele Hill	scientific study that shows their effectiveness. Just like the vaccine passports. It's a lie & we the people are over this insanity. It's all about control. It increases crime & criminals can get away with their crimes because you can not see their faces. Enough with the failing covid propaganda. We are awake & will not comply to this madness. Also, we all saw the photo of Barbara Ferrer maskless at a crowded stadium recently. You're all a bunch of liars & hypocrites. It's all based on science fiction.
Michele Locker	I will not be complying with this ridiculous mask mandate. It's simply theatrics. If it works we would not have a need to do it again. Do you think a piece of paper over your face is going to save you? Stop with the nonsense. We all see through it.
Michele Locker	If people wanna wear a mask it should be their choice. What happened to my body my choice? Piece of paper or fabric over the face is not going to prevent this highly contagious virus. Stop with the theatrics. You want more stores to close and more mental health issues? How is Los Angeles County different from the rest of the country where there are no mask mandates. No studies prove masks slow or stop the spread.
Michele Shaffer	STOP these ridiculous mask mandates. I am a public school teacher. I DO NOT want any mask mandate or vaccine mandate of any kind.
Michele Tomlin	LAC/USC doctors are in disagreement with Barbara Ferrer regarding the need for masks as well as covid data. Barbara manipulates and makes fraudulent claims regarding covid data and hospitalizations. She needs to be fired. She does not have scientific, empirical data to support wearing masks. Instead children have fallen behind in speech development and social skills because of mask wearing. Stop the insanity. Stop Barbara Ferrer. She needs to be fired.
Michele Younessi	
Michele M jordan	No mandates. They don't work and people should decide for themselves. Please look at all of the studies that show that masking is basically a spit guard. It dehumanizes people. If people want to wear a mask, that is their choice. I care about this, because I like to travel to LA, but I go somewhere else if there are mandates in place.
Michelle Barty	No mask mandate. Barbara Ferrer needs to step down. She is making arbitrary rules for entire population without approval.
Michelle Baserga	Oppose indoor mask mandate to return, especially for children who have less opportunity to spread or get Covid. Masks should be optional.
Michelle Cremins	I oppose reinstating the mask mandate.
Michelle De Lorier	I oppose the mandate based on the belief the the data Dr Ferrer is using is badly flawed.



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Michelle Dinsdale	This is pathetic that it's even being considered bringing back. Numerous scientific studies show that wearing masks lead to massive microbial infections - you would be better off asking the public to wear dirty underwear over their faces. And why, almost 3 years later are you avoiding the real issue at hand? That Americans are a morbidly sick nation helped along by pharmaceuticals. Why are you not promoting good lifestyle and health habits to encourage a healthier population? I would say this is another implement of the New World order - it's to force control, fear and compliance. If this was a true health issue you'd have a public outreach education of ways to avoid immune dysfunction. Please end this stupidity. Masks do not, have not, never will work against viral infections. In fact, I will help you launch an educational campaign to end this once and for all.
Michelle Gonzales	Mask mandates are not following the data nor are they actually working. Stop violating people's rights and end all mandates and threats of mandates immediately. We the people are done with the fear and lies.
Michelle Gribbons	I no longer have confidence with Dr. Barbarba Ferrer and Los Angeles Public Health. Please stop trying to enforce mask mandates and Covid fear. Our children are already suffering with education and mental illness. Stop politicizing Covid.
Michelle Kaizer	Strongly oppose an indoor mask mandate. Especially for young children in school. We have set them back far enough, and masking in school has not shown to have any effect on transmission.
Michelle Kingston	
Michelle Martin	I oppose another public health order forcing masking on our community. Masking has been proven over and over again to be ineffective unless done in a very specific way, which 99.9% of the community does not have the knowledge or training to do correctly. A blanket mask mandate does nothing to mitigate the spread of COVID-19. These mask mandates hurt businesses and people who cannot wear them, yet are forced to try to be able to access basic services. Masking should be a personal choice. I absolutely oppose forced masking in schools. I already homeschool 3 of my children but my special needs child attends public school and I will absolutely not be sending him back in a mask. It is sick that this is even being considered again. I will be filing a mask exemption with his IEP and fighting it with every means necessary to keep that thing off his precious little face.
Michelle Migdol	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Michelle Oberlander	No mask or vaccine mandates
Michelle Patton	Masks DO NOT follow the science.
michelle ramos	Members of the Board, At this present time, there is no other state or county in the whole United States that has a forced mask mandate. Think about that: the entire United



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	<p>States is not forcing their population to wear masks. It is left up to the individual. In LA County today there are about 11 million people. Out of those 11 million people there are 1,247 hospitalized and there were 20 deaths. Numbers are continuing to go down. Doctors have been speaking out about the counting of Covid cases and how there is no cause for alarm.</p> <p>I recently had the opportunity to travel to 5 different states and in these states it is business as usual: if you want to wear a mask, you do and if you don't, you don't. Luckily for me I live on border of LA County and Orange County. If masks are imposed, I will do all of my shopping in Orange County. I believe many others will do this as well. LA businesses will take a hit again. Please, vote to oppose this mask mandate public health order.</p> <p>Thank you. Michelle Ramos</p>
Michelle Russo	I oppose the mask mandate whole hardily. Life needs to return to normal with the choice being left up to each of us as free citizens of this country.
Michelle Rutledge	Follow the science. No more mask mandates!
Michelle Schoen	
Michelle Smith	Masks don't work to stop the virus and they are not safe! Stop the communist health orders!! We will not comply.
Michelle Soomekh	Masks do not work. They are more harmful to our children than helpful.
Michelle Souferian	Masks are a choice. Anyone who feels they need to wear one should or they have the choice to stay indoors.
Michelle Stewart	Barbara Ferrer holds far too much power over this county. It's insane! We have the tools to live with this virus WITHOUT mandates. Leave us alone. Fire Ferrer!
Michelle Swint	<p>We the people of Los Angeles county strongly oppose a mask mandate. At this point, 2.5 years into the pandemic, it's about personal responsibility. We don't need our government to "keep us safe" by locking us down and imposing mask mandates while those same elected and appointed officials are contradicting those same orders.</p> <p>The consent of the governed is removed. We do not consent. We will not comply.</p>
Michelle Tibbetts	No Masks In Schools!
michelle vain	
Michelle Waterworth	This is ridiculous! We are going backwards here! The hospitals are not overcrowded with Covid patients. That was the criteria before. Why has it changed?
Michelle Weaver	Strongly oppose enacting a mask mandate on LA county residents. This virus is not killing mass people. Those who are at risk can take precautions, we now have Paxlovid and other medicinal means of treatment. Kids, adults, businesses need less government involvement. Let people be free to decide what is best.



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Michelle Wieler	NO MORE MASKING!!! They don't work. More people will leave the state.
Michelle Wintermute	No mask mandate!
Michelle C Gonzalez	Throughout this pandemic, the CDC and medical officials have repeatedly said how important physical activity is to prevent the effects of COVID-19 and many other health conditions. Please reconsider the medical evidence before implementing a mask mandate at indoor gyms and fitness studios.
Michelle H Dar	
Michelle J Carnley	The constitution should still stand- we the people have the right to personally choose whether or not WE WANT GO WEST A MASK! Period! Not anyone telling/forcing us! We have rights according to the constitution!
Michelle L Sporkin	Using Centers for Disease Control and Prevention (CDC) data, no significant differences were found in COVID-19 case growth between states with or without mask mandates, during periods of low or high transmission. An update to a CDC study on school mask mandates, using nearly six times more data, found no significant relationship between mask mandates in U.S. schools and COVID-19 case rates. Vote NO on mask mandates in educational settings. Children should not be masked. Period.
Mike Baz	Ferrer should be fired based on being unmasked at the all star game. Having a conflict of interest on the fake study and the ridiculous plan to embarrass los angeles further by masking. I travel for work. NO WHERE masks. Our business will suffer because residents will travel to adjacent counties to spend their money. Fire ferrer
Mike Campbell	
Mike Garcia	Please oppose the indoor masking they're trying to bring back. Students don't need to wear them in school. We haven't had any issues last school year, and forcing healthy kids to wear them doesn't make any sense. Masks should be an option. thanks
Mike Grover	There is no Covid issue. The hospital confirms this and the health director doesn't wear a mask.
Mike Jay	Fire Barbara Ferrer
Mike King	I strongly oppose masking of any kind but particularly masking our children. I oppose any and all masking.
Mike Maher	Barbara Ferrer's reign of terror has gone on for far too long. You see how the political tides have shifted in this county - and nationwide - over the past few months. Fire Ferrer, or we the people of LA County will vote you out of office this fall. She is a millstone around the necks of Democrats statewide. Your choice if you would like to cut her loose or sink with her!
Mike Mats	
mike moffett	Masks do not help, masks have not helped. No evidence by virtue of the fact California is still having problems after mask everywhere. Stop violating our



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	right as free people.
Mike Molin	There will be no wearing masks for my family or myself. There is no pandemic, just out of control politicians who can and will be replaced if this nonsense does not stop. You work for We The People, remember that.
Mike Moore	
Mike Rodriguez	It is completely ridiculous to require masks. The science does not support this, and you know it. Your political careers will be over and history will not be kind to you if you approve this ridiculous mandate. I urge you to do what is right. Enough is enough!
Mike Smith	<p>Can we please stop the mandates? Instead, can you offer the public educated suggestions about how they can protect themselves and others. Then let them make their own choices?</p> <p>Example: In Placer County, the new director focused on disease control rather than population control – protecting the vulnerable while citizens made their own decisions. The result: a COVID mortality rate half that of LA.</p>
Mike Spadafino	<p>Let people and businesses make their own choices.</p> <p>Cloth masks do not work.</p> <p>N95's do.</p> <p>Provide N95's to those most vulnerable.</p> <p>Let others make their own choice.</p> <p>Follow the science for once.</p>
Mike A Borrello	It would be marvelous if county health officials would do their homework and look beyond what the national HHS and CDC narratives are. When it comes to scientific observations that transcend human perception, as virions may do (infectious virus laden aerosols), you cannot depend on 'common sense' or "gut feel" and certainly NEVER on emotional or political motivations. You have to run the analysis or experiment for a confident answer. A back of the envelope calculation and even a cursory inspection of mask fits immediately eliminate the recommended masks as effective respiratory protective equipment. But if you insist on controlled random studies (like testing the effectiveness of keeping mosquitos out of your yard with chain link fence) you'll find that most, if not all, are just inconclusive; the masks make no difference in keeping you free of infection. But a timely study on the matter, published very recently by researchers at the University of Southern California and the University of California–Davis say "school-based mask mandates have limited to no impact on the case rates of COVID-19 among K-12 students". Where researchers are seeing causal effects between masks and disease are mask-induced illness such as bacterial, fungal and mold infections and even a proliferation of desmodex (dust) mites that lead to



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	scabies or worse. HHS needs to be skeptical like scientists should be. Ask questions. Do your own research. For the astronomical salaries HHS harvests from taxpayers, paper shuffling and rubber stamping is NOT an acceptable activity.
Mike J Cronin	NO MASKS IN SCHOOLS!
Mike J Rosst	I oppose re-instating the mask mandate for kids in Glendora and charter oak school district
Mildred Gaines	We don't mask people for the flu or cold. This insanity needs to stop. Masks should be optional. Our children are suffering from mental health. #fireferrer
Mimi Valenzuela	
Mina Tofer	
Mindy Huls	No indoor mask mandate in LA County! There is no emergency! Start looking out for the children and businesses that are seriously harmed by these mandates. Look at the updated science that mask mandates do not work. Look at the faulty reporting of people who are hospitalized "with" not "from" covid. Look at the ICUs and listen to the doctors who oversee them.
Minh Nguyen	Stupid masking does not help! If you're afraid of the virus, stay home!
Minnie Wolf	Oppose all mask mandates
Mir Lev	
Mira Maslesa	No indoor mask mandate. Mask choice for everyone. Stop the madness.
Miranda Napohaku	
Miranda Napohaku	
Miranda Parker	
Miriam Andrusier	Oppose masks!!
Miriam Cherner	
Miriam Cruz	Mask mandate
Miriam Fogler	This is unconstitutional and is illegal and you can't enforce it. Theres no where in the Bible its a mandate. We the people with Doctors and Nurses care and treat illness no government involved. Nurenberg Laws have been laid down as a law that all people have full alienable human rights free from government involvement, control and regulations. We learn from the Holocaust not to repeat history again. The Children don't want No more No to All Mandates Period! We won't comply. The businesses and restuarants have had enough and people losing jobs not complying to these dictator mandates
Miriam Jannol	Not wearing a mask ever again



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Miriam Piliavin	
Miriam Rav-Noy	
Miriam Rieder	
Mirit Neman	The county cannot circumvent the constitution and impose medical mandates.
Mirwais Zafari	It didn't work.
Misha Starr	
Misty Lyons	
misty matz	The research and the numbers are not applicable to establish any new mask mandate. There is nothing to support this; in FACT, it's contradictory. Since announcing the mandate, Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly – indeed jubilantly – with 70,000 baseball fans. Please DO NOT pass!!!
Misty Santomauro	
Misty Wileman	
Mitra Berman	
Moira A Anderson	No masks on our teachers or children!!!
Mojgan Foroutan	I am apposed to the mask mandate and if it is placed on the kids in order for them to learn and go to school it's child abuse! And you should all be ashamed putting masks on healthy young children for 8 hours to go to school and try to learn and make friends! Shame on you
Mona Avilez	
Mona Dan	We are no longer in March of 2020, the new waves of COVID do not have the looming danger as before. We need to take care of our children and give them their normal days back. My son was sick all year and had to be on a nebulizer 2x daily because of the masks. We must shift this abuse of power.
Mona Garcia	
Mona Neman	We oppose masking our children at the start of the school year!!!
Mona Neman	Ferrer is lying about the hospitalizations related to Covid. She is trying to enforce an indoor mask mandate in LA again which will harm school children again and businesses more. There is no reason for this mandate. Especially since Ferrer had no issues partying at a Dodger game with tens of thousands of people this past week.
Moncef Outiche	Shame on you criminals!
Monica Crumley	We don't need another public health order or mask mandate. Let people decide based on their comfort level and conscience whether they wish to wear a mask or not. Students in school thrived once the mask came off. Most



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	people are vaxxed and boosted — while they can still get sick, they are less likely to get seriously ill. President Biden is 79 and faring quite well. Our young adult daughter is experiencing cold-like symptoms. My husband was well in less than a week. Let's not force everyone to wear masks again. We don't need to copy Los Angeles and San Diego. Let's appreciate that folks can use common sense.
Monica De Baca	
Monica Iskandar	I don't consent! It's unlawful.
Monica Melamed	
Monica Mitchell	
Monica Quintero	It does not work! This will not help stop any spread! No indoor mask mandates
Monica Shem	
Monica D Anderson	<p>Barbara Ferrer has lost the trust of the people of L.A. County. Her "zero-covid" approach has done tremendous damage to the businesses of our community and, most importantly, to the children in our schools. I am asking for her to RESIGN OR BE FIRED.</p> <p>The number of new cases being used to justify this new mandate is misleading. The top doctors at LAC and USC Medical Centers recently confirmed that 90% of their COVID-positive patients are there for other reasons. We now know that indoor mask mandates do not impact transmission rates in the general population, and mask mandates in K-12 schools do not impact transmission rates in schools (they only serve to create and exacerbate learning deficiencies). Instead, natural immunity and high vaccine rates must be considered.</p> <p>In light of the recent revelations of Ferrer's conflict of interest and that the County's top physicians have admitted that covid is not causing serious disease or overwhelming hospitals, there is no substantial evidence justifying a new order. If L.A. County were to follow Ferrer's guidance, we would be the only County in the country not following the science and the data. I OPPOSE THIS MASK MANDATE.</p>
Monica J Weston	Ferrer has proven that she cannot evaluate Covid metrics on an analytical level! She is incompetent at comprehending peer reviewed data on mask efficacy and must be fired! This mask mandate must be stopped! Our children have suffered great learning loss due to her incompetence and will be further set behind once again if she is allowed to continue with her Covid theatrics!
Monique Holguin	
Monique Mollno	
monique noble	



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Monique Sanchez	No masks in public schools
Monique M Lukens	Dr. Ferrer is corrupt. Please remove her. Direct quote from Barbara Ferrer in her talk to LA County Supervisors: "The story we're trying to tell is complicated. If I stand up and I acknowledge that vaccines don't work so great at preventing infection, while I am trying to get more people vaccinated—you can see why people are saying, "Well don't share that information, because everybody knows the vaccines aren't working so great." So if they don't hear it from us, that they aren't working so great; that doesn't really help."" FROM: mobile.twitter.com/roxannehoge/status/1519214536842117120?s=10&t=XvMeWffkb18HpEmWxRBwtA , Masks collect bacteria and cut off oxygen intake - No mandatory masks, and don't make it so hard for people to be able to wear a face shield only.
Montgomery M Minchin	
Mordecai Zae	
Mordy Manela	
Moses Vargas	
Moshe Abramson	
Mushka Teleshevsky	
Mylisza Martinez	I am asking you to oppose the mask mandate.
N Wright	Dr. Ferrer is NOT a medical doctor. She is advising bad policies not based on science, data, evidence other than a report written by her own daughter & some of her own staff. This is a conflict of interest & one big circle-jerk. Ferrer points to the CDC, the CDC points back to the study conducted by Ferrer's daughter. Shameful! Meanwhile, small businesses are closing and barely able to keep up with inflation & now you want to impose a mandate that makes no sense! We the People have INDIVIDUAL liberties, and we are not subject to doing anything "for the greater good", which is just Communistic bs. Leave us all alone & trust we know what is best for our own selves. If this were a true pandemic, the homeless would be stacked like cord wood dead in the streets. This is not the case. Take a page from the Florida playbook where citizens enjoy going about life without restrictions!! No wonder so many are fleeing our state!!
Nadia Bowman	I oppose reinstating mask mandate!
Nadia Ellison	I do not trust or agree with Barbara Ferrer decision to make our children mask up again. It should be a personal choice and without any science or data in support sets a dangerous precedent that our Laws and Constitutions do not matter and that these can be circumvented in a "state of emergency," which will only lead to more "states of emergency."
Nadine Lutrick	Mask mandates have failed to protect the health of people as they were supposed to do. It's time for people to be able to choose for themselves how to stay healthy.



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Nadja Catano	Illegal, unconstitutional
Nancy anderson	No masks!
Nancy Cuen	No masks! Children have been harmed by this unnecessary use. There are no studies that show any positive outcome.
Nancy Day	AS AN ELDERLY PERSON I AM AWARE OF THE FUTILITY IN WEARING MASKS IN PUBLIC TO "PROTECT" FROM COVID. DO NOT EXTEND OR CREATE ANY FURTHER ORDERS OR LEGISLATION.
Nancy Gingrich	Re: mask mandate DO NOT go there! We all know masks do nothing to prevent transmission of disease and can cause harm with long term use. Your county must have gotten a grant from the CDC just like mine. Their nefarious agenda will not succeed. The people are rising up!
Nancy Hathcock	I am a native Californian, grew up in El Monte. I work in Long Beach and this mask mandate is cruel, unhealthy and absolute ignorant of facts. What she is wanting to mandate is damaging to peoples health, our economy and mental health of our state. Masks do not work against COVID. Good health, good diet, exercise and living in freedom is what helps fight Covid and it's recovery. The county should pay attention to those things and not masks as protection. They protect people with breathing issues and doctors during surgery. Outside of that, forget it! Show some character and do not go along with this latest mask mandate from a woman who has played with statistics to make her case. She is also not following medical science about masks.
Nancy Morton	STOP Mask Mandates in LA & all of California!
Nancy Richardson	No health "orders" should be tolerated by rational people and conflict of interest needs to be addressed and investigated! Masks have proven time and again that they do not prevent transmission of virus. There is no emergency. Cases mean nothing and masks do nothing except increase the amount of toxins being breathed in and out! The same people are getting tested. Every test counts as a case, regardless of whether the result is positive or negative. Stop testing!!! You REFUSE to treat with the protocols that work: 90% chance of dying on a ventilator and Remdesivir is poison. If you pass this latest mask fiasco, I urge all parents to pull their children out of public schools and make the school district beg for the students to return. This must be done! Ferrer is a disgrace to humanity and must be challenged and stopped right now! Ferrer (not a medical doctor), is basing her decision on her daughters mask "opinion" paper. Conflict of interest much???? Did her daughter get paid??? Sounds a lot like Quid Pro Quo. This needs to be investigated NOW! Your county is a laughing stock to the rest of the world. You wouldn't even know

As of: 7/27/2022 8:00:07 AM



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	<p>covid existed in other neighboring states. Why is CA still in an emergency??? All of you need to be charged with crimes against humanity. Hurting and killing children, causing people to lose their livelihoods and businesses, killing our family members!!!</p> <p>No public health orders, we do not have a 4th branch of government called Public Health! We the people will not stand for this method of control any longer!!! You do NOT know what is best for us, and neither for yourselves, if you are honest. Let the people decide if this is what they want! Get out of our way!!!</p> <p>The latest mask reports attached! Divorce yourself from the covid dollars!</p>
NANCY WILLIAMS	<p>Masks don't work except on the Surgeon's spittle. The science speaks to this and there is more harm than good. Bacteria build up in the moist mask which causes bacterial pneumonia..per the science. The covid case numbers are small and are not requiring ICU care. We already have herd immunity and it's best for those to naturally get it so that their own immune system is boosted. Masks hurt and are ineffective. Just by them being ineffective, no mask mandate should EVER be considered. I'm a nurse and know what I'm talking about. Don't listen to a non-medical person nor her daughter that works at the CDC. She should be FIRED!</p>
Nancy Yashouafar	<p>Align with the state. Let us live.</p>
Nancy M Newman	<p>There are no credible studies that support the use of masks to curtail the spread of disease. Our public health officials are failing us by doing careless work and should be replaced at the earliest opportunity.</p>
Nanette Davis	<p>No more mask mandates! COVID is contagious but mild. Masking is socially harmful to children and harms businesses in LA county. Enough already!</p>
Naomi Martinez	<p>Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Department of Health guidance and the rest of the world.</p>
Naomi Mattana	<p>*Our findings contribute to a growing body of literature which suggests school-based mask mandates have limited to no impact on the case rates of COVID-19 among K-12 students.</p> <p>There is still considerable debate about whether mask mandates in the K-12 schools limit transmission of SARS-CoV-2 in children attending school. Randomized data about the effectiveness of mask mandates in children is still entirely lacking. Our study took advantage of a unique natural experiment of two adjacent K-12 school districts in Fargo, North Dakota, one which had a mask mandate and one which did not in the fall of the 2021-2022 academic year. In the winter, both districts adopted a masks-optional policy allowing for a partial crossover study design. We observed no significant difference between student case rates while the districts had differing masking policies (IRR 0.99; 95% CI: 0.92 to 1.07) nor while they had the same mask policies (IRR 1.04; 95% CI: 0.92 to 1.16). The IRRs across the two periods were also</p>



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	not significantly different ($p = 0.40$). Our findings contribute to a growing body of literature which suggests school-based mask mandates have limited to no impact on the case rates of COVID-19 among K-12 students.
Naomi A Privett	No Mandate on Masks! They are filthy with Bacteria and a health risk!
Narine Tadevosyan	
Nas Cohen	
Nasrin Molayem	
Nasser Tefilin	
Natalie Alvarez	
Natalie Bakhoun	There is no science to support masking. Children are not the ones to bear the burden of this. STOP HURTING OUR CHILDREN AND OUR STUDENTS
Natalie Benton	It should be my choice to wear a mask. If the masks actually worked, we wouldn't still be dealing with this 2 1/2 years later. Please follow the science and the Constitution of the United States, land of the free!!
Natalie Boyd	I would like to voice my opposition to a new mask mandate in Los Angeles. Masks should remain optional but encouraged for those who decide to wear them in public places.
Natalie Coleman	
Natalie Cuen	Not indoor masks. There is no good science to back this decision. Hospital and ICU's are not full or even close to being at a maximum capacity.
Natalie Donel	
Natalie Fisher	Oppose and indoor mask mandate for schools and children in school.
Natalie Herrera	
Natalie Hirschel	Oppose indoor mask mandate. Especially for school children who have the least chance of any complications from getting infected.
Natalie King	Oppose any indoor mask mandates especially for children in schools. Lead by example first before making the children suffer from this. Let our children breathe.
Natalie Kjelstrom	NO MASK MANDATE FOR LA COUNTY. FIRE FERRAR.
Natalie Kukes	Too many downsides that are mitigated by leaving it optional, which is consistent with the state department of health guidance AND the rest of the world! Thank you!
Natalie Shaye	Oppose indoor masking mandate, especially for children in schools. Masks should be optional in accordance with state dept of health guidance. There are too many cons to masking young children.
Natalie Zarabi	I do not see the purpose of masking children at the lowest risk for anything. It's been two years. Enough is enough. Why are we continuing to be stupid.



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Natanel D Tzion	
Natasha M	Get rid of it. Ferrera attends Baseball games while trying to keep the public in doors.
Natasha A Nelson	
Nate Rubin	While I do not live in L.A. County, public orders such as the newly proposed mask mandate concern me because the science is just not there to support the order. The order seems to be out of an abundance of caution; however, the science does show that the negative impact, particularly on school children, may substantially outweigh any benefits resulting from implementing the order. With vaccines and multiple boosters, we are nowhere near where we were when this was all new to us. Now we have data, and the data does not support a new mask mandate. Quite the contrary!
Nathali Perez	Let the people decide if they want to wear masks or not. This should NOT be a mandate. Stop relying on Ferrer's reliance on her daughter's authored "study". Ferrer has been caught without a mask at big events. If she can make that choice, so can the citizens of LA. Most importantly, stop FEAR MONGERING.
Nathalie Bruwer	
Nathan Cady	No mask or vaccine mandates for anyone! Masks stop virus and bacteria like pants stop farts!
Nathan Franson	
Nathan Jakubiak	<p>Dear Board of Supervisors,</p> <p>I am writing to voice my strong opposition to any further mask mandates. I will not comply with them.</p> <p>LA County is considering to bring back the mask mandate because the county is in the "high" COVID activity level – but the data they are using is flawed. Hospitalizations are allegedly over the limit, but doctors at USC Medical Center say that the numbers are incorrectly counting all patients "with" COVID and not just the patients who are there because of COVID.</p> <p>youtube.com/watch?v=_fGuA-nU7EI&t=469s</p> <p>In addition, study after study shows that masks don't work and are likely even harmful:</p> <p>brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/</p> <p>I urge you to resist the temptation to institute mask mandates in Pasadena businesses and schools. The people do not want them.</p> <p>Thank you.</p>



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Nathan Lindenmayer	Children and teachers should not have to wear masks that are not scientifically proven to work it should be optional optional optional optional if you want it the government should not force us to wear masks
Nathaniel Leiva	
Nathen Simpkins	I do not want my children wearing masks. The science has showed it does not slow the spread.
Nazila Yadegar	
Nechama Munitz	
Nechama D serebryanski	No mandate for masks
Neda Mehdizadeh	
Negar Kamara	Indoor masks only for hospitals, Doctors offices. NO INDOOR MASKING AT SCHOOLS, or supermarkets or restaurants
Negin Benyamini	
Nelli Arutyunyan	Opposing mask mandate!
Nelli Arutyunyan	Fire Barbara Ferrer. Her orders just putting lives of people of Los Angeles in danger. No more masks. We should get back to normal life. Enough absurd mandates which are not supported by science. Masks are not protecting! There are more harms than benefits.
neva ingalls	Masks should be a personal choice. Mandates are not constitutional. End the mandates and the Emergency status in general.
Nichele Weatherford	We do not need to wear mask, they don't work.
Nicholas Capretta	
Nicholas Rodriguez	
Nick Jacalone	
Nick Lewis	Stop the madness, it's not warranted. Barbara Ferer is obviously power hungry.
Nicole Chavez	If you continue to implement these ridiculous mask mandates that everyone knows do absolutely nothing to an airborne respiratory virus My family and I will cease to do any business in LA County. I will not continue to help our non doctor PH leader to completely undermine the trust of the people.
Nicole Crane	
Nicole Dean	I strongly oppose indoor mask mandates, especially for children in school. Masks do far more damage than good and have not been proven to effectively prevent the spread of Covid.
Nicole Dorfman	I urge you to oppose reenacting mask mandates in Los Angeles County. There is no public health emergency, our hospitals are not overwhelmed and



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			are in not in crisis. Mask mandates are ineffective and harmful. If you are so moved, please encourage masking but DO NOT mandate.
		Nicole Emrani	
		Nicole Flessati	No more mask mandates - prove they worked to stop the spread before more mandates.
		Nicole Flowers	I am a Los Angeles resident and I absolutely oppose another mask mandate. Given all of the data from around the world, there is no evidence that shows that mask mandates have helped slow or stop the spread of Covid-19. This NYT article linked below articulates this very well. The complete farce and charade of entering a restaurant with a mask to then sit down and remove the mask is absolutely ridiculous and you all know it. nytimes.com/2022/05/31/briefing/masks-mandates-us-covid.html
		Nicole Hirshberg	Masks Should not be mandated anymore for children in school please help if kids are sick stay home no need to mask everyone let's get our lives back and our children smiles
		Nicole Hoffman	
		Nicole Horwedel	This is not healthy for children especially in schools. It has taken a year to build back my childrens immunity and we do not want to force them wear masks when they beg not to. It should be a choice for every parent and child, not a mandate
		Nicole Jarvis	Area hospitals have already stated there is no cause for concern.
		Nicole Khoury	
		Nicole Kohanoff	
		Nicole Lopez	This is slavery and my family and I will not be comply. This is not scientific and the politicians should be ashamed of themselves for what they are doing to our state and country
		Nicole Lucero-Tenney	I oppose mask mandates and implore Los Angeles County not to impose it again. I care about what happens in Los Angeles County as other counties may follow suit. Please, let us be done with mask mandates. Thank you.
		Nicole Nunez	Oppose the indoor mask mandate. Particularly for young children. There are too many downsides that are mitigated by leaving it optional with is consistent with the state department of health guidance and the rest of the world.
		Nicole Raven	Please leave masks an option for parents.
		Nicole Reynolds	Oppose mask mandated when Ferrer's out at a game without a mask. Masks don't work. She is relying on her daughter's false study. Masks harm, not help. Oppose all mask mandates. Wear a mask if you want to (Ferrer doesn't want to herself, neither does Pelosi, Newsom or Newsom's kids. It has to be a choice— No More 'Rules for Thee but not Me.'



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Nicole Rodriguez	
Nicole Sanchez	I oppose reinstating the mask mandate. This is no longer a deadly virus, and children are not at high risk. Children need to breath fresh air for their health.
Nicole Sciacca	NO MORE INDOOR MASK MANDATE.
Nicole Stegbuchner	I oppose reinstating the public mask mandate.
Nicole Sviricic	<p>The CA Dept of Public Health recommends masking. It does not require it, even though two thirds of the state is also at a high level of transmission. The county should align with the state guidance.</p> <p>Children should not be responsible for keeping adults safe. Children are least likely to experience serious outcomes, yet they will be forced to mask all day in school for the sake of adults. In addition, recent studies show mask mandates to not impact transmission rates in schools.</p> <p>The High transmission is wrongly inflated. The heads of LA County and USC hospital recently confirmed that over 90% of Covid positive patients are there for other reasons and they are not seeing a rise in severe outcomes from infection.</p>
Nicole Valdovinos	No masks in schools!
Nicole Vandoli	<p>I oppose a mask mandate for children in school. I want this to be optional and not mandatory. Let our children have some normalcy please. I am a RN at a hospital in the Los Angeles county and we are not seeing people hospitalized because of Covid. What we are seeing are incidental findings of Covid of people coming in for different reasons; ie: a broken leg, they are tested and asymptomatic positive, and even then this is an extremely low number of positives. As you know people can test positive for months after having the virus. Let's start treating this as a cold and flu because it's not going away. Viruses mutate, that's how they work. We need to learn to live with this and masking children at school is not going to prevent this from happening but what it will do is hinder their learning and development. They need to see facial expressions and breathe unrestricted. It is their right. Please do the right thing and make masks optional.</p>
Nicole Villa	
Nicole Zendeudel	<p>I'm writing to you as a Los Angeles native and current resident, small business owner and mother of four, ages 3 to 16, and I'm asking you to OPPOSE any mask mandate in Los Angeles, especially for children. Please do it for the sake of our health and for the sake of your reputation as our elected representatives. There is no longer any question that the risk to adults and children from COVID-19 is incredibly low. We now have either natural immunity from getting and surviving COVID, or we have chosen to vaccinate for protection, or we may use any number of effective treatments available for what has become a non-emergency-causing disease for the vast majority of people. But, to just deny all that and decide to mandate masks is actually what is causing harm to all of us. Scientific evidence shows that wearing masks is NOT effective in stopping the spread of respiratory illnesses AND</p>



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	has detrimental effects on our mental, physical, emotional, and social health, especially for children. I urge you to allow individuals, and especially parents, to choose the best health practices for themselves and their children by allowing them to choose whether they will wear a mask or not. And, do not stigmatize or punish those who choose not to wear a mask as they pose no harm to anyone else. After everything we suffered through with the unnecessary school and business closures, we deserve your support, not your unscientific and punitive restrictions. I also say this out of concern for your reputation. People are no longer going along with the fearmongering about COVID. To go against the people and try to suffocate us with masks is to continue to erode your reputation with us and our future leaders, our children. So, oppose the mandate if not for us, then for yourself. Let us all be free of masks, free of fear; let us see each other and smile again; let us breathe.
Nicole A Pursley	See noted article from USC health on masking children; healthpolicy.usc.edu/article/mandatory-masking-of-school-children-is-a-bad-idea/
Nicole L Seigel	
Nicole M Sipp	No masks for in person school
Nicolle Malpee	Please for the love of God do not put this mandate into effect. This is awful for our children and for businesses. There are no medical studies that show this stops the spread. It will only hurt our community especially for children who need to see facial expressions. What qualifications does Barbara Ferrer have???
Nicolr Ray	
Nikki Sims	No mask mandate! It should be a choice for those who are immune compromised
Nikkia Cox	
Nikole Kreter	We do not need to be wearing masks. COVID is here to stay. Masking should continue to be optional. When the masks finally came off everyone I know ended up getting sick with something other than COVID and the symptoms were far worse than they would have been if we hadn't been masked up and not letting our immune system fight anything off naturally for almost two years. Stop the mask mandates.
Nilla Watkins	Ridiculous! Please OPPOSE Ferrer's Diktat
Niloufar Shahery	
Nina Carranza	I oppose a mask mandate for all schools, universities, and work places. Masks should not be required anywhere.
Nina Crispell	OPPOSE the mask mandate. Leave it up to each individual to make their own decisions. FREEDOM OF CHOICE.
Nina Horten	Ferrer has exhibited corrupt actions and continues to hold Los Angeles hostage by forcing us to wear masks that scientifically do not do anything to



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	mitigate the spread of any disease. Hospital directors say there is no emergency. Do not bring back the mask mandate! Investigate Ferrer and fire her! I am appalled that my tax dollars are paying for a clearly corrupted individual.
Nina Litvak	Unelected Barbara Ferrer is hurting the most vulnerable Angelinos and damaging the reputation of LAPublic Health, the CDC, teachers unions, the BOS and this entire city. If you don't fire her there will be a massive outcry. Do you want to be remembered for saving this city or personifying corruption?
Nina Pallios	
Nina Salvatierra	Please, get rid of the masks! Let our children breathe. Many of us are considering homeschooling if this continues.
Nochum Labkowsky	Opposing mask mandates for LA county
Noelle Aloe	This needs to be stopped and especially for our children and teens who do not have the ability to say no like many adults do. There is no science behind this decision. There are too many downsides that are mitigated by leaving it optional, which is consistent with the state department of health guidance and the rest of the world. Enough is enough. We will not stand for these orders any more!
Nonie Barclay	The children do not benefit from masking. It is child abuse to cover their mouths and not let them breathe freely.
Nora Fragoso	I oppose the upcoming los angeles mask mandate slated to begin on July 29th, particularly for young children in schools. It should be kept consistent with the rest of the state and CA Department of health guidance. Barbara Ferrer must be removed from her position as the head of the Los Angeles dept. of public health due to her incompetence fraudulent actions and mishandling of Los Angeles health response to COVID-19.
norm Johnson	
Norma Letinsky	A return to masking the citizens of LA County is unnecessary and reprehensible. Numerous scientific studies have shown that masks do NOT stop the spread of disease, and are NOT good for one's health. I urge the Board to oppose another senseless mask mandate.
Norman R La Caze n	Hasn't been proven to work and hurts business. Enforcer is an unelected and incompetent person.
Nune Gipson	
Odalys Monge	STRONGLY OPPOSE any further mask mandates, especially for our children in schools. As a mother of 3 school aged children, I will be left no other choice than to pull them from the public schooling system.
Olga Cherny	
Olga M Duran	I have no trust in Barbara Ferrer. I strongly oppose and will not comply with mask mandates
Olha Serdiuk	



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Olivia Nunez	I oppose reinstating the mask mandate. This is no longer a deadly virus, and children are not at high risk for contracting or transmitting Covid-19.
Olivia Watson	
Olivia I REISSIG	
Ophira Levant	No mask mandate. My body, my choice. People who get Covid19 at this point are sick at home, not ending up in hospitals. This is a 2020 emergency. This is interference in the economy, and will mess up the schooling of children who have already been damaged by a two year lockdown. Barbara Ferrer is not a real doctor.... UCLA and USC studies have said masks are unwarranted. No mask mandate.
Ophira Levant	Barbara Ferrer is a hypocrite. See the attached picture of her, maskless, at baseball game. Rules for everyone except her. Not a real doctor. Her time is over. No mask mandate.
Orbel Zakarian	
Orly Nassir	I am beyond against mandating indoor masking or any type of masking. It can be optional for those who feel the need physically or mentally. But please don't put us through it all over again. COVID or seasonal flues are here to stay, we must learn to live with it and move on. We can not punish our children again by putting them behind mandatory masks again. Thank you
Owen Evans	
P F	Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly with 70,000 baseball fans.
Paige Smith	
Paige Wilson	Masks are harmful to our children's physical, mental and emotional health. And they don't work to stop transmission. This has been proven through numerous studies.
Paloma Pilar	Please no mask mandate my children have suffered so much - regressed in language development - they need speech services now. If I could afford private school I would please help us
Pam Bradford	Mask mandates are unconstitutional and don't work. Covid is not deadly to the majority of our citizens and we note have the "shots " for Covid as well as treatments. This is just more power grab attempts. Let the citizens use their own judgments and decisions about their health care.
Pam Heflin	Unfortunately Covid-19 will not be going away anytime soon so they will need to add it to the seasonal flu shot strains, however, the majority of healthy people only have mild symptoms. It should be a choice not a mandate. To



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	prolong this mandate will drive more and more people out of the state.
Pam Konyk P Konyk	Do not reinstate the ridiculous mask mandate.
Pamela Anderson	No masks
Pamela Hakakian	
Pamela Halferty	
Pamela Hovland	No mask mandate. We will not comply.
Pamela Kian	There is absolutely no evidence that masks work. This is not the solution and you are continuing to put people (especially children) at risk. Stop the hypocrisy now!
Pamela McBride	
Pamela SCOTT	No more masks or vaccinations mandatory
Parviz Hakakian	
Parviz Tofer	
Pat Marshman	Please don't do this to the kids. No masks on my grandkids
Pat Marshman	
Pat Wilkins	I am opposed to instituting a mandatory mask mandate.
Patrice D Weathers	As Ferrer said in her deranged press conference we the public "know what we need to" and we know that someone anyone needs to stand up to her corruption. No mandate! Align with the state!
Patricia Fontal	Please do not support the order to mask our children again. They are not high risk for Covid. All adults have had opportunity to vaccinate. We have treatments. The EMOTIONAL & MENTAL well-being & development of our children is at stake. Even if masking was effective, it isn't necessary as our hospitals are NOT overwhelmed. EVERY OTHER COUNTY in the country understands it isn't needed. Please, our children have been punished enough. Another depressing school year would cause us to move out of CA, and take our minority-owned business with us. LA County is bleeding taxpayers to other states, this would only make it worse. You must oppose and fire Barbara Ferrer!
PATRICIA JONES	The mask mandates MUST stop. There is absolutely no evidence to support these new mandates. Our children are the least likely to be infected or die from Covid and they are suffering the most. We will be attending our fourth funeral since January of high school students from our community that have committed suicide because they are suffering from depression due to these shut downs and mandates. So much has been taken from them. The people responsible for these mandates must be held accountable for the many lives they have ruined. We must stop the insanity of these mandates. They cause far more harm than good. The latest study clearly shows that masks are



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	<p>ineffective. I have also included several other studies that show a similar outcome. Barbara Ferrer needs to be removed from her position and investigated.</p> <p>Here is a REAL expert speaking on the ineffectiveness of masks:</p> <p>It was known long before COVID-19 that face masks don't do anything," Former Pfizer VP Michael Yeadon, a toxicologist and allergy research specialist, told The Epoch Times in May. "Many don't know that blue medical masks aren't filters. Your inspired and expired air moves in and out between the mask [and] your face. They are splashguards, that's all."</p>
Patricia Pestoni	Masks do not work. Make it a choice to wear one if you really feel they work, then you will be protected. Doesn't that sound like a great idea?
Patricia Podkowski	Deal in facts instead of peddling fear. No mask mandate! Fire Ferrer! Shame on all of you for allowing the insanity to go this far. Time to stand up for the citizens of LA County and end it now.
Patricia Rasmussen	Leave the kids ALONE! Stop the mandates!! No masks on our children!
Patricia Rose	It would be ludicrous to impose a mask mandate at this point and only harm businesses and children. It is time to give people a choice in their actions. Please fire Barbara Ferrer and get back to the business of public health making recommendations only.
Patricia A Bohlke	It is absolutely ridiculous to apply a mask mandate to the public once again. A good portion of the public has been vaccinated. It is hard to breath with a mask. If we are always going to have Covid in our future let us deal with it with vaccines rather than masks.
Patricia D Burnett-Corrigan	I OPPOSE a return to a mask mandate. According to the CDC masks had no positive influence on the spread of COVID, and it is an impediment to teaching students. Wearing a mask should be a PERSONAL CHOICE that we ALL have. As adults we have the right to decide on our own personal health matters, as do those who choose to wear a mask.
PATRICIA E WILLEMS	Please read the numerous studies on masking and the detriment to a person's health. No benefit to wearing them either.
patricia s bascom	NOT needed. If people want to wear them it is acceptable but if some people choose not to it should be their choice. Also the mask are not as healthy as you think Do your research on masks. Read the science. It is just making people isolated and ill both physically and mentally
Patrick Colette	We are not in a pandemic of any sorts, the real pandemic are the vaccines given if you read the data and hospitalized they are by far people who have been vaccinated. Do the research the covid-19 was patented in 2004 that makes it man made.
Patrick Gipson	I strongly oppose this public health order that Barbara Ferrera is imposing on all of us. There is blatant fraud going on regarding her daughter and herself to legitimize this public health order!



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Patrick McMahon	I do not trust that LACDPH is acting in good faith and making decisions based on an accurate reading of the data. This is greatly damaging the credibility of public health agencies. I would like to see the replacement of the current director.
Patrick Wright	My wife and I complied with two years of mask-wearing, and were vaccinated and boosted. I have two concerns about continuing a mask mandate. First, the intervention doesn't seem to fit the problem. COVID does pose a risk to certain people, but so do other diseases. It has never seemed to be a remarkable disease; not much different from other things you can get that lead to complications. I am not personally convinced that 'the science' supports the need for a mask, but I am concerned that allegedly, masks can be counterproductive and lead to other health issues. But the second, and more concerning issue, is that of where will this ever end? This isn't the Black Death, yet institutions and businesses have had to shut down because of it. What will it be next? This has set a precedent. Potentially 'they' could require people to mask-up for any disease that comes along. When, in human history, has this ever been necessary? It looks to me like a slippery slope for further control by an elite. COVID is just a disease. Treat it like one and take precautions, but in a way that will not lead to a normative system of suppressed freedom.
Patrisia Perez	I oppose an indoor mask mandate especially for young Children in schools. It should be left optional, which is consistent with our state department of health guidance and the rest of the world
Patti Garibay	
PATTY HJORT	WE DO NOT NEED ANOTHER MASK MANDATE. THE SCIENCE DOES NOT BACK THE MASK MANDATE.
Patty Stottlemeyer	Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter.
Patty Wagon	I won't wear the mask, even if you mandate this. We see you & know the evil you're up to.
Paul Fischer	<p>Barbara Ferrer has lost the trust of the people of L.A. County. Her "zero-covid" approach has done tremendous damage to the businesses of our community and, most importantly, to the children in our schools. I am asking for her to RESIGN OR BE FIRED.</p> <p>The number of new cases being used to justify this new mandate is misleading. The top doctors at LAC and USC Medical Centers recently confirmed that 90% of their COVID-positive patients are there for other reasons. We now know that indoor mask mandates do not impact transmission rates in the general population, and mask mandates in K-12 schools do not impact transmission rates in schools (they only serve to create and exacerbate learning deficiencies). ?Instead, n?atural immunity and high vaccine rates must be considered.</p> <p>?In light of the recent revelations of Ferrer's conflict of interest and that the</p>



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	County's ?top ?physicians have admitted that covid is not causing serious disease or overwhelming hospitals?, there? is no substantial evidence ? justifying a new order. If L.A. County were to follow Ferrer's guidance, we would be the only County in the country not following the science and the data. I OPPOSE THIS MASK MANDATE.
Paul Hamilton	I strongly vote no to the new mask mandate. It has not made any difference on spreading the virus. We all need to learn to live with this as it is the same as the cold virus at this point. Please use common sense.
Paul M	<p>I am strongly opposed to the mask mandate and requiring kids to have to wear masks in school. Enough is enough. I noticed the conversation has now moved from "follow the science" to "do what I say." Let's be frank, we all know there is absolutely no science supporting the need for mask mandates or any other mandates. To the contrary, there is science supporting that the use of masks does not make a difference. Let's go back to what we have been told from the start, "follow the science." Well, the science, all the reliable data, and historical pandemic patterns, all support that we moved to an endemic stage and the virus has moved down to nothing more than a bad cold with less severity now than the flu. Stop playing politics, taking handouts from special interest groups or whatever you may be doing and follow the facts and tell Barbara to stop or get rid of her.</p> <p>Actually, you need to fire Barbara Ferrer now. She is overpaid and underqualified for her position. It is ridiculous how much tax payer money is been wasted on an unqualified person. The Board of Supervisors need to manage our tax payer money better. Dr. Fauci, makes considerably less than Barbara with proper qualifications and he holds a higher role than Barabara. I am very disappointed with the Board and hope to see changes. For the past few years I received responses that there is nothing we can do or you need to work on the other Board members to encourage them to act. Well, it is time for the Board to act. You have awaken many of us to local politics and we have had enough of the corruption and incompetency and are watching and will hold you accountable come your elections if you fail to act responsibly.</p> <p>Lastly, you have been unable to act responsibly around the aforementioned, what in the world gives you the right to think you can take voter's rights away from them to try and take the power away from us on choosing who is the LA County Sheriff. How dare you try and change the will of the people. The LA County Sheriff is the last hope in keeping some kind of law in order here. We will recall Gascon and will fight to keep our rights to select who is Sheriff and not let 5 woke activists determine otherwise.</p>
Paul Meyers	I am opposed to forcing masking on the residents of LA County. I believe it will do more harm than good, and it is time we moved on with our lives without constant fear of mandates and lockdowns coming back.
Paul Moshay	We all know the masks have no effect for protecting nyone from covid, so please vote NO on this bill.
Paul Petroff	



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Paul Saludo	Just say no. It's not ethical, not needed and would in fact be more detrimental to the people. No more mask mandates. It's a choice.
Paul T Plew	Life needs to continue. The state of emergency must end. I live in Los Angeles and people are tired of the endless Covid edicts.
Paula Caddy	Never again. They do not prevent disease but cause respiratory problems & acres of litter through the County.
Paula Kagy	Strongly opposed.
Paula Packwood	I believe it is time for Department of Health Services and the treating physicians to lead the Covid response, plan and direction moving forward with department of Public Health. Please consider this option at this time
Paula S Wahla	DO NOT ALLOW FERRER TO RUIN OUR COUNTY AGAIN. SHE MUST BE FIRED IF SHE WILL NOT RESIGN!!
Pauline Kahrobai	
Pearl Nguyen	I own business in Los Angeles. I feel safe. No need masks. You ruin my business more if make me tell people masks.
Peggy Crawford	No masks in school
Peggy Hall	I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(q); CA Civil Codes 43, 46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (1 Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice. Even though I am a resident of Orange County, I spend time in Los Angeles, so this illegal measure affects me as well.
Peggy j Boyles	
peggy S Fiedler	Masks don't work. Leave our children to breathe freely!!!
Penny Folger	Covid is becoming endemic, many people have had it at this point, and hospitals are not in fact overflowing. Indefinite masking is bad for our children, the deaf community and society as a whole.
Pete Cenicerros	
Peter Fisher	I oppose a mask mandate for children in schools. It is ridiculous we are still having this conversation.
Peter Halpin	This retrograde policy is a foolish, unscientific act of pure political posturing. Since announcing the mandate, Dr. Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly with 70,000 baseball fans. She proves herself to be little more than a political cog



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	<p>with this move.</p> <p>This state's policies should not revolve around Governor Newsom's future presidential campaign in which he uses extreme and outdated COVID restrictions as a totem for political signaling.</p> <p>Do your jobs, stop entertaining the most paranoid among us, and let us keep doing what we have been doing for a year - living our lives and dealing with the new reality that COVID is now a mild, respiratory illness that everyone will get.</p>
Peter M Collins	Masks interrupt the key interactions between teachers and students at school and can make learning more difficult.
Petra Doumerc	
Phil Joubran	
Phil Robson	
Philip Kovach	No more mask mandates
Philip W Schwartz	In California we have been living life without masks for many months and learning to live with Covid. If you contract Covid, you stay home (like the flu or the cold) and away from people. When feeling better you re-engage with society like normal. No fuss. No problem. There are absolutely ZERO studies that show masks are effective at reducing the spread of covid. You WILL catch Covid at some point. Mask or no mask. Vaccinated or non vaccinated. Boosted or not boosted. Period. Instituting a mask mandate at this point is going backwards. In addition, it hurts those small business owners who have to follow mask guidelines. It's hard enough finding employees, but not asking them AGAIN to wear masks all day plus the customers to wear masks again will certainly drive customers away. I for one will not be wearing a mask again... ever...and neither will my 11 yr old son.
Phyllis V Mackie	We don't need a mask mandate!!
Pooya Kadkhoda	END ALL MASK MANDATES ESPECIALLY IN SCHOOLS! CHILDREN HAVE SUFFERED ENOUGH AND SCIENCE IS SHOWING THE HARM IT HAS DONE TO KIDS AND INEFFECTIVENESS IN SCHOOLS
Pooya Mobasseri	I am a physician and I do not find a difference in masking for children at all. I am opposed to the mask mandate for children at school. Thank you
Pranidhi Varshney	My husband I are both vaccinated. We have family members in healthcare who have directly treated covid patients. We've lost family members to the virus. I share all this to let you know that we are by no means covid deniers. However, I find the continued restrictions that LA County is considering implementing to be deeply problematic and harmful. My 4 year old daughter has spent almost 2 years in preschool with a mask on. All while at least 75% of children have already had and cleared the virus. My small business, a yoga studio in West LA, was closed for 14 months due to the shutdown. We barely survived but we made it somehow. As you consider public health protocols



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	moving forward, please consider health beyond covid. Physical, mental, emotional, and social well being are threatened by continued mandates and restrictions. Vaccinations and treatments are widely available. Hospitals are not overloaded. It is now clear that we are no longer in an emergency phase of this pandemic. Covid is not going anywhere. It is endemic and we have the tools to deal with it. Those who are particularly concerned should feel free to take any precautions they like. Those who would like to return to normalcy should be allowed to do so. Living in a constant state of anxiety is unproductive and damaging. It's time LA County to lead us out of the pandemic phase and into endemicity with strength and clarity. The health of our county depends on it.
Priscilla Barcenas	Oppose mask mandates. Especially for children!! Our future generation is going to face lifelong issues due to these mandates.
Priscilla Cabrera	With so many truths coming out I oppose mask mandates and any other mandates that go against our 1st amendment. Let us be. This is a war against GOOD vs EVIL. I will continue to fight the good fight.
PRISCILLA REYES	I do not want mask mandate
Prjman Javahrri	Do not do this to our kids. They are not the ones who should hold the burden of masking for our community (especially when the harm is so severe and the damages to the children outweigh any benefit). Say no to the teacher's unions and do the right thing.
Purvi Goradia	No mask mandate as it's unwarranted and has not worked for the last two years. It's unethical and overreach of power. My body my choice. #FireFerrer
Qian Xu	No mandate! People have the right to make their own health decisions.
Qiana Byrd	
R Walters	Barb mask do not work. Let's go enjoy a baseball game. Give the money back. And enjoy your retirement.
Rachael A Corcoran	Absolutely not, those masks do more harm then good. If you are really worried about covid and the spread of it you might as well go back to "distance learning" we need to worry about our childrens mental health more than anything.
Rachel Andrew	
Rachel Forman	I adamantly oppose
Rachel Jacalone	
Rachel Kilpatrick	Oppose an indoor mask mandate: Severity of the current covid virus does not merit such drastic measures. - Mask mandates put strain on businesses who are asked to enforce - Mask mandates require time an energy from the already short-staffed and "defunded" sheriff's department - Mask mandates lower public trust in efficacy of vaccine and thus BOS



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	<p>decisions to require vaccines</p> <ul style="list-style-type: none"> - Mask mandates lower morale among young children and students, have negative psychological effects - Mask mandates encourage consumers to take their business to neighboring counties which do not require masks including: Ventura, Riverside, Orange - Economic impact far outweighs efficacy of mask-wearing. - Public compliance is at all-time low. This will likely be a failed endeavor and reflect poorly on the BOS' leadership once again.
Rachel Larkin	Fire Farrar NOW.
Rachel Lassman	Mandates of any kind, including masks are Unconstitutional and not based in science.
Rachel nomann	
Rachel Peterson	
Rachel Sabbagh	
Rachel Schienbein	No masks in schools
Rachel Seibold	I strongly oppose this. Please listen to The people
Rachel D BARNES	The science doesn't match, the hospital data doesn't match. This is dictatorship. We have lost enough time of our lives and kids have suffered enough. Please oppose this. We need to go back to living as normal as possible. Thank you
Rachelle Bell	I WILL NOT EVER MASK MY CHILDREN AGAIN. LAUSD IS ABOUT TO LOSE A LOT OF STUDENTS IF THE MANDATE RETURNS.
Rachelle Paniccia	Mask do nothing to prevent viruses. CDC has reports on this. Stop trying to control people and use this to have mail in voting. We are no longer in a state of emergency and Barbara Ferrer's statistics are made up.
Rachelle Sonnichsen	There is no scientific evidence that mask work. STOP pushing your beliefs on our children. Children should not have to be subjected to masks of any kind. If mask mandates happen again I will be homeschooling my child!! I will not allow this nonsense anymore in life or my families
Raffe C	Just stop it. You have been wrong about the vaccine, you have been wrong about masks working. The charade is over and anyone still enforcing any mandates is criminal.
Ralph Levy	<p>Data in regards to hospitalization published by the Dept of the Director of Public Health is misleading. Hospitals do not see an increase in COVID-19 patients being in ICU, contrary to prior waves. Affirming the contrary is misleading the public, which should not be tolerated by the Board of Supervisors.</p> <p>californiaglobe.com/articles/la-county-feels-blowback-on-statement-by-docs-refuting-current-covid-19-hospitalizations/</p>

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	Also, mask should be a personal choice, not a mandate. A majority of the people living in the LA County have either already had the virus or have been vaccinated. There is no reason for a mandate, especially for children right before they go back to school.
Ralph Primo	Ferrer must be fired.
RALUCA PLOOG	Oppose an indoor mask mandate, especially for our children in schools. Indoor masking is unjustified, and not aligning w/the state guidance. Children Are Not Responsible For Keeping Adults Safe. Children are the least likely to experience serious outcomes from infection, yet they will be required to continue to mask in schools for the sake of adults. Even now, children must mask indoors for 10 days after exposure. This is also out of alignment with California guidelines. Immunity MUST be considered. Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Rambod Peykar	
Ramez Bishara	There is no science behind mask mandates. Please stop toeing to this tyrannical coercion!
Ramona J Reeves	No more mask mandates! Our children cannot learn. Proven masking took a huge educational and emotional toll on kids.
Randi Green	Completely against a new mask mandate. Covid is now no worse than a common cold, we have therapeutics available and as always, the vulnerable should take necessary precautions to minimize their risk. We don't impose mask mandates on colds or flu, both of which are highly contagious. Enough is enough.
Randi Lolli	I oppose the reinstatement of any mask mandates, and I ask that Barbara Ferrer be fired immediately since she's not even a medical doctor!
Randy Johnson	
Randy Killian	No masks! Peoples choice
Randy Kolby	
Randy Silva	Cause more harm than good Not needed Doesn't stop the virus
Rania Urena	
Raphael Ziegler	Mask mandates are not necessary. Hospitalizations have dropped

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	significantly and only 10% of Covid patients are admitted for Covid. The drawbacks to further mask mandates are significant including negatively impacting student learning, social development, and mental health. In addition, it is clear that masks have increased violence and aggression. I implore you to vote against further mask mandates.
Raquel Gomez	No masks in schools
Ray Ezzo	No mask mandates.
Ray Mendiola	no further health order, mandate or recommendation needed for masking, testing or social distancing.
Raymond Lee	Multiple scientific data has made it clear that Barbara Ferrer's mask mandates and vaccine mandates will not stop or slow the spread of covid or any other respiratory virus. Brownstone.org has numerous studies clearly showing that all recommendations by the CDC regarding covid are ineffective and based on no scientific data.
Reagan Rosson	Severity of disease is not bad now. No longer should be treated as a public health emergency. Hospitalizations for covid are not reflective of true numbers of people in hospitals for covid versus with covid.
Reanna Alvarez	We will choose what's best for ourselves and our family.
Rebecca Andrews	
Rebecca Burnes	
Rebecca Cervantes	No mask
Rebecca Dillavou	I oppose Barbara Ferrer's mask mandate. She is out of touch with reality, hypocritical in her actions and most importantly, she is not even following current, peer reviewed science.
Rebecca Feiz	
Rebecca Forouzesh	
Rebecca Hedwat	Stop the madness. Just. Stop.
Rebecca Hernandez	Do not reinstate a mask mandate, it will hurt businesses. Businesses are struggling and customers will go into other counties. FIRE BARBARA FERRER NOW!
Rebecca Hild	An indoor mask mandate is detrimental to children's development. The data does not support this proposal. Do not reinstate masks!!
Rebecca Kellstrom	
Rebecca Rowley	
Rebecca Sarshar	
Rebecca Vaughan	The state of emergency is over everywhere except LA County and any suggestion by Barbara Ferrer that we are still in a "state of emergency" is not backed by science and true medical experts who are actually in the field



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	<p>dealing with Covid patients. Even the experts at LA County USC state that the suggestion that COVID is still a huge threat is false. This has become nothing more than a "case-a-demic" aka counting covid positives, rather than focusing on what truly matters, hospitalizations and deaths from TRUE COVID. Enough is enough. The virus has evolved, vaccines and protective masks are available to those who want them, therapeutics are available and hospitalizations and deaths are down. If Barbara Ferrer herself can make the decision to attend an All Star Baseball event with 56K people with a mask on her elbow when she states we are at "high alert", we should certainly be able to make a decision as to whether or not we feel it necessary to wear a protective mask into Target, the grocery stores, restaurants and most importantly SCHOOLS, where our youngest and least affected population attends and who have continued to pay the price thanks to failed policies inflicted on them by this state and county. Enough is enough. Those at higher risk have the choice to wear a protective mask or stay home if they so choose, just as they always made choices before about exiting the house during flu season. My family will not comply with a mask mandate. We do not trust Barbara Ferrer. Conflicts of interest with the study that her daughter co-authored also need to be addressed. Surely Ferrer has more pressing public health issues to attend to in this county like the feces and syringes that now plague our streets rather than mandating cloth masks that 95% of people wear improperly anyways?? It is time to move on and treat this as the endemic that it is and has been for some time. Please do what is right and have Ferrer back up anything she is saying with evidenced based medicine and true experts in the field. LA County needs to stop being the laughing stock of this country with its ridiculous, over the top mandates. There are much more important issues to focus on in this county at this point other than covid.</p>
Rebecca L Locke	<p>The mask mandate is not necessary. Several doctors have stated patients testing positive in the hospital are there for other reasons, not COVID 19. Additionally, masks are the cause of severe learning loss. My children had a very hard time in class because they could not understand their teachers because the mask made it difficult for them to hear. The mask also caused my son to have horrible cystic acne, which has finally cleared up. Please no more masks, no more mandates.... we deserve to live freely.</p>
Rebekah Guzman	<p>As a teacher in California, I have seen the damage masking children has done. Both physically and emotionally. We know kids are at very low risk from Covid. Why would we hamper their learning? I've taught preschoolers who can't even be heard when they speak with a mask on. I see kids drop them on the floor and put them back on. I have many such examples that show how damaging masks are. End this nonsense mask order.</p>
Rebekah McNamara	<p>Masks</p>
Rebekah J Lindenmayer	<p>As a mother and a teacher I oppose this measure to re-institute masks in schools it is harmful to our students social and emotional health by not getting to see their friends faces and smiles and they cannot learn and I cannot hear what the teachers are teaching as a teacher it is extremely hard for me to</p>



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	understand and help correct speech patterns when I cannot hear the student answers or hear them speak students are increasingly becoming left behind in their learning because of these mask mandates. Studies have shown that the masks do not work they are not necessary to keep our students safe we do not want masks. I repeat teachers and students do not wear masks it should be optional for those who want it it should be optional it should be optional it should be optional
Regan Caroentier	Mask mandates are not helping people. Trying to enforce is futile. Don't try to mask LA again.
Regan Davis	Do not mask our children. Parents, teachers and administrators should be making health decisions for themselves. Children have bared the burden FAR long enough. I oppose.
Regina Ruiz	I oppose the mask mandate!!
Regina Strasberg	Strongly oppose
Regina M Casey	
Rehannon Cote	This mask mandate is nothing but poppycock. Barbara Derrerr has NO AUTHORITY to put these absurd unless "orders" into place. The board needs to grow a backbone and say "no" to her ineffective power play once and for all.
Reina L Bonilla	
Rena DelHomme	
Renae Plant	Mask should not be mandated in LA - the data does not back up the mandates especially when it comes to masking children- 2 years of ages. This has caused much more long term damage developmentally when children this young use facial expressions to learn to talk and express emotions. Masking data should be supplied on the social emotional well being for teens and the rise in depression anxiety and suicide - considering everyone at this point has a 99.9% survival rate if catching C19 - it's time to follow the real science and let herd immunity run it's natural course as masks and the vaccine does NOT stop transmission. It's an utter failure and let people make their own informed decisions without mandates with no data to back it up
Renata Kiss	Science is no longer on the side of mask mandates. Indeed health public officials like Dr. Fauci, are backtracking on their claims. The current economy and the people can no longer endure anymore restrictions. It is inhumane and a complete sabotage of LA residents' well-being. Not to mention the public unrest that would result from such a ruling. Use common sense and make masks a personal choice.
Rene Hoff	NO MASK
Rene D Ochoa	
Renee Aleman	



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renee Flores	I oppose bringing back the indoor mask mandate. This is no longer a deadly virus that has many treatment options. It is not deadly in kids and kids should not be forced to wear masks in school
Renee Jimenez	
RENEE ROLMOS	This is no longer a deadly virus, and children are not at high risk for either contracting or transmitting this virus
Renee Talor	THE MASK MANDATE IS UNJUSTIFIED, ILLEGAL AS IS THE UNENDING "STATE OF EMERGENCY" AND WILL NOT BE ENFORCEABLE... WE ARE DONE COMPLYING!
Renee C Cito	I absolutely appose mask for children.
Renita Jones	No to the mandate! You've done enough damage to our city and it's children. We hope Ferrer had fun at the game!
Reyna Sotelo	I OPPOSE any new mask mandate, and respectfully demand the BOS OPPOSE.
Rhonda De La Cruz	Please don't allow the mask mandate . There is NO scientific evidence! That this works. Just look around look at all the damage that has been done. We the People do not want this! Please remember your oath of office and represent not only yourself but us as the people of California! Thank you
Rhonda Platisa	I oppose the mask mandate. No longer a deadly virus! Masks don't work they only hurt you - bacteria and germ collection for other illnesses.
Rhonda M Mesa	I oppose any further mask mandates anywhere in CA. There is so much information available now regarding the fact that they do not stop transmission of diseases, as well as information regarding the HARM that is done to humans when they wear them for long periods of time, especially children. They breathe in their own CO2 instead of oxygen and the harm outweighs any benefit, if there even is any. Please do not torture our children any more. It is criminal to mandate masks.
Rich Weber	Please do not bring back mask mandates. They do not work and prevent children from learning.
richard brebrick	
Richard Brown	Although we live in the SF bay area we are frequent visitors to Los Angeles. This decision if approved will adversely impact us. It has been shown mask do more harm than good by restricting air flow, breathing through a germ filled diaper and creating a dystopian environment causing PTSD for years to come in children and adults. Stop the madness!!!!
Richard Doll	
Richard Draper	MY BODY,MY CHOICE
Richard Garcia	Let the people decide if they want to mask. No need to make this a requirement for all.
Richard Jacobs	No more mask



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Richard Luboviski	Masks have been proven to be 100% ineffective in all medical situations let alone daily life. Stop this ridiculous mandate.
Richard McCormack	Please do not subject your citizens to another round of unneeded mask mandates. Enough time has passed to allow for studies to be done on their effectiveness and they show they are not helpful. Please concentrate on disease control rather than population control – protecting the vulnerable while citizens make their own decisions. Let's rely on common sense and actual science this time around. Thank you.
Richard Mills	Where is the science? Data, proof, evidence. What happened to,"First, do no harm? especially children.
richard nelson	
Richard SCOTT	
Richard Smith	I oppose ANY form of continued lockdown or restrictions on the citizens of LA County. This BOS has overstepped and controlled the people for too long, they've utilized information provided to them unethically and dishonestly from the fraudulent Barbara Ferrer. She needs to be removed IMMEDIATELY!!!
Rick Bergeron	NO MORE MASK MANDATES!!!
Rick Betts	
Rina L Gonzales	
Rip Kay	
Rita Barnett-Rose	The public was sold a lie when we were told "two weeks to flatten a curve' -- this was an excuse to implement unprecedented illegal "health" mandates that have destroyed our lives, our communities, our children's childhoods, our faith and trust in our public servants, and our Constitutional rights to life, liberty and pursuit of happiness. We now have a corrupt, conflicted social worker making ideologically motivated medical decisions for millions of citizens using bogus "science" and hiding behind an illegally prolonged state of emergency. NONE of you have any legal right to impose mask mandates on other human beings or to continue to trot out mandates on a free people like it's just another tool in your toolbox. Put an end to this illegal overreach and refuse to support another illegal mask mandate. Fire Ferrer.
Rita Detweiler	
Rita Elkhoeiry	
Rita Garcia	Oppose the mandatory mask mandate especially for young children at schools
Rita Ginzburg	
Rita Renteria	No mask mandates. Allow sentient humans to make decisions for themselves.



PUBLIC REQUEST TO ADDRESS THE BOARD OF SUPERVISORS COUNTY OF LOS ANGELES, CALIFORNIA

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JANICE HAHN
KATHRYN BARGER

Correspondence Received

Ritu Ram Ram	My family and I oppose any mask mandates. The science shows that the masks to not stop the spread of Covid 19. Also, children have suffered emotional and psychological damage from masking. The masking must stop completely.
Rob Horneman	This virus is no longer a deadly virus. The children are at little to no risk of contracting or transmitting this flu virus.
Robert Draper	My body, my choice.
Robert Gharibeh	Masks do not work
Robert Kidd	I strongly oppose reinstating the mask mandate in Los Angeles County. Covid is not a deadly virus – at this point, it resembles a common cold or flu. We have seen over the last 2 ½ years the damage the masks have done to people, especially our children. Right now we need to focus on getting our children caught up in school and caught up emotionally. The damage that has been done between the mask mandate and the isolation of lockdowns is almost irreparable. However, I still have hope that it can be repaired. However, if you continue to try and mandate masks, it may soon become irreparable damage. I would hope that all of you would not want that on your conscience – to know that you contributed to the damage of the next generation. I respectfully request that you allow the citizens to make their own decisions regarding their health like we always have. Those that want to wear masks will – their choice. To take that choice away from everyone else to NOT wear a mask is criminal in my mind.
robert martinez	Against mask mandate , no proof that they work that only Cause harm
Robert Martinez	No masks!
Robert Monaghan	Perhaps the BOS should consult with LAC+USC medical center for legitimate medical data? They are noting that only 10% of their COVID positive admittances are actually due to COVID, & a leading epidemiologist at LAC +USC is indicating they are seeing almost nobody with severe disease.
Robert Nickell	Children do NOT need to mask. You already know why. Please do the right thing. Be against masking of children in school and fire Barbara Ferrer.
Robert Satterthwaite	
Robert Segovia	
Robert Toomire	We strongly oppose the mask mandate order. Our bodies, our Choice! All citizens are free to choose whether there are risks to mitigate, and to what degree they wish to mitigate them. It is NOT the duty nor right for a bureaucrat to decide personal matters.
Robert Velez	OPPOSE MASK MANDATE
Robert A Babish	Vote NO on Mask Mandate. Please see attachment.



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Robert J Allison	It is absolutely appalling that we have been kept in an artificial state of emergency this long and that our educators have turned out to be the most fearful, propaganda-prone, manipulatable and fact-resistant demographic among us.
Robert W Boebinger	Let's go Brandon recall Newsom before his head gets bigger than a watermelon and explodes!!!!So much hypocrisy and corruption it's still we the people yeah?Repent of your wicked deeds all y'all shame on you Trump 2024!!!!No wonder everybody's moving to Florida!!!!????
Robert W Dickerson	I strongly oppose the upcoming mask mandate. See attached letter. Thank you.
Robert W Haupt	You are acting strictly on power and politics if you put a mask mandate into effect. I am also wondering if there is a monetary interest in it for you? You need to do the right thing, which is to NOT enact a mask mandate, and then resign. You are no longer credible.
Roberta Schepps	though i do not live in l.a., i do live in california and strongly oppose this mask mandate precedent. the slightest research shows that even though all 'studies' are paid for by someone and used to substantiate claims made by the various stakeholders (ms.ferrer's daughter's study for instance), more studies have shown that masking, at best makes NO difference and at worst ultimately burdens the immune system; if people feel better wearing a mask then they should go ahead BUT they should also know that there are as many or more studies showing that bacterial build up (how often are masks washed or changed?) and the breathing back one's breath all day is NOT healthy esp where day-long physical labor is involved. AND forcing children to wear masks all day at school is unconscionable and damaging to health and healthy socialization. masks promote FEAR among all ages but esp children who by being forced to wear masks all day at school are being implicitly told that they should fear each other and indeed the AIR they need to breathe! it does not take a scientist to see that the risk benefit analysis does NOT support any sort of mask mandate. thank you, r.schepps
Roberta Schepps	though i do not live in l.a., i do live in california and strongly oppose this mask mandate precedent. the slightest research shows that even though all 'studies' are paid for by someone and used to substantiate claims made by the various stakeholders (ms.ferrer's daughter's study for instance), more studies have shown that masking, at best makes NO difference and at worst ultimately burdens the immune system; if people feel better wearing a mask then they should go ahead BUT they should also know that there are as many or more studies showing that bacterial build up (how often are masks washed or changed?) and the breathing back one's breath all day is NOT healthy esp where day-long physical labor is involved. AND forcing children to wear masks all day at school is unconscionable and damaging to health and healthy socialization. masks promote FEAR among all ages but esp children who by being forced to wear masks all day at school are being implicitly told



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	that they should fear each other and indeed the AIR they need to breathe! it does not take a scientist to see that the risk benefit analysis does NOT support any sort of mask mandate. thank you, r.schepps
Robin Davis	I oppose the mask mandate. As an active working member of this community, I have seen the strain that wearing masks have put on other adults and mostly children. I work with children and have seen them struggle to learn even simple sounds and lack the knowledge of certain facial expressions and nuances needed to aid their learning. Since we have not had masks, I have seen so much progress in our children with participating in social interactions, etc. Children could not hear each other say their names and they felt isolated. Please don't reimplement the mask mandate. We need to be moving forward and learning to handle sickness other ways than to fall back into something that clearly never stopped Covid. This mandate seems to only make the adults in charge of making policy feel better that they did something.
Robin Hanasab	I strongly believe in keeping the public safe, and support logical and science-based solutions. However, masking our children is neither of those things. It is simply child abuse. It does nothing to prevent the spread of this virus, but does much damage to the physical and mental well-being of our children.
Robin Hatfield	Supervisor's , Please Do Not institute another mask mandate. I have young children about to attend elementary school and believe the negative effects of wearing a mask far out- weigh any of the benefits. Please consider my concerns as a parent. Thank you for your service. Robin Hatfield Sent from my iPhone Sent from my iPhone
Robin Hatfield	County Supervisors , Please Do Not institute another mask mandate. I have young children about to attend elementary school and believe the negative effects of wearing a mask far out way any of the benefits. Please consider my concerns as a parent. Thank you for your service. Robin Hatfield Sent from my iPhone
Robin Mcconathy	No masks
Robin ODea	This is disgraceful, rising case counts in our county is not the same as a pandemic of death and disease. Let people make their own decisions. Dr.



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	Ferrer is conflating the evidence and lying about hospital Covid cases. We need her to resign. Reinstating the mask mandate is bad for children in schools as well as businesses. I personally will shop outside of the LA County because of this. I also will not support The political career(s) Of any the LA County supervisors that does not stand up now and prevent Dr. Ferrer from mandating this ridiculous masking.
Robyn Hansen	Stop mask mandates. They are not based on scientific data and are harmful to both mental and physical health. Stop abusing our children. Ferrer is a fool with a desire for endless power. Stop giving her power!
Robyn Ross	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29 and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles department of public health due to her incompetence, fraudulent actions and missed handling of Los Angeles health response to COVID-19. Which is a continual act of abuse of all the people she's serving.
Robyn Taniguchi	I support mask options for those who desire - but not a mandate. I am a mother of 3 elementary students and work with special needs children as an occupational therapist. I do not want to see these children forced to comply with a mask mandate again. Businesses and students need an opportunity to thrive right now and a mandate will be such a disappointment and a hinderance. I do not trust Barbara Ferrer.
Rochel Berlin	I strongly oppose any continuing COVID 19 restrictions. The newer variants are less dangerous than the initial variant and there are both vaccines and medication for those who need. In addition, the hyper focus on COVID is causing other priorities to be ignored
Rochelle Alves	You MUST kill the ridiculous proposal for another mask mandate. We will NOT do this again, but please make it easier by NOT requiring this proposed mandate, which is unconstitutional, and not backed by science. It's theater, control, hypocrisy. Please fire Barbara Ferrer. Also - Someone designed the vote by adding "OTHER" Why?? So the "Oppose" button can easily and unintentionally be clicked in FAVOR? It's shameful. Again. When does it stop?!
Rochie Geisinsky	
Rocio Rivero	No mask mandates for L.A. County! Fire Barbara Ferrer NOW!
Rod Blackner	Please do not put in place another mask mandate. Many studies have proven that in many cases they produce more harm than they help.
Rodriguez Family	Our extended family, longtime Angelenos are opposed to mask mandates. We own multiple small businesses that will be negatively affected. Please consider your citizens



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ROLANDO CASTELLANOS	There is no rational basis for imposing such an order, let alone a public health risk. The numbers are conflated to allow officials to maintain their now abusive tactics to maintain control and power. I charge that the county has directed hospitals, such as Kaiser specifically, to push covid numbers by declaring post-mortem covid positive tests as covid related/caused deaths, such as the case with my grandmother when she passed last week. She died of an infection, not covid.
Rolando Gutierrez	No more mask mandates.
Romela Keshishyan	
Ron Jones	Adopting this mask requirement is illegal. This order is in violation of God-given rights of men and women and sons and daughters throughout the county. Our rights are protected by California Gov Code 12926(q); California Civil Codes 43, 46 and 51; California Gov Code 37100; California HSC 24171 and 24172.
Ronald Graham	
Ronald T Santo	Please do not impose a mandatory mask order. Also, please remove Barbara Ferrier from her position LA County Public Health Director and find a replacement that listens to real Medical Professionals. Now is not the time go backwards. Thank you, Ron Santo I may have originally checked the IN FAVOR button, that was in error, I strongly OPPOSE a new health order.
Ronell L Jobe	Oppose Masks in schools. No child should be forced to wear a mask to attend school.
Ronen Pestes	AS WE ALL KNOW BY NOW MASKING DOES LITTLE TO PREVENT THE TRANSMISSION OF COVID. So just don't do it! Follow the real science and evidence. Not so-called social and political science.
Ronert Anaya	
Ronit Naim	
Ronnie Elbaz	Do NOT reinstate the mask mandate!!!
Rosa Sosa	I oppose the implementation on mask again. Our numbers for hospitalization are not high and we REALLY need to learn to live with viruses, new and old, and live a normal life in California. It is detrimental for our population to have mask mandate again as we have learned to live with COVID and other viruses without having a High mortality rate anymore. Implementing masks again will have political consequences for our current officials as we voters will vote out of office our public officials.
Rosalie Devine	This is stupid to enforce mask mandates.. Most people have had it. When did it become acceptable to mandate what we do with our bodies. If someone wants to wear a mask so be it. We must continue to live like we are free not like China!!! All I see this is a form of control otherwise you would be declaring tents on our sidewalks a health hazard. There is where there should be controls placed. When has it been acceptable to infringe on our society this despicable behaviors. Get your



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	priorities straight!!!
Rosalind Goodfellow	As a LA County resident I strongly oppose any attempt at reinstating a countywide indoor mask mandate by the Dept of Public Health. It is time for this charade to end. The last normal school year our children had was 2018-19. If you go down this path you will be destroying yet another school year as we know school will be the main place this unscientific mandate is imposed. Your actions have made LA County the laughing stock of the entire world as the only place still doing this mask theater, especially on children. As your own county doctors have pointed out repeatedly, there is no emergency. The hospitals are not full of covid patients and most admissions are incidental positives. We have vaccines, therapeutics, and the virus is more mild than ever. These restrictions you want to reimpose are nothing more than government overreach. Imposing them on the basis of 'equity' is manipulative and deceptive. Which population was most harmed by covid restrictions? Dr. Ferrer knows it was the low income population but she is using emotional language to manipulate you into agreeing to a mandate. We all know there was extreme learning loss from lockdowns and masks even if the testing data is slow to come out. A new mask mandate will land you firmly on the wrong side of history. The people of LA County wore masks almost religiously for 2 years and it did not have any positive impact, only harm. Prove masks work or give up the charade now. No more mandates. No more masks, especially on kids. We will not accept this again .
Rosalind Heaney	
Rosalva Cleveland	Enough is Enough NO MORE LIES, Fake Science, Mask for thee but not for meeeeeee!!!!!!!!!!!!!! Stop destroying the country Stop Killing more Americans , middle class, minorities and do your JOB We dont need you to continue to tell us what to do and how to think. Stop the Murders of the most vulnerable there blood is in your hands
Rose Emirzian	
Rose Mariona	No mask
Rose Mesa	
Rose Smith	We completely DISAGREE with any mask mandate after looking at scientific facts from real drs. Also looking at what they have done and caused about the mental health of our children. We will stand with those against this!
Rosemarie Wells	No mask
Rosemary Caraveo	
Ross Greenberg	No more mask mandates. Vaccines are available to everyone six months and older, we have treatments, and there is a lot of immunity in our community already. USC County doctors admitted that they aren't seeing severe disease, and they haven't seen a severe pulmonary case of covid since February. We should celebrate this and move towards normal life. In particular, the county must restore normalcy for all children and adopt policies that accomplish this.



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	Masking and exposure guidance from the health department makes this utterly impossible. Please look to Europe for sensible ways to handle covid and school. Dr. Ferrer does not seem willing to deal with Covid as a problem that has dramatically improved. She is stuck in emergency mode. It is the same one size fits all mindset, as if the virus still behaved exactly as it did in 2020 or even 2021. Our own eyes reinforces the idea that this is not the case. We want to move on with our lives. She needs to step down and be replaced by a medical doctor. If not, she needs to evolve with the conditions on the ground and the times we are in. Life has returned to normal, except for these mandates hanging over our heads. Enough is enough.
Ross Riege	There are TOO many downsides that are mitigated by leaving it optional, which is consistent with the state department of health and the rest of the world
Ross E Tanisawa	I AM COMPLETELY AGAINST ANY ORDER OR MANDATE TO WEAR MASKS IN PUBLIC OR PRIVATE SETTINGS. DO NOT CONTINUE THIS FUTILE EFFORT.
Roxana Acuna	Replace ALL in charge of these nonsense demands!! There is proof that masks and vaccines doing MORE HARM THAN GOOD!! LA COUNTY IS AN EMBARRASSMENT TO LIVE IN!!
Roxanne Dorffi	This was and is completely unconstitutional. What more evidence to you need that masks DO NOT prevent people from getting a virus and a virus that is rarely deadly to boot. The madness MUST STOP. This country and state are still a democracy. Consider acting accordingly.
Roy Yerushalmi	
Roya Khakshoy	
Roza Greenbaum	No masks
Ruchama Langsam	
Rudy S Ontiveros	Hi All: In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold out Dodger Stadium this week with a mask around her arm (and not over her face)-notwithstanding her dire warnings to the public about how bad things are right now--I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our



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	public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated. Please do something.
Russ Karr	Mask mandates have been scientifically proven to be ineffective. We have a right to life, liberty, and pursuit of happiness. We have the right to choose.
Ruth Alexander	
Ryan Collins	
Ryan Flanagan	It is absolutely ridiculous to mandate people wear masks when there is no scientific basis behind them adding any value. It should be a choice and not a mandate.
Ryan Grant	No mask mandates please.
Ryan Gunn	
Ryan Hinds	Barbara Ferrer deserves to be fired for her hypocrisy and nepotism, when her daughter co-authored a study in favor of mask mandates among school children. The COVID-19 Public Health Order has gone on too long and needs to be rescinded.
Ryan Keigh	<p>Hello - In light of the fact that LA County says they feel it necessary to impose a mask mandate on July 29 on all businesses, I'm greatly concerned as to why we must default to a mandate when we can decide for ourselves, as individuals, what strategies to take to prevent the spread of a Covid Virus. I work in the Funeral Business and have for more than 12 years... I have dealt with the toll of the Covid Virus from the front lines and know about the efficacy of mandates. We have already been through them. Re-enacting a blanket policy is not what the county needs emotionally and economically. Please, I urge the Board of Supervisors to reconsider the unilateral approach to solving health concerns and keep the decision-making capabilities to the people when it comes to their healthcare. Your rights to make mandates are not recognized as legal or constitutional. You can only make recommendations!</p> <p>Sincerely, Ryan K. Inglewood, CA</p>
Ryan Krauch	Please stop trying to control everyone's lives. We all know what this virus is and how to manage it individually. And please find a public health director who is actually a medical doctor, and do not abdicate legislative power to them through emergency provisions for multiple years.
Ryan Marven	I oppose this because there isn't enough data backing that masks make a difference. Also bear in mind the entire world except for the Communists in China have dropped mask mandates for good reason. This also includes airlines. COVID theatre needs to stop because everyone is sick and tired of it.
Ryan Mcconathy	No mama mandate
Ryan Meston	These mask mandates continue show poor performance. They simply do not

As of: 7/27/2022 8:00:07 AM



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	work. Also, children are not highly affected by covid. Cases continue to be very mild. If your sick stay home, otherwise kids need to be in person in the classroom getting a quality education. The masks hinder and distract from that education.
Ryan Nichols	
Ryan Peterson	There are key issues at play not being addressed by this order. First, the confusion between mask efficacy and mask mandate efficacy. I have emailed the Board a number of studies showing mask mandates are not effective, while some masking (N95's chiefly) can be. Second, there seems to be confusion about the Cost/Benefits analysis. LAC Public Health has consistently ignored the growing Science around costs to children, those with disabilities, those on the spectrum, rates of anxiety/depression (CDC acknowledged), costs to businesses, divisiveness (WHO acknowledged), and more. Third, they are pushing for this policy with no roadmap or endgame. Notice how little attention is paid to when this "forever war" ends. Lastly, by ignoring or picking and choosing information the LAC Public Health department has eroded the public's trust in its institution. If they are unwilling to change course even in light of changing circumstances I fear public trust will be eroded to a point where, when we really need them, the trust will not be found. It's the summer, vaccines work at preventing serious illness from Covid, and people are just now getting their lives back together. Please, let us end this forever war. Wear your mask, but do not force divisive masks upon others. I speak for many in my community when we say we chose to risk living rather than guaranteeing dying (only, at best, perhaps more slowly and miserably).
Ryan Polizzi	I see you've based your decision on a "study" based on ideas not science and pushed through to policy by nepotism. Ferrer should be fired. The public health director does not have an MD and is clearly towing the agenda being propped up by family members writing studies with out a medical background or science degree even. This is unacceptable. Children are the least susceptible to the disease known as sars-covid-2 and it's variants that seem to be weakening as time goes on. Do not mask our children! It is a disruption to their learning is highly detrimental to their eq and iq! Putting our kids behind in every metric compared to counties and countries that have not put this yoke on their children. Our kids are behind and masks don't work.
Ryan Reid	This disease has evolved since one year ago, when this disease actually was a threat. Ferrer's data is flawed. Mask or not. Vaccine or not. People are going to test positive. Listen to actual doctors who work in health care settings for data. Not Ferrer who looks at poor data and skews to instill fear. Please put motion forward to replace her. Please also look at hospitalization data. People do not need the government to tell them how to live their lives. Let's use common sense, no one wants to get sick.
Ryan Schroeter	Non-MD "doctor" Barbara Ferrer has lost the confidence of Angelenos and should be fired immediately. We are over two years into a public health "emergency" that is clearly no longer an emergency; we have vaccines, we have therapeutics, and this latest COVID variant expresses like a cold or flu. LA's children have already lost so much due to Barbara Ferrer's irresponsible,



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	myopic "one size fits all" policies—and, astoundingly, she is set to send them back to schools with masks again. LA County—with a population greater than many states—is not well suited to a "one size fits all" approach to public health. It is well past time for LA Supervisors to take back policy making authority and to dismiss Barbara Ferrer for the terrible Public Health outcomes her COVID policies have caused—e.g., for schoolchildren, mental health, drug and alcohol abuse, economic and job impacts, homelessness, etc. She needs to go.
Ryan C Meinardus	Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept. Of Health guidelines and the rest of the world.
Ryan J Sternberg	
Ryan M Reza	
Ryan R Levey	Masks don't work, the real data doesn't support the need, let people make their own choice, DO NOT mask the kids again - it greatly affects their development and their mental health. Barbara Ferrer needs to be fired. How does an unelected official get so much power? Plus, not disclosing the conflict of interest with her daughter and the bogus mask study should be enough to justify it.
S Cha	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19. We will not comply with this baseless useless mask mandate that has proven to NOT WORK. Barbara Ferrer herself was seen at the recent All Star game at Dodger Stadium with thousands of others maskless. She must be replaced with someone with common sense, integrity and who will actually follow the science. We in Los Angeles demand better leadership and no more mask mandates. Thank you.
S Ghobrial	Fire Barbara Ferrer from her powerful position NOW!!! She has abused her power and the people of LA County. This must end now. We oppose mandatory masking and will not allow her to destroy the childhood of our kids. LA county voters have had enough of this. Let me remind you that this is AMERICA and we have freedom to make choices. LA County board of supervisors, you must do what is right by your constituents now!!!
S Meraz	
S N	NO masks and NO Barbara. Fire her immediately
Sabrina Diaz	No on mask mandate.
Sabrina Hardwick	Absolutely no mask mandate!
sabrina zamel	Enough with these mandates especially from a woman who doesn't live in La county has no medical degree quotes fake studies by her daughter who doesn't either also Barbara clearly wasn't scared at the dodger game



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	maskless on Tuesday . Enough is enough let's focus on the fact that crime is at an all time high so if it's about safety we could die by just leaving our homes there's homeless everywhere peeing , pooping , masterbating , shooting up heroine needles and smoking crack !!!!!!! Enough with the masks that don't work !!!!!!!!!?
Sacha Naschinski	I oppose public health order to mandate masks to go to indoor places. I have a medical condition that prevents me from wearing masks. It is absurd that to mandate masks indoor places. First of all, we're over it. We don't need masks. Masks should be optional and not by force. The people of LA County including myself are tired of masks. Enough is enough.
Sachiko Yokoyama	Please do not have the mask mandate come back. I'm against the mask mandate.
Sally Cohanzad	
Sally Jenkins	
Sally Mog	Allow kids to get an education. Remote learning was a disaster for most kids. Most kids are an entire year behind if not more.
Sally Phillips	
Sally Sutherland	We do not need an unfounded health order by a non-doctor. Say NO to a mask mandate. I will pull my 4 kids out of public school immediately you reinstate a mandatory mask policy.
Saman Ghalili	<p>I am a physician with a primary care clinic in south-central LA. Stop the nonsense. Stop the Mandates. Study after study has proven the ineffectiveness of the status quo in preventing coronavirus. Particularly omicron Ba 5.</p> <p>I have treated over 10,000 coronavirus cases. A indoor mask would not have prevented a single one of those. Additionally all of the patients were getting it are also vaccinated. They are also boosted. Why push a mandate to vaccinate when the vaccine doesn't work.</p>
samantha binah	
Samantha Gade	
Samantha Jaennette	I oppose the mask mandate especially on school settings for young children. This is inappropriate and should not be enforced.
Samantha Lee	Please don't reimpose the mask mandate in LA County. Our residents have been mandated to wear masks for so much longer than other parts of moth only our state but our county. Also, please consider replacing Your director of Public Health with an a qualified candidate who has a degree in either medicine (MD, DO) or a PHD in Public Health. I am not sure how having a degree in Social Work qualifies a person to make critical decision about Public HEALTH for the millions of LA County residents. Please do better.
Samantha Romolini	Indoor masking did not help during any wave of the pandemic. It causes unnecessary harm to parents of children with disabilities who cannot mask.



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	There is no scientific evidence that overwhelmingly supports indoor masking to slow the spread of this virus. We will not go back to this obscene policy that is a method of controlling people.
Samantha Thatcher	I oppose LA County mask mandates.
Samuel Foubberg	Against the mask mandate!
Samuel T Hensen	Our family opposes any mask mandate. Our own LA County Dr's have said, the numbers don't constitute bringing back mask, that don't work. They are harmful to children and adults. Enough is enough, stop this now.
Sandra Allbee	PLEASE! No masks! They are horribly unhealthy and give people headaches and sniffles and sore throats. I do not want to breathe my own carbon dioxide. I also don't want to have to go to Orange County for my shopping and dining which is what we will be doing again. Treat us like adults and let us have the freedom to choose what is the best option for ourselves. I really am capable of thinking for myself. BTW, both my husband and I fall into the severely high risk category.
Sandra Barsoum	I strongly oppose re-masking indoors.
Sandra Bruce	I sincerely oppose this proposed mask mandate. It should remain a choice. After over 2 years of exposure everyone is either vaccinated and/or has had Covid. The government overreach is getting more and more out of control!
Sandra Cervantes	I strongly oppose masks on children in schools.
Sandra Crawford Galvan	
Sandra Hernandez	Wearing a mask harm the kids more than anything. It doesn't protect them, instead it affects their ability to learn.
Sandra Lopez	
Sandra Lynch	Stop your BS mandates. Masks do very little to reduce the spread of the virus just as the vaccine fails to reduce the spread. Focus on early treatment for those who are vulnerable. Stop overstepping your boundaries!
Sandra Manriquez	It's time to stop your scientifically unsupported, hypocritical and ridiculous tyranny over Californians.
Sandra Meyer	I oppose any further mask mandate. Especially for our children. This should be a personally choice at this point, not a mandate.
Sandra Needs	False information from the Ferrer. Covid cases are from people admitted with other issues. No one in ICU with covid. We do not need another mask mandate. They don't work other than destroying the economy that is just crawling along. These splash masks don't work because air is breathed in and out through gaps.
Sandy Bakus	Enough of the ridiculous mandates. We will no longer wear masks and no longer adhere to these policies. It is over.
sandy L orduno	I am opposed to the mask mandate for 2 reasons. 1 there is no proof that it actually works. 2 as a Kindergarten teacher, the students have a difficult time

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	speaking and learning their sounds and reading correctly with their mask on. Please think about our children and their learning before you reinstitute the mask mandate.
Santa Rivera	We the people are done with the lies, the truth has FINALLY started to come to light. That said, No more masks! No more Ferrer!
sara ames	vehemently oppose. The COVID emergency is over. Masks don't work. COVID will be with us just as the common cold is. Do not force LA to mask up again.
Sara Branscum	
Sara Fils	
Sara Gross	This is absurd. Barbara Ferrer should be fired for her horrible policies. Also, last I checked, she is NOT an MD and real MDs are the ones providing us with the truth. Our hospitals are not overwhelmed, no one is in the ICU, the numbers the health board are putting out are incorrect. Stop with the fear mongering and just let us live our lives. If it were so bad, why was Dr Ferrer at the Dodger all star game with 70k people not wearing a mask?? If you want to wear a mask, great. We will not comply and we will not mask our kids again. If you push this agenda, we will vote you out
Sara Petrick	
Sara Prokop	
sara prutow	NO MASKS IN SCHOOL
Sara Rybacki	No masks in school
Sara Sakuma	<p>I am staunchly against re-instating a mask mandate and children should not be masked either. These measures are not about public health because the health of the public goes down. Look at what a mess LA County is! These days the better place to live and work is Orange County.</p> <p>People are scared and scarred by masking. Businesses are keep closing as a result. People lose their livelihoods. Depression and more poverty sets in. Suicides!!! People are being misled to think that masks help and they certainly do not</p> <p>If you can smell coffee, food, someone else's laundry detergent or body product you are mostly certainly breathing in viruses because they travel on the same aerosols as fragrance molecules. This is no different from any other time in history.</p> <p>The government, especially the Health Department of LA has overstepped its bounds. This globalist/Democrat led catastrophe has taught me two important things: 1) Don't let your healthcare 'professionals do your thinking &</p>



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	research for you and 2) the Republican "small government" concept is better. Thank you.
Sara Torres	Oppose a mask mandate particularly for children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with state department of health guidance and the rest of the world. Stop this madness.
Sara Wilkening	
Sarah Buckley	Ferrer needs to be investigated for daughters conflict of interest. NO masking kids when ferrer is maskless at a massive gathering. No more social psychological development delays for our kids. MY BODY MY CHOICE.
Sarah Ciancarelli	No more mask mandates! California was no better off than other states that never had mandates.
Sarah Esposito	I oppose mask mandates, no longer a deadly virus.
Sarah Fernandez	Do not reinstate the useless mask mandate and fire Barbara ferrer
Sarah Frost	I am a mother of six. I have watched the effects the mask mandates have done to not only my children, but to children all around. There is absolutely no scientific evidence that these masks work. In fact, there is scientific evidence that they not only don't work, but it causes more harm than good. I oppose this potential new mandate. You will see a huge drop out rate of families pulling their children from public schools, if you allow this to go through!
Sarah Grey	
Sarah Hatfield	Please do not allow the county to bring back the indoor mask mandate. Everyone has the choice to be vaccinated, and we also have medication for those high risk individuals. I struggle to understand why LA will be the only county in the state to do this again. Such a shame for businesses and residents. Very frustrating watching the rest of the country (and our state) move forward as we move backwards yet again. As a former elementary school teacher and parent of 2 young girls, my heart breaks to think that my children will once again be masked and unable to properly learn both academically and socially.
Sarah Horowitz	masks are not healthy and cause breathing issues! they also do not help stop the spread of anything as proven numerous times. It is cruel and unjust to



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	your residents to reinstate the mask mandate. I hope a State and wonderful as your will realize that.
Sarah Houck	I oppose an indoor mask mandate especially for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
Sarah Kettelkamp	There are multiple studies showing the ineffectiveness of masks as well as the affects it has on kids making them more sick. There are clear studies showing that masks on our children makes no difference. Stop masking our kids has our community.
Sarah Lindsey	I strongly oppose a mask mandate. It has not shown to be effective in studies across the globe. And it is a HUGE detriment to our children if you implement them for the school year.
Sarah N	Masks don't prevent the spread of Covid, we're not in a state of emergency, and more mask mandates will only do harm with zero benefits
Sarah Pearson	I oppose mask mandates especially for children in schools!!
Sarah Pena	
Sarah Phillips	I oppose the public health order. Fire Dr.Ferrer, she has made poor and selfish decisions.
Sarah J Heinrichs	
Sascha Nichols	No masks!!!
Sasha Birrittella	
Sasha Revy	No mask mandate!! It does not work. Let it be optional. Don't destroy businesses and children's schooling with this terrible and ineffective strategy.
Sasha Taylor	This is ridiculous. We all know that masks do not prevent the spread of Covid. There are plenty of studies showing masks hinder are children more protect them.
Sayre Ziskin	I oppose the indoor mask mandate due to Data that does not distinguish hospitalizations "with covid" or "from covid" that are being used to bring back the mask mandate by the unelected Public health official Barbara ferrer.
Scarlett Mendoza-Manganaro	No mask mandates! Even LAC+USC hospital data/reports does not justify mask mandates - especially for young children. Enough is enough.
Scarlett S Butler	Please say NO to another mask mandate in our county!! In light of the information LEAKED out of LAC+USC Medical Center to the public, Barbara Ferrer's intentions and judgement in regards to our county's approach to Covid must be questioned and monitored! Why is Barbara lying to the public about the REALITIES of Covid? Why is she manipulating and censoring the data to justify another mask mandate??? Why does LA County continue to insist on implementing Covid restrictions at the expense of our children's mental and physical well-being? Why are we the only county in CA with a "high" level of transmission that plans to reimpose a mask mandate??



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	<p>I am a mother of a 9 year old child who's entering his 4th year of school stressed by Covid. I DO NOT want him back in a mask at school. I've even gone so far as to consider homeschooling him, which I NEVER thought I'd do. But our kids have suffered enough!!!</p> <p>Covid is here to stay. It is not the same virus it was in 2020--over 2 years ago!! Most people (especially children!) have already recovered from Covid. People have access to masks, vaccines, Paxlovid, etc. if they want them. Please, please, PLEASE regard mask-wearing as a PERSONAL CHOICE.</p> <p>Sincerely, Scarlett Butler</p>
Schell Mcdonald	
Scot Choppin	<p>I oppose the implementation of masking requirements by the BOS in Los Angeles County. We are past the time for the government to make health decisions for us, it's up to each person and family to manage their own health decisions. The LACBOS and Barbara Ferrer are specifically NOT qualified to undertake the management of our health decisions. Not one person named here is a medical doctor and not one person named here has any specialized knowledge to even advise the public on health requirements, and per above nor should they.</p> <p>Second, Barbara Ferrer is compromised and needs to be removed immediately as the Health Director. She appears to have a severe conflict of interest though the use of studies undertaken by her daughter, who is also not a medical doctor. Remove Ferrer immediately and replace her with a true medical doctor that is not corrupt.</p>
Scott Rosenfeld	No other city in the country has this nonsense in place!
Scott Samuelson	
Scott Sussman	Mask mandate is unfounded and not based on science or key metrics. It punishes our children and has shown to be ineffective and perpetuate loss of learning and behavioral issues.
Scott Walinsky	<p>NO MORE MASKS! This is absurd at this point. This is no longer a dangerous virus, it's a bad cold.</p> <p>Barbara Ferrer is wholly unqualified to have this power, not to mention her various ethical violations, and she's a hypocrite - dodger stadium and super bowl! She should be fired immediately. If this mask mandate is implemented, it will be met with large amounts of non-compliance, which will burden businesses. Do the right thing, say no!!</p>
Scott Walker	Mask don't work
Scottie Mitchell	NO MASK MANDATES! THIS HAS GONE FAR LONG ENOUGH AND THE MASKS DO NOT WORK!!! STOP THE NONSENSE ALREADY!!



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Se Rena	
Se Rena	Strongly oppose on agenda #61
Se Rena	Strongly oppose on agenda #61
Sean Mansoury	
Sean ODea	<p>I am writing to you to express my opposition to the reinstatement of the indoor mask mandate for LA County. I oppose this because doctor for Air has lied about Covid cases and hospitalizations and we know masks do not prevent transmission for this virus, which is basically like the common cold. I will pull my children out of Los Angeles district schools if this is implemented and I will take my business to other counties. Barbara Ferrer is not a medical doctor and has no business Directing face coverings for people. It should be a decision made on a personal basis. I will not support or vote for any Los Angeles county supervisor who does not stop her from going forward.</p>
Sean S Mcloughlin	<p>I urge the Board to reject any new public health mandates. No other county in California is considering re-imposition of a mask mandate. This is because science and sound public policy no longer support mandating masks indoors.</p> <p>First, mask mandates don't work. Only properly fitted N95/KN95 masks impact transmission. But when masks are mandated, the only people who wear N95s are the ones who were choosing to do so without a mandate. Everyone else who chooses to comply wears a disposable surgical or cloth mask. No well-designed trial or study has shown surgical or cloth masks to reduce transmission of any Omicron variant in a statistically significant manner. None. And data from the prior Omicron wave shows that last mask mandate did nothing to change case rates compared to similar metropolitan areas without mask mandates.</p> <p>Second, mild illness, no matter how widespread, cannot justify mandated interventions. The reason SARS-COV2 was declared a pandemic in the first place was only because of risk of severe illness. But serious illness is no longer a widespread risk in LA County. Most county residents are fully vaccinated AND have been previously infected. All can get Paxlovid (for free, no doctor required). The vulnerable now have great tools to maximize their own protection, including unilaterally masking with a properly fitted N95. If prevalence is the new yardstick, then masking will be forever, because variants of Covid will be with us for generations, and 93-97% of us will get infected over and over again, thankfully with ever milder symptoms.</p> <p>Third, the cost to public agency credibility, to social interaction, to economic activity, to children's learning and development, and to personal liberty is not trivial. Indeed, it outweighs any benefit at this point in the endemic. Each useless mandate simply erodes public trust yet further, as more citizens ignore the bad policy espoused by Director Ferrer and rejected by every other county. As explained by Dr. Monica Gandhi of UCSF in Thursday's LA Times article, there are very good reasons why in July 2022 no county should mandate masking.</p> <p>Please, either fire Ferrer or direct her not to reimpose any mask mandates for private businesses or public spaces.</p>



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Sean W Mullaney	No more mask mandates! Stopping transmission of COVID is not possible. Joe Biden, the most protected public individual in the world, still came down with COVID even with mitigation measures such as vaccines, distancing, and masking and it was still transmitted. Masks are a harmful intervention: they hurt children with learning disorders and others who rely on facial cues. No more forced masking!
Sebastian Nevins	I oppose any indoor mask mandate. Any such consideration should be optional, not a mandate. In particular I am opposed to any mandate that would impact children in schools. Based on the data from the last 2 years, mandates result in no decrease in Covid transmission. Implementing one at this time would not make any sense and would deepen distrust with public health. Masks on kids are not a harmless intervention. I have 2 children who have been forced to wear masks for the last 2 years. One of my children's speech development has been limited by masks. Mask mandates would be a harsh suggestion and would not instill confidence in the BOS interest in advocating for children, in particular children most in need. I am strongly opposed to any mandate.
sebastian terzoli	fire Ferrer immediately.we're done with masks and vaccines.
Selena Patton	
Sergio Padilla	
Seth Worsham	Masks don't prevent jack shit. We need to continue to make forward progress, not REGRESS!
Setie Dini	
Shaina Simhaee	
Shaindel Freylicher	
Shainy Benjaminson	
Shake Davtyan	Oppose the indoor masking for young children
Shaked Segev	No more mask mandates! They don't help to lower the numbers as evidenced in Florida! Stop the randomness of mandates and let people choose what is right for them and their families!!
Shaked Segev	
Shalyn Gumayagay	Oppose mask mandates
Shana Sosa	Masks do not work, they are being used as a control tool. Also, it is absolute child abuse to require this of children. Your actions contradict your words. There is no science behind masks. The public is tired of your tyranny.
Shana Veiseh	Fire Barbara Ferrer. She is incompetent and has proven ill suited for the

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	position. Her blatant disregard for the truth is dangerous and a threat to owl security and Health. Los Angeles has become a joke in the eyes of the country. It is time to regain respectability and confidence in our leaders by putting an end to this masquerade.
Shanaz Poursalimi	As a grandmother I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 5) Biden who is vaccinated, double boosted, masked, and regularly tested Biden has Covid. This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
Shane Draper	MY BODY,MY CHOICE
Shani Sarusi	
Shanna C Wells	I am very much opposed to these ongoing ridiculous mask mandates. There is zero proof that masks are effective in preventing the spread of a respiratory illness and there is a lot of proof that they cause harm. My own uncle was told by his Doctor to stop wearing his mask because he developed a Staph infection in his sinus's.
Shannan L Volk	I oppose the return of masking
Shannon Brock	I strongly oppose the return of an indoor mask mandate. This virus is no longer a severe threat and I believe it is in harm to children along with everyone else. It's time to move on from this need to control. It needs to be a personal decision at this point. Thank you for reading. Sincerely- Shannon Brock
Shannon Cohanzad	
Shannon Doyle	The science is clear, masks don't work. Let us decide what's best for us and keep your nose out of it. Mandates are NOT LAWS.
Shannon Galvan	Everyone should be free to go what's best for themselves. I am physically unable to wear a mask and have had to fight my way in to almost everywhere got the last two years. It's a horrible, discriminating experience. Please vote no against any new mask mandates. People are still free to wear mask if that's what's best for them. Thank you.
Shannon Gonzalez	Huge NO to mask mandates. If one chooses to wear one, fine. Otherwise No!
Shannon Lazarian	
Shannon Medrano	



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Shannon Spina	Take off your masks and put them under a microscope. What you will find IS THE public health problem.
shannon t	PLEASE oppose Dr. Ferrer's desire to reimpose the mask mandate!!!!!!
shannon t	PLEASE OPPOSE THE MASK MANDATE!!!!!! I have been on hold since around 9am and still have not been able to make my comment...why ask up front what agenda item is going to be addressed if they are all being addressed at the same time?? i think its because you don't want all the people opposing matter #2 speaking out!!!
shannon t	OPPOSE the MASK MANDATE!!! If you look at the submitted complaints for this agenda item, there are over 365 pages of OPPOSITION, and i say opposition because 25 pages on the complaints say that the people are in favor, but if you read their comments they are actually opposed...so whoever put this list together put 25 pages worth of people in the wrong category!
shannon t	many other counties are in the "high" level of transmission yet none of them are putting mandates back into place
Shannon M Diaz	No Mask in schools
Shapour Nazarian	
Shareene Bivens	Masks interfere with learning and are causing a great deal of social, emotional, and health issues.
Sharilyn Schultz	
Sharlon Hoffman	Please do not vote for the mask mandate. There is no concrete evidence that it helps to keep anyone from getting Covid and it is such a hinderance for our children to have to keep these masks on for 8 hours a day, when adults can't even keep them on for that long. Please oppose this mask mandate.
Sharon Akhtarzad	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her



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	<p>dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
Sharon Carlson	<p>There have been over 160 peer reviewed studies regarding the effectiveness of masks and viruses... The studies concluded that there is no benefit to wearing a mask because the gaps in the fibers are much larger than the viruses. An N 95 mask does not have any gaps but it is also extremely unhealthy to wear because it reduces the oxygen in a persons body and is harmful to their organs and their brain cells.... I wore an N 95 mask for just 10 minutes and began to feel nauseated and sick...</p>
Sharon Freeark	<p>It is ABSURD to reinstate mask mandates anywhere in the US. The current numbers do not support forced masking.</p>
Sharon Kaufman	<p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
Sharon Kruschen	<p>Please please do not put a mask mandate back. Our kids are finally getting back into the routines, learning what they missed and going back to sports. This will set us back again while the rest of the country goes on with their like. Please don't do this!</p>
Sharon Mobasseri	<p>I am agents mask mandates especially for children in school. We need to make sure we don't do this to the kids even one more day. Both of my school</p>



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	age kids are having learning delays. Need to go to speech and that is just one of the many issues with school masks. At this point so many have gotten it that we are at herd immunity as well as the fact that it's a cold for children at most a flu. Please don't put masks on our kids to go to school for 8 hours a day. It's wrong
Sharon Moradian	We will not comply with masking children one more day. The people making these requests are harmful and causing much more damage then "good" We the people do NOT want this. People are running away from schools. Education, health and wellness are all suffering. Please understand and stop this idea in its tracks 2.5 years was enough for these little children
Sharon Nassir	
Sharon J Bertolucci	There is evidencethat masks DO NOT WORK to help stop or hinder Covid 19 OPPOSE this Mandate
Sharon L Sharp	DO NOT implement another mask mandate - this is destructive to every part of our society including our health. Stop this madness!!
Sharona Dayan	Oppose mask mandates. Multiple studies have shown the masks do not stop infections. The AMA states that masks should not be worn by healthy people. My patients are getting severe gum disease from mouth breathing in their masks.
Shaun Robledo	Cut the BS mask off
Shaun T Kemp	
Shauna Scanlon	Children should not be made to where masks! It should be optional. Fire Ferrera please
Shaunna Elias	
Shaw Tabanfar	Oppose mask mandate. Especially regarding children.
Shawn Ghatan	No Science behind this...
Shawn Moradian	Masks should be a choice. If you are sick and have a health issue you can choose to wear it. If you are a health school age child and being forced to go to your first day of school and trying to make new friends with a mask on Something is very wrong with your city and the people who are in charge! Opposed making healthy children wear masks all for free will of the people.
Shawn Rose	
Shawna Rapanot	The facts of proven, where people I have been allowed to make their own decisions, the rate of COVID-19 have gone down not up. Follow the facts please.
Shay Brown	It is time to recognize masks have done nothing to stop the spread and have only hurt children and caused more illness. It is obvious to most this is for political gain and the community and public can decide what they are comfortable doing.



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Shea Heagle	
Sheila Behnke	NO more masks mandates! People who want to wear masks still do!! No one is stopping anyone from wearing a mask!! But let the rest of us make our own health choices!
Sheila Dallas	
Sheila Meyer	Enough!!! Covid mandates have caused more harm to children and adults than Covid itself. This should be a personal choice not government decided and enforced. Please let human beings breathe!!!!!!
Sheila Nazarian	The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate- results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
Sheila ONeill	
Sheila K Delgadillo	I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(a): CA Civil Codes 43, 46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (1 Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice. Even though I am a resident of Orange County, I spend time in Los Angeles, so this illegal measure affects me as well.



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Shelby Thompson	
Shelley Backes	
Shelley Boozer	
Shelly Cohen	No more mask mandated
Shelly Fenig	Oppose masks
Shemaine M Smith	I oppose the Count Health Director imposing a mask mandate for L.A. County, especially in light of the recent town hall meeting conducted by LAC/USC Medical Center where the actual Dr.s gave information about COvid hospitalizations that does not reflect the information being given to us by the County Health Director. Furthermore, the fact that the County Health Director, Barbara Ferrar based her mask mandates for our schools on a CDC study that was co-authored by her daughter and did not disclose the relationship reflects very poorly on the City and it's elected officials that have supported the County Health Director. My preteen daughter has suffered depression, anxiety and sleep issues after being required to attend classes at home and then wear a mask at school from 8 am to 2:10 p.m. She will never be the same emotionally due to the mandates imposed by our County Health Director. I am sure I am not the only parent who feels this way. In light of these recent events, she should resign from her position.
Sheree Cloer	Science has already shown masks to be ineffective against viral illness. Mask mandates driven by fear only cripple small businesses and cause discrimination, not to mention the environmental hazards posed by disposable masks and littering
Sheri King	
Sheri McCants	No more mask mandates!!!
Sheri McCluskey	
Sheri Rifkin	Enough is enough with the mask mandates. I feel it is now a violation of our rights. Stop trying to control our lives.
Sheri Yanez	Nowhere else is doing this. You've told us the masks don't even work unless it's kn95 or higher, most are not even wearing those. Children are not wearing those at school and would constantly be touching their masks with filthy hands which Will cause more respiratory issues down the line.
Sheri L Jackson	
Sherie Dalton	<p>I encourage you to think of the children and the businesses of your district. I am a San Pedro resident. As a voter and resident of your district, I encourage you to fight against the proposed mask mandate. Mandates will be fought, but publicly encouraging the citizens to wear a mask will be taken more seriously. EDUCATE, NOT MANDATE!</p> <p>As for your public health official, Ferrer, I don't understand why she is choosing the date because things are "so bad". Why not wear a mask now if</p>



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you feel like it's that bad? Why would she go shoulder to shoulder in a sold out baseball game with her mask on her elbow? Obviously, she's not all that worried about masking.

As a teacher and a parent in this district, I encourage you to think of the children.

With school beginning in a few weeks, children should only wear a mask if they choose. Those masks are so dirty and wet by the end of the day, that can't be sanitary, but again it should be a choice between the parent and child. The risk of socialization, phonemic awareness, speech problems, and every other educational problem that is created by the mask. There have been studies to prove problems with children masking. Teachers shouldn't have to be the mask police; we have so many more things to worry about with learning loss as a whole.

As a parent, I don't want my children to wear a mask to school. We've all had Covid, yes I know you can get it again, but they have some extra immunity. I want my teenage children to have the freedom to choose. They have been educated about the virus, about the risks, and how their body feels. They know if they don't feel well, stay home. This should go for everyone.

Vote for the people you serve. Vote down the mask MANDATE. Encourage mask usage and educate others. When we see our public officials not wearing masks but preaching mask MANDATES, then we know it has to do with something more than just a health concern.

Ms Ferrer said there was pressure from the unions to implement the mandates. I am assuming it is mostly UTLA? They are more of a social justice union then a true union for the teachers. Their agenda does not line up with what a union is really about, fair pay, good working conditions, right of the worker. They don't care about the teachers. Do not be bullied by UTLA! Vote for choice! Vote for education. Vote against mandates. Keep our businesses, our children, and your constituents in mind.

EDUCATE, NOT MANDATE!

Sherri Agganis

Remove any and all mandates regarding Covid 19 which is now endemic! Stop giving power to a non medical doctor over citizens and businesses in regards to mask mandates or any other mandates. The hospitals are fine and we WILL NOT COMPLY.

Sherri Andrade

I oppose mask mandates, masks need to be a choice not a mandates. There are so many studies showing the detrimental effect of masks and the benefits don't outweigh the risk. If they did not stop the spread the first time they were imposed what is different now that they would do any good? Since announcing the mandate, Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly – indeed jubilantly – with 70,000 baseball fans. If the risk is so great, she would be wearing her



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	mask. There is no need for a mask mandate.
Sherrri Simmons	I strongly oppose the mask mandate.
Sherry Bahrami	
Sherry Beemer	As a public school teacher I BEG you not to reinstate the ridiculous mask mandate!! We (well all the sane, logical people at least) all know these masks are useless!! Covid is basically the flu and there is no reason for this utter nonsense to continue. Try teaching high school algebra in a mask!!! The kids are bored as it is, but with an annoying mask on they can't even hear or understand me. My poor young nieces in elementary school want to see their teachers face, her smile, her expressions. More importantly, these masks are hurting our children emotionally and physically. It's not healthy to breathe in them all day! Not to mention what it is doing to these kids social and emotional well being. ENOUGH!!!! Stop the madness. Stop this political stupidity!!! Let teachers and students be FREE TO BREATHE!!!
Sherry Fard	
Sherry Khoshbin	
Sherry Laughlin	
Sherry Lavian	The science does not support indoor masking. People may be getting COVID but it is not turning into anything other then a very bad cold. Hospital admissions because of COVID are down. Our children are suffering, emotionally and socially, from having to wear masks all day at school.
SHERRY PREVATT	Please consider the negative impact of this health order to the businesses in the local community, the negative effect of forced masking on our school aged children, and the waning impact of masking at this point in the pandemic, as evidenced by the results seen in Alameda County earlier this year.
Sherry Thomas	
Shervin Molayem	
Sheryl King	
Sheryl M Mayo	Indoor mask mandatey
Shimmy Bayar	
Shimon Simpson	
Shir Ash	
Shirin Makabi	
Shirin Rad	
Shirley Cuen	
Shirley Shaffer	I strongly oppose these ridiculous mandates! Forcing Americans against their



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	will to cover their faces cannot possibly be constitutional. It has to stop!
Shiva Bagheri	I just realized I hit the wrong button previously.
Shrage Murik	
siamak okhovat	
Sierra Herman	I strongly oppose a mask mandate, especially for children in school. Please keep masking optional, for people that feel that masks actually work they can wear them. There is a severe conflict of interest with Barbara Ferrer and we have lost all trust in her. Masks for children in school is harmful for their emotional well being and emotional development as well as their language development. Please keep masking optional.
Silvio Barahona	Americans live by freedom of choice. Masks are harmful physically and psychologically. If you're scared stay home, wear a mask, get a vaccine. If you like freedom of choice, go to a baseball game with 70,000 people and don't wear one.
Sol Poursalimi	I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that The data is flawed and inaccurate. 3) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 4) Ferrer's unmasked attendance at a stadium is further proof she even knows there is no emergency 5) Biden himself being diagnosed with Covid despite his regular masking, testing, and being vaccinated and twice boosted proves that these policies do not work. Ferrer should immediately turn in her resignation. This is terrible policy making and a violation of our basics rights.
Solomon Rojhani	
Somer Estrada	No masks in schools!
Sona Aslanyan	We need Ferrer fired and held accountable for making our poor kids suffer through the academic year with baseless studies that proved nothing .
Sonja Lopez	I oppose this public Health order based on a mask "study" authored by your own daughter!
Sophath Kong	I oppose the unscientific mask mandate being considered for LA County. If you impose this mandate my family and many like-minded families will boycott LA County businesses and shop in Orange County as we did before. Stop this unconstitutional, unnecessary, unscientific government abuse of power once and for all.
Sophia Trone	Please vote NO on this absurd health order. We have had enough of the masking! If masks are reinstated in Los Angeles, it will be the final straw compelling us to move from Los Angeles to a place where my children are allowed to breathe freely.
Soraiya Hanasab	



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Soraya Selah	
Spencer Gordon	Mask mandates are proven ineffective. LA County did not get through the pandemic any better than any other county or state that did not impose a mandate on masks. The mandates are divisive in our communities, oppressive, damaging to children and their learning and social development, harmful to our overall physical and emotional health and should never be imposed again. Repeating methods that do not prevent the spread of infections should be criminal. The Board of Supervisors should all be ashamed of themselves and removed for ineptitude and abuses of power.
Spencer Kolander	
Srula Duchman	
Stacey Arcangel	There is No relevant science to support masks. Clearly if you are trying to enforce them again you are a power hungry Nazi and should be removed from office!!! We've had enough of the lies. You need to face the truth and stop what you're doing immediately. No more masks. They are harmful and causing health problems for those forced to wear them.
Stacey Cortez	
Stacey DeMartinis	Mask CHOICE!!!! There is absolutely no need for a mask mandate of ANY Kind!
Stacey Fortner	The time for population control has come and gone. Focus efforts on disease control. Masking does not work, that is the science. Trusting Barbara Ferrer's own daughter to provide the "science" is ludicrous and irresponsible of the BOS. And our city's own hospitals/doctors have stated there is no rise in cases. I implore you to ignore the hysteria Barbara Ferrer is once again trying to create and squash any mask mandates. Thank you.
Stacey Morgan	<p>We cannot go backwards with masking. Public masking doesn't work. What it does do is rob Los Angelenos of their freedom to choose.. we've already positioned our state as a right to choose state...this should apply to more than just reproductive rights. Both freedoms involve the self as well as other living beings.</p> <p>NO MASKS! NO MASKS! NO MASKS! NO MASKS!</p> <p>Vote NO on the proposed remedial step regarding masking. If passed, I will not comply... and I'm sure I will not be alone.</p> <p>REMOVE BARBRA FERRER FROM OFFICE SHE IS A PUBLIC NUISANCE AND IS IMPERSONATING MEDICAL DOCTOR BY TRYING TO FORCE MEDICAL POLICY.</p>
Stacey Rhodes	
Stacey L Ralphs	Absolutely OPPOSE mask mandate!!
Staci Smith	



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Stacy Edwards	This does not follow the actual science. For 2 years studies have shown that masking is ineffective against the microscopic particles that spread covid. Stop pushing a political agenda and start allowing people to make the choice that is best for themselves and their communities.
Stacy Jones	I worship God by Breathing. Keeping my face unveiled by any mask, shield, or face covering is a core principle of my religious beliefs, practice, and observance. My rights are protected by CA Gov Code 12926(g); CA Civil Codes 43, 46, and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (I Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.0 If the country does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice. Even though I am a resident of San Bernadino County, I spend time in Los Angeles, so this illegal measure affects me as well.
Stacy Roth	
Stacy Severson	No masks in schools
Stacy Smith	Time to remove all the unconstitutional mask mandates. Especially with our children. Their natural defenses are so much stronger than a useless mask. Please stop all this nonsense, that can cause more harm than do good in the long run on our children's lungs. People are waking up to see the truth, that mandates are no longer for safety of the people but about control. Enough is enough.
Stacy Tarzia	No more mask!!!!!!
STAN L	do not annoy us again with useless masks. fire and investigate Barbara Ferrer for unlawful decisions
Stanley J Baczynski	MASKS are not effective. Vote NO!
Starlet Picone	Is this public health lady out of her MIND??? No. No mask mandates. Let the people who want to wear them, wear them. Let the people who don't, don't. It's called personal liberty and freedom. CA is the laughing stock of the nation partly because of this dippy garbage. Put forth that it's highly RECOMMENDED but NOT required.
Stefanie Smith	Oppose indoor mask mandate. Especially in schools. Leave it optional. This is consistent with the state department of health guidance and the rest of the world.
STEFANIE N HARRISON	
Stella Krasnova	STOP MANDATES! This is government overreach. We are 3rd year into Covid and the strains are not nearly as dangerous and we have effective treatments and almost everyone had vaccines, boosters and also had Covid. Enough is enough.
	NOOOO! This is completely and utterly ridiculous. This woman is crazy and

As of: 7/27/2022 8:00:07 AM



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Stella Souza	should be removed from office immediately!!! ZERO Effectiveness... There is absolutely no reason to put this poison muzzle on! OPPOSE!!!
Stepan Tresl	
Stephanie Baio	Stop the lies and madness. NO MORE MASKS!
Stephanie Bracci	No masks in school
Stephanie Burkhardt	If this was a private company Barbara Ferrer would have been fired yesterday for her mismanagement of the County's COVID response. She has no valid statistics to bring back a mask mandate. There are no peer reviewed studies supporting mask use indoors. Her judgement is based on politics not science.
stephanie chesin	I oppose reinstating the mask mandate. This is no longer a deal virus, and children are NOT at high risk for either contracting to transmitting this virus.
Stephanie Clark	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
Stephanie Cox	
Stephanie Doyle	
Stephanie Durrett	Absolutely oppose the mask mandate, stop destroying our children and let them live their lives. There is no scientific or logical reason to mandate masks.
Stephanie Follis	No masks in school
Stephanie Follis	No masks in school again
Stephanie Garrido	Oppose mask mandate coming to LA, especially for schools and children. Fire Ferrer.
Stephanie Garrido	Please align with the state and do not require masks for children in schools. They have already suffered enough the past 2 years. Fire Ferrer!
Stephanie Kleinjan	I strongly oppose any further mask mandates. 1.)The recorded words of LA county health officials themselves saying Covid is not a threat to the population or health professionals. 2.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that just happen to test positive for other reasons. This recently happened with a family who went to the hospital for a stroke and tested negative at the emergency, then positive once in her room. She did not have Covid and when tested again, she was negative again. The data is flawed and inaccurate. 3) There is a huge conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 4) Ferret's own unmasked attendance at a stadium is further proof she even knows there is no emergency 5) this is a great overreach of power and violation of our rights. 6) Biden himself being diagnosed with Covid despite his regular masking, testing, and being vaccinated and twice boosted proves that these policies do not work. Ferrer should immediately turn in her resignation.



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Stephanie Lewis	<p>The county does not have the right to impose another mask mandate for several reasons: 1. We aren't in a pandemic anymore. Covid is endemic just like epidemiologist said it would become and the rate of infection is on par with what a typical flu season would be.</p> <p>2. There are several studies out right now that masks are harmful especially to our children. As a former Healthcare worker we would never wear a mask for 6-8hours a time. And we would certainly not force a child to do so. There is enough evidence to debunk that "masks stop the spread of Covid"</p> <p>3. We have treatments now that are founded and effective. You can no longer say that mandates are needed because there is no treatment.</p> <p>4. Lastly, wearing a mask is my choice. Just like all other health choices are. You are literally employing the same mandates as we did early on with no consideration for what time and science has told you. It's irresponsible.</p>
Stephanie Lopez	<p>In Favor O Oppose G Other O</p> <p>Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.</p>
Stephanie Sotomayor	<p>I absolutely oppose another mask mandate going into effect, especially for student in schools. Studies have proven that masks do not stop the spread or prevent one from contracting COVID.</p>
Stephanie Thompson	<p>Barbara Ferrer must be fired. She is a menace to freedom and has done much harm to public trust in health due to her hypocrisy and mandates which have relied upon faulty and manipulated data as well as conflicts of interest with her daughter and unions. Los Angeles looks ridiculous to the world with its mask mandates. Masking has become a non-data supported cult. I will not comply, and neither will my family.</p>
Stephanie Willes	
Stephanie C Meinardus	<p>Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept. Of Health guidelines and the rest of the world.</p>
Stephanie R Ryczek	
Stephen Cook	<p>I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.</p> <p>As a society and County, we need to move beyond coerced mandates that are not backed by science, and give people and businesses their personal choice and freedom back. There appears to be no linkage to mask mandates and a decline in cases. According to actual MEDICAL DOCTORS and those running hospitals, there is no healthcare emergency.</p>



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	Please fire Barbara Ferrer for gross incompetence.
Stephen Rybacki	No masks in schools
Stephen R Weber	I oppose the implementation of a mask mandate in LA County. Please see the attached comment submission.
Steve Barber	If this to consider another mask mandate, I oppose. I don't believe it's necessary and will harm businesses once again. Doctors have even commented it's plateaued. Please no.
Steve Dolan	I will no longer wear a mask with the exception of entering medical facilities, it's time to fire that useless Dr. Ferrer and hire a REAL doctor.
Steve Goldsworthy	Oppose mandatory mask mandates of any kind. Those vulnerable should wear masks and protect themselves. I am vaccinated x3 and have had Covid recently. I also have several pre-existing conditions that make me very high risk. I will protect myself as necessary. Mandating masks is simply not the answer. I have suffered lung infections due to mandatory mask wearing.
Steve S	- [] The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.
Steve Taylor	Enough is enough. Masks will not stop or slow this virus and Ferrer (who is not a real medical doctor), has no clue on what she is doing and should be relieved of her responsibilities immediately. This new mask order if put in place will not be followed or enforced, lets not waste tax payer money.
Steve Tindall	Monday, July 25, 2022



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	<p>I am writing in regards to the new mask mandate that is proposed for Los Angeles. As a citizen of California, I am 100% opposed to a new mandate.</p> <p>It's been proved with several studies that masks do not work and are having a severely negative impact on our children in schools. Please refer to this study: (researchsquare.com/article/rs-1773983/v1) It's been proven that wearing a mask is hazardous one's health. Please refer to this study: (Bacterial and fungal isolation from face masks under the COVID-19 pandemic Scientific Reports (nature.com))</p> <p>Please let logic, common sense, and science prevail and do not approve this mask mandate.</p> <p>Thank you,</p> <p>Steve Tindall</p>
Steve Trager	Further masks mandates or any other public health mandates of the sort based on flawed, non-analyzed data by a non-medical professional are unscientific and must be struck down before being implemented.
Steve J McHenry	Opposed to indoor mask mandate.
Steven Frankel	Mandate not needed. Tell concerned people to mask or stay home
Steven Kleinjan	I strongly OPPOSE any and all mask mandates. Enough is enough! 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that The data is flawed and inaccurate. 4) There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. 5) This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
Steven Mackensen	If Barbara Ferrer can be maskless in a stadium surrounded by thousands of adults screaming then i believe out children shouldnt be required to wear a mask when theyre surrounded by a lot less students and teachers. also why is she paid oved \$600k when she isn't a MD? why is she in charge when she isn't an MD? why is she using her daughter's data to force masks, testing and vaccinations on our children when her daughter is also not an MD? how is she allowed to continue employment when that is clearly a conflict of interest. Baraba Ferrer must be removed from her position or face legal consequences.
Steven Mountan	Let people choose for themselves stop this Communist take over by local government which is the only one in the United States to want masks back!
Steven Pip	
Steven Rieder	



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Steven Sole	No more masks!
steven ulrich	I was planning on my family vacationing in the Los Angeles County area this fall but I see you're still trying to implement archaic mask mandates and maybe even vax mandates. I'm going to cancel my plans if you can't figure out these mandates are useless and only for someone's power grab. I'll go somewhere else where they understand this fact that you're just pushing people away with the high crime and mandates. You need to get it together before you ruin this County.
Steven Yazdani	
Steven M Howse	I strongly oppose the widespread mandate for healthy people to wear masks. This goes against the constitution and our freedom. Masks can be SUGGESTED for those with immune and health issues and of course at medical facilities. When I was training to be an instructor on OSHA requirements with masks the joke was always that a KN95 mask would NOT stop a virus or any airbourne pathogens.
Sue Hopkins	Mask mandate
Sue Makani	No mandatory indoor masks
Sue Opdyke	
Sue VonderOhe	Let's be realistic... children are not susceptible to covid as others... masks have proved ineffective as a protective as well as vaccines don't stop it. Natural immunity is God's way against diseases.
Sue J Aldridge	Masks have no place in society...neither does forcing people to wear them--this is supposed to be a free country where we make our own health decisions. Please keep it that way. Get back on track of my inalienable civil human rights to judge for myself.
Sully Villa	
Summer Miller	I will never vote for anyone who pushes unhealthy mask mandates! No More Masks!!!
Summer Rhee-Pizano	Having a student at UCLA, I strongly oppose reimposing a mask mandate. Most of the entire country has moved on. I just traveled up and down the East Coast and there was hardly any masks in sight, even in the airplanes, everyone has moved on. It is ridiculous for LA (and CA) to move backwards like this. Even National news sources have reported that almost everyone in America has had Covid and most of them did not go to the hospital or suffered more than just flu-like symptoms.The lack of severity of illness does NOTjustify shutting down the economy or things like mask mandates any longer. The situation is endemic, it will never go away. People who want to voluntarily wear masks are free to do so, they are also free to isolate themselves in any capacity they want. The general healthy population should not be penalized or their freedoms restricted any longer. The low hospitalization rates, and the lack of severity of subsequent Covid variants do NOT support policy requiring mandatory masking. Again, the people Who feel



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	the need to wear a mask Half complete freedom to do so. Please strongly oppose RE storing any kind of mask mandates in your county or in schools or businesses. Thank you
Susan Arnall	I erroneously hit the "favor" button when I am actually opposed. Please amend my earlier response accordingly.
Susan Flanagan	
Susan Gilbert	There are 3 main reasons to OPPOSE masking: (1) Barbara Ferrer is incompetent and doesn't follow the science and must be replaced. She is not a medical doctor and has no expertise in infectious disease, immunology or epidemiology. Recent studies in the past year have shown that masks DO NOTHING stop the spread of covid, yet Ms. Ferrer insists on masking everyone again. The masking policies she sets forth have severely impacted families and businesses. (2) Ms. Ferrer has a conflict of interest. She did not disclose (until it was reported last week) that her daughter co-authored a study used by the CDC and local politicians to enforce masking upon school children. This CDC study that Ms. Ferrer's daughter co-authored had no basis in science yet it was used to mask an entire population. Disgraceful! (3) Stop allowing UNELECTED health officials dictate medical decisions to people. This is the epitome of totalitarianism. Let people use their own judgment, based on their own medical history, regarding masking. It is time to exercise common sense in the public health arena, so please say "NO" to Ms. Ferrer!
Susan Kampff	I oppose this mandate. Barbara Ferrer must be removed. Her judgement is clearly flawed. LA County needs a leader that will FOLLOW THE ACTUAL SCIENCE! STOP WITH THE FEAR! Every doctor I know disagrees with these mandates as well as the doctors from USC. Virology 101- when virus's mutate they get WEAKER!
Susan King	
Susan Lehman	Vote NO! You need to start representing "The People" instead of being a puppet for our corrupt California government. Ferrer needs to be fired-NOW!
Susan Oda	We will not comply. Many studies on mask mandates concluded they do not stop transmission of the virus. They actually do more harm than good.
Susan Reyto	Absolutely against masking again it doesn't work
Susan Sommer	
Susan St Jean	Requesting the immediate termination of Barbara Ferrer due to a direct conflict of interest with her daughter regarding mask mandates. In turn, inflicting unnecessary harm on citizens and businesses without proven scientific cause.
Susan Stranak	
Susan Stranak	2b. Oppose order



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Susan Tucker	I respectfully ask you to oppose this "set matter 2". Please seriously not only consider the numbers of recent out breaks, but also consider the health validity of wearing a mask to further prevent disease of any kind. It has been stated and I believe proven, (if allowed to be) that masking does more harm than good! Let those who choose to remain masked do so and those that choose otherwise to make that decision for themselves. We are a free people after all, aren't we? Keep government where it belongs and hopefully that is of the people and for the people of a free and intelligent country. These mandates and their vacuous jargon have become ridiculously insulting.
Susan B Palm	No mask mandate is needed. Children need to see faces of teachers and fellow students. The danger is not COVID-19. The danger is ignoring science and trying to become a dictator. This is STILL the United States of America, the Land of the Free, and the Home of the Brave. Do NOT let this insanity move forward!!! Thank you
Susan E Ward	Reinstituting the mask mandate in Los Angeles, California would be COMPLETE INSANITY!! It did NOT WORK during the last 2-1/2 years and it is not going to work now. The people of California are DONE WITH YOUR OVER-STEPPING on us!!! Do something USEFUL like get a handle on out of control crime, out of control prices on gas, food, utilities.
susan j haium	Mask mandates have been proven to be non-scientific. Mask mandates should end now.
Susana Contreras	No more masking
Susanna Zepeda	It is an absolute conflict of interest that Ferrer's own daughter co-authored the study that is being used to decide to implement mask mandates. The fact that it was not disclosed instills distrust not only in Ferrer, but also all board members for continuing with this charade. I actually saw a video of Ferrer having the time of her life at the all stars game this weekend with a mask hanging from her arm, AFTER stating how Covid numbers are dangerously going up. If she is so concerned, why isn't her mask on while rubbing shoulder to shoulder with a stadium full of thousands of people. I do not trust Ferrer and it is time to move on.
Susannah Wright	It is very clear that masks do not work. If you pay ATTENTION to science they are harming our health with lack of oxygen to the human body. They have crippled out children in school with learning and speaking. Our youth has more anxiety in these last two years than we have ever seen in the history of mankind. We The People clearly understand that this is about control. We The People will not be controlled and you are forcing our hand to take what is inherently our God given right to breath fresh air.
Susie Nichols	
Suverna M	Strongly oppose any further mask mandates, especially in schools for children. This would be the 4th school year disrupted by covid restrictions and closures. You have to factor in the harms of masking and we already know the risks of covid in children are minimal. We all heard the USC doctors explain how the variant is now very mild and there is no strain on the hospital



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	system. Enough is enough.
Suzanne Blackmon	Masks don't work. The proof is in the past two years. It should be a choice, not a mandate.
Suzanne Gehl	<p>The California department of health RECOMMENDS indoor masking it doesn't REQUIRE it. Children are not responsible for keeping adults safe The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary Indoor mask mandates do not impact transmission rates in the general population (sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php) Mask mandates in K-12 schools do not impact transmission rates in schools Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly discovered video of Dr. Ferrer as a sold out Dodger Stadium this past week with a mask around her arm (and not over her face)—not withstanding her dire warnings to the public about how bad things are right now—I'm wondering what this Board is doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day. This cannot go on. It is an affront to the people that you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.</p>
Suzanne Hunt	<p>I strongly oppose this mask mandate ESPECIALLY if it will apply to our children and schools. Holding them hostage through this pandemic when our non medical Dr Barbara Ferrer bases her policies on fiction and not on the science is a joke. Remove her.</p> <p>We have had enough. If you have to think twice about this I urge you all to wear a mask for the next week for 7straight hours and even go for a run or play for a while in one. We are sick of this, end her power. It is inhumane and the impact to their learning is massive.</p>
suzette B campos	I oppose this possible mask mandate for children as school will be starting up again. My children cannot do another year in masks and learn. I have 2 with special needs and masking has honestly impacted their learning because they cant focus when feeling claustrophobic in their masks. Covid is here to stay and masking will not make it go away.
Suzy Weiss	I vehemently oppose a mask mandate. It especially doesn't make sense to force students to wear them at school. 1) masks that aren't N95 are shown to not prevent transmission; according to doctors, N95s must be individually fitted and shouldn't be worn more than a few hours at a time; 2) why force our



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	children to wear masks when no one else has to wear them in the County—they go home from school and function without masks and interact with each other...this is where transmission would occur and makes positive test results at school irrelevant to any masking measures; 3) students are not vulnerable to covid infections—the data show that serious covid reactions in this age group are infinitesimal. Please focus your efforts on protecting the vulnerable, and that is not students. People are free to wear masks if they want to, but our children ABSOLUTELY should not be forced to wear them. Masking has caused psychological harm to my children and mental health issues are what lead to violence. Please have some foresight to understand how much damage masking does to a population that does not need to be protected from covid.
Svetlana Kasman	Masks should be voluntary, not mandatory. They are detrimental to people's ability to communicate, esp for hearing impaired and kids. Everyone will get Covid, it's a milder form and masks do not prevent transmission. If someone wants to wear a mask, they will wear it. Stop the draconian mandates already. Ferrer must leave, she is an embarrassment to LA.
Sylva Kizirian	No masks in schools
Sylvia Acevedo	
T Zimmerman	
Tagui Grigoryan	
Talia Kelly	
Talisa Bidia	<p>Last year millions of children are behind academically because of Newsomes school laws prohibiting children to go back to school like normal. There is no evidence showing masks in schools slow the spread.</p> <p>There is evidence showing children who wear masks inhibit their ability to learn how to speak, write, socialize. And many more. Please stand for freedom and the right to CHOOSE.</p> <p>Keep masks OPTIONAL.</p>
Tamar T Karadolian	I oppose Barbara Ferrer's masking mandates, especially on our children. Hospitalizations are NOT going up due to covid and the fact that Ferrer is not a medical doctor and is using studies done by her very own daughter, also not a medical doctor, to force these masks on citizens is fraud and a huge conflict of interest. People are sick of the nonsense and the mandates. Those who want to wear a mask can do so without being forced and those who don't want to wear masks, as there is no proof that they actually stop transmission of COVID, should not be muzzled against their will.
Tamara Andruszkewicz	Oppose possible mask mandate in school, work, and other indoor venues. Based upon recent revelations regarding Barbara Ferrer's conflict of interest with her daughter and inaccurate data regarding Covid hospital admissions, I encourage you to relieve her of her position immediately.
	WE WILL NOT COMPLY !!!!!



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Tamara Carey	
Tamara Stowe	LA's own hospitals are contradicting her edicts: about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was just mask-less with 70,000 baseball fans! She needs to focus on disease control rather than population control, protecting the vulnerable while citizens made their own decisions.
Tamara Thompson	Masks will further the mental health issues in our children! There is NO SCIENCE that backs your rule! This is OUR child's life- not yours to rule! I make the best choices that I feel for my own kids... if you would like to pay child support- the. Maybe you'd have a say! These are NOT your children!
Tammi Rohmer	The decision to remask students in San Diego county is appalling and unscientific. The possibility of this remasking through the state is ludicrous. We already know that masking served no purpose in 2020. We know childrens mental health and education suffered tremendously. We know that science does not support the benefit of masking and that our current state of "outbreak" is not causing hospital stays...only hospital visits. Please stop the agenda of Director Ferrer, and her lack of common sense and decency in her push for this mandate. Please serve your communities, and those who placed you in office with, respect and highest consideration. Thank you.
Tammy B	Please vote no on the mask mandate. Studies have shown that masks don't work and may actually cause more harm. Studies have actually shown that counties that didn't have mask mandates had better outcomes than those that forced their citizens to wear masks.
Tammy Borda	
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Tannor Dixon	
Tanya Emrani	OPPOSE MASKING SCHOOL CHILDREN. Our children are already delayed by a year. This will further widen the gap. Kids need to see their teachers mouths and facial expressions to grow, develop and learn.
Tanya Friedman	It is criminal to mask kids. Please do not mandate that. Each human should be able to choose if they want to mask or mask their kids.
Tanya Shalom Kachan	Don't mask our children
Tara Avery	We MUST stop leading public health decisions with politics. Los Angeles has become a cesspool of vitriol & aggressive rage from a populous of uninformed and uneducated constituents. Return Los Angeles to civility, normalcy, and open discourse and STOP with the insane mandates that are based on no compelling circumstantial evidence.
Tara Bloomquist	I ask the LA County Board of Supervisors to OPPOSE the mask mandate and fire Barbara Ferrer!
Tara Hovland	FIRE FERRER!
Tara Patton	



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Taralee Hunziker	I am very opposed to masking again. Masks do not work. People are still getting covid even with masking and vaccines. Please do not force us to mask again and again. This virus is not going away!
Taryn Naefke	
Tasha Michaels	These mandates have done nothing but hurt my children everyone keeps talking about equity well then how come rich kids get to go to school without masks but my kids can't? Strongly recommend is good enough this not going anywhere
Tasha Tapia	I support having masks be optional when indoors, outdoors, everywhere. By now we all know the risks, many of us (my family and I included) have had covid, and we should be left to our own choice whether or not to wear a mask. Especially our children who have repeatedly been shown to be at the lowest risk. I strongly oppose mask mandates for children anytime, especially in school.
Tatiana Khmilinina	I am very concerned about the possibility of mandatory masks for kids. Not only they proved to be ineffective (just compare the numbers for the areas where the masks and the lockdowns were mandatory vs those with non-mandatory) but they harm our children and jeopardise their physical and even more mental health. This abuse of our kids -who are our future - should be stopped.
Tawni H Smith	<p>I would like to ask you to stop the mask mandate from returning. Yes, Covid cases have increased, but that is because it is a milder strain that spreads quicker. People are getting it, but not being hospitalized or dieing like before. Below I have attached the US Covid 7-day average. Significantly higher cases, not deaths. Our school district has already stated that masks will be 100% dependent on what LA County says. YOU choose. You don't have to go with Ferrer says. She has NO scientific backing or reasoning besides a power grab of why she is going to enforce masks again. The idea of sending my kids to school in masks is nauseating. They can't hear the teacher or other students. They can't rely on facial expressions to understand. Emotionally and mentally, it is hurting youth to keep mandating masks. There is NO need. Let those who want to wear them choose to, but do not make it a mandate. It will hurt the economy; it will hurt families and it is unnecessary.</p> <p>#fireferrer</p> <p>Tawni Smith La Crescenta, CA</p>
Tawnya Morton	



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Taylor Huff	It's been over 2.5 years. The data on mask mandates is extremely weak. Stop imposing mandates on us. This is no longer a public health emergency. Enough already.
Taylor Kolby	
Taylor Peterson	
Taylor Talt	Oppose indoor masks especially for children in school.
Taylor Woods	
Taylor H Wade	Doesn't work, mask do not work.
Teagen McClain	A mask mandate makes no sense. This is political control and not about health.
Teena AbuHamdeh	No mask mandate.
Temmer Darigan	There are 150 studies.... Please don't allow the money into your consideration... Allow the people to move your heart 9Z
Teresa Barajas	Masks are not effective for viruses so there is NO use in using them. Virologists use what looks like haz mat suits so regular masks make no sense. Enough is enough!! Stop with the lies please.
teresa Beardsley	
Teresa Cendejas	
Teresa Fisher	No masking for kids or people in La. Study after study shows it has no impact! Stop the insanity!
Teressa Syta	Do not make masking indoors mandatory (make optional). Mandates hurt businesses and are destroying our sense of community with one another. Most importantly, do not mask children in schools. They have been harmed plenty already.
Teri Diash	Masks do not stop the spread as people are not fit-tested to wear N-95 masks and other masks are not air tight. Masks make it difficult to breathe. In Church last Sunday, a young man wearing an n-95 mask fainted and hit the floor face first. The are many, many studies showing masks do not stop any spread and are harmful, restricting oxygen flow and preventing children from normal interaction with others, impeding learning and social skills.Do not institute a mask mandate.
Terisa Winstead	
Terri Harris	Please do not take us backward. Masks are not proven to be effective and you're only hurting the mental health of us all!
Terri Wheatley	Attention Supervisors Hahn, Mitchell, Solis, Kuehl & Barger, In light of the revelations regarding Barbara Ferrer's egregious conflict of interest with her daughter providing a study directly to the CDC recommending masks on our kids in schools, which reportedly was NEVER disclosed, the recent press conference from some of USC + LAC's most

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respected ACTUAL medical doctors, professionals & experts in virology, which directly contradicted the "numbers"
Ferrer has been feeding the public, as well as the newly disclosed video of Ferrer at a sold out Dodger Stadium this week with a mask around her arm (NOT over her face) – notwithstanding her dire warnings to the public about how bad things are right now – I am calling on this Board to IMMEDIATELY FIRE BARBARA FERRER! She is NOT fit to serve in her position one more day! This alternate reality she continues to force on the public is an affront to the people of Los Angeles that all of you serve. If you do nothing then that makes all of you accomplices to the ongoing fear mongering of LA residents. The damage to the credibility of our public health officials moving forward as a direct result of Ferrer's reign cannot be overstated. LA County deserves to have an ACTUAL medical doctor holding the position of Public Health Officer...just as Dr. Jonathan Fielding did prior to Ferrer. And just who was it that brought in a non-qualified, social worker with NO medical training, background or degrees in the actual medical field to hold the position of PHO getting paid \$500K/year??? It was none other than the corrupt former Supervisor Mark Ridley-Thomas who all of you worked with and who was indicted just last year on federal corruption charges!!!

All of you tout the importance of vaccinations and according to the LA County ACTUAL medical experts...hospitalizations are NOT rising and currently there is NO cause for alarm. So, if the vaccines worked then why is Ferrer and all of you (if you approve the mask mandates) wanting to return to 2020 rules when we all know how to mitigate against Covid for ourselves. There is ZERO scientific proof that wearing masks prevents getting Covid. MASK WEARING SHOULD BE A CHOICE JUST AS GETTING A VACCINE SHOULD BE!!!

I am a Santa Clarita resident and parent of a child in a SCV school. I STRONGLY OPPOSE any mask mandates especially for children in schools because I have seen first hand the how masking has harmed my child in the following ways:

Having to wear a mask for no less than 6 hours of a 7 hour school day has caused my son to have headaches during his school day.
He wears glasses and wearing a mask causes his glasses to fog up to the point that he cannot see clearly.
He cannot always understand what his masked teacher is saying & instructing while wearing her mask.
He is shy & sometimes afraid to ask for help or for his teacher to repeat what she said if he couldn't hear her, causing him to have anxiety being worried about not being able to complete his assignments because he did not hear all of the instructions.
My son already has learning challenges from his ADHD diagnosis & is on a 504 plan for assistance. Masking has added so many more challenges and problems than have been unnecessary.

It is a known fact that children are at the least risk if they contract Covid. They



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	<p>are NOT responsible for protecting the rest of society! Our children do NOT deserve to start a 4th school year wearing masks. Many other counties in California have returned to normal school routines without masks, allowing for field trips and fun activities that children were deprived of for so long. ALL children of LA County deserve the same!! STOP robbing our children of the ability to socialize in school, the ability to see all of each other's faces, participating in their school activities, field trips, graduations. STOP allowing Ferrer to use Covid as an excuse to implement her social justice experiment on our kids!! Ferrer specifically said, "We have to dismantle racism and systems that create privilege for some folks and oppression for others" and "public health is an opportunity to work on social justice". These statements are NOT grounded in medical science and facts!!! They are straight off of a social justice agenda!!</p> <p>I am calling on all Board of Supervisors to DO SOMETHING!!! CALL ON FERRER TO RESIGN OR FIRE HER ONCE AND FOR ALL!!!</p> <p>Terri Wheatley Santa Clarita, 91350</p>
Tesla L Fuller	mandates creates other problems. Everyone deserves the right to choose. People need to be able to go places and go to school seeing full faces. We all have been doing well choosing to wear them or not wear them. Mandates complicated so many things. Covid will always be around but we as a society needs to move on.
Tessa Dautremont	Please do no bring back mask mandates. I'll be honest- I won't wear one regardless of what you do and my children will not either. I know I'm not alone on this, so all you're doing is making life hell for those in charge of trying to enforce this. I just had Covid and it was literally the easiest cold of my life.
Tessa Siegler	No masks at school!!!!!!
test test	
Thann Illum	
Theresa Albrecht	Oppose SB866 Our children and grandchildren are not old enough to decide on informed consent.
Theresa Kellogg	Please.... We are begging you. No more mask mandates. They do not work. They cause more harm than good. Just stop already
Theresa McCorkhill	
theresa L rogers	There is no scientific evidence that has been collected in this or any other country to say they work. Stop it and let the people get on with their lives. Those of us who think for ourselves dont wear masks and neither do you hypocrites but want to force it on people. Shame on all of you and I hope you



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	all lose your jobs if you vote for this.
Therese Fisher	
thomas Chavez	No MASK mandate for kids nor adults in LA County. DR FAUCI in 2020 email to Federal Secretary of some Dept position had US Senate Approval... told her MASK DO NOT STOP COVID- she taking kids to Hawaii & wanted to know if family should wear masks. Freedom of Info of ACT requested 2021 & Media outlet got FOIA request in 2022. DR Fauci said COVID virus smaller than holes in mask. Thomas Chavez
Thomas Prevatt	Please consider the negative impact of this health order to the businesses in the local community, the negative effect of forced masking on our school aged children, and the waning impact of masking at this point in the pandemic, as evidenced by the results seen in Alameda County earlier this year.
Thomas Vriens	Masks should be choice, not mandated. Experts have contradicted any numbers used by Barbara Ferrer. Children are at least risk and should no longer be mandated to mask up. Many Pediatricians are also coming out saying that reimposing a mask mandate is not based by science especially with studies proving that masks are not making a difference. No more masks!
Thomas A Cavalieri	Indoor mask mandates do NO GOOD WHATSOEVER. There is in fact no proof not only that they are useless, but the masks themselves offer little protection against the virus. This is no more than a blatant power grab by the elected officials. It needs to be stricken down.
Thomas B Arenas	There should be NO MASKING OF CHILDREN at any time. Masks, including surgical and N95, have proven to be ineffective in stopping the spread of any viruses. Masking has caused illness in my children with bacteria on the masks right on their faces. Masking has injured my children's ability to learn in the classroom, especially my son with Autism and speech delay.NO masks for students!NO masks for teachers! Enough of this.
Thomas E Greene	I oppose mandating self suffocation devices. It's a failed measure/mandate. An exercise of stupidity. Nonsense, rubbish and hogwash. The "never let a crisis go to waste" philosophy needs to end. Controlling the masses "we the people" is not working. It didn't work for Governor Screwsome, Dr. Fraudci, or Resident Beijing Joe who are all apparently cootie vaccinated and double shot clotted with boosters yet they still contracted Corona while wearing their silly self suffocation devices, submitting to nasal assaults and practicing 666. Please stop this silliness now. Be a leader of good commonsense and set your personal agendas aside. The science simply does not substantiate any of this Corona Crazyiness. Thank you. Please oppose.
Thomas J Flanagan	Bringing back the mask mandate is unscientific and harmful to children and our communities. I have zero confidence in Barbara Ferrer.
Thomas R Franks	

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Tiana Dallas	I voted oppose.
Tiana Neiviller	
Tiana N Goshorn	
Tifani Tate	NO re-masking mandates in school. They are NOT needed. Let them BREATHE!
Tiffany Appel	
Tiffany Berookim	
Tiffany Desgroseilliers	I am opposed to the mask mandate being reinstated because there is no evidence that it stops the spread of the virus. It's clear that there was a conflict of interest in the paper used to justify requiring masks indoors. We continue to see low hospitalization numbers even as people test positive. The goal should be to support those testing positive with treatment protocols not stopping a virus that cannot be controlled. Dr. Ferrer continues to insist others wear them when she herself does not. Stop the mandates and let Angelenos decide for themselves.
Tiffany Dubberke	Masks do not work! It's heartbreaking to think my young, elementary age child might have to wear one. California needs to focus on things that really matter.
Tiffany Isabell	This is bad for kids health and learning. Time to get back to normal!
Tiffany Lang	Absolutely no more mandates! They are not productive and in fact are destructive. NO MORE MANDATES!
Tiffany Murphy	
Tiffany Niamehr	End state of emergency. NO mask mandate
Tiffany Quiles	Masks don't work. In fact they cause more health issues. No to any more masking!!
Tiffany Simington	I am opposed to bringing back the mask mandate. They were not effective in stopping the spread of COVID and we do not need them back again.
Tiffany W	Sovereignty over one's body and health is a fundamental human right which cannot be usurped by any government entity, who's purpose is to represent, not rule the people. I oppose the mask mandates due to them being not only physically dangerous, but harmful to one's mental health and freedom. We the people, no longer tolerate this tyranny.
Tiffany C Wells	I strongly oppose the Mask mandate to return. This is ridiculous and unjust, as for the children it is child abuse at this point and is causing many parents to pull their children from schools and end up with less education and social skills have been damaged. For Barbara F. or any board members to play God here, needs to be reassessed in general as far as their position, just sticking to the "same old song and dance" does not help us and only disrespects boundaries. This should be a choice of family and more importantly parents.
Tigran Orujyan	NO to unscientific mask mandates. Stop any unnecessary mandates.
	I am vehemently opposed to a public mask mandate. Masking should and

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Tim Fleetwood	must be optional. We live in a free society, and individuals must be allowed to make their own decisions, especially those related to their health. We are NOT in a state of emergency, and our hospitals are not in danger of being overwhelmed with Covid cases. I urge you to vote down this health mandate!
Tim Greene	Masks have been proven to not work in protecting against virus and furthermore have been associated in causing other health problems.
Tim Suspanic	No to masks by mandate
Timothy Kinney	A CDC study shows that masks are not effective. There aren't any comprehensive studies show that masks are effective. Also, Covid cases are declining this week. I implore the Board of Supervisors to vote no on the LA County mask mandate proposed by Dr. Ferrer. Thank you!
Timothy Macker	Dear BOS, please vote against a mask mandate. We will be the County in the United States with such a measure. You are being given information by a non-medical doctor that is putting politics before health decisions. This is not fair to kids as they return to school or businesses that ultimately are told to enforce this draconian measure. This City has been through a lot in the last 3 years. Please vote NO on a mask mandate. Thank you.
Timothy D Gibbs	<p>Greetings, Los Angeles County Board of Supervisors,</p> <p>I strongly oppose the mask mandate that is scheduled to take effect Friday, July 29th, as there is absolutely NO sensible medical reason for the reintroduction of the mask mandate in LA County. There is NO conclusive evidence that mandated mask wearing of healthy individuals has done any good at slowing or stopping the spread of the Covid-19 virus anywhere. In actuality, there is a growing preponderance of evidence that proves they can actually do more harm to one's health, especially to children. This damage is not limited to rebreathing one's own air, but can impede the physical and mental development of the very young. As it has been Barbara Ferrar's policy to force this utterly useless and dangerous mandate upon the people of Los Angeles County in the past and this Friday, it is clear that she doesn't understand proper public health policy and the real health needs for Los Angeles County. This is a position for someone who is a trained and very experienced MEDICAL DOCTOR, not a politician with a non-medical PhD. Barbara Ferrar needs to be REMOVED from her job IMMEDIATELY and be replaced with someone with real medical credentials and who will use the BEST and PROVEN methods to protect health interests of the people of Los Angeles County.</p> <p>I URGE YOU TO LISTEN TO THE PEOPLE AND REMOVE BARBARA FERRAR IMMEDIATELY AND STOP THE MADNESS OF MANDATED MASKS!!!</p>
Timothy G Cremins	I oppose any movement towards masking requirements. This approach was not only ineffective on a clinical basis, it has deleterious health impacts, as well as damaging economic impacts.
Timothy S Natale	NO MASKS ! STOP THE MADNESS ! FIRE BARBARA FERRER !



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Tina Hall	I am a teacher in the Saugus Union School District. I 100% oppose re-instating the mask mandate. It is not good for students, for teachers, and is a detriment to student education and the potential for an effective classroom experience. Please do not support this mask mandate under any circumstances! Our children and our teachers deserve better than this!!!!
Tina Kambar	
Todd Andrews	This is ridiculous and there is no need for a mask mandate. I will not follow any such mandate. Barbara Ferrer also needs to be fired immediately.
Todd Bruno	I oppose the mask mandate
Todd F	The new mask mandate is not based on science but on tyranny. We will vote out any supervisor that supports it. We will not obey. You want civil disobedience? You will have it if you don't stand against BS and tyranny.
Todd Gorth	Masks and vaccines are a personal matter of the individual, NOT the state or government. Anything other than that is corruption. These health measure are an individuals choice. Mandates are illegal, unconstitutional. Mask studies also show they do no good, IF you look at them all. Surgical studies have been done showing they are even MORE harmful.
Todd Morin	Absolutely terrible idea, and it's child abuse of our children.
Todd U Ruddle	No mask mandate
Tom Freitag	
Tom Quaney	No MASK MANDATE!! Follow the science!! Your numbers aren't that high-- your health director a hypocrite, and her daughter, no doctor.
Tom Schoonyan	
Tom Tucker	Please consider my right in opposition to this And join me by opposing this ridiculous mandate!
Tom J Cohn	
tomr Kleinman	
Tomi Thompson	Focus on disease control rather than population control – protecting the vulnerable while citizens make their own decisions.
Toni Mulder	Mask Mandate!
Tonya Colton	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th and that Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Tonya Sweeney	No masks
Torie Schuster	I oppose any new mandates, specifically mask mandates, even more specifically mask mandates in k-12. In light of the recent revelation regarding Dr. Barbara Ferrer alleged undisclosed conflict of interest, the recent press



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	<p>conference with some of LAC & USC respected medical professionals which completely contradicted what Dr Ferrer has been feeding the public. Not to mention the newly disclosed video of Dr Ferrer at the sold out Dodger stadium with mask hanging off her arm and not covering her nose and mouth. The High transmission metric is misleading (heads of LA county + USC Hospital recently confirmed that 90% of their COVID-positive patients are there for other reasons) Basing Masking on inflated metrics is arbitrary. Masks are not a neutral intervention (Kids may have speech issues, asthma, be hard of hearing, behavioral issues etc.) Natural Immunity and high vaccine rates must be considered.</p>
Tracee Greer	<p>Masks have never had an impact on COVID numbers. Stop trying to control the people. The people have the fundamental right to make their own life choices!</p>
Tracee Miller	<p>I am a parent and a Santa Clarita resident. A decision on mandatory masking is happening soon. I oppose any mandates because not only have they proven to not work, they are incredibly harmful to our children. In addition to the lack of efficacy, they are also unconstitutional which we've seen in past court rulings. The hospital system is NOT overwhelmed by the number of cases, which they have already come out and spoke on. I have seen first hand how the mask mandates have negatively effected my children. They have had trouble breathing, especially in high temperatures, they have gotten sick from wearing them. They are small and have come home with disgusting, filthy masks. They are missing the ability to read expressions, catch on to social cues, but maybe most of all just breath freely and get to be kids. I refuse to ever put a mask on them again. Masks should be optional not a mandate. As parents, it's our choice what we want to do when it comes to our children's health. I hope you take into account the voices of those you represent and voted you in. This isn't a matter of left or right, this is about choice and doing the right thing. No one should be forced to do anything with their bodies, period.</p>
Traci L Ahlen	<p>They should not force the kids to wear masks ..</p>
Tracy Doyle	<p>Ferrer needs to be fired. It is your duty to uphold the Constitution and to protect your electors from this oppressive abuse.</p>
Tracy Edwards	<p>No more masking! With vaccines therapeutics widely available, it is unnecessary and cruel to mandate masking, especially for our children when Covid is now a cold. Let the people make up their own choice about masking-stop the craziness.</p>
Tracy Klein	<p>Enough already. Please investigate Ferrer</p>
Tracy Moran	
Tracy E Castagna	<p>I strongly oppose a mask mandate. Unless it's a N95, a mask will not prevent the spread of covid and we are not following the science.</p>
tracy I cambron	<p>stop all masking mandates! It's a cold and people get sick all the time. It's time to end the covid theatre!</p>



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TRAVIS HUFF	There has been clearly zero evidence that masks have worked to curb Covid. The masking policy is divisive, inefficient, ineffective, oppressive and baseless. It should be up to the individual to decide. There is zero science to support their use and the damage it does to mental health and development is severe and pointless.
Travis J Lavoie	No mask!
Trever Hopper	Barbara Ferrer encouraging yet another mask mandate is unacceptable, all while she has been seen in several public settings without wearing a mask herself. The lack of severity and the communicability of COVID 19 has been well-proven, and the Council should immediately cancel the current mask requirements, and should deny any mask mandate(s) that may arise in the future for this particular virus.
Trevor McKissick	Masks have been proven to be increasingly ineffective and have been a detriment to youth learning. Please consider the long term effects of such devices.
Trevor Notch	
Trina Gillard	Mask should be optional. People should make their own health decisions and have bodily autonomy.
Trini Elias	
Trudy LaMonica	
Ty Miller	We've safely maneuvered all summer long without masks, including various packed events like sports, concerts and restaurants. No issues. I absolutely oppose forcing our children back into masks.
Tyler Cessna	
Tyson Vincent	I have heard you are bringing back your masking order. I have intentionally avoided sporting events, theme parks, museums and other businesses that could have mutually benefitted from us doing business together because of your past mask and Vax mandates. I will do the same if you bring these public health restrictions back. Please find another way to address the STD Monkeypox or weaker variants of Covid that do not necessitate these measures. Thank you!)
Tzeril Vago	Masks dont work
Udi A	DO NOT BRING BACK MASKS !!!! It is wrong! Not affective and hearting our kids! Please don't do that again.
V V	Since March 2020 you have been telling us to follow the science. We trust you less now because you are not following the science. This variant is more contagious than measles and the science shows that whether you mask or not there is no difference. The worst part is many of the people making these laws have gone to the extreme. The science also shows with recent studies that the shots are not effective against this variant and further suppress the immune system, in addition to putting humans at risk for other health issues.



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	Knowing this science, articles that are peer reviewed and posted on the NIH website, these shots are still being mandated by universities, hospitals, and other entities, and there is a drive to push the mandates for children K through 12. Why are we not following the science now? Lastly, the bubble usually goes in front of the word but here you put it after. Hard to believe that wasn't planned.
Valerie Amador	Mask mandate
Valerie Fountain	
Valerie Garcia	Please stop with the mandates. As a music teacher these mandates have KILLED my already small underfunded programs. Mask choice has helped immensely with reviving my programs and letting kids have the musical experience in school they deserve while still respecting the students who still want to wear. Us teachers are tired of policing masks in school and just want to be teachers, we are not health professionals! Furthermore, no one wears masks anymore, we know they didn't work. The people in Los Angeles have complied and complied and now we are going BACK to mandating masks? We are done. It's so overplayed and gross that our politicians think they can toy with our lives at a whim instead of trusting their people to make the best decisions for themselves and their families. We are not children, the city of La are not our parents. Treat us like the tax paying citizens we are and give us the choice. Focus on the uprising crime that is plaguing our city rather than this power grab mask mandate that we know doesn't do anything. Also the hypocrisy of our politicians and elites and their lack of mask wearing makes this all the more frustrating! Let us live our lives and stay normal, we can't take this anymore. Covid is a cold, let's treat it a such. Stop with the mandate lunacy!
Valerie Gauthier	I do not want to wear a mask again. It is not necessary
Valerie Laflamme	
Valerie Sanfilippo	Mandating masks or vaccines is illegal. Please make voluntary.covid vaccines should be made illegal. Ivermectin and hydrochloroquine should be made legal.
Vanessa Artukovich	
Vanessa Guzman	No masks in schools
Vanessa Vasquez	People are aware of their own risk factor. We do not need the Public Health Department to order us to wear masks. We are fully capable of making our own health decisions. It should always be optional. A very small percentage is at risk of death. They know who they are and can choose to stay home, away from others and wear a mask. The rest of us need to move on with our normal lives.
Vannesa Ramirez	
venea meyer	
Venessa Woolley	I am strongly opposed to bringing back the mask mandate. People who are at



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				risk may mask themselves voluntarily. There is no medical evidence that masking reduces the transmission of covid, and the negative impacts to our community, especially children, far outweighs any perceived positives.
		Vera Little		Please NO! Please do NOT mandate masks inside again. Thank you.
		Vera Yacoub		
		Veronica Celis		
		Veronica Garcia		Mask have been proven, scientifically to not protect you from getting Covid. Imposing this mask mandate yet again is a set back and not forward. Have our public health directors not learned anything the last 2.5 years!! Enough with the mandates, if people choose to wear a mask well that's up to them. Our once beloved state is moving in the wrong direction and our leaders need to stop this madness!!! No more mandates, enough is enough. Mrs. Garcia
		Veronica Klepadlo		I oppose the use of mandating masks because it is proven to be ineffective against Covid. I for one am someone with lung cancer and emphysema and cannot tolerate wearing a mask. I am asking you to oppose the use of the mask mandate. Thank you.
		Veronica Ross		No masks in schools
		Veronica Tistoj Chan		I strongly oppose the reconsideration of the mask mandate implimitation in LA County, or anywhere throughout California. As we all know, a body produces antibodies to fight all infections it has been exposed to. Plus, once strains break making more strain, it is weaker, not stronger. Mask mandate should never be enforced. Causing inhaling of CO2, and not allowing bodies to properly expell it from the body is intoxicating, as well as not allowing the natural process of inhalation, constricting a person from oxygen is suffocation. Causing many individuals respiratory distress, hyperventilation, acidosis, alkalosis, and many other known respiratory problems that are altered with masks. Let us breathe, because, I can't breathe, as I should. Let me breathe God's breath of life. In Jesus name. Amen. Thank you. Respectfully, Veronica
		Veronika Tresi		
		Vianney Cozza		I DO NOT want my children wearing masks again that do not help prevent infection. Leave masks optional.
		Victor Mendes		Kids do NOT need to have masks on at school. It is affecting their mental well being. It is not safe to wear a mask all day everyday.

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Victoria Hernandez	
victoria Wyckoff	We citizens of LA county do not approve or need the health department to tell us how to deal with our own health. They have way too much power and are more interested in population control then disease control. They are over stepping in a big way and the head of the health department needs to resign or be fired. Do not let her mask us up 2 1/2 years later, it is not needed and we need our God given freedoms back. Please listen to the people not the lobbyist. Thank you!
Victoria A Garrett	Masks should not be mandated for schools.
Vincent Gamache	I do not trust Barbara Ferrer
Vincent Garrido	Mask choice for all.
Violet Schlesinger	I am a great grandparent and highly oppose mask mandate for schools. Let parents decide. It is very damaging to force young children to wear a mask in school when they are learning with their peers. Do not force our children to suffer. Allow mask choice.
Virginia Hidalgo	
Vito Maciel	If we can remove the sheriff we should be able to remove supervisors as well!! Equal opportunity!!
Vivian Edmondson	
Voter Mama	If you're at high risk, it's incumbent upon you to wear a N95 mask correctly. Muzzling others with a potpourri of mask types & fits, will not protect you. It's theater. Stop asking kids to sacrifice one more second of their childhoods for adults! I am pro vaccine and I'm not a right winger, I'm a voter and I have common sense!
Wade Major	I have written to you repeatedly on this matter and do so again now. Barbara Ferrer is a blight on this county. She is not a scientist, not a doctor. She is a social worker. She has disregarded the expert advice of qualified advisors privately and publicly, she has disregarded the SPA system designed by her own department and put this county through two and a half years of needless hell, destroying jobs, livelihoods and crippling entire industries. Thousands of businesses will never come back. Millions of lives impacted. Children traumatized. And for what? Unscientific health orders which have had no positive impact. Health orders which have done nothing but harm. And the whole time this unelected tyrant ran roughshod over our lives, livelihoods and families you did NOTHING to rein her in. Nothing. You, her bosses, our elected voice. You let us down. It's long past time to step up, put us ahead of politics. You've heard the science. You can see the actual county data. No more COVID orders. None. It's over. End this now and rid us of Ferrer's tyranny.
Wade Skeels	Stop your totalitarian mandates. Your public health policies have failed, and worse, have made us all far less healthy, and put our children's development far behind. Your continued undemocratic dictates are crimes against humanity.



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			Waleska Perez	No mask they don't work and we no longer want them.
			Wayne Knyal	Masks aren't supported by science.
			WE THE PEOPLE	This is ridiculous and you know it. You will be held accountable by WE THE PEOPLE OF AMERICA.
			Wendy Carrillo	I do not support Ferrer's stand on masking our children, endlessly PCR testing our children, mandating vaccines for all our children. This is abuse and it needs to stop. Otherwise, this district along with its board members are leaving themselves open to legal liability.
			Wendy Cavanaugh	There are no scientific studies that show masks work. People who are wearing masks and vaccinated are still getting sick. This is American, land of the free, not a dictatorship.
			Wendy Jarvie	Mandating masks for kids is psychological abuse and physically more harmful than good. Covid has become endemic and not a high risk since we have vaccines and treatments now. Masks should no longer be mandatory. It seems more like politics than science is being followed.
			Wendy Moulton	Please allow families to choose what is comfortable to each rather than mandating masking for all students in all situations as our kids need as much normalcy as possible.
			Wendy Pagnone	This does not have to happen and you know it. This woman has run amok with power. You must stop her. The hospital numbers to not warrant masking. I, for one, REFUSE to do this again. I may have to live and work in this county but I'm in the middle of Orange and Ventura and I will spend my money there!
			Wendy Pagnone	No masks!
			Wendy Palatucci	
			Wendy Spencer	No more masking! They cause more issues than they solve. Enough.
			Wendy Sylvester	Studies and data have shown little, if not adverse, effects covid vaccines have had on infection and the detrimental effects that masking has had on society, especially school children and their development. There no longer exists an actual public health emergency and in no way should local government be imposing on the freedoms of the people.
			Wendy Travisano	
			Whitney Berry	
			Whittnee Kellerman	
			Widget Moseley	I strongly OPPOSE any and all mask mandates. 1.)LA county health officials themselves went on record saying Covid is not a threat to the population or health professionals. 2.) Ferrer's recent unmasked attendance at a stadium proves she knows there is no emergency or justification for masking 3.) LA county is not at "HIGH" risk level because the hospitalizations are NOT actually caused by Covid. They represent people going to the hospital for other reasons that then tested positive. The data is flawed and inaccurate. 4)

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	There is a HUGE conflict of Interest with Ferrer and her daughters pseudo-scientific study that supports masking schoolchildren. This is a terrible ineffective policy based on flawed data and Ferrer should resign immediately.
Will Feliciano	DO NOT do mask mandates!! Enough already, we are exhausted, traumatized, and have suffered enough government imposed hardship. No one wants this. Please stop this harsh punishment on your citizens and businesses.
Will Tuttle	Requiring people to wear face diapers goes against science and common sense. Never in history have healthy, asymptomatic people been "mandated" to wear masks - they are healthy for goodness sakes!!! Over 150 studies have been done demonstrating that masking is not only completely ineffective at stopping the spread of viruses, but also that masking is definitely harmful to health! L.A. will be the laughing stock!
William Allen	NO mask mandate. NO vax ID mandate. NO covid test mandate.
William Collins	
William Fisher	
William Isler	Replace Barbara Ferrer who is not a medical doctor and did not disclose conflict of interest in citing report authored in part by her daughter.
William Nassour	I STRONGLY OPPOSE DR. FERRER'S PUBLIC HEALTH ORDER TO RE-INSTATE MASK MANDATES
William Schwerin	Ignoring the blatant corrupt feedback loop created by public health and their mask study, it's time to let go of the reliance of masks. This is Enron level corruption and if anyone else tried this in their job they would be fired. The definition of insanity is doing the same thing over again expecting a different outcome. Actual, real data from some of the most highly masked countries like Japan, New Zealand, and Korea clearly show that despite high mask usage, there is no correlation with stopping this virus. We need to move on from reliance on masks and accept that for this virus they are useless.
Willow Moon	We are the county of choice. Choice for abortion. Choice to sexuality. A mask Is a personal choice too. We are not hypocrites. We are for choice in all matters.
Winston Smith	We have all witnessed how ineffective masks have been at protecting us from SARS-CoV-2. The only purpose of these mandates is to exert control over the citizens you are paid to serve. Either stop your egregious overreach or step down.
Wonchang Hwang	Masking is violation of everyone's religious rights. By enacting this unjust law, LA County is violating title VII of Civil Rights Act. It is also discriminatory favoring people of certain faith while denying services to those who confessed their faith in Christ.
Xe Crowell	Masks are not necessary, nor are they effective. Plenty of evidence about this. Stop the mandate. By the way, Barbara Ferrer must go.



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Ximena Spivey	I am in opposition of any and all mask mandates returning to L.A. County. As a parent of a child returning to school in the fall, we need to have kids back in school with NO MASK MANDATES.
Yaakov Oratz	
Yana Mine	Stop this mask mandate Since announcing the mandate, Ferrer has been contradicted by LA's own hospitals about COVID numbers and exposed for relying on a mask "study" authored by her own daughter. She was also caught mixing masklessly – indeed jubilantly – with 70,000 baseball fans.
Yara Guarino	
Yehuda Kay	
yelena sonkin	strongly oppose mask mandate they proven to be ineffective and cause developmental delays in children. Masks isolate, breed fear and segregation.
Yesenia Espinoza	
Yev Kuznetsov	No masks. We need to have professionals running the public health department and not the one who are unqualified.
Ylmard Grimaldi	
Yonaton Rosenzweig	Mask mandates - especially in schools - are harmful, outdated and have no measurable benefit People and workers can protect themselves with distancing, vaccines, N95s and common sense. Imposing masks on others is government overreach run amok and it's harmful to kids especially.
Yuliana Manullang	No more mandates of any kind. The children and working class are the ones affected by these unlawful mandates. Enough is enough! No more micromanaging citizens' lives in the name of public health.
Yvette Horn	I strongly oppose masking in the community and schools. We have decades of mask studies which show cloth and surgical masks do NOT prevent viral transmission/infection. N95 masks can be effective, but should be fit tested and only used ONE time. However, N95 masks are contraindicated for kids/teens due to Hypoxia, emotional/physical damage, and learning loss. Per the FDA, masking falls under Personal Protective Equipment (PPE) and is labeled Emergency Use Authorized (EUA); masks are NOT approved to prevent viral transmission. All EUA medical devices are considered experimental. Under federal law 21 U.S.C. 360bbb-3(e)(1)(A)(ii)(III), a person has the right to accept or decline any experimental medical product/device. Masking is nothing more than behavior training to push an agenda. What we really need is a Grand Jury investigation into ALL the pushers of these unlawful mandates and never ending emergency.



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			For the sake of kids/teens, and people in the community, let's put an end to mask mandates, parents will decide what is best for their children, and people will decide what is best for themselves. Thank you!
		Yvette D Smith	Don't mandate masks or covid vaccine. People can make their own decisions.
		Yvonne Falcon	
		Yvonne Medina	No more masking. We are healthy. Do not suffocate our children or we will pull our children out of public school. We live in LA County.
		Yvonne M Eisner	
		Zachary Svenson	
		Zachary Swire	Will pull children from our schools if passed
		Zachary M Scribner	
		Zandra Brown	I oppose the proposed mask mandate.
		Zara Gemilyan	
		Zarah Ruffman	Will not comply to mask or vax mandates again. Follow the science and know they do nothing.
		Zev Rosenberg	
		Zina zaflow	Stop letting ferrer, an unelected official, destroy our city with pseudo scientific mask mandates
		Zisa Meyers	
		Zoe Harrison	It's time to quit focusing on actions that have no real efficacy or value. No masking mandate.
		Zoe Heights	Mask mandates need to end forever.
	Other	Alessandra G Zarba	I oppose bringing back a mask mandate. This should be left up to each individual to decide what to do with their body. My body, my choice and all.
		Amin Al	
		Aneta Krpekyan	Fire Ferrer !!!!!
		Annette Antilla	Fire Ferrer
		Anush Froian	OPPOSE ALL MASK MANDATES. RECOMMEND TERMINATION OF BARBARA FERRER DUE TO CONFLICT OF INTEREST AND UNDERMINING CREDIBILITY OF PUBLIC HEALTH
		April McKay	Oppose masking, oppose mandates, oppose health dept over-reach of power... stop destroying small business.
		Carla Endow	FIRE BARBARA FERRER! Barbara Ferrer, and any other health official that does NOT follow the science, needs to be removed from making health decisions to perpetually mandate masks, vaccines and any other order not supported by science. We need to move on and learn to live with this



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	<p>endemic and that's what it is. The pandemic is over! It's summer and most viruses are dormant until the fall and winter. We do not have an increase in cases or hospitalizations. Masks have not been proven to work. Vaccinated people are getting COVID many times and transmitting it. None of the measures to mitigate and eradicate this virus have worked. We have a flu season. We'll always have influenza, the common cold, and perhaps some variant of COVID and you are leading us to actually believe these are year-round. Hundreds of thousands of Americans die from influenza every year and we've never gone to these extreme health measures to manage the spread. These insane guidelines have ruined lives and seriously hindered the education and development of our children. Children are the least likely to get COVID and be hospitalized and they're treated as the most vulnerable. Leave the kids alone and stop the madness. NO MORE MASKS! NO MORE VACCINE MANDATES!</p>
Claire Cacciapaglia	<p>Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.</p>
Concerned Citizen	<p>Throughout the pandemic I have previously been in favor of vaccines and mask mandates. At this point, I am strongly against mask mandates. There are many reasons I am against them at this point, but the one I want to focus on--the strongest one, which should end the argument--is:</p> <p>Currently, according to the CDC web site there are 1,353 counties in the United States that are in the CDC orange/high category (these include about 54 out of 58 counties in California). Out of those counties, unless I'm missing something, 1,352 of them have no mask mandate and no plans for such. So it's 1,352 counties whose health officials have looked at the issue and decided against a mask mandate vs. Dr. Ferrer, who has stated that she intends to implement a mandate July 29. That's 99.93% of health officials on one side vs. .07% on the other side. In other words, Dr. Ferrer's/L.A. County's approach here has been rejected by 99.93% (or all) of her colleagues in the same field as her. Please note that many of these counties are similar demographically and politically to Los Angeles and also have issues of "equity," so simply saying that L.A. County is unique does not cut it. (Also note that I'm not including the rest of North America and Europe, which I believe have no mask mandates and many of which have higher Covid numbers than Los Angeles). This is a simple scientific statistics issue, and it should be full stop, end of argument: 1,352-1. Can't we view this situation like scientific peer review in which Dr. Ferrer's science has been flatly rejected by ALL of her peers in the same field? Or we can look at it like climate change?: For years certain people have said they do not believe in manmade climate change because "the science isn't settled." Those of us on the other side use as our main argument that 97% of climate scientists believe climate change is manmade. We should go with the 97% when it comes to climate change and the 99.93% when it comes to mask mandates.</p>



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	Thank you.
Cynthia Rojas	<p>Previously, I posted public comment urging you to force Barbara Ferrer align with CDPH covid guidance. We have had over 2 years of LACPH's ever changing and confusing guidance and LA County is looking to be the only county in CA with an indoor mask mandate. I am posting comment now urging you to fire Barbara Ferrer.</p> <ul style="list-style-type: none">• Ferrer spent 4 months telling you and the public that a mask mandate would come back if hospitals were stressed. Ferrer lied. Hospitals are not stressed and she still wants to mandate masks.• Ferrer insists on following CDC Community Levels metric, which we now know is flawed because it was never intended to include incidental positives. Dr. Holtom and Dr. Spellberg explained that LAC+USC was not stressed and that covid presents as a flu/cold in LA County. This is wonderful news, yet Ferrer continues to mischaracterize the severity of covid.• Ferrer has moved goal posts again and is now trying to say it isn't just about hospitalizations. Ferrer cannot be trusted. She changes her mind and the metrics she uses. I have too many examples to list here.• Ferrer was given an opportunity these past few months to show that she knows more than CDPH, yet we find our community embroiled in more uncertainty and stress. If she had aligned with CA months ago then we wouldn't be in our current situation.• We have recently learned that Ferrer's daughter wrote a study for the CDC that said her mother's school mitigations were effective. Is this the reason Ferrer insists on following CDC guidance instead of CDPH?• Ferrer consistently misrepresents covid to the public. This became obvious when the LAC+USC town hall videos were discovered. The same week that Ferrer said covid was not a cold or flu we have Dr. Spellberg describe covid as exactly a bad cold and flu like. In addition, it was disturbing to see the LAC+USC doctors so obviously threatened and silenced after their town hall videos were discovered.• Ferrer says the indoor mask mandate is to protect workers, but then says they won't make businesses enforce mandate on customers or the public. Only employees and kids will be forced to mask. How is forcing a worker to wear a mask against their will protecting them when the public doesn't have to wear a mask? How is forcing a kid in a classroom to wear a mask effective when there are bars a few blocks away with adults living completely normal lives?• Last week Ferrer told you unions were pushing her to move fast on the mask mandate. Why is Ferrer listening to union leaders instead of doctors such as Holtom and Spellberg? I think we can all agree that union leaders do not have the expertise to recommend mask mandates. <p>LA County has been through enough. The town hall videos from LAC+USC make it clear that covid is a manageable disease that doesn't require public health mandates that affect our daily lives. The conflict of interest revelation shows that Ferrer is corrupt and needs to be held accountable.</p> <p>It is time that the LA County Board of Supervisors do what is in the best</p>



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

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SHEILA KUEHL
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Correspondence Received

	interest of Los Angeles County and fire Barbara Ferrer.
Daniel Klein	LA county residents should be the ones making the choice about whether or not they wish to wear masks in public places. Public health orders are being made by Dr. Ferrer who is not an MD while refusing to recognize that Covid19 although still serious, no longer represents the same threat it did two years ago. With widespread immunity, complete availability of vaccines and treatments, most people are experiencing mild illness. The majority of "Covid-19 hospitalizations" are not even admitted due to covid-19 but rather they subsequently test positive. No other county in California or anywhere in the nation is imposing similar mandates on its citizens and businesses. Stop the madness and let people live their lives. People at high risk are welcome to continue to take precautions and wear higher level masks if they so choose.
DAVID ROMANS	Fire Ferrer please. She has done so much harm to children and businesses. She's corrupt. She's out in packed stadiums with a mask on her elbow but will force others to wear masks. She knew her daughter published the mask article. Her daughter credits her in the article and then Barbara denies that she knew about it. It's in black and white. For the good of LAC, please get rid of her immediately. Our kids have suffered enough and those she wants to "protect" suffered disproportionately from her tyrannical actions over the last two years.
Debra Clune	Please! We do NOT want to start the school year in masks. It is NOT good for the mental health of our students. Teachers need to be able to build relationships with our students. This is VITAL to the success of building healthy relationships with our students. We are not afraid of the decreased effects of this downgraded virus. It is not worth the major damage that it's doing to our students! Thank you for your time!!!
Diana Montes	
Emily OHalloran	Let our school children breathe! This is child abuse. No other country has subjected their small children to years of wearing masks 8 hours a day. There is no science or data to back this up. You wear a mask. This is obscene.
Genevieve M Clavreul	If we are to continue to support this motion then it's important that the correct interpretation of COVID statistics is used. Please stop conflating the "for" and "with" COVID categories. Doing so will only lead to even more distrust on our Public Health Department and its leadership.
Hillary Lefebvre	We want Ferrer fired for her terrible policies and the impact they have had on our family, businesses and children.
James Butler	<p>*In just 6 weeks, over 1 million reported cases in LA County during Omicron surge last winter, despite near-universal compliance to mask mandate - is that evidence of an effective policy??</p> <p>*DPH has removed its webpage tracking "Post-Vaccination Infections Overall" that showed post-Omicron from February 1 thru June 13 of 2022, 86% of countywide infections were in fully vaccinated individuals . . . this data indicates that vaccine failure is driving the continuing surge in cases, yet DPH</p>

As of: 7/27/2022 8:00:07 AM



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	now suppresses this telling data, while Dr. Ferrer is still publicly advocating vaccination and boosting as an effective tool - BOS needs to hold Dr. Ferrer accountable for this gaslighting!
Janette Goeglein	Do not allow a mask mandate, students social emotional & education is at risk - their health is fine with mild to non symptoms from Covid. Do not set us back in time and let the children progress. California is 44th rank for education- cancel this non necessary mask mandate, which we know has no "scientific" proof for stopping transmission. Allow the children of California to develop normally.
Janice L Kerrigan	Fire Ferrer she is ruining LA County. She is not qualified and only has her "agenda" she is pushing No one will follow her mask mandate
Jennifer Greene	I oppose the upcoming Los Angeles mask mandate slated to begin on July 29th. Barbara Ferrer MUST be removed from her position as the head of the Los Angeles Department of Public Health due to her incompetence, fraudulent actions and mishandling of Los Angeles' health response to covid-19.
Jill Coons	Oppose in-door mask mandate. The mandate does not follow the State Health Department and the world. Make it optional. Give citizens their right to make that choice.
Jmelynn Welday	Fire Ferrer
Justin Shores	The actions of Barbara Ferrer have eroded all credibility and trust for Public Health. If nothing is done to hold her accountable the BOS is allowing more harm to be done to the disadvantaged people in LA who cannot afford to disobey her political agenda. Incalculable damage has been caused to the economy, education and mental health due to her actions. Please remove her and start an investigation into her actions to restore public trust.
Kate Coberly	I Oppose an indoor mask mandate, particularly for young children in schools. There are too many downsides that are mitigated by leaving it optional, which is consistent with State Dept of Health guidance and the rest of the world.
keith previte	Barbara Ferrer is unqualified to be a public health official. She is not doctor, she has never been an employee of a hospital or medical research lab. She has lied to the public about her daughters involvement in a study she herself used, she has lied about hospital numbers and Covid deaths. She should be removed immediately.
Lacie Pinheiro	I do not trust Barbara Ferrer and the decisions she is making. I do not agree and will not comply with a mask mandate. My three school age children will also not be forced back into wearing masks at school. Enough damage has been done to our children. Let's move forward.
Liz Cohen	My daughter is entering 8th grade this year. Her last normal year was 4th grade. We have followed all the PH requirements. She's been vaccinated, boosted and had covid in June. We see many people wearing mask now. It's voluntary and fine for them. We will absolutely NOT be wearing mask again. It will cause my daughter to go further inward. She faced a deep depression



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	<p>and we saw the lights dimming with all the mandates in 2020 and 2021. There is absolutely no evidence that masks work. For every study you show the public (even those written by family members) we have double that in studies showing the opposite. We will not visit any stores, restaurants or venues that will require a mask. You will be hurting all of those businesses too. I have never been involved in local politics or provided public feedback. My guess is there are thousands of mothers like me who are now going to push back. There is no scientific evidence that these mandates work and you are causing long-term harm in our children. Please take this action very seriously. Respectfully, Liz</p>
Lucia La Rosa Ames	<p>I am writing to ask to not re-introduce an indoor mask mandate or at least to carve out schools from such mandate. The assertion that schools with mask mandate have lower Covid-19 transmission rates than schools without mask mandate is disproved by the data gathered by the CDC.</p> <p>Even if there were - and we do not have evidence of it - a minimal benefit of masking kids, amid the high vaccination rate in the student body, such benefit needs to be weighed against the social and emotional harms of long-term masking. Common sense should always have suggested that masking stifles students' creative expression, and delay social development - especially for young kids and for introverted students, who end up hiding behind their mask.</p> <p>Now, this assessment is proved by prospective European studies who have found evidence that "masking is a barrier to speech recognition, hearing, and communication, and that masks impede children's ability to decode facial expressions, dampening children's perceived trustworthiness of faces." This is the reason why even when mask mandate has been re-introduced in European countries, schools have been exempted. Reintroducing mask mandate in school is not supported by science and goes against equity. Of course, richer families will just move their kids out of public schools if you introduce such mandate and will opt for private tutors. This is what happened already in 2020 and 2021 in my city of Manhattan Beach. Thus, the damaging effects of masking will only be suffered by minorities or by poorer children whose families do not have the means to pay for private tutors and/or to home school their kids. Follow the science. Follow equity. Exempt schools from mandatory indoor mask mandate. Thank you</p>
Lydia Watson	<p>The mask anti-science mandate and Barbara Ferrer both need to go. There is no State of Emergency in California and everyone knows it. It's embarrassing and outrageous that our State Public Health Director does not follow the real science even when reputable, prominent California doctors present it as fact.</p>
Malori Jabbour	<p>No Maks in school</p>
Marilee Saurenman	<p>I strongly oppose the decision to reinstate mask mandates for LA County. At this point, it is widely accepted that we are in the endemic phase of this virus. We have physicians in one of our busiest public hospitals LAC-USC stating that the situation is in face not worsening but rather is more of the same, continued low incidence of severe illness and hospitalizations. Those who chose to get the vaccine now have the opportunity for multiple boosters. It</p>



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	<p>would be great to see our LA County DPH focus instead on the high rate of obesity, diabetes and heart disease that overwhelms our region. These risk factors have been confirmed again and again as conditions to contribute to severe illness from COVID-19.</p> <p>Despite the fact that our LACO DPH director relies on a study co-authored by her daughter as evidence to continue mask mandates is a blatant conflict of interest. Please keep our health a priority which is not achieved by control but rather education.</p>
Mark Monroy	I am TOTALLY AGAINST reinstating an indoor mask mandate !!! Barbara Ferrer is entitled to her own opinion, but IS NOT entitled to her own facts. Even worse, make a policy on her own facts. I am sure you've seen the attached info, which totally contradicts Ms Ferrer's public statements. While we're on the subject, she needs to be fired !!!
Matt Pouldar	No more masks!!!! Children are being effected
Max Kestenbaum	There is no reason to bring back the masks. Covid is never leaving, let people do what they want. No one will listen any way and if you bring them back it shows your complete disconnection from reality.
Mehrin Mansoury	No more mask mandates. Your body your choice! No more mandates period!
Nancy Wayne	Please do not enforce the mask mandates since Barbara Ferrer used her daughter's reports and this is a clear conflict of interest. Barbara Ferrer needs to be fired.
Nava Skolnik	<p>The language is in clear are you voting to block the mandate or approve the mandate.</p> <p>No on MASK MANDATE mandate follow the science not those who make money and take powers.</p> <p>No on vaccine mandate for the same reason. The doctors are admitting that both don't work.</p> <p>Masks are damaging our kids.</p>
Nicolas Romolini	Barbara Ferrer needs to be fired. Her draconian policies have been an ineffective nightmare for the county's residents, adversely affecting the very groups she's purporting to help (children, low income residents, businesses). Enough is enough. There is plenty of science to be followed at this point, and it seems she is ignoring all of it.
Renee Nasser	Barbara Ferrer should be fired for her terrible policies and the impact these orders have had on my family, business or children.
Rob Letoy	Please fire Ferrer since she used her daughters report and this is a clear conflict of interest.
Shawna L Hulsey	I do not believe in the mask mandate. I do believe in the right to breathe fresh air.
Shery C	Fire Barbara Ferrer. I don't trust her and her ridiculous mandates that are not following the science but rather her own interests. No more mask mandates.

				We have had enough. We need to learn to live with Covid and continuing to mandate ridiculous rules is causing more harm to businesses and to our children.
			Suzanne Dykstra	No masks in school. I teach kindergarten and these kids are building language and it makes it very difficult for them. Give us the choice to choose.
			Suzanne Gehl	It is time to remove Barbara Ferrer as head of public health. The conflict of interests with the "studies" she placed her inexperienced daughter in, the cover ups, the continued obsession with placing never ending onerous restrictions on school children can not continue any longer. We have all seen what the actual medical doctors have said about la county hospitals. Masks are not a benign restriction for children. This has to end now. LA county is the only place in the world continuously mandating masks for the endemic virus that is not a threat to anyone that it was previously. Restore SANITY to the county. The public has lost all faith in our public health department.
			Teresa Monroy	I 100% oppose reinstitution of an indoor mask mandate !! Why would Los Angeles be the only county to do so ?? Do we have a different virus in LA ???!! Follow the science !!
			Veronica Segovia	Hotel Association of Los Angeles - The Los Angeles-area hotel community has worked alongside state and local public health officials throughout the pandemic, ensuring the well-being of our guests, our employees, and our communities. The hotel industry is an engine of the economy, providing hundreds of thousands of jobs, and millions of dollars for cities through transient occupancy tax. As such, we ask that state and local health leaders strive for consistency in their regulations and communications so that our vital tourism community can prioritize public health while minimizing impact to economic health.
			Yana Aladjadjian	Fire Barbara Ferrer! She's been wrong every single time and we've had enough of her hypocrisy and conflict of interest.
		Item Total	3683	
Grand Total			3683	

I strongly oppose the renewed masking mandate set to being on July 29th. This proposed policy does not align with the health guidelines in ANY other counties in California, or ANY other county in the entire country. Many of these counties have already entered the “high” CDC community transmission level, and yet are not proposing similar mandates. LACDPH has given no justification for why LA country should be reacting differently.

In fact, in last week’s media briefing, Barbara Ferrer admitted that hospitals are not under strain, and that we are in a “better place now”. Cases have already peaked and hospital admissions are already coming down – all without a mandate. The only justifications Ferrer can muster for her proposed orders is that it promotes “equity” or that it’s her belief that masking is an “act of kindness”. Frankly, this is insulting coming from a public agency that is supposed to be making decisions based on evidence backed scientific principles. These are not legitimate reasons to impose a mandate on 10 million people.

We know that masking mandates cause considerable hardships, especially in schools where students will be starting their third year of learning interrupted by mandates. Why aren’t concerns of “equity” or “kindness” ever expressed towards students who have suffered years of learning loss thanks to Ferrer’s and LA County’s extended school closures (some of the longest in the nation and world) and continued interventions that prevent students having a normal school year. Putting masks back in the classrooms will impede language learning and clear communication from teachers. Ferrer helpfully demonstrated this herself a few months ago, when she had to remove her mask to be clearly heard while accepting an award from the LACBOS.

While we know there are real harms, community masking has yet to show any real benefit. Alameda county recently implemented and quickly dropped a similar mandate, and comparing cases levels to neighboring counts showed no difference. When pressed, Ferrer couldn’t answer why that was. The truth is she doesn’t like the answer: study after study has shown that masking mandates have had minimal to no effect. While wearing a well fitted, high quality mask may help protect on an individual level, mandates have minimal effect.

Increasingly, Ferrer seems less motivated by following the science, or aligning with the rest of here CA colleagues than pursuing her own agenda. The studies Ferrer has presented to support her mandates are incredibly weak and hopelessly confounded. One study used nothing more than a phone survey to determine mask usage. And in an obvious conflict of interest, her daughter authored a study based on mask usage in LAC schools during a time when most were still closed. She violated basic academic standards by failing to report the personal relationship to her mother. When asked about this in her 7/21 press briefing, a visibly angry Ferrer gave an embarrassing performance attempting to avoid blame. She claimed no knowledge of this study until recently, even though it was authored by her daughter, included Ferrer in the acknowledgements, involved and number of LAPDH staff, and was used by the CDC director and over 50 news outlets as a support of masking policies.

I suggest instead of rubber stamping every order from LADPH, the board should do its job, investigate the actions of LACDPH leadership, and immediately replace Barbara Ferrer with a public health expert with real scientific or medical background, who can work with doctors, hospitals, and officials in our county to come up with common-sense policies that balance the needs of everyone.

Ferrer and LACPH has lost legitimacy, and not only should this current order be voted down by the Board, she should be removed from office and replaced immediately.

1. How does LA county justify a mask mandate when 20+ counties in CA are already in the “high” CDC tier and have not re-implemented mandates? LA will be the outlier in CA and in the country.
2. Why did Alameda county’s recent mandate show no decrease in case numbers from surrounding counties?
3. Why has LA performed no better than surrounding counties even though it’s mask mandate has been extended far longer?
4. Why did Barbara Ferrer’s daughter (a communications and marketing MBA with no scientific background) author a study supporting her mother’s policies and not disclose a conflict of interest?
5. In her 7/21 press briefing Ferrer claimed to have no awareness of her daughter’s study. Considering she is listed in the acknowledgements, 4 members of her staff were involved, and the study itself has been used by the CDC director and over 50 news outlets to justify mask mandates, it seems obvious Ferrer is lying. Why is lying about a real COI and breach of basic ethics acceptable?
6. Barbara Ferrer admits hospitals aren’t overwhelmed, and that most of the positive new admissions are incidentals. What then is the justification for renewed mandates?
7. Why is someone without a medical or scientific background making decisions for one of the largest counties in CA? Policies that don’t align with the rest of the state. Shouldn’t we have an actual health expert making policy
8. Do you believe an un-elected official, should be implementing far reaching mandates on principles such as “equity” and “kindness”, rather than true public health emergencies? Aren’t decisions like this more appropriately done by the legislature in a democracy? Doesn’t a useless mandate further erode trust in public health?
9. When will this end? Following these current standards will most likely trigger forced masking again in the fall/winter, and most likely again next summer at the least. Covid is here to stay, and continuing a Covid-Zero strategy means permanent on/off mandates.

7/23/2022

Dear LA County BOS,

Hi. I want to let you know that I've had enough of the harshest COVID restrictions here in LA County within over 2 years or more than 1400 days. I also want to know if Dr. Ferrer should be fired or not. Do you think you can have a power to fire Barbara Ferrer and find the next Director of the Public Health department right after she finally retires/resigns from her job? Please vote against the indoor mask mandates.

Matthew Berrey
Santa Clarita, CA

I encourage you to think of the children and the businesses of your district. I am a San Pedro resident. As a voter and resident of your district, I encourage you to fight against the proposed mask mandate. Mandates will be fought, but publicly encouraging the citizens to wear a mask will be taken more seriously. EDUCATE, NOT MANDATE!

As for your public health official, Ferrer, I don't understand why she is choosing the date because things are "so bad". Why not wear a mask now if you feel like it's that bad? Why would she go shoulder to shoulder in a sold out baseball game with her mask on her elbow? Obviously, she's not all that worried about masking.

As a teacher and a parent in this district, I encourage you to think of the children. With school beginning in a few weeks, children should only wear a mask if they choose. Those masks are so dirty and wet by the end of the day, that can't be sanitary, but again it should be a choice between the parent and child. The risk of socialization, phonemic awareness, speech problems, and every other educational problem that is created by the mask. There have been studies to prove problems with children masking. Teachers shouldn't have to be the mask police; we have so many more things to worry about with learning loss as a whole.

As a parent, I don't want my children to wear a mask to school. We've all had Covid, yes I know you can get it again, but they have some extra immunity. I want my teenage children to have the freedom to choose. They have been educated about the virus, about the risks, and how their body feels. They know if they don't feel well, stay home. This should go for everyone.

Vote for the people you serve. Vote down the mask MANDATE. Encourage mask usage and educate others. When we see our public officials not wearing masks but preaching mask MANDATES, then we know it has to do with something more than just a health concern.

Ms Ferrer said there was pressure from the unions to implement the mandates. I am assuming it is mostly UTLA? They are more of a social justice union then a true union for the teachers. Their agenda does not line up with what a union is really about, fair pay, good working conditions, right of the worker. They don't care about the teachers. Do not be bullied by UTLA! Vote for choice! Vote for education. Vote against mandates. Keep our businesses, our children, and your constituents in mind.

EDUCATE, NOT MANDATE!

Council Item 2

Public Health Order

Dr Ferrer's mask mandate is based on faulty data. Dr Spellman from LA County USC, the largest public hospital in the county on July 14th indicated that there were NO patients in the hospital FOR covid, and no patients in the ICU with Covid disease. There were 24 patients in the hospital WITH covid, meaning they had been admitted to the hospital for OTHER reasons. If County USC only had 24 with Covid patients and Dr Ferrer indicates that the most vulnerable are those served by County, where is the crisis?

The information provided by County USC raises questions about the daily death totals that Dr Ferrer is basing this mandate. While any death is tragic, the County should not be held hostage to bad, at best, fraudulent most likely, data pertaining to death totals to reinstate a mask mandate. The Board of Supervisors should require a thorough review of the death data **PRIOR** to a mandate to ensure that all of the deaths are FROM covid not WITH covid.

Dr Ferrer's desire to do the bidding of the LA Teachers Union is well known, however, the LATU is not elected by the people of LA County and the Board of Supervisors has a duty and responsibility to act in the best interests of the residents of LA County, not the LATU.

To whom it may concern,

I am a parent of twin 8th grade boys. One of my boys is diagnosed with ADHD. As a concerned parent for his mental health, I am really hoping that my boys won't have to start school wearing a mask. The mental effect it had on my son with ADHD was heart breaking. He struggled to focus, pay attention, complete work and his anxiety was high on a daily basis.

Why can't school districts continue to let mask wearing be optional? Students are respectful of those that wear masks and it helps kids like mine to not have to deal with anxiety and mental health issues. Please listen to parents and allow us to do our jobs as parents as we know what's best for our children. |

Thank you for your time,
Kelly Merrill

I do not trust Barbara Ferrer. I oppose masking and will refuse to do so for myself and my child. This woman has no bases for imposing such a non scientific method of abuse for our kids. This is an outrage and I hope she's fired!!!

I oppose, in the strongest possible terms, any future mask mandates. I also oppose forcing residents to live under the threat of an unelected bureaucrat imposing scientifically discredited mask mandates at will. This is the complete opposite of a “democracy” and free society that our elected leaders claim to champion so much.

The constant threat of mandates is driving away businesses and residents and destroying LA county. The board of supervisors and unelected bureaucratic dictators like Barbara Ferrer do not suffer; it is the service workers, school children and businesses that suffer. Nobody elected Ferrer and she has no right to demand changes to social norms. No society in history except for radical Islamic societies have forced masking. LA county is trying to compete with the Taliban for cruelty.

As a service worker who was forced to mask for 2 years, despite vaccination and having natural immunity, it was still the worst experience of my life. To be reduced to a faceless non human is disgusting. To have my breathing impeded is a human rights violation. It is monstrously cruel. To take away someone's identity is cruel.

NO MORE FORCED MASKING

I reside in Rolling Hills Estates and therefore a Los Angeles County resident who has been living under the most restrictive COVID-19 policies in the country for over two years now; policies that have had negligible effect on controlling the virus while having extreme effects on the economy, residents' health and well-being, and children's and families' mental health. Yet again, Los Angeles County is looking to be the only county in California and the nation to re-impose a mask mandate. This is despite the fact that epidemiologists at LAC-USC state that no one is in their hospital in the ICU due to COVID and the hospitals are far from being overwhelmed. The omicron variant (regardless as to whether it is BA.4 or BA5 or even the new BA2.5 variant.) is simply not the same disease as earlier on in the pandemic—which is a blessing. LADPH needs to rely on medical experts, not political motivations in crafting public health policies. I am writing to ask the Board of Supervisors to properly monitor their appointee and insist she listen to medical experts, not political motivations. Please re-evaluate LA County's extreme approach and recognize the harm it is doing and has done to our County.

I also have two children, ages 13 and 12 who finally last April were able to go to school (some of the time due to the masking requirements if they were exposed to COVID from someone in their classroom—which also needs to change). They finally were able to play sports indoors without masks allowing them to breathe and compete without gasping for air, pulling down their masks. The adverse effects of masking on children are real—it is not a simple precaution to take that has no effects. Requiring children to mask for 7-8 hours a day in school, then go to their after school sports (my daughter ice skates inside) and further mask is truly harmful. Those families who want their children to wear masks can have them wear masks. Teachers can wear masks if they so desire.

We now, thankfully, have vaccines and treatments that no longer make COVID-19 the health crisis it once was. Let's celebrate that fact and acknowledge that these restrictions now do more harm than good. I urge the LA County Board of Supervisors to move away from the panic-driven restrictions continually imposed by Barbara Ferrer and look to other counties, states and countries that are acknowledging COVID-19 is no longer an existential threat and stop the mandates. We don't need them and experts agree. Anyone who wants to wear a mask can, and the mandates need to cease. Our residents' overall health and well-being are too important.

I am a teacher of the deaf and hard of hearing and the mask mandate is a disaster for my students.

- the performance of an amplification test (PCR), or
- the sequencing of something

To further clarify, I am requesting via disclosure all white papers showing Isolation of the SARS-CoV-2 virus in human beings in your possession, as these white papers would have been integral in the crafting of the statutes made under the Public Health Order, here, in Los Angeles.

2. Number of cycles RT-PCR Tests have been amplified, in Los Angeles County, including, but not limited to those administered by LAUSD, between the dates of March 1, 2020 and Present, August 10, 2021. Please give all ranges between that period of time."

On August 20, 2021, our office notified you that the time to respond would be extended by 14 days under Government Code section 6253, subdivision (c).

In response to your request for "all white papers describing the isolation of the COVID-19 aka SARS-CoV-2 virus in human beings, directly from a sample taken from a diseased patient (RIP), where the patient sample was not first combined with any other source of genetic material," DPH has conducted a search and determined that there are no responsive records. Specifically, DPH does not maintain any white papers that describe the isolation of the virus in the manner you are requesting.

As for your request for the "[n]umber of cycles RT-PCR Tests have been amplified, in Los Angeles County, including, but not limited to those administered by LAUSD, between the dates of March 1, 2020 and Present, August 10, 2021," DPH has interpreted "cycles" to mean the cycle threshold ("CT") values for the SARS-CoV-2 nucleic acid amplification tests. CT values are not included in all lab reports sent to DPH, nor does DPH collect such information in the ordinary course of business. As such, DPH has no responsive records.

However, to the extent that your request may be seeking the number of tests that have been conducted in the County, including those run by the Los Angeles Unified School District, such information can be accessed via the website link below:

www.dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/


Monique [REDACTED]
September 3, 2021

Page 3

This concludes our response to your CPRA request dated August 10, 2021. In providing you with this response, DPH is not waiving any rights, defenses, or claims of privilege or exemption of any record under the CPRA or any other statutes.

Very truly yours,

RODRIGO A. CASTRO-SILVA
County Counsel

By 
EMILY A. GROSPE
Deputy County Counsel
Social Services Division

APPROVED AND RELEASED:

 for
DAWYN R. HARRISON
Chief Deputy

EAG:rpb

Greetings LA County Board of Directors. I hope you are all having a good day today. I am going to keep this short and sweet. LA County Public Health is out of line regarding their recent announcement of intent to require masks indoors. It is a policy that me and millions of other residents fiercely oppose regardless of party background. I will break down the concerns of me and millions of other LA county residents.

1. The most important reason to oppose this upcoming order is the question of legitimacy. LA County Public Health is a bureaucracy-not a legislative body. Their job is to enforce regulations in accordance with the law. Not to make their own laws. Anything less is unconstitutional. Seeing as the department does not seem to understand this-it is incumbent upon the Board of Supervisors to demand that they act in accordance with basic constitutional principles and take appropriate action to ensure that they do so.
2. Mask mandates have dubious effectiveness in affecting the severity of COVID-19's impact on the community. Even the study that the CDC is using and that Barbara Ferrer cited as a justification for mask mandates represents a conflict of interest regarding her daughter's involvement in the study [1]. The data shows that places with mask mandates had COVID outbreaks with a similar pattern and similar numbers of infections as places without them [2].
3. Even if we are to assume the idea that masks play an important role in slowing the spread of COVID, we need to ask ourselves to what end? We can clearly see that even during this wave of COVID infections that illness is significantly less serious than other waves. Severe illness, hospitalizations, and deaths directly due to COVID are extremely low [3]. In fact, they are now on par with an average flu season. Furthermore, despite what some may think-the COVID-19 vaccine still works and the protection remains incredibly high (especially for severe disease, hospitalizations, and deaths) and it is available to anyone who wants it. In addition, most LA county residents have been diligent about getting vaccinated. So, you must ask yourselves. Are people meant to wear masks forever? Because the effects of such a policy have not been widely discussed but many people (including myself) are rightfully worried about this. Especially regarding children and their psychological development. Human beings evolved as a social creature to see people's faces.

So I ask that you please listen to your constituents and reign in the powers of LA County Public Health Department. Do not allow this mask mandate to be enacted nor any other overreach by the department.

1. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e3.htm#suggestedcitation>
2. <https://www.nytimes.com/interactive/2021/us/covid-cases.html>
3. https://www.youtube.com/watch?v=fGuA-nU7EI&ab_channel=LACUSCMedicalCenter

Bringing back a mask mandate in Los Angeles County is unjustified, which is why so many County doctors are pushing back.

Although COVID-19 cases are rising, Dr. Brad Spellberg, CMO, and Dr. Paul Holton, Chief of Staff, both from LAC+USC Medical Center, say 90 percent of those patients are not admitted because of the virus, as of July 20th, 2022. Within the last week, LAC+USC Medical Center reported that 30 patients tested positive for COVID-19. However, only three patients were admitted to the hospital due to complications related to the virus, and zero COVID-19 patients were in the Intensive Care Unit (ICU). While tests are returning positive, some may not be contributing to an accurate case count due to various factors, according to LAC+USC officials. One major fact being that a person who has recovered from COVID-19 can continue to test positive on a PCR test for months, even though they are no longer actively infected. This evidence alone changes the metrics for Ferrer's reasoning to impose a mask mandate.

While Los Angeles County Fifth District Supervisor Kathryn Barger, whose representative area includes Santa Clarita, is not anti-mask, she is against re-instating a mask mandate. "As I've stated before, implementing mandates that are inconsistent across County lines only creates confusion and frustration among the public," Barger said. "I oppose any forthcoming indoor mask mandates in Los Angeles County. This action is not in line with the rest of the state and creates inconsistency. Masking enforcement is unrealistic. We've also reached a point where we are equipped with the necessary tools and resources to fight COVID-19, such as vaccines and treatment. Our hospitals are not inundated as they once were. I encourage anyone who needs an extra layer of protection to wear masks in crowded, indoor settings. But we must do away with blanket mandates and trust our residents will make their own informed decisions to manage their own health risks."

Throughout the entire Covid pandemic, LA Public Health has not had an epidemiologist on staff – though they claimed to be hiring one. Barbara Ferrer herself is not a medical doctor. She has a PhD in Social Welfare, and only a Masters in Public Health. She seems to care less about overwhelming evidence and more about the metric by which she judges her "success:" high vaccine rates and low case rates. Vaccination rates do not help transmission rates, as has now been proven. And the ever-decreasing death rate from Covid has come from nature, not anything LA County Public Health has done.

Ferrer's motivations have recently been in question after conflict of interest allegations regarding the fact her daughter was the co-author in a mask study despite no acknowledgement of relationship by Ferrer. This should be investigated further before she is able to continue in her role.

Lastly, Ferrer has been silent about the malignant transient camps spreading throughout the city, or the public health hazard they present. These camps are infested with rats, human waste, and other disease vectors, right in the midst of dense residential areas. Dr. Drew Pinsky warned us years ago that these could introduce Typhus, Bubonic Plague, and other medieval diseases far deadlier than Covid.

Last week, Los Angeles County Public Health Director Barbara Ferrer announced that the county had entered the CDC's "High" tier of community COVID risk, and that a mask mandate is therefore in the works. There's a problem, though: L.A. County isn't actually in the "High" tier.

The CDC now classifies the COVID risk in each county with a metric called "[Community Levels](#)" that incorporates both case counts and hospitalization rates. The Community Levels system was implemented to ensure that public health recommendations or mandates are not triggered by widespread mild illness, replacing an earlier system that only looked at positive test counts. To enter the "High" risk Community Level, a county must have more than 10 new COVID hospitalizations per 100,000 people over a seven-day period. CDC data show L.A. County at 11 per 100,000, so by that measure L.A. County is designated "High."

Beneath those numbers, though, is a critical error: most of those "COVID hospitalizations" aren't [actually](#) caused by COVID. They represent people coming to the hospital for unrelated reasons who just happen to test positive at the time. We know this from Public Health's [own data](#), which reports that since March only 40% of COVID-positive hospitalizations in the county have actually been caused by COVID. If only true COVID hospitalizations are counted to accurately reflect the virus's impact, the county easily drops out of the "High" tier.

According to Los Angeles County Department of Health Services hospital officials, even the 40% number is a large overestimate. In a remarkable [video](#) from the day of Dr. Ferrer's mandate announcement, Chief Medical Officer Dr. Brad Spellberg said of COVID admissions at Los Angeles County+USC Medical Center, "90% of the time it is not due to COVID. Only 10% of our COVID-positive admissions are due to COVID. Virtually none of them go to the ICU, and when they do go to the ICU it is not for pneumonia. They are not intubated ... we haven't seen one of those since February." Health Services confirmed these facts in a [statement](#): "We currently have 30 COVID-positive patients in the hospital, of whom three were admitted for COVID, none of whom are in the ICU."

Hospital epidemiologist Dr. Paul Holtom summarized the situation this way: "As of this morning, we have no one in the hospital who had pulmonary disease due to COVID ... Certainly, there's no reason from a hospitalization-due-to-COVID perspective to be worried at this point."

The problem is not limited to just L.A. County: San Diego Unified School District is re-instituting restrictions based on the same flawed Community Levels metric. In contrast, other counties that are also technically in the “High” tier understand the data and are not even considering mandates. Marin County, for example, separates COVID-positive hospitalizations by cause to avoid confusion.

The case for new mandates is further undermined by the growing scientific literature showing mask mandates to be ineffective. In the pandemic turmoil of 2020, [most studies](#) didn’t have the ability to compare COVID rates with and without masks in groups that were otherwise carefully matched. Claims of mask efficacy were thus based on studies with no or improper control groups. Other studies have relied on [phone surveys](#) or mathematical models rather than direct measurements of infection or transmission, or used contact tracing protocols that [excluded counting masked transmission](#).

Now in mid-2022 we have much better data. Exhaustive tracking of in-school COVID spread was indistinguishable with and without student mask use in studies in [Spain](#), a conclusion repeated in two separate COVID waves. Studies of student masking with control groups in Georgia, [North Dakota](#), [Finland](#) and the UK have all found the same lack of any clear benefit. One randomized controlled trial showed [no significant](#) benefit to the mask wearer, and a second randomized trial found a slight benefit (and only in older adults) that was not reproduced with a [different analysis](#) of the same data.

When researchers repeated a CDC study showing a mask benefit using identical methods but a larger and better dataset, the benefit of masking disappeared.

Influenza transmits by the same aerosol route as COVID, so we must add the results of 10 randomized controlled trials on masking and influenza, which the CDC reviewed and “[found no significant effect of face masks on transmission](#).”

All of this explains why White House COVID-19 Response Coordinator Ashish Jha found no difference in Omicron infection rates between mask-mandated California and mask-mandate-free Florida, or why Alameda County’s recent mask mandate produced [no difference](#) in COVID rates versus neighboring counties.

Using data that doctors and scientists agree are not accurate to justify an ineffective mandate is terrible policymaking. Public health mandates aren’t harmless, especially for children, students, parents, and families, who should not have to enter a fourth school year with restrictions based on fear not science.

Title page

Title: Use of face masks did not impact COVID-19 incidence among 10–12-year-olds in Finland

Authors: Aapo Juutinen¹ BS, Emmi Sarvikivi¹ MD, Päivi Laukkanen-Nevala¹ PhD, Otto Helve¹ MD

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Abstract

In fall 2021 in Finland, the recommendation to use face masks in schools for pupils ages 12 years and above was in place nationwide. Some cities recommended face masks for younger pupils as well. Our aim was to compare COVID-19 incidence among 10–12-year-olds between cities with different recommendations on the use of face masks in schools. COVID-19 case numbers were obtained from the National Infectious Disease Registry (NIDR) of the Finnish Institute for Health and Welfare, where clinical microbiology laboratories report all positive SARS-CoV-2 tests with unique identifiers in a timely manner, including information such as date of birth, gender, and place of residence. The NIDR is linked to the population data registry, enabling calculation of incidences. We compared the differences in trends of 14-day incidences between Helsinki and Turku among 10–12-year-olds, and for comparison, also among ages 7–9 and 30–49 by using joinpoint regression. According to our analysis, no additional effect seemed to be gained from this, based on comparisons between the cities and between the age groups of the unvaccinated children (10–12 years versus 7–9 years).

Introduction

In fall 2021, the number of new COVID-19 cases was high globally [1]. In Finland, the delta variant had begun to spread in June, and by the end of July, delta was the dominant variant across the country. At that time, face mask use was recommended nationally in schools in children age 12 years and over. In some Finnish cities, this recommendation was extended to pupils age 10 years and above. The World Health Organization (WHO) stated that a risk-based approach should be applied to the decision to mask children between ages six and 11 years [2].

Our aim was to compare COVID-19 incidence among 10–12-year-olds between cities with different recommendations on the use of face masks in schools.

Methods

COVID-19 case numbers were obtained from the National Infectious Disease Registry (NIDR) of the Finnish Institute for Health and Welfare, where clinical microbiology laboratories report all positive SARS-CoV-2 tests with unique identifiers in a timely manner, including information such as date of birth, gender, and place of residence [3]. The NIDR is linked to the population data registry, enabling calculation of incidences. Moving averages of 14-day incidences were used as a dependent variable in the statistical analysis. Estimated average percent changes (APC) were calculated in one-month periods. All figures were created using RStudio (R version 3.6.3) and all statistical analyses performed using the open source Joinpoint software (Joinpoint Regression Program, National Cancer Institute, USA, Version 4.9.0.0) as described previously [4].

Helsinki (population 661 887) and Turku (population 195 818) were selected for comparison, since the baseline incidence in the cities had been similar in August and September 2021. Helsinki implemented the national recommendation on face mask use at schools, while Turku had an extended recommendation that included those 10 years old and above.

Results

We compared the differences in trends of 14-day incidences between Helsinki and Turku among 10–12-year-olds, and for comparison, also among ages 7–9 and 30–49, with the latter group representing the likely age group of the pupils' parents. Moving averages of 14-day incidences and estimated average percentual changes (APC) are presented in Figure 1a. In August, there were no differences in APC values (difference, -0.1; $P=0.8$). However, the APC was higher in September in Turku (difference, 2.9; $P<0.001$), in October in Helsinki (difference, 2.3; $P<0.001$), and in November in Turku (difference, -2.2; $P<0.001$). The incidence for 7–9-year-olds was similar to that of 10–12-year-olds, but no such steep changes in November were observed in the incidence for 30–49-year-olds in either city (Figure 1b).

Discussion

In fall 2021 in Finland, the recommendation to use face masks in schools for pupils ages 12 years and above was in place nationwide. Some cities recommended face masks for younger pupils as well, allowing us to assess the impact of face mask use in schools for younger pupils as a supplementary pandemic control measure. According to our analysis, no additional effect seemed to be gained from this, based on comparisons between the cities and between the age groups of the unvaccinated children (10–12 years versus 7–9 years).

The major limitation of our study is that schools are not the only place for children to have social contacts and be exposed to SARS-CoV-2. However, the lower incidence in vaccinated adults would indicate a lower risk of infection at home. Therefore, one would expect to see some differences in the age-specific incidences if masking was an effective way to control transmission in schools. Also, the timing for these observations was during a high circulation of the delta variant across the country. These results may not be valid during the omicron era.

Acknowledgements

We are grateful to Claire Foley for proofreading the manuscript.

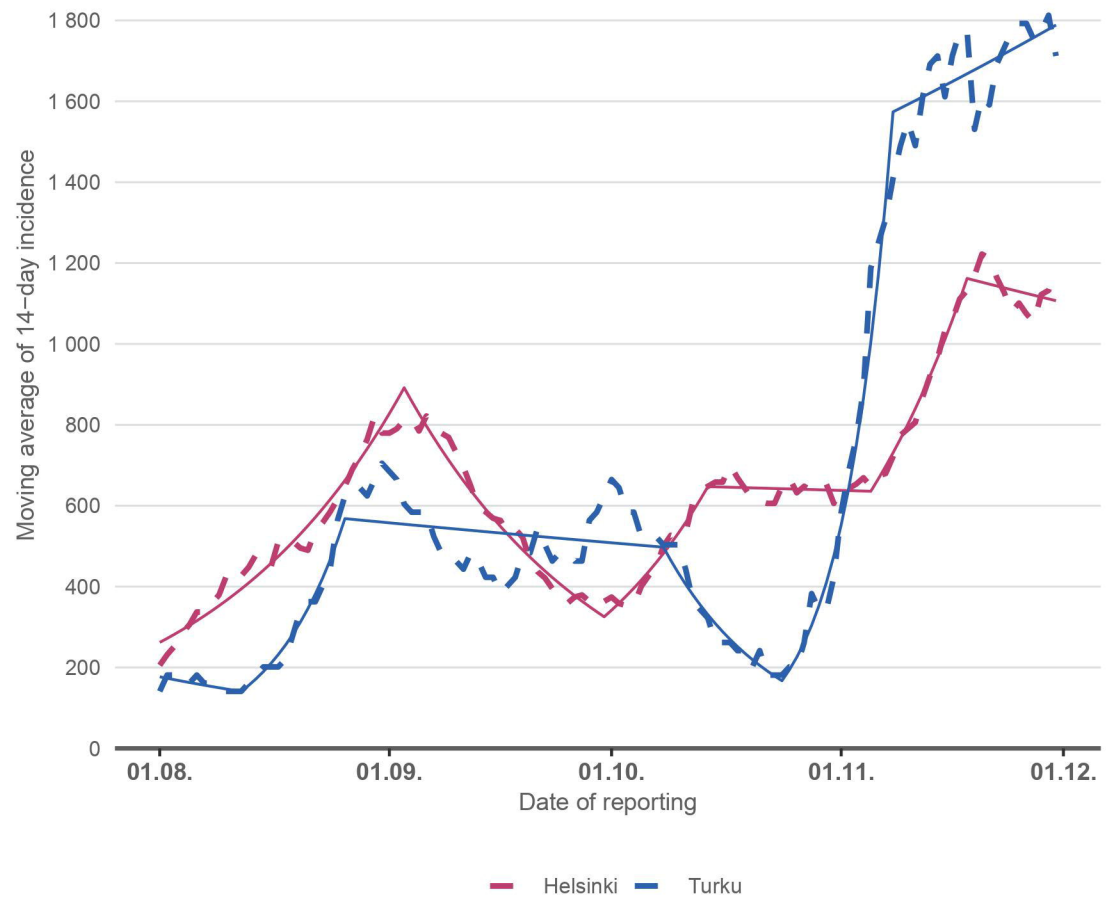
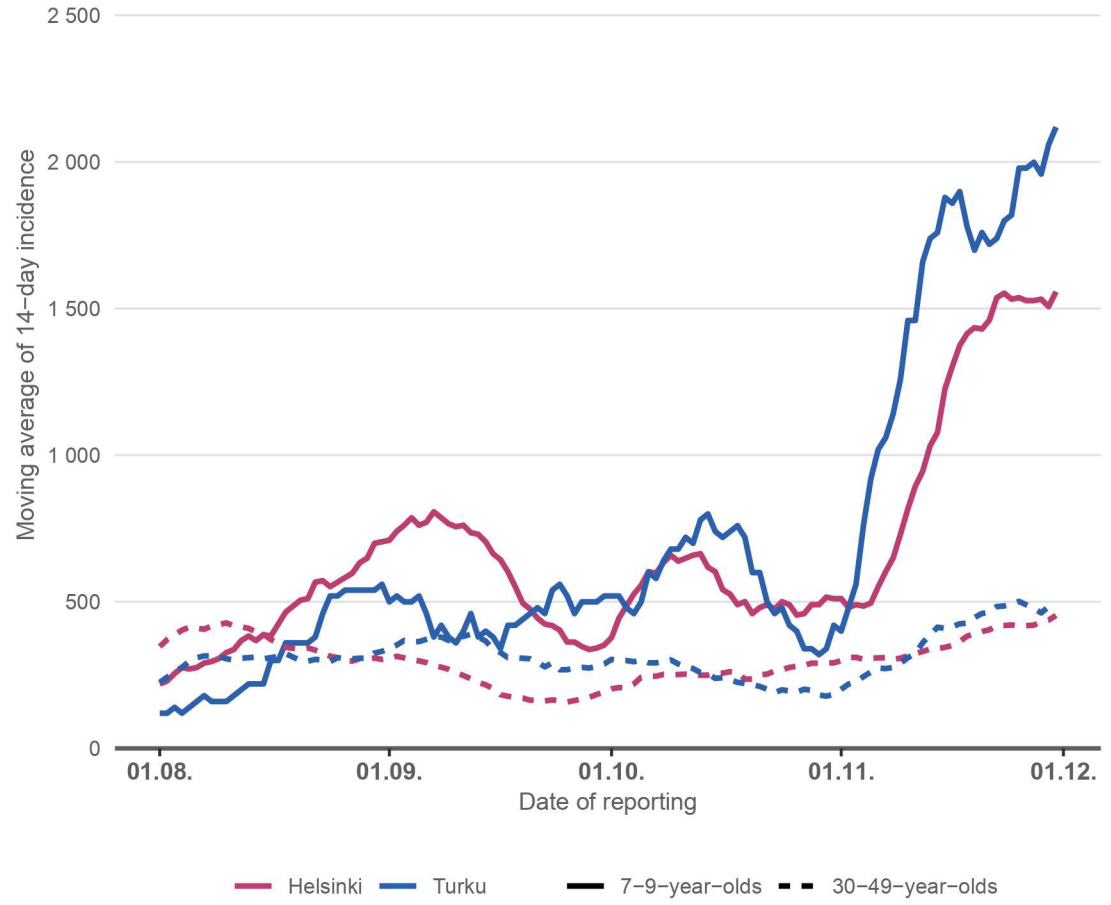
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Figure legends

Figure 1. a) Moving average of COVID-19 incidence for 14 days (dashed line) and estimated APC values (solid line) in 10–12-year-olds in Helsinki (face masks not used in schools in this age group) and in Turku

(face masks were used). b) Moving average of COVID-19 incidence for 14 days in 7–9-year-olds (solid line) and in 30–49-year-olds (dashed line) in Helsinki and Turku.

A**B**

July 25, 2022

Dear Board of Supervisors,

Please vote no on the mask mandate.

The biggest hospitals in Los Angeles have confirmed that although more people may be testing positive; the symptoms are mild and not creating a health problem.

Most people have had it and we are all fine. At risk people may wear a mask if they chose.

Children are at almost zero risk for covid. But the masks have been shown to impede learning and spread covid because they are laden with germs and never worn or replaced properly.

Please keep the mask optional in LA county.

Thanks,
Lori Daniels

Maskaholics

Wearing a mask may still give some people a sense of security, but they could breathe more easily if they'd face the facts.

John Tierney

April 18, 2022

The pandemic has eased, but not the compulsion of many Americans to cover their faces. Fully vaccinated adults are still wearing masks on their solitary walks outdoors, and officials have been enforcing mask mandates on airline passengers and on some city-dwellers and students. (Though today's [ruling](#) by U.S. District Judge Kathryn Kimball Mizelle in Tampa, declaring the Biden administration's mask mandate for public transportation unlawful, comes as welcome news.) Maskaholics in the press are calling for permanent masking on trains, planes, and buses. High school students in Seattle staged a protest demanding that a mask mandate be reinstated, and psychologists now deal with the anxieties of children who don't want their classmates to see their faces. They're suffering from "[mask dependency](#)," as this psychological affliction is termed in Japan, where a long tradition of mask-wearing during flu season has left some individuals afraid at any time to expose their faces in public.

It's a difficult addiction to overcome, according to the Japanese therapists who specialize in treating it—but a simple remedy might help some maskaholics. It's a graph that should be required viewing for everyone still wearing a mask and every public official or journalist who still insists that mask mandates "control the spread."

The graph tracks the results of a natural experiment that occurred nationwide during the pandemic. Eleven states never mandated masks, while the other 39 states enforced mandates. The mandates typically began early in the pandemic in 2020 and remained until at least the summer of 2021, with some extending into 2022. The black line on the graph shows the weekly rate of Covid cases in all the states with mask mandates that week, while the orange line shows the rate in all the states without mandates.

As you can see from the lines' similar trajectories, the mask mandates hardly controlled the virus. By the time the mandates were introduced in New York and other states in the spring of 2020 (at the left side of the graph), infections had already been declining in those states, and the mandates didn't prevent a surge later that year, when cases rose and fell in nearly identical trajectories regardless of states' mask policies. The pandemic's second year saw slight deviations in both directions, but those reflected the seasonality of the virus and the geography of mask mandates, which remained more common in northern states. Cases were higher in the non-mandate states last summer, when the seasonal surge in the South disproportionately hit Republican states without mandates, but those states went on to have fewer cases during the winter, when the seasonal surge in the North hit more Democratic states with mandates.

If you [add up](#) all the numbers on those two lines, you find that the mask mandates made zero difference. The cumulative rate of infection over the course of the pandemic was about 24 percent in the mandate states as well as in the non-mandate states. Their cumulative rates of Covid mortality were virtually identical, too (in fact, there were slightly more deaths per capita in the states with mask mandates).

If this hasn't persuaded you to take off your mask, you can find lots more reasons in a book by Ian Miller, the data analyst who created the graph for *City Journal*. Miller, who has tracked pandemic trends for the [Brownstone](#)

[Institute](#), has assembled the damning evidence in *Unmasked: The Global Failure of COVID Mask Mandates*. The book documents how mask mandates were implemented without scientific justification, how they failed around the world, and how public officials and journalists have kept making fools of themselves by pretending otherwise.

In their pre-Covid planning strategies for a pandemic, neither the Centers for Disease Control nor the World Health Organization had recommended masking the public—for good reason. Randomized clinical trials involving flu viruses had shown, contrary to popular wisdom in Japan and other Asian countries, that there was “no evidence that face masks are effective in reducing transmission,” as the WHO summarized the scientific literature. The pandemic planners at the United Kingdom’s Department of Health had reached a similar conclusion: “In line with the scientific evidence, the Government will not stockpile facemasks for general use in the community.” Anthony Fauci acknowledged this evidence early in the pandemic, both in his public comments (“There’s no reason to be walking around with masks,” he told *60 Minutes*) and in his private emails (“I do not recommend you wear a mask,” he told a colleague, explaining that masks were too porous to block the small Covid virus).

But then Fauci, like the CDC and the WHO, bowed to political expediency and media hysteria. Mandating masks gave the illusion of doing something against the virus. When the initial spring wave in 2020 subsided, public officials and journalists claimed that the mandates had worked, and they kept up the pretense even when Covid surged again later that year despite the continuing mandates. The resurgence was blamed on people disobeying the mandates, never mind the surveys showing widespread compliance.

This pattern of magical thinking persisted throughout the pandemic, as Miller demonstrates in dozens of graphs contrasting conventional wisdom with cruel reality. Again and again, journalists and public-health officials would single out a state or a nation that had supposedly tamed Covid by

forcing citizens to wear masks—and then these masks would promptly fail to prevent an unprecedented wave of infections. In the summer of 2020, Politico praised Rhode Island’s “wear-your-damn mask” policy in an article headlined, “How the Smallest State Engineered a Covid Comeback.” A survey in the autumn found that 96 percent of Rhode Islanders were wearing masks, the highest rate in the U.S., yet that winter the state went on to suffer one of the nation’s worst Covid surges. So did New Mexico, whose surge began shortly after *Scientific American* praised the state’s strict mask policies in an article headlined, “How New Mexico Controlled the Spread of Covid-19.”

Meantime, the media’s favorite experts kept predicting doom for states that never mandated masks, like Florida, or that ended the mandates early in 2021, like Iowa, whose policy shift was denounced as “reckless and delusional” in a *Washington Post* article headlined, “Welcome to Iowa, a state that doesn’t care if you live or die.” Iowa’s Covid death toll plummeted right after the article appeared. Over the course of the pandemic, both Iowa and Florida have done better than the national average in measures of [Covid mortality](#) as well as overall [excess mortality](#) (the number of deaths more than normal from all causes).

Instead of carefully analyzing the effects of masks, the CDC repeatedly tried to justify them by misrepresenting short-term trends and hyping badly flawed research, like studies in Arizona and Kansas purporting to show that infections had been dramatically reduced by the mask mandates imposed in some counties. But in each state, as Miller shows, infection rates remained lower in the counties that did not mandate masks.

The CDC received some [criticism](#) for its junk science on masks, particularly for its [false claims](#) about the [benefits](#) of masking schoolchildren, but the press mostly promoted the agency’s narrative. Little attention was paid to more rigorous research, like [a review of the literature](#) that found little or no benefit from masks, or a [study](#) that

compared infection rates with mask policies and with rates of mask use in all 50 states over the first year of the pandemic. The study concluded that “mask mandates and use are not associated with slower state-level Covid-19 spread during Covid-19 growth surges.” The media’s narrative about masks extended throughout the world. “Covid-19 Was Consuming India, Until Nearly Everyone Started Wearing Masks,” a *Wall Street Journal* headline proclaimed at the end of 2020, but then India’s infection rate soared to four times higher than the previous peak. “Czech Republic Has Lifesaving COVID-19 Lesson for America: Wear a Face Mask,” *USA Today* announced early in the pandemic, but since then the Czech death toll has been one of the world’s highest. Thailand, Japan, Taiwan, Hong Kong, the Philippines, Uruguay, Chile, Poland, and Hungary were all hailed as models of scientific enlightenment for their low infection rates and strict mask policies—until, as usual, the masks suddenly lost their magical power.

Germany’s stringent policies have made it a consistent media darling. CNBC called the nation’s early Covid response “a master class in science communication,” and last fall it was praised for tightening its mask mandate in an *Atlantic* article, “Four Measures That Are Helping Germany Beat Covid.” Its stricter mandate early last year banished cloth masks, requiring surgical masks instead, and the states of Berlin and Bavaria went still further, requiring masks of N95 quality. But as Miller shows in his book, the policies made no discernible difference. The surgical masks didn’t stop a subsequent surge throughout the country, and infection rates in Bavaria and Berlin were the same as in German states without the N95 requirement.

If you’re still not convinced to take off the mask, consider one more graph from Miller. It compares Germany with Sweden, the media’s Covid villain for refusing to lock down or mandate masks. Sweden’s initial Covid surge was blamed on those lax policies, but Sweden stuck to them and actually discouraged masks in most situations. As indicated on the graph, surveys during the pandemic showed that fewer than 10 percent of Swedes

bothered to wear masks. In Germany, by contrast, more than 80 percent did so, but look at the similar trajectories of the daily Covid death toll in both countries from the summer of 2020 through March of this year.

The masks in Germany obviously didn't "beat Covid." From the start of the pandemic through this spring, the cumulative rate of **Covid mortality** has been slightly higher in Sweden than in Germany (by about 15 percent), but the rate of overall **excess mortality** has been slightly higher in Germany (by about 8 percent). Just as in the United States, the mask mandates in Germany produced no net benefits but plenty of inconvenience as well as **outright harm**. Covering up may give the maskaholics a false sense of security—but they could breathe more easily if they'd just face the facts.

*John Tierney is a contributing editor of City Journal and coauthor of **The Power of Bad: How the Negativity Effect Rules Us and How We Can Rule It.***

Correlation Between Mask Compliance and COVID-19 Outcomes in Europe

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Abstract

Masking was the single most common non-pharmaceutical intervention in the course of the coronavirus disease 2019 (COVID-19) pandemic. Most countries have implemented recommendations or mandates regarding the use of masks in public spaces. The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage.

Categories: Infectious Disease, Environmental Health, Epidemiology/Public Health

Keywords: mortality index, europe, linear correlation, masks, covid-19 transmission

Introduction

Universal masking has been introduced during the coronavirus disease 2019 (COVID-19) pandemic at an unprecedented global scale as an important tool to curb viral transmission among potential susceptible persons. Face masks still are one of the most significant and controversial symbols in the fight against COVID-19. Two large randomised controlled trials about mask effectiveness performed during the pandemic came out with mixed results [1,2]. Several studies that analysed the effect of masks on the general population (ecological studies) have concluded that masks were associated with a reduction in transmission and cases [3-7]. However, these studies were restricted to the summer and early autumn of 2020. From March 2020 onwards, country after country instituted some form of mask mandate or recommendation. The stringency of these measures varied among the different countries and they, therefore, resulted in different proportions of mask compliance, ranging from 5% to 95% [8]. Such heterogeneity in mask usage among neighbouring countries provided an ideal opportunity to test the effect of this non-pharmaceutical intervention on the progression of a strong COVID-19 outburst.

Materials And Methods

Study design

This analysis aimed to verify whether mask usage was correlated with COVID-19 morbidity and mortality. Daily data on COVID-19 cases and deaths and on mask usage were obtained for all European countries. The rationale behind the choice of European countries for comparison was fourfold: (1) availability and reliability of data; (2) a relative population homogeneity and shared history of epidemics (comparing countries from different continents may bring too many confounding factors); (3) similar age stratification and access to health assistance; and (4) divergent masking policies and different percentages of mask usage among the different populations, despite the fact that the entire continent was undergoing an outburst of COVID-19 at the time period analysed in this study.

Inclusion criterion

Data were collected from the following Eastern and Western European countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Hungary, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia, Belarus, Estonia, Latvia, Lithuania, Republic of Moldova, Ukraine, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and Northern Ireland. The inclusion criterion was a population size higher than one million people.

Data retrieval

Data on morbidity, mortality, and mask usage were retrieved from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington [8]. Data from IHME were downloaded on 14th February

How to cite this article

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2022. IHME mask data sources are the Delphi Group at Carnegie Mellon University and the University of Maryland COVID-19 Trends and Impact Surveys, in partnership with Facebook, Kaiser Family Foundation, and YouGov COVID-19 Behaviour Tracker Survey (<https://www.healthdata.org>). Data on vaccination were obtained from Our World in Data (OWID) [9] on 4th April 2022.

Statistical analysis

Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were collected and analysed. Spearman’s correlation analyses and Shapiro-Wilk normality checks were in JASP (version 0.15; University of Amsterdam, Amsterdam, Netherlands) [10] and linear regressions in Wolfram Mathematica 13.0 (Wolfram Research, Inc., Champaign, Illinois) [11].

Results

This brief communication reports the correlation between the proportion of mask usage in the population and the number of cases (per million) and deaths (per million) from October 2020 to March 2021 in 35 European countries (Table 1). For this analysis, all European countries, including West and East Europe, with more than one million inhabitants were selected, encompassing a total of 602 million people. All analysed countries underwent a peak of COVID-19 infection during these six months (Figures 1, 2). The average proportion of mask usage in the referred period was 60.9% ± 19.9%, slightly higher in Eastern than in Western Europe (62.1% and 59.6%, respectively). However, the level of mask compliance was considerably more homogeneous in East (SD = 13.4%) than in West European countries (SD = 25.4%).

Country	Average mask usage ¹	Cases/million	Deaths/million
Albania	53%	40990	679
Bosnia and Herzegovina	40%	43078	1738
Bulgaria	55%	46405	1784
Croatia	29%	60039	1334
Czechia	52%	137494	2418
Hungary	77%	64704	2064
North Macedonia	67%	52048	1413
Poland	72%	57966	1315
Romania	81%	42898	1121
Serbia	54%	64829	521
Slovakia	76%	128326	1779
Slovenia	69%	101198	1879
Belarus	55%	25595	149
Estonia	64%	78525	639
Latvia	64%	52493	972
Lithuania	74%	75664	1252
Republic of Moldova	66%	48045	1102
Ukraine	67%	34298	686
Austria	55%	56237	959
Belgium	71%	66905	1135
Denmark	14%	34942	312
Finland	46%	12252	100
France	76%	58354	928
Germany	57%	29671	791
Greece	84%	23722	745

Ireland	71%	40270	587
Italy	91%	54310	1223
Netherlands	51%	68009	596
Norway	29%	15340	75
Portugal	84%	70056	1397
Spain	95%	55480	968
Sweden	5%	70356	759
Switzerland	53%	62669	927
United Kingdom	62%	57689	1363
Northern Ireland	68%	54567	1039
Shapiro-Wilk p-value ²	0.056	0.004	0.693

TABLE 1: Proportion of mask usage and the number of COVID-19 cases and deaths per million throughout the 2020-2021 late fall and winter (1st October to 31st March) in Europe.

¹ Percent of the population reporting always wearing a mask when leaving home.

² Shapiro-Wilk test for normality.

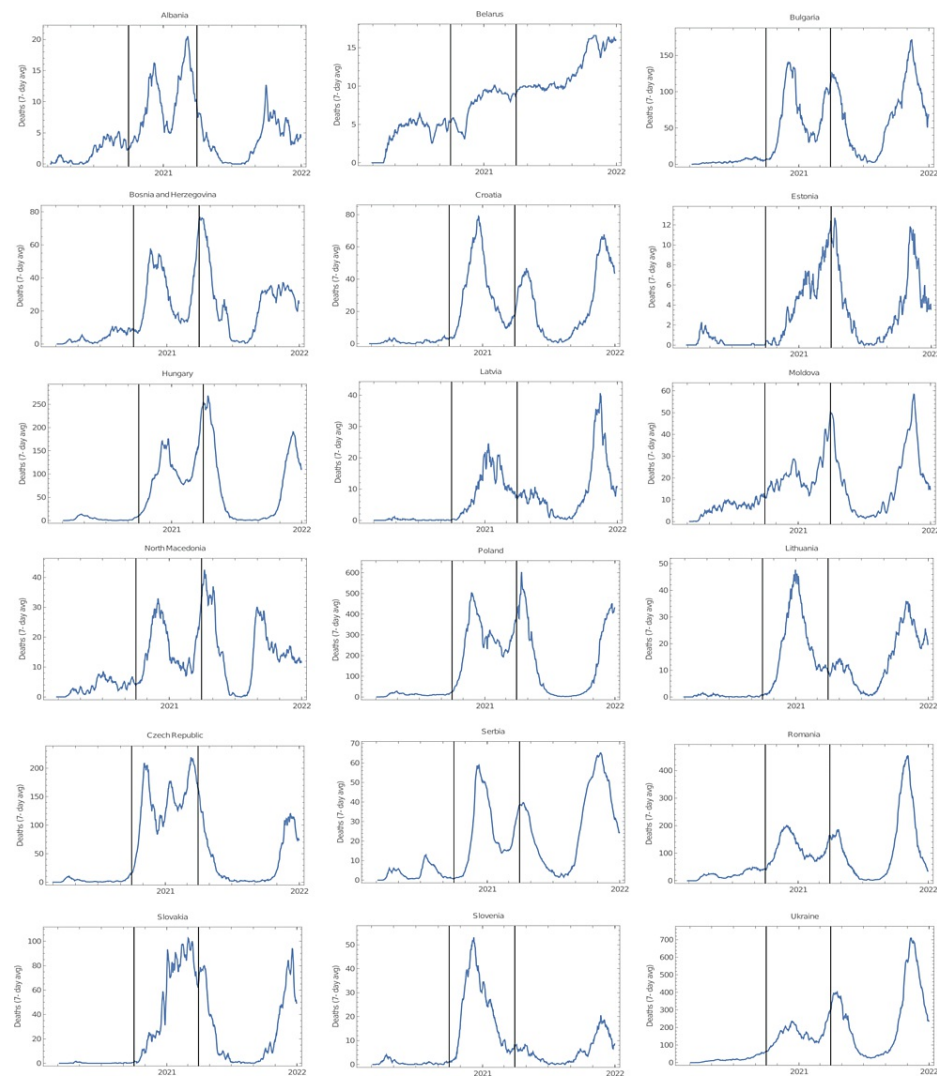


FIGURE 1: Mortality from COVID-19 throughout the pandemic in East European countries.

The area between vertical black bars corresponds to the period analysed in this study (1 October 2020 to 31 March 2021). Data were downloaded on 14 February 2022 from Institute for Health Metrics and Evaluation (IHME).

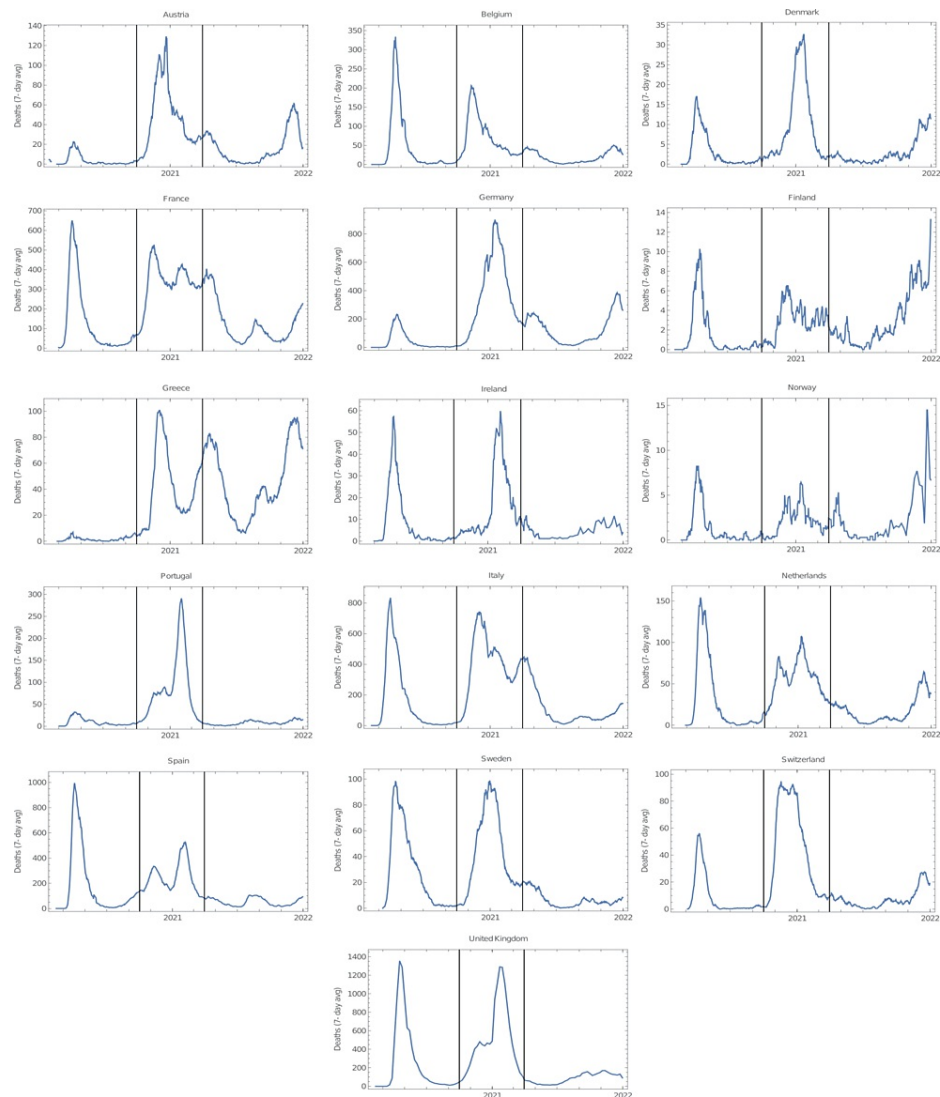


FIGURE 2: Mortality from COVID-19 throughout the pandemic in West European countries.

The area between vertical black bars corresponds to the period analysed in this study (1 October 2020 to 31 March 2021). Data were downloaded on 14 February 2022 from Institute for Health Metrics and Evaluation (IHME).

Surprisingly, weak positive correlations were observed when mask compliance was plotted against morbidity (cases/million) or mortality (deaths/million) in each country (Figure 3). Neither the number of cases nor the proportion of mask usage followed a Gaussian distribution (Shapiro-Wilk p-values were 0.004 and 0.0536, respectively). A Spearman's rank test was applied to quantify the correlation between mask usage, cases, and deaths (Table 2). The positive correlation between mask usage and cases was not statistically significant ($\rho = 0.136$, $p = 0.436$), while the correlation between mask usage and deaths was positive and significant ($\rho = 0.351$, $p = 0.039$). The Spearman's correlation between masks and deaths was considerably higher in the West than in East European countries: 0.627 ($p = 0.007$) and 0.164 ($p = 0.514$), respectively. This difference could be associated with the fact that the most populous countries are located in West Europe. However, the correlations did not significantly change when the seven countries with populations > 20 million were excluded from the analysis (cases $\rho = 0.129$ ($p = 0.513$); deaths $\rho = 0.375$ ($p = 0.049$)). Analyses of other sub-groups, such as countries with populations smaller or higher than six million, higher than 10 million, or higher than 15 million, were also evaluated. None of these tests provided negative correlations between mask usage and cases/deaths.

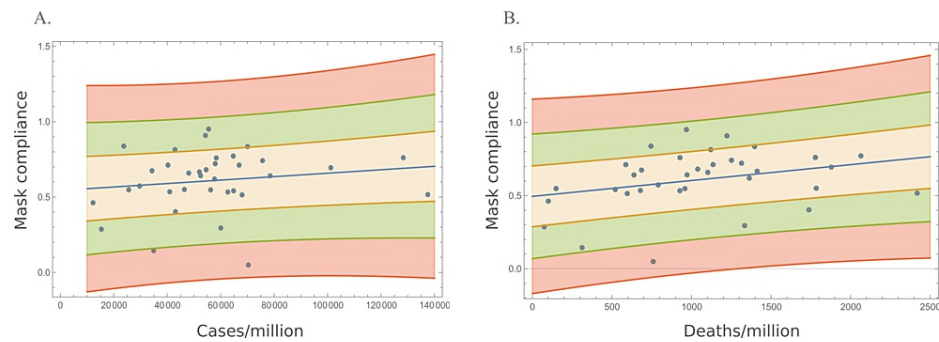


FIGURE 3: Correlation between average mask compliance and cases/million (A) or deaths/million (B) in 35 European countries.

Each dot represents a country. The blue line represents the fitted regression line and the areas above and below indicate 1 σ (yellow), 2 σ (green), or 3 σ (red).

Territory	Masks x cases	Masks x deaths
All Europe	0.136 (0.436)	0.351 (0.039)*
Eastern Europe ¹	0.130 (0.606)	0.164 (0.514)
Western Europe ²	0.05 (0.848)	0.627 (0.007)*

TABLE 2: Spearman's rank correlation coefficient rho (p-value) between mask usage and COVID-19 cases or deaths.

¹ Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Hungary, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia, Belarus, Estonia, Latvia, Lithuania, Republic of Moldova, and Ukraine.

² Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and Northern Ireland.

* Statistically significant.

Discussion

Mask mandates were implemented in almost all world countries and in most places where masks were not obligatory, their use in public spaces was recommended [12]. Accordingly, the World Health Organization (WHO) as well as other public institutions, such as the IHME, from which the data on mask compliance used in this study were obtained, strongly recommend the use of masks as a tool to curb COVID-19 transmission [8,13]. These mandates and recommendations took place despite the fact that most randomised controlled trials carried out before and during the COVID-19 pandemic concluded that the role of masks in preventing respiratory viral transmission was small, null, or inconclusive [1,2,14,15]. Conversely, ecological studies, performed during the first months of the pandemic, comparing countries, states, and provinces before and after the implementation of mask mandates almost unanimously concluded that masks reduced COVID-19 propagation [3-7,16]. However, mask mandates were normally implemented after the peak of COVID-19 cases in the first wave, which might have given the impression that the drop in the number of cases was caused by the increment in mask usage. For instance, the peak of cases in Germany's first wave occurred in the first week of April 2020, while masks became mandatory in all of Germany's federal states between the 20th and 29th of April [5], at a time when the propagation of COVID-19 was already declining. Furthermore, the mask mandate was still in place in the subsequent autumn-winter wave of 2020-2021, but it did not help preventing the outburst of cases and deaths in Germany that was several-fold more severe than in the first wave (Figure 2).

The findings presented in this short communication suggest that countries with high levels of mask compliance did not perform better than those with low mask usage in the six-month period that encompassed the second European wave of COVID-19. It could be argued that some confounding factors could have influenced these results. One of these factors could have been different vaccination rates among the studied countries. However, this is unlikely given the fact that at the end of the period analysed in this

study (31st March 2021), vaccination rollout was still at its beginning, with only three countries displaying vaccination rates higher than 20%: the UK (48%), Serbia (35%), and Hungary (30%), with all doses counted individually [9]. It could also be claimed that the rise in infection levels prompted mask usage resulting in higher levels of masking in countries with already higher transmission rates. While this assertion is certainly true for some countries, several others with high infection rates, such as France, Germany, Italy, Portugal, and Spain had strict mask mandates in place since the first semester of 2020. In addition, during the six-month period covered by this study, all countries underwent a peak in COVID-19 infections (Figures 1, 2), thus all of them endured similar pressures that might have potentially influenced the level of mask usage.

Conclusions

While no cause-effect conclusions could be inferred from this observational analysis, the lack of negative correlations between mask usage and COVID-19 cases and deaths suggest that the widespread use of masks at a time when an effective intervention was most needed, i.e., during the strong 2020-2021 autumn-winter peak, was not able to reduce COVID-19 transmission. Moreover, the moderate positive correlation between mask usage and deaths in Western Europe also suggests that the universal use of masks may have had harmful unintended consequences.

Additional Information

Disclosures

Human subjects: All authors have confirmed that this study did not involve human participants or tissue.

Animal subjects: All authors have confirmed that this study did not involve animal subjects or tissue.

Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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In the United States Courts

United States of America
Attorney General with a Conscience

V

Mr. Alex Azar, DEFENDANT
Dr. Anthony Fauci, DEFENDANT
Dr. Peter Daszak, DEFENDANT
Dr. Ralph Baric, DEFENDANT
FDA, DEFENDANT
CDC, DEFENDANT
NIAID, DEFENDANT
MODERNA, DEFENDANT
PFIZER, DEFENDANT

Count 1: 18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Count 2: 18 USC § 2339– Conspiring to Commit Acts of Terrorism

Count 3. 15 U.S.C. §1-3 – conspiring to criminal commercial activity

Count 4. 18 USC § 175 – Funding and Creating a Biological Weapon

Count 5. 15 U.S.C. §8 – market manipulation and allocation

Count 6. 18 U.S.C. § 1001 – lying to Congress

Count 7. 15 U.S.C. § 19 – interlocking
~~institutions~~

Count 8. 18 U.S. Code § 2384 - Seditious conspiracy

The Proposed Indictment

Throughout the decade of the 90s Pfizer sought to research, develop and patent a coronavirus (CoV) vaccine. Their first patent filing specifically recognizing the S-protein as the immunologic target for vaccines was filed on November 14, 1990 (U.S. Patent 6,372,224). With a focus on swine and canine gastroenteritis, these efforts showed little commercial promise and the patent was abandoned in April of 2000. During the same period, the National Institute for Allergy and Infectious Disease (NIAID) under the vaccine obsession of Dr. Anthony Fauci, funded Professor Ralph Baric at the University of North Carolina Chapel Hill. This program designed to commercially weaponize a naturally occurring toxin is the beginning of the criminal conspiracy and violates 18 USC § 175, 15 USC § 1-3, and 15 USC § 8) Dr. Baric's expertise was understanding how to modify components of the coronavirus associated with cardiomyopathy. NIAID Grants AI 23946 and GM63228 (leading to patent U.S. 7,279,327 "Methods for Producing Recombinant Coronavirus") was the NIH's first Gain-of-Function (GOF) project in which Dr. Baric created an "infectious, replication defective" clone of recombinant coronavirus. This work clearly defined a means of making a natural pathogen more harmful to humans by manipulating the Spike Protein and other receptor targets. A year after filing a patent on this GOF CoV, the world experienced the first outbreak of Severe Acute Respiratory Syndrome (SARS).

Under the guise of responding to a public health emergency, the United States Centers for Disease Control and Prevention (CDC) filed a patent application on the genome of SARS CoV on April 25, 2003. Accessing and manipulating the genomic data (which came from China making an "invention" claim by a U.S. entity illegal violating 35 USC §101, 103), Dr. Baric, Dr. Fauci, and the CDC violated 18 USC § 175 (a felony). One year earlier, Dr. Baric and his team had already filed a patent which clearly the pathogen CDC claimed as novel in 2003. Three days after filing a patent on the genome, NIH-funded Sequoia Pharmaceuticals filed a patent for the vaccine on the virus invented a mere three days earlier. At the same time, in violation of 15 USC § 19 Dr. Fauci was appointed to a board position with the Bill and Melinda Gates Foundation (a competitor in vaccine manufacturing) thereby beginning the interlocking directorate¹ anti-trust crime.

In 2005, the DARPA and MITRE hosted a conference in which the intentions of the U.S. Department of Defense was explicit. In a presentation focused on "Synthetic Coronaviruses Biohacking: Biological Warfare Enabling Technologies", Dr. Baric presented the malleability of CoV as a biological warfare agent. Violating 18 USC § 175 and inducing the non-competitive market allocation (violating 15 USC § 8) for years to follow, Dr. Baric and the U.S. Department of Defense spent over \$45 million in amplifying the toxicity of CoV and its chimeric derivatives.

From 2011 until the alleged COVID-19 pandemic, Dr. Fauci has routinely lamented about the inadequacy of public funding for his vaccine programs and the public's general unwillingness to succumb to his insistence that everyone MUST be vaccinated against influenza. Despite repeated appropriations to advance vaccine dependency, his efforts have been largely unsuccessful. NIAID – under Dr. Fauci's direct authorization – encouraged UNC Chapel Hill and Dr. Baric's lab to ignore the GoF moratorium in a letter dated October 21, 2014. At that time, Drs. Fauci, Baric and EcoHealthAlliance's Peter Daszak were in possession of an extremely dangerous Chinese pathogen identified a year earlier in Wuhan.²

While many illegal acts were committed by the conspirators leading up to 2015, the domestic terrorism program (in violation of 18 USC § 2339) was announced by NIAID-funded Daszak at the National Academy of Sciences. Here, he announced what was to become the domestic and global terrorism event branded COVID-19.

¹ We note that gain-of-function specialist, Dr. Ralph Baric, was both the recipient of millions of dollars of U.S. research grants from several federal agencies and sat on the World Health Organization's International Committee on Taxonomy of Viruses (ICTV) and the Coronaviridae Study Group (CSG). In this capacity, he was both responsible for determining "novelty" of clades of virus species but directly benefitted from determining declarations of novelty in the form of new research funding authorizations and associated patenting and commercial collaboration. Together with CDC, NIAID, WHO, academic and commercial parties (including Johnson & Johnson; Sanofi and their several coronavirus patent-holding biotech companies; Moderna; Pfizer; Merck; BioNTech; AstraZeneca; Janssen; Ridgeback; Gilead (Dr. Baric's alter ego); Sherlock Biosciences; and others), a powerful group of interests constituted what are "interlocking directorates" under U.S. anti-trust laws. Further, most of these entities, including the Federal Government ones violated 35 USC § 200-206 by failing to disclose Federal Government interest in the remedies proposed.

These entities were affiliated with the WHO's Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Open Philanthropy-funded global coronavirus pandemic "desk-top" exercise EVENT 201 in October 2019. This event, funded by the principal investor in Sherlock Biosciences (a beneficiary of the SARS CoV-2 EUA for CRISPR technology) and linking interlocking funding partner, the Bill and Melinda Gates Foundation into the GPMB mandated a respiratory disease global preparedness exercise to be completed by September 2020 and alerted us to anticipate an "epidemic" scenario. We expected to see such a scenario emerge from Wuhan or Guangdong China, northern Italy, Seattle, New York or a combination thereof, as Dr. Zhengli Shi and Dr. Baric's work on zoonotic transmission of coronavirus identified overlapping mutations in coronavirus in bat populations located in these areas.

² By October 2013, the Wuhan Institute of Virology 1 coronavirus S1 spike protein was described in NIAID's funded work in China. This work involved NIAID, USAID, and Peter Daszak, the head of EcoHealth Alliance. This work, funded under R01AI079231, was pivotal in isolating and manipulating viral fragments selected from sites across China which contained high risk for severe human response. (Ge, XY., Li, JL., Yang, XL. *et al.* Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor. *Nature* **503**, 535–538 (2013).) The GoF work NIAID allowed to persist in the face of the moratorium was Dr. Baric's work with this pathogen

*"...until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. **To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process,** Daszak stated."*³

It is not surprising that one year later NIAID's funding paid off with Dr. Baric's lab announcing that the Wuhan-derived pathogen was "poised for human emergence".⁴

Knowing that the U.S. Department of Health and Human Services (through CDC, NIH, NIAID, and their funded laboratories and commercial partners) had patents on each proposed element of medical counter measures and their funding, Dr. Fauci, Dr. Gao (China CDC), and Dr. Elias (Bill and Melinda Gates Foundation) conspired to commit acts of terror on the global population – including the citizens of the United States – when, in September 2019, they published the following mandate in **A World At Risk**:

"Countries, donors and multilateral institutions must be prepared for the worst. A rapidly spreading pandemic due to a lethal respiratory pathogen (whether naturally emergent or accidentally or deliberately released) poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purpose: along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

- Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.*
- Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.*
- WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum."*⁵

As if to confirm the utility of the September 2019 demand for "financing and development of" vaccine and the fortuitous SARS CoV-2 alleged outbreak in December of 2019, Dr. Fauci began gloating that his fortunes for

³ Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK349040/>

⁴ Menachery VD, Yount BL Jr, Sims AC, Debbink K, Agnihothram SS, Gralinski LE, Graham RL, Scobey T, Plante JA, Royal SR, Swanstrom J, Sheahan TP, Pickles RJ, Corti D, Randell SH, Lanzavecchia A, Marasco WA, Baric RS. 2016. SARS-like WIV1-CoV poised for human emergence. **Proc Natl Acad Sci U S A.** 2016 Mar 14. pii: 201517719

⁵ https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf (page 8)

*"The emergence of the new virus is going to change that figure, likely considerably, Fauci said. "I don't know how much it's going to be. But I think it's going to generate more sustained interest in coronaviruses because it's very clear that coronaviruses can do really interesting things."*⁶

To finalize the nature of the racketeering and anti-trust criminal conspiracy, when it came time to commercialize the NIH and DARPA owned spike protein and pass it off as a “vaccine” (in conflict with the standard for vaccines in statutory and scientific application), the Operation Warp Speed contract was awarded to DoD contraction ATI, a subsidiary of ANSER. In a graph reminiscent of the anti-trust hearings at the formation of the Clayton Act in the early 20th century, the identity of the interlocking conflicts of interests are presented in graphic relief. It is with no surprise that the result of this price-fixing conspiracy was the enrichment of the conspiring parties and the harm of consumers.



⁷ <https://pubmed.ncbi.nlm.nih.gov/32756549/>

Indeed, *the money followed the hype* and they *used the hype to get to the real issues*. *Investors follow where they see profit at the end of the process*.

And real Americans are dying each day because a criminal organization unleashed terror resulting in the deaths of Americans.

18 U.S.C. § 2331 §§ 802 – Acts of Domestic Terrorism resulting in death of American Citizens

Pub. L. No. 107-52 expanded the definition of terrorism to cover "domestic," as opposed to international, terrorism. A person engages in domestic terrorism if they do an act "dangerous to human life" that is a violation of the criminal laws of a state or the United States, if the act appears to be intended to: (i) intimidate or coerce a civilian population; (ii) influence the policy of a government by intimidation or coercion;

Every single Act, the declaration of the State of Emergency, the Emergency Use Authorization, the fraudulent face masks, the business closures, and the OSHA and CMS vaccine mandates are ALL admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupted the democracy of the United States of American and resulted in the violation of 18 USC § 2384. The conspirators announced it in 2015, then prepared the pathogen in 2016, and laid out the terror campaign in September 2019. And now they profit from the death of Americans.

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Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020

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Community and close contact exposures continue to drive the coronavirus disease 2019 (COVID-19) pandemic. CDC and other public health authorities recommend community mitigation strategies to reduce transmission of SARS-CoV-2, the virus that causes COVID-19 (1,2). Characterization of community exposures can be difficult to assess when widespread transmission is occurring, especially from asymptomatic persons within inherently interconnected communities. Potential exposures, such as close contact with a person with confirmed COVID-19, have primarily been assessed among COVID-19 cases, without a non-COVID-19 comparison group (3,4). To assess community and close contact exposures associated with COVID-19, exposures reported by case-patients (154) were compared with exposures reported by control-participants (160). Case-patients were symptomatic adults (persons aged ≥18 years) with SARS-CoV-2 infection confirmed by reverse transcription–polymerase chain reaction (RT-PCR) testing. Control-participants were symptomatic outpatient adults from the same health care facilities who had negative SARS-CoV-2 test results. Close contact with a person with known COVID-19 was more commonly reported among case-patients (42%) than among control-participants (14%). Case-patients were more likely to have reported dining at a restaurant (any area designated by the restaurant, including indoor, patio, and outdoor seating) in the 2 weeks preceding illness onset than were control-participants (adjusted odds ratio [aOR] = 2.4; 95% confidence interval [CI] = 1.5–3.8). Restricting the analysis to participants without known close contact with a person with confirmed COVID-19, case-patients were more likely to report dining at a restaurant (aOR = 2.8, 95% CI = 1.9–4.3) or going to a bar/coffee shop (aOR = 3.9, 95% CI = 1.5–10.1) than were control-participants. Exposures and activities where mask use and social distancing are difficult to maintain, including going to places that offer on-site eating or drinking, might be important risk factors for acquiring COVID-19. As communities reopen, efforts to reduce possible exposures at locations that offer on-site eating and drinking options should be considered to protect customers, employees, and communities.

This investigation included adults aged ≥18 years who received a first test for SARS-CoV-2 infection at an outpatient testing or health care center at one of 11 Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network sites* during July 1–29, 2020 (5). A COVID-19 case was confirmed by RT-PCR testing for SARS-CoV-2 RNA from respiratory specimens. Assays varied among facilities. Each site generated lists of adults tested within the study period by laboratory result; adults with laboratory-confirmed COVID-19 were selected by random sampling as case-patients. For each case-patient, two adults with negative SARS-CoV-2 RT-PCR test results were randomly selected as control-participants and matched by age, sex, and study location. After randomization and matching, 615 potential case-patients and 1,212 control-participants were identified and contacted 14–23 days after the date they received SARS-CoV-2 testing. Screening questions were asked to identify eligible adults. Eligible adults for the study were symptomatic at the time of their first SARS-CoV-2 test.

CDC personnel administered structured interviews in English or five other languages† by telephone and entered data into REDCap software (6). Among 802 adults contacted and who agreed to participate (295 case-patients and 507 control-participants), 332 reported symptoms at the time of initial SARS-CoV-2 testing and were enrolled in the study. Eighteen interviews were excluded because of nonresponse to the community exposure questions. The final analytic sample (314) included 154 case-patients (positive SARS-CoV-2 test results) and 160 control-participants (negative SARS-CoV-2

* Baystate Medical Center, Springfield, Massachusetts; Beth Israel Deaconess Medical Center, Boston, Massachusetts; University of Colorado School of Medicine, Aurora, Colorado; Hennepin County Medical Center, Minneapolis, Minnesota; Intermountain Healthcare, Salt Lake City, Utah; Ohio State University Wexner Medical Center, Columbus, Ohio; Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Vanderbilt University Medical Center, Nashville, Tennessee; John Hopkins Hospital, Baltimore, Maryland; Stanford University Medical Center, Palo Alto, California; University of Washington Medical Center, Seattle, Washington). Participating states include California, Colorado, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Tennessee, Utah, and Washington.

† Other languages included Spanish, Arabic, Vietnamese, Portuguese, and Russian.

test results). Among nonparticipants, 470 were ineligible (i.e., were not symptomatic or had multiple tests), and 163 refused to participate. This activity was reviewed by CDC and participating sites and conducted consistent with applicable federal law and CDC policy.[§]

Data collected included demographic characteristics, information on underlying chronic medical conditions,[¶] symptoms, convalescence (self-rated physical and mental health), close contact (within 6 feet for ≥ 15 minutes) with a person with known COVID-19, workplace exposures, mask-wearing behavior, and community activities ≤ 14 days before symptom onset. Participants were asked about wearing a mask and possible community exposure activities (e.g., gatherings with ≤ 10 or > 10 persons in a home; shopping; dining at a restaurant; going to an office setting, salon, gym, bar/coffee shop, or church/religious gathering; or using public transportation) on a five-point Likert-type scale ranging from “never” to “more than once per day” or “always”; for analysis, community activity responses were dichotomized as never versus one or more times during the 14 days before illness onset. For each reported activity, participants were asked to quantify degree of adherence to recommendations such as wearing a face mask of any kind or social distancing among other persons at that location, with response options ranging from “none” to “almost all.” Descriptive and statistical analyses were performed to compare case-patients with control-participants, assessing differences in demographic characteristics, community exposures, and close contact. Although an effort was made initially to match case-patients to control-participants based on a 1:2 ratio, not all potential participants were eligible or completed an interview, and therefore an unmatched analysis was performed. Unconditional logistic regression models with generalized estimating equations with exchangeable correlation structure correcting standard error estimates for site-level clustering were used to assess differences in community exposures between case-patients and control-participants, adjusting for age, sex, race/ethnicity, and presence of one or more underlying chronic medical conditions. In each model, SARS-CoV-2 test result (i.e., positive or negative) was the outcome variable, and each community exposure activity was the predictor variable. The first model included the full analytic sample (314). A second model was restricted to participants who did not report close contact to a person with COVID-19 (89 case-patients and 136 control-participants). Statistical analyses were conducted using SAS software (version 9.4; SAS Institute).

[§] Activity was determined to meet the requirements of public health surveillance as defined in 45 CFR 46.102(l)(2).

[¶] Cardiac condition, hypertension, asthma, chronic obstructive pulmonary disease, immunodeficiency, psychiatric condition, diabetes, or obesity.

Compared with case-patients, control-participants were more likely to be non-Hispanic White ($p < 0.01$), have a college degree or higher ($p < 0.01$), and report at least one underlying chronic medical condition ($p = 0.01$) (Table). In the 14 days before illness onset, 71% of case-patients and 74% of control-participants reported always using cloth face coverings or other mask types when in public. Close contact with one or more persons with known COVID-19 was reported by 42% of case-patients compared with 14% of control-participants ($p < 0.01$), and most (51%) close contacts were family members.

Approximately one half of all participants reported shopping and visiting others inside a home (in groups of ≤ 10 persons) on ≥ 1 day during the 14 days preceding symptom onset. No significant differences were observed in the bivariate analysis between case-patients and control-participants in shopping; gatherings with ≤ 10 persons in a home; going to an office setting; going to a salon; gatherings with > 10 persons in a home; going to a gym; using public transportation; going to a bar/coffee shop; or attending church/religious gathering. However, case-patients were more likely to have reported dining at a restaurant (aOR = 2.4, 95% CI = 1.5–3.8) in the 2 weeks before illness onset than were control-participants (Figure). Further, when the analysis was restricted to the 225 participants who did not report recent close contact with a person with known COVID-19, case-patients were more likely than were control-participants to have reported dining at a restaurant (aOR = 2.8, 95% CI = 1.9–4.3) or going to a bar/coffee shop (aOR = 3.9, 95% CI = 1.5–10.1). Among 107 participants who reported dining at a restaurant and 21 participants who reported going to a bar/coffee shop, case-patients were less likely to report observing almost all patrons at the restaurant adhering to recommendations such as wearing a mask or social distancing ($p = 0.03$ and $p = 0.01$, respectively).

Discussion

In this investigation, participants with and without COVID-19 reported generally similar community exposures, with the exception of going to locations with on-site eating and drinking options. Adults with confirmed COVID-19 (case-patients) were approximately twice as likely as were control-participants to have reported dining at a restaurant in the 14 days before becoming ill. In addition to dining at a restaurant, case-patients were more likely to report going to a bar/coffee shop, but only when the analysis was restricted to participants without close contact with persons with known COVID-19 before illness onset. Reports of exposures in restaurants have been linked to air circulation (7). Direction, ventilation, and intensity of airflow might affect virus transmission, even if social distancing measures and mask use are implemented according to current guidance. Masks cannot

TABLE. Characteristics of symptomatic adults ≥ 18 years who were outpatients in 11 academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020

Characteristic	No. (%)		P-value
	Case-patients (n = 154)	Control participants (n = 160)	
Age group, yrs			
18–29	44 (28.6)	39 (24.4)	0.18
30–44	46 (29.9)	62 (38.7)	
45–59	46 (29.9)	35 (21.9)	
≥ 60	18 (11.7)	24 (15.0)	
Sex			
Men	75 (48.7)	72 (45.0)	0.51
Women	79 (51.3)	88 (55.0)	
Race/Ethnicity[†]			
White, non-Hispanic	92 (59.7)	124 (77.5)	<0.01
Hispanic/Latino	29 (18.8)	12 (7.5)	
Black, non-Hispanic	27 (17.5)	19 (11.9)	
Other, non-Hispanic	6 (3.9)	5 (3.1)	
Education (missing = 3)			
Less than high school	16 (10.5)	3 (1.9)	<0.01
High school degree or some college	60 (39.2)	48 (30.4)	
College degree or more	77 (50.3)	107 (67.7)	
At least one underlying chronic medical condition[§]	75 (48.7)	98 (61.2)	0.01
Community exposure 14 days before illness onset[¶]			
Shopping	131 (85.6)	141 (88.1)	0.51
Home, ≤ 10 persons	79 (51.3)	84 (52.5)	0.83
Restaurant	63 (40.9)	44 (27.7)	0.01
Office setting	37 (24.0)	47 (29.6)	0.27
Salon	24 (15.6)	28 (17.6)	0.63
Home, > 10 persons	21 (13.6)	24 (15.0)	0.73
Gym	12 (7.8)	10 (6.3)	0.60
Public transportation	8 (5.2)	10 (6.3)	0.68
Bar/Coffee shop	13 (8.5)	8 (5.0)	0.22
Church/Religious gathering	12 (7.8)	8 (5.0)	0.32
Restaurant: others following recommendations such as wearing a face covering or mask of any kind or social distancing (n = 107)			
None/A few	12 (19.0)	1 (2.3)	0.03
About half/Most	25 (39.7)	21 (47.7)	
Almost all	26 (41.3)	22 (50.0)	
Bar: others following recommendations such as wearing a face covering or mask of any kind or social distancing (n = 21)			
None/A few	4 (31.8)	2 (25.0)	0.01
About half/Most	7 (53.8)	0 (0.0)	
Almost all	2 (15.4)	6 (75.0)	

See table footnotes on the next page.

be effectively worn while eating and drinking, whereas shopping and numerous other indoor activities do not preclude mask use.

Among adults with COVID-19, 42% reported close contact with a person with COVID-19, similar to what has been reported previously (4). Most close contact exposures were to family members, consistent with household transmission of SARS-CoV-2 (8). Fewer (14%) persons who received a negative SARS-CoV-2 test result reported close contact with a person with known COVID-19. To help slow the spread of SARS-CoV-2, precautions should be implemented to stay home once exposed to someone with COVID-19,** in addition to adhering to recommendations to wash hands

often, wear masks, and social distance.^{††} If a family member or other close contact is ill, additional prevention measures can be taken to reduce transmission, such as cleaning and disinfecting the home, reducing shared meals and items, wearing gloves, and wearing masks, for those with and without known COVID-19.^{§§}

The findings in this report are subject to at least five limitations. First, the sample included 314 symptomatic patients who actively sought testing during July 1–29, 2020 at 11 health care facilities. Symptomatic adults with negative SARS-CoV-2 test results might have been infected with other respiratory

^{††} <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html>.

^{§§} <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>.

** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

TABLE. (Continued) Characteristics of symptomatic adults ≥18 years who were outpatients in 11 academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020

Characteristic	No. (%)		P-value
	Case-patients (n = 154)	Control participants (n = 160)	
Previous close contact with a person with known COVID-19 (missing = 1)			
No	89 (57.8)	136 (85.5)	<0.01
Yes	65 (42.2)	23 (14.5)	
Relationship to close contact with known COVID-19 (n = 88)			
Family	33 (50.8)	5 (21.7)	<0.01
Friend	9 (13.8)	4 (17.4)	
Work colleague	11 (16.9)	6 (26.1)	
Other**	6 (9.2)	8 (34.8)	
Multiple	6 (9.2)	0 (0.0)	
Reported use of cloth face covering or mask 14 days before illness onset (missing = 2)			
Never	6 (3.9)	5 (3.1)	0.86
Rarely	6 (3.9)	6 (3.8)	
Sometimes	11 (7.2)	7 (4.4)	
Often	22 (14.4)	23 (14.5)	
Always	108 (70.6)	118 (74.2)	

* Respondents who completed the interview 14–23 days after their test date. Five participants had significant missingness for exposure questions and were removed from the analysis. Patients were randomly sampled from 11 academic health care systems that are part of the Influenza Vaccine Effectiveness in the Critically Ill Network sites (Baystate Medical Center, Springfield, Massachusetts; Beth Israel Deaconess Medical Center, Boston, Massachusetts; University of Colorado School of Medicine, Aurora, Colorado; Hennepin County Medical Center, Minneapolis, Minnesota; Intermountain Healthcare, Salt Lake City, Utah; Ohio State University Wexner Medical Center, Columbus, Ohio; Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Vanderbilt University Medical Center, Nashville, Tennessee; John Hopkins Hospital, Baltimore, Maryland; Stanford University Medical Center, Palo Alto, California; University of Washington Medical Center, Seattle, Washington). Participating states include California, Colorado, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Tennessee, Utah, and Washington.

† Other race includes responses of Native American/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and other; these were combined because of small sample sizes.

§ Reported at least one of the following underlying chronic medical conditions: cardiac condition, hypertension, asthma, chronic obstructive pulmonary disease, immunodeficiency, psychiatric condition, diabetes, or obesity.

¶ Community exposure questions asked were “In the 14 days before feeling ill about how often did you:” with options of “shop for items (groceries, prescriptions, home goods, clothing, etc.)” (missing = 1); “have people visit you inside your home or go inside someone else’s home where there were more than 10 people”; “have people visit you inside your home or go inside someone else’s home where there were 10 people or less”; “go to church or a religious gathering/place of worship” (missing = 1); “go to a restaurant (dine-in, any area designated by the restaurant including patio seating)” (missing = 1); “go to a bar or coffee shop (indoors)” (missing = 2); “use public transportation (bus, subway, streetcar, train, etc.)” (missing = 1); “go to an office setting (other than for healthcare purposes)” (missing = 1); “go to a gym or fitness center” (missing = 1); and “go to a salon or barber (e.g., hair salon, nail salon, etc.)” (missing = 1). Response options were coded as never versus at least once in the 14 days prior to illness onset. Some participants had missing data for exposure questions:

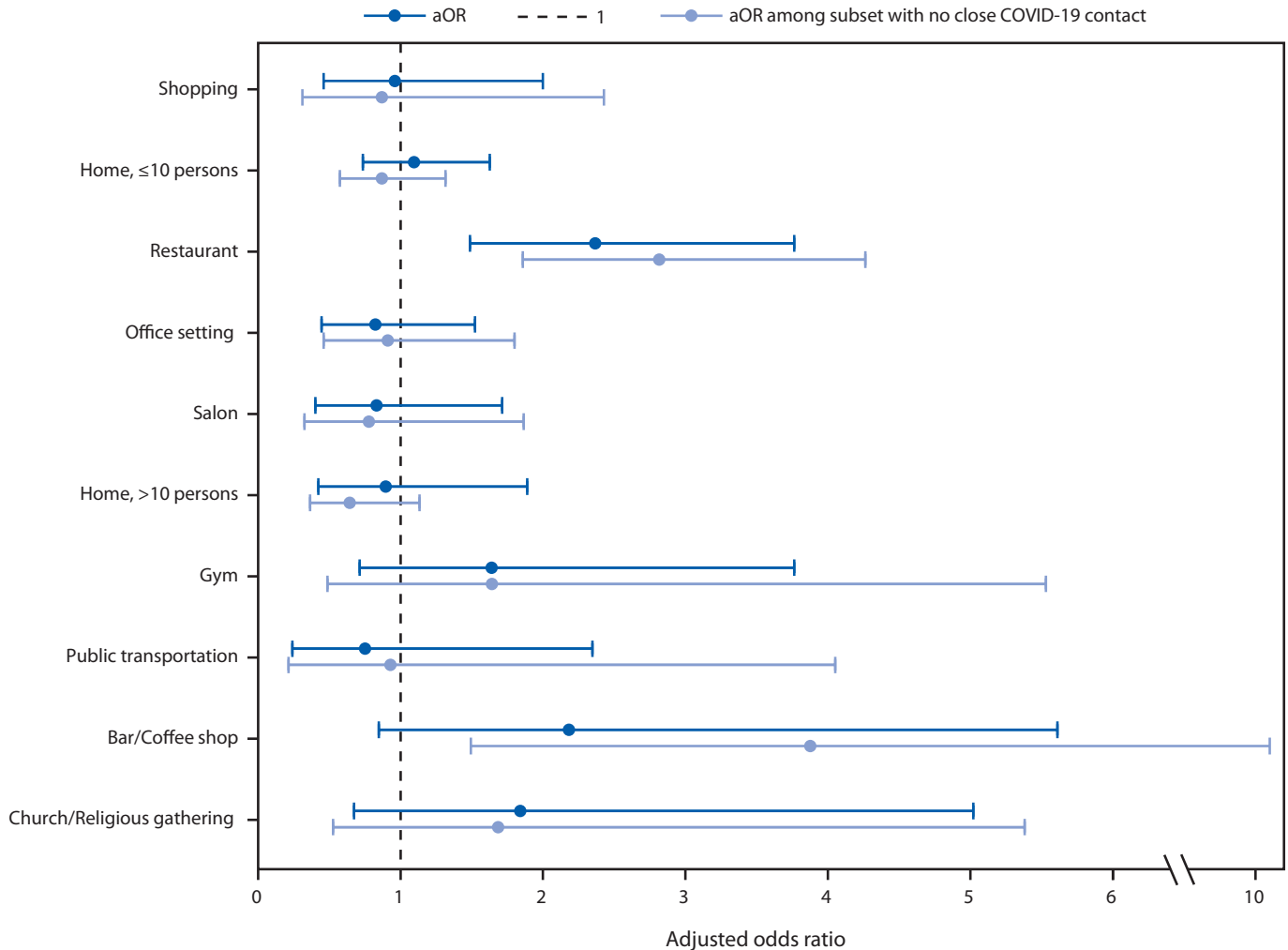
** Other includes patients of health care workers (9), patron of a restaurant (1), spouse of employee (1), day care teacher (1), member of a religious congregation (1), and unspecified (1).

viruses and had similar exposures to persons with cases of such illnesses. Persons who did not respond, or refused to participate, could be systematically different from those who were interviewed for this investigation. Efforts to age- and sex-match participating case-patients and control-participants were not maintained because of participants not meeting the eligibility criteria, refusing to participate, or not responding, and this was accounted for in the analytic approach. Second, unmeasured confounding is possible, such that reported behaviors might represent factors, including concurrently participating in activities where possible exposures could have taken place, that were not included in the analysis or measured in the survey. Of note, the question assessing dining at a restaurant did not distinguish between indoor and outdoor options. In addition, the question about going to a bar or coffee shop did not distinguish between the venues or service delivery methods, which might represent different exposures. Third,

adults in the study were from one of 11 participating health care facilities and might not be representative of the United States population. Fourth, participants were aware of their SARS-CoV-2 test results, which could have influenced their responses to questions about community exposures and close contacts. Finally, case or control status might be subject to misclassification because of imperfect sensitivity or specificity of PCR-based testing (9,10).

This investigation highlights differences in community and close contact exposures between adults who received a positive SARS-CoV-2 test result and those who received a negative SARS-CoV-2 test result. Continued assessment of various types of activities and exposures as communities, schools, and workplaces reopen is important. Exposures and activities where mask use and social distancing are difficult to maintain, including going to locations that offer on-site eating and drinking, might be important risk factors for

FIGURE. Adjusted odds ratio (aOR)* and 95% confidence intervals for community exposures† associated with confirmed COVID-19 among symptomatic adults aged ≥18 years (N = 314) — United States, July 1–29, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.

* Adjusted for race/ethnicity, sex, age, and reporting at least one underlying chronic medical condition. Odds ratios were estimated using unconditional logistic regression with generalized estimating equations, which accounted for Influenza Vaccine Effectiveness in the Critically Ill Network site-level clustering. A second model was restricted to participants who did not report close contact to a person known to have COVID-19 (n = 225).

† Community exposure questions asked were “In the 14 days before feeling ill about how often did you: shop for items (groceries, prescriptions, home goods, clothing, etc.); have people visit you inside your home or go inside someone else’s home where there were more than 10 people; have people visit you inside your home or go inside someone else’s home where there were 10 people or less; go to church or a religious gathering/place of worship; go to a restaurant (dine-in, any area designated by the restaurant including patio seating); go to a bar or coffee shop (indoors); use public transportation (bus, subway, streetcar, train, etc.); go to an office setting (other than for healthcare purposes); go to a gym or fitness center; go to a salon or barber (e.g., hair salon, nail salon, etc.).” Response options were coded as never versus at least once in the 14 days before illness onset.

SARS-CoV-2 infection. Implementing safe practices to reduce exposures to SARS-CoV-2 during on-site eating and drinking should be considered to protect customers, employees, and communities^{¶¶} and slow the spread of COVID-19.

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^{¶¶} <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html#restaurant>; <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html>; https://www.cdc.gov/coronavirus/2019-ncov/images/community/Rest_Bars_RiskAssessment.jpg.

Summary**What is already known about the topic?**

Community and close contact exposures contribute to the spread of COVID-19.

What is added by this report?

Findings from a case-control investigation of symptomatic outpatients from 11 U.S. health care facilities found that close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity. Adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at a restaurant than were those with negative SARS-CoV-2 test results.

What are the implications for public health practice?

Eating and drinking on-site at locations that offer such options might be important risk factors associated with SARS-CoV-2 infection. Efforts to reduce possible exposures where mask use and social distancing are difficult to maintain, such as when eating and drinking, should be considered to protect customers, employees, and communities.

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Despite the CDC's latest findings that masks may be ineffective against the virus, they are now required across most of the state of California and other regions, where leaders urge individuals to wear a mask when keeping at least six feet apart is impossible.

The CDC study found that positive participants were more likely to go out for food than those who tested negative, acknowledging that wearing a face covering while eating and drinking is virtually impossible.

"Adults with confirmed COVID-19 (case-patients) were approximately twice as likely as were control-participants to have reported dining at a restaurant in the 14 days before becoming ill," CDC noted. However, the health agency conceded that there is no accurate way to pinpoint whether the COVID-19-infected participants contracted the disease when they took their masks off to eat or drink.

"Characterization of community exposures can be difficult to assess when [the] widespread transmission is occurring, especially from asymptomatic persons within inherently interconnected communities," the CDC pointed out.

The agency further suggested that "direction, ventilation, and intensity of airflow might affect virus transmission, even if social distancing measures and mask use are implemented according to current guidance."

"Most close contact exposures were to family members, consistent with household transmission of [COVID-19]," the CDC added.

The CDC investigation was carried out on adults over 18 years old who received the test for the virus at an outpatient testing or healthcare center at one of 11 health centers throughout most of July (1–29).

That same month, Fauci, the National Institute of Allergy and Infectious Diseases director, came out [against](#) conducting a controlled study on the effectiveness of masks to prevent the spread of the Chinese virus.

"Right now, I'm convinced enough in the summation and totality of the data that has been analyzed by a meta-analysis that I'm convinced that the benefit of wearing a mask clearly is there and is better than not wearing a mask," he insisted during an event sponsored by Georgetown University's Institute of Politics and Public Service.

Early during the pandemic, Fauci and other public health officials advised people who were not in the medical field against wearing masks and later changed their minds, urging everyone to wear masks.

Dear LA County Board Members,

In light of the revelations regarding Dr. Ferrer's alleged egregious conflict of interest, which reportedly was undisclosed, the recent press conference from some of USC + LAC's most respected medical professionals and leaders, which directly contradicted Dr. Ferrer and what she's been feeding the public, and the newly disclosed video of Dr. Ferrer at a sold-out Dodger Stadium this week with a mask around her arm (and not over her face)--notwithstanding her dire warnings to the public about how bad things are right now--what is this Board doing to investigate and/or consider Dr. Ferrer's ability to serve even one more day?

This cannot go on. It is an affront to the people you all serve and we are quickly becoming a laughingstock across the country, and even the world. The damage to the credibility of our public health officials moving forward as a result of Dr. Ferrer's reign cannot be overstated.

Ferrer can no longer effectively lead the LACDPH. She has become a distraction and has lost the trust of a large swath of Angelenos.

Sincerely,
Lisa Matro

I would like to ask you to stop the mask mandate from returning. Yes, Covid cases have increased, but that is because it is a milder strain that spreads quicker. People are getting it, but not being hospitalized or dieing like before. Below I have attached the US Covid 7-day average. Significantly higher cases, not deaths. Our school district has already stated that masks will be 100% dependent on what LA County says. YOU choose. You don't have to go with Ferrer says. She has NO scientific backing or reasoning besides a power grab of why she is going to enforce masks again. The idea of sending my kids to school in masks is nauseating. They can't hear the teacher or other students. They can't rely on facial expressions to understand. Emotionally and mentally, it is hurting youth to keep mandating masks. There is NO need. Let those who want to wear them choose to, but do not make it a mandate. It will hurt the economy; it will hurt families and it is unnecessary.

#fireferrer

Tawni Smith
La Crescenta, CA

COVID CASES USA 7-DAY AVG
128,246 JUL 22 2022
45,754 JUL 22 2021
DEATHS 7-DAY AVG
433 JUL 22 2022
273 JUL 22 2021

Association between School Mask Mandates and SARS-CoV-2 Student Infections: Evidence from a Natural Experiment of Neighboring K-12 Districts in North Dakota

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Abstract

There is still considerable debate about whether mask mandates in the K-12 schools limit transmission of SARS-CoV-2 in children attending school. Randomized data about the effectiveness of mask mandates in children is still entirely lacking. Our study took advantage of a unique natural experiment of two adjacent K-12 school districts in Fargo, North Dakota, one which had a mask mandate and one which did not in the fall of the 2021-2022 academic year. In the winter, both districts adopted a masks-optional policy allowing for a partial crossover study design. We observed no significant difference between student case rates while the districts had differing masking policies (IRR 0.99; 95% CI: 0.92 to 1.07) nor while they had the same mask policies (IRR 1.04; 95% CI: 0.92 to 1.16). The IRRs across the two periods were also not significantly different ($p = 0.40$). Our findings contribute to a growing body of literature which suggests school-based mask mandates have limited to no impact on the case rates of COVID-19 among K-12 students.

Introduction

School districts across the nation have implemented mask mandates for children in the hope of reducing COVID-19 transmission, but the impact of school-based mask mandates on COVID-19 transmission in children is not fully established. While observational studies of school mask mandates have had conflicting results, randomized studies have failed to detect an impact of masking on participants under 50 years of age [1-6]. Here we report the results of a natural experiment in two large K-12 school districts in Fargo, North Dakota, Fargo Public Schools (FPS) and West Fargo Public Schools (WF), to estimate the association between school mask mandates and COVID-19 infections. Our study population is unique because the districts are adjacent to each other in the same county and have similar student demographics, COVID-19 mitigation policies and staff vaccination rates. At the start of the Fall 2021 semester, FPS mandated masks and WF did not. On January 17, 2022, FPS also moved to a mask optional policy, creating a unique natural experiment to study school-based mask mandates.

Results

Table 1 shows school characteristics, total number of positive student tests and the COVID-19 risk mitigation measures implemented by each district. Both school districts had similar COVID-19 mitigation policies, although FPS had more stringent rules for quarantining close contacts. WF also had higher percentages of low-income and minority students. Figure 1 shows that overall trends in COVID-19 incidence among students were similar in the two districts. From August 26, 2021, to January 17, 2022, cumulative incidence in the mask compulsory school district was almost identical to cumulative incidence in the mask-optional district (WF: 1596/12,254 [13.0%; 95% CI: 12.4, 13.6]); FPS: 1475/11,419 [12.9% 95% CI: 12.3, 13.6%]). IRR 0.99; 95% CI: 0.92, 1.07). Post January 17, 2022, when both districts had mask-optional policies, case rates were also not significantly different (WF: 622/12,254 [5.1%; 95% CI: 4.7, 5.5]; FPS: 600/11,419 [5.3%; 95% CI: 4.9, 5.7]). IRR 1.04; 95% CI: 0.92, 1.16). The IRRs across the two periods were also not statistically significantly different (p value = 0.40). Based on an incidence rate of 13%, we had 80% power to detect a 1.2% difference in incidence between the districts.

Discussion

This study found that K-12 school mask mandates were not associated with significantly lower COVID-19 student case rates. This is consistent with adult randomized data on community cloth masking [6], multiple observational studies of school mask mandates [1,2,3] and a systematic review of medical or surgical cloth masking for influenza [8]. Studies of school-based mask mandates are particularly prone to bias [9] as student cases detected within the school may be at least 20x more likely to have been contracted outside of school than in [10]. Other observational studies have reported a negative association between school mask mandates and SARS-CoV-2 cases [11,12,13] but may have had important methodological limitations [9,14].

The strengths of the study include the similarities of the two K-12 districts including size, adjacent location within a county, similar demographics, and COVID-19 policies beyond masking. Second, the study includes a partial crossover design with the mask mandate district dropping its mandate during the study period. The partial crossover should have revealed the presence of any major confounding effect. The lack of significant difference between the districts however persisted post partial crossover, when both districts had masks-optional policies. Based on the size of our study and the incidence rate during the study period, we had 80% power to detect a 1.2% difference in incidence between the districts, so if we failed to detect a benefit of mask mandates, that benefit would have been very small. An additional strength of this study is it includes a relatively long study period with data from both the delta and omicron waves.

The study also has limitations. We did not have information on the number of tests performed by each school district, although both school districts had similar testing access and policies. Second, this study did not specifically evaluate in-school transmission. We also did not have data on the types of masks being worn or on masking adherence rates in the two school districts; however, parents and administrators indicated via personal communication with SH, masking was near universal in the district with a mask mandate and 5% or less in the masks-optional district [15]. In conclusion, school mask mandates were not found to be associated with significantly lower student SARS-CoV-2 case rates. This is consistent with a growing body of scientific literature and should be taken into consideration and weighed with the harms and discomfort of masking in the educational setting.

Methods

We obtained data on student enrollment, masking policies, masking compliance, demographic information and COVID-19 mitigation measures from district administrators and official school district websites. We obtained publicly available data on new student COVID-19 case rates in each school district from August 26, 2021, to March 2, 2022, from the North Dakota Department of Health website [<https://www.health.nd.gov/k-12-school-dashboard>]. We determined the COVID-19 student case rates and incidence rate ratio (IRR) as well as 95% confidence intervals (CI) for case rates between the districts, both while FPS had a mask mandate and WF did not and then when FPS dropped their mandate on January 17, 2022, (after which both districts had mask-optional policies). The study is not considered human subjects research as the data were not collected specifically for this study and do not have subject identifiers. We used Stata Version 17 and UCSF Sample Size Calculator [7] for the analysis. A post-hoc power calculation was performed using ClinCalc. Our report follows the STROBE reporting guidelines for observational studies.

Declarations

Acknowledgements

We would like to thank Emily J Allen, PhD, for her graphic design assistance. This study received funding from the University of Southern California.

Author Contributions

SH, TH and NS conceived the study design, SH, JS and NS collected the data, NS, JS and TH analysed the data and NS and TH interpreted the results. All authors reviewed the manuscript.

Competing Interests

TH has provided expert testimony for multiple lawsuits involving SARS-CoV-2 in-school transmission and student mask mandates. Otherwise, the authors declare no relevant competing interests.

Data availability

The raw data used for our calculations are available online at <https://github.com/tracybethhoeg/North-Dakota-Mask-Study>

The data used in this analysis are also publicly available North Dakota Department of Health website available at <https://www.health.nd.gov/k-12-school-dashboard> , accessed March 31, 2022. Information on enrollment from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022. FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

Ethics declarations

According to the NIH's Human Subjects Research Decision Tool (<https://grants.nih.gov/policy/humansubjects/hs-decision.htm>), this study was IRB exempt.

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Table 1

Table 1: School district characteristics and COVID-19 risk mitigation measures in Fall 2021 in study school districts

School Policies and Characteristics	West Fargo Public School District (School District with mask optional policy)	Fargo Public School District (School district with mandatory masking till Jan 17, 2022 and mask optional thereafter)
Student Enrollment in August 2021 ^a	12,254	11,419
Total Number (% [95% CI]) of students testing positive up to 1/17/22	1596 (13.0% [12.4, 13.6])	1475 (12.9% [12.3, 13.6])
Total Number (% [95% CI]) of Students Testing Positive After 1/17/22	622 (5.1% [4.7, 5.5])	600 (5.3% [4.9, 5.7])
Average Class Size ^b	21-Elementary School, 23-Middle School, 23-High School	18.7-Elementary School, 21.2 Middle School, 20.1 High School
Race/Ethnicity of Students in 2021-2022 School Year ^c	71% White, 17% African American, Asian 4%, Hispanic 4%	69% White, 16% African American, Asian 4%, Hispanic 6%
Fraction of Low-Income students in 2021-2022 School Year ^c	23%	18%
Staff vaccination rate at school year start ^b	74.5%	77.6%
Face covering required when using district provided transportation ^d	Yes	Yes
Mandatory physical distancing ^d	No	No
Regular cleaning of high touch surfaces ^d	Yes	Yes
Does the school conduct routine COVID testing of all children? ^d	No. Children are given the option to use a rapid test on certain times and days at school sites. Children need parent permission and need to preregister. Children who develop symptoms at school have the option to test with parent permission when parent picks up child from school.	No. The district has 2 testing sites where students and their families can get tested, but it is voluntary. A parent needs to escort their student to the site or have a permission slip filed in.

School activities, events, assemblies, and gatherings allowed ^d	Yes	Yes
Has the school upgraded ventilation systems? ^d	Yes, iMod air filtration units have been installed in every school	Yes, Needlepoint Bi-polar Ionization units have been installed in each school buildings HVAC system.
Symptomatic students sent home ^d	Yes	Yes
How long are COVID+ children required to stay at home? ^d	10 days	10 days
When can symptomatic children return to school? ^d	Students with symptoms other than loss of taste or smell can return when they have been symptom free for 24 hours without use of medications. Students with loss of taste or smell can return after 10 days or the following day after a negative test	Students can return after 10 days from onset or date of negative COVID test whichever is earlier, and free of fever for 24 hours with improving symptoms.
Are children in the same classroom as COVID+ case required to quarantine? ^d	No, a notification is sent to all children in the classroom and parents are asked to monitor their children for symptoms	Not all of them. Only individuals who are close contacts (close contact being anyone within 6ft for 15 cumulative minutes or more in one day) and unmasked (unmasked contacts generally originate from lunch or snack times) are required to quarantine or go through testing protocol to remain in school.
Are "close contacts" required to quarantine? ^d	Only symptomatic individuals or persons who are unvaccinated and unwilling to do a rapid test every other day for seven days need to quarantine	Only unmasked close contacts are required to quarantine or submit to every other day testing to remain in school

Notes:

^a Information from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022.
FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

^b Information from communication with school administrators.

^c Information from official portal for North Dakota state government.
WFPS: <https://insights.nd.gov/Education/District/EnrollmentDemographics/09006> accessed March 31, 2022.
FPS: <https://insights.nd.gov/Education/District/EnrollmentDemographics/09001> accessed March 31, 2022.

^d Information from school COVID-19 protocols. WFPS: <https://www.west-fargo.k12.nd.us/cms/lib/ND02203445/Centricity/Domain/2935/COVID%20Health%20and%20Safety%20Protocols%202021-22.pdf> accessed March 31, 2022. FPS: <https://drive.google.com/file/d/1qyn7DNvCnSuKszHqM8C8BTAixmnCbToS/view> accessed March 31, 2022.

Figures

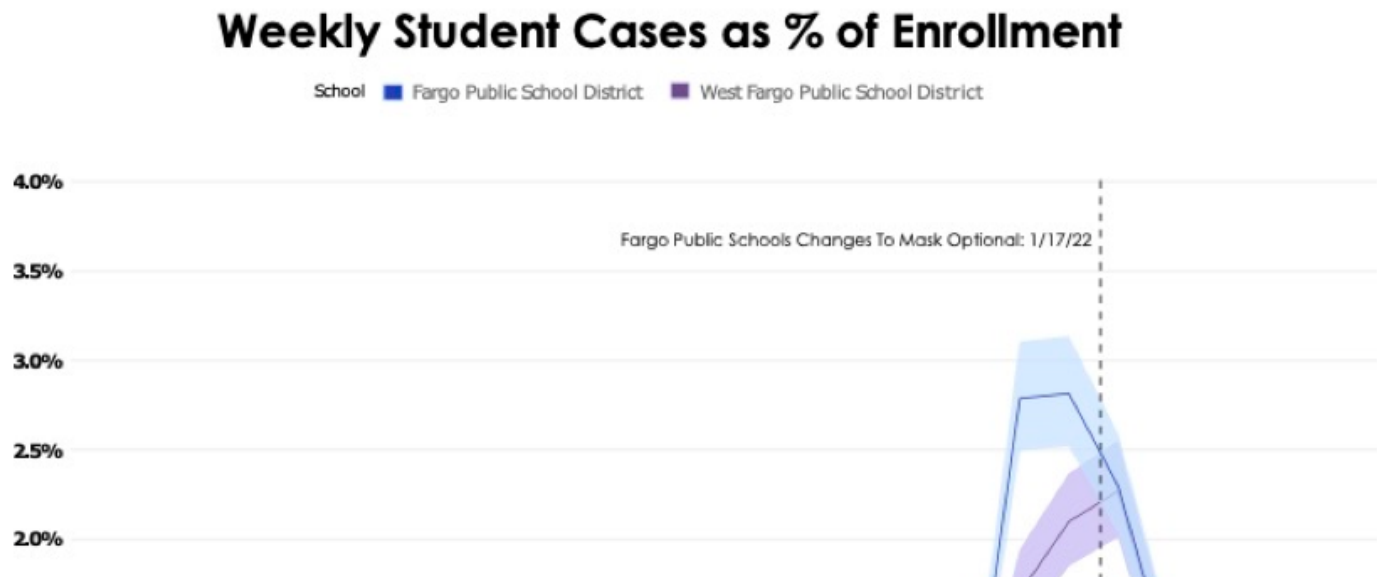


Figure 1

Weekly COVID-19 Incidence in School Districts Since Start of 2021 School Year

Notes: Shaded region represents 95% confidence intervals. Information on new student COVID-19 cases from North Dakota Department of Health website available at <https://www.health.nd.gov/k-12-school-dashboard> , accessed March 31, 2022. Information on enrollment from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022. FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

Correlation Between Mask Compliance and COVID-19 Outcomes in Europe

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Abstract

Masking was the single most common non-pharmaceutical intervention in the course of the coronavirus disease 2019 (COVID-19) pandemic. Most countries have implemented recommendations or mandates regarding the use of masks in public spaces. The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage.

Categories: Infectious Disease, Environmental Health, Epidemiology/Public Health

Keywords: mortality index, europe, linear correlation, masks, covid-19 transmission

Introduction

Universal masking has been introduced during the coronavirus disease 2019 (COVID-19) pandemic at an unprecedented global scale as an important tool to curb viral transmission among potential susceptible persons. Face masks still are one of the most significant and controversial symbols in the fight against COVID-19. Two large randomised controlled trials about mask effectiveness performed during the pandemic came out with mixed results [1,2]. Several studies that analysed the effect of masks on the general population (ecological studies) have concluded that masks were associated with a reduction in transmission and cases [3-7]. However, these studies were restricted to the summer and early autumn of 2020. From March 2020 onwards, country after country instituted some form of mask mandate or recommendation. The stringency of these measures varied among the different countries and they, therefore, resulted in different proportions of mask compliance, ranging from 5% to 95% [8]. Such heterogeneity in mask usage among neighbouring countries provided an ideal opportunity to test the effect of this non-pharmaceutical intervention on the progression of a strong COVID-19 outburst.

Materials And Methods

Study design

This analysis aimed to verify whether mask usage was correlated with COVID-19 morbidity and mortality. Daily data on COVID-19 cases and deaths and on mask usage were obtained for all European countries. The rationale behind the choice of European countries for comparison was fourfold: (1) availability and reliability of data; (2) a relative population homogeneity and shared history of epidemics (comparing countries from different continents may bring too many confounding factors); (3) similar age stratification and access to health assistance; and (4) divergent masking policies and different percentages of mask usage among the different populations, despite the fact that the entire continent was undergoing an outburst of COVID-19 at the time period analysed in this study.

Inclusion criterion

Data were collected from the following Eastern and Western European countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Hungary, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia, Belarus, Estonia, Latvia, Lithuania, Republic of Moldova, Ukraine, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and Northern Ireland. The inclusion criterion was a population size higher than one million people.

Data retrieval

Data on morbidity, mortality, and mask usage were retrieved from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington [8]. Data from IHME were downloaded on 14th February

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2022. IHME mask data sources are the Delphi Group at Carnegie Mellon University and the University of Maryland COVID-19 Trends and Impact Surveys, in partnership with Facebook, Kaiser Family Foundation, and YouGov COVID-19 Behaviour Tracker Survey (<https://www.healthdata.org>). Data on vaccination were obtained from Our World in Data (OWID) [9] on 4th April 2022.

Statistical analysis

Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were collected and analysed. Spearman’s correlation analyses and Shapiro-Wilk normality checks were in JASP (version 0.15; University of Amsterdam, Amsterdam, Netherlands) [10] and linear regressions in Wolfram Mathematica 13.0 (Wolfram Research, Inc., Champaign, Illinois) [11].

Results

This brief communication reports the correlation between the proportion of mask usage in the population and the number of cases (per million) and deaths (per million) from October 2020 to March 2021 in 35 European countries (Table 1). For this analysis, all European countries, including West and East Europe, with more than one million inhabitants were selected, encompassing a total of 602 million people. All analysed countries underwent a peak of COVID-19 infection during these six months (Figures 1, 2). The average proportion of mask usage in the referred period was 60.9% ± 19.9%, slightly higher in Eastern than in Western Europe (62.1% and 59.6%, respectively). However, the level of mask compliance was considerably more homogeneous in East (SD = 13.4%) than in West European countries (SD = 25.4%).

Country	Average mask usage ¹	Cases/million	Deaths/million
Albania	53%	40990	679
Bosnia and Herzegovina	40%	43078	1738
Bulgaria	55%	46405	1784
Croatia	29%	60039	1334
Czechia	52%	137494	2418
Hungary	77%	64704	2064
North Macedonia	67%	52048	1413
Poland	72%	57966	1315
Romania	81%	42898	1121
Serbia	54%	64829	521
Slovakia	76%	128326	1779
Slovenia	69%	101198	1879
Belarus	55%	25595	149
Estonia	64%	78525	639
Latvia	64%	52493	972
Lithuania	74%	75664	1252
Republic of Moldova	66%	48045	1102
Ukraine	67%	34298	686
Austria	55%	56237	959
Belgium	71%	66905	1135
Denmark	14%	34942	312
Finland	46%	12252	100
France	76%	58354	928
Germany	57%	29671	791
Greece	84%	23722	745

Ireland	71%	40270	587
Italy	91%	54310	1223
Netherlands	51%	68009	596
Norway	29%	15340	75
Portugal	84%	70056	1397
Spain	95%	55480	968
Sweden	5%	70356	759
Switzerland	53%	62669	927
United Kingdom	62%	57689	1363
Northern Ireland	68%	54567	1039
Shapiro-Wilk p-value ²	0.056	0.004	0.693

TABLE 1: Proportion of mask usage and the number of COVID-19 cases and deaths per million throughout the 2020-2021 late fall and winter (1st October to 31st March) in Europe.

¹ Percent of the population reporting always wearing a mask when leaving home.

² Shapiro-Wilk test for normality.

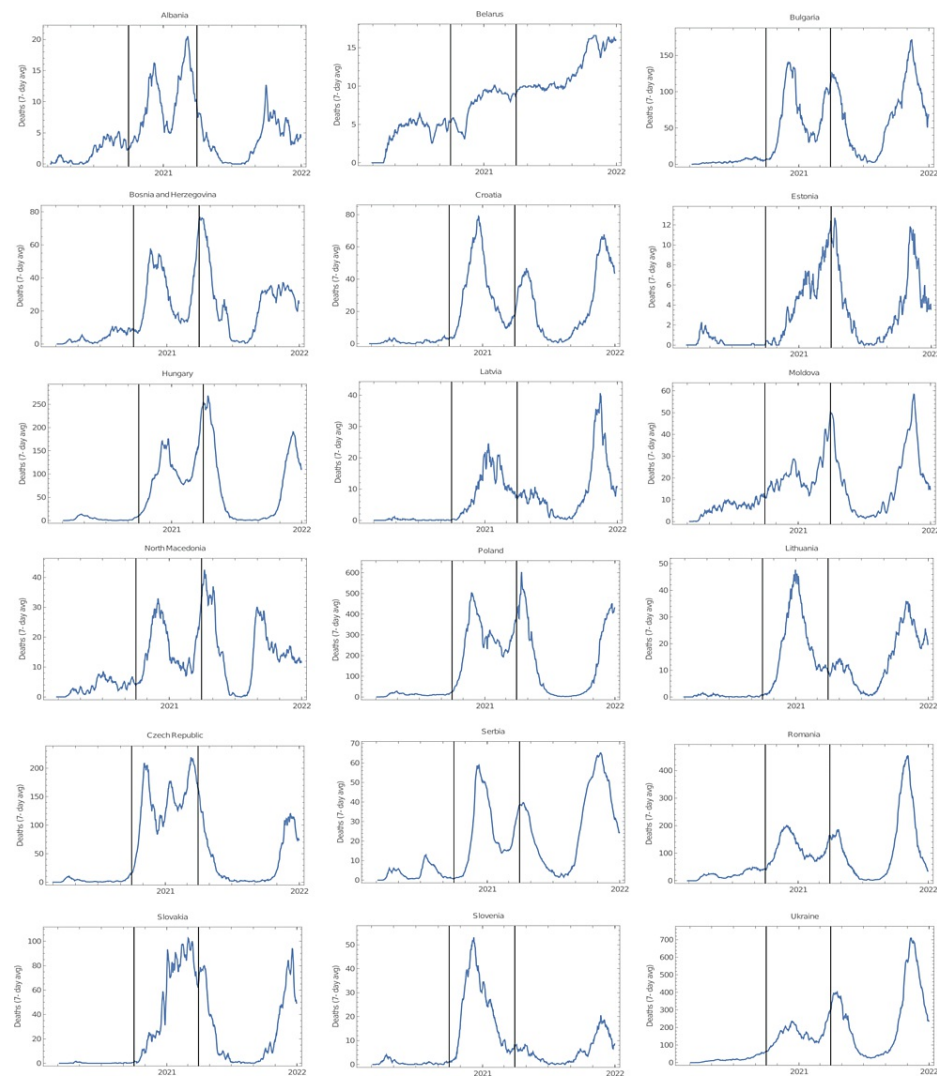


FIGURE 1: Mortality from COVID-19 throughout the pandemic in East European countries.

The area between vertical black bars corresponds to the period analysed in this study (1 October 2020 to 31 March 2021). Data were downloaded on 14 February 2022 from Institute for Health Metrics and Evaluation (IHME).

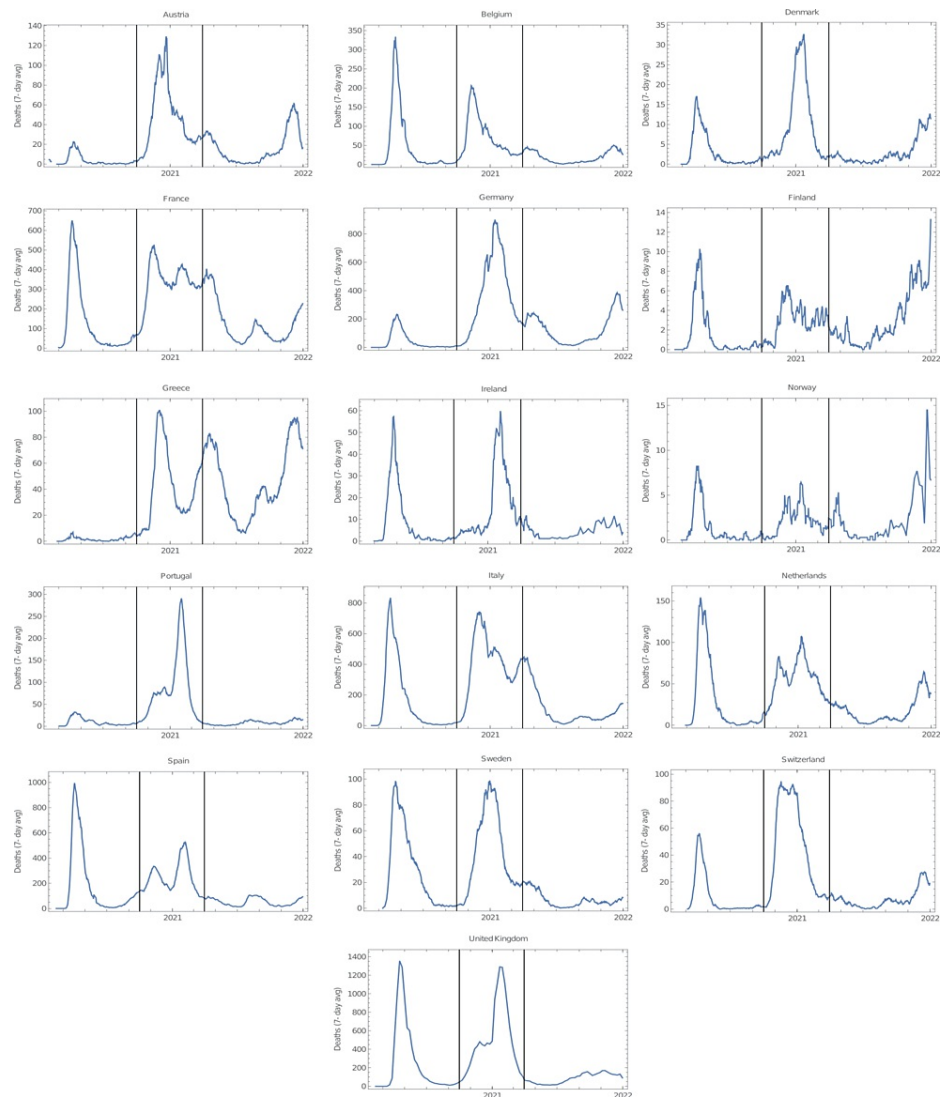


FIGURE 2: Mortality from COVID-19 throughout the pandemic in West European countries.

The area between vertical black bars corresponds to the period analysed in this study (1 October 2020 to 31 March 2021). Data were downloaded on 14 February 2022 from Institute for Health Metrics and Evaluation (IHME).

Surprisingly, weak positive correlations were observed when mask compliance was plotted against morbidity (cases/million) or mortality (deaths/million) in each country (Figure 3). Neither the number of cases nor the proportion of mask usage followed a Gaussian distribution (Shapiro-Wilk p-values were 0.004 and 0.0536, respectively). A Spearman's rank test was applied to quantify the correlation between mask usage, cases, and deaths (Table 2). The positive correlation between mask usage and cases was not statistically significant ($\rho = 0.136$, $p = 0.436$), while the correlation between mask usage and deaths was positive and significant ($\rho = 0.351$, $p = 0.039$). The Spearman's correlation between masks and deaths was considerably higher in the West than in East European countries: 0.627 ($p = 0.007$) and 0.164 ($p = 0.514$), respectively. This difference could be associated with the fact that the most populous countries are located in West Europe. However, the correlations did not significantly change when the seven countries with populations > 20 million were excluded from the analysis (cases $\rho = 0.129$ ($p = 0.513$); deaths $\rho = 0.375$ ($p = 0.049$)). Analyses of other sub-groups, such as countries with populations smaller or higher than six million, higher than 10 million, or higher than 15 million, were also evaluated. None of these tests provided negative correlations between mask usage and cases/deaths.

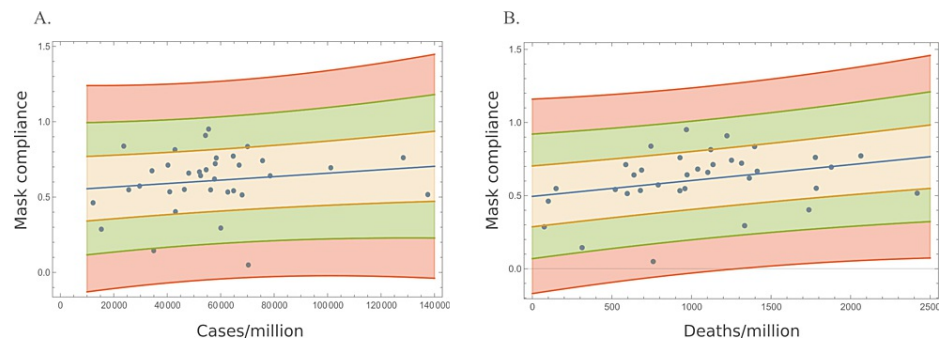


FIGURE 3: Correlation between average mask compliance and cases/million (A) or deaths/million (B) in 35 European countries.

Each dot represents a country. The blue line represents the fitted regression line and the areas above and below indicate 1 σ (yellow), 2 σ (green), or 3 σ (red).

Territory	Masks x cases	Masks x deaths
All Europe	0.136 (0.436)	0.351 (0.039)*
Eastern Europe ¹	0.130 (0.606)	0.164 (0.514)
Western Europe ²	0.05 (0.848)	0.627 (0.007)*

TABLE 2: Spearman's rank correlation coefficient rho (p-value) between mask usage and COVID-19 cases or deaths.

¹ Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Hungary, North Macedonia, Poland, Romania, Serbia, Slovakia, Slovenia, Belarus, Estonia, Latvia, Lithuania, Republic of Moldova, and Ukraine.

² Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and Northern Ireland.

* Statistically significant.

Discussion

Mask mandates were implemented in almost all world countries and in most places where masks were not obligatory, their use in public spaces was recommended [12]. Accordingly, the World Health Organization (WHO) as well as other public institutions, such as the IHME, from which the data on mask compliance used in this study were obtained, strongly recommend the use of masks as a tool to curb COVID-19 transmission [8,13]. These mandates and recommendations took place despite the fact that most randomised controlled trials carried out before and during the COVID-19 pandemic concluded that the role of masks in preventing respiratory viral transmission was small, null, or inconclusive [1,2,14,15]. Conversely, ecological studies, performed during the first months of the pandemic, comparing countries, states, and provinces before and after the implementation of mask mandates almost unanimously concluded that masks reduced COVID-19 propagation [3-7,16]. However, mask mandates were normally implemented after the peak of COVID-19 cases in the first wave, which might have given the impression that the drop in the number of cases was caused by the increment in mask usage. For instance, the peak of cases in Germany's first wave occurred in the first week of April 2020, while masks became mandatory in all of Germany's federal states between the 20th and 29th of April [5], at a time when the propagation of COVID-19 was already declining. Furthermore, the mask mandate was still in place in the subsequent autumn-winter wave of 2020-2021, but it did not help preventing the outburst of cases and deaths in Germany that was several-fold more severe than in the first wave (Figure 2).

The findings presented in this short communication suggest that countries with high levels of mask compliance did not perform better than those with low mask usage in the six-month period that encompassed the second European wave of COVID-19. It could be argued that some confounding factors could have influenced these results. One of these factors could have been different vaccination rates among the studied countries. However, this is unlikely given the fact that at the end of the period analysed in this

study (31st March 2021), vaccination rollout was still at its beginning, with only three countries displaying vaccination rates higher than 20%: the UK (48%), Serbia (35%), and Hungary (30%), with all doses counted individually [9]. It could also be claimed that the rise in infection levels prompted mask usage resulting in higher levels of masking in countries with already higher transmission rates. While this assertion is certainly true for some countries, several others with high infection rates, such as France, Germany, Italy, Portugal, and Spain had strict mask mandates in place since the first semester of 2020. In addition, during the six-month period covered by this study, all countries underwent a peak in COVID-19 infections (Figures 1, 2), thus all of them endured similar pressures that might have potentially influenced the level of mask usage.

Conclusions

While no cause-effect conclusions could be inferred from this observational analysis, the lack of negative correlations between mask usage and COVID-19 cases and deaths suggest that the widespread use of masks at a time when an effective intervention was most needed, i.e., during the strong 2020-2021 autumn-winter peak, was not able to reduce COVID-19 transmission. Moreover, the moderate positive correlation between mask usage and deaths in Western Europe also suggests that the universal use of masks may have had harmful unintended consequences.

Additional Information

Disclosures

Human subjects: All authors have confirmed that this study did not involve human participants or tissue.

Animal subjects: All authors have confirmed that this study did not involve animal subjects or tissue.

Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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Research Letter | Public Health

Routine Surveillance and Vaccination on a University Campus During the Spread of the SARS-CoV-2 Omicron Variant

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Introduction

As SARS-CoV-2 was detected in the US, emergency public health measures took effect, including shutting down schools.¹ As prevention and control measures improved, emergency response policies were rolled back.¹ Cornell University opened for residential instruction in Fall 2021 using an extensive testing, contact tracing, and isolation program in partnership with the Tompkins County Health Department (**Table**).² Vaccination was mandated for all students and encouraged for employees. Masks were required on-campus, and isolation orders and contact tracing occurred within hours of any positive result. We hypothesized that these measures would limit COVID-19 spread on campus and sought to monitor this with a case-series study of university testing records.

Author affiliations and article information are listed at the end of this article.

Table. Public Health Measures Implemented in Fall 2021 to Mitigate COVID-19 Transmission and Morbidity on Campus

Public health measures	Focus	Outcomes
Mask wearing • Required inside all buildings on campus, all semester (except in private office space or in designated eating areas with distancing)	Prevention	Layer of protection against COVID-19 transmission
Vaccination • Required for students • Strongly encouraged for employees	Prevention, mitigation	Protection against COVID-19 transmission and/or impact: • 97.9% of campus fully vaccinated
Daily symptom screening and telehealth appointments (for questions or concerns with symptoms) • Required for employees • Strongly encouraged for students	Detection, mitigation	Layer of protection against COVID-19 transmission and/or impact
Free mandatory PCR surveillance • 100% of undergraduates • 28.5% of graduate and professional students • 20.9% of employees Free PCR testing to anyone, 6 d per wk • Multiple locations on campus, in community	Detection	Early detection of COVID-19; detection of asymptomatic/mildly symptomatic cases: • August 18–December 31—mean tests/d, 3335; median, 3109 tests/d (range, 14–6959 tests/d) • >60% of campus community tested each wk • Testing noncompliance monitored; nudges issued; noncompliance resulted in limits to campus resources
Expedient testing and follow-up • Test results within 24–48 h • Case investigation within hours of test resulting • Contact tracing within hours of test resulting • Contact notification within hours of case investigation	Mitigation, prevention	Within 24–48 h of sample: • Test result in portal • Phone-based case support to assure understanding of positive result, connection to health care resources, isolation instructions, isolation support (off-campus hotel if needed, food if needed, academic or work leave plans), and to initiate contact tracing • Contacts notified; instructions provided to monitor symptoms, access testing, quarantine (if symptomatic and/or not fully vaccinated)
Integrated data system (with county health department, student health, local hospitals) • Testing registration • Push message reminders • Test resulting • Case management	Detection, mitigation	Case data inclusive of positive samples taken/ tested off-campus: • Support for isolation, workplace leave, and academic accommodations provided to individuals testing positive • Contact tracing • Contact notification

Abbreviation: PCR, polymerase chain reaction.

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Methods

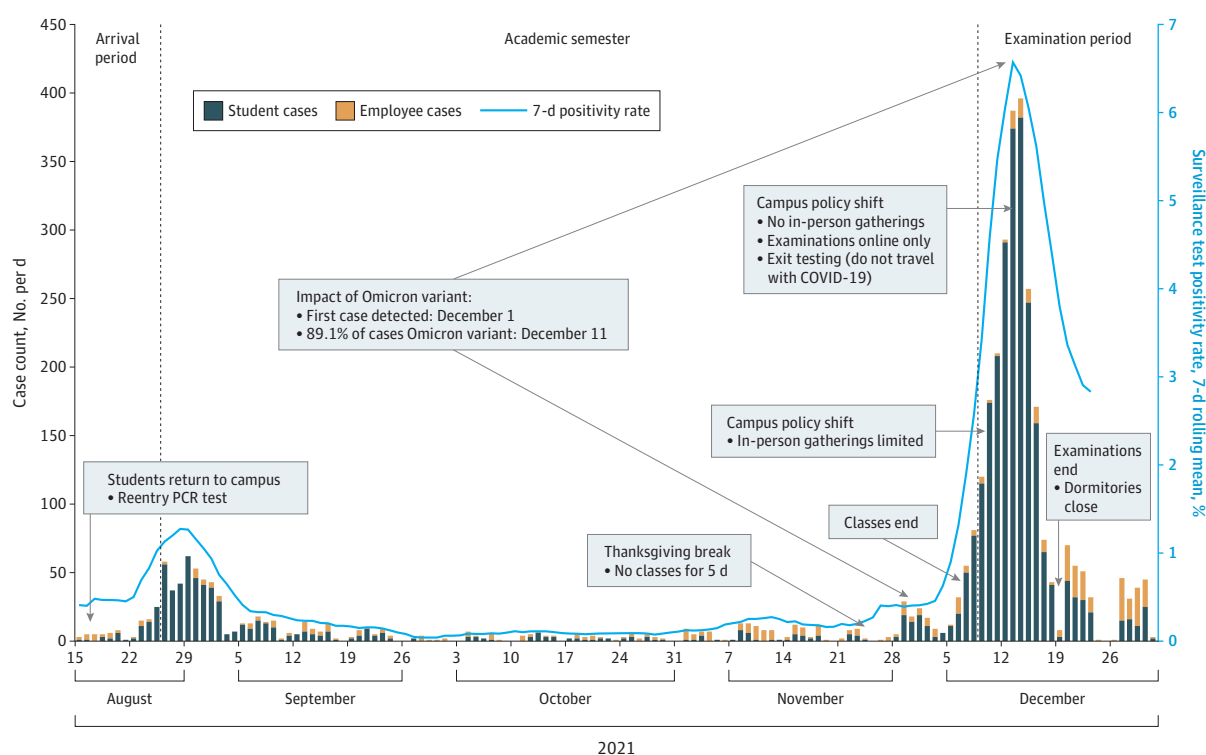
For the Fall semester (August 26 through December 18, 2021), all undergraduates (15 503 students), 2873 graduate students (28.5%), and 2803 employees (20.9%) were required to register for and participate at least once a week in free, on-campus polymerase chain reaction COVID-19 surveillance testing.² Using a case series approach, all deidentified university surveillance data (ie, test registration, result) were reviewed daily to detect sentinel events and outbreaks and to guide public health responses; testing compliance rate, test positivity rate, and incidence were monitored. Routinely, positive specimens were sequenced for genetic characteristics. As part of Cornell University's institutional operations, this public health surveillance effort was not subject to institutional review board review, and informed consent was not needed because data were nonidentifiable counts. This study followed the [reporting guideline](#) for case series.

Results

When students returned to campus (mid-August 2021), reentry testing was used to identify COVID-19 cases (**Figure**).³ Isolation, case investigation, contact tracing, quarantine, and targeted supplemental testing limited the outbreak to 480 cases (August 23 to September 10: mean [SD] 22.9 [18.8] cases/d). Thereafter, routine surveillance and public health measures limited transmission (September 12 to November 27: students, 1.9 [2.2] cases/d; employees, 2.4 [2.5] cases/d; 330 total cases; 0.1% positivity) (Table).

After Cornell's 5-day Thanksgiving break, surveillance outcomes changed dramatically among students (Figure): 75 cases from November 28 to December 4 (mean [SD], 10.7 [6.9] cases/d; 0.5% positivity), 655 from December 5 to December 11 (93.6 [75.7] cases/d; 2.9% positivity), and 1559 from December 12 to December 18 (222.7 [138.7] cases/d; 5.7% positivity). Support teams helped

Figure. Identified COVID-19 Case Trends and Key Events, Cornell University, Fall 2021



PCR indicates polymerase chain reaction.

cases isolate safely, investigation identified exposures, and contact tracing identified contacts who were instructed to monitor for symptoms, test, and/or quarantine.

From November 28 to December 31, 2797 COVID-19 cases were identified (mean [SD], 82.3 [82.4] cases/d; 3.1% positivity; 89.0% students, 11.0% employees), eclipsing previously measured incidence. Most cases (82.2%) reported mild symptoms (no reported hospitalizations). Despite high vaccination rates (97.9% of campus³), 98.6% of cases were breakthrough infections, and proportionately more named close contacts who became COVID-positive in this period (22.6%) than previously (4.4% between August 23 and November 27). Something had clearly changed in the university setting, as similar outbreaks were not yet being seen in the off-campus community or neighboring counties.⁴

From mid-November, positive samples were screened for S gene target failure as a marker of variant Omicron.⁵ Whole genome sequencing confirmed the presence of Omicron in samples from December 1 (1 sample), December 2 (1 sample), December 3 (2 samples), and December 4 (4 samples). By December 11, 155 of the 174 positive samples (89.1%) were confirmed as Omicron; the Delta variant was detected in the remaining samples.

Given identification of Omicron and the noted speed of transmission, on December 10 university leadership limited in-person interactions, and on December 14 student gatherings were prohibited, examinations were moved online, and an exit testing process was implemented.² The de-densification process decreased student cases numbers,³ but incidence among people who stayed locally remained higher than before Thanksgiving (December 26 to December 31: students, 11.5 [9.4] cases/d; employees, 16.0 [12.9] cases/d; 4.8% positivity).

Discussion

The Omicron variant is highly transmissible, particularly in high-density social settings.^{5,6} Based on analysis of routinely collected population surveillance data, Cornell's experience shows that traditional public health interventions were not a match for Omicron. While vaccination protected against severe illness, it was not sufficient to prevent rapid spread, even when combined with other public health measures including widespread surveillance testing. Generalizability of the study finding might be limited due to the demographics of its sample (the majority of participants were undergraduate students) and by the study's single institutional setting. As SARS-CoV-2 continues to adapt, surveillance and case-series studies that look across different populations and settings will be helpful in identifying sentinel events and guiding actions to mitigate harm.

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Author Contributions: Drs Meredith and Warnick had full access to all of the deidentified data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: Meredith, Frazier, Henderson, Koretzky.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Meredith.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Meredith, Frazier, Wan.

Obtained funding: Frazier.

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Supervision: Meredith, Diel, Frazier, Henderson, Warnick.

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Association between School Mask Mandates and SARS-CoV-2 Student Infections: Evidence from a Natural Experiment of Neighboring K-12 Districts in North Dakota

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Abstract

There is still considerable debate about whether mask mandates in the K-12 schools limit transmission of SARS-CoV-2 in children attending school. Randomized data about the effectiveness of mask mandates in children is still entirely lacking. Our study took advantage of a unique natural experiment of two adjacent K-12 school districts in Fargo, North Dakota, one which had a mask mandate and one which did not in the fall of the 2021-2022 academic year. In the winter, both districts adopted a masks-optional policy allowing for a partial crossover study design. We observed no significant difference between student case rates while the districts had differing masking policies (IRR 0.99; 95% CI: 0.92 to 1.07) nor while they had the same mask policies (IRR 1.04; 95% CI: 0.92 to 1.16). The IRRs across the two periods were also not significantly different ($p = 0.40$). Our findings contribute to a growing body of literature which suggests school-based mask mandates have limited to no impact on the case rates of COVID-19 among K-12 students.

Introduction

School districts across the nation have implemented mask mandates for children in the hope of reducing COVID-19 transmission, but the impact of school-based mask mandates on COVID-19 transmission in children is not fully established. While observational studies of school mask mandates have had conflicting results, randomized studies have failed to detect an impact of masking on participants under 50 years of age [1-6]. Here we report the results of a natural experiment in two large K-12 school districts in Fargo, North Dakota, Fargo Public Schools (FPS) and West Fargo Public Schools (WF), to estimate the association between school mask mandates and COVID-19 infections. Our study population is unique because the districts are adjacent to each other in the same county and have similar student demographics, COVID-19 mitigation policies and staff vaccination rates. At the start of the Fall 2021 semester, FPS mandated masks and WF did not. On January 17, 2022, FPS also moved to a mask optional policy, creating a unique natural experiment to study school-based mask mandates.

Results

Table 1 shows school characteristics, total number of positive student tests and the COVID-19 risk mitigation measures implemented by each district. Both school districts had similar COVID-19 mitigation policies, although FPS had more stringent rules for quarantining close contacts. WF also had higher percentages of low-income and minority students. Figure 1 shows that overall trends in COVID-19 incidence among students were similar in the two districts. From August 26, 2021, to January 17, 2022, cumulative incidence in the mask compulsory school district was almost identical to cumulative incidence in the mask-optional district (WF: 1596/12,254 [13.0%; 95% CI: 12.4, 13.6]); FPS: 1475/11,419 [12.9% 95% CI: 12.3, 13.6%]). IRR 0.99; 95% CI: 0.92, 1.07). Post January 17, 2022, when both districts had mask-optional policies, case rates were also not significantly different (WF: 622/12,254 [5.1%; 95% CI: 4.7, 5.5]; FPS: 600/11,419 [5.3%; 95% CI: 4.9, 5.7]). IRR 1.04; 95% CI: 0.92, 1.16). The IRRs across the two periods were also not statistically significantly different (p value = 0.40). Based on an incidence rate of 13%, we had 80% power to detect a 1.2% difference in incidence between the districts.

Discussion

This study found that K-12 school mask mandates were not associated with significantly lower COVID-19 student case rates. This is consistent with adult randomized data on community cloth masking [6], multiple observational studies of school mask mandates [1,2,3] and a systematic review of medical or surgical cloth masking for influenza [8]. Studies of school-based mask mandates are particularly prone to bias [9] as student cases detected within the school may be at least 20x more likely to have been contracted outside of school than in [10]. Other observational studies have reported a negative association between school mask mandates and SARS-CoV-2 cases [11,12,13] but may have had important methodological limitations [9,14].

The strengths of the study include the similarities of the two K-12 districts including size, adjacent location within a county, similar demographics, and COVID-19 policies beyond masking. Second, the study includes a partial crossover design with the mask mandate district dropping its mandate during the study period. The partial crossover should have revealed the presence of any major confounding effect. The lack of significant difference between the districts however persisted post partial crossover, when both districts had masks-optional policies. Based on the size of our study and the incidence rate during the study period, we had 80% power to detect a 1.2% difference in incidence between the districts, so if we failed to detect a benefit of mask mandates, that benefit would have been very small. An additional strength of this study is it includes a relatively long study period with data from both the delta and omicron waves.

The study also has limitations. We did not have information on the number of tests performed by each school district, although both school districts had similar testing access and policies. Second, this study did not specifically evaluate in-school transmission. We also did not have data on the types of masks being worn or on masking adherence rates in the two school districts; however, parents and administrators indicated via personal communication with SH, masking was near universal in the district with a mask mandate and 5% or less in the masks-optional district [15]. In conclusion, school mask mandates were not found to be associated with significantly lower student SARS-CoV-2 case rates. This is consistent with a growing body of scientific literature and should be taken into consideration and weighed with the harms and discomfort of masking in the educational setting.

Methods

We obtained data on student enrollment, masking policies, masking compliance, demographic information and COVID-19 mitigation measures from district administrators and official school district websites. We obtained publicly available data on new student COVID-19 case rates in each school district from August 26, 2021, to March 2, 2022, from the North Dakota Department of Health website [<https://www.health.nd.gov/k-12-school-dashboard>]. We determined the COVID-19 student case rates and incidence rate ratio (IRR) as well as 95% confidence intervals (CI) for case rates between the districts, both while FPS had a mask mandate and WF did not and then when FPS dropped their mandate on January 17, 2022, (after which both districts had mask-optional policies). The study is not considered human subjects research as the data were not collected specifically for this study and do not have subject identifiers. We used Stata Version 17 and UCSF Sample Size Calculator [7] for the analysis. A post-hoc power calculation was performed using ClinCalc. Our report follows the STROBE reporting guidelines for observational studies.

Declarations

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Author Contributions

SH, TH and NS conceived the study design, SH, JS and NS collected the data, NS, JS and TH analysed the data and NS and TH interpreted the results. All authors reviewed the manuscript.

Competing Interests

TH has provided expert testimony for multiple lawsuits involving SARS-CoV-2 in-school transmission and student mask mandates. Otherwise, the authors declare no relevant competing interests.

Data availability

The raw data used for our calculations are available online at <https://github.com/tracybethhoeg/North-Dakota-Mask-Study>

The data used in this analysis are also publicly available North Dakota Department of Health website available at <https://www.health.nd.gov/k-12-school-dashboard> , accessed March 31, 2022. Information on enrollment from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022. FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

Ethics declarations

According to the NIH's Human Subjects Research Decision Tool (<https://grants.nih.gov/policy/humansubjects/hs-decision.htm>), this study was IRB exempt.

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Table 1

Table 1: School district characteristics and COVID-19 risk mitigation measures in Fall 2021 in study school districts

School Policies and Characteristics	West Fargo Public School District (School District with mask optional policy)	Fargo Public School District (School district with mandatory masking till Jan 17, 2022 and mask optional thereafter)
Student Enrollment in August 2021 ^a	12,254	11,419
Total Number (% [95% CI]) of students testing positive up to 1/17/22	1596 (13.0% [12.4, 13.6])	1475 (12.9% [12.3, 13.6])
Total Number (% [95% CI]) of Students Testing Positive After 1/17/22	622 (5.1% [4.7, 5.5])	600 (5.3% [4.9, 5.7])
Average Class Size ^b	21-Elementary School, 23-Middle School, 23-High School	18.7-Elementary School, 21.2 Middle School, 20.1 High School
Race/Ethnicity of Students in 2021-2022 School Year ^c	71% White, 17% African American, Asian 4%, Hispanic 4%	69% White, 16% African American, Asian 4%, Hispanic 6%
Fraction of Low-Income students in 2021-2022 School Year ^c	23%	18%
Staff vaccination rate at school year start ^b	74.5%	77.6%
Face covering required when using district provided transportation ^d	Yes	Yes
Mandatory physical distancing ^d	No	No
Regular cleaning of high touch surfaces ^d	Yes	Yes
Does the school conduct routine COVID testing of all children? ^d	No. Children are given the option to use a rapid test on certain times and days at school sites. Children need parent permission and need to preregister. Children who develop symptoms at school have the option to test with parent permission when parent picks up child from school.	No. The district has 2 testing sites where students and their families can get tested, but it is voluntary. A parent needs to escort their student to the site or have a permission slip filed in.

School activities, events, assemblies, and gatherings allowed ^d	Yes	Yes
Has the school upgraded ventilation systems? ^d	Yes, iMod air filtration units have been installed in every school	Yes, Needlepoint Bi-polar Ionization units have been installed in each school buildings HVAC system.
Symptomatic students sent home ^d	Yes	Yes
How long are COVID+ children required to stay at home? ^d	10 days	10 days
When can symptomatic children return to school? ^d	Students with symptoms other than loss of taste or smell can return when they have been symptom free for 24 hours without use of medications. Students with loss of taste or smell can return after 10 days or the following day after a negative test	Students can return after 10 days from onset or date of negative COVID test whichever is earlier, and free of fever for 24 hours with improving symptoms.
Are children in the same classroom as COVID+ case required to quarantine? ^d	No, a notification is sent to all children in the classroom and parents are asked to monitor their children for symptoms	Not all of them. Only individuals who are close contacts (close contact being anyone within 6ft for 15 cumulative minutes or more in one day) and unmasked (unmasked contacts generally originate from lunch or snack times) are required to quarantine or go through testing protocol to remain in school.
Are "close contacts" required to quarantine? ^d	Only symptomatic individuals or persons who are unvaccinated and unwilling to do a rapid test every other day for seven days need to quarantine	Only unmasked close contacts are required to quarantine or submit to every other day testing to remain in school

Notes:

^a Information from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022.
FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

^b Information from communication with school administrators.

^c Information from official portal for North Dakota state government.
WFPS: <https://insights.nd.gov/Education/District/EnrollmentDemographics/09006> accessed March 31, 2022.
FPS: <https://insights.nd.gov/Education/District/EnrollmentDemographics/09001> accessed March 31, 2022.

^d Information from school COVID-19 protocols. WFPS: <https://www.west-fargo.k12.nd.us/cms/lib/ND02203445/Centricity/Domain/2935/COVID%20Health%20and%20Safety%20Protocols%202021-22.pdf> accessed March 31, 2022. FPS: <https://drive.google.com/file/d/1qyn7DNvCnSuKszHqM8C8BTAixmnCbToS/view> accessed March 31, 2022.

Figures

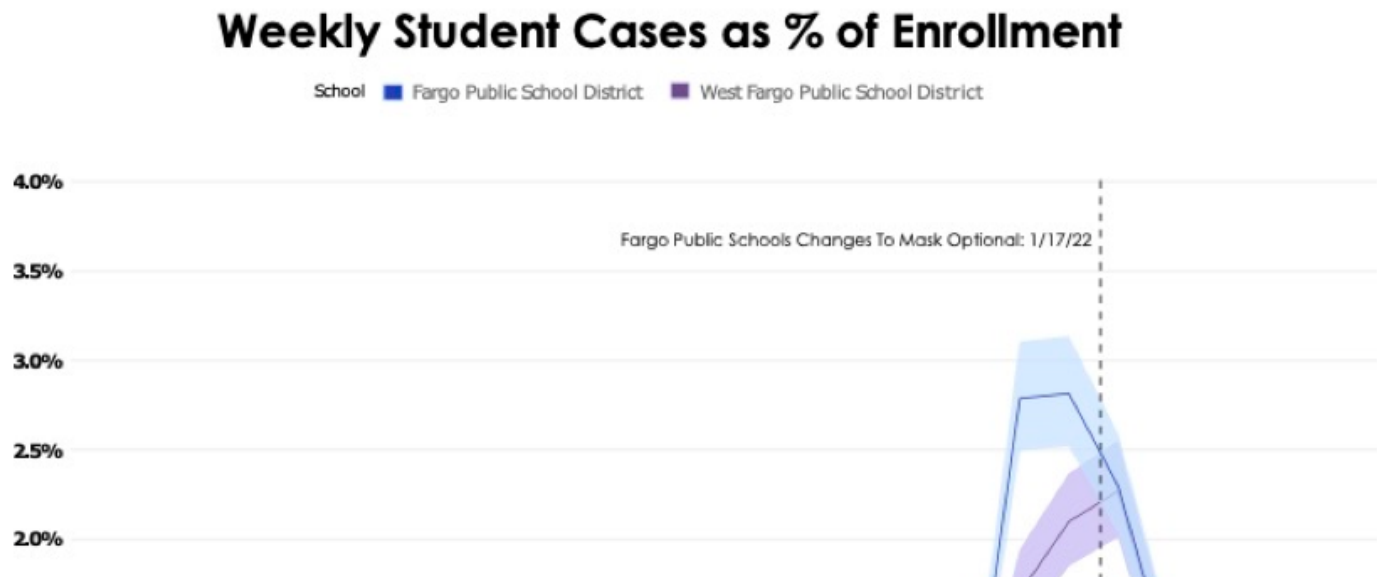


Figure 1

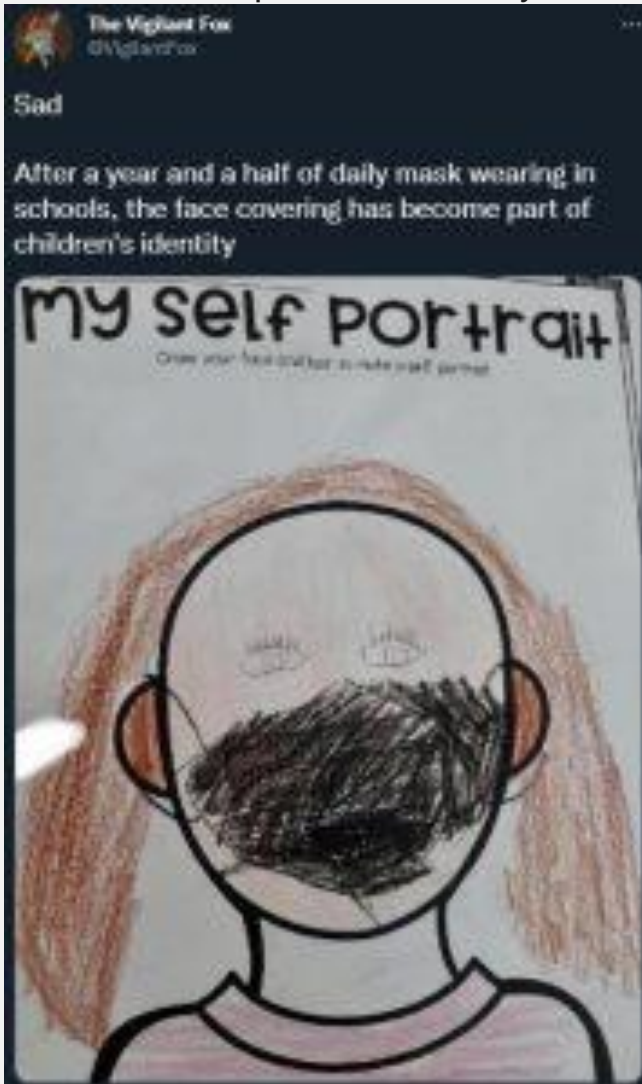
Weekly COVID-19 Incidence in School Districts Since Start of 2021 School Year

Notes: Shaded region represents 95% confidence intervals. Information on new student COVID-19 cases from North Dakota Department of Health website available at <https://www.health.nd.gov/k-12-school-dashboard> , accessed March 31, 2022. Information on enrollment from school district websites. WFPS: <https://www.west-fargo.k12.nd.us/site/default.aspx?PageType=3&DomainID=22&ModuleInstanceID=11253&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=24239&PageID=37> accessed March 31, 2022. FPS: <https://www.fargo.k12.nd.us/page/365> accessed March 31, 2022.

The CDC Admits Cloth Masks Are Ineffective

The Centers for Disease Control and Prevention (CDC) has admitted that [cloth masks have never been effective](#). For over two years, the CDC has been forcing both children and adults to cover their faces to participate in an altered version of society. Rand Paul has previously said that these mandates are intended to teach the public to comply with government authority, and he was right.

The CDC's announcement comes shortly after CNN's Leana Wen admitted that "cloth masks are not appropriate for this pandemic." So for over 22 months, the public has been walking around with a useless piece of fabric over their faces to blindly comply with a completely useless mandate. The CDC previously stated that surgical N95 masks were appropriate "when supplies are available," but has since updated that guidance to say "wear the most protective mask you can that fits well and that you will wear consistently."



I will not blindly follow a new mandate and allow N95 masks to become a part of our "new norm" for a virus with an extremely low death rate. The CDC knew cloth masks were

ineffective but hid that information from the public because governments did not have the resources to provide N95 masks. They also likely knew people would be less willing to comply if they had to wear an even less comfortable mask. In fact, they did not even have enough N95 masks to provide to health care workers. Governments do not want to lose the power this virus has provided them. As I reported, Democratic lawmakers are proposing [a \\$5 billion bill](#) to distribute N95 masks to every American household as they assume we will comply indefinitely.

Look what these mandates have done to children. The picture above has been shared on the internet of a child who views their mask as part of their identity. Even children in preschool have been forced to wear face coverings all day, with some schools permitting "mask breaks." All of this was done for show.

WE OBEYED THE CDC WITHOUT REASON. How many times will we allow the CDC to change the narrative and comply? The agency has lost all credibility as its lack of ethics is altering our reality for the worse.

<https://www.armstrongeconomics.com/international-news/disease/the-cdc-admits-cloth-masks-are-ineffective/>



OPEN

Bacterial and fungal isolation from face masks under the COVID-19 pandemic

Ah-Mee Park[✉], Sundar Khadka, Fumitaka Sato, Seiichi Omura, Mitsugu Fujita, Kazuki Hashiwaki & Ikuo Tsunoda

The COVID-19 pandemic has led people to wear face masks daily in public. Although the effectiveness of face masks against viral transmission has been extensively studied, there have been few reports on potential hygiene issues due to bacteria and fungi attached to the face masks. We aimed to (1) quantify and identify the bacteria and fungi attaching to the masks, and (2) investigate whether the mask-attached microbes could be associated with the types and usage of the masks and individual lifestyles. We surveyed 109 volunteers on their mask usage and lifestyles, and cultured bacteria and fungi from either the face-side or outer-side of their masks. The bacterial colony numbers were greater on the face-side than the outer-side; the fungal colony numbers were fewer on the face-side than the outer-side. A longer mask usage significantly increased the fungal colony numbers but not the bacterial colony numbers. Although most identified microbes were non-pathogenic in humans; *Staphylococcus epidermidis*, *Staphylococcus aureus*, and *Cladosporium*, we found several pathogenic microbes; *Bacillus cereus*, *Staphylococcus saprophyticus*, *Aspergillus*, and *Microsporum*. We also found no associations of mask-attached microbes with the transportation methods or gargling. We propose that immunocompromised people should avoid repeated use of masks to prevent microbial infection.

The rapid global spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the resulting coronavirus disease 2019 (COVID-19) pandemic have led to urgent efforts to prevent the viral transmission. The most traditional and reasonable method to prevent respiratory infections is to wear face masks; several research groups have demonstrated its effectiveness against the respiratory viral transmission before the COVID-19 pandemic^{1,2}. During the COVID-19 pandemic, increasing lines of evidence have supported the effectiveness of wearing face masks against SARS-CoV-2 and the droplets^{3,4}. However, the World Health Organization (WHO) claims that face masks are effective only when used with hand hygiene, the proper use, and disposal of masks⁵.

Three types of face masks are commercially available for daily lives in Japan: (1) non-woven, (2) polyurethane, and (3) gauze or cloth masks (Fig. 1a,b). Non-woven masks are commonly used worldwide to prevent droplet infections by most respiratory microbes, including SARS-CoV-2 (Fig. 1c). Polyurethane masks have been used to protect against hay fever, particularly in Asian countries. Since polyurethane masks are easy to breathe and washable, the masks have become popular and have been reused several times during the COVID-19 pandemic. Although gauze masks are less popular, the masks can be washed, reused, and effectively prevent infections. Thus, the Japanese government distributed gauze masks to all citizens because of the shortage of non-woven masks during the early stage of the COVID-19 pandemic.

Although the effectiveness of face masks against viral transmission has been extensively studied^{3,4}, the hygiene issues in mask usage remain unclear. The standard mask usage is disposable non-woven masks. In some cases, however, people may use non-woven masks repeatedly or use different types of masks in different situations depending on their socioeconomic cultures. For example, in Japan, the short supply of non-woven masks led to the repeated use of disposable non-woven masks and the use of other types of face masks, such as handmade masks and polyurethane masks⁶. Even after the shortage of mask supply has been resolved, some people have used disposable non-woven masks repeatedly or other types of face masks.

Among environmental pathogens, viruses cannot replicate without infecting host cells; most bacteria and fungi can survive and grow on various materials depending on the conditions. Bacteria and fungi are widely present on the surface of the materials used in our daily lives (e.g., currency notes and in public transportation systems), where we can detect pathogenic bacteria and fungi^{7–10}. Although a few studies reported bacterial or viral contamination on masks in experimental and clinical settings^{11–13}, there has been no study on what and

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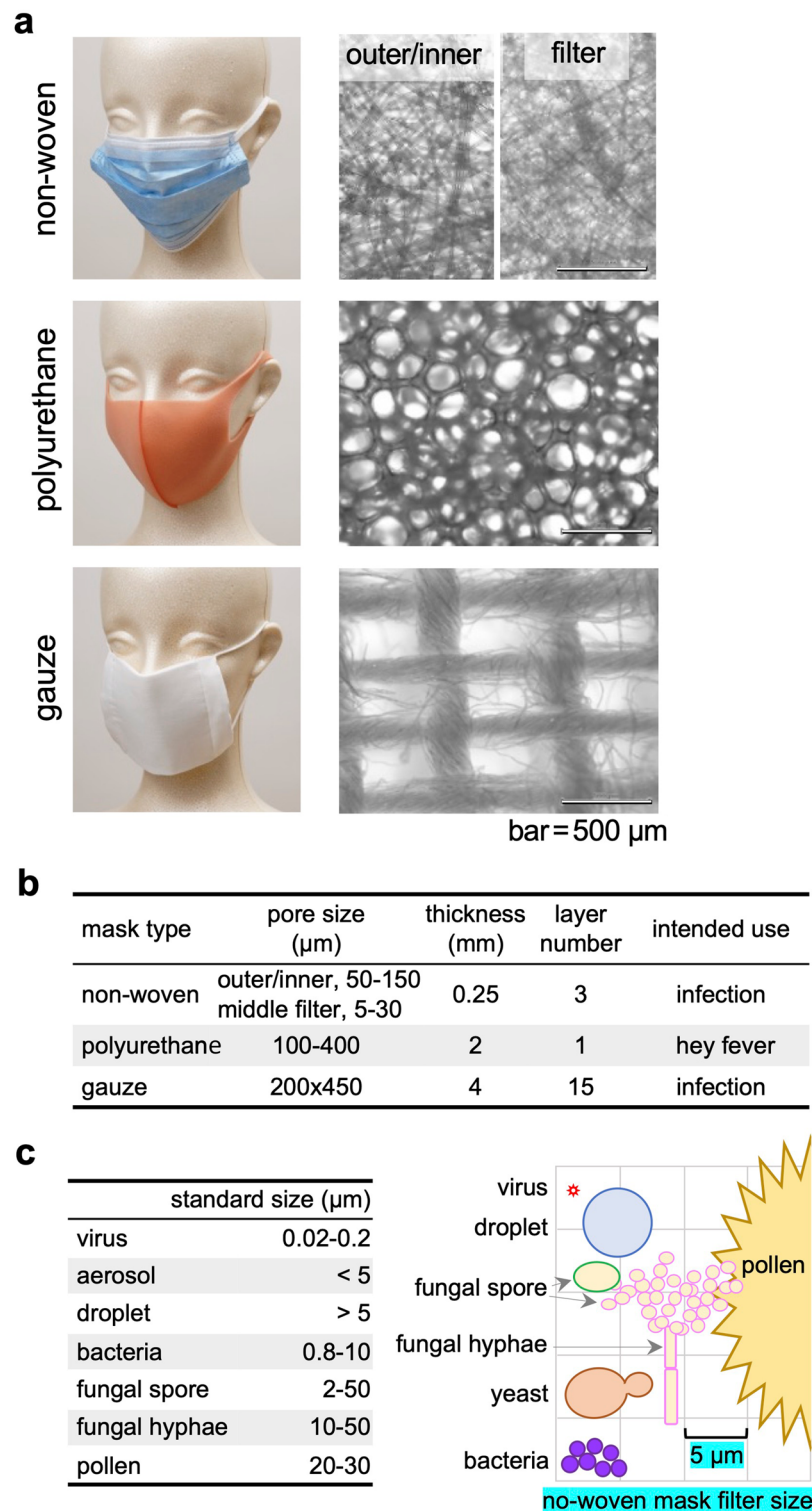


Figure 1. Face mask types and the sizes of microbes. **(a)** Macroscopic and microscopic images of three different types of face masks that are commercially available. Non-woven masks have three layers: the pore size of the outer and inner layers are identical (50–150 μm); the pore size of the middle layer (considered as a filter) is smaller (5–30 μm). Microscopic images were taken by the Olympus Microscope CX33 with the CCD Camera DP22 (bar = 500 μm). **(b)** Pore size, thickness, layer, and intended use of three mask types. The pore size of face masks from manufacturers' instruction was confirmed using the microscopic images shown in **(a)** (right panels). **(c)** The standard size of microbes and particles (left panel) and their comparisons with the pore size (5 μm) of the middle filter of non-woven masks (right schema).

how many both bacteria and fungi adhere to masks used daily in community setting bases; this is the neglected hygiene issue under the COVID-19 pandemic. Since masks can be a direct source of infection to the respiratory tract, digestive tract, and skin, it is crucial to maintain their hygiene to prevent bacterial and fungal infections that can exacerbate COVID-19. Thus, in this study, following a survey of 109 volunteers on their mask usage and lifestyles, we aimed to quantify and identify the bacteria and fungi attached to the face masks by culturing microbes isolated from the masks.

Results

Mask types, gender differences, and duration of mask usage. Although the numbers of COVID-19 patients were relatively low in Japan during the study period, most people wore face masks in public places, and all survey participants wore face masks. First, we collected information about the mask types and duration of mask usage from 109 participants: 63 male (58%) and 46 female (42%). The majority (78% in total) of the participants used non-woven masks (Fig. 2a); the percentage of the non-woven mask users was significantly higher than that of the other mask type users ($P < 0.001$, most of them were polyurethane mask users except a few gauze or cloth mask users). Regarding the duration of mask usage, we found that 75% of non-woven mask users wore the masks for a single day. In contrast, 58% of the other mask type users wore the same masks for two days or more (Fig. 2b). This could be because other mask types, including polyurethane, gauze, and cloth masks, are designed washable for repeated usage; the users commonly washed and reused their masks multiple times. On the other hand, we found no significant differences between genders regarding the mask types and usage duration (Fig. 2a,c).

Microbial counts on the face-side and outer-side of masks. Microbes on the masks were cultured by pressing the face-side and outer-side of the masks onto agar plates (two plates per participant: the face-side and outer-side). We incubated the agar plates for 18 hours (h) and 5 days for bacterial and fungal propagation, respectively, and conducted colony counting.

Bacteria (Fig. 2d): We observed bacterial colonies in 99% of the samples on the face-side and 94% on the outer-side; no colony was seen in one sample on the face-side and six samples on the outer-side. The colony counts of the face-side and outer-side were 168.6 ± 24.7 and 36.0 ± 7.0 [mean \pm standard error of the mean (SEM)], respectively. We compared the colony counts between the face-side and outer-side in each individual and found that the mean colony counts were 13.4-times higher on the face-side of masks (paired t -test, $P < 0.001$). To evaluate the influence of the mask types and duration of mask usage, we compared the colony counts among those who used the mask for one day (3–6 h), two days, and longer based on the mask types [non-woven, others, and all (non-woven and others combined)]. We found no significant differences in the colony counts among the different mask types, regardless of the duration of usage.

Fungi (Fig. 2e): We observed fungal colonies in 79% of the samples on the face-side and 95% on the outer-side. The colony counts of fungi were fewer than those of bacteria and the colony counts on the face-side and outer-side were 4.6 ± 1.9 and 6.1 ± 1.9 (mean \pm SEM), respectively. In contrast to the bacterial colonies, the fungal colony counts in each individual were 2.4-times higher on the outer-side than on the face-side (paired t -test, $P < 0.05$). When the participants used the same masks for more than two days, the fungal colony counts were increased on the outer-side of masks, compared with the one-day usage. There were no statistical differences in the colony counts between non-woven and “others” mask users except for the fungal colony counts of the outer-side of masks after one-day usage.

Since females preferentially make up their faces, we examined whether the bacterial and fungal colony counts could be different between males and females. Only the bacterial colony counts in the face-side samples of one-day users were significantly different, lower in females (Fig. S1).

Microbial colonies and lifestyles: gargling, transportation, and natto consumption. We determined whether individual lifestyles could affect microbial counts on the masks that originate from the host (i.e., human) or the environment. One of the environmental factors that seemed to affect the levels of microbes on the masks is transportation to commute (Fig. 3a). Here, we classified into three transportation systems: (1) public transportation, including trains and buses; (2) private vehicles such as cars and trucks; and (3) walking, bicycles, and motorbikes. We found no differences in the bacterial or fungal colony counts on both sides of the masks among the three transportation systems.

Next, we evaluated two popular habits in Japan: gargling and natto consumption. Gargling (also known as mouth/throat wash) is a Japanese custom that has been believed to prevent respiratory infections¹⁴. Of the participants, 67% gargled at least once a day and usually gargled when they returned home. However, there were no differences in the bacterial or fungal colony counts among the participants regardless of gargling (Fig. 3b).

Natto is a traditional Japanese fermented food that is sticky when eaten and clings to the mouth and chopsticks (Fig. 3c). Natto is made by fermenting soybeans with the spore-forming bacterium *Bacillus subtilis*, which can survive dry conditions. As expected, in this study, we observed the large white colonies formed by *B. subtilis*. According to the questionnaire, 9% and 27% of the participants have eaten natto daily and weekly, respectively; 19% of the participants ate natto during the experimental period. The participants who ate natto had a significantly higher incidence of large white *B. subtilis* colonies on both sides of the masks than those who did not.

Bacterial colony morphologies and identification. In the bacterial cultures, we observed a variety of colonies on the agar plates (Fig. 4a). We morphologically classified the colonies into four major colony forms and the other forms: (1) small white, (2) large white, (3) small yellow, (4) medium white, and the other forms, including medium to large with yellow or pink, based on the colony size (small < 2 mm, medium 2–10 mm, and

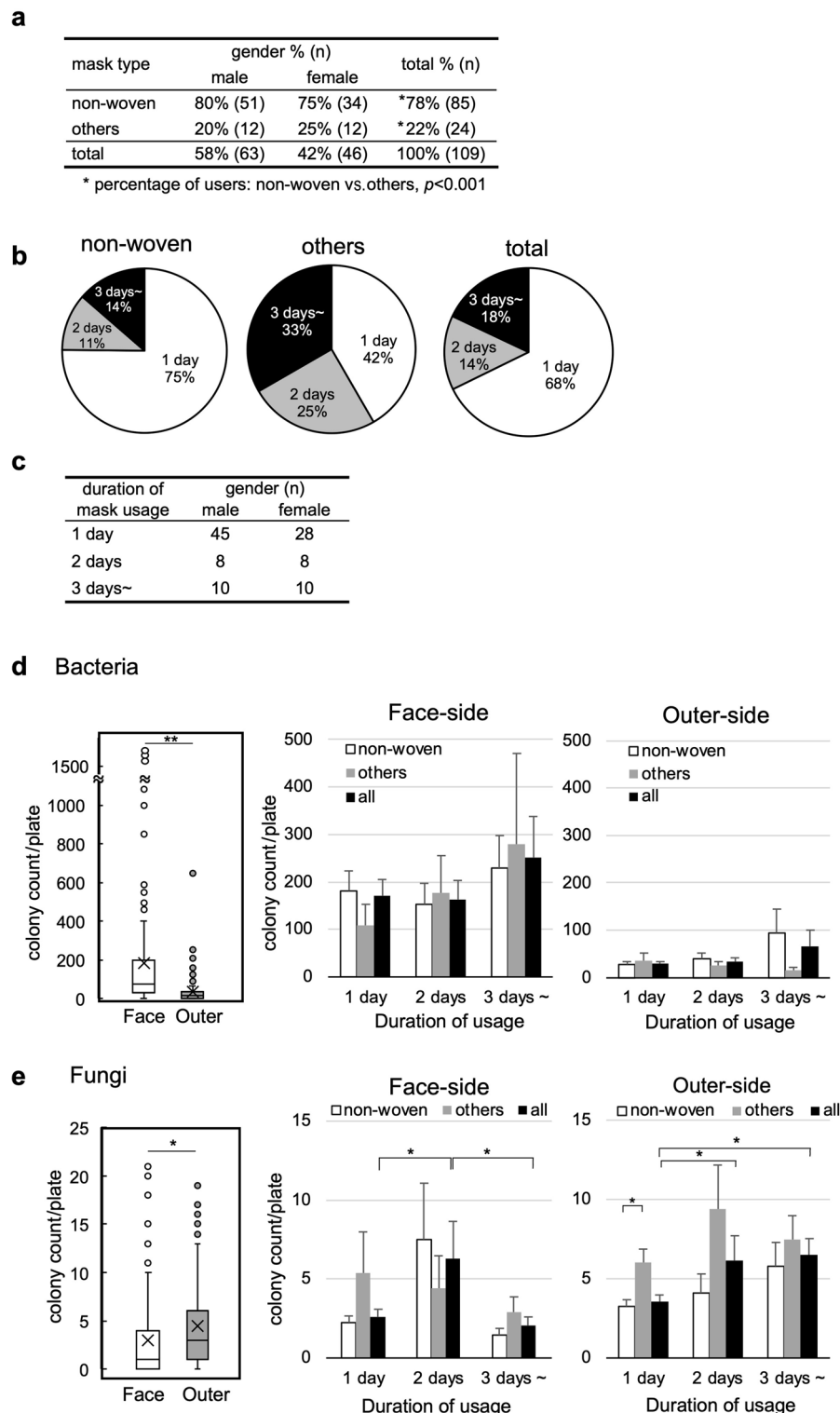


Figure 2. Survey results of the mask usage and microbe colony counts on the face-side and outer-side of the face masks. **(a)** Usage of non-woven masks and other mask types (others) among male and female participants ($n = 109$). Most “others” were polyurethane masks except a few gauze or cloth masks. **(b)** Duration of usage in non-woven, other mask types, and total (non-woven and others combined). The percentage of “others” wearing the same masks for two days or more (58%) was significantly higher than that of non-woven mask users (25%, $P < 0.001$). **(c)** Duration of mask usage in each gender (no significant difference). **(d,e)** Bacteria **(d)** and fungi **(e)** on the face-side and outer-side masks were cultured separately after pressing each mask surface onto agar plates. Microbial colony counts/plate (left panels); in boxplots, the cross symbols, bars, and dots indicate the mean, median, and outliers, respectively. Microbial colony counts on the face-side (middle panels) and outer-side (right panels) were compared based on the mask types and duration of mask usage. Mean + standard error of the mean (SEM). The paired t -test and Student’s t -test were used for statistical analyses. * $P < 0.05$; ** $P < 0.001$.

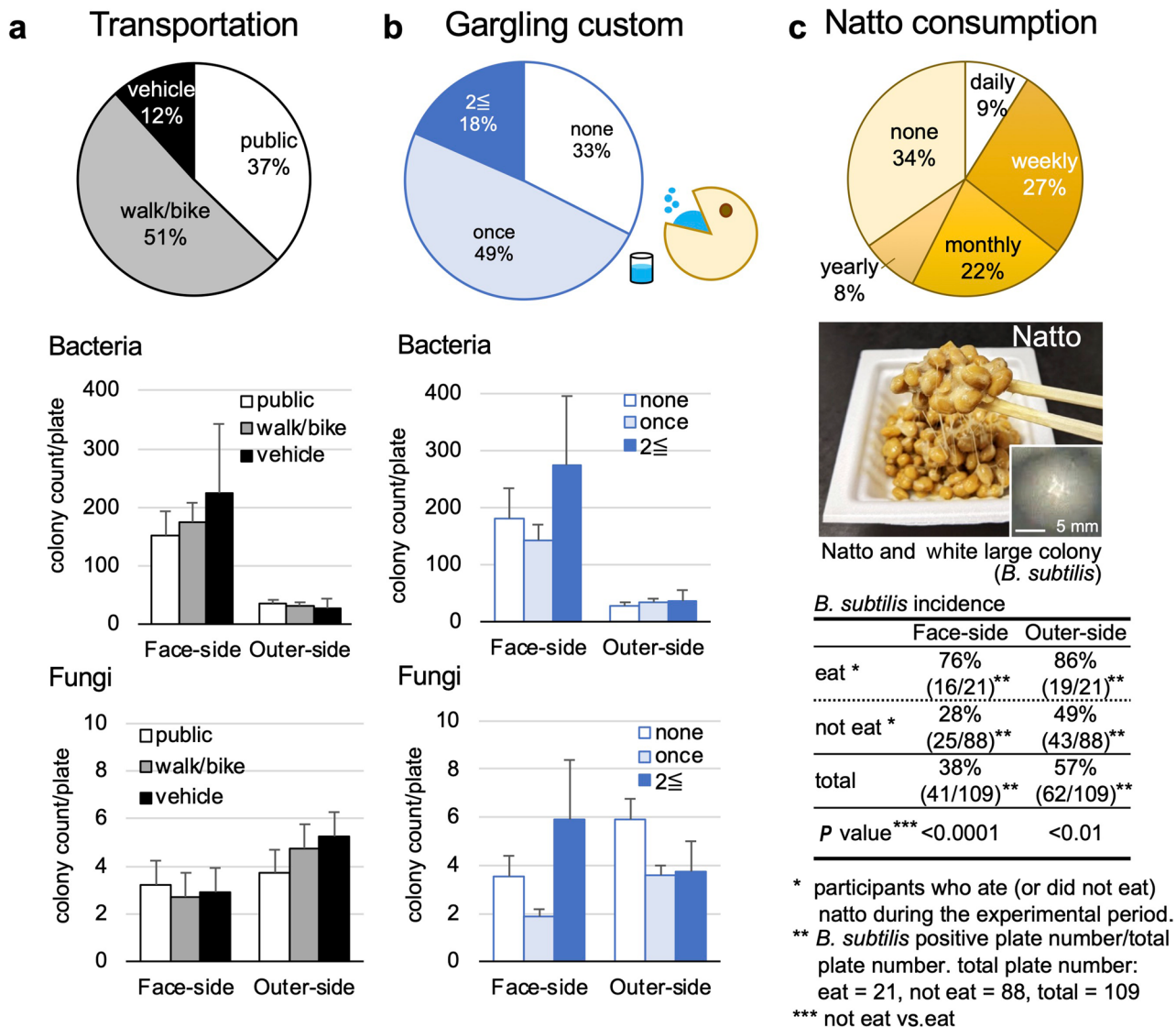


Figure 3. Lifestyles and microbial colonies: transportation, gargling, and natto consumption. (a) We categorized three transportation systems to commute: (1) public transportation: trains and/or buses; (2) private vehicles: cars and trucks; and (3) walk/bike: walking, bicycles, and motorbikes. We found no differences in the bacterial and fungal colony counts among the three transportation categories on the face-side or outer-side of masks. (b) Microbial colony counts and the gargling habit. The pie chart showed the percentage of participants' gargling frequency; 67% of the participants gargled at least once a day. We found no differences in the bacterial or fungal colony counts among the participants regardless of the gargling frequency. (c) Natto consumption and *Bacillus subtilis* colonies. Natto is a traditional Japanese food made from soybeans fermented with *B. subtilis* that forms large white colonies on agar plates. According to the survey, 9% and 27% of the participants have eaten natto daily and weekly, respectively; 19% (21 of 109) of the participants ate natto during the experimental period. The participants who ate natto had a significantly higher percentage of *B. subtilis* colonies than those who did not eat natto.

large 10 mm <), color, and frequencies (Fig. 4a,b). The frequency of colonies was calculated in two formulas: (I) colony incidence = number of plates containing the colony of interest/total plate number ($n = 109$) $\times 100$; and (II) % total = counts of colonies of interest/total counts of colonies in each plate $\times 100$ (then, the mean of % total from all plates was calculated). As shown in Fig. 4a, most participants had more than one colony form. The dominance of the four colony forms regarding the colony incidence and mean % total of each colony was overall similar on the face-side and outer-side (Fig. 4b). The small white colonies were most frequently observed, with the incidence and % total exceeding 80% and 70%, respectively.

To further determine the bacteria composing each colony, we conducted Gram staining and 16S ribosomal RNA (rRNA) sequencing. The 16S rRNA sequencing showed that the small white colonies consisted mainly of *Staphylococcus epidermidis*, and/or *S. aureus*; the major bacteria species forming the small yellow colonies was *S. aureus*. The large white colonies were the second most observed ones and consisted of *B. subtilis*, a component of natto (as shown in Fig. 3c). The medium white colonies consisted of *B. cereus* and *B. simplex*; *B. cereus* was

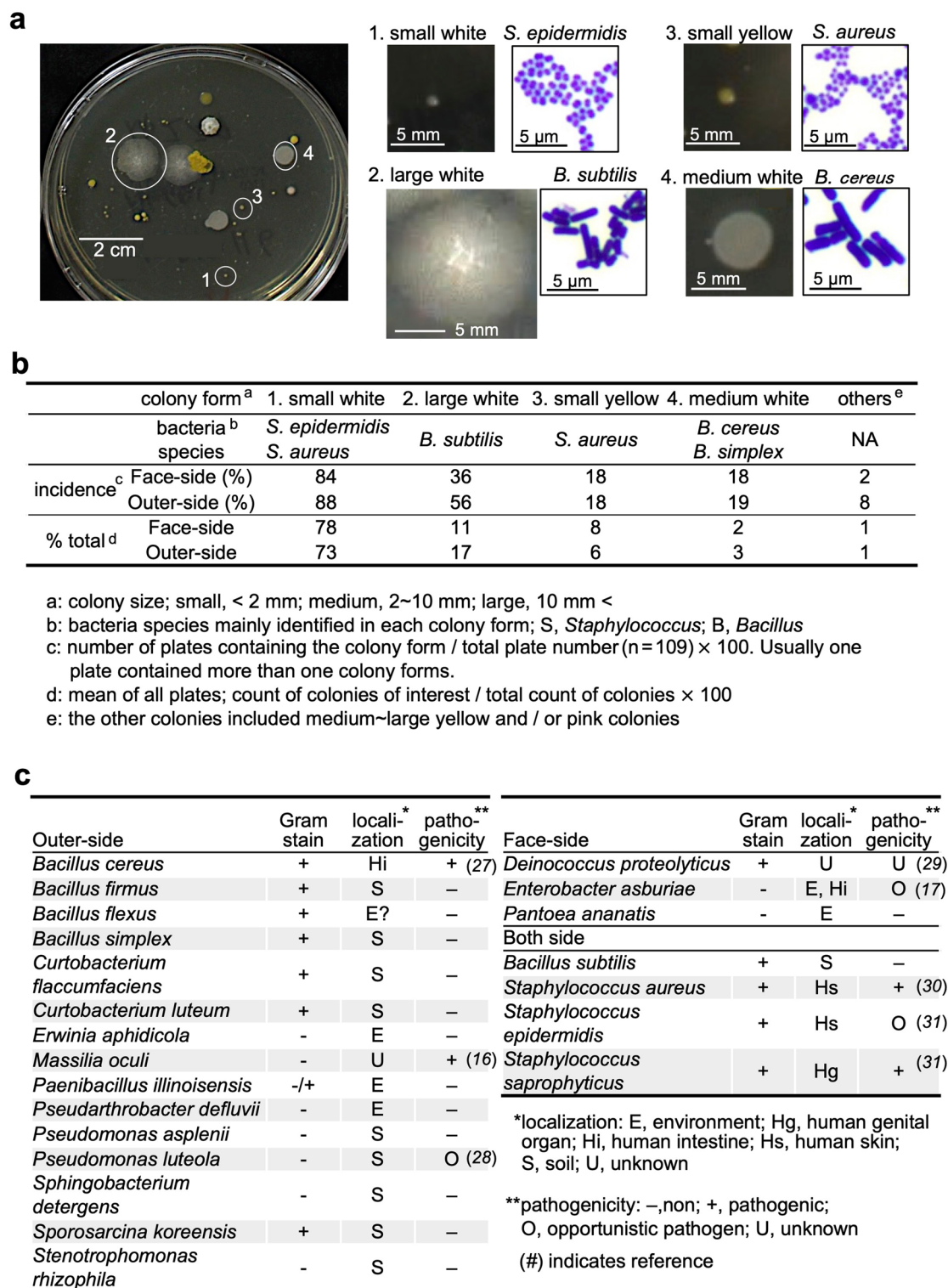


Figure 4. Bacterial colony morphologies and identification. (a) We observed a variety of colonies on the agar plates and classified the colonies into four major colony forms, morphologically. Representative bacteria composed of each colony were visualized with their Gram-stain images. (b) Major colony forms, identified bacteria, and frequencies (incidence and % total). (c) Identified bacteria, their localization, and pathogenicity in humans.

identified only on the outer-side of masks. Among the colonies, we also identified other bacterial species by 16S rRNA sequencing (Fig. 4c). Although most identified bacteria were non-pathogenic, there were several potential

pathogenic bacteria in humans as follow: *S. aureus* (commensal bacterium, but its overgrowth can cause various diseases); *B. cereus* (intestinal bacterium, causing food poisoning); *Staphylococcus saprophyticus* (urinary tract infection); and *Pseudomonas luteola* (opportunistic pathogen)^{15–17}.

Fungal colonies and identification. After quantifying fungal colonies, we further incubated them for another 2 days at 37 °C to induce spore formation. Then, using lactophenol cotton blue staining, we identified fungi on the masks based on the colony morphology macroscopically as well as the hypha and spore morphology microscopically. Although we could not identify some fungi due to lack of spore formation, we identified 13 fungal genera (Fig. 5). Among them, more than 20% of the participants had the four fungal genera, namely *Cladosporium*, *Fonsecaea*, *Mucor*, and *Trichophyton*, in common on both sides of the masks. The latter three are potentially pathogenic in humans (Fig. 5).

Discussion

In this study, we demonstrated the associations between several factors and microbial contaminations of face masks commonly used worldwide during the COVID-19 pandemic. Although some of our findings were what we had anticipated, there were several unpredicted findings, which need to be addressed as essential hygiene issues. In Table 1, we summarized the major findings and showed the results with statistical differences in bold ($P < 0.05$). The colony counts of face masks were higher in bacteria than in fungi; the bacterial and fungal colony counts were higher on the face-side and outer-side, respectively. The longer duration of mask usage correlated with increases in the fungal colony counts but not the bacterial colony counts. We also found that non-woven masks had fewer fungi than other mask types on the outer-side. Although the bacterial colony counts were comparable in all mask types, those on the face-side were lower in females than in males.

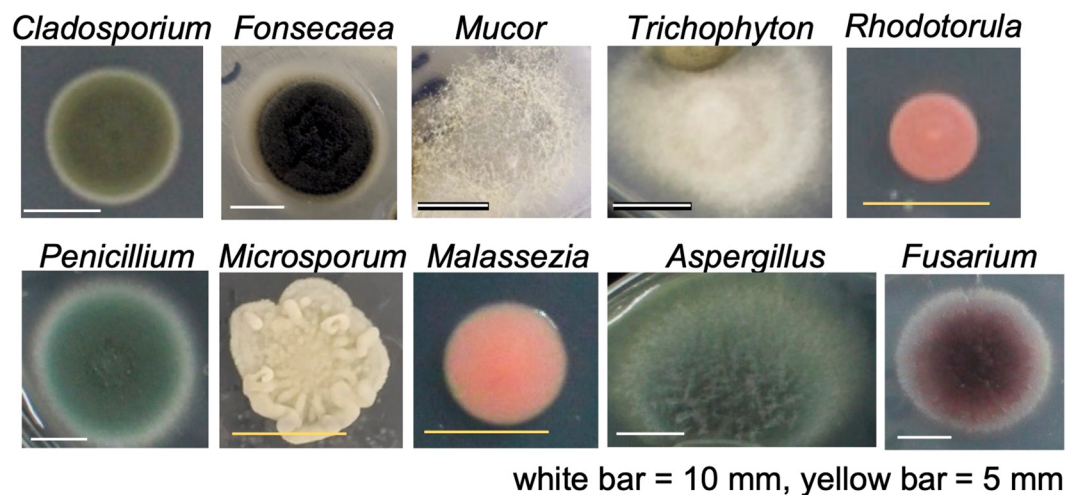
We further conducted a receiver operating characteristic (ROC) analysis to see the associations among the data obtained in this study shown in Table 2, where the area under the curve (AUC) indicated positive and negative associations (Figs. 2e, S1). The genus *Cladosporium*, the most frequently detected fungus in this study, was more frequently detected in females (58% females and 29% males). *B. subtilis* was more frequently detected on the masks used by the participants who ate natto at least once a month. In contrast, the transportation systems were not associated with bacteria or fungi colony counts. These results were consistent with our findings in Fig. 3, where neither public transportation usage nor gargling altered the bacterial or fungal colony counts. On the other hand, eating natto strongly increased the *B. subtilis* colony counts on the masks. Although *B. subtilis* multiplies rapidly and forms colonies large enough to outcompete other bacterial colonies, the presence of *B. subtilis* did not affect the counts of *S. epidermidis*, the most frequently detected bacterium in this study. The counts of white medium colonies seemed to be negatively affected by the presence of *B. subtilis* (AUC = 0.65). This is consistent with the previous report¹⁸ that *B. subtilis* inhibited the growth of *B. simplex*, which was a major component of a medium-sized white colony in the current study.

Most fungi isolated in this study were opportunistic pathogens rather than pathogenic (Fig. 5), although immunocompromised hosts should be advised to wear non-woven masks on a daily basis. We detected *B. cereus*, a foodborne pathogen, on the outer-side of masks in 5% of the participants (Fig. 4c), suggesting that *B. cereus* might adhere to the face masks through hands from feces. Intensive handwashing is recommended, since handwashing is effective in reducing the incidence of diarrhea¹⁹.

Although we anticipated that the counts of bacterial colonies could increase due to the duration of mask usage, this was not the case. The moisture requirement of bacteria may explain this^{20,21}. While we wear a face mask, the humidity under the mask space becomes approximately 80%, in which bacteria can survive and grow^{22,23}. In contrast, when a used mask is not worn for a long time, particularly at night, it dries out overnight and bacteria on the mask are likely to die due to the dry conditions. On the other hand, since fungi and their spores are resistant to drying, they can survive under the condition where masks dry out. This explains why fungi tended to accumulate and increase with longer mask usage. When we compared the microbial colony counts between the mask types, there were no substantial differences in the microbial colony counts between non-woven and other mask types. These findings suggest that the higher fungal colony counts on the outer-side of masks would be due to the duration of mask usage, but not the mask types. Regarding washable/reusable masks ("other types" of masks in the current study), the proper cleaning method for cotton face masks has been recommended to reduce the microbial load on the masks¹². However, in the current experiments, we did not find significant differences in bacterial or fungal colony numbers on the masks based on washing (Fig. S2). This could be explained by lack of information about the proper cleaning method for most mask users (i.e., boiling at 100 °C, washing at 60 °C, or ironing with a steam iron) to disinfect the masks.

There were a few studies reporting microbial isolation on masks; a Belgian group investigated bacterial colony numbers on face masks in experimental settings, where 13 volunteers wore cotton and surgical masks for 4 h¹². The authors harvested bacteria by vortexing the masks (without separation into the face-side and outer-side layers) with PBS and cultured the bacteria on the brain heart infusion (BHI) and lysogeny broth (LB) agar plates. They found that the bacterial colony number was higher in the cotton masks than in the surgical masks and that the major bacterial genera from the surgical masks were *Staphylococcus* and *Streptococcus*. Our study also detected *Staphylococcus*, but not *Streptococcus* that cannot grow on the BHI plate.

The bacterial colony counts on the face masks were higher in males than in females among the daily users (Fig. S1). We suspected that the difference could be associated with a more intensive facial skincare by females than by males. Thus, we performed a principal component analysis (PCA), using the survey data based on a daily facial skincare routine (three categories: 1. face wash method, 2. lotion/sunscreen usage, and 3. foundation usage) as well as the bacterial and fungal colony counts of masks worn for 4 h (Fig. S3a). The proportion of variance of principal component (PC) 1 was 44%; PC1 values reflected more intensive facial skincare. Here, the bacterial



genus	incidence* (%)	localization**	pathogenicity***	reference
<i>Cladosporium</i>	48	I	—	
<i>Fonsecaea</i>	39	O	+	32
<i>Mucor</i>	25	H	+	33
<i>Trichophyton</i>	23	H	+	34
<i>Rhodotorula</i>	20	I	—	
<i>Penicillium</i>	15	I	—	
<i>Microsporum</i>	11	O	+	34
<i>Alternaria</i>	10	I	—	
<i>Malassezia</i>	6	H	—	
<i>Aspergillus</i>	2	I	+	35
<i>Fusarium</i>	1	O	+	36
<i>Geotrichum</i>	1	O	—	
<i>Pleurostomophora</i>	1	O	—	

* $\frac{\text{positive participant number either face-side or outer-side}}{\text{total participant number (n = 109)}} \times 100$

** localization: I, indoor environment; O, outdoor environment; H, human commensal

*** pathogenicity: —, non-pathogenic, but opportunistic pathogen; +, pathogenic

Figure 5. Identification of fungal colonies. We identified fungi by the colony morphology macroscopically as well as the hypha and spore morphology microscopically. Ten representative fungal images were shown. The white and yellow bars are 10 mm and 5 mm, respectively. Identified fungi, the incidence in this study, localization, and pathogenicity were listed.

colony numbers and three skincare categories contributed negatively and positively to PC1 values, respectively. This suggested that more intensive facial skincare may decrease bacteria on the face masks. Among the three skincare categories in the survey, we tested whether the foundation usage could affect the number of bacterial colonies. We recruited volunteers and asked them to wear the mask for 4 h with foundation applied to only the left half of their faces. We found no differences in the bacterial colony numbers between the left and right halves of the face masks (Fig. S3b). Furthermore, neither lotion/sunscreen usage nor the face wash method statistically decreased the bacterial colony numbers by itself (data not shown). Although we did not examine other factors

	Bacteria	Fungi
Colony count/plate	1–1600	1–22
Face-side/outer-side	High on the face-side	High on the outer-side
Duration of usage	No effect	High in 2 days ~
Mask type	No effect	Low in non-woven outer-side
Gender	Low in female (face-side)	High <i>Cladosporium</i> in female

Table 1. Factors associated with microbial colony counts on face masks. Boldface indicates a significant difference ($P < 0.05$).

Factor	Variable	AUC	Association
Mask type, non-woven	Outer-side fungal count	0.77	Negative*
Gender, female	Face-side bacterial count	0.71	Negative†
Usage ≥ 2 days	Outer-side fungal count	0.65	Positive*
Gender, female	<i>Cladosporium</i> positive	0.65	Positive
<i>B. subtilis</i> , inside	White medium colony	0.65	Negative
Natto \geq once/month	<i>Bacillus subtilis</i>	0.61	Positive
Public transportation	Bacterial or fungal count	0.50	No
<i>B. subtilis</i> , inside	<i>Staphylococcus epidermidis</i>	0.42	No

Table 2. Receiver operating characteristic (ROC) analysis. Boldface shows AUC higher than 0.6 AUC: 0.5–0.6, unsatisfactory; 0.6–0.7, satisfactory; 0.7–0.8, good; 0.8–0.9, very good; 0.9–1, excellent. *, † Associations were consistent with statistical differences shown in *, Figs. 2; †, S1.

that may contribute to the gender difference in the bacterial colony counts, the potential factors include the higher facial temperature in males²⁴ and the gender difference in sweat and sebum²⁵.

There were several limitations in this study. First, the survey of face masks in this study was not comprehensive, and the sample size was small. Although the face masks were classified into three major types, they can be further subdivided according to the thickness, fabric coating, and other factors that may affect microbial growth. In experimental settings, the bacterial colony number and composition differed between surgical and cotton face masks after 4-h of wearing¹². Second, in all the experiments, since the face masks were put on and taken off with bare hands, there was a possibility that microbes on the hands could be transferred to the face masks. Here, we intentionally instructed the participants not to wear gloves during the experimental period, since our objectives were to examine bacteria and fungi on the face masks under our normal lifestyles. Microbial colonies detected from new non-woven masks handled with bare hands were negligible (average 6.5 bacterial and no fungal colonies, data not shown). Lastly, there is an argument that the face masks need to be thoroughly washed with detergent broth for better isolation of microbes on masks²⁶. In this study, however, we decided to collect microbes on the face masks by simply pressing them onto agar plates. Although this method may leave substantial microbes on the mask materials, we believe that easily detachable microbes are more relevant to respiratory infections.

In this study, we focused on a newly emerged-hygiene issue in the current lifestyles of wearing face masks during the COVID-19 pandemic. These results will provide new insights into face mask usage to prevent potential pathogenic infections.

Methods

Mask layer imaging. A non-woven mask was composed of three layers, each of which was cut with scissors and separated manually. A gauze mask was composed of multiple layers, one of which was separated manually. We directly placed a polyurethane mask (without sample preparation) or each layer of the non-woven and gauze masks on the microscope stage of the CX33 Microscope (Olympus, Tokyo, Japan) and imaged using 10× objective lens with the CCD Camera DP22 (Olympus).

Study design. This study was conducted between September and October 2020. The participants were 109 medical students, 63 males (aged 22.4 ± 0.4) and 46 females (aged 21.2 ± 0.3 , no significant difference between genders) at Kindai University Faculty of Medicine, Osaka, Japan. All experimental protocols were approved by the Institutional Biosafety Committee of Kindai University and performed by the institutional guidelines. Informed consent was obtained from all participants. The survey for the participants was as follows: age, gender, type of mask, duration of mask usage, transportation, gargling habit, and natto consuming habit. We confirmed that no participants were treated with antimicrobial drugs during the experimental periods.

Sample collection, microbial culture, and colony count. To isolate and culture the microbes adhered to face masks, the face-side and outer-side of the face masks were pressed onto agar plates (8.6 cm in diameter, 58 cm² in area), separately, which were covered with the lids immediately to avoid contamination. The culture

conditions were as follows: for the bacterial cultures, BHI agar plates (Eiken chemical Co., LTD, Tochigi, Japan) or Soybean-casein digest broth with lecithin and polysorbate 80 (SCDLP) agar plates (Eiken chemical Co., LTD,) were used and incubated at 37 °C under the aerobic condition for 18 h. We found similar colony numbers and morphology between the BHI and SCDLP agar plates. This is consistent with the previous findings reported by Delanghe et al., where the bacterial colony numbers from surgical mask samples were comparable between the BHI and LB agar plates¹². Thus, in all subsequent experiments, we decided to use BHI agar plates, which are widely used as a general-purpose growth medium. In the longer incubation (> 2 days), the fast-growing bacterium *B. subtilis* outgrew the other bacteria, resulting in the difficulty of detecting slow-growing bacteria. For the fungal cultures, Sabouraud dextrose agar plates (Nissui pharmaceutical Co., LTD, Tokyo, Japan) were used and incubated at 25 °C under aerobic condition for 5 days. Following the primary incubation, we evaluated the colony morphology and conducted colony counting. Although we tested the presence of microbes on the middle layer (filter layer), we detected only small numbers of the bacterial and fungal colonies (mean \pm SEM: bacterial colonies, 6.3 ± 4.9 ; and fungal colonies, 1.0 ± 0.5). Thus, we decided to focus on the microbial colonies on the face-side and outer-side of the masks in this study.

Identification of microbial colonies. Bacteria: we collected 94 colonies from the cultured plates, isolated DNA, and conducted 16S ribosomal RNA (rRNA) sequencing by the MiSeq (Illumina, San Diego, CA) at the Center for Oral Microbiota Analysis (Takamatsu, Japan). We also prepared bacterial smears on glass slides for Gram-staining (Fujifilm Wako, Osaka, Japan) and took the microscopic images using the CX33 Microscope with the CCD Camera DP22.

Fungi: we selected representative agar plates containing different types of fungal colonies from all cultured plates. We further incubated the cultured plates at 37 °C for 2 days to induce the spore formation, stained the fungi with lactophenol cotton blue (Muto pure chemical Co., LTD, Tokyo, Japan), and identified them based on their colony morphology and microscopically³⁷.

Data analyses. We conducted PCA using the software RStudio (version 1.4.1106) and Exploratory (Exploratory, Inc., CA). For statistical analyses, we conducted the paired *t*-test, Student's *t*-test, and χ^2 test. To determine the correlations between the data obtained in this study, we conducted an ROC analysis to evaluate the association between the factors and outcomes by calculating the AUC. The AUC close to 1 indicates a strong association, and less than 0.5 indicates no association.

Data availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Author contributions

Conceptualization: A.M.P., I.T. Methodology: A.M.P., S.K. Investigation: A.M.P., S.K., M.F., F.S., S.O. Visualization: A.M.P., K.H., I.T. Funding acquisition: A.M.P., I.T. Project administration: A.M.P., I.T. Supervision: A.M.P., I.T. Writing—original draft: A.M.P., I.T. Writing—review and editing: S.K., M.F., F.S., S.O.

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Competing interests

The authors declare no competing interests.

Additional information

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FREQUENTLY ASKED QUESTIONS – FACE MASKS

What's the big deal with wearing a mask?

It simply doesn't make sense for everyday people to wear a mask, especially children. Masks are for those who are ill, not healthy. Moreover, wearing one can create, not deter, illness. When individuals wear masks they end up touching their faces more frequently, which could lead to infection. They also rebreathe particles that their lungs have exhaled that are trapped in the mask. Additionally, the masks that everyday people wear impede oxygen flow and aren't porous enough to allow carbon dioxide to fully dissipate. All of these things decrease the body's immune response.

According to Dr. Eli Perencevich, an internist and infectious disease specialist, "The average healthy person does not need to have a mask, and they shouldn't be wearing masks. There's no evidence that wearing masks on healthy people will protect them. They wear them incorrectly, and they can increase the risk of infection because they're touching their face more often."

If I can wear a mask, why can't you wear a mask?

Many people assume that because they are able to wear a mask without issue, everyone should be able to wear a mask without issue. There are numerous reasons why someone might not be able to wear a mask. These include:

- Anxiety or other psychological issues and disorders
- Autism or other developmental disorders
- Hearing impairments
- Fear of racial profiling, violence or brutality by being a person of color or minority in a mask
- PTSD from being a victim of a rape, sexual assault or another violent crime in which the perpetrator was wearing a face covering or forced the victim to wear a face covering
- Respiratory conditions such as asthma and COPD
- Sensory issues and disorders
- Skin conditions (staph infections, yeast infections, contact dermatitis, etc.)

Moreover, just because someone with one of the above conditions wears a mask does not mean that everyone with that condition can do so. Every human has a different physiological and psychological makeup; what's true for one person is not true for all.

The CDC says to wear a mask, so why not just listen to them?

The CDC and other health authorities have flip-flopped their position on masks several times over the past few months. Although the agency is currently recommending mask-wearing in public, it has been unable to produce compelling evidence showing that masks worn by healthy individuals stop the spread of viral illness. Further, when you look at the science behind masks, wearing one to stop the spread of coronavirus makes no sense. Masks are incapable of stopping the lifecycle of a virus, and there is zero evidence to support the theory that masks worn by healthy people stop the spread of disease.



Thus, many people who choose not to wear a mask are choosing to exercise their personal judgment and not participate in a message of fear or false security.

Isn't it silly to complain about masks when people are dying of COVID-19?

It depends on how you view the body. If you view the body as brilliantly designed and understand that oxygen is one of the most important necessities for life, then it is in no way trivial or selfish to want to protect your breathing and your health.

Surgeons and Asians have worn masks for years. Why can't you?

Face masks are worn by surgeons because they're supposed to make wound infections after surgery less likely. According to Cochrane, a global independent network that produces systematic reviews and other research to inform health decision-making, the purpose of face masks is two-fold: 1) to prevent the passage of germs from the surgeon's nose and mouth into the patient's wound and 2) to protect the surgeon's face from sprays and splashes from the patient. Thus, the mask is something that is worn by a medical provider in a specialized setting for a specialized purpose.

Masks are worn in East Asia for cultural purposes and to limit exposure to air pollution. Nearly 2 million people are estimated to die in China each year from pollution-related illnesses. Asians who wear masks in the United States have largely done so as a cultural crossover.

Shouldn't your right to refuse a mask end where it puts me in danger?

There is no solid science demonstrating that unmasked individuals are a health detriment to others. Research shows that prolonged, close contact is needed for the transmission of coronavirus. It also shows that masks are incapable of stopping the spread of a virus.

According to the Center for Infectious Disease Research and Policy, there is no scientific evidence that masks are effective in reducing the risk of SARS-CoV-2 transmission. The center, which addresses public health preparedness and emerging infectious disease response, also said that the use of masks "may result in those wearing the masks to relax other distancing efforts because they have a sense of protection."

How does wearing a mask violate your rights?

By dictating that someone must wear a mask, it is forcing that person to choose an allopathic intervention for the purpose of protecting himself/herself and others. Forcing a person to take an intervention that is potentially harmful for the sake of others is unethical.

Forcing individuals to abide by measures that restrict their ability to move freely throughout society without discrimination is unconstitutional. Prohibiting people from entering or participating in society because they don't wear a mask also violates their constitutional rights.

Lastly, for those with deeply held religious beliefs, forced mask-wearing violates their ability to abide by natural law and follow their convictions to walk in faith, not fear.

What's wrong with mask mandates?

Although public officials are charged with controlling the spread of infectious disease, they are not responsible for individual health. Only individuals can decide what measures are in their best interest. Strong health policies empower individuals to take responsibility for their health; they shouldn't strong-arm them into taking certain measures without allowing them to decide if those measures are in their best interest.

Policies that mandate compliance that for the greater good are dangerous; one person's health cannot be sacrificed for another's, and no one's life should be privileged over another's. As such, the decision to wear a mask must be a personal one and should not be universally mandated; measures that are meant to protect the community as a whole are ineffective if they hurt individuals within the community.

For more information on the problems with medical mandates, visit <https://standforhealthfreedom.com/blog/why-states-are-getting-it-wrong-with-medical-mandates/>.

Some news reports say masks are necessary. How do you explain that?

The news media is known for oversimplifying issues; it also known for sensationalizing stories to increase ratings and profits. Coronavirus is an important topic affecting each of our lives. New scientific developments about the virus and society's response continue to unfold rapidly. However, the pandemic is dominating headlines with terrifying narratives that are generating fear and hysteria. These headlines lead to increased ad revenues and audience engagement, but they're also instilling widespread panic and uncertainty in the American public.

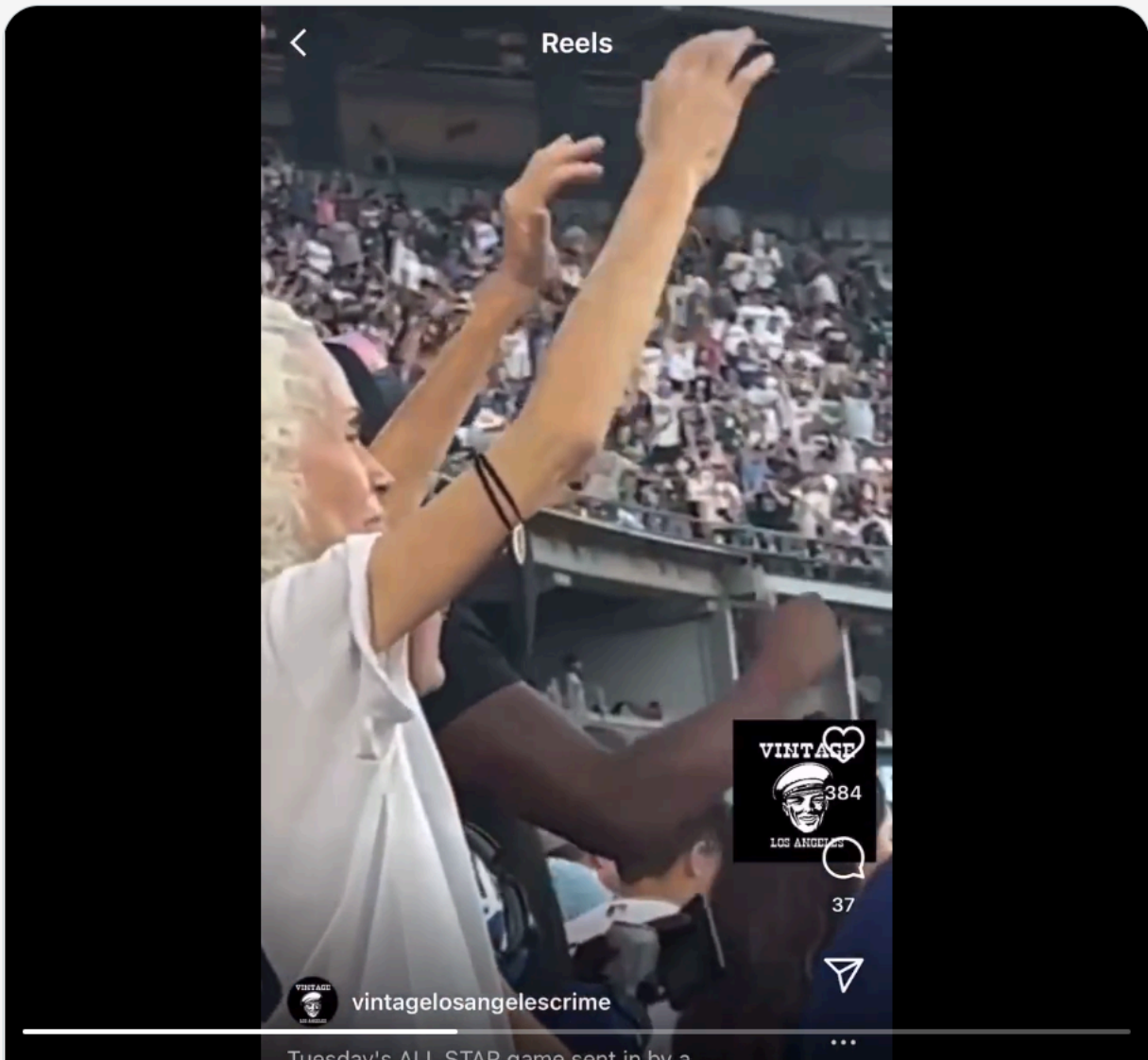
Studies show that exposure to fear and acute stress results in compromised immune function that can subsequently affect brain function. So individuals need to balance the need for information with the need to safeguard their health by minimizing their exposure to fear. Most of all, people need to take personal responsibility for their welfare and decide what's best for them and their family using facts and reason — not fear.

###

Stand with us at www.standforhealthfreedom.com

Travis Rice @traviscrice · 22h

LA County Public Health Director Barbara Ferrer said we are in a “high concern” COVID category right now at her weekly briefing today. This was also her at the MLB All-Star game two days ago. @FOXLA (🎥)
[@DetectiveMoses](#) /IG: VintageLosAngelesCrime



7/25/2022

LA County Board of Supervisors

Dear Madame and Sirs,

We have been at the COVID Pandemic for over 2 years now. I have escaped rather unscathed with a very mild case, and that was during Cancer Treatment. To go back to masking at this point is purely a control policy and I for one, will refuse to be further controlled by a person WHO ISN'T A DOCTOR!

If you choose to wear a mask, that is absolutely your prerogative, but I do not wish to be forced to do so again!

I urge you to vote this mandate down. It is time we learned to live with a virus that will clearly be here for some time to come.

Regards,

Dianne Ball

Hinze Psychological Services, PC.

A Professional Corporation
Heath Hinze, Psy.D. *Clinical Psychologist*

July 25, 2022

Dear Honorable Board of Supervisors

I understand that Dr. Ferrer has elected to reinstitute the mask mandate and that you have the power to validate or block this decision. While Dr. Ferrer may truly believe that she is only doing what is in the best interest of the populace it is further clear that her decision is myopic and lacks an appreciation for the dire consequences of instituting another, "YOU MUST DO AS WE SAY" mandate.

There is a growing theme from clients in my practice, coming from all walks of life. Multiple times a day I am hearing frustration and fear based on what they are perceiving as mounting agitation in public settings. People are short tempered and on edge, an experience felt in places like California but not in many states that elected to drop intrusive mandates. It is clear that such mandates fail to deliver the intended results and instead only create conflict. Another mandate I worry will be the match to ignite further unrest in our County.

I implore you all to consider the cost to our sense of sovereignty and be mindful of how this decision will have potentially catastrophic consequences to the mental well-being of the citizens you are tasked to serve.

Sincerely,



Heath Hinze, Psy.D.
Clinical Psychologist
CA Lic.# PSY23840

Re: mask mandate

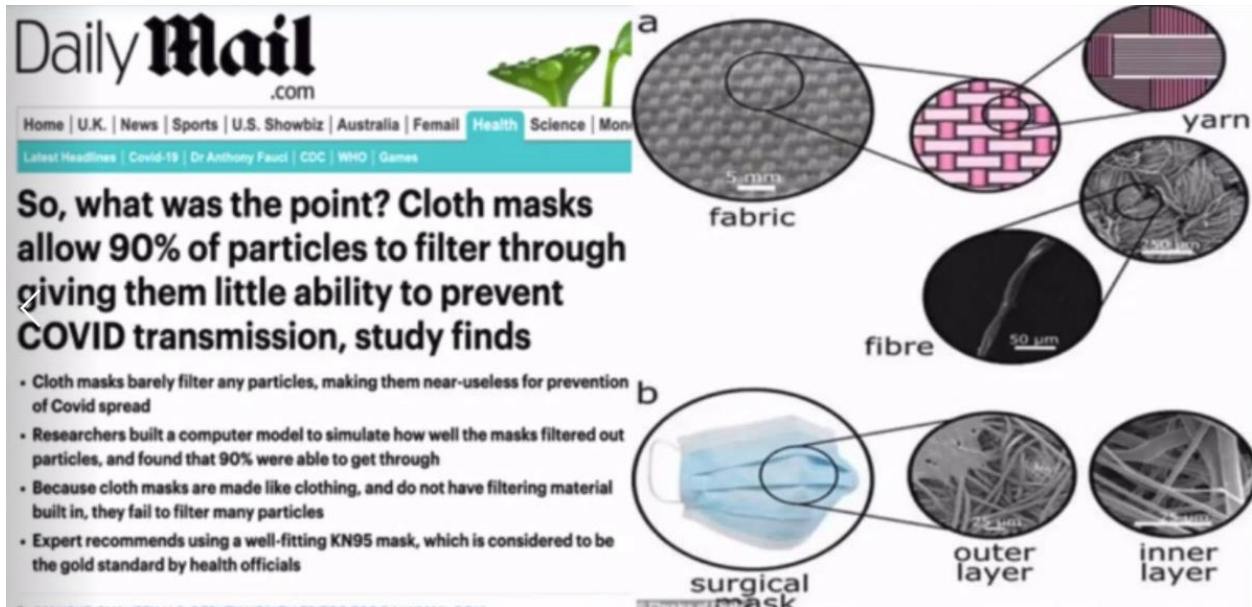
DO NOT go there! We all know masks do nothing to prevent transmission of disease and can cause harm with long term use. Your county must have gotten a grant from the CDC just like mine. Their nefarious agenda will not succeed. The people are rising up!

Masks have been proven beyond a shadow of a doubt NOT to protect adults or children from any air borne disease. Viruses, like the manmade Covid-19virus are less than 1/1000 the size of a human hair. Less than one micron vs the common mask opening of 80 microns. Masks prevent clean oxygen from entering a human and maximize rebreathing of the human exhaust or carbon dioxide and forcing the mask wearing subject to retain a multitude of dangerous pathogens. This, like a lot of politician's policies, are all risk and no benefit. I STRONGLY OPPOSE ANY AND ALL MASK MANDATES





The little white dot is 6 times larger than Covid



In addition, masks have been used in the past to control, degrade, manipulate, and humiliate humans. Why are we NOT learning from the past ???

Masks are Not About a Virus – It's About Control

- Masks are **DEMONIC** (Degrading)
- Masks are **DEHUMANIZING** (Controlling)
- Masks are **DEMORALIZING** (Submission)
- Masks are **DESTABILIZING** (Further Divides Population)
- Masks Maximize Rebreathing of "CARBON DIOXIDE", CO²
- Masks Were put on Slaves and Masks are Used by Cult followers
- Most Importantly, **MASKS DO-NOT-STOP-VIRUSES**

- Step 1 – Mask Mandates
- Step 2 – Vaccine Passports
- Step 3 – Digital ID
- Step 4 – Human Chip Implant (WO2020060606)
- Step 5 – Social Credit Score on Chip Implant
 - Freedom Lost
 - Total Domination
 - Total Control

HOW QUICKLY WE FORGET



Hollywood Normalization



Rothschild Satanic Party



During slavery slaves were forced to wear masks as to symbolically mark them as not having a voice and to be owned and under the control of another person.



Masks: The Science & Myths—American FrontLine Doctors

[https://www.americafrontlinedoctors.com/custom_videos/mask-](https://www.americafrontlinedoctors.com/custom_videos/mask-myths/?utm_source=MadMimi&utm_medium=email&utm_content=Doctors+Uncensored%3A+Bringing+You+The+Truth&utm_campaign=20210323_m162547596)

[myths/?utm_source=MadMimi&utm_medium=email&utm_content=Doctors+Uncensored%3A+Bringing+You+The+Truth&utm_campaign=20210323_m162547596](https://www.americafrontlinedoctors.com/custom_videos/mask-myths/?utm_source=MadMimi&utm_medium=email&utm_content=Doctors+Uncensored%3A+Bringing+You+The+Truth&utm_campaign=20210323_m162547596) Week+of+3+19+22+Mask+Lawsuit&utm_term=Dr Merritt Summit 2 2 PNG 3F1616343956

July 25, 2022

I am writing to you to OPPOSE the mask mandate in LA County. There are no real, scientific reasons to institute a mask mandate. There are multiple studies that have been done in California, other states as well as other countries that show that masks do NOT improve covid outcomes. There is currently no Covid threat in hospitals-it's very important to distinguish between WITH covid and FROM covid. Furthermore, we should NOT be masking our children because not only does it not benefit them, but it harms them. There were no changes a few months ago when the mask mandate was lifted at schools. Those who choose to still wear a mask, can. But it should not be a mandate. When children are forced to wear a mask they breathe in their own carbon dioxide. Children are not careful and can take their mask off to eat and put it anywhere. Children can spit, sweat, cry and their mask can harbor bacteria and then they can put the dirty mask back on. Children need to see facial expressions for their emotional development, mental development, and speech development. If faces are covered, then they can not learn and make the necessary connections. In addition, having a mask on their face constantly reminds them that something is not okay and it raises their fear and anxiety. It is not okay to do this to children. We have seen the local and state leaders attend events with thousands of people not wearing a mask, so our children and LA county residents should be able to attend places unmasked if they choose so. I am a parent and a public school teacher and I wholeheartedly believe that all students should have the choice to wear a mask, it should not be mandatory. Please do the right thing and make masking OPTIONAL.

Thank you,

Maria Gutierrez

From: [ExecutiveOffice](#)
To: [First District](#); [Holly J. Mitchell](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#)
Cc: [PublicComments](#)
Subject: FW: BOS Contact Us Message
Date: Tuesday, July 19, 2022 10:33:23 AM

The following correspondence is being forwarded to you for your review/information.

From: donotreply@bos.lacounty.gov <donotreply@bos.lacounty.gov>
Sent: Sunday, July 17, 2022 4:46 PM
To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>
Subject: BOS Contact Us Message

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Michael Rossi

Email: michaelmatteorossi@gmail.com

Phone: (323) 363-0495

Zip Code: 90027

Message: Hi Supervisors, I thought I would send this message to all the supervisors and reps this way as I've been seeing that there is a chance indoor mask mandates will come back July 29th in LA county. Being somebody who was born and raised in LA and still live here, I am utterly disappointed with why we are even considering this step. I understand cases go up and somebody who is vaxxed and took responsible steps to keeping safe; this is way too much and please do everything in your power to reverse this decision from happening; you see how Philly and Nor cal went back to no masks after trying it; please people will not comply, this will strain local businesses and the mix messaging is way too much and frankly embarrassing that we are the only county going into this nonsense. I am asking as somebody who is from LA that have done everything to keep safe, do NOT go back to encoring a mask mandate. I know and have friends on all sides of the aisle that are tired of this and not going to do it. Thank you Michael

Thank you,
County of Los Angeles Board of Supervisors

The following correspondence is being forwarded to you for your review/information.

Please do not vote to continue this madness - please read the attached article about a USC doctor and epidemiologist who said covid is not a treat anymore.

From: [ExecutiveOffice](#)
To: [First District](#); [Holly J. Mitchell](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#)
Cc: [PublicComments](#)
Subject: FW: Public Comment Item 2 *OPPOSE* for 7/25 meeting.
Date: Monday, July 25, 2022 2:10:28 PM

The following correspondence is being forwarded to you for your review/information.

-----Original Message-----

From: A U <andrewmorganutas@gmail.com>
Sent: Monday, July 25, 2022 12:24 PM
To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>
Subject: Public Comment Item 2 *OPPOSE* for 7/25 meeting.

Hello Executive Office,

I was unaware about the 12pm deadline to fill out the online form.

Please add my public comment to the agenda for tomorrows meeting opposing the 'public health' order as follows:

Barbara Ferrer has no evidence that face masks provide more benefit than cost to the wearers. She has done no research on the potential costs of face masks — and the masks being used haven't been tested for safe wear over the number of hours she is proposing to mandate. She cannot speak to the microplastics inhalant issue. She cannot speak to the chemical contamination issue. She can't speak to the mental health impacts. She can't speak to the social impacts including reduced economic prosperity. She has surely not even considered the pollution/environmental costs of masks, most of which are single-use plastics. All of the aspects are important factors in a public health decision. She doesn't have enough information to recommend wearing masks, let alone mandating them.

Her myopia and the myopia of her department is negligent and likely harmful. I'm concerned that this body hasn't analyzed her mandates using comparative data from cities and countries that have not had such mandates. How have her recommendations gone so far? Are Angeleos better off than Floridians or Swedes once all of the relevant factors are taken into account? If you don't analyze the data you won't know exactly how much damage Ferrer and her public health department have caused.

How can we be expected to trust a public health department that fails in its basic mandate to comprehensively weigh the costs and benefits of its mandates? I submit that a department that fails to do so totally loses its mandate and must be disobeyed and disregarded and disbanded until such a time when competent officials can be found. In the meantime, strike this mandate down.

Sincerely,

Andrew Utas
Los Angeles, California

From: [Matt Macaluso](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: Fire Ferrer. LA County's terrible leadership is finally getting called out by mainstream media
Date: Friday, July 22, 2022 1:42:03 PM

This time it's different. The media (even mainstream left-leaning media like LA Times) is finally waking up and calling out LA County BOS and LA Public Health's deception and ridiculous obsession with mask mandates, despite all the signs clearly showing how unnecessary they are at this stage.

Business Unions are finally pushing back. Lead doctors at LA Hospitals are pushing back and giving a true front-lines portrayal of COVID (it's not a crisis, it's a bad cold for most people, ICUs are empty, hospitals are fine). Lawsuits are on the way as well. People are FED UP with being the ONLY county in the entire country still being subjected to mask mandates.

Take your pick - all of these articles are from this past week alone. The narrative is shifting.

The era of mask mandates is over. LA is not only out of step with the rest of California, but it's out of step with literally the ENTIRE COUNTRY. LA BOS (except Kathryn Barger) and LAPH are insane and a disgrace. Compliance will be a joke if this moves forward. All it's going to do is piss people off and hurt businesses.

<https://ktla.com/news/local-news/ferrer-faces-claims-of-conflict-of-interest-as-l-a-county-nears-possible-return-to-mask-mandate/>

<https://www.dailynews.com/2022/07/21/fire-barbara-ferrer/>

<https://www.latimes.com/california/story/2022-07-18/l-a-county-faces-coronavirus-paradox-soaring-cases-but-hospitals-less-taxed>

<https://www.latimes.com/california/story/2022-07-21/la-me-covid-mood-mask-mandate>

<https://www.foxla.com/news/la-businesses-call-on-health-officials-to-rethink-covid-mask-mandate>

<https://www.foxla.com/news/report-accuses-barbara-ferrer-of-relying-on-her-daughters-cdc-backed-study-on-school-mask-mandates>

<https://californiaglobe.com/articles/la-county-public-health-director-barbara-ferrer-faces-conflict-of-interest-allegations/>

<https://californiaglobe.com/articles/la-county-chief-medical-officer-rejects-covid-19-media-hype/>

<https://californiaglobe.com/articles/la-county-feels-blowback-on-statement-by-docs-refuting-current-covid-19-hospitalizations/>

From: [Gretchen Krull](#)
To: [ExecutiveOffice](#)
Subject: No More Masks!
Date: Friday, July 22, 2022 10:55:45 AM

I'm following up to my email sent last week. Barbara Ferrer is trying to bring back the mask mandates to Los Angeles. To the best of my knowledge no other county or city in America is mandating masks, even the areas with rising cases and deaths. Four days after saying she's happy to wear a mask to protect others, Dr. Ferrer was seen at the All-Star game not wearing a mask. I recognize this is an outdoor event, but it's still a packed stadium. Anyone wanting to push masks to help others should still be wearing them.

While Dr. Ferrer is wanting to get us all in masks again in the dead heat of summer, the Chief Medical Officer at LA County USC Medical Center, Dr. Brad Spellberg, believes the opposite is happening. He says the Covid numbers are the same.

The study Dr. Ferrer is using for Covid related numbers was apparently published by none other than her daughter.

I have friends who worry for their businesses between the recession and the potential mask mandate. Please do not let another mask mandate happen. People have been put through the wringer the past two and a half years. It should be left as an individual choice whether or not to wear a mask for safety.

Gretchen Krull
818.613.4740
gretchenkrull.com

On Tuesday, July 12, 2022 at 11:54:38 AM PDT, Gretchen Krull <gkrull330@yahoo.com> wrote:

There's been talk from Ms. Barbara Ferrer of bringing back the mask mandate due to reaching the red tier in Covid cases. LA is the only place even thinking about this, and the mandates need to stop. Even with 8 of 9 Bay Area counties in the red tier as I type this, none are considering new mask mandates. All other 57 California counties have moved to endemic phase without color coded mandates and outdated metrics. 37 of these counties are in "high transmission" and are not mandating masks.

Ms. Ferrer is quickly becoming an outlier among California health officers. Her Ph.D. is in social welfare, not epidemiology.

Most epidemiologists have agreed that due to the changes in the Covid-19 virus, masking mandates are unnecessary. The virus is becoming weaker while transmitting more easily - which is how viruses tend to mutate. Hence, the seasonal flu we have all come to know and loathe. Even the New England Journal of Medicine suggested

that universal masking may not have a scientific basis, yet they are "talismans" increasing a sense of safety and well-being.

The filtration capability of an N95 is compromised by a gap the size of a human hair, so how can they really be doing their job of protecting us? Not to mention we are in the dead heat of summer. While the proposed mandate would be indoors only, many people in LA work jobs that involve being indoors and outdoors. Restaurants and such. Masks would most likely be mandated across the board for these people, making their jobs even more dangerous in the heat.

Please stop Ms. Ferrer from bringing back the mask mandates. We the people are fed up with useless mandates from unelected officials.

Thank you.

Sincerely,
Gretchen Krull

From: [paul belli](#)
To: [ExecutiveOffice](#); [Los Angeles Mayor's Office](#)
Subject: NO MORE SYMBOLIC MASK MANDATES
Date: Friday, July 22, 2022 9:04:26 AM

Board of Supervisors & Mayor Garcetti:

LA Times Letters on Mask mandate: There is no quality evidence that mask mandates work. The reason is simple: The policy doesn't mandate masks that actually work, such as N95 respirators that have been properly fit-tested.

Forcing everyone to comply with symbolic behavior is unscientific, bizarrely religious and unbecoming of an enlightened modern society.

Comment: Do NOT let Dr. Ferrer dictate another mask mandate to boost her ego, power and make another statement about her authority. I have had my two covid shots, a booster and a case of covid in April (sheltered in place and wore a mask after symptoms ceased for a week.) The hospital ICU's are not filling up with people primarily there for covid. A symbolic mask mandate continues to erode the public's trust in our government. The public can decide to wear a mask if they choose to.

NO MORE MASK MANDATES.

Paul Belli

661-312-6156

From: [Todd Andrews](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate - Wrong and evil
Date: Friday, July 22, 2022 7:07:19 AM

I urge you to STOP THIS EVIL WOMAN. This is totally unnecessary, and we will be the only county in the state with an idiotic mask mandate.

There will be mass noncompliance, and you will ALSO look like total evil idiots if you don't stop her.

Stop her!!!!

Todd Andrews

Begin forwarded message:

From: Todd Andrews <toddandrews44@gmail.com>
Subject: Mask Mandate Madness
Date: July 22, 2022 at 7:02:45 AM PDT
To: bferrer@ph.lacounty.gov

This email is not for Barbara Ferrer but instead for the staffer who is reading it.

You know and I know that this mask mandate is nonsense, and that there will be HUGE blowback and noncompliance. You know and I know that the water cooler talk is that Babs has lost her mind.

Ferrer is lost in her masking religion and social justice garbage. But you don't have to be. I recommend you protest and talk about this, speak up, have some courage. Talk to your supervisor.

This will end most likely with Ferrer getting fired, which is well and richly deserved, and probably many more within the department will be fired who went along with this nonsense.

I strongly recommend you speak up. Now. You don't have to be a sheep.

Thank you,

Todd Andrews

From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: We Will Not Comply With Mask Mandates
Date: Thursday, July 21, 2022 3:12:19 PM

I am listening to Ferrer's briefing and I am ashamed to live in this county. She is quoting misinformation and studies that consisted of 96 elderly people total. That's an anecdote at that point.

We WILL NOT comply with mask mandates. And we will fight as hard as we can with lawsuits and media pushback to get normal life back. Life is NOT normal in a mask, especially for children.

Ferrer is denying even knowing about the study YOUR OFFICES have sent me NUMEROUS TIMES to justify mask mandates. You have lost all credibility and will no longer be followed.

"We have asked much more of you in the past." Yes. My business was shut down for a year. Countless businesses have closed forever. We were told our cell phone location data was being watched and monitored. Yes, you have done horrific things to civil liberties. This fact does not justify doing more. We will not comply.

"We are in a much better place and people should enjoy their lives." -- Barbara Ferrer at the media briefing today. This is true. This is supported by actual doctors. We can make our own decisions now that we all have access to the tools to fight this.

Masking is NOT normal life. People, especially children, cannot "enjoy their lives". There are children in this county who have been denied normal services like speech therapy for 2 years. This is child abuse at this point.

I will never wear a mask again. The police will have to physically remove me from places. This is going to happen over and over throughout the city in great numbers.

You still have time to do the right thing here. Numbers are peaking and will go down. But all you are doing now is seeding more public distrust. What if we need new updated vaccines? How could anyone trust you now? I know I can't. I am vaccinated, boosted and have done all you have asked of me to much personal and financial devastation. But I am standing up for my own rights now, as will many many others.

You have failed us all.

My team of attorneys and my votes will hopefully help turn our city around.

Jenn Crafts

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Thursday, July 21, 2022 7:00:01 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Georgina Albi

Email: Galbi245@sbcglobal.net

Phone: (310) 541-2970

Zip Code: 90275

Message: No mask mandate. I wear one as appropriate, and the mandate does not really help, and the virus is endemic It is a waste of energy and places focus on the wrong thing

Thank you,
County of Los Angeles Board of Supervisors

From: [Knicky K](#)
To: [ExecutiveOffice](#)
Subject: Fire the fake doctor Barbara Ferrer
Date: Thursday, July 21, 2022 6:28:21 AM

Are any of you going to fire this fraud of a public official Barbara Ferrer? She is not even an MD, so what kind of hiring and vetting do you do? She is lying about the need for face mask again. Real MD's from USC has said she is wrong about the face mask and that the hospitalizations are not dire as fake Barbara Ferrer claims!

Her daughter, Kaitlan Barnes, was the author of studies that support her mama's position of masking up everyone, isn't this a conflict? How can we believe anything this lady is saying?

There should be a hearing on Barbara Ferrer and her lies about masking and her conflict of interest with her daughter. But most of the bureaucrats are socialist woke democrats that just want power and control like Barbara, so I'm sure this fake doctor and her lies don't bother you in the least!

From: [Noelle Tydlaska](#)
To: [ExecutiveOffice](#)
Subject: Mask mandate
Date: Wednesday, July 20, 2022 9:00:06 PM

Please do not allow Barbara Ferrer to implement the mask mandate being discussed. If masks actually worked, we would not be the only county in the nation with this mandate. Please consider the mental health of our children. They cannot and mine will not wear a mask for the school year. We will move or home school if this is implemented.

Thank you,
Noelle Tydlaska
Sent from my iPhone

From: [John Henry Marino](#)
To: [Cross, Kelly](#); [ExecutiveOffice](#); [Supervisor Janice Hahn \(Fourth District\)](#)
Subject: Re: Fire Barbara Ferrer - Unscientific and Unaccountable .
Date: Wednesday, July 20, 2022 8:14:05 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Good morning,

As the Good Book says: "the father shall not suffer for the iniquity of the son". However, it appears Barbara Ferrer's daughter, Kaitlin Barnes, has committed her own iniquities when it comes to pushing false COVID information, and Ferrer PhD has colluded with her in doing so. As such, there is even more evidence that Dr Ferrer is unqualified for her position and should be relieved of duty immediately.

Please review the following: <https://redstate.com/jenvanlaar/2022/07/20/study-cdc-relied-upon-for-school-mask-mandates-was-authored-by-la-county-public-health-directors-daughter-whos-also-not-an-md-n575405>

Thanks for your time,
John

On Sun, Apr 3, 2022, 2:08 PM Cross, Kelly <KCross@bos.lacounty.gov> wrote:

Hi John,

Thanks for writing back and sharing your additional thoughts. I will share your email with Supervisor Hahn and staff so that they too will know how you feel.

Please continue to be well.

In service,

Kelly Cross

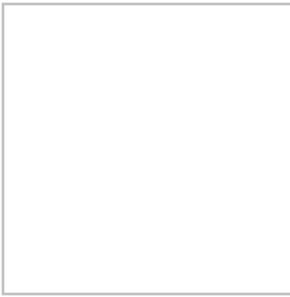
she/her/hers

Casework Manager & Animal Care and Control Deputy

LA County Supervisor Janice Hahn

O: 310.519.6021

C:213.309.9387



[Sign up for the Janice Journal!](#)



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From: John Henry Marino <jmarino09@gmail.com>

Sent: Wednesday, March 30, 2022 1:37 PM

To: Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>

Subject: Re: Fire Barbara Ferrer - Unscientific and Unaccountable .

Dear Ms. Cross and Supervisor Hahn,

Thank you for your response to my concerns. I delayed my response to allow the transcripts to upload from the Board Meetings before and after our exchange. Upon review, I was encouraged to see Ms. Hahn's statements in support of aligning the county with the state's guidelines! On item 2 (2/8/22), you and supervisor Barger had the right idea. Thank you for being the voice of your constituents' valid concerns!

I was disappointed, however, to see your agreement with Supervisor Cruel ... excuse me, "Kuehl"... on item 18. I am an employee of a company which contracts directly with LA County, and abides by its directives. Many of our partners are County Firefighters and Sheriffs who would be *directly* impacted by the implementation of escalating discipline for vaccine non-compliance. I would like to see more pushback against Kuehl's power-play, and see your support for the truly essential frontline workers. It is a slap in the face to the firefighters and police who have stayed in the field for the past 2 years to demand vaccination - as stated before, public health officials have admitted the vaccine doesn't prevent transmission. The logic of "the unvaccinated threaten the vaccinated" is the least scientific theory of the past 2 years, and cannot be used to justify this harmful policy. Your concern of essential staffing is valid, and I've seen the detrimental effects of delayed

response times and poor working conditions since then.

Finally, I would like to reiterate my initial call: FIRE BARBARA FERRER, PHD (not MD, by the way). As you so adroitly argued on 2/15/22, Dr. Ferrer could not even abide by her own dictates at the "Super-spreader Bowl" (by the way, check out hospitalizations, cases, and deaths following that - no spike, rise, or increase). What's more, soon after the public outcry against ongoing masking, it turns out LA County was able to safely unmask - despite Dr. Ferrer's rabid assertions otherwise. Dr. Ferrer has not kept present with the science of masking or transmission; she is a hypocrite who is unable to abide by her own senseless mandates; she has squandered the most precious resource of Public Health - trust.

Be brave. Improve LA County. Fire Dr. Ferrer.

Thank you for your continuing consideration,

John Henry

PS Kelly - great bitmoji for the job!

On Fri, Feb 11, 2022 at 10:23 AM Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov> wrote:

Hello,

Thank you for reaching out to Supervisor Hahn to share your thoughts. At this week's board meeting, Supervisor Hahn voiced her preference to align with the State on its masking policies. However, the Department of Public Health has set specific metrics for LA County before masking and other measures can be lifted. Here is a summary of Public Health's plan forward:

- Outdoor masking will be lifted when we reach 2,500 hospitalizations or less for 1 week. Once this happens, outdoor mask requirements will be lifted on school playgrounds and at mega-events. *On Thursday, there were 2,464 hospitalizations in the County so we are on the way meeting this metric should the current trend continue.*
- Indoor masking will be lifted when cases drop to ~730 cases per day, which is the CDC's definition for "moderate transmission" OR the vaccine for <5 year-olds is available for at least 8 weeks. *On Thursday, there were over 6,000 cases reported and it is unclear when the vaccine for <5 will be available, however the FDA is anticipated to review data by the end of this month.*
- Vaccine verification and testing requirements will continue until the County reaches a "low" transmission rate per CDC standards.
- Additional post surge strategies will focus on education and access to therapeutic drugs for providers and the public.

Please know that Supervisor Hahn continues to support aligning with the State's protocols.

Thank you again for reaching out and we hope you found this information helpful.

Thank you,

Kelly Cross

she/her/hers

Casework Manager & Animal Care and Control Deputy

LA County Supervisor Janice Hahn

O: 310.519.6021

C:213.309.9387



[Sign up for the Janice Journal!](#)



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From: John Henry Marino <jmarino09@gmail.com>

Sent: Tuesday, February 8, 2022 3:52 PM

To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>

Subject: Fire Barbara Ferrer - Unscientific and Unaccountable .

Janice,

Here is another shout in a sea of voices: either fire Barbara Ferrer and end the vaccine and mask mandates which are crippling our county and sowing discontent, or resign and let somebody with principles do it.

Dr. Ferrer has set completely unrealistic goals for the removal of masks, and opposes one of the most like-minded states, California, in doing so. You have supported Dr. Ferrer's

unscientific and backward positions throughout the course of this pandemic since your election in March 2020. If you do not do what is right, this will be your last term. The people of your district have had enough of the one-sided dictates and wholesale dismissal of our positions. You serve us. A simple Google search reveals the wave of support of removing mask and vaccine mandates (<https://file.lacounty.gov/SDSInter/bos/supdocs/165995.pdf>) which has gone unnoticed. The winds of change are blowing across this country, state, and county, and soon you will have to decide which way you're going to go.

The continuance of the mask mandate in the faith of the wealth of data is unscientific and illogical. First, any way you look at the data, masks have done nothing to influence the flow of this virus FROM THE BEGINNING. You may recall in March 2020, when you started your term of service, that masks were discouraged (except N-95s by health professionals) - then encouraged when politically expedient. The data was never provided to support them, and it still doesn't exist. One need only look at LA COUNTY and our rate of spread to see that all the vigorous mask and vaccine mandating has done nothing good to Slow the Spread.

Dr. Ferrer's policy reflects the definition of insanity: doing the same thing over and over yet expecting a different result. The mask mandates didn't work when the Alpha variant initially spread; they certainly don't stop Omicron or any other forthcoming variants. Looking at the results of your Health Department's past 2 years, they literally could not do anything worse. Spread and death rates matched all projections despite our attempts at interventions. It's time to try something new, and that is to take ourselves and our children out of the masks IMMEDIATELY. Not in a week, or when cases are less than 2,500 in a county of over 10,000,000 (an impossible goal), or when the stars align; NOW.

And the mask mandate needs to be across the board. The CDC, FDA, drug companies, and governments across the world ALL ADMIT that the vaccines do no Stop the Spread. We also all know that masks, aside from specific medical grade masks in specific circumstances, do not Stop the Spread. So the vaccination status of the individual should have NO BEARING on if they wear a mask or not. An unvaccinated person not wearing a mask can spread COVID just as easily as a vaccinated person wearing the mask. If you disagree, I encourage you to Follow the Science and look it up. The CDC agrees.

By imposing the mask mandate on a minority population and segregating them by their medical status, you invite discrimination and discord among your constituents. I can think of few ways to divide people more than forcing one group that you disagree with to wear a sign of that on their face at all times. If you do pursue that, perhaps you can have the county distribute the masks, and color them yellow to be more distinct. A star emblazoned across the front will mark all the wearers as *extra special* for immediate recognition and avoidance.

TLDR: end the mask and vaccine mandates NOW, or update your CV for when you look for a new job in 2024.

-Your VERY concerned constituent,

John Marino

From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: We Will Not Comply With Mask Mandates
Date: Thursday, July 21, 2022 3:12:19 PM

I am listening to Ferrer's briefing and I am ashamed to live in this county. She is quoting misinformation and studies that consisted of 96 elderly people total. That's an anecdote at that point.

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Ferrer is denying even knowing about the study YOUR OFFICES have sent me NUMEROUS TIMES to justify mask mandates. You have lost all credibility and will no longer be followed.

"We have asked much more of you in the past." Yes. My business was shut down for a year. Countless businesses have closed forever. We were told our cell phone location data was being watched and monitored. Yes, you have done horrific things to civil liberties. This fact does not justify doing more. We will not comply.

"We are in a much better place and people should enjoy their lives." -- Barbara Ferrer at the media briefing today. This is true. This is supported by actual doctors. We can make our own decisions now that we all have access to the tools to fight this.

Masking is NOT normal life. People, especially children, cannot "enjoy their lives". There are children in this county who have been denied normal services like speech therapy for 2 years. This is child abuse at this point.

I will never wear a mask again. The police will have to physically remove me from places. This is going to happen over and over throughout the city in great numbers.

You still have time to do the right thing here. Numbers are peaking and will go down. But all you are doing now is seeding more public distrust. What if we need new updated vaccines? How could anyone trust you now? I know I can't. I am vaccinated, boosted and have done all you have asked of me to much personal and financial devastation. But I am standing up for my own rights now, as will many many others.

You have failed us all.

My team of attorneys and my votes will hopefully help turn our city around.

Jenn Crafts

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Thursday, July 21, 2022 7:00:01 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Georgina Albi

Email: Galbi245@sbcglobal.net

Phone: (310) 541-2970

Zip Code: 90275

Message: No mask mandate. I wear one as appropriate, and the mandate does not really help, and the virus is endemic It is a waste of energy and places focus on the wrong thing

Thank you,
County of Los Angeles Board of Supervisors

From: [Knicky K](#)
To: [ExecutiveOffice](#)
Subject: Fire the fake doctor Barbara Ferrer
Date: Thursday, July 21, 2022 6:28:21 AM

Are any of you going to fire this fraud of a public official Barbara Ferrer? She is not even an MD, so what kind of hiring and vetting do you do? She is lying about the need for face mask again. Real MD's from USC has said she is wrong about the face mask and that the hospitalizations are not dire as fake Barbara Ferrer claims!

Her daughter, Kaitlan Barnes, was the author of studies that support her mama's position of masking up everyone, isn't this a conflict? How can we believe anything this lady is saying?

There should be a hearing on Barbara Ferrer and her lies about masking and her conflict of interest with her daughter. But most of the bureaucrats are socialist woke democrats that just want power and control like Barbara, so I'm sure this fake doctor and her lies don't bother you in the least!

From: [Steven Earl](#)
To: [ExecutiveOffice](#)
Date: Tuesday, July 19, 2022 7:37:41 PM

This message is for Janice Hahn, my supr. I demand Janice Hahn require the resignation from Barbara Ferrer. Since she has been caught lying about the covid numbers.

From: [Carmen Piro](#)
To: [ExecutiveOffice](#)
Subject: Barbara Ferrer has to resign
Date: Tuesday, July 19, 2022 7:35:54 PM

Stop the spin and lies about Covid 29 hospitalizations by non medical doctor Barbara Ferrer.
She should resign. Why do you keep her at this position? It is so immoral to keep her at the front of the County's health issues even though USC Medical Center has statistics that contradict her position about the need for masking.
Concern Citizen of LA County

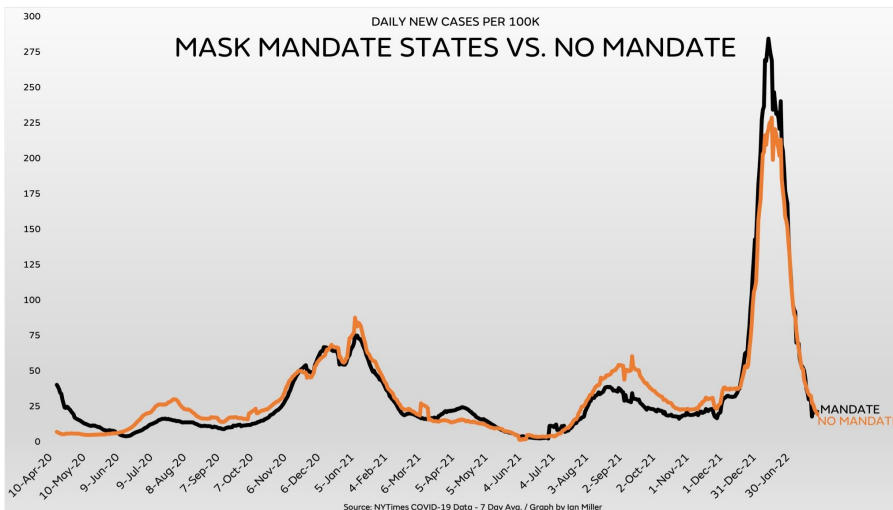
From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: The Public Will Not Comply - Listen to Doctors
Date: Tuesday, July 19, 2022 7:24:37 PM
Attachments: [image.png](#)

Hello,

I am sending this to you to let you know that the mainstream media is now letting the public know that actual doctors are saying there is no need for a mask mandate. People will not comply this time.

<https://ktla.com/video/covid-health-officials-at-odds-over-how-to-treat-summer-surge/7847510/>

Mask mandates continue to do absolutely nothing for case counts and hospitalizations. This is widely available knowledge we all know now. This is data from New York Times:



LA Public Health is lost. Please read data and see reason to gain back at least a little integrity. Any mandate will just be ignored by the general public.

Jenn Crafts

From: [Jeff Galvin](#)
To: [ExecutiveOffice](#)
Subject: Mask Mandate Refusal
Date: Tuesday, July 19, 2022 6:56:07 PM

Hi,

I complied with all the past indoor mask mandates, but if another one is imposed this month. I plan to refuse to comply with it.

As a biochemical engineer with two degrees from MIT, I'm better informed than a lot of people. It's time for LA County to stop being an outlier nationwide, and align with the rest for the country and leave mask wearing to personal preference.

Enough is enough!

Jeff

From: [Michael DeMucci](#)
To: [ExecutiveOffice](#)
Subject: Barbara Ferrer Exposed
Date: Tuesday, July 19, 2022 5:48:32 PM

One would be hard pressed to find a worse appointed official in the State of California than Barbara Ferrer. She is an agenda driven, unqualified political hack and fraud who has zero business acting as LA County Director of Public Health.

Finally, she has been exposed for lying about the County Covid threat level. This is a blatant violation of public trust. She needs to be fired immediately.

I and everyone I know thinks it is very interesting how the LA County Board of Supervisors continues to support Ferrer but want to fire the Sheriff. This is a historic perversion of priorities.

Enough is enough. The fake doctor needs to go now!

Sincerely

Michael DeMucci
Redondo Beach, CA
310.490.1944: mobile

From: [Todd Andrews](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate by Barbara Ferrer
Date: Tuesday, July 19, 2022 2:09:57 PM

You all need to rein in Barbara Ferrer. She is ridiculous, and you will share in the shame of the garbage she is about to do. You will be a laughingstock of this nation, and the epitome of rampant covid paranoia if this happens.

I implore you, fire this woman. Put in someone with common sense who actually cares about health and not just one endemic virus, and doesn't do "social justice" in the guise of "health."

How in the name of all that is good, can one foolish woman have power to force 10 million people to put on a needless muzzle on their faces? This is the epitome of bad governance. Every one of you that doesn't push back on this should lose your job.

YOU NEED TO STOP HER!!!!

Thx,

Todd Andrews

Begin forwarded message:

From: Todd Andrews <toddandrews44@gmail.com>
Subject: No Mask Mandate
Date: July 18, 2022 at 9:23:47 AM PDT
To: bferrer@ph.lacounty.gov

You are ridiculous, anti-science, obnoxious, and a dictatorial fool for your desire to implement a worthless mask mandate on 10 million people.

Anyone who is worried about the covid cold can wear their own N95 mask, vaccinate, etc.

But no, you have contempt for the people of Los Angeles because you're arrogant enough to think you can tell people what to do and act like an evil grandmother who tells people what to do.

You also hate children if you want to force masks on them and continue to damage their educations.

Have you read all those emails? Seen all those comments on social media? Yes. It's correct. The people of Los Angeles openly despise

you even more than you have contempt for them. You are in fact the most despised public figure in Los Angeles right now. And that's saying quite a bit, because we have some pretty despicable characters in this county.

You are the most despised person in Los Angeles right now. And for good reason.

And most importantly, we will not follow your dictatorial orders, you obnoxious fool. Though unfortunately our kids will have to suffer, since the teachers unions will force them to wear masks.

It's absolute lunacy, and you are the author of this lunacy.

I implore you to change your mind. It's totally counterproductive and will create even more division and hatred in this county. It will damage mental health. There is more to "health" than one stupid endemic virus that you wish to obsess over.

Thx,

Todd Andrews

From: [Todd Andrews](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate by Barbara Ferrer
Date: Tuesday, July 19, 2022 2:08:06 PM

You all need to rein in Barbara Ferrer. She is ridiculous, and you will share in the shame of the garbage she is about to do. You will be a laughingstock of this nation, and the epitome of rampant covid paranoia if this happens.

I implore you, fire this woman. Put in someone with common sense who actually cares about health and not just one endemic virus, and doesn't do "social justice" in the guise of "health."

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Thx,

Todd Andrews

From: toddandrews44@icloud.com
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate by Barbara Ferrer
Date: Tuesday, July 19, 2022 2:06:24 PM

You all need to rein in Barbara Ferrer. She is ridiculous, and you will share in the shame of the garbage she is about to do. You will be a laughingstock of this nation, and the epitome of rampant covid paranoia if this happens.

I implore you, fire this woman. Put in someone with common sense who actually cares about health and not just one endemic virus, and doesn't do "social justice" in the guise of "health."

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Thx,

Todd Andrews

From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: RE: Listen to doctors - hospitals are NOT overwhelmed
Date: Tuesday, July 19, 2022 1:50:43 PM
Attachments: [image.png](#)

Hello,

As you well know by now the public has seen the internal briefing from LAC and USC Medical Center. To quote:

"As of this morning we have no one in the hospital who had pulmonary disease due to COVID. Nobody in the hospital. We have 24 people who have tested positive for COVID but nobody, nobody who had COVID-19 disease as we would see in the past."

The weak press release that followed tried to increase the fear, but did not change the facts: Hospitals are not overwhelmed. In fact, according to your own data covid admissions are falling:

Figure 6. Emergency Department Visits for COVID-19 by Age Category per MMWR week, Los Angeles County, October 2020 Through Present

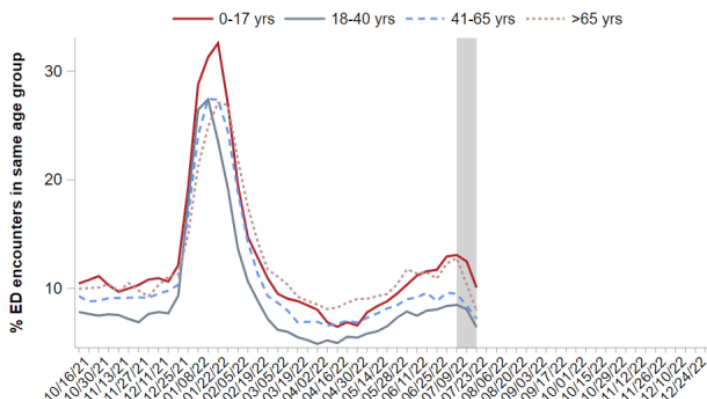
Los Angeles County Department of Public Health
Acute Communicable Disease Control
(213) 240-7941 www.publichealth.lacounty.gov

Page 6 of 11



COVID WATCH

Summary of Los Angeles County Department of Public Health COVID-19 Related Surveillance



Reimposing a mask mandate will do nothing but further diminish LA Public Health's integrity. The great majority of Los Angelenos will not comply. We are already seeing it. Last night I went to a restaurant in the Valley that had a mask required sign up. Not ONE person complied. Not one. And it was not enforced. This is a total farce now. Afterwards I went to a movie. Not ONE person in there was wearing a mask. No employees, no patrons. We will not put them back on.

T-cell and B-cell protection is still strong against BA.4 and BA.5. This is why LA County doctors in their own briefing are calling it "a bad cold". Read more about T and B cells here: <https://www.medscape.com/viewarticle/976945>

We cannot and will not mask forever. We are vaccinated and most have also had covid. Most of us will never put a mask on again. When you impose such a measure when there is clearly no emergency you will have mass non-compliance.

I truly hope that the Board of Supervisors listen to real doctors and read actual data instead of approving an unenforceable mandate. You have entirely lost the public's trust - and that puts us all at risk for the future.

We will vote accordingly.

Jenn Crafts

From: [Matt Macaluso](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: No more mask mandates - the public and businesses are NOT going to stand for this anymore
Date: Tuesday, July 19, 2022 1:03:25 PM

Fire Ferrer. The jig is up. Last week, top epidemiologists at LAC+USC Medical Center - the people who are actually in the trenches - made it crystal clear that hospitals are NOT in crisis. Nowhere even close. The overwhelming majority of COVID "admissions" are incidental. LAPH is gaslighting the public with artificially inflated hospitalization counts, making things look much worse than they actually are.

<https://www.cbsnews.com/losangeles/video/county-usc-officials-raise-questions-about-covid-hospitalizations/>

LA Public Health's justification for mask mandates has been to avoid "stressing the hospitals", but clearly there is NO stress happening in the hospitals. LAPH is not driven by science. It's driven by politics. If LAPH actually followed the science, they would understand how completely unnecessary and fruitless a mask mandate is. LA County is the only place in the country still living like it's 2020 or 2021. We need to move on and heal from this. Not having mask mandates is a great start to that.

In addition, mask mandates aren't even proven to work. Explain to me why throughout this entire pandemic, counties with mask mandates show the same case/hospitalization trajectories as counties without mask mandates? Because mask mandates don't work, that's why. Leave it up to the individuals to make their own choices.

Even Alameda County backed off their toothless mask mandate. Nowhere else in the entire country is talking about mask mandates. Just Los Angeles, because we have an unelected tyrant heading LAPH, who is driven by ideology/politics and not science.

Businesses are finally fighting back against this nonsense. I wouldn't be surprised if lawsuits are also being prepared.

<https://www.latimes.com/california/story/2022-07-19/l-a-countys-push-for-covid-mask-rules-ignites-familiar-debate>

"Maria Salinas, president and chief executive of the Los Angeles Area Chamber of Commerce, and Jessica Lall, president and chief executive of the Central City Assn., a downtown business group, sent a letter to Ferrer last week expressing concerns.

Requiring masks, they wrote, "puts employees in the increasingly challenging position of enforcing a mandate that many customers no longer wish to — or are unwilling to — comply with."

"L.A.'s restaurants, retail stores, museums, amusement parks, sports centers and so many other establishments are working every day to recover from the pandemic, all while facing workforce shortages, supply chain challenges and more," they wrote. "Businesses should not be expected to enforce a mask mandate in addition to these ongoing constraints. Businesses cannot shoulder this burden of compliance alone as they have been required to do so in the

past.”

If L.A. County does mandate indoor public masking, and no other counties follow suit, “residents and visitors may choose to take their spending power to businesses in other parts of Southern California, which would only harm our local economy,” they wrote.”

From: leo@leogrillo.com
To: [Paul Darrigo](mailto:Paul.Darrigo@ph.lacounty.gov); media@ph.lacounty.gov; [Office of Countywide Communications](#); [Los Angeles County ExecutiveOffice](#); [Baim, Emily](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#); [Eric Garcetti](#); citycouncil@burbankca.gov; [City of Los Angeles](#); [City of Los Angeles](#); [City of Los Angeles](#); [City of Los Angeles](#); [Councilmember John S. Lee](#); [Councilmember Rodriguez](#); [CM Harris-Dawson](#); councilmember.kevindeleon@lacity.org; [Curren Price](#)
Subject: RE: Is BOS Hindering successful outcomes
Date: Tuesday, July 19, 2022 12:41:19 PM

Let them know that Ferrer is NOT a MEDICAL DOCTOR!!! Using that title is misleading as hell!!

She got her doctorate in Social Welfare at Brandeis U.

L

Confidentiality Notice: The information contained in this message and any attached materials is a confidential and/or privileged communication protected by the Electronics Communications Privacy Act, 18 U.S.C. 2510-2521. If you are not the intended addressee or an authorized agent of such addressee, you are strictly prohibited from photocopying, distributing or otherwise using this message, its contents and/or its attachment(s) in any way. If you received this message in error, please contact the sender listed above by any means and destroy this message and any attachments. Thank you.

Here's what's wrong ... look around

"It's very hard to get a man to understand something if his paycheck relies on him not understanding it."

www.leogrilloactor.com
www.deltarescue.org
www.animalsarepeopletoo.com
www.horserescueofamerica.org

"The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man."

"There is a principle which is a bar against all information; which is proof against all argument; and which cannot fail to keep a man in everlasting ignorance. This principle is contempt prior to examination."

| ----- Original Message -----

Subject: Is BOS Hindering successful outcomes
From: Paul Darrigo <fedguy2@pacbell.net>
Date: Tue, July 19, 2022 9:34 am
To: "media@ph.lacounty.gov" <media@ph.lacounty.gov>, Office of
Countywide Communications <pio@ceo.lacounty.gov>, Los Angeles County
<pio@assessor.lacounty.gov>, "executiveoffice@bos.lacounty.gov"
<executiveoffice@bos.lacounty.gov>, "ebaim@bos.lacounty.gov"
<ebaim@bos.lacounty.gov>, <HollyJMitchell@bos.lacounty.gov>,
"FirstDistrict@bos.lacounty.gov" <FirstDistrict@bos.lacounty.gov>,
"FourthDistrict@bos.lacounty.gov" <FourthDistrict@bos.lacounty.gov>,
"kathryn@bos.lacounty.gov" <kathryn@bos.lacounty.gov>,
"Sheila@bos.lacounty.gov" <Sheila@bos.lacounty.gov>,
<HollyJMitchell@bos.lacounty.gov>, <HollyJMitchell@bos.lacounty.gov>,
Eric Garcetti <mayor.garcetti@lacity.org>, "citycouncil@burbankca.gov"
<citycouncil@burbankca.gov>, City of Los Angeles
<councilmember.blumenfeld@lacity.org>, City of Los Angeles
<councilmember.bonin@lacity.org>, City of Los Angeles
<councilmember.krekorian@lacity.org>, City of Los Angeles
<councilmember.ofarrell@lacity.org>, "Councilmember John S. Lee"
<councilmember.lee@lacity.org>, Councilmember Rodriguez
<councilmember.rodriguez@lacity.org>, CM Harris-Dawson
<councilmember.harris-dawson@lacity.org>,
"councilmember.kevindeleon@lacity.org"
<councilmember.kevindeleon@lacity.org>, Curren Price
<councilmember.price@lacity.org>, <HollyJMitchell@bos.lacounty.gov>

<https://knowledgeisgood.net/2022/07/19/in-memoriam-vladimir-zelenko-m-d/>

Why is Dr. Ferrer not promoting health care:

"...Zelenko's outpatient treatment protocol consisted of a five-day course of hydroxychloroquine, zinc sulfate, and azithromycin. This was based on his understanding that hydroxychloroquine would not only attack the COVID-19 virus but also serve as a "canal" by which the zinc sulfate could enter cells and impede the replication of the virus. He included azithromycin to prevent secondary bacterial infections.

His protocol proved to be enormously effective and word of its success quickly spread. As he reported in his [March 23, 2020, letter](#) addressed to inquiring "medical professionals around the world," Zelenko and his team had treated approximately 350 patients in Kiryas Joel and another 150 patients in other areas of New York with this regimen. Of this group, there had been "ZERO deaths, ZERO hospitalizations, and ZERO intubations." There were no negative side effects other than approximately 10 percent of patients experiencing temporary nausea and diarrhea...." (1)

The number was so successful treatment went well over 2000 patients on this protocol. Reduce hospitalizations and faster recovery. The basic protocol of Zinc, Vitamin D3, Quercetin, and Vitamin C are well proven and tested supplements that support our immune systems for prophylaxis care in protecting ourselves never disseminated to the public. Instead, an insistence that masks were going to protect people. And, the data has shown that masks do very little if anything. Lock-downs made the spread worse; Vaccinated can still spread the virus. What's missing?

We knew this for 2 years. A cheap and successful protocol that was only shunned here in LA and the news media for politics. **Dr. Zelenko was not the only Medical Doctor promoting**

common sense prophylaxis. Around the world, medical doctors were.

The damage to the residents of Los Angeles is long and debilitating:

1. Low to middle income business owners shut down
2. Increase in suicide rates
3. Increase in alcoholism
4. Increase in depression
5. Increase in child abuse and domestic violence
6. Depressed education of our children
7. Death: to uninformed individuals of their choices

Dr. Ferrer has not fulfilled her statement: "I am proud to work along with over 4,000 Public Health professionals working to improve health and wellness across Los Angeles County. Please explore our website to discover the many ways that Public Health is working for you."
(1)

Board of Supervisors are responsible for who they assign to chair important county functions and responsibilities. With that comes the accountability to those decisions and for re-evaluation. Dr. Ferrer is not a medical doctor trained in biological health care. Dr. Ferrer has failed as medical advisor and it is time for a change.

We request immediate consideration and action into this matter. We look forward to your address to these grievances and provide a viable remedy.

Thank you,

Paul Darrigo
CHULA - Citizens for a Humane Los Angeles
<https://www.facebook.com/groups/773416409436730/>
323-244-8020

- (1) <https://knowledgeisgood.net/2022/07/19/in-memoriam-vladimir-zelenko-m-d/>
(2) <http://publichealth.lacounty.gov/media/director/>

From: [Sandy Poole](#)
To: [ExecutiveOffice](#)
Subject: Fwd: Impending mask mandate
Date: Monday, July 18, 2022 10:46:34 AM

Sent from my iPhone

Begin forwarded message:

From: Sandy Poole <spoole86@hotmail.com>
Date: July 18, 2022 at 07:51:01 PDT
To: hollymitchell@bos.lacounty.gov, firstdistrict@bos.lacounty.gov, fourthdistrict@bos.lacounty.gov, supervisorsorkuehl@bos.lacounty.gov, Kathryn@bos.lacounty.gov
Subject: Impending mask mandate

Dear Supervisor,

I am writing to you to voice my displeasure at allowing Barbara Ferrer to possibly impose YET ANOTHER mask mandate in LA County. This has gone far enough! COVID will never go away and we need to be able to live our lives. You need to either remove Ferrer from power completely or take away whatever emergency powers she was given to enact these mandates.

If she, or you, want to stand up and say, "the cases have risen, we recommend masking" then by all means do that! But, to FORCE us to be the only County to wear them is beyond stupid!!

I'm tired of the fear mongering by your offices and the media. It's been over two years and it's time to move on from this.

Bring Ferrer to heel and stop the insanity!

Thank you.. Sandy Poole

Sent from my iPhone

From: [Todd Andrews](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate by Barbara Ferrer
Date: Monday, July 18, 2022 9:29:22 AM

You all need to rein in Barbara Ferrer. She is ridiculous, and you will share in the shame of the garbage she is about to do. You will be a laughingstock of this nation, and the epitome of rampant covid paranoia if this happens.

I implore you, fire this woman. Put in someone with common sense who actually cares about health and not just one endemic virus, and doesn't do "social justice" in the guise of "health."

How in the name of all that is good, can one foolish woman have power to force 10 million people to put on a needless muzzle on their faces? This is the epitome of bad governance. Every one of you that doesn't push back on this should lose your job.

YOU NEED TO STOP HER!!!!

Thx,

Todd Andrews

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From: Todd Andrews <toddandrews44@gmail.com>
Subject: No Mask Mandate
Date: July 18, 2022 at 9:23:47 AM PDT
To: bferrer@ph.lacounty.gov

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But no, you have contempt for the people of Los Angeles because you're arrogant enough to think you can tell people what to do and act like an evil grandmother who tells people what to do.

You also hate children if you want to force masks on them and continue to damage their educations.

Have you read all those emails? Seen all those comments on social media? Yes. It's correct. The people of Los Angeles openly despise you even more than you have contempt for them. You are in fact the most despised public figure in Los Angeles right now. And that's saying quite a bit, because we have some pretty despicable characters in this county.

You are the most despised person in Los Angeles right now. And for good reason.

And most importantly, we will not follow your dictatorial orders, you obnoxious fool. Though unfortunately our kids will have to suffer, since the teachers unions will force them to wear masks.

It's absolute lunacy, and you are the author of this lunacy.

I implore you to change your mind. It's totally counterproductive and will create even more division and hatred in this county. It will damage mental health. There is more to "health" than one stupid endemic virus that you wish to obsess over.

Thx,

Todd Andrews

From: [Todd Andrews](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Cc: [Barbara Ferrer](#)
Subject: Re: Mask Mandate by Barbara Ferrer
Date: Sunday, July 17, 2022 8:08:10 AM

You need to rein in Barbara Ferrer, the dictator of public health. There is no justification for a mask mandate, hospitalizations are minor (the 1,000 or so are primarily incidental hospitalizations). So there is NO stress on the health system. The infection itself is now minor for 99% of people, and those at risk can protect themselves. It's all personal choice at this point, we don't need the zombie queen "protecting" us from a cold.

She should NOT have unchecked power to wreak all kinds of damage on people and local businesses, not to mention continuing to destroy education by muzzling kids who are at near ZERO risk from covid, with an unneeded mask mandate.

Look, I know you are not all completely crazy like her, and at least a few of you understand this is just theatrical nonsense.

STOP THIS GARBAGE!!!!!!

Sincerely,

Todd Andrews

From: [Michael Krause](#)
To: [ExecutiveOffice](#)
Subject: COVID Masking
Date: Saturday, July 16, 2022 7:52:34 AM

Enough is enough. No more mandatory masking.
The numbers don't warrant another round of masks.
It is my feeling that this has become more of a political issue
And a medical issue.

Let individuals decide for themselves.

Michael Krause
Sent from Michael's iPad

July 20, 2022

The Honorable Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 W. Temple St., Suite 383
Los Angeles, CA 90012

Re: Urgent Request for Investment in Community Organizations

Dear Honorable Board of Supervisors,

The COVID-19 pandemic has had a disproportionate impact on underrepresented and hard-to-reach communities, who have faced devastating consequences over the past two and a half years with regard to employment, housing, financial assistance, healthcare, and food access. Although large segments of these communities continue to serve as frontline and essential workers in the fight against COVID-19, many of them have been excluded from federal, state, and local recovery and relief efforts. Since 2020, trusted community-based organizations (CBOs), who are rooted in these essential but excluded communities, have had to step in and carry the burden of providing much-needed resources and services. While the need to invest in critical programs and resources, including cash aid, food assistance, tenant protections, and rental assistance remains as urgent as ever, there is an equally compelling need to invest in the CBOs that have been tirelessly serving these under-served communities.

This letter is a joint effort by two coalitions, Immigrants Are LA (IRLA) and the Los Angeles County Economic Resiliency Task Force (ERTF) Work Group. IRLA is a diverse, community-led LA County initiative composed of 100 immigrant-serving organizations dedicated to building a just and equitable future for immigrants and Los Angeles. The ERTF represents over 400 foundations and nonprofits working together to address equity in the County's contracting process. As representatives of more than 500 community-based and nonprofit organizations, IRLA and the ERTF are joining together to advocate for greater investments in the essential organizations that deliver critical programs and services to millions of residents across Los Angeles County. Our respective coalitions have been unrelentingly devoted to meeting the growing needs of LA's most vulnerable communities during this pandemic. At this moment, we recognize the urgency to join forces and uplift critical priority areas that we fear will be overlooked in funding allocations for ARPA Phase Two and the FY '22-23 County budget.

In July of 2021, the County Chief Executive Office released the \$975 Million American Rescue Plan Act (ARPA) Phase One Spending Plan, which was intended to address the County's most critical and pervasive inequities and build wealth in communities historically excluded from state- and federally-funded programs. It is in this context that hundreds of nonprofit leaders have expressed frustration regarding getting greater access to government funding including: learning about upcoming opportunities, organizational barriers around cumbersome insurance and outdated auditing requirements, low reimbursement rate, and slow payment practices. There is an urgent need to expand access to County contracts for nonprofit organizations, expediting and increasing reimbursement, streamline auditing and redefine technical assistance to effectively reflect the needs of our communities. While Los Angeles County is taking steps to ensure the equitable

distribution of ARPA funds, as well as making important considerations for the FY 2022-2023 LA County Budget, more work is needed to support community-based organizations who support the communities most negatively impacted by the COVID-19 pandemic, particularly those who work hard to keep our economy going.

Immigrants Are LA (IRLA) and the Los Angeles County Economic Resiliency Task Force (ERTF) Work Group call on the Los Angeles County Board of Supervisors and the Chief Executive Office to prioritize FY '22-23 budget and ARPA funding in the following areas:

1. Capacity Building and Physical Infrastructure for Community-Based Organizations

- a. Capacity Building Support: \$21M**
- b. Physical Infrastructure Support: \$50M**

2. Equity Service Navigator Program: \$50M

A more detailed explanation of these funding priorities is included below; [a comprehensive list of all of IRLA's funding priorities was sent on June 6th.](#)

Funding Priority 1: Capacity Building and Physical Infrastructure for Community-Based Organizations

- A. Capacity Building Support:** ARPA Phase 1 included \$3.5M in capacity-building funds for immigrant-focused CBOs and another \$3.5M in grants for CBOs focused on financial wellbeing and wealth building in low-income and immigrant communities. This was a promising start in recognizing and investing in organizations that provide critical resources and services to immigrant communities, however more substantial capacity building support for these organizations is needed. To increase the quality and quantity of services that CBOs can provide, we propose an allocation of \$21 million in Phase 2 to continue building the CBOs' infrastructure and capacity. The funding would provide the means to hire additional staff, build out program structures and implementation plans, and expand the number and types of communities served. Trusted community-based organizations have the experience, the cultural competency, and the linguistic capability to provide much-needed services and support to immigrant communities, and the County must give them the support they need to sustain this vital work through greater investments and continued partnership and collaboration.

BUDGET REQUEST: \$21M

- B. Physical Infrastructure Support:** Investment in the trusted organizations that serve communities so heavily affected by the pandemic requires investment in the spaces that house and allow these organizations to continually build up their communities. To create reasonable accessibility for hard-to-serve communities, these organizations must be located in the communities they serve.

We recommend a two-tiered approach that will support both larger and smaller organizations to purchase property to serve their communities in LA. It is essential that each district provides space for crucial relief efforts provided by these organizations. Larger

organizations above a threshold annual budget of \$3.5M would contribute a matching component that would be required to get funding, while smaller organizations under the threshold annual budget would be exempt. Organizations that provide vital assistance need to be able to acquire spaces in which they can expand their internal infrastructures and provide easily accessible support services. We propose 12 grants of \$3.25 million with a \$1.75 million match for large organizations with an annual budget of \$3.5M+, and 8 grants of \$1.5 million for small organizations with an annual budget of less than \$3.5M.

BUDGET REQUEST: \$50M (12 grants of \$3.25M with a \$1.75M match for large organizations and 8 grants of \$1.5M for small organizations, as defined above)

Funding Priority 2: Equity Service Navigator Program

While the Board of Supervisors has approved millions in ARPA funding for housing, food, and job assistance programs for many Angelenos, residents still face significant hurdles in accessing those services. Immigrant residents, in particular, have struggled to obtain County services because of a lack of information about available services, fears of misinformation about qualification requirements based on immigration status, and technology and language barriers.

Numerous reports backed by County leaders have called for the need to establish a stronger partnership between community-based organizations and County departments to ensure vulnerable residents have access to government resources. CBOs provide culturally and linguistically appropriate services to connect individuals to wrap-around government assistance programs such as housing, food, and workforce development. We propose establishing an Equity Service Navigator Program that would allocate \$50 million to community-based organizations to hire culturally competent service navigators, who would aid vulnerable communities in obtaining critical information about County services and applying for assistance. Modeled after the innovative COVID-19 Community Equity Fund in 2020, a joint effort by the County's Department of Health Services and the Department of Public Health, the Equity Service Navigator Program would provide grants to CBOs to address barriers that immigrant communities face when trying to access ARPA-funded programs.

BUDGET REQUEST: \$50M (for 500 service navigators at \$100,000 per Full Time Equivalent to outreach to one million immigrant individuals)

The devastating impacts of the pandemic have highlighted the historic disadvantages facing Black and brown communities across our county as well as the essential role that community organizations play in serving residents' needs. The nearly \$2 billion in American Rescue Plan Act dollars coming into the County should be allocated to serve immigrants and other communities with the greatest need as quickly as possible. IRLA and the ERTF are hopeful that the Board will fulfill its commitments to improving racial equity and ensuring an equitable recovery for all by investing County budget and ARPA funds in LA County's most impacted communities.

Respectfully,

[Immigrants Are LA](#)

Los Angeles County Economic Resiliency Task Force Work Group

The undersigned organizations (in alphabetical order)

A Place Called Home

ACLU Foundation of Southern California

Afghan American Muslim Outreach

African Communities Public Health Coalition

AltaMed

American Indian Movement So Cal

Antelope Valley League of United Latin Americans

Anthony & Jeanne Pritzker Family Foundation

Anti Recidivism Coalition

APAIT

Asian Americans Advancing Justice - Los Angeles

Asian Pacific Policy & Planning Council

Asian Prisoner Support Committee

Asilo

Association of Community Human Services Agencies

Bet Tzedek Legal Services

Building Skills Partnership

C. S. H.

California Community Foundation

California Immigrant Policy Center

CalNonprofits

Carlos Bulosan Book Club

CDTech

Center for Strategic Partnerships

Central American Resource Center (CAREGEN Los Angeles)

Centro CHA Inc. Long Beach Community Hispanic Association

Children's Bureau

Children's Institute

Children's Partnership

CLEAN Carwash Campaign

Coalition for Humane Immigrant Rights (CHIRLA)

Communities United for Restorative Youth Justice (CURYJ)

Community Coalition

Community Lawyers, Inc.

Council of Mexican Federations in North America (COFEM)

Council on American-Islamic Relations, Greater Los Angeles (CAIR-LA)

CURB

DoGoodery

Equality California

Esperanza Immigrant Rights Project

Faith and Community Empowerment

Families In Schools

Fathers & Families of San Joaquin

Federación de Clubes Zacatecanos del Sur de California

FilAm Arts

Filipino American Service Group, Inc

Filipino Human Rights Alliance (FAHRA)- Los Angeles

FWC

Golden State Opportunity

Ground Game LA

Homies Unidos

Immigrant Defenders Law Center

Immigration Resource Center of San Gabriel Valley

Inclusive Action for the City

Inland Coalition for Immigrant Justice

Interfaith Refugee & Immigration Service (IRIS)

International Rescue Committee-Los Angeles

Juarez Consulting Inc

Justice for Filipino American Veterans (JFAV)-USA

Kheir Clinic

Khmer Girls in Action

KIWA

Koreatown Youth and Community Center

LA Chamber

LA Voice

LCLAA LA Chapter

Long Beach Forward

Long Beach Immigrant Rights Coalition

Los Angeles Black Worker Center

Me Too Survivors March International

MEND

Mental Health America of Los Angeles

Mexican American Opportunity Foundation (MAOF)

MILPA

Mirror Memoirs

MOTHER MOVEMENT

National Day Laborer Organizing Network

National Immigration Law Center

Nonprofit Finance Fund

Occupy ICE L.A

Para Los Niños

PARENT ENGAGEMENT ACADEMY

Pars Equality Center, Los Angeles

Philippine Women's Center

Pilipino Workers Center of Southern California

Pillars of the Community

Pomona Economic Opportunity Center

Proyecto Pastoral

Public Counsel

Restaurant Opportunities Center of Los Angeles

Revolve Impact

SAHARA

SALVA

Salvadoran American Education and Leadership Fund (SALEF)

Search to Involve Pilipino Americans (SIPA)

SEIU United Service Workers West

SELA

Somos Familia Valle

South Asian Helpline and Referral Agency

South Asian Network

Southern California Grantmakers

Southwestern Law School - Community Lawyering Clinic

Special Service for Groups, Inc.

St. John's Well Child & Family Center

St. Joseph Center

Tender Loving Care Family Caregiver Support Group

Thai Community Development Center

The Advancement Project

The Black Alliance for Just Immigration (BAJI)

The TransLatin@ Coalition

Tzunu Strategies

UCLA Immigrant Family Legal Clinic

UCLA Labor Center

UFCW Local 770

USC Equity Research Institute

Venice Family Clinic

Weingart Foundation

YMCA of Metropolitan Los Angeles

Young Center for Immigrant Children's Rights

From: [ExecutiveOffice](#)
To: [PublicComments](#)
Subject: FW: Thank you Kathryn Barger - a reasoned response against Mask Mandates
Date: Monday, July 25, 2022 1:48:03 PM

FYI

From: Jenn Crafts <jennes00@gmail.com>
Sent: Monday, July 25, 2022 1:20 PM
To: Barbara Ferrer <bferrer@ph.lacounty.gov>; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Holly J. Mitchell <HollyJMitchell@bos.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>; Barger, Kathryn <Kathryn@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>
Subject: Thank you Kathryn Barger - a reasoned response against Mask Mandates

Hello,

I wanted to thank Kathryn Barger for her sensible and reasonable statement regarding her opposition to mask mandates.

She is entirely correct that they are unenforceable. The burden will be placed solely on hourly workers and children who are the only ones who would be forced to comply. The rest of us will not.

Those who will comply with mandates are already choosing to wear masks (most ineffective cloth or paper) - and places with concerning outbreaks, nursing homes, already have mask mandates. That alone is evidence that they do not slow or stop the spread.

Again, I urge you to act sensibly like Supervisor Barger. Los Angeles has moved on, and no amount of mandating masks will change that. All it will do is further diminish public trust.

Thank you,
Jenn Crafts

From: [Marina Palmier](#)
To: [ExecutiveOffice](#)
Subject: fire Barbara Ferrer
Date: Monday, July 25, 2022 2:43:54 PM

Barbara Ferrer is a disgrace who has done so much damage and a disservice to Los Angeles. How in the world did she acquire so much power? A better question is why did you hire this person? You have allowed her to dictate rules that have destroyed businesses and ruin children's experience in schools when she's not even a doctor nor scientist. How does she and her daughter, who helped her write a report affecting all of Los Angeles, sleep at night? If you don't fire her immediately it will only indicate you don't care about the people you are supposed to serve.

MARINA Gonzalez PALMIER

From: [Linda Shepherd](#)
To: [ExecutiveOffice](#)
Subject: Mask Mandate Meeting Information for 7-26-22 Meeting
Date: Monday, July 25, 2022 1:35:52 PM
Attachments: [UK Medical Study Masks Microplastics07232022.pdf](#)
[Barbara Ferrer Scrubbed Wikipedia07232022.pdf](#)
[Barbara Ferrer Controversies 07192207232022.pdf](#)

I am sending three attachments for your Critical Reference:

"Study shows inhalation of microplastics found in masks getting into lung tissue for the first time"
The Medical Study article from Great Britain is attached. "It turns out that a key ingredient in the ubiquitous disposable hospital masks seen littering land and seascapes since 2020 - polypropylene - degrades into tiny, microscopic fibers of plastic that a growing body of research shows wreaks havoc on aquatic creatures and has the potential to cause disease, including cancer, in humans." Now, microplastic fibers have been discovered deep in the lower lungs of living human beings - in almost every person sampled, in fact, in a new study from Great Britain." "Scientists at Hull York medical school in the U.K. found microplastic plastic fragments and fibers - some two millimeters long - in 11 of 13 patients undergoing surgery whose lung tissue they sampled." The entire article is attached for your reference and further research.

The Wikipedia "Controversies page. that was Scrubbed 23 July 2022 at 18:34. Please note the reference to the news conference dated July 13, 2022 with Brad Spellberg, the chief medical officer of Los Angeles County and University of Southern California Medical Center and epidemiologist Paul Holtom where they referred to Barbara Ferrer's statements as "political misinformation." They stated there have been no changes in the transmission levels of COVID-19."

The first article states that Barbara Ferrer does not hold a medical degree but instead a PhD in Social Welfare, causing some scholars and journalists to believe that she is lying by omission about her credentials.

The last attachment is the current Barbara Ferrer Wikipedia showing her education and information. Interestingly enough it states prior to the 2020 Covid-19 "Ferrer's salary was \$454,913 in total compensation in 2019, around \$50,000 higher than Anthony Fauci, the highest-paid American federal civil servant."

Are you planning on waiting until the Law Suits Start Being Served On Los Angeles County From The Constituents Lives You Are Entrusted With Regarding The Plastics In The Lung X-Rays The Medical Community Is Going To Find And The Health Damage From Not Allowing People To Breath Fresh Oxygen, Only Their Stale Breath Creating Medical Issues Long Term???

Just look at the CDC, WHO, and Media Hype over Monkey Pox! The News articles NEVER tell ALL the facts about transmission and how the 2 children were infected until 1 article this morning admitted the children also contracted it from the "gentleman community", Halleluia one source told the Truth after the epidemic was declared this past week-end! We are required to do our own research to get the TRUTH today and Praise The Lord Your Constituents Can Also Do Their Own Research Even If You Refuse!

I did not consider it worth my time to research further but you must have. The report that Barbara Ferrer: used a study the CDC Relied upon for school mask mandates was authored by the LA County Public Health Director's daughter, who also is not an MD. All I did see was Barbara Ferrer on local LA TV being questioned and giving a flippant response!!

Covid-19 Is Not Going To Go Away!! We Must Learn To Live With It!! Take the population of LA County to the Covid Cases and Medical Damages Done By Masks and Lock Downs and It Should Be A No Brainer For You! You have been elected to take care of your constituents best interests and Obviously By This Meeting Agenda You Are Not Doing Your Job??

God Bless,
Linda Shepherd

Barbara Ferrer

Barbara Ferrer (born March 2, 1956) is a public health official, serving as the Director of Los Angeles County Department of Public Health.^{[1][2]} She has been highly visible during the COVID-19 pandemic.

Contents

Early life and education

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References

Early life and education

Ferrer was born in Puerto Rico.

After graduating with a Bachelor of Arts in community studies from the University of California, Santa Cruz, Ferrer went on to earn a Master of Public Health from Boston University and a Master of Education from the University of Massachusetts, Boston. Ferrer earned her PhD in social welfare from Heller School for Social Policy and Management at Brandeis University in 1994.

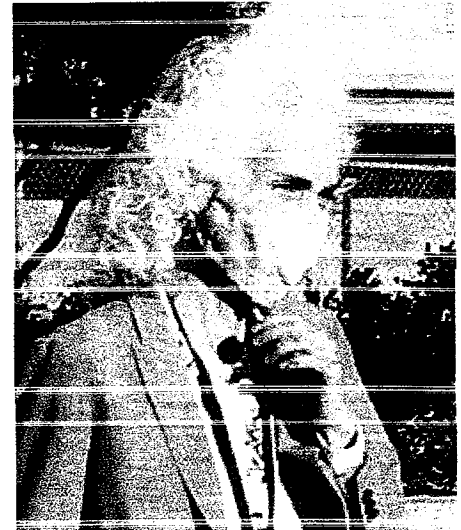
Career

As director of L.A. County Department of Public Health, Ferrer has been prominent during the COVID-19 pandemic.^{[3][4][5]}

Prior to that position, she held leadership roles in public health including five years at the Massachusetts Department of Public Health, where she was director of Health Promotion & Chronic Disease Prevention and later director of the Division of Maternal & Child Health.^[6] She also served as the executive director of the Boston Public Health Commission (2007-2014) and the chief strategy officer for the W.K. Kellogg Foundation.^{[7][8]}

Ferrer's salary was \$454,913 in total compensation in 2019, around \$50,000 higher than Anthony Fauci, the highest-paid American federal civil servant.^[9]

Barbara Ferrer



Ferrer in 2021

**Director, Los Angeles County
Department of Public Health**

Personal details

Born	March 2, 1956 <u>Puerto Rico</u>
Children	2
Alma mater	<u>University of California, Santa Cruz (BA)</u> <u>Boston University (MS)</u> <u>University of Massachusetts, Boston (ME)</u> <u>Brandeis University (PhD)</u>

Personal life

Ferrer resides in Los Angeles County. She is married, and has two children and two grandchildren.^[10]

Awards and honors

- YWCA Greater Los Angeles (<https://ywcagla.org/>), Phenomenal Woman Award, 2022
- Pat Brown Institute for Public Affairs at Cal State LA (<https://calstatela.patbrowninstitute.org/>), Pat Brown Legacy Award, 2022
- The Achievable Foundation (<https://achievable.org/>), It's Achievable Award for Excellence in Healthcare, 2022
- Los Angeles County Commission for Women (<https://laccw.lacounty.gov/>), Women of the Year, President's Award, 2022
- Saint Camillus Center for Spiritual Care (<https://stcamilluscenter.org/>), Good Samaritan Award, 2022
- California Legislative Women's Caucus (<https://womenscaucus.legislature.ca.gov/woman-of-the-year>), Woman of the Year for the 51st Assembly District (<https://a51.asmdc.org/>) (Asm. Wendy Carrillo), 2022
- Girls Academic Leadership Academy (<https://www.galacademy.org/>), Leadership Award, 2022
- East Area Progressive Democrats (<https://www.eapd.la/>), Heart & Soul Award, 2021
- UC Santa Cruz (<https://alumni.ucsc.edu/programs-services/awards/achievement-award.html>), Alumni Achievement Award, 2021
- Asian Youth Center (<https://www.aycla.org/>), Community Leadership Award, 2021
- Los Angeles County Quality and Productivity Commission (<http://qpc.lacounty.gov/>), Commission Chair Leadership Award, 2021
- 28th Congressional District (<https://schiff.house.gov/>), Rep. Adam Schiff, Woman of the Year Honoree, 2021
- Charles R. Drew University of Medicine and Science (<https://www.cdrewu.edu/>), Honorary Doctoral Degree, 2021
- County of Los Angeles Commission on Human Relations (<https://hrc.lacounty.gov/>), John Anson Ford Human Relations Awards, Yvonne B. Burke Courage Award, 2021
- Mexican American Bar Association (<https://mabaattorneys.com/>), Justice Cruz Reynoso Community Service Award, 2021
- California Federation of Business and Professional Women (<https://bpwcal.org/>), Woman of Achievement Award, 2021
- KCET and PBS SoCal (<https://www.pbssocal.org/>), Local Hero Award, 2020
- California State Senator Richard Pan (<https://sd06.senate.ca.gov/>), Recognition of Southern California Health Officers, 2020
- Cynthia Perry Ray Foundation, Witness to Fitness Award, 2020
- Southern California Leadership Network (<https://www.leadershipnetwork.org/>), Visionaries Award, 2020
- Esperanza Community Housing Corporation (<https://www.esperanzacommunityhousing.org/>), Sister Diane Donoghue Fierce Hope Award, 2020
- Advancement Project California (<https://www.advancementprojectca.org/>), Transformative Partner Award, 2020
- Public Health Alliance (<https://www.thepublichealthalliance.org/>), COVID-19 Public Health Hero, 2020
- Advancement Project California (<https://www.advancementprojectca.org/>), Champion for Equity Award, 2020
- Community Health Councils (<https://chc-inc.org/>), Lark Social Justice Achievement Award, 2020

Ferrer resides in Los Angeles County. She is married, and has two children and two grandchildren [10]

Controversies

Ferrer does not hold a medical degree, but instead a PhD in Social Welfare, causing some scholars and journalists to believe that she is lying by omission about her credentials. There is an active petition on Change.org calling for the LA County Board of Supervisors to fire Ferrer for her misinformation.

Many renowned medical professionals in the Los Angeles medical community have refuted Ferrer's claims about rising COVID cases in 2022, brushing her statements off as "political misinformation" and "media hype." "In a news conference on July 13, 2022 Brad Spellberg, the chief medical officer of Los Angeles County and University of Southern California Medical Center, and epidemiologist Paul Holtom, said that there have been no changes in the transmission levels of COVID-19."^[11]

Awards and honors

- YWCA Greater Los Angeles (<https://ywcagla.org/>), Phenomenal Woman Award, 2022
- Pat Brown Institute for Public Affairs at Cal State LA (<https://calstatela.patbrowninstitute.org/>), Pat Brown Legacy Award, 2022
- The Achievable Foundation (<https://achievable.org/>), It's Achievable Award for Excellence in Healthcare, 2022
- Los Angeles County Commission for Women (<https://laccw.lacounty.gov/>), Women of the Year, President's Award, 2022
- Saint Camillus Center for Spiritual Care (<https://stcamilluscenter.org/>), Good Samaritan Award, 2022
- California Legislative Women's Caucus (<https://womenscaucus.legislature.ca.gov/woman-of-the-year>), Woman of the Year for the 51st Assembly District (<https://a51.asmdc.org/>) (Asm. Wendy Carrillo), 2022
- Giris Academic Leadership Academy (<https://www.gaiacademy.org/>), Leadership Award, 2022
- East Area Progressive Democrats (<https://www.eapd.la/>), Heart & Soul Award, 2021
- UC Santa Cruz (<https://alumni.ucsc.edu/programs-services/awards/achievement-award.html>), Alumni Achievement Award, 2021
- Asian Youth Center (<https://www.aycla.org/>), Community Leadership Award, 2021
- Los Angeles County Quality and Productivity Commission (<http://qpc.lacounty.gov/>), Commission Chair Leadership Award, 2021
- 28th Congressional District (<https://schiff.house.gov/>), Rep. Adam Schiff, Woman of the Year Honoree, 2021
- Charles R. Drew University of Medicine and Science (<https://www.cdrewu.edu/>), Honorary Doctoral Degree, 2021
- County of Los Angeles Commission on Human Relations (<https://hrc.lacounty.gov/>), John Anson Ford Human Relations Awards, Yvonne B. Burke Courage Award, 2021
- Mexican American Bar Association (<https://mahaattorneys.com/>), Justice Cruz Reynoso Community Service Award, 2021
- California Federation of Business and Professional Women (<https://bpwcal.org/>), Woman of Achievement Award, 2021

Search results

7-23-22 SEE NEXT PAGE

barbara ferrer controversies

SHOWING LAST EDITED

Search

23 JULY 2022, AT Results 1 – 20 of 141

Advanced search:

18:34.

Search in:

The page "Barbara ferrer controversies" does not exist. You can create a draft and submit it for review, but consider checking the search results below to see whether the topic is already covered.

Junípero Serra (redirect from Miguel José Serra Ferrer)

Junípero Serra y Ferrer O.F.M. (/huːˈniːperou ˈserə/; Spanish: [xuˈniperu ˈsera]; Catalan: Juníper Serra i Ferrer; November 24, 1713 – August 28, 1784)
129 KB (15,939 words) - 04:45, 15 July 2022

Liberalism (redirect from Controversies over the term liberal)

ISBN 0-8050-7869-X. Dobson, John. Bulls, Bears, Boom, and Bust. Santa Barbara: ABC-CLIO, 2006. ISBN 1-85109-553-5. Dorrien, Gary. The making of American
130 KB (15,617 words) - 12:27, 28 June 2022

William Holden

(A few months later, Hepburn met Mel Ferrer, whom she later married and with whom she had a son Sean Hepburn Ferrer.) He took third billing for The Country
44 KB (4,041 words) - 13:35, 18 July 2022

List of Grand Slam-related tennis records

ball racket strings Official Technology electronic line judge Hawk-Eye Controversies
Code violations Doping Match fixing Grunting Courts Carpet Clay Grass
185 KB (1,333 words) - 07:38, 21 July 2022

Kamala Harris

against Ferrer was dismissed by the California courts in 2016 on the grounds of Section 230 of the Communications Decency Act, but in 2018, Ferrer pleaded
236 KB (20,206 words) - 07:16, 22 July 2022

Olympia Dukakis

Wilson. Among the actors performing with Dukakis and her husband were José Ferrer, Colleen Dewhurst, Blythe Danner, and Samuel L. Jackson. Dukakis' prolific
45 KB (2,864 words) - 15:38, 22 July 2022

CNN (section Controversies and criticisms)

stations will be used to file a story. CNN has been involved in various controversies, criticisms and allegations since its inception in 1980. The channel

5. Armus, Teo (December 10, 2020). "L.A. health director nearly breaks down in tears at coronavirus briefing: 'Deaths are an incalculable loss'" (<https://www.washingtonpost.com/nation/2020/12/10/los-angeles-covid-barbara-ferrer-cries/>). *The Washington Post*. Retrieved September 2, 2021.
6. "Dr. Barbara Ferrer and Linh Nguyen named to key senior leadership positions" (<https://www.wkcf.org:443/news-and-media/article/2014/09/barbara-ferrer-and-linh-nguyen-named-to-key-senior-leadership-positions>). *W.K. Kellogg Foundation*. Retrieved 2022-03-27.
7. Oliveira, Rebecca (September 26, 2014). "Ferrer steps down as BPHC head" (<http://jamaicaplaingazette.com/2014/09/26/ferrer-steps-down-as-bphc-head/>). *Jamaica Plain Gazette*. Retrieved 2 January 2021.
8. Malamut, Melissa (September 8, 2014). "Barbara Ferrer Is Leaving the Public Health Commission" (<https://www.bostonmagazine.com/health/2014/09/08/barbara-ferrer-leaving-public-health-commission/>). *Boston Magazine*. Retrieved 2 January 2021.
9. "Your tax dollars at work: Who is paid more- Fauci or Ferrer?" (<https://www.kabc.com/2021/04/18/your-tax-dollars-at-work-who-is-paid-more-fauci-or-ferrer/>). 18 April 2021.
10. "One-On-One: Get To Know LA County Public Health Director Dr. Barbara Ferrer" (<https://www.cbsnews.com/losangeles/news/one-on-one-get-to-know-la-county-public-health-director-dr-barbara-ferrer/>). *CBS Los Angeles*. Retrieved June 2, 2022.

Retrieved from "https://en.wikipedia.org/w/index.php?title=Barbara_Ferrer&oldid=1100001086"

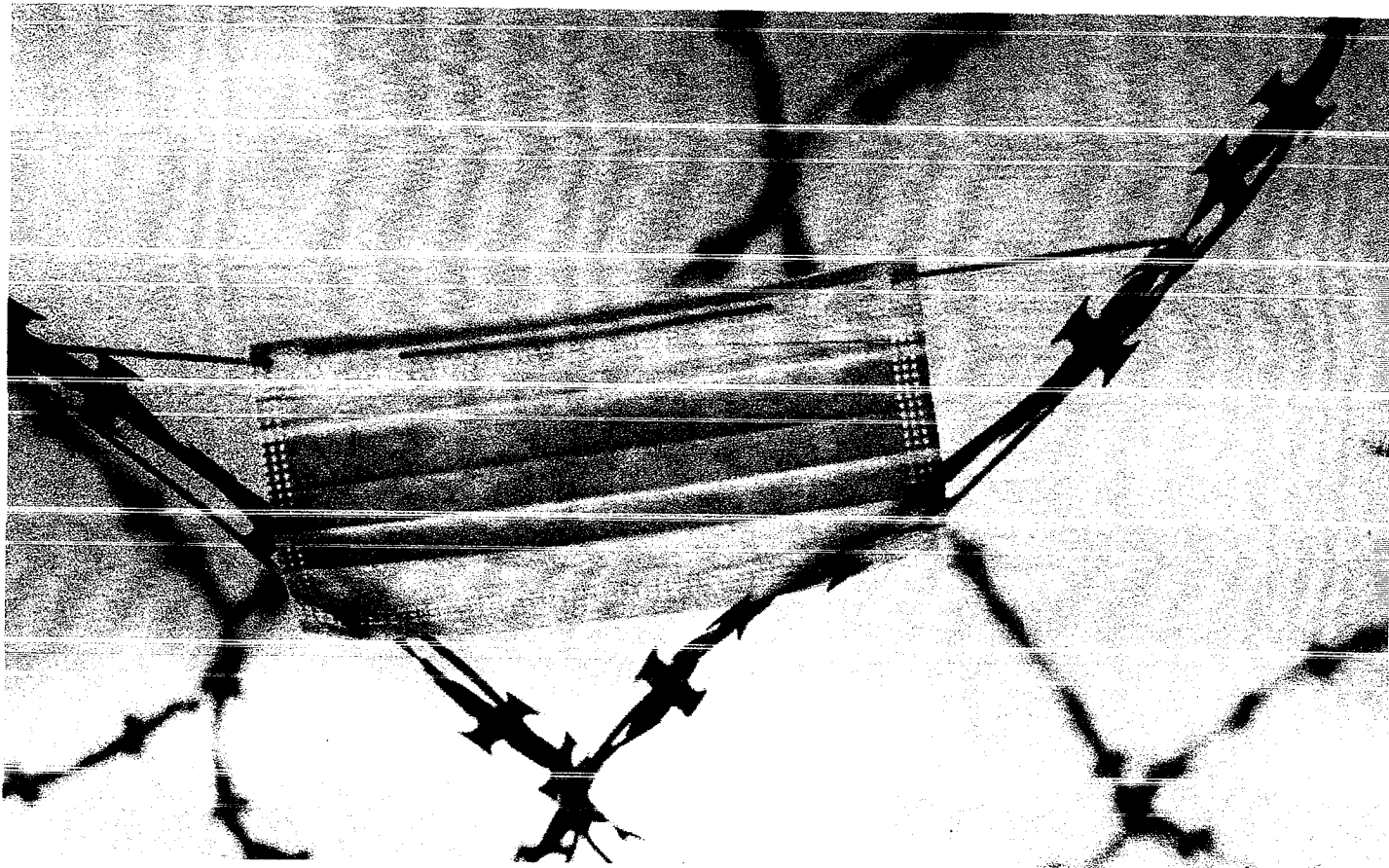
This page was last edited on 23 July 2022, at 18:34.

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NEWS

Study shows inhalation of microplastics found in masks getting into lung tissue for the first time

The health implications of tiny plastic fragments invading lungs are unknown, but it's a growing health concern, especially for children.



shutterstock.com

Celeste McGovern

Mon Apr 11, 2022 – 9:04 pm EDT

Listen to this article



0:00 / 7:21 1X

(LifeSiteNews) – While disposable masks have become a blight on the environment during the pandemic, tangled up on shores, blowing along roadways and into fields and streams, they may cause far more environmental damage than animals getting tangled up in them. Not only are they laden with the mouth and excretory germs of the humans who discarded them, but it turns out that a key ingredient in the ubiquitous disposable hospital masks seen littering land and seascapes since 2020 – polypropylene – degrades into tiny, microscopic fibers of plastic that a growing body of research shows wreaks havoc on aquatic creatures and has the potential to cause disease, including cancer, in humans.

Now, microplastic fibers have been discovered deep in the lower lungs of living human beings – in almost every person sampled, in fact, in a new study from Great Britain.

Scientists at Hull York medical school in the U.K. found microscopic plastic fragments and fibers – some two millimetres long – in 11 of 13 patients undergoing surgery whose lung tissue they sampled.

Microparticles in the lower lungs

“We did not expect to find the highest number of particles in the lower regions of the lungs, or particles of the sizes we found,” Laura Sadofsky, a senior author of the study, told the Guardian newspaper. “It is surprising as the airways are smaller in the lower parts of the lungs, and we would have expected particles of these sizes to be filtered out or trapped before getting this deep.”

The health implications of tiny plastic fragments invading people’s lungs are unknown, but the question of whether polypropylene and other masks recommended by public health officials are a major source of the growing health concern, especially for children, seems not to have yet crossed the minds of public health experts while there is growing evidence that they contribute to microplastic pollution, which, like other air pollutants, may be leading to the early deaths of millions of people.

Microplastic pollution – the tiny particulate debris of eroding plastics – has become a pressing environmental problem, especially in aquatic settings, where a recent review found that they cause tissue damage, reduced growth, and even mortality, affecting the food chain in aquatic ecosystems. The hazards to human health are a growing concern now, especially as the microparticles have become so ubiquitous.

“Airborne microplastics (MPs) have been sampled globally, and their concentration is known to increase in areas of high human population and activity, especially indoors,” according to the U.K. study. “Respiratory symptoms and disease following exposure to occupational levels of MPs within industry settings have also been reported. It remains to be seen whether MPs from the environment can be inhaled, deposited and accumulated within the human lungs.

The findings of the study confirm that they do, and that this warrants further investigation of their role in disease.

Theresa Tam: Use polypropylene masks

What’s odd is that no one – least of all those charged with preserving the health of the public – seems to be connecting this problem to the world suddenly globally saturated in disposable, plastic degrading hospital face masks.

Dr. Theresa Tam, Canada’s Chief Public Health Officer, updated mask recommendations in the fall of 2020, for example, and said they should be at least three layers instead of two, preferably including a layer of polypropylene fabric.

The middle layer of surgical masks is melt-blown fabric that generates nano- and microplastics during use and reuse that can lead to the risk breathing the particles in on inhalation.

It was not something Tam seemed concerned with, if she was aware of the potential for harm, yet research had already established that people could breathe in tiny inflammatory particles of polypropylene and that work environments with high levels of microplastics also had high levels of disease among workers.

In 1998, a U.S. study identified microplastics in the lungs of cancer patients and concluded that they were “candidate agents contributing to the risk of lung cancer.”

Microplastics were detected in human blood for the first time in March and it was demonstrated that they are transported around the body and deposit in various organs. They have been detected in feces of babies and adults in the past – and at especially high levels in infants fed using plastic bottles.

Masks increase microplastic inhalation

A recent study of microplastics from six different kinds of masks worn during the COVID-19 pandemic found that only masks that were never cleaned and worn for 720 hours resulted in less “spherical-type microplastic inhalation risk” compared with not wearing a mask. Meanwhile, fiber-like microplastic inhalation risk increased in all groups, except for N95 mask wearers, over time.

Cleaning masks by various procedures, including UV light, regular washing and letting them air-dry in the sun, only led the materials in masks to degrade into fibrous microplastics, increasing the risk of microplastic inhalation in all cases.

Bacteria, too

Wearing the same mask for 720 hours without cleaning it, as many people including children do, however, poses serious health threats of its own. A group of concerned Florida parents sent swabs from their children’s face masks to a laboratory at the University of Florida for testing and found them contaminated with a multitude of dangerous pathogens, including one or more strains of bacteria that cause pneumonia, meningitis, strep throat, gum disease, acne, yeast infections and ulcers, as well as antibiotic resistant germs.

Daycare masks obstruct breathing

Health agencies dismiss concerns about pathogens on masks, telling consumers to change their masks frequently and avoid touching them. They are aware of the problem of other pollutant ingredients in the face coverings, however. The Quebec government recalled 3.1 million masks it had distributed to 15,000 nursery facilities that failed safety checks in the province in 2020. The masks were not able to filter bacteria consistently, had problems with resistance to fluids and obstructed breathing, though tens of thousands of preschool children had been required to wear them for hours on the day.

‘Early pulmonary toxicity’

Other potential lung pollutants have been found in masks distributed to toddlers and children. Daycare workers had noticed that they felt like they were swallowing cat hair while wearing gray and blue SNN200642 masks imported from China for a while, according to Radio-Canada.

Health Canada warned of the potential for “early pulmonary toxicity” from the microscopic graphene particles inside these masks. In March 2021, it recalled the face masks without investigating the health of the children who had been forced to wear them at length, day after day.

The Canadian public health agency also recalled another Chinese brand of masks being sold in Canada in July 2021 because they also contained inhalable graphene – a substance of unprecedented strength only discovered in 2004 — that had been shown to cause inflammation in the lungs of animals.

The agency allowed Shandong Shengquan New Materials Co. Ltd. to resume selling its graphene masks in Canada in September, however, after the agency said it was satisfied that the amount of toxic graphene being inhaled was insufficient to cause disease.

TOPICS

Coronavirus

TAGGED AS

aquatic ecosystem face masks lungs microplastics Pollution

From: [Andrew Kalish](#)
To: [ExecutiveOffice](#)
Subject: Mask mandate
Date: Monday, July 25, 2022 3:36:20 PM

Please consider the new information about covid hospitalizations and deaths when considering the soon-to-be mask mandate.

1. The number of covid hospitalizations used to justify the mask mandate (e.g. more than 10 per 100,000) is not accurate. The problem is Director Ferrer uses the number of hospitalizations with covid. However, the more accurate number for purposes of understanding stress on hospitals is the number of hospitalizations because of covid. That number per the LA Times and hospital doctors is just a fraction of the number relied upon by Director Ferrer.

2. Likewise, the number of covid deaths include people who died who had covid when they died even though the covid diagnoses had no bearing on causing the death.

At a minimum, please have Director Ferrer explain these distinctions and how it affects her rationale to issue a mask mandate.

Thx

From: [ExecutiveOffice](#)
To: [PublicComments](#)
Subject: FW: Surrounding Counties Are Now Pushing Against LA Mandates
Date: Monday, July 25, 2022 4:53:35 PM

FYI

From: Jenn Crafts <jennes00@gmail.com>
Sent: Monday, July 25, 2022 4:04 PM
To: Ferrer@ph.lacounty.gov; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Holly J. Mitchell <HollyJMitchell@bos.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>; Barger, Kathryn <Kathryn@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>
Subject: Surrounding Counties Are Now Pushing Against LA Mandates

Hello,

Today both Riverside and Orange counties ran this article in their local papers:

https://www.pe.com/2022/07/25/los-angeles-county-supervisors-should-block-proposed-mask-mandate/?utm_campaign=socialflow&utm_medium=social&utm_content=tw-pressenterprise&utm_source=twitter.com

https://www.ocregister.com/2022/07/25/los-angeles-county-supervisors-should-block-proposed-mask-mandate/?utm_medium=social&utm_content=tw-ocropinion&utm_source=twitter.com&utm_campaign=socialflow

Now we have surrounding counties openy saying that the Board of Supervisors should block the mandate. This is just embarrassing now to the people of Los Angeles.

Please do the right thing and do NOT mandate masks. The evidence shows they do nothing to slow the spread. Focus on educating vulnerable populations about vaccines.

Thank you,

Jenn Crafts

From: [Doug Young](#)
To: [ExecutiveOffice](#)
Subject: Oppose returning mask mandate in LA County
Date: Monday, July 25, 2022 12:07:33 PM

Hello,

I tried to submit this through the portal, but it the "Next" button was unresponsive:

I strongly oppose reintroducing the indoor mask mandate in Los Angeles County. The bulk of the comparison studies, like the recent Alameda County (who had just introduced the mandate) vs its neighbor, Contra Costa County, show no value in masking to reduce case #' as well as the comparison study of two adjacent school districts in Fargo, ND. Also the RCT studies of Denmark & Bangladesh also show no efficacy for the general population. And, in a just published Japanese study, the masks after wearing show many bacterial & fungal contaminants that can be harmful for the user. At this point, a reintroduction seems pointless, unless you just want to continue to spread fear for the now endemic respiratory viral illness.

Thank you,

Douglas Young
193 Crescent Ave.
San Francisco, CA 94110
650-871-5707

From: [Angela Harger](#)
To: [ExecutiveOffice](#)
Subject: New mask mandate
Date: Monday, July 25, 2022 12:03:37 PM

Don't you dare block me, I will not be repressed you wicked evil doers.

Absolutely not. We will not comply. You are wicked, evil, and reprehensible to even think about enacting another mask mandate. Barbara Ferrer is nothing but a death warmed over (warmed over is too generous) social worker. Not a scientist. Not a doctor. We will not listen to your quackery and tyranny. You have all demonstrated disgusting and evil hearts through your Covid oppression and we the people won't even think about complying to your insane evil this time around. Stop with your wicked, evil, psyscho mandates. You all belong in solitary confinement in a maximum security facility for your crimes against humanity. With cloth masks covering your faces 24/7. Repent of your wickedness and turn from your tyranny.

Sent from my iPhone

From: [Andreas Andrea](#)
To: [ExecutiveOffice](#)
Subject: NO MASK MANDATE
Date: Monday, July 25, 2022 10:19:13 AM

From: [Larry Alvarez](#)
To: [Barger, Kathryn](#); [Sheila](#); [ExecutiveOffice](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [SecondDistrict](#)
Subject: NO MORE MASK MANDATES
Date: Sunday, July 24, 2022 7:49:21 PM

Board of Supervisors,

You all need to rein in Barbara Ferrer. You will share in the shame of this masking nonsense. You will be a laughingstock of this nation, and the epitome of rampant Covid paranoia if this happens.

How can one foolish woman have power to force 10 million people to put on a needless muzzle on their faces? This is the epitome of bad governance. Every one of you that doesn't push back on this should be ashamed of yourselves, and deserve to be voted out of office.

I implore you, put in someone with common sense who actually cares about health and not just one endemic virus, and doesn't do "social justice" in the guise of "health." Restore trust in public health authorities, Ferrer is beyond repair.

YOU NEED TO STOP HER.

From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#); gavin.newsom@gov.ca.gov
Subject: Cases are Declining - NO MASK MANDATE
Date: Sunday, July 24, 2022 4:25:16 PM

Hello,

I am writing to you again to say that cases and hospitalizations are now declining in LA (they will go up and down forever as we all know) and will continue to decline regardless of masks.

There is a very, very large majority of people in LA who look at data every day, who understand that mask mandates do not change the curves (Alameda is an excellent CA example) and know that hospitals are not overwhelmed. This is not political - we come from all political backgrounds. But we certainly will vote accordingly for those officials we trust. Being the only county in the nation to reinstate mask mandates now will further destroy our trust in our representatives.

Now that cases are going down, and our own 79 year old President has been infected and is already feeling better and doing well, the time has come to shift the message from fear to optimism and triumph. We can and must live (normally, unmasked) with covid - as we do with the thousands of other viruses and pathogens out there. It's time to celebrate, as the doctors at LA County hospitals have made clear, that we have defanged this virus through science.

Masks made a little sense when we had nothing else. But now they don't at all and Angelenos know this. I've been in many retail stores, movie theaters and restaurants in recent days. As of even yesterday about 1 in 5 were choosing to mask. Enforcement will be impossible and will cause further division.

Promote vaccines and treatments. But it's time to celebrate that severe cases in hospitals are very low, and in some cases non-existent. You have the power to change this messaging. Please do the right thing and do not rely on an ineffective mask mandate. It will be unenforceable and the majority of us will not comply.

Thank you,

Jenn Crafts

From: [Randi Lolli](#)
To: [ExecutiveOffice](#)
Subject: Barbara Ferrer Must Go
Date: Sunday, July 24, 2022 2:37:19 PM

Hello,

Barbara Ferrer is not a medical doctor, and because of this fact, she doesn't have the credentials to make decisions regarding what's the best course of action for people to take regarding their health. In addition, we are guaranteed the constitutional rights of self governance, which means that if we want to wear a face diaper indoors, we will, but if we don't want to wear a face diaper, we shouldn't have to. Because of this, it's time for her to be fired!

Thank you,
Randi Lolli

[Sent from AT&T Yahoo Mail on Android](#)

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Sunday, July 24, 2022 7:14:26 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Michael Krause

Email: tujkrause43@gmail.com

Phone: (818) 353-4159

Zip Code: 91042

Message: Rethink the mandatory mask rule being considered. That has been tried before, now let's have nature take over. Business is just starting to recover. Your actions will stifle that recovery.⁸

Thank you,
County of Los Angeles Board of Supervisors

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Saturday, July 23, 2022 11:45:30 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Lily

Email: lilliansummerkeller@yahoo.com

Phone: (469) 386-1880

Zip Code: 90003

Message: Sorry to bother you. But I am strongly against mask mandates. No one will listen at this and it will just make workers suffer more. I will have to move if it is reinstated unless of course no one listens which may happen. People are tired, give them a choice.

Thank you,
County of Los Angeles Board of Supervisors

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Saturday, July 23, 2022 11:45:14 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Lily

Email: lilliansummerkeller@yahoo.com

Phone: (469) 386-1880

Zip Code: 90003

Message: Sorry to bother you. But I am strongly against mask mandates. No one will listen at this and it will just make workers suffer more. I will have to move if it is reinstated unless of course no one listens which may happen. People are tired, give them a choice.

Thank you,
County of Los Angeles Board of Supervisors

From: [Anthony Quintana](#)
To: [PublicComments](#)
Cc: [Concerned Person](#)
Subject: Project 2019-000181-(1)
Date: Saturday, July 23, 2022 6:17:31 PM

Dear Board of Supervisors,

My name is **Anthony Quintana**. I am writing a letter in support of the non-applicant joining opposition to the project due to the unsatisfactory environmental review process and I want to advocate for a full and comprehensive environmental impact review given the following:

First, the regional planning commission failed to identify the true environmental impact that this development will have. The Mitigated Negative Declarations document erroneously classifies the Cultural Resources as less than significant. Glenelder has always been a community resource for us. Its fields were used for recreational purposes such as soccer, cross country, and softball. It is still currently a place where we walk and can enjoy its green space. Our neighborhood does not have sidewalks on all its streets so walking around the Glenelder lot gives us the only secure place for our family and pets during our evening strolls. Due to the pandemic, every community has been affected emotionally and socially. Our neighborhood has been affected even more because it is already a "high need" community. In the comment section of the Park Obligation Report from 2/28/2019, it states, "The proposed project is a residential subdivision located on a former school site which included two soccer fields utilized by the community and local American Youth Soccer Organization (AYSO). The area around the Glenelder site is characterized as "high need", with only 2.8 acres of parks per 1,000 residents. This area falls below the County standard of 4.0 acres per 1,000 residents, as well as below the County average of 3.3 acres per 1,000 residents." We are a "high need" community because our neighborhood is surrounded by warehouses and factories from the City of Industry, the 60 Fwy, and two major streets. Approving this development project will greatly affect the emotional state of every member that lives in this community because we will no longer have this green space where we can connect with nature to help our mental health. We will no longer have a place to use for sports or for our community. At the very least, this reason alone should warrant a full Environmental Impact Review.

Furthermore, the Hazards/Hazardous Materials related to demolition and construction-related traffic have been erroneously classified as less than significant. We are in close proximity to Quemetco, a battery recycling facility that has been releasing lead and other toxins into our air, and several other factories that might also be polluting our neighborhood. If they start construction on Glenelder the grading permit will allow them to remove some of the dirt. It has been found that there are some levels of lead in the Glenelder soil. This movement of dirt will raise dirt into our community. Lennar has stated that they will water the soil to lessen the amount of dirt in the air. Watering the soil will worsen the impact not Mitigate the impact. By watering the soil the lead will go into the water of this neighborhood. It is clear that we cannot proceed with this proposal without doing a full Environmental Impact Review to fully see to what extent all these chemicals will adversely affect us.

Adding 85 homes to this area will be adding another 200+ cars to an already congested neighborhood. On the side streets, only one car may pass at a time. With the increase in ADU's and more generations staying at home, we have more traffic and pollution than in the past few years.

Additionally, the Tribal Cultural Resources related to Native American monitoring have been erroneously classified as less than significant. We have found a map that states that the Glenelder location used to be a Kizh village. This means that there are Native American artifacts in this location. It is our duty to protect our history.

Furthermore, Glenelder school is one of the first schools built in this area. That in itself makes it part of Hacienda Heights's history and culture.

I am a lifetime resident of the Glenelder Community in Hacienda Heights for the last 59 years. My backyard directly faces Glenelder with the mountains in the background. I was born and raised in this home and it has always been my dream to retire where I have earned the right to enjoy the mountain view I have had my entire life. All of my siblings attended Glenelder, as well as, my two sons. We played endlessly on the grassy field and cherished the only bit of open space remaining as more and more concrete invaded our neighborhood. When this community was first established, Glenelder was the school designed to service *this* community. While there are retired neighbors who have been here for decades, over the past 10 years, many new neighbors have since moved in with a greatly increased number of young children and growing, multi-generational families. Those families also deserve to have an elementary school within safe walking distance just as I did.

As a Native American, myself, my family has suffered for generations as our land and natural surroundings have been taken from us. Gazing upon the mountains is not merely simple aesthetic pleasure, it is a necessity to replenish my soul. It is life-sustaining. By building a wall of 30-35foot condos in my backyard, you are not only stealing from my soul, but you will be transforming my home into a prison. The openness I have had my entire life will be forever gone. I am equally concerned for my wonderful neighbors and the quality of life to which they are accustomed. Our little bit of green, open space that we cling to in the midst of industrial madness, will be vanquished forever. They said this project is uncontested, unopposed. That is untrue. I have gone door to door speaking with neighbors and have found every single one opposes the sale of Glenelder, just as with the La Subida community. Nearly everyone would prefer the land to be a school, again, and at the very least, we all want it to be a park. I implore you to find it in your heart and help us fight for our community. For these reasons and many more, it is clear that we need a full Environmental Impact Report. I trust that you will grant this peaceful and hard-working community what it rightfully deserves which is to fully evaluate all the negative consequences that we will have.

Thank you for your time and consideration.

Sincerely,
Anthony Quintana
626.695.2872

From: [Laura D. Farley](#)
To: [PublicComments](#)
Cc: [Concerned Person](#)
Subject: Project 2019-000181-(1)
Date: Saturday, July 23, 2022 5:48:04 PM

Dear Board of Supervisors and Interested Parties,

My name is Laura D. Farley. I am writing a letter in support of the non-applicant joining opposition to the project due to the unsatisfactory environmental review process. As I am a resident of Hacienda Heights living on the fence line of the Glenelder Elementary School property, I want to advocate for my right to a FULL and comprehensive environmental impact review (EIR) based on the following key points:

Firstly, the Regional Planning Commission failed to identify the *true* environmental impact that the Lennar development will have on our immediate community. The original mitigated negative declaration from years ago is insufficient as it does not consider the loss of our already limited recreational space. CEQA specifically states that a project should be considered and weighed in its totality and not as a piecemeal version of a larger project. The Glenelder and La Subida schools were both sold secretly to Lennar simultaneously, yet what HLPD school district did is clearly an example of piecemealing in that they broke up the project and closed the recreational facilities for which the land was being used. This was done intentionally in order to avoid having to do an EIR (environmental impact report) knowing that no mitigation offered by Lennar was capable of mitigating against such a huge loss of our valuable recreational spaces. Additionally, paving over the 10-acre parcel at Glenelder will permanently eliminate the ability of the watershed to restore itself and negatively impact the groundwater aquifer--highly irresponsible in such an extreme drought area. California is supposed to be an environmentally conscientious state with laws in place to protect green spaces. Yet in an overwhelmingly congested area surrounded by concrete and industrial buildings, a small group of people decided to secretly push through a deal as they do not fully realize or appreciate that our little 10 acre parcel of open space, is all we have.

Secondly, the neighborhood around Glenelder is a humble, working class neighborhood. We already have excessive vehicle traffic which has steadily increased since the authorization of ADU's. Over the past couple years, more and more cars fill our streets as this community which was once designed for only Single Family Residences on 6,000 square foot lots, was not designed to support another couple hundred humans jammed into only 10 acres of space. On our side streets, only one car may pass at a time and often, the oncoming car has nowhere to pull over to the side as the streets are filled with parked cars. Knowing that the condo complex will have its own HOA with its own strict parking regulations, the residents of the 85 condo units will most definitely be using our streets as their overflow parking. During the common commuting hours, we already have a ton of traffic getting onto or off of Gale Avenue. How can you justify adding another 200 cars to our little community? In addition to the horrible parking issues, we will lose our sense of peace throughout our community by adding in way too many people. As California home prices are

unaffordable for most Californians, many children do not move out when they become adults. Over the past few years we have seen a dramatic increase in homes with 2 and 3 (and sometimes even 4) generations living under the same roof. With the increase in ADU's combined with an increase of multi-generational households, not only is there an ever increasing amount of pollution, but the more densely populated an area becomes, the greater the increase of neighborhood incohesiveness and crime.

Has anyone evaluated the wildlife living in the Glenelder and La Subida parcels? This week, a hawk popped up from Glenelder and landed on our fence. In the evenings, we hear the screeching of wildlife coming from the grounds and trees at Glenelder. Which kinds of animals will be disturbed with the tearing down of trees--not to mention the loss of the actual *trees*.

Think of the children. With ADU's, hundreds of people jammed into 10 acres and an increase in multi-generational housing, where will the children play? The district took away safe schools for children to learn and to grow. The fields at both La Subida and Glenelder were also utilized for sports and recreation until a handful of heartless individuals callously sold what should not be theirs to sell. Everyone living around the communities of Glenelder and La Subida OPPOSE the construction of condos. Many residents still living here once attended the schools. It was a wonderful place to grow up--to learn, to laugh and to play. These condos are robbing the children of a healthy, enriched upbringing so that they may become stable adults who contribute greatly to our society. Elementary aged children should be within a close enough distance to walk to school. The foot bridge over the 60 FREEWAY is extremely dangerous for small children. In the past 10 years, there has been an increase in young children in our area and we should no longer be labeled as surplus.

On a personal note, my partner and I live on the fence line of Glenelder. I have lived here 13 years, and he for his entire life. Our home is humble with the finest feature being the mountain view from our backyard with the open "green" space in the foreground. We are in our yard every day as it is our sanctuary. The proposed condos will forever rob us of our privacy and serenity as the 30-35 foot high proposed structures will be an overwhelming concrete/stucco wall imprisoning us for life. We have committed no crime, and yet we are being severely punished. That view means EVERYTHING to us. We have tried speaking to the HLPUSD board members, following their rules of participating online to the T. However, during the meetings, twice they ignored our registration and blocked us from communicating. They have run this process like tyrants and have sought only to silence our VOICE.

Glenelder is only a little over 2 miles from Quemetco, the lead battery smelter that has been releasing lead and other toxins into our air. It is clear that we cannot proceed with this proposal without doing a full EIR to determine how the chemicals adversely affect the people living in the community. Not only for current residents, but should the condo project go through, is Lennar not liable for building new homes in an environmentally unsafe area? Quemetco is also fighting to increase their capacity by 25%. This will greatly impact current and future residents of the area.

Through this process, we have learned of the Kizh people who were originally here. We have taken particular interest as my partner is also Native American and feel that more research needs to be conducted into the cultural significance of the Native American Village that was once on the Glenelder site. We are happy to work with the Kizh's.

In summary, Public Lands are for all to share, and the privatization of such lands must be done only if totally unopposed. We are a fairly diverse community, but we have one thing in common: we are all OPPOSED to the Lennar project. As a big fan of capitalism, I have found myself working side by side with socialists, environmentalists and the politically androgenous. GREEN SPACE is precious to all living beings.

On behalf of my family and our neighbors, I implore you to PLEASE conduct an EIR in order to help put a stop to the Lennar condo project, reopen our elementary schools, and let us keep our necessary GREEN SPACE.

Respectfully,
~**Laura D. Farley, MBA**
Broker Associate
949.554.9180 - *mobile*

From: [Rebecca Allemand](#)
To: [PublicComments](#)
Cc: CoalitionAgainstLennar@gmail.com
Subject: Project 2019-000181-(1)
Date: Saturday, July 23, 2022 1:08:59 PM

Dear Los Angeles County Board of Supervisors:

My name is Rebecca Allemand, a member of the Coalition Against Lennar and a resident of Hacienda Heights for the last 19 years. I am writing a letter in support of the non-applicant joining opposition to the project due to the unsatisfactory environmental review process and I want to advocate for a full and comprehensive environmental impact review given the following:

1. The Regional Planning Commission failed to identify the true environmental impact that this development will have.
2. The original mitigated negative declaration is insufficient because it doesn't even consider the loss of recreational space. CEQA specifically states that a project should be considered and weighed in its totality and not as a piecemeal version of a larger project. What the school district did is known as piecemealing, they broke the project up and closed the recreational facilities for which the land was being used specifically to avoid having to do an environmental impact report, and the reason they did that is because they knew that no mitigation offered by Lennar was capable of mitigating against that loss.
3. The Kizh Native American village was located on this site.
4. The proposed development will greatly affect our groundwater aquifer. By paving over the 10-acre space at Glenelder we are essentially eliminating the ability of the watershed to restore itself, and permanently impacting the groundwater aquifer as we are entering a dangerous drought.
5. The neighborhood will no longer be peaceful. If they build 85 condos that will be too many people and the neighborhood will not be peaceful and quiet. Also, with a lot of people, parking will be very difficult. We will not find a place to park. There will also be more pollution with the number of cars that will be added to this community.
6. Glenelder is less than three miles of Quemetco the lead battery smelter that has been releasing lead and other toxins into our air. It is clear that we cannot proceed with this proposal without doing a full Environmental Impact Review to fully see to what extent all these chemicals will adversely affect us.
7. We need to fully evaluate the increased traffic that will come as a result of the new 85 condos proposed.

As you can see an Environmental Impact Review is crucial. Thank you for your time and consideration.

Sincerely,

Rebecca Allemand

From: [Griselda Iniguez](#)
To: [PublicComments](#)
Cc: [First District](#); [Barger, Kathryn](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Sheila](#)
Subject: Project 2019-000181-(1)
Date: Saturday, July 23, 2022 12:07:48 AM

My name is Griselda Santos. I am writing a letter in support of the non-applicant joining opposition to the project due to the unsatisfactory environmental review process and I want to advocate for a full and comprehensive environmental impact review given the following:

The original mitigated negative declaration is insufficient because it doesn't even consider the loss of recreational space. CEQA specifically states that a project should be considered and weighed in its totality and not as a piecemeal version of a larger project. What the school district did is known as piecemealing, they broke the project up and closed the recreational facilities for which the land was being used specifically to avoid having to do an environmental impact report, and the reason they did that is because they knew that no mitigation offered by Lennar was capable of mitigating against that loss.

Secondly, The Kizh Native American village was located on this site

Lastly, The neighborhood is not built for 85 condos. The streets are narrow and have limited sidewalks. With the increase in traffic, the chances of a car hitting a pedestrian is very likely as people in the neighborhood are forced to walk on the streets due to no side walks. We also need to fully evaluate the increased traffic that will come as a result of the new 85 condos proposed. There is only one street that leads to all the schools and this will greatly increase traffic as there are no traffic lights.

I realize that we are in a housing crises and homes are needed. Ask yourselves, who are these 85 condos that will be priced at or more than a million dollars really for? It's not to help the housing crises. Lennar has already said that they will not lower the price of the condos. The people that really need housing are not people that can afford million dollar condos. We have a beautiful neighborhood with single family homes. Please don't destroy that with 85 condos that won't even help the housing crises. Please do right by the residents who strongly oppose this project and give us our green space.

Mrs. Solis, as a representative as Hacienda Heights, please advocate for the residents of Hacienda Heights who oppose this project. Be more than someone that just shows up for a 4th of July parade. Listen to your constituents!! Bring back green space and recreational activities to Hacienda Heights.

Sent from my iPhone

From: [Nicole Reyna](#)
To: [PublicComments](#)
Subject: Project 2019-000181-(1)
Date: Monday, July 25, 2022 12:05:38 PM

Hello, My name is Nicole Budrow. I am writing this letter in support of the non-applicant joining opposition to the project at Glenelder due to the unsuitable environmental review process & I am advocating for a full comprehensive environmental impact review to be done.

A full comprehensive environmental impact report should be done because the project was intentionally piecemealed, the history of the Kizah village that would be gone, impact on the crowded surrounding streets including the already horribly congested 60 freeway, the soil with lead contamination due to the close proximity of Quemecto running 24/7, the groundwater aquifer that would be taken away during one of the worst droughts this state as seen, the coyotes that hunt there instead of hunting family pets, the trees that have thrived there giving us oxygen that we need to survive, the flowers that provide for the bee's that are threatened because of growing development, the monarch butterflies that are an endangered species would lose their home, food source, & someone has said that an endangered San Gabriel River Dudleya plant is growing at Glenelder. I can't stress enough how important green spaces are to our future, our kids, our wildlife.

The regional planning commission also failed to take into consideration that the project was piecemealed by closing the recreational facilities when in the 2021 CEQA handbook article 6 section 21159.27 (1) "PROHIBITION AGAINST PIECEMEALING TO QUALIFY FOR EXEMPTIONS: A project may not be divided into smaller projects to qualify for one or more exemptions pursuant to this article." A full environmental impact report was intentionally bypassed by piecemealing yet with just research done by the community of the Kizah village & the Dudleya plant, tells me that the sale was done without the community in mind.

At this point, this community has given more than a handful of legitimate reasons to do a full environmental impact report & the few reasons this community has heard why it isn't needed, has me to believe that this project is for monetary reasons for the people that have conducted this sale, especially after seeing the ties some school board members have towards the developer prior to the sale.

I ask that you go down to Glenelder yourself to see the greenspace that the community, the wildlife, will be losing if it is torn up & made into million-dollar condos that a majority of people can't afford right now.

Thank you for your time,

Nicole Budrow

Resources:

- (1) https://www.califaep.org/docs/CEQA_Handbook_2021.pdf

From: [Nancy Jolley](#)
To: [PublicComments](#)
Subject: Project No. 2019-000181-(1) Opposition for Lennar Housing Project (Glenelder)
Date: Monday, July 25, 2022 11:46:49 AM

My name is Nancy Jolley. I have lived in my home on Shadybend Dr for almost 45 years. I am opposition to the planned project by Lennar to build 86 Condos on the Glenelder school site. I cannot stress my opposition strong enough. My neighborhood has been very quiet all these years. Very low crime rate here. The project has an unsatisfactory environmental review report. As a community we have been asking for help. A full and comprehensive impact review should be given.

The Regional planning commission failed to identify the true environmental impact this development will have on our neighborhood. We are NOT just a number on a map. We are residents who love and care for our neighborhood. As an example, my street Shadybend is a proposed thruway to the HOA Condos. When cars are parked on both sides of the street, which is every day, only ONE car can pass up or down the street. With the addition of all the cars how can this street accommodate this? And where do my neighbors get to walk? We have no sidewalks here on my street. All of these added Condos will greatly increase the noise pollution, gas emissions from vehicles, more water being used, and most likely more brown outs to our neighborhood.

How can we be required to cut back on our use of water and electricity and every other utility we pay, and then have these 86 Condos built here? Where is the extra water and utilities coming from? How many more cutbacks will happen because of these added multi family units? At the cost of what these Condos will be sold, I can't imagine only one family will be living there.

The original mitigated negative declaration doesn't even consider the loss of recreational space. We need more green space here, not less. The Lennar group is only in this for the money they will make. Our homes here were built in the late 1950's. These expensive condos don't fit into this neighborhood. We are many ethnicities here. We love each other and take care of each other.

I once again ask you to not look at us as just a number on a map. We are real people. Many of my neighbors do not feel adequate to write a letter to you. I write on their behalf and mine.

Thank You,

Nancy Jolley
16336 Shadybend Dr
Hacienda Heights, Ca 91745
626-806-1426
nanjol@yahoo.com

From: [ANA CUEVAS](#)
To: [PublicComments](#)
Cc: [Concerned Person](#)
Subject: Project2019-000181-(1)
Date: Sunday, July 24, 2022 9:38:51 PM

To Whom May Concern,

My name is Ana Cuevas. I am writing a letter in support of the non-applicant joining opposition to the project due to the unsatisfactory environmental review process and I want to advocate for a full and comprehensive environmental impact review given the following:

- As a community we need more green spaces.
- The regional planning commission failed to identify the true Environmental impact that this development will have.
- We need to fully evaluate the increased traffic that will come as a result of the new 85 condos proposed.

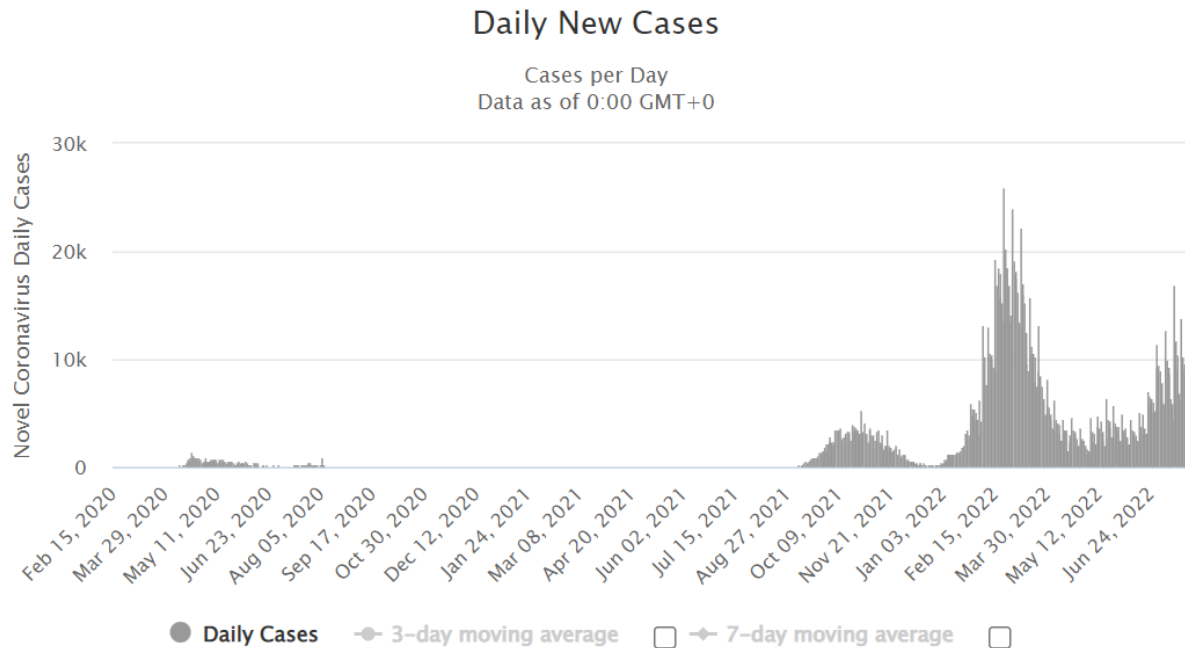
Sincerely,

Ana Cuevas

Sent from [Mail](#) for Windows

There is no data that shows that masks prevent the spread of COVID. If masks and the vaccine worked then Singapore would have eliminated COVID. They have not and they will not. I will not travel to LA and spend one nickel there if they have a mask mandate in place.

Daily New Cases in Singapore



We don't live in a dictatorship of doctors. We are free people and will not comply.

July 25, 2022

Dear Supervisors:

I would urge you to reject the imposition of another mask mandate on the citizens of the County of Los Angeles.

Let's review the science.

Standard surgical masks do essentially nothing to control the spread of respiratory viruses such as Sars-Cov-2 or influenza. On February 6, 2020, scientists from Hong Kong published a meta-analysis about masks in *Emerging Infectious Diseases*, a journal published by the Centers for Disease Control (CDC). The study "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings – Personal Protective and Environmental Measures" by Jingyi Xiao et. al. examined studies on whether masks slow the spread of the flu. (It did not cover the coronavirus. However, the viruses are roughly the same size, and they are transmitted in similar ways.) The authors looked for randomized controlled trials that examined whether masks lowered the odds that people would be infected with the flu. The authors examined ten qualifying scientific papers. Most showed no evidence that masks worked. A couple of the papers found a slightly positive effective. A couple of the papers found the opposite – a negative effect. **Overall, the studies found no benefit from masks.** The study stated, "We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."

In a 2015 arbitration case in Canada involving health care workers who did not see the necessity of wearing masks, the neutral arbitrator stated in his decision, "scientific evidence said to support the hospital's mask mandate on patient safety grounds is insufficient." Similarly, in a 2018 arbitration case in Canada along the same lines, the neutral arbitrator called the evidence for mask mandates, "insufficient, inadequate, and completely unpersuasive."

In 2009, four researchers published a study in the *Journal of the International Society for Respiratory Protection* entitled "Filtration Performance of FDA-Cleared Surgical Masks." Their study found, "surgical masks should not be used for respiratory protection." The CDC used similar language on one of their public posters ("Understanding the Difference") that explained that surgical masks do "NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and [are] not considered respiratory protection."

A study released in *Annals of Internal Medicine* in March 2021 entitled "Effectiveness of Adding a Mask recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers" (Henning Bundgaard et. al.) The trial included 6,000 subjects. The results found that masks do not work.

The science is clear. I would respectfully request that you follow the scientific research and reject any new mask mandate.

Sincerely,

Gregory McGinity

Redondo Beach, CA



OPEN

Bacterial and fungal isolation from face masks under the COVID-19 pandemic

Ah-Mee Park[✉], Sundar Khadka, Fumitaka Sato, Seiichi Omura, Mitsugu Fujita, Kazuki Hashiwaki & Ikuo Tsunoda

The COVID-19 pandemic has led people to wear face masks daily in public. Although the effectiveness of face masks against viral transmission has been extensively studied, there have been few reports on potential hygiene issues due to bacteria and fungi attached to the face masks. We aimed to (1) quantify and identify the bacteria and fungi attaching to the masks, and (2) investigate whether the mask-attached microbes could be associated with the types and usage of the masks and individual lifestyles. We surveyed 109 volunteers on their mask usage and lifestyles, and cultured bacteria and fungi from either the face-side or outer-side of their masks. The bacterial colony numbers were greater on the face-side than the outer-side; the fungal colony numbers were fewer on the face-side than the outer-side. A longer mask usage significantly increased the fungal colony numbers but not the bacterial colony numbers. Although most identified microbes were non-pathogenic in humans; *Staphylococcus epidermidis*, *Staphylococcus aureus*, and *Cladosporium*, we found several pathogenic microbes; *Bacillus cereus*, *Staphylococcus saprophyticus*, *Aspergillus*, and *Microsporum*. We also found no associations of mask-attached microbes with the transportation methods or gargling. We propose that immunocompromised people should avoid repeated use of masks to prevent microbial infection.

The rapid global spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the resulting coronavirus disease 2019 (COVID-19) pandemic have led to urgent efforts to prevent the viral transmission. The most traditional and reasonable method to prevent respiratory infections is to wear face masks; several research groups have demonstrated its effectiveness against the respiratory viral transmission before the COVID-19 pandemic^{1,2}. During the COVID-19 pandemic, increasing lines of evidence have supported the effectiveness of wearing face masks against SARS-CoV-2 and the droplets^{3,4}. However, the World Health Organization (WHO) claims that face masks are effective only when used with hand hygiene, the proper use, and disposal of masks⁵.

Three types of face masks are commercially available for daily lives in Japan: (1) non-woven, (2) polyurethane, and (3) gauze or cloth masks (Fig. 1a,b). Non-woven masks are commonly used worldwide to prevent droplet infections by most respiratory microbes, including SARS-CoV-2 (Fig. 1c). Polyurethane masks have been used to protect against hay fever, particularly in Asian countries. Since polyurethane masks are easy to breathe and washable, the masks have become popular and have been reused several times during the COVID-19 pandemic. Although gauze masks are less popular, the masks can be washed, reused, and effectively prevent infections. Thus, the Japanese government distributed gauze masks to all citizens because of the shortage of non-woven masks during the early stage of the COVID-19 pandemic.

Although the effectiveness of face masks against viral transmission has been extensively studied^{3,4}, the hygiene issues in mask usage remain unclear. The standard mask usage is disposable non-woven masks. In some cases, however, people may use non-woven masks repeatedly or use different types of masks in different situations depending on their socioeconomic cultures. For example, in Japan, the short supply of non-woven masks led to the repeated use of disposable non-woven masks and the use of other types of face masks, such as handmade masks and polyurethane masks⁶. Even after the shortage of mask supply has been resolved, some people have used disposable non-woven masks repeatedly or other types of face masks.

Among environmental pathogens, viruses cannot replicate without infecting host cells; most bacteria and fungi can survive and grow on various materials depending on the conditions. Bacteria and fungi are widely present on the surface of the materials used in our daily lives (e.g., currency notes and in public transportation systems), where we can detect pathogenic bacteria and fungi^{7–10}. Although a few studies reported bacterial or viral contamination on masks in experimental and clinical settings^{11–13}, there has been no study on what and

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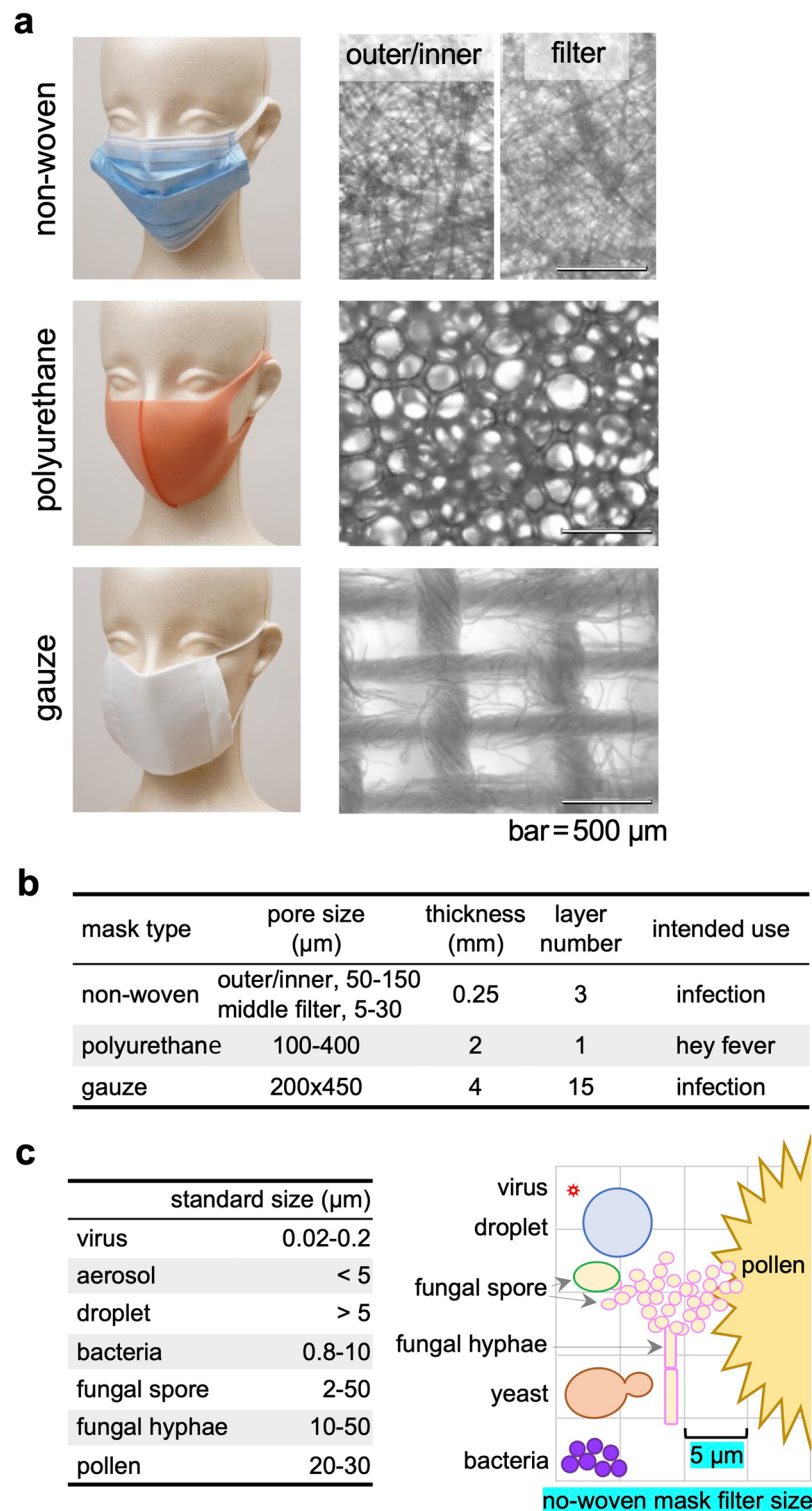


Figure 1. Face mask types and the sizes of microbes. **(a)** Macroscopic and microscopic images of three different types of face masks that are commercially available. Non-woven masks have three layers: the pore size of the outer and inner layers are identical (50–150 μm); the pore size of the middle layer (considered as a filter) is smaller (5–30 μm). Microscopic images were taken by the Olympus Microscope CX33 with the CCD Camera DP22 (bar = 500 μm). **(b)** Pore size, thickness, layer, and intended use of three mask types. The pore size of face masks from manufacturers' instruction was confirmed using the microscopic images shown in **(a)** (right panels). **(c)** The standard size of microbes and particles (left panel) and their comparisons with the pore size (5 μm) of the middle filter of non-woven masks (right schema).

how many both bacteria and fungi adhere to masks used daily in community setting bases; this is the neglected hygiene issue under the COVID-19 pandemic. Since masks can be a direct source of infection to the respiratory tract, digestive tract, and skin, it is crucial to maintain their hygiene to prevent bacterial and fungal infections that can exacerbate COVID-19. Thus, in this study, following a survey of 109 volunteers on their mask usage and lifestyles, we aimed to quantify and identify the bacteria and fungi attached to the face masks by culturing microbes isolated from the masks.

Results

Mask types, gender differences, and duration of mask usage. Although the numbers of COVID-19 patients were relatively low in Japan during the study period, most people wore face masks in public places, and all survey participants wore face masks. First, we collected information about the mask types and duration of mask usage from 109 participants: 63 male (58%) and 46 female (42%). The majority (78% in total) of the participants used non-woven masks (Fig. 2a); the percentage of the non-woven mask users was significantly higher than that of the other mask type users ($P < 0.001$, most of them were polyurethane mask users except a few gauze or cloth mask users). Regarding the duration of mask usage, we found that 75% of non-woven mask users wore the masks for a single day. In contrast, 58% of the other mask type users wore the same masks for two days or more (Fig. 2b). This could be because other mask types, including polyurethane, gauze, and cloth masks, are designed washable for repeated usage; the users commonly washed and reused their masks multiple times. On the other hand, we found no significant differences between genders regarding the mask types and usage duration (Fig. 2a,c).

Microbial counts on the face-side and outer-side of masks. Microbes on the masks were cultured by pressing the face-side and outer-side of the masks onto agar plates (two plates per participant: the face-side and outer-side). We incubated the agar plates for 18 hours (h) and 5 days for bacterial and fungal propagation, respectively, and conducted colony counting.

Bacteria (Fig. 2d): We observed bacterial colonies in 99% of the samples on the face-side and 94% on the outer-side; no colony was seen in one sample on the face-side and six samples on the outer-side. The colony counts of the face-side and outer-side were 168.6 ± 24.7 and 36.0 ± 7.0 [mean \pm standard error of the mean (SEM)], respectively. We compared the colony counts between the face-side and outer-side in each individual and found that the mean colony counts were 13.4-times higher on the face-side of masks (paired t -test, $P < 0.001$). To evaluate the influence of the mask types and duration of mask usage, we compared the colony counts among those who used the mask for one day (3–6 h), two days, and longer based on the mask types [non-woven, others, and all (non-woven and others combined)]. We found no significant differences in the colony counts among the different mask types, regardless of the duration of usage.

Fungi (Fig. 2e): We observed fungal colonies in 79% of the samples on the face-side and 95% on the outer-side. The colony counts of fungi were fewer than those of bacteria and the colony counts on the face-side and outer-side were 4.6 ± 1.9 and 6.1 ± 1.9 (mean \pm SEM), respectively. In contrast to the bacterial colonies, the fungal colony counts in each individual were 2.4-times higher on the outer-side than on the face-side (paired t -test, $P < 0.05$). When the participants used the same masks for more than two days, the fungal colony counts were increased on the outer-side of masks, compared with the one-day usage. There were no statistical differences in the colony counts between non-woven and “others” mask users except for the fungal colony counts of the outer-side of masks after one-day usage.

Since females preferentially make up their faces, we examined whether the bacterial and fungal colony counts could be different between males and females. Only the bacterial colony counts in the face-side samples of one-day users were significantly different, lower in females (Fig. S1).

Microbial colonies and lifestyles: gargling, transportation, and natto consumption. We determined whether individual lifestyles could affect microbial counts on the masks that originate from the host (i.e., human) or the environment. One of the environmental factors that seemed to affect the levels of microbes on the masks is transportation to commute (Fig. 3a). Here, we classified into three transportation systems: (1) public transportation, including trains and buses; (2) private vehicles such as cars and trucks; and (3) walking, bicycles, and motorbikes. We found no differences in the bacterial or fungal colony counts on both sides of the masks among the three transportation systems.

Next, we evaluated two popular habits in Japan: gargling and natto consumption. Gargling (also known as mouth/throat wash) is a Japanese custom that has been believed to prevent respiratory infections¹⁴. Of the participants, 67% gargled at least once a day and usually gargled when they returned home. However, there were no differences in the bacterial or fungal colony counts among the participants regardless of gargling (Fig. 3b).

Natto is a traditional Japanese fermented food that is sticky when eaten and clings to the mouth and chopsticks (Fig. 3c). Natto is made by fermenting soybeans with the spore-forming bacterium *Bacillus subtilis*, which can survive dry conditions. As expected, in this study, we observed the large white colonies formed by *B. subtilis*. According to the questionnaire, 9% and 27% of the participants have eaten natto daily and weekly, respectively; 19% of the participants ate natto during the experimental period. The participants who ate natto had a significantly higher incidence of large white *B. subtilis* colonies on both sides of the masks than those who did not.

Bacterial colony morphologies and identification. In the bacterial cultures, we observed a variety of colonies on the agar plates (Fig. 4a). We morphologically classified the colonies into four major colony forms and the other forms: (1) small white, (2) large white, (3) small yellow, (4) medium white, and the other forms, including medium to large with yellow or pink, based on the colony size (small < 2 mm, medium 2–10 mm, and

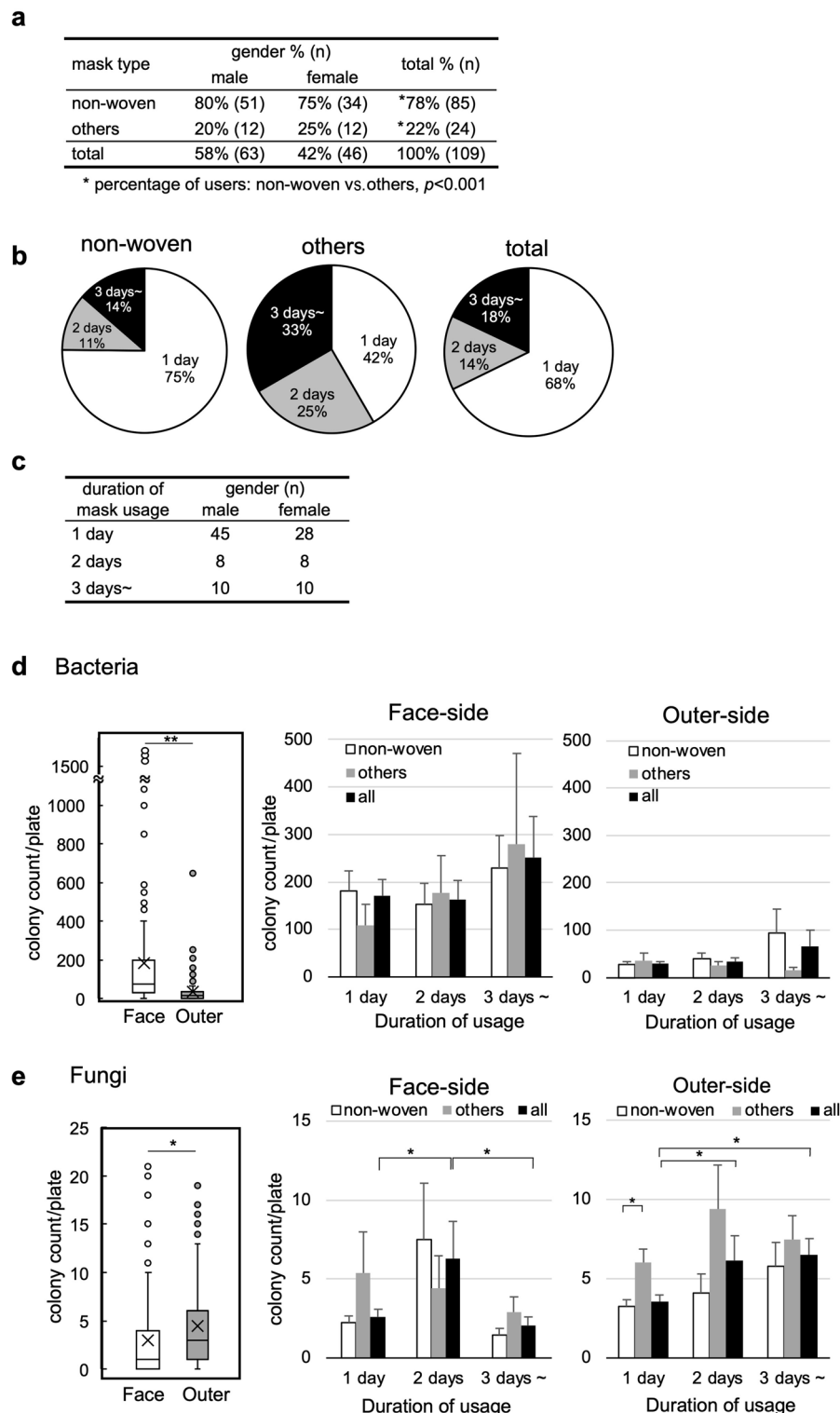


Figure 2. Survey results of the mask usage and microbe colony counts on the face-side and outer-side of the face masks. **(a)** Usage of non-woven masks and other mask types (others) among male and female participants ($n = 109$). Most “others” were polyurethane masks except a few gauze or cloth masks. **(b)** Duration of usage in non-woven, other mask types, and total (non-woven and others combined). The percentage of “others” wearing the same masks for two days or more (58%) was significantly higher than that of non-woven mask users (25%, $P < 0.001$). **(c)** Duration of mask usage in each gender (no significant difference). **(d,e)** Bacteria **(d)** and fungi **(e)** on the face-side and outer-side masks were cultured separately after pressing each mask surface onto agar plates. Microbial colony counts/plate (left panels); in boxplots, the cross symbols, bars, and dots indicate the mean, median, and outliers, respectively. Microbial colony counts on the face-side (middle panels) and outer-side (right panels) were compared based on the mask types and duration of mask usage. Mean + standard error of the mean (SEM). The paired t -test and Student’s t -test were used for statistical analyses. * $P < 0.05$; ** $P < 0.001$.

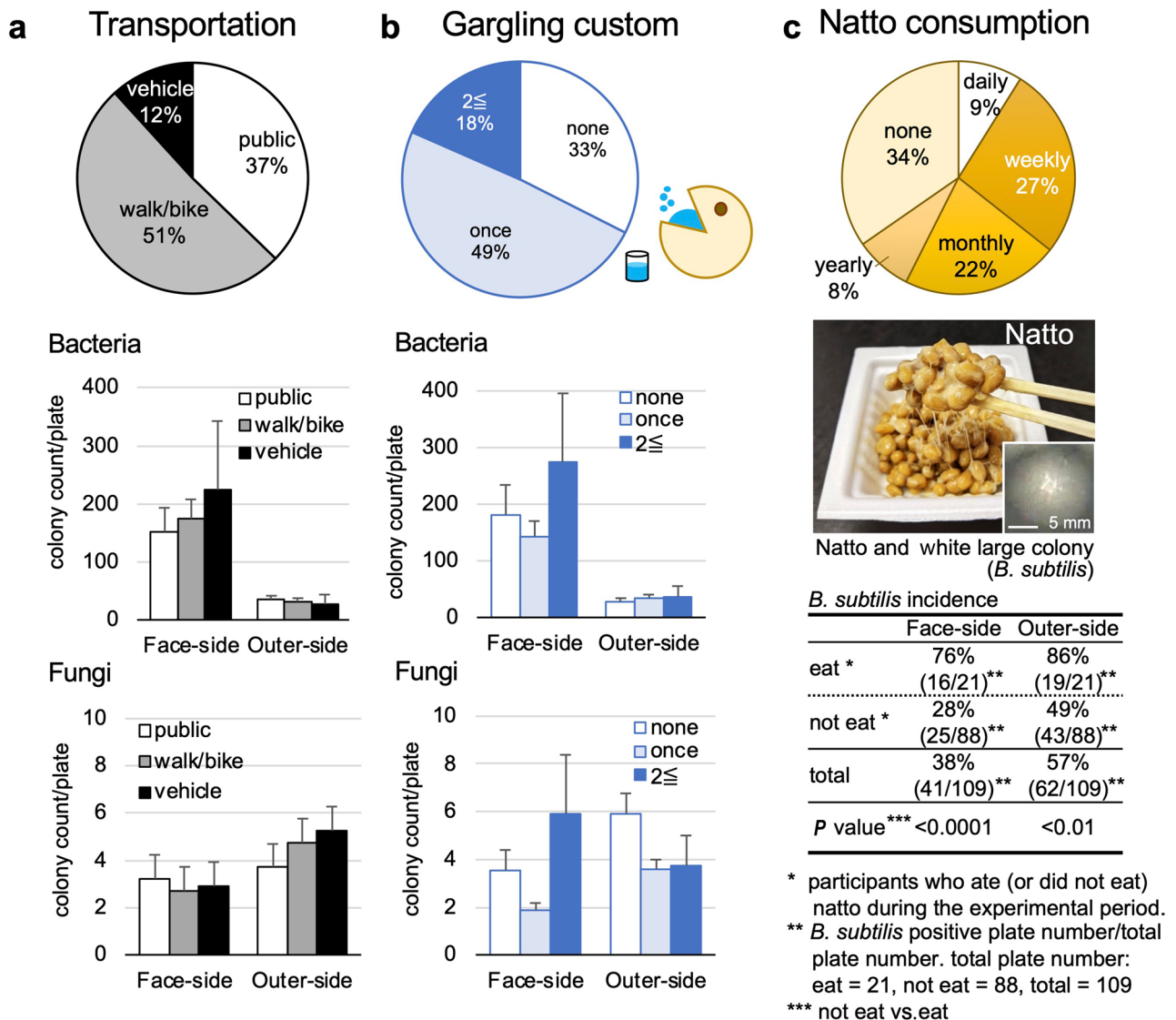


Figure 3. Lifestyles and microbial colonies: transportation, gargling, and natto consumption. (a) We categorized three transportation systems to commute: (1) public transportation: trains and/or buses; (2) private vehicles: cars and trucks; and (3) walk/bike: walking, bicycles, and motorbikes. We found no differences in the bacterial and fungal colony counts among the three transportation categories on the face-side or outer-side of masks. (b) Microbial colony counts and the gargling habit. The pie chart showed the percentage of participants' gargling frequency; 67% of the participants gargled at least once a day. We found no differences in the bacterial or fungal colony counts among the participants regardless of the gargling frequency. (c) Natto consumption and *Bacillus subtilis* colonies. Natto is a traditional Japanese food made from soybeans fermented with *B. subtilis* that forms large white colonies on agar plates. According to the survey, 9% and 27% of the participants have eaten natto daily and weekly, respectively; 19% (21 of 109) of the participants ate natto during the experimental period. The participants who ate natto had a significantly higher percentage of *B. subtilis* colonies than those who did not eat natto.

large 10 mm <), color, and frequencies (Fig. 4a,b). The frequency of colonies was calculated in two formulas: (I) colony incidence = number of plates containing the colony of interest/total plate number ($n = 109$) $\times 100$; and (II) % total = counts of colonies of interest/total counts of colonies in each plate $\times 100$ (then, the mean of % total from all plates was calculated). As shown in Fig. 4a, most participants had more than one colony form. The dominance of the four colony forms regarding the colony incidence and mean % total of each colony was overall similar on the face-side and outer-side (Fig. 4b). The small white colonies were most frequently observed, with the incidence and % total exceeding 80% and 70%, respectively.

To further determine the bacteria composing each colony, we conducted Gram staining and 16S ribosomal RNA (rRNA) sequencing. The 16S rRNA sequencing showed that the small white colonies consisted mainly of *Staphylococcus epidermidis*, and/or *S. aureus*; the major bacteria species forming the small yellow colonies was *S. aureus*. The large white colonies were the second most observed ones and consisted of *B. subtilis*, a component of natto (as shown in Fig. 3c). The medium white colonies consisted of *B. cereus* and *B. simplex*; *B. cereus* was

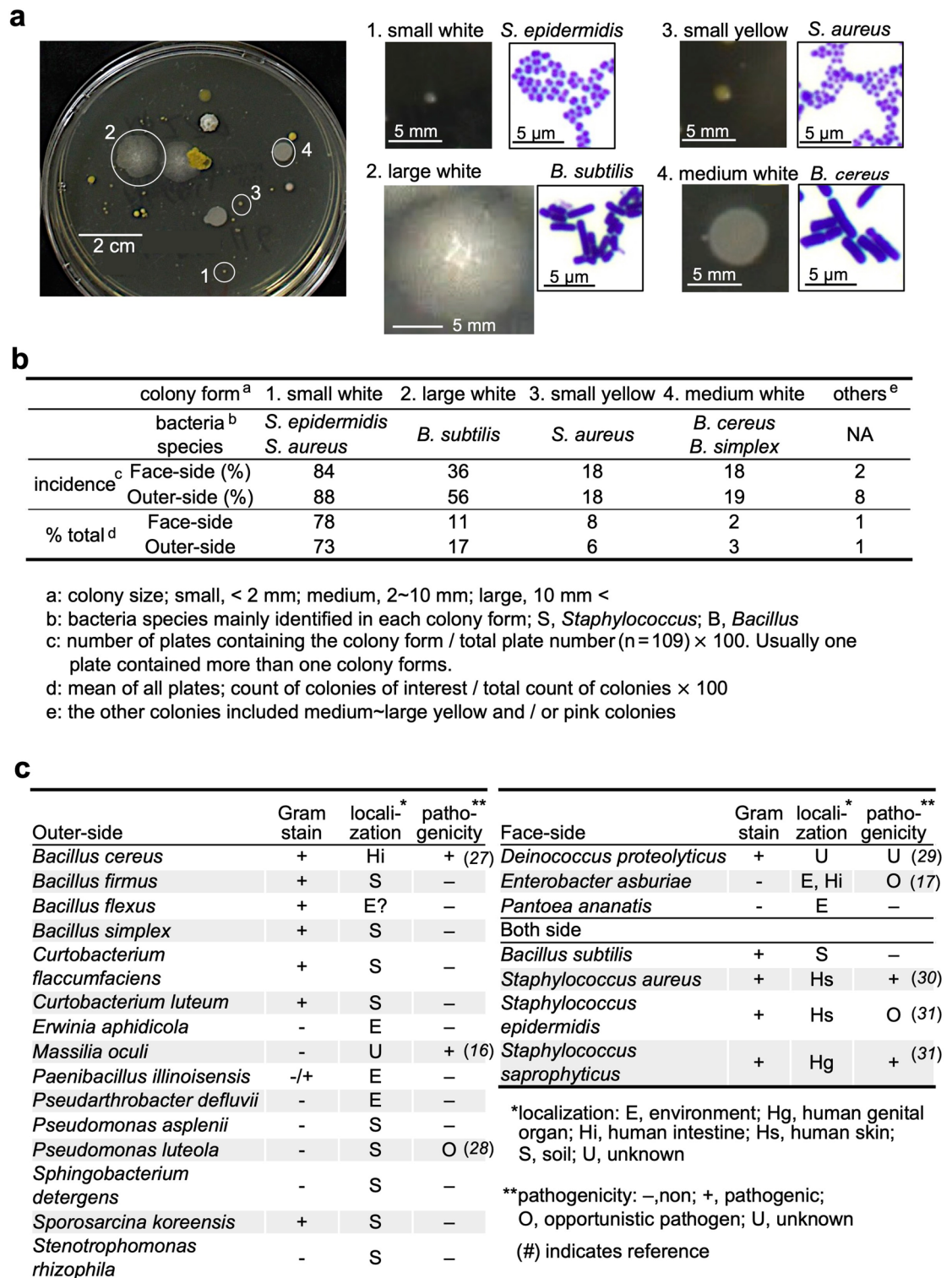


Figure 4. Bacterial colony morphologies and identification. (a) We observed a variety of colonies on the agar plates and classified the colonies into four major colony forms, morphologically. Representative bacteria composed of each colony were visualized with their Gram-stain images. (b) Major colony forms, identified bacteria, and frequencies (incidence and % total). (c) Identified bacteria, their localization, and pathogenicity in humans.

identified only on the outer-side of masks. Among the colonies, we also identified other bacterial species by 16S rRNA sequencing (Fig. 4c). Although most identified bacteria were non-pathogenic, there were several potential

pathogenic bacteria in humans as follow: *S. aureus* (commensal bacterium, but its overgrowth can cause various diseases); *B. cereus* (intestinal bacterium, causing food poisoning); *Staphylococcus saprophyticus* (urinary tract infection); and *Pseudomonas luteola* (opportunistic pathogen)^{15–17}.

Fungal colonies and identification. After quantifying fungal colonies, we further incubated them for another 2 days at 37 °C to induce spore formation. Then, using lactophenol cotton blue staining, we identified fungi on the masks based on the colony morphology macroscopically as well as the hypha and spore morphology microscopically. Although we could not identify some fungi due to lack of spore formation, we identified 13 fungal genera (Fig. 5). Among them, more than 20% of the participants had the four fungal genera, namely *Cladosporium*, *Fonsecaea*, *Mucor*, and *Trichophyton*, in common on both sides of the masks. The latter three are potentially pathogenic in humans (Fig. 5).

Discussion

In this study, we demonstrated the associations between several factors and microbial contaminations of face masks commonly used worldwide during the COVID-19 pandemic. Although some of our findings were what we had anticipated, there were several unpredicted findings, which need to be addressed as essential hygiene issues. In Table 1, we summarized the major findings and showed the results with statistical differences in bold ($P < 0.05$). The colony counts of face masks were higher in bacteria than in fungi; the bacterial and fungal colony counts were higher on the face-side and outer-side, respectively. The longer duration of mask usage correlated with increases in the fungal colony counts but not the bacterial colony counts. We also found that non-woven masks had fewer fungi than other mask types on the outer-side. Although the bacterial colony counts were comparable in all mask types, those on the face-side were lower in females than in males.

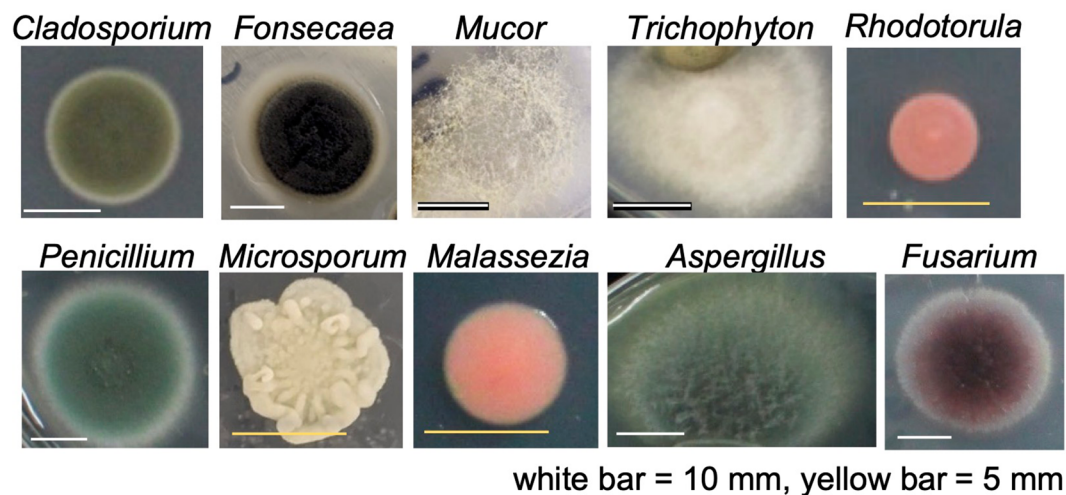
We further conducted a receiver operating characteristic (ROC) analysis to see the associations among the data obtained in this study shown in Table 2, where the area under the curve (AUC) indicated positive and negative associations (Figs. 2e, S1). The genus *Cladosporium*, the most frequently detected fungus in this study, was more frequently detected in females (58% females and 29% males). *B. subtilis* was more frequently detected on the masks used by the participants who ate natto at least once a month. In contrast, the transportation systems were not associated with bacteria or fungi colony counts. These results were consistent with our findings in Fig. 3, where neither public transportation usage nor gargling altered the bacterial or fungal colony counts. On the other hand, eating natto strongly increased the *B. subtilis* colony counts on the masks. Although *B. subtilis* multiplies rapidly and forms colonies large enough to outcompete other bacterial colonies, the presence of *B. subtilis* did not affect the counts of *S. epidermidis*, the most frequently detected bacterium in this study. The counts of white medium colonies seemed to be negatively affected by the presence of *B. subtilis* (AUC = 0.65). This is consistent with the previous report¹⁸ that *B. subtilis* inhibited the growth of *B. simplex*, which was a major component of a medium-sized white colony in the current study.

Most fungi isolated in this study were opportunistic pathogens rather than pathogenic (Fig. 5), although immunocompromised hosts should be advised to wear non-woven masks on a daily basis. We detected *B. cereus*, a foodborne pathogen, on the outer-side of masks in 5% of the participants (Fig. 4c), suggesting that *B. cereus* might adhere to the face masks through hands from feces. Intensive handwashing is recommended, since handwashing is effective in reducing the incidence of diarrhea¹⁹.

Although we anticipated that the counts of bacterial colonies could increase due to the duration of mask usage, this was not the case. The moisture requirement of bacteria may explain this^{20,21}. While we wear a face mask, the humidity under the mask space becomes approximately 80%, in which bacteria can survive and grow^{22,23}. In contrast, when a used mask is not worn for a long time, particularly at night, it dries out overnight and bacteria on the mask are likely to die due to the dry conditions. On the other hand, since fungi and their spores are resistant to drying, they can survive under the condition where masks dry out. This explains why fungi tended to accumulate and increase with longer mask usage. When we compared the microbial colony counts between the mask types, there were no substantial differences in the microbial colony counts between non-woven and other mask types. These findings suggest that the higher fungal colony counts on the outer-side of masks would be due to the duration of mask usage, but not the mask types. Regarding washable/reusable masks ("other types" of masks in the current study), the proper cleaning method for cotton face masks has been recommended to reduce the microbial load on the masks¹². However, in the current experiments, we did not find significant differences in bacterial or fungal colony numbers on the masks based on washing (Fig. S2). This could be explained by lack of information about the proper cleaning method for most mask users (i.e., boiling at 100 °C, washing at 60 °C, or ironing with a steam iron) to disinfect the masks.

There were a few studies reporting microbial isolation on masks; a Belgian group investigated bacterial colony numbers on face masks in experimental settings, where 13 volunteers wore cotton and surgical masks for 4 h¹². The authors harvested bacteria by vortexing the masks (without separation into the face-side and outer-side layers) with PBS and cultured the bacteria on the brain heart infusion (BHI) and lysogeny broth (LB) agar plates. They found that the bacterial colony number was higher in the cotton masks than in the surgical masks and that the major bacterial genera from the surgical masks were *Staphylococcus* and *Streptococcus*. Our study also detected *Staphylococcus*, but not *Streptococcus* that cannot grow on the BHI plate.

The bacterial colony counts on the face masks were higher in males than in females among the daily users (Fig. S1). We suspected that the difference could be associated with a more intensive facial skincare by females than by males. Thus, we performed a principal component analysis (PCA), using the survey data based on a daily facial skincare routine (three categories: 1. face wash method, 2. lotion/sunscreen usage, and 3. foundation usage) as well as the bacterial and fungal colony counts of masks worn for 4 h (Fig. S3a). The proportion of variance of principal component (PC) 1 was 44%; PC1 values reflected more intensive facial skincare. Here, the bacterial



genus	incidence* (%)	localization**	pathogenicity***	reference
<i>Cladosporium</i>	48	I	—	
<i>Fonsecaea</i>	39	O	+	32
<i>Mucor</i>	25	H	+	33
<i>Trichophyton</i>	23	H	+	34
<i>Rhodotorula</i>	20	I	—	
<i>Penicillium</i>	15	I	—	
<i>Microsporum</i>	11	O	+	34
<i>Alternaria</i>	10	I	—	
<i>Malassezia</i>	6	H	—	
<i>Aspergillus</i>	2	I	+	35
<i>Fusarium</i>	1	O	+	36
<i>Geotrichum</i>	1	O	—	
<i>Pleurostomophora</i>	1	O	—	

* $\frac{\text{positive participant number either face-side or outer-side}}{\text{total participant number (n = 109)}} \times 100$

** localization: I, indoor environment; O, outdoor environment; H, human commensal

*** pathogenicity: —, non-pathogenic, but opportunistic pathogen; +, pathogenic

Figure 5. Identification of fungal colonies. We identified fungi by the colony morphology macroscopically as well as the hypha and spore morphology microscopically. Ten representative fungal images were shown. The white and yellow bars are 10 mm and 5 mm, respectively. Identified fungi, the incidence in this study, localization, and pathogenicity were listed.

colony numbers and three skincare categories contributed negatively and positively to PC1 values, respectively. This suggested that more intensive facial skincare may decrease bacteria on the face masks. Among the three skincare categories in the survey, we tested whether the foundation usage could affect the number of bacterial colonies. We recruited volunteers and asked them to wear the mask for 4 h with foundation applied to only the left half of their faces. We found no differences in the bacterial colony numbers between the left and right halves of the face masks (Fig. S3b). Furthermore, neither lotion/sunscreen usage nor the face wash method statistically decreased the bacterial colony numbers by itself (data not shown). Although we did not examine other factors

	Bacteria	Fungi
Colony count/plate	1–1600	1–22
Face-side/outer-side	High on the face-side	High on the outer-side
Duration of usage	No effect	High in 2 days ~
Mask type	No effect	Low in non-woven outer-side
Gender	Low in female (face-side)	High <i>Cladosporium</i> in female

Table 1. Factors associated with microbial colony counts on face masks. Boldface indicates a significant difference ($P < 0.05$).

Factor	Variable	AUC	Association
Mask type, non-woven	Outer-side fungal count	0.77	Negative*
Gender, female	Face-side bacterial count	0.71	Negative†
Usage ≥ 2 days	Outer-side fungal count	0.65	Positive*
Gender, female	<i>Cladosporium</i> positive	0.65	Positive
<i>B. subtilis</i> , inside	White medium colony	0.65	Negative
Natto \geq once/month	<i>Bacillus subtilis</i>	0.61	Positive
Public transportation	Bacterial or fungal count	0.50	No
<i>B. subtilis</i> , inside	<i>Staphylococcus epidermidis</i>	0.42	No

Table 2. Receiver operating characteristic (ROC) analysis. Boldface shows AUC higher than 0.6 AUC: 0.5–0.6, unsatisfactory; 0.6–0.7, satisfactory; 0.7–0.8, good; 0.8–0.9, very good; 0.9–1, excellent. *, † Associations were consistent with statistical differences shown in *, Figs. 2; †, S1.

that may contribute to the gender difference in the bacterial colony counts, the potential factors include the higher facial temperature in males²⁴ and the gender difference in sweat and sebum²⁵.

There were several limitations in this study. First, the survey of face masks in this study was not comprehensive, and the sample size was small. Although the face masks were classified into three major types, they can be further subdivided according to the thickness, fabric coating, and other factors that may affect microbial growth. In experimental settings, the bacterial colony number and composition differed between surgical and cotton face masks after 4-h of wearing¹². Second, in all the experiments, since the face masks were put on and taken off with bare hands, there was a possibility that microbes on the hands could be transferred to the face masks. Here, we intentionally instructed the participants not to wear gloves during the experimental period, since our objectives were to examine bacteria and fungi on the face masks under our normal lifestyles. Microbial colonies detected from new non-woven masks handled with bare hands were negligible (average 6.5 bacterial and no fungal colonies, data not shown). Lastly, there is an argument that the face masks need to be thoroughly washed with detergent broth for better isolation of microbes on masks²⁶. In this study, however, we decided to collect microbes on the face masks by simply pressing them onto agar plates. Although this method may leave substantial microbes on the mask materials, we believe that easily detachable microbes are more relevant to respiratory infections.

In this study, we focused on a newly emerged-hygiene issue in the current lifestyles of wearing face masks during the COVID-19 pandemic. These results will provide new insights into face mask usage to prevent potential pathogenic infections.

Methods

Mask layer imaging. A non-woven mask was composed of three layers, each of which was cut with scissors and separated manually. A gauze mask was composed of multiple layers, one of which was separated manually. We directly placed a polyurethane mask (without sample preparation) or each layer of the non-woven and gauze masks on the microscope stage of the CX33 Microscope (Olympus, Tokyo, Japan) and imaged using 10× objective lens with the CCD Camera DP22 (Olympus).

Study design. This study was conducted between September and October 2020. The participants were 109 medical students, 63 males (aged 22.4 ± 0.4) and 46 females (aged 21.2 ± 0.3 , no significant difference between genders) at Kindai University Faculty of Medicine, Osaka, Japan. All experimental protocols were approved by the Institutional Biosafety Committee of Kindai University and performed by the institutional guidelines. Informed consent was obtained from all participants. The survey for the participants was as follows: age, gender, type of mask, duration of mask usage, transportation, gargling habit, and natto consuming habit. We confirmed that no participants were treated with antimicrobial drugs during the experimental periods.

Sample collection, microbial culture, and colony count. To isolate and culture the microbes adhered to face masks, the face-side and outer-side of the face masks were pressed onto agar plates (8.6 cm in diameter, 58 cm² in area), separately, which were covered with the lids immediately to avoid contamination. The culture

conditions were as follows: for the bacterial cultures, BHI agar plates (Eiken chemical Co., LTD, Tochigi, Japan) or Soybean-casein digest broth with lecithin and polysorbate 80 (SCDLP) agar plates (Eiken chemical Co., LTD,) were used and incubated at 37 °C under the aerobic condition for 18 h. We found similar colony numbers and morphology between the BHI and SCDLP agar plates. This is consistent with the previous findings reported by Delanghe et al., where the bacterial colony numbers from surgical mask samples were comparable between the BHI and LB agar plates¹². Thus, in all subsequent experiments, we decided to use BHI agar plates, which are widely used as a general-purpose growth medium. In the longer incubation (> 2 days), the fast-growing bacterium *B. subtilis* outgrew the other bacteria, resulting in the difficulty of detecting slow-growing bacteria. For the fungal cultures, Sabouraud dextrose agar plates (Nissui pharmaceutical Co., LTD, Tokyo, Japan) were used and incubated at 25 °C under aerobic condition for 5 days. Following the primary incubation, we evaluated the colony morphology and conducted colony counting. Although we tested the presence of microbes on the middle layer (filter layer), we detected only small numbers of the bacterial and fungal colonies (mean \pm SEM: bacterial colonies, 6.3 ± 4.9 ; and fungal colonies, 1.0 ± 0.5). Thus, we decided to focus on the microbial colonies on the face-side and outer-side of the masks in this study.

Identification of microbial colonies. Bacteria: we collected 94 colonies from the cultured plates, isolated DNA, and conducted 16S ribosomal RNA (rRNA) sequencing by the MiSeq (Illumina, San Diego, CA) at the Center for Oral Microbiota Analysis (Takamatsu, Japan). We also prepared bacterial smears on glass slides for Gram-staining (Fujifilm Wako, Osaka, Japan) and took the microscopic images using the CX33 Microscope with the CCD Camera DP22.

Fungi: we selected representative agar plates containing different types of fungal colonies from all cultured plates. We further incubated the cultured plates at 37 °C for 2 days to induce the spore formation, stained the fungi with lactophenol cotton blue (Muto pure chemical Co., LTD, Tokyo, Japan), and identified them based on their colony morphology and microscopically³⁷.

Data analyses. We conducted PCA using the software RStudio (version 1.4.1106) and Exploratory (Exploratory, Inc., CA). For statistical analyses, we conducted the paired *t*-test, Student's *t*-test, and χ^2 test. To determine the correlations between the data obtained in this study, we conducted an ROC analysis to evaluate the association between the factors and outcomes by calculating the AUC. The AUC close to 1 indicates a strong association, and less than 0.5 indicates no association.

Data availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Author contributions

Conceptualization: A.M.P., I.T. Methodology: A.M.P., S.K. Investigation: A.M.P., S.K., M.F., F.S., S.O. Visualization: A.M.P., K.H., I.T. Funding acquisition: A.M.P., I.T. Project administration: A.M.P., I.T. Supervision: A.M.P., I.T. Writing—original draft: A.M.P., I.T. Writing—review and editing: S.K., M.F., F.S., S.O.

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Competing interests

The authors declare no competing interests.

Additional information

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Brad Spellberg, MD, Chief Medical Officer of LAC+USC Medical Center:

Our COVID situation reminds me of that movie Good Morning Vietnam. When he was talking about the weather continued blankety blankiness. It's just the same. It's not changed. It's been the same. It's like two months of the same. You can see countywide numbers at the top graph. It's like plateaued and it's not going down. It's sort of, trickle up a little, but really not much. It's just been like that. And we're getting thousands of cases per week across the county.

The numbers at LAC COVID-positive tests have continued to go up. But this isn't because we're seeing a ton of people with symptomatic disease getting admitted. If you go to the bottom graph, it's the same thing. We're seeing a lot of people with mild disease in urgent care or ED who go home and do not get admitted. And of those who are admitted, they're 90% of the time not admitted due to COVID. Only 10% of our COVID positive admissions are admitted due to COVID. Virtually none of them go to the ICU. And when they do go to the ICU, it is not for pneumonia. They are not intubated. They are not these horrible 100% FIO2. We haven't seen one of those since February. It's been months.

What we see is electrolyte abnormalities or somebody who had autoimmune attack of the nerves and could that have been related to COVID? That's the kind of stuff that we're seeing. It is just not the same pandemic as it was, despite all the media hype to the contrary.

A lot of people have bad colds, is what we're seeing.

Paul Holtom, MD, Epidemiologist and Infection Disease Division Service Chief at LAC+USC:

Maybe we can turn to the media, which is trying to burst that bubble by talking about yet a new variant that was described in India, sweeping the country and now in the United States. The numbers will continue to go up, and indeed, the numbers in many areas are going up. That is the number of people who are testing positive, although we have to understand that, first of all, most of that data is completely incomprehensible because at the moment, many, many people are testing at home and most people aren't reporting those tests in. So no one has any idea actually how many people are testing positive at that point.

Certainly if the experience of our hospital is reflective of across the county, which I believe it is, we're just seeing nobody with severe COVID disease. As of this morning, we have no one in the hospital who had pulmonary disease due to COVID. Nobody in the hospital. We have 24 people who have tested positive for COVID, but nobody who had COVID-19 disease, as we would see in the past.

So I guess it is hard to get a little more excited. Dr. Barbara Ferrer is expected today, based on numbers, to probably announce that LA county will go into a mask mandate situation for all indoor and large activities that's expected to be announced this afternoon, but we haven't seen the final numbers that she may or may not choose to act on at that point.

But certainly there is no reason from a hospitalization due to COVID perspective, to be worried at this point.

During the COVID-19 pandemic, 80% of U.S. states mandated masks to slow the spread of SARS-CoV-2, but accumulating research shows mask mandates and use do not lower the spread of the virus.¹ While rules requiring masks did increase compliance, they didn't translate to lower transmission growth rates, whether community spread of SARS-CoV-2 was low or high.

Even before COVID-19 was declared a pandemic, mask mandates were put in place without ever properly evaluating efficacy, but that didn't stop them from dividing communities and being used as a form of virtue signaling and a visible reminder of compliance with the "new normal."

Now, with research showing not only that masks don't protect you but may actually make you sick, the rationale behind their widespread mandated usage must be questioned.

Mask Mandates Didn't Lower COVID-19 Cases

Using CDC data, researchers with the University of Louisville calculated total COVID-19 case growth and mask use for the U.S. No significant differences were found in case growth between mandate and non-mandate states during periods of low or high transmission.

"Surges were equivocal," they noted, concluding, "Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges."

While stating that their findings "do not support the hypothesis that SARS-CoV-2 transmission rates decrease with greater public mask use," they did note that "masks may promote social cohesion as rallying symbols during a pandemic."

Similarly dismal results from mask mandates were demonstrated in Europe. A study published in *Cureus* analyzed data from 35 European countries, including morbidity, mortality and mask usage, over a six-month period. The researchers noted:

"Mask mandates were implemented in almost all world countries and in most places where masks were not obligatory, their use in public spaces was recommended ...

These mandates and recommendations took place despite the fact that most randomized controlled trials carried out before and during the COVID-19 pandemic concluded that the role of masks in preventing respiratory viral transmission was small, null, or inconclusive."

When the data were analyzed, the study also revealed that the widespread use of masks did not reduce COVID-19 transmission. Worse, a moderate positive correlation was found between mask usage and deaths in Western Europe, which "suggests that the universal use of masks may have had harmful unintended consequences."

Mask Mandates in Schools Didn't Reduce COVID-19 Cases

As part of the government-sponsored propaganda campaign, a widely cited CDC study, published in October 2021, reported that counties without school mask mandates had larger increases in COVID-19 case rates in children after the start of school compared with counties that had school mask mandates.

The study was used to support school mask mandates, but a team of researchers revisited the research, incorporating a larger sample size and longer study period. The updated study, published in May 2022, used nearly six times more data compared to the original study and found no significant relationship between mask mandates in U.S. schools and COVID-19 case rates. According to the researchers:

"We failed to establish a relationship between school masking and pediatric cases using the same methods but a larger, more nationally diverse population over a longer interval. Our study demonstrates that observational studies of interventions with small to moderate effect sizes are prone to bias caused by selection and omitted variables. Randomized studies can more reliably inform public health policy."government-sponsoredOn Twitter, surgeon and public policy researcher Dr. Marty Makary pointed out that the CDC's original study appeared to include cherry-picked data and the agency refused to publish an update using the more extensive data:⁹

"This study demonstrates how the CDC was cherry-picking data to support their school mask dogma. The article states that CDC's MMWR journal rejected publishing this re-analysis. Most likely because it exposed the CDC's salami-slicing of data & use of science as political propaganda."

It should be noted that a previous CDC study found mask requirements for students had little effect on COVID-19 incidence in Georgia schools, while improved ventilation, such as opening a window, reduced cases more than mask mandates for staff and teachers.¹⁰

The Foegen Effect: Mask Mandates Increased COVID-19 Deaths

A profoundly important study was conducted by German physician Dr. Zacharias Fögen to find out whether mandatory mask use influenced the COVID-19 case fatality rate in Kansas from August 1, 2020, to October 15, 2020.¹¹ He chose the state of Kansas because, while it issued a mask mandate, counties were allowed to either opt in or out of it.

His analysis revealed that counties with a mask mandate had significantly higher case fatality rates than counties without a mask mandate. "These findings suggest that mask use might pose a yet unknown threat to the user instead of protecting them, making mask mandates a debatable epidemiologic intervention," he concluded.

That threat, he explained, may be something called the "Foegen effect" — the idea that deep re-inhalation of droplets and virions caught on facemasks might make COVID-19 infection more likely or more severe.

"The fundamentals of this effect are easily demonstrated when wearing a facemask and glasses at the same time by pulling the upper edge of the mask over the lower edge of the glasses. Droplets appear on the mask when breathing out and disappear when breathing in."

"In the "Foegen effect," the virions spread (because of their smaller size) deeper into the respiratory tract. They bypass the bronchi and are inhaled deep into the alveoli, where they can cause pneumonia instead of bronchitis, which would be typical of a virus infection.

Furthermore, these virions bypass the multilayer squamous epithelial wall that they cannot pass into in vitro and most likely cannot pass into in vivo. Therefore, the only probable way for the virions to enter the blood vessels is through the alveoli."

Wearing Masks Could Be Related to Long COVID

Fögen explained that wearing masks could end up increasing your overall viral load because, instead of exhaling virions from your respiratory tract and ridding your body of them, those virions are caught in the mask and returned. This might also have the effect of increasing the number of virions that pass through the mask, such that it becomes more than the number that would have been shed without a mask.

The fact that "hypercondensed droplets and pure virions in the mask might be blown outwards during expiration, resulting in aerosol transmission instead of droplet transmission" is another issue that could make transmission worse instead of better, and the use of "more protective" masks could also backfire, making COVID-19's long-term effects worse. Fögen explained:

"The use of "better" masks (e.g., FFP2, FFP3) with a higher droplet-filtering capacity probably should cause an even stronger "Foegen effect" because the number of virions that are potentially re-inhaled increases in the same way that outward shedding is reduced.

Another salient point is that COVID-19-related long-term effects and multisystem inflammatory syndrome in children may all be a direct cause of the "Foegen effect." Virus entry into the alveoli and blood without being restricted to the upper respiratory tract and bronchi and can cause damage by initiating an (auto) immune reaction in most organs."

Clear Risks of Prolonged Mask Use

Two expert reports spoke out against the use of masks for children in 2021. The first, a psychology report,¹⁴ stated that masks are likely to be causing psychological harm to children and interfering with development. "The extent of psychological harm to young people is unknown," the report stated, "due to the unique nature of the 'social experiment' currently underway in schools, and in wider society." On Twitter, surgeon and public policy researcher Dr. Marty Makary pointed out that the CDC's original study appeared to include cherry-picked data and the agency refused to publish an update using the more extensive data:⁹

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That threat, he explained, may be something called the "Foegen effect" — the idea that deep re-inhalation of droplets and virions caught on facemasks might make COVID-19 infection more likely or more severe.

I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(q); CA Civil Codes 43, 46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (1 Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice.



July 19, 2022

Los Angeles County Board of Supervisors
Hall of Administration
500 West Temple Street,
Los Angeles, CA 90012

RE: CRA Opposition to Universal Mask Mandate

Dear Board of Supervisors,

On behalf of the California Restaurant Association (CRA), and the thousands of restaurants in Los Angeles County, I am writing to express our strong opposition to the health officer order that looks to reinstate a universal mask mandate in indoor public spaces such as restaurants.

We commend the Board for addressing COVID-19 with the level of seriousness and determination it deserves, however, as we continue to live with the virus, we must acknowledge the work that has been done to protect the residents of L.A. County. We share your concern to keep Angelenos safe. We fought vigorously to keep our team-members at the front of the line for vaccine eligibility- and have worked since to maximize the number of vaccines distributed within the restaurant workforce. As of July 10, 2022, the L.A. County Department of Public Health reports that 80% of the population in L.A. County has received 1 or more doses of the COVID-19 vaccine and 72% are fully vaccinated.

In the last 2 years, we have faced health, social and economic impacts due to COVID-19 and the government mandates associated with it, but in those two years we have also learned how to mitigate against the most serious health impacts of the virus and have only become better prepared to do so.

As COVID-19 remains very much a part of our lives, neighborhood restaurants continue to face operating challenges including workforce shortages, supply chain issues, and inflationary costs that haven't been seen in 40 years.

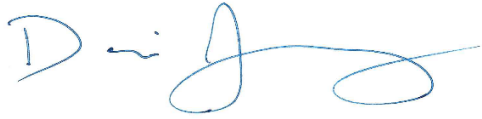
Re-instituting a mask mandate is a massive shift of public health responsibilities from local health departments onto the restaurant community. In the past it has been extremely difficult for restaurant staff to enforce such a mandate among customers, and often has led to unnecessary conflict between employees and patrons.

To require restaurant team-members to enforce a mask mandate on guests when entering a restaurant will only exacerbate the emotional toll that our team-members have dealt with for over two years and will further upset our guests as the rest of the state has decided not to reinstate a mask mandate. L.A. County would be the only jurisdiction to do so. You would also be sending a message to the public that restaurants are not a safe place to be...nothing could be further from the truth with all of the protocols and measures in place to protect both employees and restaurants guests.

We ask that the county strongly recommend mask wearing in public spaces - falling just a step short of mandating it. This will allow each restaurateur to determine the best way to continue to protect team

members and the dining public as restaurants continue to operate with many of the elevated protocols that have been in place from the outset of the pandemic. We appreciate you taking the time to consider the issues raised in this letter and looking forward to continuing to work with you to better serve our restaurant community.

Sincerely,

A handwritten signature in blue ink, appearing to read 'David Juarez', with a stylized, flowing script.

David Juarez
Director of Local Government Affairs
California Restaurant Association

I worship God by breathing. Keeping my face unveiled by any mask, shield or face covering is a core principle of my religious beliefs, practice and observance. My rights are protected by CA Gov Code 12926(q); CA Civil Codes 43, 46 and 51; CA Gov Code 37100; CA HSC 24171 AND 24172. It is against my lawfully-protected religious rights to veil my face and obstruct my God-given Breath of Life. (1 Cor 3:18 states that I am to stand before the Lord with my face unveiled. According to the Bible, only prostitutes and those hiding from God in shame cover their faces.) If the County does adopt the illegal mask requirements again, you are required by law to accommodate those, like me, who have a legal religious exemption to this suffocation practice.

Emergency Use Authorization



On this page:

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 - [Information About COVID-19 EUAs for Medical Devices](#)
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[Español \(/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/autorizacion-de-uso-de-emergencia\)](#)

About Emergency Use Authorizations (EUAs)

The Emergency Use Authorization (EUA) authority allows FDA to help strengthen the nation's public health protections against chemical, biological, radiological, and nuclear (CBRN) threats including infectious diseases, by facilitating the availability and use of [medical countermeasures \(/emergency-preparedness-and-response/about-mcmi/what-are-medical-countermeasures\)](#) (MCMs) needed during public health emergencies.

What is an EUA?



Under section 564 of the Federal Food, Drug, and Cosmetic Act ([FD&C Act \(/federal-food-drug-and-cosmetic-act-fdc-act\)](#)), when the Secretary of HHS declares that an emergency use authorization is appropriate, FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN threat agents when certain criteria are met, including there are no adequate, approved, and available alternatives. The HHS declaration to support such use must be based on one of four types of determinations of threats or potential threats by the Secretary of HHS, Homeland Security, or Defense.

Please note: a determination under section 319 of the Public Health Service Act that a public health emergency exists, such as the [one issued on January 31, 2020 \(https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx\)](#), does not enable FDA to issue EUAs. On February 4, 2020, the HHS Secretary determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Subsequent HHS declarations supporting use of EUAs and based on this determination are described in the blue boxes below.

Information on terminated and revoked EUAs can be found in [archived information \(/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information\)](#).

Public Readiness and Emergency Preparedness Act (PREP Act)

Information on the PREP Act can be found [here \(https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx\)](#).

The PREP Act amended the Public Health Service Act (PHS Act) to add section 319F-3 (42 U.S.C. 247d-6d). The HHS Secretary has issued several Declarations pursuant to section 319F-3 of the PHS Act to provide liability immunity for activities related to medical countermeasures against COVID-19.

PREP Act - COVID-19 Related Information

- Notice of Declaration under the Public Readiness and Emergency Preparedness Act for medical countermeasures against COVID-19 ([https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures](#)) (February 4, 2020)
- COVID-19 PREP Act Declarations and Amendments (HHS) ([https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx](#))
- Advisory Opinion 02-02 on the PREP Act and the Secretary's Declaration under the Act ([https://www.hhs.gov/sites/default/files/advisory-opinion-20-02-hhs-ogc-prep-act.pdf](#)) (PDF, 278 KB, May 19, 2020)

Guidance

In January 2017, FDA finalized the guidance: [Emergency Use Authorization of Medical Products and Related Authorities \(/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities\)](#). For more information, please see the January 13, 2017 Federal Register notice (<https://www.federalregister.gov/documents/2017/01/13/2017-00721/emergency-use-authorization-of-medical-products-and-related-authorities-guidance-for-industry-and>).

[Printable PDF \(288 KB\) \(/media/97321/download\)](#)

In addition, in January 2014, FDA issued a [question and answer document \(/media/87718/download\)](#) (PDF, 762K) to respond to questions raised by public health stakeholders about PAHPRA's amendments to the EUA authority and establishment of new authorities related to the emergency use of MCMs during CBRN emergencies.

Coronavirus Disease 2019 (COVID-19) EUA Information

- **Coronavirus Disease (COVID-19) updates from FDA** ([/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19](#))
- **Detailed Information for all COVID-19 EUAs, including authorizations and fact sheets**
 - [Vaccines](#)
 - [Drugs and Non-Vaccine Biological Products](#)
 - [COVID-19 EUAs for Medical Devices \(/medical-devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices\)](#), including:
 - [Blood Purification Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/blood-purification-devices-euas\)](#)
 - [Continuous Renal Replacement Therapy and Hemodialysis Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/continuous-renal-replacement-therapy-and-hemodialysis-devices-euas\)](#)
 - [In Vitro Diagnostics EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas\)](#)
 - [Decontamination Systems for Personal Protective Equipment EUAs \(/about-fda/page-not-found\)](#)
 - [Infusion Pump EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/infusion-pump-euas\)](#)
 - [Personal Protective Equipment EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas\)](#)
 - [Remote or Wearable Patient Monitoring Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/remote-or-wearable-patient-monitoring-devices-euas\)](#)
 - [Respiratory Assist Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/respiratory-assist-devices-euas\)](#)
 - [Ventilators and Ventilator Accessories EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/ventilators-and-ventilator-accessories-euas\)](#)
 - [Other Medical Device EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/other-medical-device-euas\)](#)
 - [Information About COVID-19 EUAs for Medical Devices](#)

Vaccines

The HHS Secretary declared that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic, pursuant to section 564 of the FD&C Act, effective March 27, 2020. The EUAs subsequently issued by FDA are listed in the table below this blue box.

- [Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564\(b\) of the FD&C Act](https://www.federalregister.gov/documents/2020/02/07/2020-02496/determination-of-public-health-emergency) (<https://www.federalregister.gov/documents/2020/02/07/2020-02496/determination-of-public-health-emergency>) (February 4, 2020)
- [Emergency Use Authorization Declaration](https://www.federalregister.gov/documents/2020/04/01/2020-06905/emergency-use-authorization-declaration) (<https://www.federalregister.gov/documents/2020/04/01/2020-06905/emergency-use-authorization-declaration>) (March 27, 2020)

For additional information about COVID-19 vaccines, see:

- [COVID-19 Vaccines](#) ([/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines](#))
- [Emergency Use Authorization for Vaccines Explained](#) ([/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained](#))
- [Infographic: The Path for a COVID-19 Vaccine From Research to Emergency Use Authorization](#) (<https://www.fda.gov/media/143890/download>) (PDF, 723 KB)
- [Vaccine EUA Questions and Answers for Stakeholders](#) ([/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/vaccine-eua-questions-and-answers-stakeholders](#))

Federal Register notices:

- [Authorizations of Emergency Use of Two Biological Products During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2021/01/19/2021-01022/authorizations-of-emergency-use-of-two-biological-products-during-the-covid-19-pandemic-availability) (<https://www.federalregister.gov/documents/2021/01/19/2021-01022/authorizations-of-emergency-use-of-two-biological-products-during-the-covid-19-pandemic-availability>)
 - On December 11, 2020, FDA issued an EUA to Pfizer, Inc. for the Pfizer-BioNTech COVID-19 Vaccine, subject to the terms of the Authorization. On December 18, 2020, FDA issued an EUA to ModernaTX, Inc. for the Moderna COVID-19 Vaccine, subject to the terms of the Authorization.

Search:

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Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use	Fact Sheets and Manufacturer Instructions/Package Insert (PDF)	Additional Information and Decision Memoranda (PDF)
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Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use	Fact Sheets and Manufacturer Instructions/Package Insert (PDF)	Additional Information and Decision Memoranda (PDF)
+ 02/27/2021	<p>Janssen COVID-19 Vaccine (https://www.fda.gov/media/146303/download) (439KB) (Reissued June 10, October 20 and November 19, 2021)</p> <p>Letter Granting EUA Amendment (March 29, 2021) (/media/147194/download) (152KB)</p> <p>Letter Granting EUA Amendment (April 23, 2021) (/media/147865/download) (229KB)</p> <p>Concurrence Letter (/media/150064/download) (June 10, 2021) (26KB)</p> <p>Concurrence Letter (/media/150136/download) (June 15, 2021) (57KB)</p> <p>Concurrence Letter (/media/150163/download) (June 16, 2021) (70KB)</p> <p>Concurrence Letter (/media/150567/download) (July 2, 2021) (317.7KB)</p> <p>Letter Granting EUA Amendment (July 12, 2021) (/media/150723/download) (210KB)</p> <p>Concurrence Letter (/media/150743/download) (July 13, 2021) (213KB)</p> <p>Concurrence Letter (/media/151141/download) (July 28, 2021) (63KB)</p> <p>Letter Granting EUA Amendment (August 30, 2021) (/media/151868/download) (80KB)</p> <p>Concurrence Letter (/media/152046/download) (September 8, 2021) (353KB)</p> <p>Concurrence Letter (/media/152171/download) (September 14, 2021) (253KB)</p> <p>Concurrence Letter (/media/152547/download)</p>	For the prevention of Coronavirus Disease 2019 (COVID-19) for individuals 18 years of age and older	<p>Healthcare Providers (https://www.fda.gov/media/146304/download) (1.54MB)</p> <p>Recipients and Caregivers (https://www.fda.gov/media/146305/download) (778KB)</p> <ul style="list-style-type: none"> View the Fact Sheet for Recipients and Caregivers in multiple additional languages (https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine#translated) 	<p>More information about the Janssen COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine)</p> <p>Frequently Asked Questions on the Janssen COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine-frequently-asked-questions)</p> <p>COVID-19 Vaccine Expiration Dating Extensions (https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#covidvaccines)</p> <p>Decision Memorandum (/media/146338/download) (974KB, February 2021 initial EUA issuance)</p> <p>Decision Memorandum (/media/150081/download) (362KB, June 2021 EUA reissuance)</p> <p>Decision Memorandum Addendum (/media/150139/download) (59KB, June 2021 EUA reissuance)</p> <p>Decision Memorandum Addendum (/media/150571/download) (61KB, July 1, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum Addendum (/media/150745/download) (58KB, July 13, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum Addendum (/media/152100/download) (60KB, September 8, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum Addendum (/media/152170/download) (55KB, September 14, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum Addendum (/media/152567/download) (57KB, September 29, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum (/media/153441/download) (605KB, October 20, 2021 EUA reissuance)</p> <p>Memorandum to the File (/media/153439/download) (940KB, October 20, 2021 EUA amendment to support use of a Janssen COVID-19 Vaccine heterologous booster dose following primary vaccination with other authorized COVID-19 vaccines)</p> <p>Decision Memorandum Addendum (/media/153944/download) (59KB, November 5, 2021 Assessment of Certain Janssen COVID-19 Vaccine Batches)</p> <p>Decision Memorandum Addendum (/media/154359/download) (64KB, November 18, 2021)</p>

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use	Fact Sheets and Manufacturer Instructions/Package Insert (PDF)	Additional Information and Decision Memoranda (PDF)
	/download (September 29, 2021) (28KB) Concurrence Letter (/media/153931/download) (November 5, 2021) (212KB) Letter Granting EUA Amendment (/media/154870/download) (December 14, 2021) (253KB) Letter Granting EUA Amendment (/media/155391/download) (January 11, 2022) (439KB) Letter Granting EUA Amendment (/media/155862/download) (January 31, 2022) (393KB)			Review Memorandum (/media/155670/download) (86KB, December 22, 2021) Addendum to Dec. 22, 2021 Review Memorandum (/media/155671/download) (398KB, December 22, 2021) Decision Memorandum Addendum (/media/155236/download) (87KB, December 30, 2021) Decision Memorandum Addendum (/media/155547/download) (87KB, January 6, 2022) Review Memorandum (/media/155466/download) (84KB, January 7, 2022) Addendum to Jan 7, 2022 Review Memorandum (/media/155467/download) (81KB, January 7, 2022)
+ 12/18/2020	Moderna COVID-19 Vaccine (/media/144636/download) (432KB) (Reissued February 25, July 7, August 12, October 20, November 19, 2021, January 7 and January 31, 2022) Letter Granting EUA Amendment (April 1, 2021) (/media/147284/download) (193KB) Letter Granting EUA Amendment (June 25, 2021) (/media/150387/download) (90KB) Letter Granting EUA Amendment (August 30, 2021) (/media/151855/download) (58KB) Letter Granting EUA Amendment (December 9, 2021) (/media/154746/download) (192KB)	For the prevention of Coronavirus Disease 2019 (COVID-19) for individuals 18 years of age and older On January 31, 2022, FDA approved the Moderna COVID-19 Vaccine, now known as Spikevax (/vaccines-blood-biologics/spikevax) , for the prevention of COVID-19.	Healthcare Providers (/media/144637/download) (398KB) <ul style="list-style-type: none"> Important prescribing information for vaccine providers on booster dose volume (0.25mL) and vial presentation (/media/153354/download) (230KB) (October 21, 2021) Recipients and Caregivers (/media/144638/download) (110KB) <ul style="list-style-type: none"> View the Fact Sheet for Recipients and Caregivers in multiple additional languages (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine#translated) 	More information about the Moderna COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/spikevax-and-moderna-covid-19-vaccine) Frequently Asked Questions on the Moderna COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine-frequently-asked-questions) Decision Memorandum (/media/144673/download) (769KB) Decision Memorandum (/media/151611/download) (65KB, August 12, 2021 EUA reissuance) Decision Memorandum (/media/153911/download) (606KB, October 20, 2021 EUA reissuance) Memorandum to the File (/media/153912/download) (605KB, October 20, 2021 EUA amendment to support use of a Moderna COVID-19 Vaccine heterologous booster dose following primary vaccination with other authorized COVID-19 vaccines) Decision Memorandum Addendum (/media/154407/download) (89KB, November 18, 2021) Decision Memorandum (/media/154405/download) (85KB, November 19, 2021) Decision Memorandum Addendum (/media/154406/download) (101KB, November 19, 2021) Decision Memorandum Addendum (/media/155235/download) (92KB, December 30, 2021) Decision Memorandum (/media/155548/download) (112KB, January 6, 2022)

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use	Fact Sheets and Manufacturer Instructions/Package Insert (PDF)	Additional Information and Decision Memoranda (PDF)
+ 12/11/2020	<p>Pfizer-BioNTech COVID-19 Vaccine (/media/150386/download) (493KB) (Reissued February 25, May 10, June 25, August 12, August 23, September 22, October 20, 2021, October 29, 2021, November 19, 2021, December 9, 2021, December 16, 2021 and January 3, 2022)</p> <p>Letter Granting EUA Amendment (/media/144955/download) (January 6, 2021) (164KB)</p> <p>Letter Granting EUA Amendment (/media/145493/download) (January 22, 2021) (190KB)</p> <p>Letter Granting EUA Amendment (/media/147390/download) (April 6, 2021) (166KB)</p> <p>Letter Granting EUA Amendment (/media/148877/download)(May 19, 2021) (184KB)</p> <p>Concurrence Letter (/media/151731/download) (August 22, 2021) (68KB)</p> <p>Letter Granting EUA Amendment (/media/155676/download) (September 1, 2021) (98KB)</p> <p>Letter Granting EUA Amendment (/media/155863/download) (January 31, 2022) (170KB)</p>	<p>For the prevention of 2019 coronavirus disease (COVID-19) in people 5 and older</p> <p>On August 23, 2021, FDA approved the Pfizer-BioNTech COVID-19 Vaccine, now known as Comirnaty (/vaccines-blood-biologics/comirnaty), for the prevention of COVID-19.</p>	<p>Healthcare Providers (/media/153713/download) (2.87MB) – for 12 years of age and older, purple cap (must dilute)</p> <p>Healthcare Providers (/media/153715/download) (2.89MB) – for 12 years of age and older, gray cap (no dilution)</p> <p>Healthcare Providers (/media/153714/download) (1.34MB) – for 5-11 years of age, orange cap (must dilute)</p> <p>Recipients and Caregivers (/media/153716/download) (661KB) –12 years of age and older</p> <p>Recipients and Caregivers (/media/153717/download) (202KB) – 5-11 years of age</p> <ul style="list-style-type: none"> • View the Fact Sheet for Recipients and Caregivers in multiple additional languages (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine#translated) 	<p>More information about the Pfizer-BioNTech COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine)</p> <p>Frequently Asked Questions on the Pfizer-BioNTech COVID-19 Vaccine (/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine-frequently-asked-questions)</p> <p>COVID-19 Vaccine Expiration Dating Extensions (https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#covidvaccines)</p> <p>Decision Memorandum (/media/144416/download) (709KB, December 2020 initial EUA issuance)</p> <p>Decision Memorandum (/media/148542/download) (868KB, May 2021 EUA reissuance)</p> <p>Decision Memorandum (/media/151613/download) (93KB, August 12, 2021 EUA reissuance)</p> <p>Decision Memorandum (/media/152432/download) (362KB, September 24, 2021)</p> <p>Decision Memorandum (/media/153482/download) (630KB, October 20, 2021 EUA reissuance)</p> <p>Decision Memorandum (/media/153947/download) (508KB, October 29, 2021)</p> <p>Decision Memorandum (/media/154357/download) (135KB, November 19, 2021)</p> <p>Decision Memorandum Addendum (/media/154358/download) (96KB, November 19, 2021)</p> <p>Decision Memorandum (/media/154869/download) (135KB, December 8, 2021)</p> <p>Decision Memorandum (/media/155234/download) (140KB, December 30, 2021)</p> <p>Decision Memorandum Addendum (/media/155549/download) (87KB, January 6, 2022)</p>

Showing 1 to 3 of 3 entries

Drugs and Non-Vaccine Biological Products

The HHS Secretary declared that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic, pursuant to section 564 of the FD&C Act, effective March 27, 2020. The EUAs subsequently issued by FDA are listed in the table below this blue box.

- [Determination of a Public Health Emergency and Declaration that Circumstances Exist Justifying Authorizations Pursuant to](#)

Section 564(b) of the FD&C Act (<https://www.federalregister.gov/documents/2020/02/07/2020-02496/determination-of-public-health-emergency>) (February 4, 2020)

- [Emergency Use Authorization Declaration](https://www.federalregister.gov/documents/2020/04/01/2020-06905/emergency-use-authorization-declaration) (<https://www.federalregister.gov/documents/2020/04/01/2020-06905/emergency-use-authorization-declaration>) (March 27, 2020)

Related information: [FDA Combating COVID-19 With Therapeutics](https://www.fda.gov/media/136832/download) (<https://www.fda.gov/media/136832/download>) (PDF, 610 KB)

COVID-19 EUA FAERS Public Dashboard

The dashboard provides weekly updates of adverse event reports submitted to FAERS for drugs and therapeutic biological products used under EUA during the COVID-19 public health emergency. After launching the [FAERS Public Dashboard \(/drugs/questions-and-answers-fdas-adverse-event-reporting-system-faers/fda-adverse-event-reporting-system-faers-public-dashboard\)](#), click on the COVID-19 EUA link at the top of the home page to open the COVID-19 EUA FAERS Public Dashboard.

Federal Register notices:

- [Authorizations and Revocation of Emergency Use of Drugs During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2020/09/11/2020-20041/authorizations-and-revocation-of-emergency-use-of-drugs-during-the-covid-19-pandemic-availability) (<https://www.federalregister.gov/documents/2020/09/11/2020-20041/authorizations-and-revocation-of-emergency-use-of-drugs-during-the-covid-19-pandemic-availability>) (September 11, 2020)
 - FDA announced issuance of four authorizations for the emergency use of drugs during the COVID-19 pandemic and one revocation. On March 28, 2020, FDA issued an EUA to BARDA for oral formulations of chloroquine phosphate and hydroxychloroquine sulfate, subject to the terms of the Authorization. On April 30, 2020, FDA issued an EUA to Fresenius Medical Care for multiFiltrate PRO System and multiBic/multiPlus Solutions, subject to the terms of the authorization. On May 1, 2020, FDA issued an EUA to Gilead Sciences, Inc. for remdesivir, subject to the terms of the authorization. On May 8, 2020, FDA issued an EUA to Fresenius Kabi USA, LLC for Fresenius Propoven 2% Emulsion, subject to the terms of the authorization. FDA revoked the EUA for BARDA's oral formulations of chloroquine phosphate and hydroxychloroquine sulfate on March 28, 2020.
- [Authorizations of Emergency Use of Certain Drug and Biological Products During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2021/02/19/2021-03429/authorizations-of-emergency-use-of-certain-drug-and-biological-products-during-the-covid-19-pandemic) (<https://www.federalregister.gov/documents/2021/02/19/2021-03429/authorizations-of-emergency-use-of-certain-drug-and-biological-products-during-the-covid-19-pandemic>) (February 19, 2021)
 - FDA announced issuance of five authorizations for the emergency use of drug and biological products during the COVID-19 pandemic. On August 13, 2020, FDA issued an EUA to Baxter for REGIOCIT, subject to the terms of the authorization. On August 23, 2020, FDA issued an EUA to ASPR/HHS for COVID-19 convalescent plasma, subject to the terms of the authorization. On November 9, 2020, FDA issued an EUA to Eli Lilly and Company for bamlanivimab, subject to the terms of the authorization (technical correction on November 10, 2020). On November 19, 2020, FDA issued an EUA to Eli Lilly and Company for OLUMIANT (baricitinib), for use in combination with VEKLURY (remdesivir), subject to the terms of the authorization. On November 21, 2020, FDA issued an EUA to Regeneron Pharmaceuticals, Inc. for casirivimab and imdevimab, administered together, subject to the terms of the authorization.
- [Authorization and Revocation of Emergency Use of Drugs During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2021/06/23/2021-13183/authorization-and-revocation-of-emergency-use-of-drugs-during-the-covid-19-pandemic-availability) (<https://www.federalregister.gov/documents/2021/06/23/2021-13183/authorization-and-revocation-of-emergency-use-of-drugs-during-the-covid-19-pandemic-availability>) (June 23, 2021)
 - FDA announced the issuance of an EUA for a drug for use during the COVID-19 pandemic. FDA issued the Authorization under the Federal Food, Drug, and Cosmetic Act (FD&C Act), as requested by B. Braun Melsungen AG. The authorization contains, among other things, conditions on the emergency use of the authorized drug. FDA also announced the revocation of the authorization issued to Eli Lilly and Company for bamlanivimab alone. FDA revoked this authorization on April 16, 2021. Reprinted in this document is the issuance of the Authorization and the revocation, which include an explanation of the reasons for issuance or revocation.
- [Authorizations of Emergency Use of Certain Biological Products During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2021/08/05/2021-16705/authorizations-of-emergency-use-of-certain-biological-products-during-the-covid-19-pandemic) (<https://www.federalregister.gov/documents/2021/08/05/2021-16705/authorizations-of-emergency-use-of-certain-biological-products-during-the-covid-19-pandemic>) (August 5, 2021)
 - FDA announced the issuance of two authorizations for biological products for use during the COVID-19 pandemic. On May 26, 2021, FDA issued an EUA to GlaxoSmithKline LLC for sotrovimab, subject to the terms of the authorization. On June 24, 2021, FDA issued an EUA to Genentech, Inc. for ACTEMRA (tocilizumab), subject to the terms of the authorization.

- [Authorizations of Emergency Use of Certain Drugs and Biological Products During the COVID-19 Pandemic; Availability](https://www.federalregister.gov/documents/2022/02/04/2022-02359/authorizations-of-emergency-use-of-certain-drugs-and-biological-products-during-the-covid-19) (<https://www.federalregister.gov/documents/2022/02/04/2022-02359/authorizations-of-emergency-use-of-certain-drugs-and-biological-products-during-the-covid-19>) (February 4, 2022)
 - FDA announced the issuance of three EUAs for use during the COVID-19 pandemic. FDA issued one authorization for a biological product as requested by AstraZeneca Pharmaceuticals LP (AZ) (December 8, 2021), one authorization for a drug product as requested by Pfizer, Inc. (Pfizer) (December 22, 2021), and one authorization for a drug product as requested by Merck Sharp & Dohme Corp. (Merck) (December 23, 2021).

Office of the Assistant Secretary for Preparedness and Response (ASPR) Important Updates: **COVID-19 Therapeutics**
<https://www.phe.gov/emergency/events/COVID19/therapeutics/Pages/updates.aspx>

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Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use ¹	Fact Sheets and Manufacturer Instructions/ Package Insert (PDF)
+ 12/23/2021	Molnupiravir (/media/155053/download) (411KB)	Molnupiravir is authorized for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults with positive results of direct SARS-CoV-2 viral testing who are at high risk for progressing to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.	Healthcare Providers (/media/155054/download) (578KB) <ul style="list-style-type: none"> • Spanish (/media/155114/download) (1.04MB) Patients, Parents, and Caregivers (/media/155055/download) (144KB) <ul style="list-style-type: none"> • Spanish (/media/155115/download) (271KB) Dear Healthcare Provider Letter (/media/155101/download) (166KB) Frequently Asked Questions on the Emergency Use Authorization of Molnupiravir (/media/155056/download) (227KB) Prescriber Checklist for Molnupiravir (/media/155118/download) (180KB) CDER Scientific Review Documents Supporting EUA (https://www.fda.gov/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use ¹	Fact Sheets and Manufacturer Instructions/ Package Insert (PDF)
+ 12/22/2021	Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) (/media/155049/download) (359KB)	Paxlovid is authorized for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.	Healthcare Providers (/media/155050/download) (613KB) Patients, Parents, and Caregivers (/media/155051/download) (231KB) <ul style="list-style-type: none"> Spanish (/media/155075/download) (166KB) Dear Healthcare Provider Letter (/media/155071/download) (560KB) Important Dispensing Information for Patients with Moderate Renal Impairment (/media/155072/download) (476KB) Frequently Asked Questions on the Emergency Use Authorization for Paxlovid (/media/155052/download) (203KB) CDER Scientific Review Documents Supporting EUA (https://www.fda.gov/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)
+ 12/08/2021	Evusheld (tixagevimab co-packaged with cilgavimab) (/media/154704/download) (287KB) (reissued December 20, 2021)	<p>For emergency use as pre-exposure prophylaxis for prevention of COVID-19 in adults and pediatric individuals (12 years of age and older weighing at least 40 kg):</p> <ul style="list-style-type: none"> Who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 and <ul style="list-style-type: none"> Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination or For whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction (e.g., severe allergic reaction) to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s). 	Healthcare Providers (/media/154701/download) (640KB) <ul style="list-style-type: none"> Spanish (/media/155073/download) (436KB) Patients, Parents, and Caregivers (/media/154702/download) (165KB) <ul style="list-style-type: none"> Spanish (/media/155196/download) (320KB) Frequently Asked Questions on the Emergency Use Authorization for Evusheld (/media/154703/download) (324KB) CDER Scientific Review Documents Supporting EUA (https://www.fda.gov/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)
+ 06/24/2021	Actemra (Tocilizumab (/media/150319/download)) (107KB)	For the treatment of COVID-19 in hospitalized adults and pediatric patients (2 years of age and older) who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).	Healthcare Providers (/media/150321/download) (231KB) Patients, Parents, and Caregivers (/media/150320/download) (47KB) Frequently Asked Questions on the Emergency Use Authorization of Actemra (Tocilizumab) (/media/150345/download) (128KB) CDER Scientific Review Documents Supporting EUA (/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use ¹	Fact Sheets and Manufacturer Instructions/ Package Insert (PDF)
+ 05/26/2021	<p>Sotrovimab (/media/149532/download) (386KB) (reissued October 8, 2021 and December 16, 2021)</p> <p>Letter Granting EUA Amendment (/media/155097/download) (December 22, 2021) (161KB)</p>	For the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.	<p>Healthcare Providers (/media/149534/download) (493KB) (updated December 22, 2021)</p> <ul style="list-style-type: none"> Spanish (/media/154377/download) (770KB, November 3, 2021) <p>Patients, Parents, and Caregivers (/media/149533/download) (134KB) (updated November 3, 2021)</p> <ul style="list-style-type: none"> Spanish (/media/154376/download) (122KB, November 3, 2021) <p>Frequently Asked Questions on the Emergency Use Authorization of Sotrovimab (/media/149535/download) (288KB) (updated October 19, 2021)</p> <p>CDER Scientific Review Documents Supporting EUA (/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)</p>
+ 03/12/2021	<p>Propofol-Lipuro 1% (/media/146680/download) (344KB)</p> <p>Letter Granting EUA Amendment (/media/154895/download) (December 16, 2021) (188KB)</p>	To maintain sedation via continuous infusion in patients greater than age 16 with suspected or confirmed COVID-19 who require mechanical ventilation in an ICU setting. ²	<p>Healthcare Providers (/media/146681/download) (446KB)</p> <p>Patients, Parents, and Caregivers (/media/146682/download) (190KB)</p>
+ 02/09/2021	<p>Bamlanivimab and Etesevimab (/media/145801/download) (900KB) (Reissued February 25, 2021, August 27, 2021, September 16, 2021, December 3, 2021, December 22, 2021 and January 24, 2022)</p> <p>ASPR and FDA Statement on Shelf-Life Extension of Bamlanivimab and Etesevimab (https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab-etesevimab/Pages/shelf-life-extension-bamlanivimab-21Dec2021.aspx) (December 21, 2021)</p> <p>Important updates about bamlanivimab/etesevimab (https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab-etesevimab/Pages/default.aspx) (ASPR)</p>	<p>Due to the high frequency of the Omicron variant, bamlanivimab and etesevimab are <u>not</u> currently authorized in any U.S. region. Therefore, these drugs may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency.</p> <p>Bamlanivimab and etesevimab administered together for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.</p>	<p>Healthcare Providers (/media/145802/download) (1.75MB) (updated January 24, 2022)</p> <p>Patients, Parents, and Caregivers (/media/145803/download) (157KB) (updated December 3, 2021)</p> <ul style="list-style-type: none"> Spanish (/media/148713/download) (158KB) (updated September 16, 2021) <p>Frequently Asked Questions on the Emergency Use Authorization for Bamlanivimab and Etesevimab (/media/145808/download) (312KB) (updated January 31, 2022)</p> <p>CDER Scientific Review Documents Supporting EUA (/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)</p>

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use ¹	Fact Sheets and Manufacturer Instructions/ Package Insert (PDF)
+ 11/21/2020	<p>REGEN-COV (Casirivimab and Imdevimab) (/media/145610/download) (1.03MB) (Reissued February 3, 2021, February 25, 2021, June 3, 2021, July 30, 2021, September 9, 2021, November 17, 2021 and January 24, 2022)</p>	<p>Due to the high frequency of the Omicron variant, REGEN-COV is <u>not</u> currently authorized in any U.S. region. Therefore, REGEN-COV may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency.</p> <p>Casirivimab and imdevimab to be administered together for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.</p>	<p>Healthcare Providers (/media/145611/download) (1.74MB) (updated January 24, 2022)</p> <ul style="list-style-type: none"> Spanish (/media/151403/download) (1.03MB) <p>Patients, Parents, and Caregivers (/media/145612/download) (147KB) (updated July 30, 2021)</p> <ul style="list-style-type: none"> Spanish (/media/151404/download) (247KB) <p>Dear Healthcare Provider Letter (/media/143901/download) (435KB) (updated September 16, 2021)</p> <p>Statement on Post-Exposure Prophylaxis (/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-monoclonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19) (July 30, 2021)</p> <p>Frequently Asked Questions on the Emergency Use Authorization of REGEN-COV (Casirivimab and Imdevimab) (/media/143894/download) (311KB) (updated January 31, 2022)</p> <p>CDER Scientific Review Documents Supporting EUA (/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)</p> <p>Quick Reference Guide for Co-Packaged REGEN-COV (/media/152051/download) (38KB) (September 16, 2021)</p>
+ 11/19/2020	<p>Baricitinib (Olumiant) (/media/143822/download) (Revised December 20, 2021)</p>	<p>For emergency use by healthcare providers for the treatment COVID-19 in hospitalized adults and pediatric patients 2 years of age or older requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).</p>	<p>Healthcare Providers (/media/143823/download) (Updated December 20, 2021)(321KB)</p> <p>Patients, Parents, and Caregivers (/media/143824/download) (Updated July 28, 2021) (55KB)</p> <p>Frequently Asked Questions on the Emergency Use Authorization for Olumiant (baricitinib) for Treatment COVID-19 (/media/143825/download) (270KB) (Updated July 28, 2021)</p> <p>CDER Scientific Review Documents Supporting EUA (/drugs/coronavirus-covid-19-drugs/cder-scientific-review-documents-supporting-emergency-use-authorizations-drug-and-biological)</p>
+ 08/23/2020	<p>COVID-19 convalescent plasma (/media/141477/download) (365KB) (Reissued February 23, 2021, March 9, 2021 and December 28, 2021)</p> <p>Letter Granting EUA Amendment (/media/149803/download) (June 2, 2021) (107KB)</p>	<p>COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease or receiving immunosuppressive treatment, in inpatient or outpatient settings.</p>	<p>Healthcare Providers (/media/141478/download) (Updated December 28, 2021) (192KB)</p> <p>Patients and Parents/ Caregivers (/media/141479/download) (Updated December 28, 2021) (151KB)</p> <p>Decision Memorandum (/media/141480/download) (166KB)</p> <p>Decision Memorandum (/media/155159/download) (December 27, 2021) (242KB)</p>

Date of First EUA Issuance	Most Recent Letter of Authorization (PDF)	Authorized Use ¹	Fact Sheets and Manufacturer Instructions/ Package Insert (PDF)
+ 08/13/2020	REGIOCIT replacement solution that contains citrate for regional citrate anticoagulation (RCA) of the extracorporeal circuit (/media/141168/download) (92KB)	To be used as a replacement solution only in adult patients treated with continuous renal replacement therapy (CRRT), and for whom regional citrate anticoagulation is appropriate, in a critical care setting	Healthcare Providers (/media/141170/download) (108KB) Patients and Caregivers (/media/141172/download) (52KB) REGIOCIT package insert for EUA (/media/141186/download) (140KB)
+ 05/08/2020	Fresenius Kabi Propoven 2% (/media/137888/download) (209KB)	To maintain sedation via continuous infusion in patients older than age 16 with suspected or confirmed COVID-19 who require mechanical ventilation in an ICU setting ²	Healthcare Providers (/media/137889/download) (288KB) Patients and Parent/Caregivers (/media/137890/download) (39KB) Propoven 2% Wall Chart (/media/137891/download) (2.4MB)
+ 05/01/2020	Remdesivir for Certain COVID-19 Patients (/media/137564/download) (991KB) (Reissued August 28, 2020, October 1, 2020, October 22, 2020, and January 21, 2022)	<p>Authorized for emergency use for the treatment of COVID-19 in pediatric patients weighing 3.5 kg to less than 40 kg or pediatric patients less than 12 years of age and weighing at least 3.5 kg with positive results of direct SARS-CoV-2 viral testing and who 1) are hospitalized, or 2) are not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.</p> <p>Approved for the treatment of COVID-19 in adults and pediatric patients (12 years of age and older and weighing at least 40 kg) and who 1) are hospitalized, or 2) are not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.</p> <p>For additional information, also see: FDA's approval of Veklury (remdesivir) for the treatment of COVID-19 – The Science of Safety and Effectiveness (/drugs/news-events-human-drugs/fdas-approval-veklury-remdesivir-treatment-covid-19-science-safety-and-effectiveness)</p>	Healthcare Providers (/media/137566/download) (1.49MB) Parents and Caregivers (/media/137565/download) (441KB) <ul style="list-style-type: none"> Spanish (/media/139460/download) (101KB) Dear Healthcare Provider Letter (/media/155624/download) (1.25MB) (updated January 21, 2022) Frequently Asked Questions for Veklury (remdesivir) (/media/137574/download) (839KB) (Updated January 21, 2022) <ul style="list-style-type: none"> Spanish (/media/138804/download) (195KB)
+ 04/30/2020	Fresenius Medical, multiFiltrate PRO System and multiBic/multiPlus Solutions (/media/137520/download) (171KB) ³ [also listed under Medical Device EUAs]	To provide continuous renal replacement therapy (CRRT) to treat patients in an acute care environment during the COVID-19 pandemic.	Healthcare Providers (/media/137522/download) (135KB) Patients (/media/137521/download) (125KB) Instructions for Use, Bloodline/ Tubing (/media/137523/download) (83KB) Instructions for Use, UltraFlux (/media/137527/download) (147KB) Instructions for Use, multiFiltratePRO (/media/137528/download) (15.07MB) Summary of Product Characteristics (SmPC) (/media/137524/download) (308KB) Instructions for Use, MultiPlus (/media/137526/download) (110KB)

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¹ The virus that causes COVID-19 has led to an increased number of patients requiring critical care, such as with severe respiratory illness. As a result, there is a shortage of adequate, FDA-approved drugs used for their treatment, such as propofol for sedation of mechanically ventilated patients.

² In the circumstances of this public health emergency, it would not be feasible to require healthcare providers to seek to limit Fresenius Propoven 2% Emulsion or Propofol-Lipuro 1% only to be used for patients with suspected or confirmed COVID-19; therefore, this authorization does not limit use to such patients.

³ The multiBic/multiPlus Solutions include multiBic dialysate and replacement fluid and multiPlus dialysate. The multiBic replacement fluid is regulated as a drug by CDER. The multiFiltrate PRO System, multiBic dialysate and the multiPlus dialysate solutions are regulated as devices by CDRH.

Information About COVID-19 EUAs for Medical Devices

Information about COVID-19 EUAs for medical devices can be found below and at: **[Coronavirus Disease 2019 \(COVID-19\) Emergency Use Authorizations for Medical Devices \(/medical-devices/emergency-use-authorizations-medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices\)](#)**.

On February 4, 2020 (<https://www.federalregister.gov/documents/2020/02/07/2020-02496/determination-of-public-health-emergency>), the Secretary determined pursuant to section 564 of the FD&C Act that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad and that involves a novel (new) coronavirus (nCoV) first detected in Wuhan City, Hubei Province, China in 2019 (2019-nCoV).

On the basis of this determination, the HHS Secretary issued three declarations related to medical devices:

- **Determination of Public Health Emergency** (<https://www.federalregister.gov/documents/2020/02/07/2020-02496/determination-of-public-health-emergency>) (effective February 4, 2020), and declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19
- **Emergency Use Declaration** (<https://www.federalregister.gov/documents/2020/03/10/2020-04823/emergency-use-declaration>) (effective March 2, 2020), that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the COVID-19 outbreak
- **Emergency Use Authorization Declaration** (<https://www.federalregister.gov/documents/2020/03/27/2020-06541/emergency-use-authorization-declaration>) (effective March 24, 2020), that circumstances exist justifying the authorization of emergency use of medical devices, including alternative products used as medical devices, due to shortages during the COVID-19 outbreak

For identification of the applicable declaration for each EUA, please see each EUA letter of authorization and/or the corresponding Federal Register notice.

Related information: **FDA Combating COVID-19 With Medical Devices** (<https://www.fda.gov/media/136702/download>) (PDF, 708 KB)

In Vitro Diagnostics

Please see the page [In Vitro Diagnostics EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas\)](#) for information about in vitro diagnostics EUAs, including templates.

For current SARS-CoV-2 in vitro diagnostic EUAs, see:

- **Molecular Diagnostic Tests for SARS-CoV-2** ([/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-molecular-diagnostic-tests-sars-cov-2](#))
- **Antigen Diagnostic Tests for SARS-CoV-2** ([/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2](#))
- **Serology and Other Adaptive Immune Response Tests for SARS-CoV-2** ([/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-serology-and-other-adaptive-immune-response-tests-sars-cov-2](#))
- **IVDs for Management of COVID-19 Patients** ([/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-ivds-management-covid-19-patients](#))

On February 29, 2020, the FDA issued an immediately in effect guidance ([/regulatory-information/search-fda-guidance-documents/policy-coronavirus-disease-2019-tests-during-public-health-emergency-revised](#)) with policy specific to development of in vitro diagnostic tests during this public health emergency. This guidance was updated on March 16, 2020, May 4, 2020, and May 11, 2020.

CDC has granted a right of reference to the performance data contained in CDC's EUA (FDA submission number EUA200001) to any

entity seeking an FDA EUA for a COVID-19 diagnostic device.

[Templates for these EUA submissions \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas\)](#) are available to help facilitate the preparation, submission, and authorization of an EUA.

For additional information, see [FAQs on Diagnostic Testing for SARS-CoV-2 \(/medical-devices/coronavirus-covid-19-and-medical-devices/faqs-testing-sars-cov-2\)](#), [EUA Authorized Serology Test Performance \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/eua-authorized-serology-test-performance\)](#), and [CLIA and University Laboratory Testing FAQ \(https://www.cms.gov/files/document/clia-university-lab-testing.pdf\)](#) (CMS).

Molecular SARS-CoV-2 Diagnostic Tests for COVID-19 that have been granted a De Novo, 510(k) clearance or PMA

BioFire Respiratory Panel 2.1 (RP2.1) - On March 17, 2021, FDA granted the first marketing authorization using the De Novo review pathway for the [BioFire Respiratory Panel 2.1 \(RP2.1\) \(https://www.accessdata.fda.gov/cdrh_docs/pdf20/DEN200031.pdf\)](#) (PDF, 630 KB). The BioFire RP2.1 is for the simultaneous qualitative detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory tract infections, including COVID-19. *Also see the FDA news release: [FDA Permits Marketing of First SARS-CoV-2 Diagnostic Test Using Traditional Premarket Review Process \(/news-events/press-announcements/fda-permits-marketing-first-sars-cov-2-diagnostic-test-using-traditional-premarket-review-process\)](#). With granting of the De Novo for the BioFire RP2.1, the FDA revoked the EUA (/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information) for this device, which was initially authorized for emergency use in May 2020.*

The BioFire Respiratory Panel 2.1 (RP2.1) was reviewed under the De Novo premarket review pathway ([/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/de-novo-classification-request](#)), a regulatory pathway for low-to-moderate-risk devices of a new type. Along with this De Novo authorization, the FDA is establishing criteria, called special controls, that define the requirements related to labeling and performance testing. When met, the special controls, in combination with general controls, provide a reasonable assurance of safety and effectiveness for tests of this type. This action also creates a new regulatory classification, which means that subsequent devices of the same type with the same intended use may go through the FDA's 510(k) pathway, whereby devices can obtain clearance by demonstrating substantial equivalence to a predicate device.

BioFire COVID-19 Test 2 - On November 1, 2021, FDA cleared the first 510(k) for a COVID-19 test, the [BioFire COVID-19 Test 2 \(https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K211079\)](#) from BioFire Defense, LLC. The test, which has been offered under an EUA since March 2020, is the second SARS-CoV-2 diagnostic test granted marketing authorization that permits the test to be marketed beyond the public health emergency. The BioFire COVID-19 Test 2 is a molecular diagnostic test that detects SARS-CoV-2 in nasopharyngeal swab samples (where the sample is taken from deep inside the nose, reaching the back of the throat), in people with symptoms who are suspected of COVID-19 by their health care provider.

Personal Protective Equipment (PPE)

Please see the page [Personal Protective Equipment EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas\)](#) for current EUAs.

For additional information, see [Recent Final Medical Device Guidance Documents \(/medical-devices/guidance-documents-medical-devices-and-radiation-emitting-products/recent-final-medical-device-guidance-documents\)](#), and [Non-NIOSH Approved Respirator FAQ \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/faqs-euas-non-niosh-approved-respirators-during-covid-19-pandemic\)](#).

See Revoked EUAs for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators and Decontamination and Bioburden Reduction Systems below for information about June 30, 2021 EUA revocations.

Other Medical Device EUAs

Please see the following pages for EUA templates and additional information about other types of medical device EUAs for COVID-19:

- [Blood Purification Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/blood-purification-devices-euas\)](#)

- [Continuous Renal Replacement Therapy and Hemodialysis Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/continuous-renal-replacement-therapy-and-hemodialysis-devices-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/continuous-renal-replacement-therapy-and-hemodialysis-devices-euas)
- [Infusion Pump EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/infusion-pump-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/infusion-pump-euas)
- [Remote or Wearable Patient Monitoring Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/remote-or-wearable-patient-monitoring-devices-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/remote-or-wearable-patient-monitoring-devices-euas)
- [Respiratory Assist Devices EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/respiratory-assist-devices-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/respiratory-assist-devices-euas)
- [Ventilators and Ventilator Accessories EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/ventilators-and-ventilator-accessories-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/ventilators-and-ventilator-accessories-euas)
- [Other Medical Device EUAs \(/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/other-medical-device-euas\)](/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/other-medical-device-euas)

Revoked EUAs for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators (FFRs) and Decontamination and Bioburden Reduction Systems

On June 30, 2021, the FDA announced (</news-events/press-announcements/fda-brief-fda-revokes-emergency-use-authorizations-certain-respirators-and-decontamination-systems>) the revocation of the following EUAs:

- [Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators \(https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/revoked-euas-non-niosh-approved-disposable-filtering-facepiece-respirators#imported\)](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/revoked-euas-non-niosh-approved-disposable-filtering-facepiece-respirators#imported) (effective July 6, 2021)
- [Non-NIOSH-Approved Disposable Filtering Facepiece Respirators Manufactured in China \(https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/revoked-euas-non-niosh-approved-disposable-filtering-facepiece-respirators#china\)](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/revoked-euas-non-niosh-approved-disposable-filtering-facepiece-respirators#china) (effective July 6, 2021)
- [Decontamination and Bioburden Reduction System EUAs for Personal Protective Equipment \(https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/historical-information-about-device-emergency-use-authorizations#decontamination\)](https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/historical-information-about-device-emergency-use-authorizations#decontamination) (effective June 30, 2021)

As of the effective date of the revocations, these devices will no longer be authorized for use by health care personnel in health care settings.

For additional information, please see [Update: FDA No Longer Authorizes Use of Non-NIOSH-Approved or Decontaminated Disposable Respirators - Letter to Health Care Personnel and Facilities \(/medical-devices/letters-health-care-providers/update-fda-no-longer-authorizes-use-non-niosh-approved-or-decontaminated-disposable-respirators\)](/medical-devices/letters-health-care-providers/update-fda-no-longer-authorizes-use-non-niosh-approved-or-decontaminated-disposable-respirators).

Historical information regarding these EUAs can be found on [Historical Information about Device Emergency Use Authorizations \(/medical-devices/emergency-use-authorizations-medical-devices/historical-information-about-device-emergency-use-authorizations\)](/medical-devices/emergency-use-authorizations-medical-devices/historical-information-about-device-emergency-use-authorizations) and [Emergency Use Authorization--Archived Information \(/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information\)](/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information).

Medical Device Federal Register notices

- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability \(https://www.federalregister.gov/documents/2020/06/05/2020-12117/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability\)](https://www.federalregister.gov/documents/2020/06/05/2020-12117/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability) (through April 10, 2020)
- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability \(https://www.federalregister.gov/documents/2020/07/14/2020-15137/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability\)](https://www.federalregister.gov/documents/2020/07/14/2020-15137/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability) (April 11, 2020- May 15, 2020)
- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability \(https://www.federalregister.gov/documents/2020/11/20/2020-25603/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability\)](https://www.federalregister.gov/documents/2020/11/20/2020-25603/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability) (May 15, 2020- September 14, 2020)
- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability \(https://www.federalregister.gov/documents/2021/04/23/2021-08467/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability\)](https://www.federalregister.gov/documents/2021/04/23/2021-08467/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability)

[availability](#)) (September 15, 2020 - February 15, 2021)

- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability](https://www.federalregister.gov/documents/2021/07/23/2021-15680/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability) (<https://www.federalregister.gov/documents/2021/07/23/2021-15680/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability>) (February 16, 2021- May 31, 2021)
- [Authorization of Emergency Use of Certain Medical Devices During COVID-19; Availability](https://www.federalregister.gov/documents/2021/10/28/2021-23501/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability) (<https://www.federalregister.gov/documents/2021/10/28/2021-23501/authorization-of-emergency-use-of-certain-medical-devices-during-covid-19-availability>) (June 1, 2021 - September 10, 2021)
- Revocation notices for EUAs are made available on the [EUA archive page](#) (</emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information>)

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Other Current EUAs

The tables below provide information on current EUAs:

- [Anthrax EUAs](#)
- [Ebola Virus EUA Information](#)
- [Enterovirus D68 \(EV-D68\) EUA Information](#)
- [Freeze Dried Plasma Information](#)
- [H7N9 Influenza EUA Information](#)
- [Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) EUA Information](#)
- [Nerve Agent EUA Information](#)
- [Zika Virus EUA Information](#)

Information about EUAs that are no longer in effect is available on our [EUA archive page](#) (</emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information>).

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Anthrax EUAs

The 2016 FDA [Doxycycline Emergency Dispensing Order](#) (</emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-dispensing-orders#doxy>) and CDC [Doxycycline Emergency Use Instructions \(EUI\)](#) (</emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-dispensing-orders#doxy>) together replace the need for the doxycycline mass dispensing EUA (issued on July 21, 2011). Therefore, the doxycycline emergency dispensing order and EUI should be used by stakeholders for anthrax preparedness and response instead of the mass dispensing EUA.

The July 21, 2011, doxycycline mass dispensing EUA, and the October 14, 2011, National Postal Model anthrax EUA will be terminated by FDA, and notice of such termination will be published in the *Federal Register*. For additional information, see [Emergency Use Authorization--Archived Information](#) (</emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization-archived-information>).

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Ebola Virus EUA Information

[Ebola preparedness and response updates from FDA](/emergency-preparedness-and-response/mcm-issues/ebola-preparedness-and-response-updates-fda) (</emergency-preparedness-and-response/mcm-issues/ebola-preparedness-and-response-updates-fda>) (all agency activities)

For more information about the diagnostics below, also see [Emergency Use Authorizations](#) (</about-fda/page-not->

found) (current device EUAs).

Ebola Diagnostic Tests with De Novo, 510(k) or PMA

- **OraQuickEbola Rapid Antigen Test** (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/denovo.cfm?ID=DEN190025>)- On October 10, 2019, FDA allowed marketing (https://www.accessdata.fda.gov/cdrh_docs/pdf19/DEN190025.pdf) (PDF, 255 KB) of a rapid diagnostic test (RDT) to detect Ebola virus antigens (proteins) in human blood from certain living individuals and samples from certain recently deceased individuals suspected to have died from Ebola (cadaveric oral fluid). The OraQuick Ebola Rapid Antigen Test is the first rapid diagnostic test the FDA has allowed to be marketed in the U.S. for Ebola virus disease (EVD). The test provides a rapid, presumptive diagnosis that must be confirmed. Also see the FDA news release: *FDA allows marketing of first rapid diagnostic test for detecting Ebola virus antigens* ([/news-events/press-announcements/fda-allows-marketing-first-rapid-diagnostic-test-detecting-ebola-virus-antigens](#)).

The OraQuick Ebola Test was reviewed under the De Novo premarket review pathway ([/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/de-novo-classification-request](#)), a regulatory pathway for low-to-moderate-risk devices of a new type. Along with this marketing authorization, the FDA is establishing criteria, called special controls, that determine the requirements for demonstrating accuracy, reliability and effectiveness of tests intended to identify Ebola virus antigens. These special controls, when met along with general controls, provide a reasonable assurance of safety and effectiveness for tests of this type. This action also creates a new regulatory classification, which means that subsequent devices of the same type with the same intended use may go through the FDA's 510(k) pathway, whereby devices can obtain clearance by demonstrating substantial equivalence to a predicate device.

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)
EZ1 Real-time RT-PCR Assay (DoD)	August 5, 2014 (initial issuance) October 10, 2014 (reissuance)	Authorization (/media/89984/download) (PDF, 61 KB)	FR notice (https://www.federalregister.gov/articles/2014/09/17/2014-22086/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-ebola-zaire-virus)	<ul style="list-style-type: none">• Healthcare (/media/89986/download) (PDF, 58 KB)• Patients (/media/89988/download) (PDF, 59 KB)• Instruction Booklet (/media/89989/download) (PDF, 1.1 MB)	Declaration Regarding Emergency Use of In Vitro Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	
CDC Ebola Virus NP Real-time RT-PCR Assay (CDC)	October 10, 2014 (initial issuance) March 2, 2015 (reissuance) October 8, 2019 (amended)	Authorization (/media/91083/download) (PDF, 282 KB) Letter granting EUA amendment(s) (/media/131606/download) (PDF, 134 KB)	FR notice (https://www.federalregister.gov/articles/2014/12/24/2014-30108/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-zaire-virus)	<ul style="list-style-type: none">• Healthcare (/media/91087/download) (PDF, 207 KB)• Patients (/media/91092/download) (PDF, 149 KB)• Instructions for Use (/media/91097/download) (PDF, 496 KB)	Declaration Regarding Emergency Use of In Vitro Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	

CDC Ebola Virus VP40 Real-time RT-PCR Assay (CDC)	October 10, 2014 (initial issuance) March 2, 2015 (reissuance) October 8, 2019 (amended)	Authorization (/media /91105 /download) (PDF, 285 KB) Letter granting EUA amendment(s) (PDF, 135 KB) (/media /131605 /download)	FR notice (https://www.federalregister.gov/articles/2014/12/24/2014-30108/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-zaire-virus)	<ul style="list-style-type: none"> • Healthcare (/media /91111/download) (PDF, 207 KB) • Patients (/media /91118/download) (PDF, 149 KB) • Instructions for Use (/media/91142 /download) (PDF, 494 KB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	
FilmArray NGDS BTE Assay (Biofire Defense, LLC)	October 25, 2014 (initial issuance) March 2, 2015 (reissuance)	Authorization (/media /91070 /download) (PDF, 326 KB) Letter granting EUA amendment(s) (PDF, 152 KB) (/media /132517 /download)	FR notice (https://www.federalregister.gov/articles/2015/02/09/2015-02467/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-virus)	<ul style="list-style-type: none"> • Healthcare (/media /91149/download) (PDF, 40 KB) • Patients (/media /91153/download) (PDF, 40 KB) • Instructions for Use (/media/91077 /download) (PDF, 740 KB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	
FilmArray Biothreat-E test (Biofire Defense, LLC)	October 25, 2014 November 12, 2019 (amended)	Authorization (/media /89580 /download) (PDF, 73 KB) Letter granting EUA amendment(s) (PDF, 152 KB) (/media /132517 /download)	FR notice (https://www.federalregister.gov/articles/2015/02/09/2015-02467/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-virus)	<ul style="list-style-type: none"> • Healthcare (/media /89585/download) (PDF, 227 KB) • Patients (/media /89604/download) (PDF, 191 KB) • Instructions for Use (/media/89614 /download) (PDF, 1.6 MB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	
RealStar Ebolavirus RT-PCR Kit 1.0 (Altona Diagnostics, GmbH)	November 10, 2014 (initial issuance) November 26, 2014 (reissuance)	Authorization (/media /123410 /download) (PDF, 263 KB) Letter granting EUA amendment(s) (PDF, 152 KB) (/media /132517 /download)	FR notice (https://www.federalregister.gov/articles/2015/02/09/2015-02467/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-virus)	<ul style="list-style-type: none"> • Healthcare (/media /120428/download) (PDF, 81 KB) • Patients (/media /120429/download) (PDF, 92 KB) • Instructions for Use (/media/120430 /download) (PDF, 797 KB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	
LightMix Ebola Zaire rRT-PCR Test (Roche Molecular Systems, Inc.)	December 23, 2014	Authorization (/media /120431 /download) (PDF, 2.2 MB) Letter granting EUA amendment(s) (PDF, 152 KB) (/media /132517 /download)	FR notice (https://www.federalregister.gov/articles/2015/03/17/2015-06039/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-ebola-zaire-virus)	<ul style="list-style-type: none"> • Healthcare (/media /120432/download) (PDF, 59 KB) • Patients (/media /120433/download) (PDF, 60 KB) • Instructions for Use (/about-fda/page-not-found) (PDF, 328 KB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov/articles/2014/08/12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)	

Xpert Ebola Assay (Cepheid)	March 23, 2015	Authorization (/media /91315 /download) (PDF, 240 KB)	FR notice (https://www.federalregister.gov /articles/2015/06 /05/2015-13699/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-ebola-virus)	<ul style="list-style-type: none"> • Healthcare (/media /91934/download) (PDF, 310 KB) • Patients (/media /91939/download) (PDF, 211 KB) • Instructions for Use (/media/91944 /download) (PDF, 625 KB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov /articles/2014/08 /12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)
Idylla Ebola Virus Triage Test (Biocartis NV)	May 26, 2016	Authorization (/media /98460 /download) (PDF, 321 KB)	FR notice (https://www.federalregister.gov /articles/2016/07 /08/2016-16176/authorizations-of-emergency-use-of-in-vitro-diagnostic-device-for-detection-of-ebola-zaire-virus)	<ul style="list-style-type: none"> • Healthcare (/media /98451 /download)(PDF, 203 KB) • Patients (/media /98442 /download) (PDF, 163 KB) • Instructions for Use (/media/98434 /download) (PDF, 2.1 MB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov /articles/2014/08 /12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)
DPP Ebola Antigen System (Chembio Diagnostic Systems, Inc.)	November 9, 2018 April 2, 2019 (amended)	Authorization (/media /117735 /download) (PDF, 103 KB) Letter Granting EUA Amendment(s) (/media /122553 /download) (PDF, 87 KB)	FR notice (https://www.federalregister.gov /documents/2019/02 /13/2019-02134/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-ebola-virus)	<ul style="list-style-type: none"> • Healthcare (/media /117736 /download)(PDF, 122 KB) • Patients (/media /117737 /download)(PDF, 119 KB) • Instructions for Use (/media/117738 /download) (PDF, 2 MB) 	Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Ebola Virus (https://www.federalregister.gov /articles/2014/08 /12/2014-19026/declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-ebola-virus) (August 4, 2014)

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Enterovirus D68 (EV-D68) EUA Information

For more information about the diagnostics below, also see [Emergency Use Authorizations \(/about-fda/page-not-found\)](#) (current device EUAs).

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)

CDC Enterovirus D68 2014 Real-time RT-PCR Assay (EV-D68 2014 rRT-PCR)	May 12, 2015	Authorization (/media/120425 /download) (PDF, 229 KB)	FR notice (https://www.federalregister.gov/articles/2015/07/01/2015-16125/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-enterovirus-d68)	<ul style="list-style-type: none"> • Healthcare (/media/92008 /download) (PDF, 214 KB) • Patients (/media/120426 /download) (PDF, 150 KB) • Instructions for Use (/media/120427 /download)(PDF, 531 KB) 	Determination and Declaration Regarding Emergency Use of New <i>In Vitro</i> Diagnostics for Detection of Enterovirus D68 (https://www.federalregister.gov/articles/2015/02/27/2015-04121/determination-and-declaration-regarding-emergency-use-of-new-in-vitro-diagnostics-for-detection-of) (February 6, 2015)
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Freeze Dried Plasma Information

Also see FDA News Release: [FDA takes action to support American military personnel by granting an authorization for freeze-dried plasma product to enable broader access while the agency works toward approval of the product](#) ([/news-events/press-announcements/fda-takes-action-support-american-military-personnel-granting-authorization-freeze-dried-plasma](#)) (July 10, 2018)

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)
Pathogen-Reduced Leukocyte-Depleted Freeze Dried Plasma (Centre de Transfusion Sanguine des Armées)	July 9, 2018 (initial issuance) May 8, 2020 (amendment)	Authorization (/media/114282 /download) (PDF, 203 KB) Letter granting EUA amendments (/media/137970 /download) (PDF, 60 KB)	FR notice (https://www.federalregister.gov/documents/2018/08/13/2018-17303/authorization-of-emergency-use-of-a-freeze-dried-plasma-treatment-for-hemorrhage-or-coagulopathy)	<ul style="list-style-type: none"> • Fact Sheet for U.S. Military Medical Personnel (/media/119949 /download) (PDF, 132 KB) • Fact Sheet for Recipients (/media/119948 /download) (PDF, 101 KB) 	Determination by DoD (June 7, 2018) Declaration Regarding Emergency Use of Treatment for Hemorrhage or Coagulopathy During an Emergency Involving Agents of Military Combat (https://www.federalregister.gov/documents/2018/07/31/2018-16331/emergency-use-of-treatment-for-uncontrolled-hemorrhage-due-to-agents-of-military-combat-correction) (July 9, 2018)	

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H7N9 Influenza EUA Information

For more information about the diagnostics below, also see [Emergency Use Authorizations](#) ([/about-fda/page-not-found](#)) (current device EUAs).

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheet and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)

CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel- Influenza A/H7 (Eurasian Lineage) Assay	April 22, 2013 (initial issuance) March 27, 2018 (reissuance)	Authorization (/media /85910 /download) (PDF, 301 KB), re-issued March 27, 2018	FR notice (https://www.federalregister.gov /articles/2013/06 /25/2013-15096/authorization-of-emergency-use-of-an-in-vitro-diagnostic-for-detection-of-the-novel-avian-influenza)	<ul style="list-style-type: none"> • Healthcare (/media /85915 /download) (PDF, 46 KB) • Patients (/media /85446 /download) (PDF, 32 KB) • Instructions for Use (/media /85454 /download) (PDF, 433 KB) 	<p>Determination and Declaration Regarding Emergency Use of <i>in Vitro</i> Diagnostics for Detection of the Avian Influenza A (H7N9) Virus (https://www.federalregister.gov /articles/2013/04 /30/2013-10055/determination-and-declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-the) (April 19, 2013)</p> <p>Additional information from HHS (http://www.phe.gov /emergency /news/healthactions /phe/Pages/H7N9-influenza-virus.aspx)</p>	Pandemic Influenza Medical Countermeasures-Amendment (https://www.federalregister.gov /articles/2015/12 /09/2015-31087/pandemic-influenza-medical-countermeasures-amendment) (The amendment of the October 10, 2008, declaration as amended June 11, 2009, the December 17, 2008, declaration and February 29, 2012, declaration is effective as of January 1, 2016.)
Quidel Lyra Influenza A Subtype H7N9 Assay	February 14, 2014	Authorization (/media /87767 /download) (PDF, 57 KB)	FR notice (https://www.federalregister.gov /articles/2014/04 /17/2014-08706/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-novel-influenza-a)	<ul style="list-style-type: none"> • Healthcare (/media /87775 /download) (PDF, 42 KB) • Patients (/media /87780 /download) (PDF, 40 KB) 	<p>Determination and Declaration Regarding Emergency Use of <i>in Vitro</i> Diagnostics for Detection of the Avian Influenza A (H7N9) Virus (https://www.federalregister.gov /articles/2013/04 /30/2013-10055/determination-and-declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-the) (April 19, 2013)</p> <p>Additional information from HHS (http://www.phe.gov /emergency /news/healthactions /phe/Pages/H7N9-influenza-virus.aspx)</p>	Pandemic Influenza Medical Countermeasures-Amendment (https://www.federalregister.gov /articles/2015/12 /09/2015-31087/pandemic-influenza-medical-countermeasures-amendment) (The amendment of the October 10, 2008, declaration as amended June 11, 2009, the December 17, 2008, declaration and February 29, 2012, declaration is effective as of January 1, 2016.)
A/H7N9 Influenza Rapid Test	April 25, 2014	Authorization (/medical-devices /emergency-situations-medical-devices /ah7n9-influenza-rapid-test-letter-authorization)	FR notice (https://www.federalregister.gov /articles/2014/06 /23/2014-14547/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-novel-influenza-a)	<ul style="list-style-type: none"> • Healthcare (/medical-devices /emergency-situations-medical-devices/fact-sheet-health-care-providers-interpreting-ah7n9-influenza-rapid-test-results) • Patients (/medical-devices /emergency-situations-medical-devices/fact-sheet-patients-understanding-results-ah7n9-influenza-rapid-test) 	<p>Determination and Declaration Regarding Emergency Use of <i>in Vitro</i> Diagnostics for Detection of the Avian Influenza A (H7N9) Virus (https://www.federalregister.gov /articles/2013/04 /30/2013-10055/determination-and-declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of-the) (April 19, 2013)</p> <p>Additional information from HHS (http://www.phe.gov /emergency /news/healthactions /phe/Pages/H7N9-influenza-virus.aspx)</p>	Pandemic Influenza Medical Countermeasures-Amendment (https://www.federalregister.gov /articles/2015/12 /09/2015-31087/pandemic-influenza-medical-countermeasures-amendment) (The amendment of the October 10, 2008, declaration as amended June 11, 2009, the December 17, 2008, declaration and February 29, 2012, declaration is effective as of January 1, 2016.)

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Middle East Respiratory Syndrome Coronavirus (MERS-CoV) EUA Information

For more information about the diagnostics below, also see [Emergency Use Authorizations \(/about-fda/page-not-found\)](#) (current device EUAs).

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)
CDC Novel Coronavirus 2012 Real-time RT-PCR Assay	June 5, 2013 (initial issuance) June 10, 2014 (reissuance)	Authorization (/media /88518 /download) (PDF, 2.2 MB)	FR notice (https://www.federalregister.gov /documents/2013/07 /17/2013-17103/authorization-of-emergency-use-of-an-in-vitro-diagnostic-for-detection-of-middle-east-respiratory)	<ul style="list-style-type: none"> Healthcare (/medical-devices /emergency-situations-medical-devices/fact-sheet-health-care-professionals- interpreting-cdc-novel-coronavirus-2012-real-time-rt-pcr-assay) Patients (/medical-devices/emergency-situations-medical-devices/fact-sheet-patients-understanding-results-cdc-novel-coronavirus-2012-real-time-rt-pcr-assay) Contacts (/media /88505/download) (PDF, 1.2 MB) Instructions for Use (/media/85951 /download) (PDF, 743 KB) 	<p>Determination and Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) (https://www.federalregister.gov /articles/2013/06/05/2013-13333 /determination-and-declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of) (May 29, 2013)</p> <p>Additional information from HHS (http://www.phe.gov/emergency /news/healthactions/phe/Pages /mers-cov.aspx)</p>	
RealStar MERS-CoV RT-PCR Kit U.S.	July 17, 2015 (initial issuance) February 12, 2016 (reissuance)	Authorization (/media /93040 /download) (PDF, 238 KB)	FR notice (https://www.federalregister.gov /documents/2015/09 /01/2015-21585/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-middle-east)	<ul style="list-style-type: none"> Healthcare (/media /93048/download) (PDF, 269 KB) Patients (/media /93056/download) (PDF, 241 KB) Instructions for Use (/media/120434 /download) (PDF, 1.28 MB) Fact Sheet for Asymptomatic Individuals Suspected of Exposure to MERS-CoV Cases (/media /95614/download) (PDF, 285 KB) 	<p>Determination and Declaration Regarding Emergency Use of <i>In Vitro</i> Diagnostics for Detection of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) (https://www.federalregister.gov /articles/2013/06/05/2013-13333 /determination-and-declaration-regarding-emergency-use-of-in-vitro-diagnostics-for-detection-of) (May 29, 2013)</p> <p>Additional information from HHS (http://www.phe.gov/emergency /news/healthactions/phe/Pages /mers-cov.aspx)</p>	

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Nerve Agent EUA Information

On July 9, 2018, FDA approved (https://www.accessdata.fda.gov/drugsatfda_docs/applletter/2018/212319Orig1s000ltr.pdf) (PDF, 49 KB) the 2 mg Atropine Auto-Injector manufactured by Rafa Laboratories, Ltd., for the treatment of poisoning by susceptible organophosphorous nerve agents having cholinesterase activity as well as organophosphorous or carbamate insecticides in adults and pediatric patients weighing over 90 lbs [41 kg] (generally over 10 years of age). For more information about the approved 2 mg Rafa Atropine Auto-Injector, see the [product label \(https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/212319s000lbl.pdf\)](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/212319s000lbl.pdf) (PDF, 482 KB). The EUA detailed in the table below is still in effect.

Medical Product	Date of EUA Issuance	Letter of Authorization	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)
Atropine Auto-Injector (Rafa Laboratories Ltd.)	April 11, 2017 (initial issuance) May 23, 2017 (amended) January 24, 2018 (amended) March 6, 2018 (amended) May 15, 2018 (amended)	Letter of Authorization (/media /104550 /download) (PDF, 514 KB) Letter granting EUA amendment(s) (/media /105590 /download) (PDF, 28 KB) 2nd letter granting EUA amendment(s) (/media /110881 /download) (PDF, 33 KB) 3rd letter granting EUA amendment(s) (/media /111656 /download) (PDF, 85 KB) 4th letter granting EUA amendment(s) (/media /113102 /download) (PDF, 42 KB)	FR notice (https://www.federalregister.gov/documents/2017/06/30/2017-13664/emergency-use-authorizations-injectable-treatment-for-nerve-agent-or-certain-insecticide)	<ul style="list-style-type: none"> • Healthcare (/media /104559 /download) (PDF, 531 KB) • Patients and Caregivers (/media /104564 /download) (PDF, 675 KB) 	Determination and Declaration Regarding Nerve Agent or Certain Insecticide (Organophosphorus and/or Carbamate) Poisoning (https://www.federalregister.gov/documents/2017/04/17/2017-07685/determination-and-declaration-regarding-emergency-use-of-injectable-treatments-for-nerve-agent-or) (April 11, 2017)	Nerve Agents and Certain Insecticides (Organophosphorus and/or Carbamate) Countermeasures (https://www.federalregister.gov/documents/2017/05/10/2017-09455/nerve-agents-and-certain-insecticides-organophosphorus-and-or-carbamate-countermeasures) (April 11, 2017)

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Zika Virus EUA Information

[Zika virus response updates from FDA \(/emergency-preparedness-and-response/mcm-issues/zika-virus-response-updates-fda\)](#)

Zika virus diagnostic development information (/emergency-preparedness-and-response/mcm-issues/zika-virus-diagnostic-development)

For more information about the diagnostics below, also see Emergency Use Authorizations (/about-fda/page-not-found) (current device EUAs).

Draft EUA review templates for Zika are available by email request to: CDRH-ZIKA-Templates@fda.hhs.gov (mailto:CDRH-ZIKA-Templates@fda.hhs.gov?Subject=EUA template request)

Laboratory personnel using Zika diagnostic assays under EUA are encouraged to report performance concerns directly to FDA at CDRH-EUA-Reporting@fda.hhs.gov (mailto:CDRH-EUA-Reporting@fda.hhs.gov), in addition to reporting concerns to the manufacturer.

Zika Diagnostic Tests with De Novo, 510(k), or PMA

- **ZIKV Detect 2.0 IgM Capture ELISA** (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/denovo.cfm?ID=DEN180069>) - On May 23, 2019, FDA authorized marketing (https://www.accessdata.fda.gov/cdrh_docs/pdf18/DEN180069.pdf) (PDF, 175 KB) of the ZIKV Detect 2.0 IgM Capture ELISA to detect Zika virus immunoglobulin (IgM) antibodies in human blood. The ZIKV Detect 2.0 IgM Capture ELISA is the first Zika diagnostic test the FDA has allowed to be marketed in the U.S.; previously, tests for detecting Zika virus IgM antibodies—including the ZIKV Detect 2.0 IgM Capture ELISA—had been authorized only for emergency use under the FDA's EUA authority. *Also see the FDA news release: [FDA authorizes marketing of first diagnostic test for detecting Zika virus antibodies \(/news-events/press-announcements/fda-authorizes-marketing-first-diagnostic-test-detecting-zika-virus-antibodies\)](#)*
- **ADVIA Centaur Zika test** (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K191578>) – On July 17, 2019, FDA cleared the ADVIA Centaur Zika test. This is the second Zika diagnostic test FDA has allowed to be marketed in the U.S. for detecting Zika virus IgM antibodies. Previously, the test had been authorized only for emergency use under FDA's EUA authority.
- **LIAISON XL Zika Capture IgM Assay II** (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K192046>) – On October 28, 2019, FDA cleared the LIAISON XL Zika Capture IgM Assay II for detecting Zika virus IgM antibodies. Previously, the test had been authorized only for emergency use under FDA's EUA authority.
- **DPP Zika IgM Assay System** (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K192046>) – On June 3, 2020, FDA cleared a similar DPP Zika IgM System for detecting Zika virus IgM antibodies. Previously, the test had been authorized only for emergency use under FDA's EUA authority.

Medical Product	Date of EUA Issuance	Letters	Federal Register Notice for EUA	Fact Sheets and Manufacturer Instructions/Package Insert	EUA Determination and Declaration (Effective Date)	PREP Act Declaration (if applicable)
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<p>CDC Zika Immunoglobulin M (IgM) Antibody Capture Enzyme-Linked Immunosorbent Assay</p> <p><u>CDC statement on this EUA</u> (http://www.cdc.gov/media/releases/2016/s0226-laboratory-test-for-zika-virus.html)</p>	<p>February 26, 2016 (initial issuance)</p> <p>June 29, 2016 (amended)</p> <p>November 15, 2016 (amended)</p> <p>December 6, 2016 (amended)</p> <p>May 3, 2017 (amended)</p> <p>July 31, 2017 (amended)</p> <p>April 16, 2018 (amended)</p> <p>September 26, 2018 (amended)</p>	<p><u>Letter granting EUA amendment(s)</u> (/media/101616/download) (PDF, 155 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/101586/download) (PDF, 123 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/120186/download) (PDF, 110 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/120187/download) (PDF, 113 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/120188/download) (PDF, 131 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/120189/download) (PDF, 131 KB)</p>	<p><u>FR notice</u> (https://www.federalregister.gov/articles/2016/03/28/2016-06888/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-diagnosis-of-zika-virus)</p>	<ul style="list-style-type: none"> • <u>Healthcare</u> (/media/96355/download) (PDF, 83 KB) • <u>Patients</u> (/media/120190/download) (PDF, 220 KB) • <u>Instructions for Use</u> (/media/96373/download) (PDF, 5.5 MB) 	<p><u>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection</u> (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-and-or-diagnosis-of-zika-virus) (February 26, 2016)</p>
<p>CDC Triplex Real-time RT-PCR Assay (Triplex rRT-PCR)</p> <p><u>CDC statement on this EUA</u> (http://www.cdc.gov/media/releases/2016/s0318-zika-lab-test.html)</p>	<p>March 17, 2016 (initial issuance)</p> <p>September 21, 2016 (amended)</p> <p>January 12, 2017 (amended)</p> <p>February 28, 2017 (amended)</p> <p>April 6, 2017 (amended)</p> <p>February 26, 2021 (amended)</p>	<p><u>Authorization</u> (/media/96683/download) (PDF, 82 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/100200/download) (PDF, 223 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/102439/download) (PDF, 223 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/103400/download) (PDF, 223 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (/media/120192/download) (PDF, 126 KB)</p> <p><u>Letter granting EUA amendment(s)</u> (https://www.fda.gov/media/146320/download) (PDF, 143 KB)</p>	<p><u>FR notice</u> (https://www.federalregister.gov/articles/2016/04/22/2016-09370/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-zika-virus)</p>	<ul style="list-style-type: none"> • <u>Healthcare</u> (/media/120193/download)(PDF, 224 KB) • <u>Patients</u> (/media/120194/download) (PDF, 200 KB) • <u>Instructions for Use</u> (/media/123606/download) (PDF, 1.45MB) 	<p><u>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection</u> (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-and-or-diagnosis-of-zika-virus) (February 26, 2016)</p>

Zika Virus RNA Qualitative Real-Time RT-PCR (Quest Diagnostics Infectious Disease, Inc.)	<p>April 28, 2016 (initial issuance)</p> <p>October 7, 2016 (reissuance)</p> <p>April 11, 2017 (amended)</p>	<p>Authorization (/media/122435/download) (PDF, 339 KB)</p> <p>Letter granting EUA amendment(s) (/media/120127/download) (PDF, 126 KB)</p>	<p>FR notice (https://www.federalregister.gov/articles/2016/06/17/2016-14380/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)</p>	<ul style="list-style-type: none"> • Healthcare (/media/120128/download) (PDF, 53 KB) • Patients (/media/120129/download) (PDF, 27 KB) • Instructions for Use (/media/120130/download) (/media/97712/download)(PDF, 439 KB) 	<p>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)</p>
RealStar Zika Virus RT-PCR Kit U.S. (altana Diagnostics GmbH)	<p>May 13, 2016 (initial issuance)</p> <p>October 31, 2016 (amended)</p> <p>March 6, 2017 (amended)</p>	<p>Authorization (/media/120121/download) (PDF, 342 KB)</p> <p>Letter Granting EUA Amendment(s) (/media/120122/download) (PDF, 130 KB)</p> <p>Letter Granting EUA Amendment(s) (/media/120123/download) (PDF, 130 KB)</p>	<p>FR notice (https://www.federalregister.gov/articles/2016/06/17/2016-14380/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)</p>	<ul style="list-style-type: none"> • Healthcare (/media/120124/download) (/media/90487/download)(PDF, 232 KB) • Patients (/media/120125/download) (PDF, 213 KB) • Instructions for Use (/media/120126/download) (PDF, 809 KB) 	<p>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)</p>
Aptima Zika Virus assay (Hologic, Inc.)	<p>June 17, 2016 (initial issuance)</p> <p>September 7, 2016 (amended)</p> <p>April 12, 2017 (amended)</p> <p>March 8, 2018 (amended)</p>	<p>Authorization (/media/120114/download) (PDF, 305 KB)</p> <p>Letter granting EUA amendment(s) (/media/122434/download) (PDF, 126 KB)</p> <p>Letter granting EUA amendment(s) (/media/120116/download)(PDF, 124 KB)</p> <p>Letter granting EUA amendment(s) (/media/120117/download)(PDF, 130 KB)</p>	<p>FR notice (https://www.federalregister.gov/articles/2016/07/08/2016-16177/authorizations-of-emergency-use-in-vitro-diagnostic-device-for-detection-of-zika-virus)</p>	<ul style="list-style-type: none"> • Healthcare (/media/120118/download) (PDF, 208 KB) • Patients (/media/120119/download) (PDF, 190 KB) • Instructions for Use (/media/120120/download) (PDF, 276 KB) 	<p>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)</p>
Zika Virus Real-time RT-PCR Test (Viracor Eurofins)	<p>July 19, 2016 (initial issuance)</p> <p>February 28, 2017 (amended)</p>	<p>Authorization (/media/120033/download) (PDF, 334 KB)</p> <p>Letter granting EUA amendment(s) (/media/120034/download) (PDF, 124 KB)</p>	<p>FR notice (https://www.federalregister.gov/articles/2016/09/07/2016-21353/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-zika-virus#h-6)</p>	<ul style="list-style-type: none"> • Healthcare (/media/120035/download) (PDF, 229 KB) • Patients (/media/120036/download) (PDF, 188 KB) • Instructions for Use (/media/120037/download) (PDF, 623 KB) 	<p>Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)</p>

VERSANT Zika RNA 1.0 Assay (kPCR) Kit (Siemens Healthcare Diagnostics Inc.)	July 29, 2016 (initial issuance) December 19, 2016 (amended)	Authorization (/media/99444/download) (PDF, 78 KB) Letter granting EUA amendment(s) (/media/120030/download) (PDF, 124 KB)	FR notice (https://www.federalregister.gov/documents/2016/10/28/2016-26066/emergency-use-authorizations-in-vitro-diagnostic-devices-for-detection-andor-diagnosis-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/120031/download)(PDF, 170 KB) • Patients (/media/120032/download) (PDF, 133 KB) • Instructions for Use (/media/99449/download) (PDF, 511 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
Sentosa SA ZIKV RT-PCR Test (Vela Diagnostics USA, Inc.)	September 23, 2016	Authorization (/media/120017/download) (PDF, 355 KB)	FR notice (https://www.federalregister.gov/documents/2016/11/03/2016-26532/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/120018/download) (PDF, 270 KB) • Patients (/media/99514/download) (PDF, 236 KB) • Instructions for Use (/media/100103/download) (PDF, 1.9 MB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
Zika Virus Detection by RT-PCR Test (ARUP Laboratories)	September 28, 2016	Authorization (/media/120014/download) (PDF, 98 KB)	FR notice (https://www.federalregister.gov/documents/2016/11/03/2016-26532/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/120015/download) (PDF, 52 KB) • Patients (/media/120016/download) (PDF, 200 KB) • Instructions for Use (/media/100192/download) (PDF, 505 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
Abbott RealTime ZIKA (Abbott Molecular Inc.)	November 21, 2016 (initial issuance) January 6, 2017 (amended)	Authorization (/media/101657/download) (PDF, 84 KB) Letter granting EUA amendment(s) (/media/120010/download) (PDF, 150 KB)	FR notice (https://www.federalregister.gov/documents/2016/12/20/2016-30532/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/120011/download) (PDF, 208 KB) • Patients (/media/120012/download) (PDF, 217 KB) • Instructions for Use (/media/120013/download) (PDF, 1.2 MB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
Zika ELITe MGB Kit U.S. (ELITechGroup Inc. Molecular Diagnostics)	December 9, 2016	Authorization (/media/119919/download) (PDF, 312 KB)	FR notice (https://www.federalregister.gov/documents/2017/01/09/2017-00084/authorization-of-emergency-use-of-an-in-vitro-diagnostic-device-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/119920/download) (PDF, 213 KB) • Patients (/media/100182/download) (PDF, 179 KB) • Instructions for Use (/media/119921/download) (PDF, 718 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)

Gene-RADAR Zika Virus Test (Nanobiosym Diagnostics, Inc.)	March 20, 2017	Authorization (/media/119915/download) (PDF, 313 KB)	FR notice (https://www.federalregister.gov/documents/2017/06/30/2017-13720/emergency-use-authorizations-in-vitro-diagnostic-devices-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/119916/download) (PDF, 267 KB) • Patients (/media/119917/download) (PDF, 240 KB) • Instructions for Use (/media/119918/download) (PDF, 338 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
TaqPath Zika Virus Kit (Thermo Fisher Scientific)	August 2, 2017	Authorization (/media/119906/download) (PDF, 292 KB)	FR notice (https://www.federalregister.gov/documents/2017/10/26/2017-23224/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/119907/download) (PDF, 252 KB) • Patients (/media/119908/download) (PDF, 180 KB) • Instructions for Use (/media/119909/download) (PDF, 756 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)
CII-ArboViroPlex rRT-PCR Assay (Columbia University)	August 11, 2017	Authorization (/media/107073/download) (PDF, 377 KB)	FR notice (https://www.federalregister.gov/documents/2017/10/26/2017-23224/authorizations-of-emergency-use-of-in-vitro-diagnostic-devices-for-detection-of-zika-virus)	<ul style="list-style-type: none"> • Healthcare (/media/107081/download) (PDF, 229 KB) • Patients (/media/107092/download) (PDF, 176 KB) • Instructions for Use (/media/107100/download) (PDF, 657 KB) 	Emergency Use of <i>In Vitro</i> Diagnostic Tests for Detection of Zika Virus and/or Diagnosis of Zika Virus Infection (https://www.federalregister.gov/articles/2016/03/02/2016-04624/emergency-use-of-in-vitro-diagnostic-tests-for-detection-of-zika-virus-andor-diagnosis-of-zika-virus) (February 26, 2016)

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Robert W. Dickerson
4633 Morro Drive
Woodland Hills, CA 91364
213-610-1676
Robert.w.dickerson@gmail.com

July 26, 2022

To: LA County Supervisors

Re: Comment on new mask mandate

I have never before submitted a comment to you.

I reside in Woodland Hills.

Although I will not be personally or professionally affected by the upcoming new mask mandate (other than having to wear a mask at times), I urge you to overrule the decision.

The available data show that while infections of the new Covid variant are up; the majority of hospital-reported cases are for people who went to the hospital for other reasons. And not a single person has had to be intubated, or placed in ICU. There are now medications that greatly lessen the severity of Covid, even for those in the high risk category (*see Joe Biden*).

I, like many others, understand there may be some risk in not wearing a mask indoors, but am willing to take that risk. The Risk/Benefit/Detriment analysis does not support imposing another mask mandate on the public, or on business owners to enforce them. Let people decide for themselves whether they want to go indoors at some public place at all, of with or without a mask, not some unelected bureaucrat (who, incidentally appears to have a disabling conflict of interest, but that is another topic).

Please, do the right thing, and set aside the upcoming mask mandate.

Regards,

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Robert W. Dickerson

LAC-USC , days BEFORE Barbara Ferrer said that masks are coming back as a mandate due to increased hospitalizations related to covid19 and variants in LA County. The leading hospital for covid treatment in LA, LAC-USC FINALLY stepped up and called her out for lying!!!

There's NOT A SINGLE person hospitalized for covid in their hospital. There are 24 positive cases that were tested because everyone is tested, that are there for noncovid related medical reasons.

These 3 top doctors of the hospital call her out and give us real insight.

FIRE BARBARA FERRER!!!!!! WRITE YOUR LETTERS TO THE LACBOS demanding this woman's immediate resignation for deliberately and knowingly lying to the public and creating more hysteria.

The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh

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August 31, 2021

Summary: A randomized-trial of community-level mask promotion in rural Bangladesh during COVID-19 shows that the intervention tripled mask usage and reduced symptomatic SARS-CoV-2 infections, demonstrating that promoting community mask-wearing can improve public health.

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Abstract

Background: Mask usage remains low across many parts of the world during the COVID-19 pandemic, and strategies to increase mask-wearing remain untested. Our objectives were to identify strategies that can persistently increase mask-wearing and assess the impact of increasing mask-wearing on symptomatic SARS-CoV-2 infections.

Methods: We conducted a cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults). We cross-randomized mask promotion strategies at the village and household level, including cloth vs. surgical masks. All intervention arms received free masks, information on the importance of masking, role modeling by community leaders, and in-person reminders for 8 weeks. The control group did not receive any interventions. Neither participants nor field staff were blinded to intervention assignment. Outcomes included symptomatic SARS-CoV-2 seroprevalence (primary) and prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19 (secondary). Mask-wearing and physical distancing were assessed through direct observation at least weekly at mosques, markets, the main entrance roads to villages, and tea stalls. At 5 and 9 weeks follow-up, we surveyed all reachable participants about COVID-related symptoms. Blood samples collected at 10-12 weeks of follow-up for symptomatic individuals were analyzed for SARS-CoV-2 IgG antibodies.

Results: There were 178,288 individuals in the intervention group and 163,838 individuals in the control group. The intervention increased proper mask-wearing from 13.3% in control villages (N=806,547 observations) to 42.3% in treatment villages (N=797,715 observations) (adjusted percentage point difference = 0.29 [0.27, 0.31]). This tripling of mask usage was sustained during the intervention period and two weeks after. Physical distancing increased from 24.1% in control villages to 29.2% in treatment villages (adjusted percentage point difference = 0.05 [0.04, 0.06]). After 5 months, the impact of the intervention faded, but mask-wearing remained 10 percentage points higher in the intervention group.

The proportion of individuals with COVID-like symptoms was 7.62% (N=13,273) in the intervention arm and 8.62% (N=13,893) in the control arm. Blood samples were collected from N=10,952 consenting, symptomatic individuals. Adjusting for baseline covariates, the

intervention reduced symptomatic seroprevalence by 9.3% (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]; control prevalence 0.76%; treatment prevalence 0.68%). In villages randomized to surgical masks (n = 200), the relative reduction was 11.2% overall (aPR = 0.89 [0.78, 1.00]) and 34.7% among individuals 60+ (aPR = 0.65 [0.46, 0.85]). No adverse events were reported.

Conclusions: Our intervention demonstrates a scalable and effective method to promote mask adoption and reduce symptomatic SARS-CoV-2 infections.

Trial registration: ClinicalTrials.gov Identifier: NCT04630054

Funding: GiveWell.org

1 Introduction

As of July 2021, the COVID-19 pandemic has taken the lives of more than 4.2 million people. Inspired by the growing body of scientific evidence that face masks can slow the spread of the disease and save lives [1, 2, 3, 4, 5, 6, 7, 8], we conducted a cluster-randomized controlled trial covering 342,126 adults in 600 villages in rural Bangladesh with the dual goals of (a) identifying strategies to encourage community-wide mask-wearing, and (b) tracking changes in symptomatic SARS-CoV-2 infections as a result of our intervention. While vaccines may constrain the spread of SARS-CoV-2 in the long-term, it is unlikely that a substantial fraction of the population in low- and middle-income countries will have access to vaccines before the end of 2021 [9]. Uncovering scalable and effective means of combating COVID-19 is thus of first-order policy importance.

Over 40% of the world’s population live in countries that mandated mask-wearing in public areas during the COVID-19 pandemic, and another 40% live in countries where universal mask norms prevailed absent a legal mandate [10]. However, increasing mask-wearing, either through mask promotion or mandates, has proven difficult, especially in low- and middle-income countries and in remote, rural areas. In Bangladesh, a quarter of those observed in public areas in June 2020 wore masks, and only a fifth wore masks *properly* (covering both the nose and mouth), despite a nationwide mask mandate in effect at the time. This raises questions about how to increase mask-wearing in community settings: is it sufficient to increase access to masks, or does this need to be supplemented by providing information about the benefits of mask-wearing, role modeling mask-wearing, informal social sanctions, or mask mandates with legal enforcement?

We conducted a randomized controlled trial to identify the most effective mask promotion strategies for low-resource, rural settings and determine whether mask distribution and promotion is an effective tool to combat COVID-19. The World Health Organization declined to recommend mask adoption until June 2020, citing the lack of evidence from community-based randomized-controlled trials, as well as concerns that mask-wearing would create a false sense of security [11]. Critics argued that those who wore masks would engage in compensating behaviors, such as failing to physically distance from others, resulting in a net increase in transmission [12]. We designed

our trial to directly test this hypothesis by measuring physical distancing, as well as to evaluate the bottom-line impact on COVID-19.

Since a substantial share of coronavirus transmission stems from asymptomatic or pre-symptomatic individuals [13], we designed our trial to encourage *universal* mask-wearing at the community level, rather than mask-wearing among only those with symptoms.

After an iterative research process with multiple rounds of piloting, we settled on a core intervention package that combined household mask distribution with communication about the value of mask-wearing, mask promotion and reminders at mosques, markets, and other public places, and role-modeling by public officials and community leaders. We also tested several other strategies using additional experimental arms in sub-samples, such as text message reminders, asking people to make a verbal commitment, creating opportunities for social signaling, and providing village-level incentives to increase mask-wearing. The selection of strategies to test was informed by both our pilot results and research in public health, psychology [14, 15, 16], economics [17, 18, 19], marketing [20, 21, 22], and other social sciences [23] on product promotion and dissemination strategies. We tested many different strategies because it was difficult to predict in advance which ones would lead to persistent increases in mask-wearing. Prediction studies we conducted with policymakers and public health experts at the World Health Organization, India’s National Council of Applied Economic Research, and the World Bank suggest that even these experts with influence over policy design could not easily predict our trial results.

We powered our intervention around the primary outcome of symptomatic seroprevalence. During our intervention, we collected survey data on the prevalence of WHO-defined COVID-19 symptoms from all available study participants, and then collected blood samples at endline from those who reported symptoms anytime during the 8-week study duration. Our trial is therefore designed to track the fraction of individuals who are *both* symptomatic and seropositive. We chose this as our primary outcome for two reasons: first, the goal of public health policy is ultimately to prevent symptomatic infections (even if preventing asymptomatic infections is instrumentally important in achieving that goal). Second, because symptomatic individuals are far more likely

to be seropositive, powering for this outcome required conducting an order of magnitude fewer costly blood tests. As a secondary outcome, we also report the effects of our intervention on WHO-defined symptoms for probable COVID-19.

2 Background and Context

Bangladesh is a densely populated country with 165 million inhabitants. A serosurvey conducted in March-April 2021 found 68% of residents in Dhaka and Chattogram had antibodies against SARS-CoV-2; this revealed there were two orders of magnitude more infections than reported cases [24, 25, 26]. This is in line with estimates from India, where seroprevalence studies reveal similarly low case detection rates [27], and up to an order of magnitude more deaths than reported [28]. The number of daily reported cases in Bangladesh surged fifteen-fold between February and July 2021 to reach 15,000 per day, but even these numbers are also likely to be underestimates.¹ Reducing spread of SARS-CoV-2 in this setting is thus of vital importance.

Between April and June 2020, our team and others conducted several surveys in Bangladesh to quantify mask-wearing behavior. The evolution of mask use over time in Bangladesh is discussed in greater detail in [29]. In Bangladesh, the government strongly recommended mask use from early April 2020. In a telephone survey of respondents at the end of April 2020, over 80% self-reported wearing a mask and 97% self-reported owning a mask. The Bangladeshi government formally mandated mask use in late May 2020 and threatened to fine those who did not comply, although enforcement was weak to non-existent, especially in rural areas. Anecdotally, mask-wearing was substantially lower than indicated by our self-reported surveys. To investigate, we conducted surveillance studies throughout public areas in Bangladesh in two waves. The first wave of surveillance took place between May 21-25, 2020 in 1,441 places in 52 districts. About 51% out of more than 152,000 individuals we observed were wearing a mask. The second wave of surveillance was conducted between June 19-22, 2020 in the same 1,441 locations, and we found

¹<http://dashboard.dghs.gov.bd/webportal/pages/covid19.php>

that mask-wearing dropped to 26%, with 20% wearing masks that covered their mouth and nose. An August 2020 phone survey in rural Kenya finds that while 88% of respondents claim to wear masks in public, direct observation revealed that only 10% actually did [30]. These observations suggest that mask promotion interventions could be useful in rural areas of low- and middle-income countries (LMIC), home to several billion people at risk for COVID-19.

3 Interventions and Data Collection

3.1 Sampling frame and timeline

To develop the sample frame, Innovations for Poverty Action (IPA) Bangladesh selected 1,000 rural and peri-urban unions out of 4,500 unions in Bangladesh. We excluded Dhaka district, because of high initial seroprevalence, and three hill districts, because of the logistical difficulties in accessing the region. We also dropped remote coastal districts where population density is low. The final sampling frame of 1000 unions were located in 40 different districts (*zillas*) (out of 64) and 144 sub-districts (*upazilas*) (out of 485).

We used a pairwise randomization to select 300 intervention and 300 control unions within the same sub-districts. This randomization procedure, described in detail in Appendix B, was designed to pair unions that were similar in terms of (limited) COVID-19 case data, population size, and population density. Each union consists of roughly 80,000 people, or around 80 villages. In each union, we selected a single village to minimize spillovers. To do so, we identified the largest market and the village within which the market is located and demarcated this territory as the intervention unit (during this scoping process, surveyors were blinded to whether the union was an intervention or control union). Within each village, adults from every household were eligible to participate in the study. Some unions are very small so to avoid spillover effects, we did not select multiple villages from the same union and we ensured that selected villages were at least 2 km away from each other. Treatment and control unions were scattered throughout the country, as shown visually in Figure A1.

The clustered village-level randomization was important for three reasons. First, unlike technologies with primarily private benefits, mask adoption is likely to yield especially large benefits at the community-level. Second, mask adoption by some may influence mask adoption by others because mask-wearing is immediately visible to other members of the community [31]. Third, this design allows us to properly assess the full impact of masks on infections, including preventing *transmission* of the virus to others. Individual-level randomization would identify only whether masks protect wearers.

Our intervention was designed to last 8 weeks in each village. The intervention started in different villages at different times, rolling out over a 6-week period in 7 waves. There were between 14 and 59 village-pairs grouped in each wave based on geographic proximity and paired control and treatment villages were always included in the same wave. The first wave was rolled out on 17-18 November 2020 and the last wave was rolled out on 5-6 January 2021.

IPA staff travelled to many villages that had low mask uptake in the first five weeks of the study and found that in these villages local leaders were not very engaged in supporting mask promotion. Hence, we retrained mask promotion staff part-way through the intervention to work more closely with local leaders and set specific milestones for that partnership.²

The intervention protocol, pre-specified analysis plan, and CONSORT checklist are available at <https://osf.io/vzdh6/>.

3.2 Outcomes

Our primary outcome was symptomatic seroprevalence for SARS-CoV-2. Our secondary outcomes were prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19. For COVID-19 symptoms, we used the symptoms that correspond to the WHO case definition of probable COVID-19 given epidemiological risk factors: (a) fever and cough; (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache,

²The need for continued monitoring and retraining is a core part of our scalable intervention protocol, available [here](#) (in the online version of this article).

myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status); or (c) loss of taste or smell. Seropositivity was defined by having detectable IgG antibodies against SARS-CoV-2.

3.3 Intervention Materials and Activities

Our entire intervention was designed to be easily adopted by other NGOs or government agencies and required minimal monitoring. We have made the materials public in multiple languages to ease widespread adoption and replication by other implementers (<http://tinyurl.com/maskprotocol>).

In focus groups conducted prior to the study, participants said they preferred cloth over surgical masks because they perceived surgical masks to be single-use only and cloth masks to be more durable. Focus group participants also provided feedback on different cloth masks designs and sizes. Both types of masks were manufactured in Bangladesh. The cloth mask had an exterior layer of 100% non-woven polypropylene (70 grams/square meter [gsm]), two interior layers of 60% cotton / 40% polyester interlocking knit (190 gsm), an elastic loop that goes around the head above and below the ears, and a nose bridge. The surgical mask had three layers of 100% non-woven polypropylene (the exterior and interiors were spunbond and the middle layer was meltblown), elastic ear loops, and a nose bridge. The filtration efficiency was 37% (standard deviation [SD] = 6%) for the cloth masks, and 95% (SD = 1%) for the surgical masks (manuscript forthcoming).³ The filtration efficiency of the surgical masks after washing them 10 times with bar soap and water was 76% (manuscript forthcoming). Surgical masks were outfitted with a sticker that had a logo of a mask with an outline of the Bangladeshi flag and a phrase in Bengali that noted the mask could be washed and reused. The project cloth masks were produced by Bangladeshi garment factories within 6 weeks after ordering. The relatively large scale of our bulk order allowed us to negotiate

³The filtration efficiency test was conducted using a Fluke 985 particle counter that has a volumetric sampling rate of 2.83 liters per minute. The measurement was taken of particles 0.3–0.5 μm in diameter flowing through the material with a face velocity of 8.5 cm/s. In our internal testing, we found that cloth masks with an external layer made of Pellon 931 polyester fusible interface ironed onto interlocking knit with a middle layer of interlocking knit could achieve a 60% filtration efficiency. Upon discussions with the manufacturers, we learned that those materials could not be procured. Using materials that were available, the highest filtration efficiency possible was 37%.

mask prices of \$0.50 per cloth mask and \$0.13 per surgical mask (\$0.06 of which was the cost of a sticker reminding people they could wash and reuse the surgical mask). While surgical masks can break down into microplastics that can enter the environment if disposed of improperly, analysis of waste generated in Bangladesh's first lockdown finds that the mass of surgical mask waste was one-third that of polyethylene bags, which also break down into macro- and micro-plastics [32, 33, 34].

To emphasize the importance of mask-wearing, we prepared a brief video of notable public figures discussing why, how, and when to wear a mask. The video was shown to each household during the mask distribution visit and featured the Honorable Prime Minister of Bangladesh Sheikh Hasina, the head of the Imam Training Academy, and the national cricket star Shakib Al Hasan. During the distribution visit, households also received a brochure based on WHO materials depicting proper mask-wearing.

We implemented a basic set of interventions in all treatment villages, and cross-randomize additional intervention elements in randomly chosen subsets of treatment villages to investigate whether those have any additional impact on mask-wearing. The basic intervention package consists of five main elements:

1. One-time mask distribution and promotion at households.
2. Mask distribution in markets on 3-6 days per week.
3. Mask distribution at mosques on three Fridays during the first four weeks of the intervention.
4. Mask promotion in public spaces and markets where non-mask wearers were encouraged to wear masks (weekly or biweekly).
5. Role-modeling and advocacy by local leaders, including imams discussing the importance of mask-wearing at Friday prayers using a scripted speech provided by the research team.

Participants, mask promoters, and mask surveillance staff were not blinded as intervention materials were clearly visible. The pre-specified analyses and sample exclusions were made by

analysts blinded to the treatment assignment.⁴

3.4 Cross-randomization of behavior change communication and incentives

Village-level Cross-randomizations Within the intervention arm, we cross-randomized villages to four village-level and four household-level treatments to test the impact of a range of social and behavior change communication strategies on mask-wearing. All intervention villages were assigned to either the treatment or the control group of each of these four randomizations. These village-level randomizations were:

1. Randomization of treated villages to either cloth or surgical masks. The material used to make surgical masks has a higher filtration efficiency than the types of cloth typically used to make cloth masks, but cloth masks can be sewn without specialized equipment and can have less leakage because they fit the face more closely. However, surgical masks are substantially less expensive.
2. Randomization of treated villages to no incentive, non-monetary incentive, or monetary incentive of 190 USD given to the village leader for a project benefitting the public. We announced that the monetary reward or the certificate would be awarded if village-level mask-wearing among adults exceeded 75% 8-weeks after the intervention started.
3. Randomization of treated villages to public commitment (providing households signage and asking them to place signage on doors that declares they are a mask-wearing household), or not. The signage was meant to encourage formation of social norms through public signalling.
4. Randomization of treated villages to 0% or 100% of households receiving twice-weekly text message reminders about the importance of mask-wearing.

⁴In all villages, we also randomized the color of the masks distributed to households. This can be considered a part of our core intervention, since it is part of how household distribution was implemented.

Household-level Cross-randomizations We had three household-level cross-randomizations. In any single village, only one of these household randomizations was operative. As our data collection protocols relied on passive observation at the village-level, we could not record the mask-wearing behavior of individual households. To infer the effect of the household-level treatments we therefore varied the color of the masks distributed to the household based on its cross-randomization status and had surveillance staff record the mask color of observed individuals. In surgical mask villages, a household received blue or green and promoters distributed an equal number of blue and green masks in public settings. In cloth mask villages, households received violet or red masks and promoters distributed blue masks in public settings. To avoid conflating the effect of the household-specific treatment with the effect of the mask color, we randomized which color corresponded to which treatment status across villages (this way a specific color was not fully coincident with a specific treatment). The household-level randomizations, described in further detail in Appendix C and visualized in A2, were:

1. Households were randomized to receive messages emphasizing either altruism or self-protection.
2. Households were randomized to receive twice-weekly text reminders or not. As mentioned above, the text message saturation was randomly varied to 0%, 50%, or 100% of all villagers receiving texts, and in the 50% villages, the specific households that received the texts was also random.
3. Households were randomized to making a verbal commitment to be a mask-wearing household (all adults in the household promise to wear a mask when they are outside and around other people) or not. This experiment was conducted in a third set of villages where there was no public signage commitment.

Conceptual Basis for Tested Social and Behavior Change Communication We selected intervention elements that had a reasonable chance of persuading rural Bangladeshis to wear masks by consulting literature in public health, development and behavioral economics, and marketing to

identify some of the most promising strategies. An extensive literature identifies price and access as key deterrents to the adoption of welfare-improving products, and especially of technologies that produce positive health externalities, such as face-masks [35, 17]. Household distribution of free face-masks therefore formed the core part of our strategy. Inspired by large literature in marketing and economics on the role of opinion leaders in new product diffusion, we additionally emphasized a partnership with community leaders in mask distribution [21, 36].

The additional village- and household-level treatment we experimented with were also motivated by insights from marketing, public health, development, and behavioral economics. For example, masks are a visible good where social norms are expected to be important, so we consulted the literature documenting peer effects in product adoption [37, 38, 39, 40]. We experimented with incentives because it is unclear whether extrinsic rewards crowd out intrinsic motivation [41, 42, 43]. We test whether soft commitment devices encourage targets to follow through with actual behaviour change [44, 45], whether public displays can promote social norms [23], whether an altruistic framing inspires people more or less than self-interest [46], whether social image concerns and signaling can lead to higher compliance [47, 18], and whether regular reminders are a useful tool to ensure adoption [19].

3.5 Surveillance Strategies

Mask-wearing was assessed through direct observation in public locations including mosques, markets, the main entrance roads to villages, and tea stalls. Surveillance staff noted whether adults were wearing any mask or face covering, whether the mask was one distributed by our project (and if so, the color), and whether the mask was worn over both the mouth and nose. The mask distribution and promotion was conducted by the Bangladeshi NGO GreenVoice, a grassroots organization with a network of volunteers across the country. Household surveys and surveillance were performed independently by Innovations for Poverty Action (IPA). To minimize the likelihood that village residents would perceive that their mask-wearing behavior was being observed, surveillance staff were separate from mask promoters and wore no identifying apparel while passively

observing mask-wearing and physical distancing practices in the communities. The Bangladesh Directorate General of Health Services under the Ministry of Health, North-South University in Dhaka, and Aspire to Innovate (a2i), an information and data-focused organization within the Bangladesh government, partnered in the study design and discussions and reviewed protocols.

Mask-wearing and physical distancing were measured through direct observation. Surveillance staff were distinct from intervention implementation staff and conducted surveillance in paired intervention and control villages. They recorded the mask-wearing behavior of all of the adults they were able to observe during surveillance periods; observations were not limited to adults from enrolled households.⁵ We defined proper mask-wearing as wearing either a project mask or an alternative face-covering over the mouth and nose. Surveillance staff observed a single individual and recorded that person as practicing physical distancing if s/he was at least one arm's length away from all other people. This is consistent with the WHO guideline that defines physical distancing as one meter of separation.⁶ Surveillance was conducted using a standard protocol that instructed staff to spend one hour at each of the following high-traffic locations in the village: market, restaurant entrances, main road, tea stalls, and mosque, changing the location and timing to record the mask-wearing and physical distancing practices of as many individuals as possible. While SARS-CoV-2 transmission is more likely in indoor locations with limited ventilation than outside, rural Bangladeshi villages have few non-residential spaces where people gather, so observations were conducted outside except at the mosque, where surveillance was conducted inside.

The same staff member conducted surveillance at paired intervention and control villages at baseline and then once per week on weeks 1, 2, 4, 6, 8, and 10 after the intervention. The 10-week observation was conducted two weeks after all intervention activities had ceased. We also collected longer-term data on mask-wearing behavior 20-27 weeks after the launch of interventions. Each

⁵After 5 weeks of surveillance in wave 1, it was clarified that surveillance staff should only record mask-wearing behavior of people who appear to be 18 years or older. Prior to this, some surveyors included children (especially older children) in their counts. Since the same staff member conducted surveillance in paired intervention and control villages, this change affected the treatment and control groups equally.

⁶<https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing>. Accessed January, 30 2021. Note that compliance with WHO guidelines does not require zero physical distancing; for example, members of the same household need not remain physically distant (and presumably would not change their distancing behavior as a result of our intervention).

village was observed on two alternating days of the week. Across all villages, observations took place on all seven days of the week, with observation in 150 villages occurring on Friday to oversample days when mosques were most crowded. Observations generally took place from 9 am to 7 pm. In 10 unions we conducted audits to assess the validity of surveillance data by pairing one monitoring officer with surveillance staff; in all cases the difference in their results was <10%, our pre-determined threshold.

3.6 Symptomatic SARS-CoV-2 Testing

Symptom reporting The owner of the household's primary phone completed surveys by phone or in-person at weeks 5 and 9 after the start of the intervention. They were asked to report symptoms experienced by any household member that occurred in the previous week and over the previous month. COVID-like symptoms were defined by whether they were consistent with the WHO COVID-19 case definition for suspected or probable cases with an epidemiological link [48].

Blood sample collection We collected capillary blood samples from participants who reported COVID-like symptoms during the study period. For the purposes of blood collection, endline was defined as 10-12 weeks from the start of the intervention. Blood samples were obtained by puncture with a 20-Gauge safety lancet to the third or fourth digit. 500 microliters of blood were collected into Microtainer® capillary blood collection serum separator tubes (BD, Franklin Lakes, NJ). Blood samples were transported on ice and stored at -20°C until testing.

SARS-CoV-2 testing Blood samples were tested for the presence of IgG antibodies against SARS-CoV-2 using the SCoV-2 Detect™ IgG ELISA kit (InBios, Seattle, Washington). This assay detects IgG antibodies against the spike protein subunit (S1) of SARS-CoV-2. The assays were performed according to the manufacturer's instructions. Briefly, serum samples were diluted 1:100 with sample dilution buffer. 50 microliters of diluted specimens were added to the SCoV-2 antigen-coated microtiter strip plates. After one hour of incubation at 37°C, the plate was washed

six times with wash buffer, and conjugate solution was added to each well. The plate was incubated for another 30 minutes at 37°C and washed six times with wash buffer. 75 microliters of liquid TMB substrate were added to all wells followed by 20 minutes of incubation in the dark at room temperature before the reaction was stopped. The absorbance was read on a microplate reader at 450nm (GloMax® Microplate Reader, Promega Corporation, Madison, WI). After calibration according to positive, negative, and cut-off controls, the immunological status ratio (ISR) was calculated as the ratio of optical density divided by the cut-off value. Samples were considered positive if the ISR value was determined to be at least 1.1. Samples with an ISR value 0.9 or below were considered negative. Samples with equivocal ISR values were retested in duplicate, and resulting ISR values were averaged. Individuals were coded as symptomatic seropositive if they reported symptoms consistent with the WHO COVID-19 case definition, their blood was collected, and the antibody test was positive.

3.7 Piloting Interventions

IPA implemented two pilots: Pilot 1 from July 22-31 and Pilot 2 from August 13-26, 2020. The objective of the pilots was to mimic some of the major aspects of the main experiment to identify implementation challenges. Each pilot was conducted in 10 unions that were not part of the main study area. We used the difference between the pilots to better understand which elements of our full intervention were essential. We also conducted focus group discussions and in-depth interviews with village residents, community leaders, religious leaders, and political leaders to elicit opinions on how to maximize the effectiveness of the intervention.

4 Results

Our analysis followed our preregistered analysis plan (<https://osf.io/vzdh6/>) except where indicated. Our primary outcome is symptomatic seroprevalence for SARS-CoV-2. We also analyzed the impact of our intervention on mask-wearing, physical distancing, and COVID-like symptoms.

No adverse events were reported during the study period.

4.1 Sample Selection

Table [A1](#) summarizes sample selection for our analysis. We began with 342,126 individuals at baseline. We were able to collect follow-up symptom data (whether symptomatic or not) from 335,382 (98%). Of these, 27,166 (7.9%) reported COVID-like symptoms during the 8-weeks intervention in their village. We attempted to collect blood samples from all symptomatic individuals. Of these, 10,952 (40.3%) consented to have blood collected, including 40.8% in the treatment group and 39.9% in the control group (the difference in consent rates is not statistically significant, $p = 0.24$). We show in Table [A2](#) that consent rates are about 40% across all demographic groups in both treatment and control villages.

As such, the sample for which we have symptom data is much larger than the sample for whom we have serology data. We tested 9,977 (91.1%) of the collected blood samples to determine seroprevalence for SARS-CoV-2 IgG antibodies. Untested blood either lacked sufficient quantity for our test or could not be matched to individuals from our sample because of a barcode scanning error. In our primary outcome analysis, we drop individuals for whom we are missing symptom data or who did not consent to blood spot collection. For the analyses where symptomatic status is the outcome, we report results using both this smaller sample, as well as the larger sample of all individuals for whom we collected symptom data.

4.2 Balance

While our stratification procedure should have achieved balance with respect to variables observed at the time of randomization, given the many possible opportunities for errors in implementation, we nonetheless confirm that our control and treatment villages resemble each other at baseline with respect to key variables of interest. This assessment was not preregistered. For each characteristic, we report the results of a t-test comparing the two groups. This t-test parallels our main specifications.

In Table A3 we present balance test results for our mask-wearing specification. In our main specification, this is a regression of mask-wearing on a constant, an intervention indicator, and indicators for each control-intervention pair with analytic weights proportional to the number of adults recorded in the baseline household survey as well as heteroskedasticity robust standard errors. For the balance tests, we replace the dependent variable with several variables measured at baseline, including the number of households, baseline mask-wearing (assessed via observation), and baseline COVID-like symptoms. Of the four variables we tested, only one was significantly different between the control and intervention groups at the 10% level and the F-test failed to reject balance.

In Table 1, we report results from analogous balance tests based on the specification used for our primary biological outcome. We replace the dependent variable (symptomatic seroprevalence) with baseline covariates of interest to assess balance. We also report a bottom-line F-test which again fails to reject balance. In Appendix E, we discuss a few small imbalances we uncovered with respect to other attributes, such as household size. These are extremely small in magnitude (e.g. households are 0.02 members larger in the treatment group) but unlikely to have arisen because of chance. In the Appendix, we discuss likely mechanisms (such as households being more likely to report teenagers as over 18 in order to receive masks) and we report further robustness checks, such as dropping individuals under 30.

4.3 Primary Analyses

Mask-Wearing The first column in the top panel of Table 2 reports coefficients from a regression of mask-wearing on a constant, an intervention indicator (based on the assigned groups), baseline mask-wearing, the baseline symptom rate, and indicators for each control-intervention pair. More details of our statistical methods and standard error construction are available in Appendix D. Mask-wearing was 13.3% in control villages and 42.3% in treatment villages. Our regression adjusted estimate is an increase of 28.8 percentage points (95% CI: 0.27, 0.31). If we omit all covariates (except fixed effects for the strata within which we randomized), our point-estimate is

Table 1: Balance Tests (Individual-Level)

	Baseline Symptomatic Seroprevalence	Baseline WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.0247	0.1186
Control Rate	0.00003	0.0234	0.1200
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00001)	0.0009 (0.0011)	0.0010 (0.0039)
N individuals	307,106	307,106	307,106
N villages	572	572	572
<i>F</i>		0.80	
<i>Joint-Test Prob > F</i>		0.8492	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-defined COVID-19 symptoms as any of the following

- (a) fever and cough;
- (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);
- (c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1-week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

identical (Table A4). Considering only surveillance conducted when no mask distribution was taking place, mask-wearing increased 27.9 percentage points, from 13.4% in control villages to 41.3% in intervention villages (regression adjusted estimate: 0.28, 95% CI: 0.26, 0.30). We also run our analysis separately in mosques, markets, and other locations such as tea stalls, the entrance of restaurants, and the main road in the village. The increase in mask-wearing was largest in mosques (37.0 percentage points), while in all other locations it was 25-29 percentage points.

Physical Distancing Contrary to concerns that mask-wearing would promote risk compensation, we did not find evidence that our intervention decreases distancing behavior. In the second panel of Table A4, we report identical specifications to the first panel, but with physical distancing as the dependent variable. In control villages 24.1% of observed individuals practiced physical distancing compared to 29.2% in intervention villages, an increase of 5.1% (a regression adjusted estimate of 0.05 [95% CI: 0.04,0.06]) Evidently, protective behaviors like mask-wearing and physical-distancing are complements rather than substitutes: endorsing mask-wearing and informing people about its importance encouraged rural Bangladeshis to take the pandemic more seriously and engage in another form of self-protection. The increases in physical distancing were similar in cloth and surgical mask villages.

While we find increases in physical distancing of 5.1 percentage points pooling across all locations, there was substantial heterogeneity across locations. In markets, individuals become substantially more likely to physically distance (7.4 percentage points). There was no physical distancing practiced in any mosque, in either treatment or control villages, probably as a result of the strong religious norm of standing shoulder-to-shoulder when praying.

It is possible that physical distancing increases because our intervention results in fewer total people being present in public spaces. If socializing increased in the intervention group, but only among risk-conscious people, then we might see physical distancing increase despite people engaging in overall riskier behavior. To assess this, we consider as an alternative outcome the total number of people observed at public locations. While surveillance staff were not able to count

Table 2: Mask-Wearing and Physical Distancing, Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Locations	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.011)	0.370*** (0.016)	0.287*** (0.012)	0.251*** (0.012)	0.301*** (0.015)	0.256*** (0.019)
<i>Physical Distancing</i>							
Intervention Coefficient	0.051*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.074*** (0.007)	0.068*** (0.006)	0.054*** (0.006)	0.044*** (0.011)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions include controls for baseline rates of physical distancing and baseline symptom rates.

Baseline symptom rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

“Other Locations” include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

“Surgical Villages” refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. “Cloth Villages” refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled “Full”, but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the “Full” sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

everyone in busy public areas, the total number of people they were able to observe gives some indication of the crowd size. We find no difference in the number of people observed in public areas between the treatment and control groups (Table A5).

Symptomatic Seroprevalence Among the 335,382 participants who completed symptom surveys, 27,166 (8.1%) reported experiencing COVID-like illnesses during the study period. More participants in the control villages reported incident COVID-like illnesses ($n=13,893$, 8.6%) compared with participants in the intervention villages ($n=13,273$, 7.6%). Over one-third (40.3%) of symptomatic participants agreed to blood collection. Omitting symptomatic participants who did not consent to blood collection, symptomatic seroprevalence was 0.76% in control villages and 0.68% in the intervention villages. Because these numbers omit non-consenters, it is likely that the true rates of symptomatic seroprevalence are substantially higher (perhaps by 2.5 times, if non-consenters have similar seroprevalence to consenters).

In Figure 1 (and Tables A6 and A7), we report results from a regression of symptomatic seroprevalence on a treatment indicator, clustering at the village level and controlling for fixed effects for each pair of control-treatment villages. In the tables, we report results with and without additional controls for baseline symptoms and mask-wearing rates. In Table A6, we report results from our pre-specified linear model and in Table A7 we report results from a generalized linear model with a Poisson family and log-link function. In the text, we discuss the latter results (which are in units of relative risk); the linear model implies results of an almost identical magnitude.

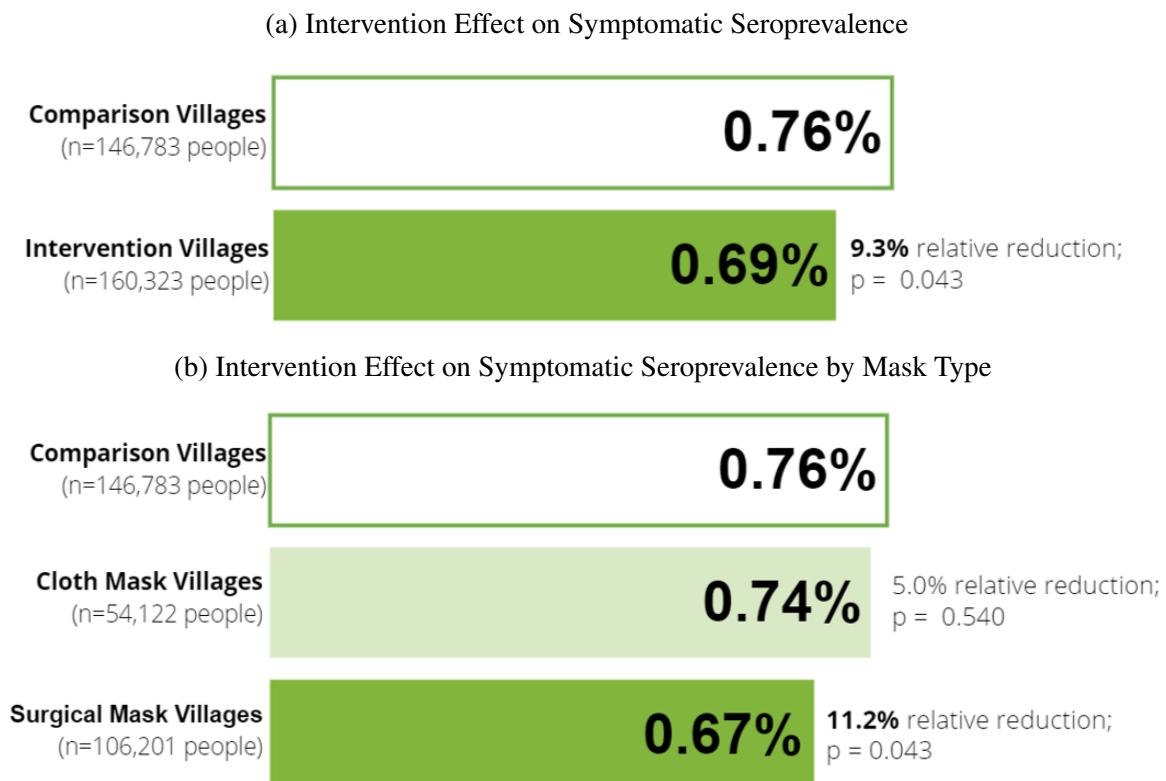
The results in all specifications are the same: we estimate a roughly 10% decline in symptomatic seroprevalence in the treatment group (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]) for a 29 percentage point increase in mask wearing over 8 weeks.⁷ In the second panel of Figure 1, we split our results by mask type (surgical vs. cloth). We find clear evidence that surgical masks lead to a relative reduction in symptomatic seroprevalence of 11.2% (aPR = 0.89 [0.78, 1.00]; con-

⁷To check robustness to the type of clustering, in panels A3a and A3b of Figure A3, we show the histogram of effect sizes arising from “randomization inference” if we randomly reassign treatment within each pair of villages and then estimate our primary specification. When doing so, we find that our estimated effect size is smaller than 8.1% of the simulated estimates with controls and 8.4% of the simulated estimates without controls (these are the corresponding p-values of the randomization inference t -test).

trol prevalence = 0.80%; treatment prevalence = 0.71%). For cloth masks, we find an imprecise zero, although the confidence interval includes the point estimate for surgical masks (aPR = 0.95 [0.79,1.11]; control prevalence 0.67%; treatment prevalence 0.62%).

Not all symptomatic seroprevalence is necessarily a result of infections occurring during our intervention; individuals may have pre-existing infections and then become symptomatic (perhaps caused by an infection other than SARS-CoV-2). In Appendix F, we show that if either: a) masks have the same proportional impact on COVID and non-COVID symptoms or b) all symptomatic seropositivity is caused by infections during our intervention, then the percentage decline in symptomatic seroprevalence will exactly equal the decline in symptomatic seroconversions. More generally, the relationship between the two quantities depends on whether masks have a greater impact on COVID or non-COVID symptoms, as well as the proportion of symptomatic seropositivity that is a result of infections pre-existing at baseline.

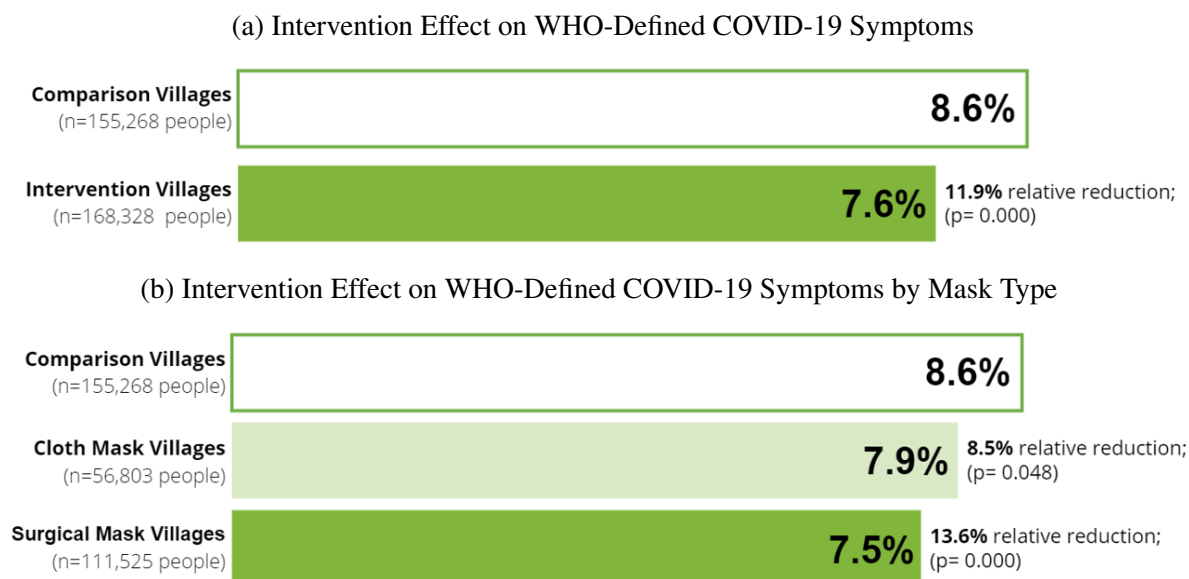
Figure 1: Intervention Effect on Symptomatic Seroprevalence



WHO COVID-19 Symptoms In Figure 2 and Tables A9 and A8, we report results from the same specifications with WHO-defined COVID-19 symptomatic status as the outcome.

We find clear evidence that the intervention reduced symptoms: we estimate a reduction of 11.9% (adjusted prevalence ratio 0.88 [0.83,0.93]; control group prevalence = 8.59%; treatment group prevalence = 7.60%). Additionally, when we look separately by cloth and surgical masks, we find that the intervention led to a reduction in COVID-like symptoms under either mask type ($p = 0.000$ for surgical, $p = 0.048$ for cloth), but the effect size in surgical mask villages was 30-80% larger depending on the specification. In Table A10, we run the same specifications using the smaller sample used in our symptomatic seroprevalence regression (i.e. those who consented to give blood). In this sample we continue to find an effect overall and an effect for surgical masks, but see no effect for cloth masks.

Figure 2: Intervention Effect on WHO-Defined COVID-19 Symptoms



4.4 Mechanisms for Increasing Mask-Wearing

Our intervention combined multiple distinct elements: we provided people with free masks; we provided information about why mask-wearing is important; we had mask promoters reinforce the importance of mask-wearing by stopping individuals in public places who were not wearing

masks, reminding them about the importance of mask-wearing, and giving them a mask if they did not have one; we partnered with local leaders to encourage mask-wearing at mosques and markets; and in some villages we provided a variety of reminders and commitment devices as well as incentives for village leaders. In Appendix G, we attempt to disentangle the role played by these different elements in encouraging mask use.

We find no evidence that any of our village-level or household-level treatments, other than mask color, impacted mask-wearing. For mask-color, we see marginally significant differences, small in magnitude. Green and blue masks were distributed in equal numbers in surgical mask villages, but blue masks were observed for 17.3% of observations in those villages while green masks were observed for 15.6% (adjusted percentage point difference = 0.03, [-0.00,0.06]); likewise, purple and red masks were distributed in equal numbers in cloth masks villages, but purple masks were observed for 6.0% of observations and red masks for 6.8% (adjusted percentage point difference = -0.02, [-0.04,-0.00]).⁸ Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the observed increase in mask-wearing. Compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects. We saw no significant difference in mask-wearing in the village-level randomization of surgical vs. cloth masks.

We do find non-experimental evidence that in-person mask promotion and reinforcement is a crucial part of our intervention. Our first pilot contained all elements of our intervention except in-person reinforcement. Our second pilot (one week later) and the full intervention (several months later) added in-person reinforcement. Under the assumption that treatment effects would otherwise be constant over time, we find that mask promotion accounts for 19.2 percentage points of our effect (regression adjusted estimate 0.19 [-0.33,-0.05]), or 65% of the total effect size. In Table A11, we show that this difference is statistically significant whether or not we include baseline controls. This was not a pre-specified analysis.

⁸The proportion of colored masks observed is calculated over all observed individuals.

4.5 Persistence of Effects over Time

In Table A12, we report estimates of our primary specification separately by week of surveillance. Week 10 is especially interesting, as it was two weeks after intervention activities ceased. This analysis was not preregistered.

We find no evidence that the impact of the intervention attenuates over the 10 weeks. In the 414 villages for which we have 10 weeks of surveillance, the point estimates are slightly smaller in week 10 (a 23.3 percentage point increase) than week 1 (30.4 percentage points), although this difference is not statistically significant. This is consistent with social norms around mask-wearing taking hold, where adoption by some in the community has a demonstration effect that encourages subsequent adoption by others. If mask-wearing was driven by a “novelty factor” associated with our mask promotion campaign, we would have instead expected some attenuation over the course of the 8 weeks of intervention. The point estimates of the impact of intervention by week for the panel of 414 villages for which we have data in all weeks are plotted in Figure A4.

We additionally conducted a follow-up surveillance 5 months after the start of the intervention (20-27 weeks, depending on the wave). Mask-wearing had declined to 14.1% in the control group and 22.4% in the intervention group (a regression adjusted difference of 0.10 [0.08,0.13]).

4.6 Subgroup Analyses

We also considered how the impact of our intervention differed between subgroups.

Mask-Wearing by Age and Gender In Table A13, we analyze the impact of our intervention on mask-wearing and physical distancing separately by gender, as well as by whether baseline mask-wearing was above or below the median. Gender was recorded in 65% of observations; age was not recorded and thus we do not conduct an age-stratified assessment. In the gender results, we drop surveillance observations for mosques because in Bangladesh it is rare for women to attend mosque (hence the lower average increases reported in this table). We found that the intervention increased mask-wearing by 27.1 percentage points for men ([0.25,0.30]) and 22.5

percentage points for women ([0.20,0.25]). Although we do not have the variation to test this, the gendered difference in effect size may be because our mask promoters were predominantly men. We intentionally hired predominantly men because most of the interactions that our staff would have in public places would be men. Men constituted 88.2% of all observed adults.

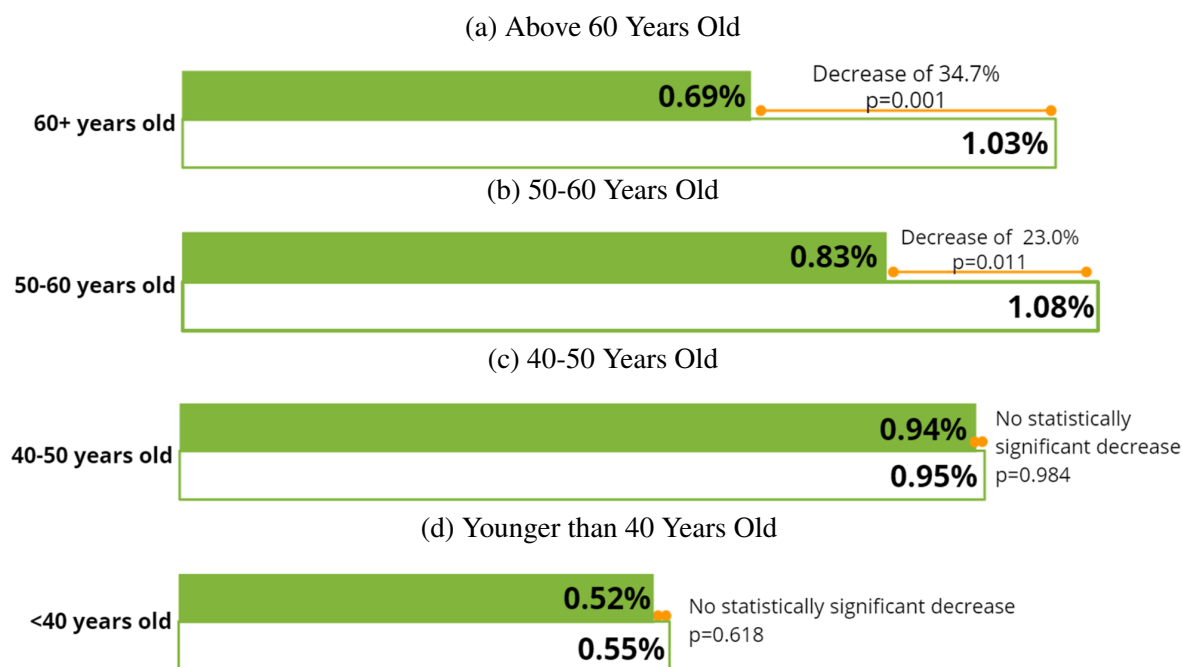
We also found a larger increase in mask-wearing in villages with below-median baseline mask-wearing (where mask-wearing increased from 8.7% to 42.2% at endline) than those with above-median baseline mask-wearing (where the increase was from 17.5% to 42.4%).

Symptomatic Seroprevalence by Age In Figure 3 (and in Tables A14, A15, and A16), we report results from our primary specification separately by age for villages with surgical masks. Table A14 reports our preregistered specification, a linear model run separately for each decade of age, pooling cloth and surgical villages. Table A15 synthesizes these results, collapsing by categories of <40, 40-50, 50-60 and 60+, and Table A16 reports the same results as a relative risk reduction, separately for cloth and surgical masks. We find that the impact of the intervention on symptomatic seroprevalence is concentrated among individuals over age 50, especially in villages randomized to surgical masks, which appear to more effectively prevent COVID-19. In surgical mask villages, we observe a 23.0% decline in symptomatic seroprevalence among individuals aged 50-60 (adjusted prevalence ratio of 0.77 [0.59,0.95]) and a 34.7% decline among individuals aged 60+ ($p = 0.001$) (adjusted prevalence ratio of 0.65 [0.46, 0.85]).

WHO COVID-19 Symptoms by Age In Tables A17 and A18 (the latter our preregistered specification), we perform the same analysis using the larger sample of individuals who reported symptom information. In this sample, we continue to find larger effects at older ages, although the differences are not as stark as for the symptomatic seroprevalence outcome. In Table A19, we show that the age gradient is steeper for surgical masks.

Additional Preregistered Specifications In Appendix H, we discuss additional preregistered specifications not reported in the text, either because they were severely underpowered given the

Figure 3: Effect on Symptomatic Seroprevalence by Age Groups, Surgical Masks Only



available data or because data on required variables was unavailable.

4.7 Intervention Cost and Benefit Estimates

In Appendix I, we assess the costs of implementing our intervention relative to the health benefits, specifically focusing on our ongoing efforts to implement the intervention at scale in Bangladesh. We consider a range of possible estimates for excess deaths from COVID-19 from May 1, 2021 - September 1, 2021, and we assume that our age-specific impacts on symptomatic seroprevalence will lead to proportional reductions in mortality. We estimate that a scaled version of our intervention being implemented in Bangladesh will cost about \$1.50 per person, and between \$10K and \$52K per life saved, depending which estimate we use for excess deaths.

4.8 Polling and Policy-Maker Priors

To assess how our findings compared to the priors of relevant policy makers, we polled participants during presentations to the World Health Organization, the World Bank, and the National Council

of Applied Economic Research in Delhi, India. In total, more than 100 audience members with expertise and specific interest in public health and mask-wearing were surveyed and asked to make predictions about the impact of our various interventions on mask-wearing and physical distancing, just before we showed them our empirical results (at the time, our biological outcomes were unavailable).

There are three main takeaways from this polling exercise: first, only a tiny fraction of policy-makers correctly predicted the impact of our core intervention on mask-wearing and physical distancing. Second, policy maker predictions varied widely, both for effects of the intervention on mask-wearing and physical distancing. Third, policy-makers systematically underestimated the overall impact of our intervention and especially the impact of in-person reinforcement on mask-wearing.

When asked if they thought the intervention would increase mask-wearing by 5, 10, 20, 30, or 40 percentage points, only 21% of respondents correctly predicted that the intervention increased mask-wearing by 30 percentage points (about what we would expect if they guessed randomly). The expected value of the predicted increase in mask-wearing was 22 percentage points whether we described the intervention with or without mask promotion included. The difference in mask-wearing observed in our two pilot studies suggests that in-person reinforcement increased mask-wearing by 18 percentage points. In other words, policy-makers makers believed that in-person reinforcement would have no additional impact, despite our piloting suggesting it is the single most important element of our intervention. With regard to behavioral adjustments, 64% of respondents predicted that physical distancing would either decrease or remain unchanged as a result of the mask-promotion interventions, when in fact, it increased.

Policy-makers consistently believed that our cross-randomizations would increase mask-wearing, when in fact, we find that none of them had a significant effect (often with fairly precise zeros). 68% of respondents believed that text messages would help (they didn't), 62% of respondents believed that incentives for village-leaders would help (they didn't), and 77% of respondents believed that verbal commitments or commitments made using signs on one's door would increase

mask-wearing (they didn't). More details from our polling exercise are provided in Appendix J.

5 Discussion

We present results from a cluster-randomized controlled trial of a scalable intervention designed to increase mask-wearing and reduce cases of COVID-19. Our estimates suggest that mask-wearing increased by 28.8 percentage points, corresponding to an estimated 51,347 additional adults wearing masks in intervention villages, and this effect was persistent even after active mask promotion was discontinued. The intervention led to a 9.3% reduction in symptomatic SARS-CoV-2 seroprevalence (which corresponds to a 103 fewer symptomatic seropositives) and an 11.9% reduction in the prevalence of COVID-like symptoms, corresponding to 1,587 fewer people reporting these symptoms.⁹ The effects were substantially larger (and more precisely estimated) in communities where we distributed surgical masks, consistent with their greater filtration efficiency measured in the laboratory (manuscript forthcoming). In villages randomized to receive surgical masks, the relative reduction in symptomatic seroprevalence was 11% overall, 23% among individuals aged 50-60, and 35% among those over 60.

We found clear evidence that surgical masks are effective in reducing symptomatic seroprevalence of SARS-CoV-2; while cloth masks clearly reduce symptoms, we cannot reject that they have zero or only a small impact on symptomatic SARS-CoV-2 infections (perhaps reducing symptoms of other respiratory diseases). Additionally, we found evidence that surgical masks were no less likely to be adopted than cloth masks (perhaps slightly more likely). Thus, surgical masks have higher filtration efficiency, are cheaper, are consistently worn, and are better supported by our evidence as tools to reduce COVID-19.

Our results should *not* be taken to imply that masks can prevent only 10% of COVID-19 cases, let alone 10% of COVID-19 mortality. Our intervention induced 29 more people out of every 100 to wear masks, with 42% of people wearing masks in total. The total impact with near-

⁹If we assume that non-consenting symptomatic individuals were seropositive at the same rate as consenting symptomatic individuals, the total estimated symptomatic seropositives prevented would be 258.

universal masking—perhaps achievable with alternative strategies or stricter enforcement—may be several times larger than our 10% estimate. Additionally, the intervention reduced symptomatic seroprevalence more when surgical masks were used, and even more for the highest-risk individuals in our sample (23% for ages 50-60 and 35% for ages 60+). These numbers likely give a better sense of the impact of our intervention on severe morbidity and mortality, since most of the disease burden is borne by the elderly. Where achievable, universal mask adoption is likely to have still larger impacts.

We identified a combination of core intervention elements that were effective in increasing mask-wearing in rural Bangladesh: mask distribution and role-modeling, combined with mask promotion, leads to large and sustained increases in mask use. Results from our pilots suggest that combining mask distribution, role-modeling, and active mask promotion – rather than mask distribution and role-modeling alone – seems critical to achieving the full effect. Our trial results also highlight many factors that appear inessential: we find no evidence that public commitments, village-level incentives, text messages, altruistic messaging, or verbal commitments change mask-wearing behavior. The null results on our cross-randomizations do not necessarily imply that these approaches are not worth trying in other contexts, but they teach us that large increases in mask-wearing are possible without these elements.

Our intervention design is immediately relevant for Bangladesh’s plans for larger-scale distribution of masks across all rural areas. The Bangladesh Directorate-General of health has assigned the study team and the NGO *BRAC* the responsibility to scale up the strategies that were proven most effective in this trial to reach 81 million people [49]. At the time of writing, we are implementing this program in the 37 districts prioritized by the government based on SARS-CoV-2 test positivity rates. Our results are also relevant for mask dissemination and promotion campaigns planned in other countries and settings which face similar challenges in ensuring mask usage as a result of limited reach and enforcement capacity. The mask promotion model described in this paper was subsequently adopted by governments and other implementers in Pakistan [50], India [51], and Nepal [52]. The intervention package would be feasible to implement in a similar fashion

in other world regions as well. Beyond face masks, the conceptual underpinning of our strategies could be applied to encourage the adoption of other health behaviors and technologies, in particular those easily observable by others outside the household, such as purchase and consumption of food, alcohol, and tobacco products in stores, restaurants, or other public spaces [53], hand washing and infection control in healthcare facilities [54, 55, 56], hygiene interventions in childcare and school settings [57, 58], improved sanitation [31, 59], or vaccination drives [60].

Policymakers and public health experts at the World Health Organization and the World Bank were polled prior to presentations of the study results regarding mask-wearing. The majority of poll respondents anticipated that text messages, verbal commitments, and incentives would increase mask-wearing, when in reality, we estimated fairly precise null effects, and poll respondents believed that in-person mask promotion would have no additional effect, whereas the evidence from our pilots suggests it is essential.

While critics of mask mandates suggest that individuals who wear masks are more likely to engage in high risk behaviors, we found no evidence of risk compensation as a result of increased mask-wearing. In fact, we found that our intervention increased the likelihood of physical distancing, presumably because individuals participating in the intervention took the threat of COVID-19 more seriously. These findings should be interpreted with caution, as these behavioral responses may be especially context-dependent.

The intervention may have influenced rates of COVID-19 by increasing mask use and/or physical distancing and/or other risk prevention behaviors. Three factors suggest that the direct impact of masks is the most likely explanation for our documented health impacts. First, while we find similar impacts of cloth and surgical masks on physical distancing, we find consistently larger impacts of surgical masks on symptomatic seroprevalence, consistent with the evidence that surgical masks have better filtration efficiency [61]. Second, we see no change in physical distancing in the highest risk environment in our study, typically crowded indoor mosques. The physical distancing impacts we do measure were confined to outdoor environments. Third, our study complements a large body of laboratory and quasi-experimental evidence that masks have a direct effect on

SARS-CoV-2 transmission [1].

Our study has several limitations. The distinct appearance of project-associated masks and elevated mask-wearing in intervention villages made it impossible to blind surveillance staff to study arm assignment (although the staff were not informed of the exact purpose of the study). Even though surveillance staff were plain-clothed and were instructed to remain discreet, community members could have recognized that they were being observed and changed their behavior. Additionally, survey respondents could have changed their likelihood of reporting symptoms in places where mask-wearing was more widespread. We might expect this to bias us towards higher symptomatic rates in treatment areas. While we confirm that blood consent rates are not significantly different in the treatment and control group and are comparable across all demographic groups, we cannot rule out that the composition of consenters differed between the treatment and control groups. The slightly higher point estimate for consent in the treatment group again biases us away from finding an effect, since it raises symptomatic seroprevalence in the treatment group. Although control villages were at least 2 km from intervention villages, adults from control villages may have come to intervention villages to receive masks, reducing the apparent impact of the intervention. While we did not directly assess harms in this study, there could be costs resulting from discomfort with increased mask-wearing, adverse health effects such as dermatitis or headaches, or impaired communication.

Because the study was powered to detect differences in symptomatic seroprevalence, we cannot distinguish whether masks work by making symptoms less severe (through a reduced viral load at transmission) or by reducing new infections. We selected the WHO case definition of COVID-19 for its sensitivity, though its limited specificity may imply that the impact of masks on symptoms comes partly from non-SARS-CoV-2 respiratory infections. If masks reduce COVID-19 by reducing symptoms (for a given number of infections), they could help ease the morbidity and mortality resulting from a given number of SARS-CoV-2 infections. If masks reduce infections, they may reduce the total number of infections over the long-term by buying more time to increase the fraction of the population vaccinated. At the time of the study, the predominant circulating

SARS-CoV-2 strain was B.1.1.7 (alpha)[62]. The impacts of the delta variant on the number of infections prevented by a given mask-wearer are uncertain; the population-wide consequences of infections prevented by a given mask-wearer may be larger given a higher reproduction number.

We estimate that a scaled version of our intervention being implemented in Bangladesh will cost between \$10K and \$52K per life saved, depending on what fraction of excess deaths are attributable to COVID-19. This is considerably lower than the value of a statistical life in Bangladesh (\$205,000, [63]) and under severe outbreaks, is comparable to the most cost-efficient humanitarian programs at scale (e.g. distributing insecticide nets to prevent malaria costs \$9,200 per life saved [64]). This estimate includes only mortality impacts but not morbidity, and greater cost-efficiency is possible if our intervention can be streamlined to further isolate the essential components. The vast majority of our costs were the personnel costs for mask-promoters: if we consider only the costs of mask production, these numbers would be 20x lower. Thus, the overall cost to save a life in countries where mask-mandates can be enforced at minimal cost with existing infrastructure may be substantially lower than our estimates above.

In summary, we found that mask distribution, role modeling, and promotion in a LMIC setting increased mask-wearing and physical distancing, leading to lower illness, particularly in older adults. We find stronger support for the use of surgical masks than cloth masks to prevent COVID-19. Whether people with respiratory symptoms should generally wear masks to prevent respiratory virus transmission—including for viruses other than SARS-CoV-2—is an important area for future research. Our findings suggest that such a policy may benefit public health.

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6 Conflict of Interest

The funder had no role in the study design, interpretation of results, or decision to publish.

7 Research Ethics Approvals

Our study protocols were reviewed and approved by the Yale University Institutional Review Board (Protocol ID: 2000028482), and by the Bangladesh Medical Research Council National Research Ethics Committee (IRB registration number: 330 26 08 2020). We also received separate administrative approval from the Bangladesh Ministry of Health and Family Welfare. Study protocols and plans were also discussed with public health experts at the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and a2i, an innovation agency within the Bangladesh government (<https://a2i.gov.bd/>), prior to implementation. We provide ethical justification for our decisions in our [online ethics appendix](#).

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Table S9. What do you think was the additional effect of mask promoters reminding people to wear masks?

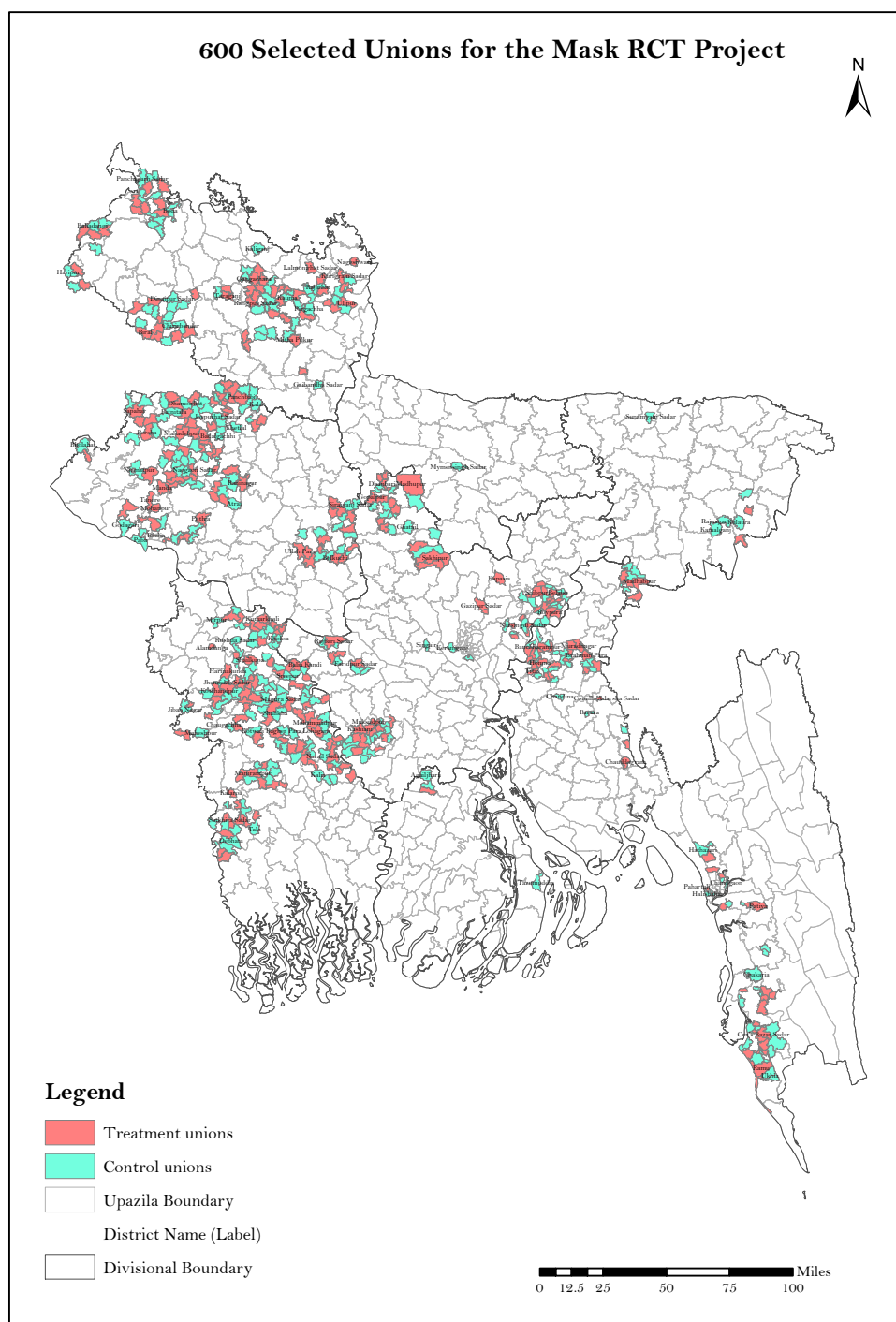
Table S10. Do you think text message reminders to wear masks further increased mask-wearing?

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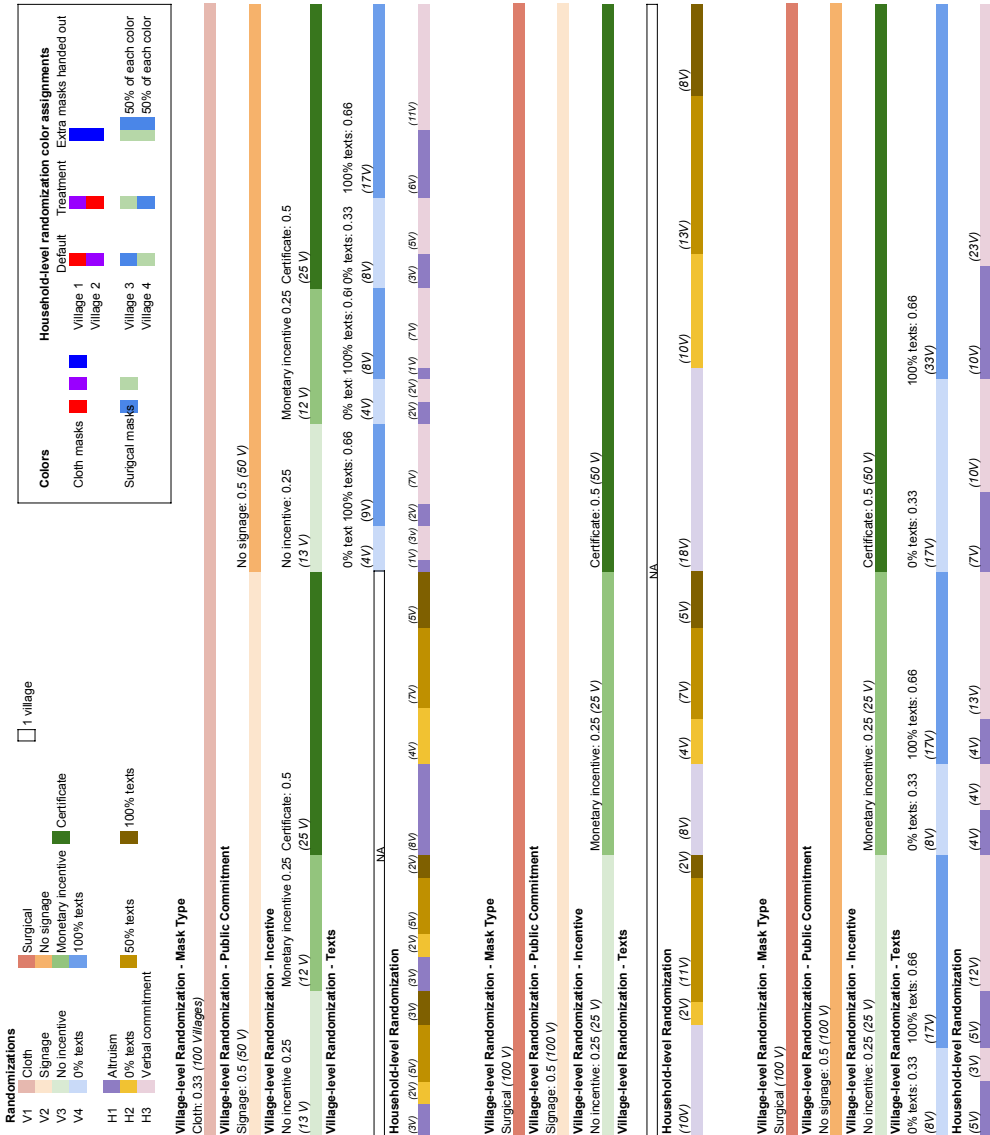
Table S13. Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

Figure A1: Map of 600 Treatment and Control Unions



The figure shows the location of the 600 treatment and control unions in the study.

Figure A2: Schematic of Cross-Randomizations



Notes: Each box represents one village and each color represents a village-level randomization. Different tones of the same hue represent different possible realizations for each randomization. The "Colors" box in the upper right exemplifies the color of masks used to denote households that received the default or intervention condition of the household-level randomization.

Table A1: Endline Blood Sample Collection

	Treatment Villages	Control Villages	Total
Number of People Identified in Baseline Household Visits	178,288	163,838	342,126
Number of People Reached for Symptom Collection on in the Midline and Endline Visits	174,171	161,211	335,382
Number of People with WHO-defined COVID-19 Symptoms	13,273	13,893	27,166
Number of Symptomatic Endline Blood Samples Collected	5,414	5,538	10,952
Number of Symptomatic Endline Blood Samples Tested	5,006	4,971	9,977

All counts provided are at the individual level.

WHO-defined COVID-19 symptoms is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

Table A2: Endline Blood Collection Consent Rates by Demographic Characteristics

	Treatment	Control	Total
Total	40.8%	39.9%	40.3%
<i>By Sex</i>			
Female	41.0%	39.7%	40.4%
Male	40.5%	40.0%	40.3%
<i>By Age Group</i>			
≤ 40 Y.O.	41.0%	39.2%	40.1%
Between 40-50 Y.O.	40.7%	40.5%	40.6%
Between 50-60 Y.O.	41.8%	40.8%	41.3%
≥ 60 Y.O.	39.4%	40.0%	39.7%

Consent rates are defined as the ratio of the number of individuals we successfully drew blood from to the number of eligible symptomatic individuals.

Table A3: Balance Tests (Village-Level)

	Baseline Symptomatic Seroprevalence Rate	WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.027	0.123
Control Rate	0.00003	0.025	0.125
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00002)	0.001 (0.002)	0.001 (0.005)
N villages	572	572	572
<i>F</i>		0.12	
<i>Joint-Test Prob > F</i>		0.9471	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-Defined COVID-19 symptoms as any of the following

(a) fever and cough;

(b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);

(c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1 week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

Table A4: Mask-Wearing and Physical Distancing, without Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.012)	0.371*** (0.016)	0.288*** (0.012)	0.252*** (0.012)	0.302*** (0.014)	0.258*** (0.020)
Average Mask-Wearing Rate in Paired Control Villages [§]	0.133	0.134	0.123	0.120	0.146	0.129	0.143
<i>Social Distancing</i>							
Intervention Coefficient	0.050*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.073*** (0.007)	0.067*** (0.007)	0.053*** (0.006)	0.044*** (0.011)
Average Distancing Rate in Paired Control Villages [§]	0.241	0.253	0.000	0.291	0.311	0.229	0.268
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair.

[§]We report the mean rate of proper mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

"Other Locations" include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

"Surgical Villages" refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. "Cloth Villages" refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled "Full", but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the "Full" sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A5: Number of People Observed

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>No Baseline Control</i>							
Intervention Coefficient	-31 (51)	-53 (45)	35 (24)	-20 (17)	-46** (23)	-9 (63)	-75 (85)
Avg. Number People Observed in Paired Control Villages [§]	2820	2682	580	882	1358	2914	2635
<i>With Baseline Control</i>							
Intervention Coefficient	-43 (45)	-64 (40)	23 (20)	-18 (15)	-53** (21)	-37 (58)	-45 (76)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline control" include controls for the number of people observed in the baseline visit.

§We report the average number of people observed among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

"Other Locations" include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

"Surgical Villages" refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. "Cloth Villages" refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled "Full", but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the "Full" sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A6: Symptomatic Seroprevalence

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0004 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0009** (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0002 (0.0005)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A7: Symptomatic Seroprevalence, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.906** [0.814, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.894* [0.782, 1.006]
Intervention Prevalence Ratio for Cloth Mask Villages		0.933 [0.776, 1.089]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.907** [0.817, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.888** [0.780, 0.997]
Intervention Prevalence Ratio for Cloth Mask Villages		0.950 [0.791, 1.109]
N individuals	288,612	288,612
N villages	536	536

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The regressions exclude 18,494 individuals in 36 villages because there are 0 people who are symptomatic-seropositive in their village pairs.

Table A8: WHO-Defined COVID-19 Symptoms, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.831,0.931]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.871*** [0.807,0.936]
Intervention Prevalence Ratio for Cloth Mask Villages		0.901** [0.816,0.986]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.830,0.933]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.864*** [0.801,0.926]
Intervention Prevalence Ratio for Cloth Mask Villages		0.915** [0.831,0.999]
N individuals	323,596	323,596
N villages	572	572

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

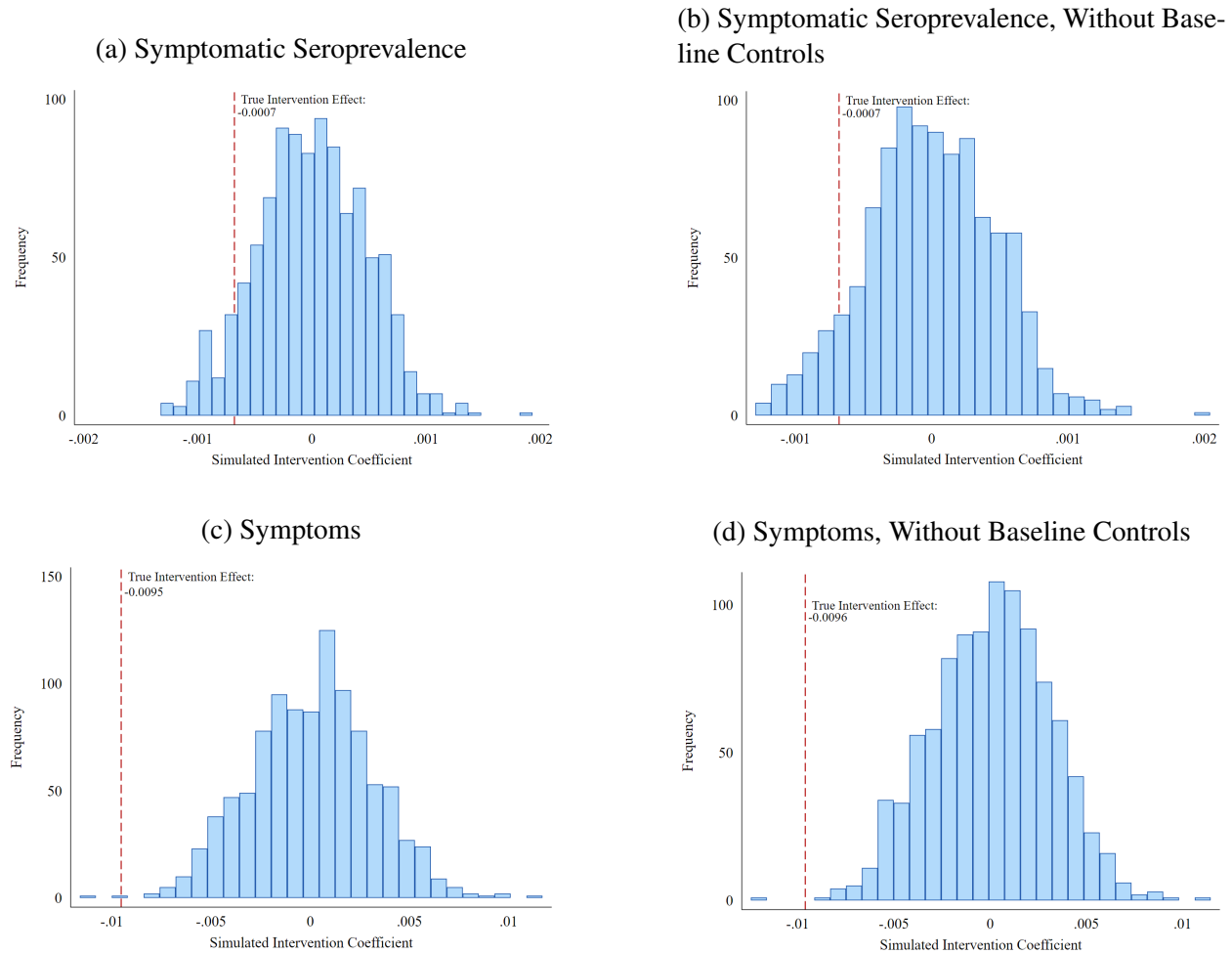
(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis in the first column includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Figure A3: Randomization Inference on Symptomatic Seroprevalence and Symptoms



The histograms are generated by plotting the frequency the coefficient on the intervention under 1,000 imputations of randomly assigning the treatment/control status within each village-pair. The regressions used to generate the intervention coefficient in panel (a) and (b) are equivalent to those in Table A6, top and bottom panel, respectively. The regressions used in panel (c) and (d) are equivalent to those in Table A9, top and bottom panel, respectively. The one-sided p -values for each panel is as follows:

- (a) 0.081
- (b) 0.084
- (c) 0.002
- (d) 0.001

Table A9: WHO-defined COVID-19 Symptoms

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0096*** (0.0022)	
Intervention Coefficient for Surgical Mask Villages		-0.0105*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0079** (0.0035)
Average Symptomatic Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0095*** (0.0021)	
Intervention Coefficient for Surgical Mask Villages		-0.0112*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0063* (0.0035)
N individuals	323,596	323,596
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID-19 symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A10: WHO-defined COVID-19 Symptoms (Robustness Check)

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0031*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0047*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0001 (0.0017)
Average Symptomatic Rate in Paired Control Villages [§]	0.0330	0.0330
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0030*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0050*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0009 (0.0017)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A11: Pilot Analyses of Mask Wearing

	Main Intervention	Pilot 1	Pilot 2	Pilot 1	Pilot 2
<i>No Baseline Controls</i>					
Intervention Coefficient	0.288*** (0.012)	0.109 [-0.161, 0.320]	0.284 [0.081, 0.408]		
Difference from Main Intervention				-0.189*** (0.073)	0.022 (0.053)
Average Control Mask Wearing Rate [§]	0.1339	0.129	0.095		
<i>With Baseline Controls</i>					
Intervention Effect	0.288*** (0.012)	0.096 [-0.126, 0.315]	0.341 [0.135, 0.509]		
Difference from Main Intervention				-0.181** (.092)	-0.005 (.058)
N villages	572	10	10	592	592

Standard errors are in parentheses. Confidence intervals are in brackets, computed using wild bootstrap.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regressions "with baseline controls" include controls for baseline rates of mask-wearing.

The first column reports the results of our main intervention; equivalent to the results in Table ??, using full surveillance data.

§We report the mean rate of mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

Table A12: Persistence of Mask-Wearing

	<i>Week from Baseline Observation</i>						
	1	2	4	6	8	10	Followup
<i>Consistent Panel</i>							
Intervention Coefficient	0.304*** (0.016)	0.284*** (0.016)	0.290*** (0.016)	0.286*** (0.016)	0.261*** (0.016)	0.233*** (0.017)	0.102*** (0.011)
N villages	414	414	414	414	414	414	414
<i>All Villages</i>							
Intervention Coefficient	0.300*** (0.014)	0.285*** (0.014)	0.291*** (0.014)	0.298*** (0.015)	0.261*** (0.014)	0.230*** (0.015)	0.094*** (0.010)
N villages	542	558	548	550	528	508	548

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair, baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

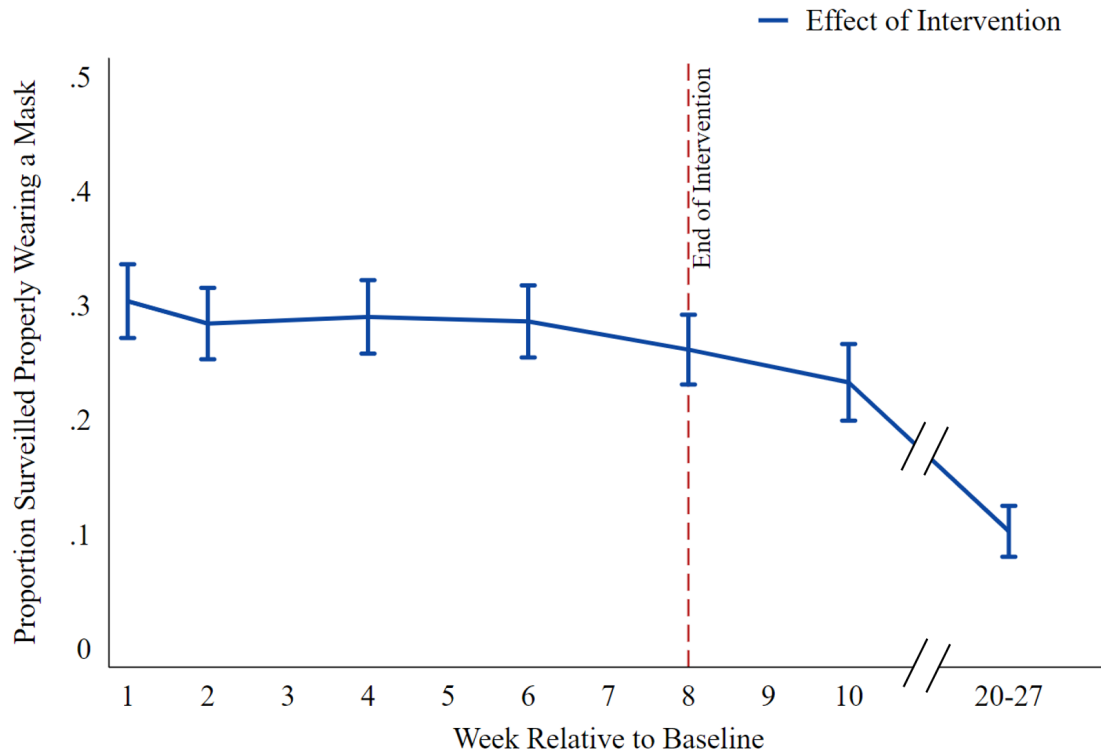
“Followup” surveillance occurred between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

This analysis estimates separate intervention effects 1, 2, 4, 6, 8, 10 weeks, and 20-27 weeks after baseline observation. The top panel runs the regressions only among a consistent panel of 414 villages that have all 10 weeks and the subsequent followup observation. The results of the analysis are displayed graphically in Figure A4.

The bottom panel is run among all villages which have surveillance data for that period of observation, as well as the baseline period.

The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Figure A4: Persistence of Mask-Wearing



The figure corresponds to the regressions presented in Table A12, top panel. We present the effect of the intervention separately across weeks 1, 2, 4, 6, 8, 10, and 20-27 weeks after the baseline observation with 95% confidence intervals. The 20-27 week observation was collected during our “Followup” surveillance between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

The analysis is run across a panel of 414 villages with observation through the entirety of the study. The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Table A13: Subgroup Analyses of Mask-Wearing

	Female Only	Male Only	Above Median	Below Median
<i>No Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.018)	0.350*** (0.022)
Average Control Mask-Wearing Rate [§]	0.312	0.116	0.175	0.087
<i>With Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.019)	0.354*** (0.022)
N villages	566	566	200	202

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. For the gender subgroup analyses, the baseline symptom rate and baseline mask-wearing rate was defined across all individuals, not just those among females and males, respectively.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

The sex-specific subgroup is run on all locations except mosques because no females were observed at mosques. The sex-specific samples excludes 6 villages because of lack of data. The above-median and below-median samples includes 85 singleton observations which were dropped.

Table A14: Symptomatic Seroprevalence by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0008 (0.0007)	-0.0022*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
Avg. Symptomatic Seroprevalence in Paired Control Vill. [§]	0.0076	0.0045	0.0069	0.0095	0.0108	0.0104	0.0101
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0009 (0.0007)	-0.0021*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
N Individuals	307,106	101,939	70,285	52,161	39,307	27,792	15,622
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A15: Symptomatic Seroprevalence by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0008* (0.0004)	-0.0001 (0.0004)	0.0000 (0.0009)	-0.0024*** (0.0009)	-0.0032*** (0.0010)
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0009** (0.0004)	-0.0003 (0.0004)	-0.0001 (0.0008)	-0.0025*** (0.0009)	-0.0034*** (0.0010)
N Individuals	307,106	172,224	52,161	39,307	43,414
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A16: Symptomatic Seroprevalence by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.894* [0.782,1.006]	0.977 [0.839,1.116]	1.003 [0.825,1.182]	0.768*** [0.595,0.941]	0.669*** [0.472, 0.865]
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.888*** [0.780,0.997]	0.966 [0.833,1.099]	1.002 [0.813,1.191]	0.770** [0.593,0.948]	0.653*** [0.458, 0.849]
N Individuals	288,612	147,954	36,002	24,282	28,103
N Villages	536	482	382	348	360

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A17: WHO-Defined COVID-19 Symptoms by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0105*** (0.0028)	-0.0088*** (0.0028)	-0.0093*** (0.0035)	-0.0123*** (0.0038)	-0.0167*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0079** (0.0035)	-0.0061** (0.0027)	-0.0020 (0.0051)	-0.0164*** (0.0059)	-0.0116** (0.0059)
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0112*** (0.0028)	-0.0096*** (0.0028)	-0.0099*** (0.0035)	-0.0129*** (0.0038)	-0.0175*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0063* (0.0035)	-0.0048* (0.0028)	-0.0001 (0.0050)	-0.0142** (0.0058)	-0.0092 (0.0059)
N Individuals	323,596	179,882	55,465	41,873	46,376
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A18: WHO-Defined COVID-19 Symptoms by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0096*** (0.0022)	-0.0081*** (0.0020)	-0.0072*** (0.0027)	-0.0068** (0.0029)	-0.0137*** (0.0032)	-0.0121*** (0.0037)	-0.0189*** (0.0045)
Avg Symptomatic Rate in Paired Control Vill. [§]	0.0859	0.0605	0.0872	0.0981	0.1057	0.1080	0.1085
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0095*** (0.0021)	-0.0082*** (0.0020)	-0.0072*** (0.0026)	-0.0066** (0.0028)	-0.0133*** (0.0032)	-0.0119*** (0.0036)	-0.0185*** (0.0045)
N Individuals	323,596	105,778	74,104	55,465	41,873	29,721	16,655
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A19: WHO-Defined COVID-19 Symptoms by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.871*** [0.807,0.936]	0.871*** [0.794,0.948]	0.901*** [0.829,0.972]	0.877*** [0.803,0.951]	0.834*** [0.755,0.912]
Intervention Coefficient for Cloth Mask Villages	0.901** [0.816,0.986]	0.907** [0.828,0.987]	0.979 [0.873,1.084]	0.828*** [0.709,0.947]	0.884** [0.770,0.998]
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.864*** [0.801,0.926]	0.861*** [0.786,0.936]	0.896*** [0.826,0.965]	0.868*** [0.795,0.940]	0.828*** [0.753,0.904]
Intervention Coefficient for Cloth Mask Villages	0.915** [0.831,0.999]	0.916** [0.836,0.996]	0.996 [0.893,1.099]	0.849** [0.732,0.966]	0.903* [0.790, 1.016]
N Individuals	323,596	179,882	55,465	41,759	46,245
N Villages	572	572	572	570	570

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

B Pairwise Randomization Procedure

Villages were assigned to strata as follows:

1. We began with 1,000 villages in 1,000 separate unions to ensure sufficient geographic distance to prevent spillovers (Bangladesh is divided into 4,562 unions).
2. We collected these unions into “Units”, defined as the intersection of upazila x (above/below) median population x case trajectory, where above/below median population was a 0-1 indicator for whether the union had above-median population for that upazila and case trajectory takes the values -1, 0, 1 depending on whether the cases per 1,000 are decreasing, flat or increasing. We assessed cases per person using data provided to us from the Bangladeshi government for the periods June 27th-July 10th and July 11th-July 24th, 2020.
3. If a unit contained an odd number of unions, we randomly dropped one union.
4. We then sort unions by “cases per person” based on the July 11th-July 24th data, and create pairs of unions. We randomly kept 300 such pairs.
5. We randomly assigned one union in each pair to be the intervention union.
6. We then tested for balance with respect to cases, cases per population, and density.
7. Finally, we repeated this entire procedure 50 times, selecting the seed that minimized the maximum of the absolute value of the t-stat of the balance tests with respect to case trajectory and cases per person.

C Cross-Randomization Procedure

Villages were assigned to village-level cross-randomizations as follows:

1. We began with the 300 union-pairs (600 villages total) identified in the pairwise randomization procedure, and limited to only the villages in the intervention group.

2. Using a random number generator, we ordered the villages, and assigned the first $1/3$ of the intervention villages to be distributed cloth masks and $2/3$ to be distributed surgical masks.
3. Within the mask-type randomization, we randomly reordered the unions, then assigned the first $1/2$ of villages to hang signage on their door as a visual commitment to mask-wearing, and $1/2$ of villages to not have signage on their door.
4. Within the previous two randomizations, we randomly assigned $1/4$ of villages to receive no incentive, $1/4$ to receive a monetary award, and $1/2$ to receive a certificate incentive. If there was an odd-number of villages within this randomization, then we broke the difference by rounding the number of villages in the randomization to the nearest whole number.
5. In villages without signage, we randomly ordered the villages and assigned the first $2/3$ to receive texts encouraging mask-wearing, and the remaining $1/3$ receive no such messages. If the number of villages was not divisible by thirds, then we broke the difference by rounding the number of villages to the nearest whole number.

Unions were assigned to household-level cross-randomizations using the following procedure. Note that each village may have only one household-level randomization.

1. In villages with the signage randomization, we assigned $2/3$ of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining $1/3$ to receive altruistic messages about the benefits of mask-wearing in addition to the self-protection messages. If the number of villages was not divisible by thirds, we broke the difference by rounding to the nearest whole number.
2. In villages with the signage randomization and no household-level altruism randomization (and by definition, no village-level text message randomization), we assigned $1/4$ of villages to receive no household-level text-message randomization, $1/2$ of villages to have 50% of their households receive text-message reminders, and the remaining $1/4$ of villages to have 100% of their households receive texts.

3. In villages without the signage randomization, we assigned 2/3 of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining 1/3 to receive messages emphasizing the altruistic reasons to wear masks in addition to the self-protection messages.
4. In the villages without the signage randomization and no household-level altruism randomization, we asked households to make a verbal commitment to be a mask-wearing household.

D Statistical Analysis

This section describes details of our statistical analyses.

Mask-Wearing We created a data set with an observation for each village j . We defined proper mask use as anyone wearing either a project mask or an alternative face-covering that covered their mouth and nose. We considered two definitions of the proportion of observed individuals wearing masks (p_j). In our primary specification, we defined p_j using all observed adults. In a secondary specification, we considered adults observed only in locations where there was not simultaneous mask distribution. The purpose of this second specification was to investigate separately whether the intervention increased mask-wearing in places where we did not have promoters on site.

Our goal was to estimate the impact of the intervention on the probability of mask-wearing, defined as $\psi_1 = E_x[E(p_j|T_j = 1, x_j) - E(p_j|T_j = 0, x_j)]$ where T_j is an indicator for whether a village was treated and x_j is a vector of the village-level covariates, including the prevalence of baseline mask-wearing in each village (constructed analogously to p_j), baseline respiratory symptom rates, and indicators for each pair of villages from our pairwise stratification method.

We estimated this equation at the village-level with an ordinary least squares regression, using analytic weights proportional to the number of observed individuals (the denominator of p_j) and heteroskedastic-robust standard errors. In this specification, the dependent variable is p_j , the independent variable of interest was T_j , and controls were included for the x_j covariates.

Physical Distancing Using analogous methods, we estimated the impact of the intervention on the probability that wearing a mask influenced physical distancing (being within one arm’s length of any other person at the time of observation).

D.1 Estimating Effects of Village-level Cross-randomizations

We analyze all four village level cross-randomizations jointly via a linear regression:

$$E(p_j|T_j, x_j, D_k) = \beta T_j + \sum_k D_k \delta_k + x_j \gamma \quad (1)$$

where $D_k = 1$ if the village has been assigned to the intervention group of the village-level cross-randomization denoted by letter k , and 0 otherwise. This specification is otherwise identical to our estimating equation for the impact of intervention on mask-wearing, with the addition of the D_k terms.

D.2 Estimating Effects of Household-level Cross-randomizations

To evaluate the effect of household-level cross-randomizations, we constructed a regression with an observation for each *village* where we ask whether masks of the color representing the treatment were more commonplace than masks of the color representing the control. In each village, we computed Δ_j , the difference in the fraction of individuals wearing treatment mask colors vs. control mask colors. We alternated across villages which color corresponds to intervention, so we can control directly for whether specific colors are more popular (denote these by d_{jc} ; $d_{jc} = 1$ if treated masks in village j are color c). We index the various household randomizations by m . Our estimate for each household randomization will be α_{0m} , given by:

$$E(\Delta_j|d_{jc}) = \alpha_{0m} + \sum_c \alpha_c d_{jc} + surgical_j \quad (2)$$

α_{0m} tells us how much more likely individuals are to wear masks of the treated color than masks of the control color. $surgical_j$ is, as its name implies, a dummy for whether surgical masks were distributed in village j . We estimate this equation at the village-level by ordinary least squares, using analytic weights proportional to the number of observed individuals (the denominator of Δ_j) and heteroskedasticity-robust standard errors.

E Additional Balance Tests

In the text, we show that we have balance at baseline with respect to our main outcome variables. We also ran balance tests with respect to several other covariates and detected a few balance failures. While small in magnitude, we investigate these further in order to understand whether the severity of the underlying problem.

Table S1 highlights these balance failures. Specifically, we find imbalances with respect to household count, age and household size. On average, treatment villages have 16 more households, beneficiaries in the treatment group are younger by 0.16 years, and treatment households have 0.02 more members. While small in magnitude, these imbalances are unlikely to have arisen by chance given the size of our sample. Table S1 also reports balance with respect to household size assessed in our initial scoping visit (before masks were distributed). In this case, we find that treatment and control villages were exactly the same size.

We believe the imbalances with respect to age and household size likely arose because households in the treatment group were more likely to report teenagers as being over 18 in order to receive additional masks. We believe the imbalance with respect to the number of households likely occurred for a similar reason, with implementers in the treatment group including more “borderline” households as part of the village in order to distribute masks to those households.

To check for these mechanisms, we drop from the sample individuals under 30 and villages with over 350 households – the latter only very coarsely targets “extra” households that lie on the border of villages. After imposing these restrictions, we find in Table S2 that the imbalances

Table S1: Additional Balance Tests (Individual-Level)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Summary Statistics</i>					
Intervention Rate	245	237	0.5127	38.7046	2.7565
Control Rate	241	220	0.5113	38.9145	2.7302
<i>Balance Tests</i>					
Intervention Coefficient	3 (3)	16*** (3)	0.0019* (0.0011)	-0.1577** (0.0708)	0.0239*** (0.0089)
N individuals	307,106	307,106	307,106	307,106	307,106
N villages	572	572	572	572	572
<i>F</i>			106.49		
<i>Joint-Test Prob > F</i>			0.0000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

with respect to age and household size disappear entirely (this also occurs with the age restriction alone), and the imbalance with respect to household count shrinks by 25% but remains significant. We have collected exact GPS coordinates for each household, and in future drafts, we will check whether the household count imbalance disappears if we remove households most distant from the village center. In Table S3, we repeat our primary specification in this restricted sample with better balance and find that our results are qualitatively unchanged.

Table S2: Additional Balance Tests (Individual-Level, After Sample Selection)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Removing All People Below 30 & All Villages With More than 350 Households</i>					
Intervention Coefficient	-0 (2)	12*** (3)	0.0036*** (0.0014)	0.0305 (0.0661)	0.0069 (0.0052)
N individuals	175,646	175,646	175,646	175,646	175,646
N villages	552	552	552	552	552
<i>F</i>			81.71		
<i>Joint-Test Prob > F</i>			0.000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

Table S3: Symptomatic Seroprevalence (With Controls and Additional Sample Selection)

	Intervention Effect	Intervention Effect by Mask Type
<i>Controlling for Number of Households and Sex</i>		
Intervention Coefficient	-0.0006* (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
N individuals	307,106	307,106
N villages	572	572
<i>After Additional Sample Selection</i>		
Intervention Coefficient	-0.0010** (0.0005)	
Intervention Coefficient for Surgical Mask Villages		-0.0014** (0.0006)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0008)
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0095	0.0095
N individuals	175,646	175,646
N villages	552	552

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair.

The regression in the top panel includes controls for baseline rates of mask wearing, baseline symptom rates, number of households in a village, and sex.

The regression in the bottom panel controls for baseline rates of mask wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

[§]We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The bottom panel runs sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

F Impact of Masks on Symptoms, Seroprevalence, and Seroconversions

Our primary outcome measures symptomatic seroprevalence: this is the fraction of individuals who are symptomatic during our intervention period and seropositive at endline. Some of these individuals may have antibodies from infections occurring prior to our intervention. If so, the impact of our intervention on symptomatic seroprevalence may understate the impact on symptomatic seroconversions occurring during our intervention (i.e. the fraction of symptomatic infections prevented by masks). In this section, we discuss the relationship between these two quantities.

Let SC , the symptomatic seroconversion rate, denote the probability that an individual is SARS-CoV-2 antibody-positive during our intervention and symptomatic. Then the symptomatic seroprevalence is $SS = SC + P_{prior}$, where P_{prior} denotes the probability that an individual was infected prior to our intervention *and* is symptomatic during our intervention for some non-COVID reason.

The change in seroconversions between the treatment and control group is given by $\Delta SC = SC(1) - SC(0)$ where the notation $SC(T_i)$ denotes the potential outcome of seroconversions as a function of treatment status. Our goal is to estimate $\Delta SC / SC(0)$, the percentage change in seroconversions as a result of our intervention.

We observe $\Delta SS = \Delta SC + \Delta P_{prior}$. Additionally, we observe $SS(0) = SC(0) + P_{prior}(0)$. Suppose that masks prevent a fraction α of non-COVID symptoms. Then, $P_{prior}(1) = (1 - \alpha)P_{prior}(0)$ and $\Delta P_{prior} = -\alpha P_{prior}(0)$. Then we have:

$$\frac{\Delta SS}{SS(0)} = \frac{\Delta SC - \alpha P_{prior}(0)}{SC(0) + P_{prior}(0)} \quad (3)$$

Rearranging (and substituting $SC(0) = SS(0) - P_{prior}(0)$), we obtain:

$$\frac{\Delta SC}{SC(0)} = \frac{\Delta SS}{SS(0)} + \frac{P_{prior}(0)(\alpha + \frac{\Delta SS}{SS(0)})}{SS(0) - P_{prior}(0)} \quad (4)$$

Note that if we assume that symptomatic seroconversions fall by exactly the same fraction as

other symptomatic conditions, then we also have $SC(1) = (1 - \alpha)SC(0)$, and solving equation 4 gives $\frac{\Delta SS}{SS(0)} = -\alpha = \frac{\Delta SC}{SC(0)}$. In other words, the percentage change in seroconversions equals the percentage change in seroprevalence provided either that $P_{prior} = 0$ or if the intervention works only by alleviating symptoms (and does so equally for COVID-19 and non-COVID diseases).

More generally, if the intervention both alleviates symptoms and reduces infections, then the relative impact on symptomatic seroconversions and symptomatic seroprevalence will depend on whether masks are more effective at preventing COVID-19 or other respiratory diseases (with a larger proportional reduction in symptomatic seroconversions in the former case). The magnitude of the difference between symptomatic seroconversions and symptomatic seropositives will depend on the fraction of symptomatic seropositives which are pre-existing at baseline.

G Mechanisms

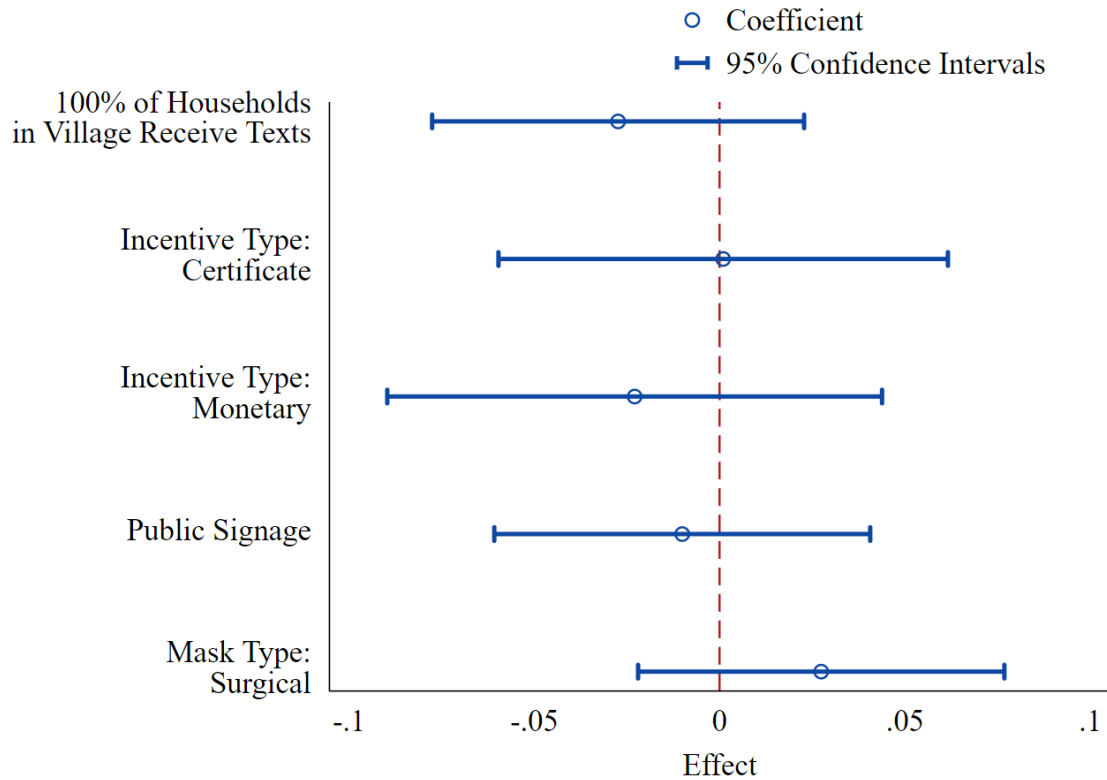
Our intervention combines multiple distinct elements: we provide people with free masks; we provide information about why mask-wearing is important; we conduct mask promotion in the form of monitors encouraging people to wear masks and stopping non-mask-wearing individuals on roads and public places to remind them about the importance of masks; we partner with local public officials to encourage mask-wearing at mosques and markets; and in some villages, we provide a variety of reminders and commitment devices as well as incentives for village leaders. In this section, we attempt to decompose which elements were most critical to increase mask use. We first report results from several cross-randomizations, and then we report non-randomized evidence based on changes over time as our intervention details changed between the rounds of piloting, launch of the full project, and thereafter.

G.1 Village-level Cross-randomizations

Results from the same regression specification as our primary analysis, adding indicators for each village-level cross-randomization are reported in Figure S1 and Table S4. *None* of the village-level

cross-randomizations had any statistically significant impact on mask-wearing behavior, beyond our basic intervention package. These null effects are fairly precise (with standard errors ranging from 2.6-3.5 percentage points). Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the mask increase we document.

Figure S1: Village-Level Cross Randomizations



The figures corresponds to the regressions in [S4](#), upper panel, among the full surveillance data.

Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0% or 100% of households in a village receive text reminders on the importance of mask-wearing;

Incentives: Villages either received no incentive, a certificate, or a monetary reward for meeting a mask-wearing threshold,

Public Signage: All or none of the households in a village are asked to publicly declare they are a mask-wearing households;

Mask Type: Villages receive either a cloth or surgical mask.

For a more detailed description of the village-level cross randomizations, see [Section 3.4](#).

G.2 Household-level Cross-randomizations

We analyzed the effects of household-specific randomized treatments (e.g., verbal commitments or not) by regressing the probability of wearing a mask color corresponding to the treatment on indicators for each household-level randomization, as well as controls for color and surgical masks (recall that the mask-color corresponding to treatment varied across villages).

Results of the household-level cross-randomizations are reported in Figure S2 and Table S5. The coefficients indicate the impact of each cross-randomization relative to the core intervention (identified since some villages had no household randomization other than mask color). Once again, we saw no significant effects of any of the household-level cross-randomizations: compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects.

We did see an impact of mask color on mask adoption. In villages where surgical masks were distributed, blue surgical masks were 2.7 percentage points more likely than green surgical masks to be observed. In villages where cloth masks were distributed, purple masks were 2.2 percentage points less likely than red masks to be observed.

Table S4: Village-Level Cross Randomizations

Coefficient	Full	No Active Promotion	Mosques	Markets	Other Locations
<i>No Baseline Controls</i>					
Mask Type (Surgical)	0.027 (0.025)	0.027 (0.025)	0.063* (0.035)	0.017 (0.026)	0.019 (0.025)
Commitment w/ Signage	-0.010 (0.026)	-0.007 (0.026)	-0.018 (0.034)	-0.008 (0.027)	-0.008 (0.026)
Incentive Type					
Monetary	-0.023 (0.034)	-0.026 (0.034)	0.011 (0.045)	-0.035 (0.034)	-0.028 (0.035)
Certificate	0.001 (0.031)	-0.002 (0.031)	0.019 (0.039)	0.003 (0.031)	-0.010 (0.032)
100% Text	-0.027 (0.026)	-0.023 (0.025)	-0.042 (0.033)	-0.024 (0.026)	-0.017 (0.026)
<i>With Baseline Controls</i>					
Mask Type (Surgical)	0.029 (0.025)	0.029 (0.025)	0.063* (0.034)	0.018 (0.026)	0.021 (0.025)
Commitment w/ Signage	-0.007 (0.026)	-0.003 (0.025)	-0.021 (0.033)	-0.004 (0.026)	-0.005 (0.026)
Incentive Type					
Monetary	-0.021 (0.033)	-0.024 (0.033)	0.013 (0.043)	-0.031 (0.033)	-0.027 (0.035)
Certificate	0.006 (0.031)	0.003 (0.030)	0.026 (0.039)	0.008 (0.030)	-0.006 (0.031)
100% Text	-0.026 (0.025)	-0.022 (0.025)	-0.037 (0.033)	-0.024 (0.026)	-0.017 (0.026)
N villages	286	286	285	285	284

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

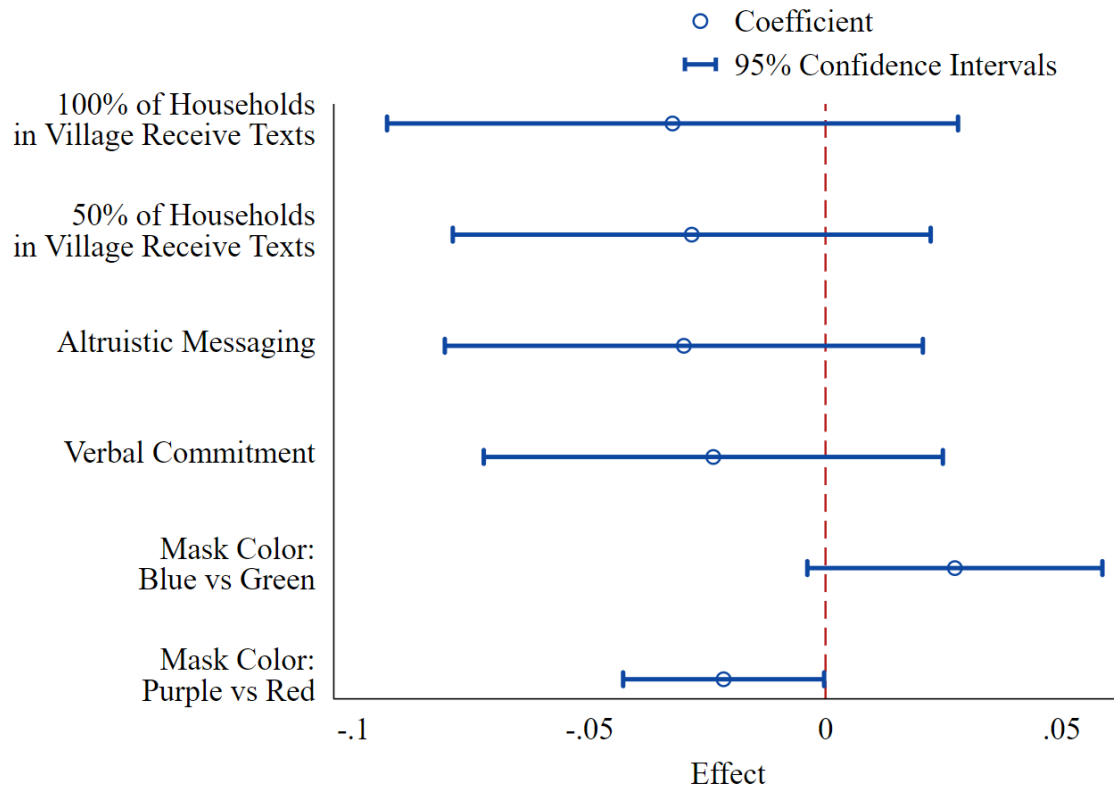
(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

"Other Locations" include the Tea Stall, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention.

Figure S2: Household-Level Cross Randomizations



The figure corresponds to the regression presented in Table S5.

Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0%, 50% of 100% of households in a village receive text reminders on the importance of mask-wearing;

Messaging: Households receive messaging emphasizing the altruistic or self-protective benefits of mask-wearing;

Verbal Commitment: Households were asked to verbally commit to mask-wearing;

Mask Colors: Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

For a more detailed description of the household-level cross-randomizations, see Section 3.4.

G.3 Mask Promotion

As noted above, we ran two pilots prior to launching the full project. Both pilots were conducted in Naogaon and Joypurhat districts, but in different unions. While the unions were not selected at random, there was no systematic difference in the selection process between the two pilots. In both cases, unions were selected based on convenience and proximity to existing Greenvoice personnel.

Both pilots included elements 1, 2, 3, and 5 enumerated in Section 3.3: masks were distributed at households, markets, and mosques, and there was role-modeling and advocacy by local leaders, including Imams. The second pilot added to these elements explicit mask promotion: mask promoters patrolled public areas a few times a week and asked those not wearing masks to put on a mask. The full intervention also included mask promotion.

The comparison between the two pilots is thus instructive about the impact of active mask promotion. This comparison is shown in Table A11. The difference is striking. The first pilot increased mask-use by 10.9 percentage points (insignificantly different from zero). The second pilot, which included mask promotion, increased mask-use by 28.4 percentage points, comparable to the 29.0 percentage points we see several months later in our full intervention. The presence of mask promotion appears to be crucial for the success of our intervention.

Table S5: Household-Level Cross-Randomizations

Coefficient	Full
Household-Level Text Randomization	
50% of Households in Village	−0.032 (0.031)
100% of Households in Village	−0.028 (0.026)
Altruistic Messages	−0.030 (0.026)
Verbal Commitment	−0.024 (0.025)
Mask Color	
Blue vs Green	0.027* (0.016)
Purple vs Red	−0.022** (0.011)
N villages	286

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regression includes a control for the mask type to separate the effect of mask colors.

Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages because we did not observe them in the baseline period prior to the intervention, and 1 village for lack of observational data throughout the intervention period.

H Additional Preregistered Specifications

In this section, we discuss additional preregistered specifications not reported in the text. For reference, our pre-analysis plan is available at: <https://osf.io/vzdh6/>.

Our pre-registration document suggests that we can compute the impact of our intervention on seroconversions by comparing our effect size to the difference between endline and baseline seropositives among individuals symptomatic during our intervention. As the analysis in Appendix F makes clear, this is not quite correct. If P_{prior} , the fraction of symptomatic seropositives due to infections prior to baseline, is zero, then the estimated impact on symptomatic seropositives equals the impact on symptomatic seroconversions and no further adjustment is needed. More generally, the impact on symptomatic seropositives incorporates both seroconversions, as well as reductions in symptomatic seroconversions due to non-COVID respiratory diseases. We cannot determine the impact on seroconversions without knowing both $P_{prior}(0)$ and the relative impact of masks on COVID-19 and non-COVID respiratory diseases. If the latter two quantities are equal in proportion, the impact on symptomatic seropositives again equals the impact on symptomatic seroconversions with no further adjustment needed.

Given that we find no evidence of an impact of any of the cross-randomizations, we did not estimate the specification flexibly interacting them.

We did not proceed with the “individual intervention” described in the pre-registration document because initial results suggested that we were able to entice only a small number of market vendors to wear masks.

In Table S6, we report our pre-specified instrumental variable regressions. If we assume that the entire impact of our intervention is via proper mask-wearing, then we estimate that going from zero percent to one hundred percent of villagers wearing masks would reduce symptomatic seroprevalence by -0.0024, a 32% reduction. Essentially, this specification scales our “intent-to-treat” estimates by a factor of 3.33, the reciprocal of the first stage.

We have not yet run regressions with seroconversions as the outcome because we are still completing testing of our baseline samples. We will report these regressions when we finish that testing.

We did not collect the intended pharmacy data to use as an auxiliary outcome, and hospitalization and mortality data was not available. We also do not yet have data on distance to nearby city or estimated average village-wealth.

Table S6: IV Regressions

	Symptomatic Seroprevalence	WHO-Defined COVID-19 Symptoms
<i>No Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0336*** (0.0076)
<i>With Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0334*** (0.0075)
N Individuals	307,106	323,596
N Villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Proper Mask-Wearing is defined as the village-level rate of individuals observed properly wearing mask during the intervention period. The instrument is the treatment status of the village.

I Intervention Cost and Benefit Estimates

The average person-day of staff time in our intervention cost \$20 of wages plus \$0.50 of communication costs. All management salaries, benefits, support, internal monitoring, and equipment costs \$71,696. We exclude these from the below calculation as they will vary from setting to setting. As reported in the main text, we estimate that we induced 51,660 people to regularly wear masks, or 173 people per intervention village.

Costs per village The main fixed costs of the intervention (as opposed to costs that vary over days):

- Masks for initial household distribution (3 masks per household), (\$0.13 per surgical mask and \$0.50 per cloth masks), 68,775 cloth masks, and 136,770 surgical masks
- Staffing for initial household distribution (4 person-days per village)
- 1 person-day of training per village
- PPE for staff: \$70 per village
- Media costs: \$100 per village
- Other transportation and materials costs: \$30 per village

This amounts to fixed costs of: \$302.50 per village for non-mask materials, \$347.35 worth of cloth masks per village, and \$89.35 of surgical masks per village. We estimate that we induced $598 \times 29\% = 173$ people per village to wear masks, which amounts to fixed costs of \$3.75 per adult induced to wear a mask in cloth mask villages, and \$2.26 per adult in surgical mask villages.

Costs per village-day of intervention The main costs paid per day of the intervention:

- 1,089,947 masks distributed through promotion over an average of 29 days per village. Of these, there were 301,868 cloth masks distributed (105 cloth masks per day per village) and 788,079 surgical masks distributed (160 surgical masks per day per village).

- 14 person-days per week per village in week 1, 8 person-days per week per village in week 2, 6 person-days per village in weeks 3, 4 and 5, and 4 person-days per week per village thereafter.

Over the first four weeks of our intervention, this amounts to mask supply costs of \$52.57 per village-day for cloth masks and \$17.75 per village-day for surgical masks. The promotion costs were \$24 per village-day. Dividing by the number of people induced to wear masks per village (173), we obtain costs of \$0.44 per person-day in cloth mask villages and \$0.24 per person-day in surgical mask villages. Using these figures, we calculated that after subtracting surveillance costs, our intervention cost \$17.00 for each person induced to regularly wear a cloth mask and \$9.49 for each person to regularly wear a surgical mask.

Cost-effectiveness To determine the impact of the intervention using surgical masks in reducing mortality from COVID-19 in Bangladesh, we used estimates of current and projected deaths from COVID-19, including excess deaths that occurred over the same time period (May 1, 2021-September 1, 2021)[65]. The lower bound includes only COVID-19 reported deaths. The mid-range estimates include 50% of excess deaths as being directly attributable to COVID-19. The upper bound includes all excess deaths that occurred over the same time period as being directly attributable to COVID-19. We projected the impact of the intervention using surgical masks on deaths over four months following one month of intervention. We calculated the absolute risk reduction as the difference in death rate over the intervening period with and without the surgical mask intervention. We applied a 35% reduction of deaths among those 60 and older and a 23% reduction of deaths among those aged 50-60 based on the study findings and age-adjusted COVID-19 mortality rates for Bangladesh [66]. We assumed no change in deaths for those under age 50. We determined the number needed to treat by taking the inverse of the absolute risk reduction.

As shown in Table S7, for one month of the intervention, the number needed to treat to prevent one death ranges from 6,682 to 35,001. Our estimates above suggest that the total cost of our intervention per person induced to wear a mask for a month was: $\$3.75 + \$0.44 \times 30 = \$17.00$

in cloth mask villages and $\$2.26 + \$0.24 \times 30 = \$9.49$ in surgical mask villages. By multiplying the number needed to treat times the cost per person induced to wear a mask, we estimate that after four months, the intervention as we conducted it (with cloth and surgical masks) cost between \$63,408 and \$332,161 per life saved, depending on mortality estimates. Notably, we do not assume continued mask-wearing beyond one month. Rather, infections prevented during the one month of the intervention propagate into infections prevented in future months. Furthermore, this does not account for reductions of morbidity associated with hospitalization or other complications of COVID-19.

Table S7: Calculation of Number Needed to Treat and Cost per Life Saved

	COVID-19-related Deaths (May 1 - Sept 1, 2021)*	Estimated Deaths with Intervention [†]	ARR	NNT	Cost per Life Saved - Intervention (USD)	Cost per Life Saved - at Scale (USD)
Lower bound	17,984	13,233	2.86E-05	35,001	\$332,161	\$52,502
Mid-range	56,097	41,276	8.91E-05	11,221	\$106,487	\$16,831
Upper bound	94,209	69,319	1.50E-04	6,682	\$63,408	\$10,022

ARR = Absolute Risk Reduction; NNT = Number Needed to Treat

*<https://covid19.healthdata.org/bangladesh>

[†]Applying 35% reduction to deaths in the 60+ age group and 23% reduction to deaths in the 50-59 age group

Many cost elements can be brought down further through "at-scale implementation". This is because some of our information campaigns and promotion activities had to be individualized for the purposes of conducting a trial with a control group, whereas at scale the government could use mass media and social media based dissemination strategies more cost-effectively. Additionally, surgical masks are about 8 times cheaper than cloth masks, and factory production costs can be brought down at scale. We calculate based on our current at scale activities that conducting the intervention for one month for the entire country of Bangladesh would cost \$1.50 USD/person. Following out the effects for four months after one month of intervention, this translates to sub-

stantially lower costs per life saved: \$10,022-\$52,502 (Table [S7](#)).

For context, [63] estimate that the value of a statistical life is \$205,000 in Bangladesh, implying that our intervention at scale is 4-20 times more cost-effective than what the typical Bangladeshi would be willing to pay to reduce mortality risk, and therefore a "very good buy" for policymakers. This cost-effectiveness analysis was not pre-specified.

J Polling Policy Makers

Table S8: What do you think was the increase in mask-wearing as a result of household mask distribution and mask promotion in the community?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	3	4	3%
Increased by 5 percentage points	5	10	8	23	20%
Increased by 10 percentage points	4	12	8	24	21%
Increased by 20 percentage points	4	19	9	32	28%
Increased by 30 percentage points	4	7	11	22	19%
Increased by 40 percentage points	2	6	3	11	9%
Total	19	55	42	116	100%

These are polls taken in response to the prompt: “We provided free masks to all households and promoted mask-wearing in mosques and markets with community leaders and imams. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?” The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S9: What do you think was the additional effect of mask promoters reminding people to wear masks?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	4	5	4%
Increased by 5 percentage points	2	4	5	11	9%
Increased by 10 percentage points	6	20	5	31	26%
Increased by 20 percentage points	2	10	14	26	22%
Increased by 30 percentage points	4	10	11	25	21%
Increased by 40 percentage points	5	10	7	22	18%
Total	19	55	46	120	100%

These are polls taken in response to the prompt: “ In addition to the mask distribution and promotion activities described previously, we had mask promoters periodically monitor passers-by and remind them to wear masks. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S10: Do you think text message reminders to wear masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	33	32	65	68%
No	0	19	11	30	32%
Total	0	52	43	95	100%

These are polls taken in response to the prompt: “We sent text reminders to wear masks. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S11: How do you think mask distribution and promotion affected physical distancing?

	WHO	NCAER	World Bank	Frequency	Percent
Physical distancing decreased	5	0	8	13	22%
Physical distancing was unchanged	9	0	16	25	42%
Physical distancing increased	5	0	17	22	37%
Total	19	0	41	60	100%

These are polls taken in response to the prompt: “How did mask distribution and promotion affect individuals’ physical distancing?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S12: Do you think incentive payments to village leaders further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	32	0	32	62%
No	0	20	0	20	38%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We promised the village and leaders an incentive payment if we saw increases in mask-wearing. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S13: Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	40	0	40	77%
No	0	12	0	12	23%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We had households verbally committing to wear masks and putting up signs to display to others that they were a mask-wearing household. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh

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Summary: A randomized-trial of community-level mask promotion in rural Bangladesh during COVID-19 shows that the intervention tripled mask usage and reduced symptomatic SARS-CoV-2 infections, demonstrating that promoting community mask-wearing can improve public health.

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Abstract

Background: Mask usage remains low across many parts of the world during the COVID-19 pandemic, and strategies to increase mask-wearing remain untested. Our objectives were to identify strategies that can persistently increase mask-wearing and assess the impact of increasing mask-wearing on symptomatic SARS-CoV-2 infections.

Methods: We conducted a cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults). We cross-randomized mask promotion strategies at the village and household level, including cloth vs. surgical masks. All intervention arms received free masks, information on the importance of masking, role modeling by community leaders, and in-person reminders for 8 weeks. The control group did not receive any interventions. Neither participants nor field staff were blinded to intervention assignment. Outcomes included symptomatic SARS-CoV-2 seroprevalence (primary) and prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19 (secondary). Mask-wearing and physical distancing were assessed through direct observation at least weekly at mosques, markets, the main entrance roads to villages, and tea stalls. At 5 and 9 weeks follow-up, we surveyed all reachable participants about COVID-related symptoms. Blood samples collected at 10-12 weeks of follow-up for symptomatic individuals were analyzed for SARS-CoV-2 IgG antibodies.

Results: There were 178,288 individuals in the intervention group and 163,838 individuals in the control group. The intervention increased proper mask-wearing from 13.3% in control villages (N=806,547 observations) to 42.3% in treatment villages (N=797,715 observations) (adjusted percentage point difference = 0.29 [0.27, 0.31]). This tripling of mask usage was sustained during the intervention period and two weeks after. Physical distancing increased from 24.1% in control villages to 29.2% in treatment villages (adjusted percentage point difference = 0.05 [0.04, 0.06]). After 5 months, the impact of the intervention faded, but mask-wearing remained 10 percentage points higher in the intervention group.

The proportion of individuals with COVID-like symptoms was 7.62% (N=13,273) in the intervention arm and 8.62% (N=13,893) in the control arm. Blood samples were collected from N=10,952 consenting, symptomatic individuals. Adjusting for baseline covariates, the

intervention reduced symptomatic seroprevalence by 9.3% (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]; control prevalence 0.76%; treatment prevalence 0.68%). In villages randomized to surgical masks (n = 200), the relative reduction was 11.2% overall (aPR = 0.89 [0.78, 1.00]) and 34.7% among individuals 60+ (aPR = 0.65 [0.46, 0.85]). No adverse events were reported.

Conclusions: Our intervention demonstrates a scalable and effective method to promote mask adoption and reduce symptomatic SARS-CoV-2 infections.

Trial registration: ClinicalTrials.gov Identifier: NCT04630054

Funding: GiveWell.org

1 Introduction

As of July 2021, the COVID-19 pandemic has taken the lives of more than 4.2 million people. Inspired by the growing body of scientific evidence that face masks can slow the spread of the disease and save lives [1, 2, 3, 4, 5, 6, 7, 8], we conducted a cluster-randomized controlled trial covering 342,126 adults in 600 villages in rural Bangladesh with the dual goals of (a) identifying strategies to encourage community-wide mask-wearing, and (b) tracking changes in symptomatic SARS-CoV-2 infections as a result of our intervention. While vaccines may constrain the spread of SARS-CoV-2 in the long-term, it is unlikely that a substantial fraction of the population in low- and middle-income countries will have access to vaccines before the end of 2021 [9]. Uncovering scalable and effective means of combating COVID-19 is thus of first-order policy importance.

Over 40% of the world’s population live in countries that mandated mask-wearing in public areas during the COVID-19 pandemic, and another 40% live in countries where universal mask norms prevailed absent a legal mandate [10]. However, increasing mask-wearing, either through mask promotion or mandates, has proven difficult, especially in low- and middle-income countries and in remote, rural areas. In Bangladesh, a quarter of those observed in public areas in June 2020 wore masks, and only a fifth wore masks *properly* (covering both the nose and mouth), despite a nationwide mask mandate in effect at the time. This raises questions about how to increase mask-wearing in community settings: is it sufficient to increase access to masks, or does this need to be supplemented by providing information about the benefits of mask-wearing, role modeling mask-wearing, informal social sanctions, or mask mandates with legal enforcement?

We conducted a randomized controlled trial to identify the most effective mask promotion strategies for low-resource, rural settings and determine whether mask distribution and promotion is an effective tool to combat COVID-19. The World Health Organization declined to recommend mask adoption until June 2020, citing the lack of evidence from community-based randomized-controlled trials, as well as concerns that mask-wearing would create a false sense of security [11]. Critics argued that those who wore masks would engage in compensating behaviors, such as failing to physically distance from others, resulting in a net increase in transmission [12]. We designed

our trial to directly test this hypothesis by measuring physical distancing, as well as to evaluate the bottom-line impact on COVID-19.

Since a substantial share of coronavirus transmission stems from asymptomatic or pre-symptomatic individuals [13], we designed our trial to encourage *universal* mask-wearing at the community level, rather than mask-wearing among only those with symptoms.

After an iterative research process with multiple rounds of piloting, we settled on a core intervention package that combined household mask distribution with communication about the value of mask-wearing, mask promotion and reminders at mosques, markets, and other public places, and role-modeling by public officials and community leaders. We also tested several other strategies using additional experimental arms in sub-samples, such as text message reminders, asking people to make a verbal commitment, creating opportunities for social signaling, and providing village-level incentives to increase mask-wearing. The selection of strategies to test was informed by both our pilot results and research in public health, psychology [14, 15, 16], economics [17, 18, 19], marketing [20, 21, 22], and other social sciences [23] on product promotion and dissemination strategies. We tested many different strategies because it was difficult to predict in advance which ones would lead to persistent increases in mask-wearing. Prediction studies we conducted with policymakers and public health experts at the World Health Organization, India’s National Council of Applied Economic Research, and the World Bank suggest that even these experts with influence over policy design could not easily predict our trial results.

We powered our intervention around the primary outcome of symptomatic seroprevalence. During our intervention, we collected survey data on the prevalence of WHO-defined COVID-19 symptoms from all available study participants, and then collected blood samples at endline from those who reported symptoms anytime during the 8-week study duration. Our trial is therefore designed to track the fraction of individuals who are *both* symptomatic and seropositive. We chose this as our primary outcome for two reasons: first, the goal of public health policy is ultimately to prevent symptomatic infections (even if preventing asymptomatic infections is instrumentally important in achieving that goal). Second, because symptomatic individuals are far more likely

to be seropositive, powering for this outcome required conducting an order of magnitude fewer costly blood tests. As a secondary outcome, we also report the effects of our intervention on WHO-defined symptoms for probable COVID-19.

2 Background and Context

Bangladesh is a densely populated country with 165 million inhabitants. A serosurvey conducted in March-April 2021 found 68% of residents in Dhaka and Chattogram had antibodies against SARS-CoV-2; this revealed there were two orders of magnitude more infections than reported cases [24, 25, 26]. This is in line with estimates from India, where seroprevalence studies reveal similarly low case detection rates [27], and up to an order of magnitude more deaths than reported [28]. The number of daily reported cases in Bangladesh surged fifteen-fold between February and July 2021 to reach 15,000 per day, but even these numbers are also likely to be underestimates.¹ Reducing spread of SARS-CoV-2 in this setting is thus of vital importance.

Between April and June 2020, our team and others conducted several surveys in Bangladesh to quantify mask-wearing behavior. The evolution of mask use over time in Bangladesh is discussed in greater detail in [29]. In Bangladesh, the government strongly recommended mask use from early April 2020. In a telephone survey of respondents at the end of April 2020, over 80% self-reported wearing a mask and 97% self-reported owning a mask. The Bangladeshi government formally mandated mask use in late May 2020 and threatened to fine those who did not comply, although enforcement was weak to non-existent, especially in rural areas. Anecdotally, mask-wearing was substantially lower than indicated by our self-reported surveys. To investigate, we conducted surveillance studies throughout public areas in Bangladesh in two waves. The first wave of surveillance took place between May 21-25, 2020 in 1,441 places in 52 districts. About 51% out of more than 152,000 individuals we observed were wearing a mask. The second wave of surveillance was conducted between June 19-22, 2020 in the same 1,441 locations, and we found

¹<http://dashboard.dghs.gov.bd/webportal/pages/covid19.php>

that mask-wearing dropped to 26%, with 20% wearing masks that covered their mouth and nose. An August 2020 phone survey in rural Kenya finds that while 88% of respondents claim to wear masks in public, direct observation revealed that only 10% actually did [30]. These observations suggest that mask promotion interventions could be useful in rural areas of low- and middle-income countries (LMIC), home to several billion people at risk for COVID-19.

3 Interventions and Data Collection

3.1 Sampling frame and timeline

To develop the sample frame, Innovations for Poverty Action (IPA) Bangladesh selected 1,000 rural and peri-urban unions out of 4,500 unions in Bangladesh. We excluded Dhaka district, because of high initial seroprevalence, and three hill districts, because of the logistical difficulties in accessing the region. We also dropped remote coastal districts where population density is low. The final sampling frame of 1000 unions were located in 40 different districts (*zillas*) (out of 64) and 144 sub-districts (*upazilas*) (out of 485).

We used a pairwise randomization to select 300 intervention and 300 control unions within the same sub-districts. This randomization procedure, described in detail in Appendix B, was designed to pair unions that were similar in terms of (limited) COVID-19 case data, population size, and population density. Each union consists of roughly 80,000 people, or around 80 villages. In each union, we selected a single village to minimize spillovers. To do so, we identified the largest market and the village within which the market is located and demarcated this territory as the intervention unit (during this scoping process, surveyors were blinded to whether the union was an intervention or control union). Within each village, adults from every household were eligible to participate in the study. Some unions are very small so to avoid spillover effects, we did not select multiple villages from the same union and we ensured that selected villages were at least 2 km away from each other. Treatment and control unions were scattered throughout the country, as shown visually in Figure A1.

The clustered village-level randomization was important for three reasons. First, unlike technologies with primarily private benefits, mask adoption is likely to yield especially large benefits at the community-level. Second, mask adoption by some may influence mask adoption by others because mask-wearing is immediately visible to other members of the community [31]. Third, this design allows us to properly assess the full impact of masks on infections, including preventing *transmission* of the virus to others. Individual-level randomization would identify only whether masks protect wearers.

Our intervention was designed to last 8 weeks in each village. The intervention started in different villages at different times, rolling out over a 6-week period in 7 waves. There were between 14 and 59 village-pairs grouped in each wave based on geographic proximity and paired control and treatment villages were always included in the same wave. The first wave was rolled out on 17-18 November 2020 and the last wave was rolled out on 5-6 January 2021.

IPA staff travelled to many villages that had low mask uptake in the first five weeks of the study and found that in these villages local leaders were not very engaged in supporting mask promotion. Hence, we retrained mask promotion staff part-way through the intervention to work more closely with local leaders and set specific milestones for that partnership.²

The intervention protocol, pre-specified analysis plan, and CONSORT checklist are available at <https://osf.io/vzdh6/>.

3.2 Outcomes

Our primary outcome was symptomatic seroprevalence for SARS-CoV-2. Our secondary outcomes were prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19. For COVID-19 symptoms, we used the symptoms that correspond to the WHO case definition of probable COVID-19 given epidemiological risk factors: (a) fever and cough; (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache,

²The need for continued monitoring and retraining is a core part of our scalable intervention protocol, available [here](#) (in the online version of this article).

myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status); or (c) loss of taste or smell. Seropositivity was defined by having detectable IgG antibodies against SARS-CoV-2.

3.3 Intervention Materials and Activities

Our entire intervention was designed to be easily adopted by other NGOs or government agencies and required minimal monitoring. We have made the materials public in multiple languages to ease widespread adoption and replication by other implementers (<http://tinyurl.com/maskprotocol>).

In focus groups conducted prior to the study, participants said they preferred cloth over surgical masks because they perceived surgical masks to be single-use only and cloth masks to be more durable. Focus group participants also provided feedback on different cloth masks designs and sizes. Both types of masks were manufactured in Bangladesh. The cloth mask had an exterior layer of 100% non-woven polypropylene (70 grams/square meter [gsm]), two interior layers of 60% cotton / 40% polyester interlocking knit (190 gsm), an elastic loop that goes around the head above and below the ears, and a nose bridge. The surgical mask had three layers of 100% non-woven polypropylene (the exterior and interiors were spunbond and the middle layer was meltblown), elastic ear loops, and a nose bridge. The filtration efficiency was 37% (standard deviation [SD] = 6%) for the cloth masks, and 95% (SD = 1%) for the surgical masks (manuscript forthcoming).³ The filtration efficiency of the surgical masks after washing them 10 times with bar soap and water was 76% (manuscript forthcoming). Surgical masks were outfitted with a sticker that had a logo of a mask with an outline of the Bangladeshi flag and a phrase in Bengali that noted the mask could be washed and reused. The project cloth masks were produced by Bangladeshi garment factories within 6 weeks after ordering. The relatively large scale of our bulk order allowed us to negotiate

³The filtration efficiency test was conducted using a Fluke 985 particle counter that has a volumetric sampling rate of 2.83 liters per minute. The measurement was taken of particles 0.3–0.5 μm in diameter flowing through the material with a face velocity of 8.5 cm/s. In our internal testing, we found that cloth masks with an external layer made of Pellon 931 polyester fusible interface ironed onto interlocking knit with a middle layer of interlocking knit could achieve a 60% filtration efficiency. Upon discussions with the manufacturers, we learned that those materials could not be procured. Using materials that were available, the highest filtration efficiency possible was 37%.

mask prices of \$0.50 per cloth mask and \$0.13 per surgical mask (\$0.06 of which was the cost of a sticker reminding people they could wash and reuse the surgical mask). While surgical masks can break down into microplastics that can enter the environment if disposed of improperly, analysis of waste generated in Bangladesh's first lockdown finds that the mass of surgical mask waste was one-third that of polyethylene bags, which also break down into macro- and micro-plastics [32, 33, 34].

To emphasize the importance of mask-wearing, we prepared a brief video of notable public figures discussing why, how, and when to wear a mask. The video was shown to each household during the mask distribution visit and featured the Honorable Prime Minister of Bangladesh Sheikh Hasina, the head of the Imam Training Academy, and the national cricket star Shakib Al Hasan. During the distribution visit, households also received a brochure based on WHO materials depicting proper mask-wearing.

We implemented a basic set of interventions in all treatment villages, and cross-randomize additional intervention elements in randomly chosen subsets of treatment villages to investigate whether those have any additional impact on mask-wearing. The basic intervention package consists of five main elements:

1. One-time mask distribution and promotion at households.
2. Mask distribution in markets on 3-6 days per week.
3. Mask distribution at mosques on three Fridays during the first four weeks of the intervention.
4. Mask promotion in public spaces and markets where non-mask wearers were encouraged to wear masks (weekly or biweekly).
5. Role-modeling and advocacy by local leaders, including imams discussing the importance of mask-wearing at Friday prayers using a scripted speech provided by the research team.

Participants, mask promoters, and mask surveillance staff were not blinded as intervention materials were clearly visible. The pre-specified analyses and sample exclusions were made by

analysts blinded to the treatment assignment.⁴

3.4 Cross-randomization of behavior change communication and incentives

Village-level Cross-randomizations Within the intervention arm, we cross-randomized villages to four village-level and four household-level treatments to test the impact of a range of social and behavior change communication strategies on mask-wearing. All intervention villages were assigned to either the treatment or the control group of each of these four randomizations. These village-level randomizations were:

1. Randomization of treated villages to either cloth or surgical masks. The material used to make surgical masks has a higher filtration efficiency than the types of cloth typically used to make cloth masks, but cloth masks can be sewn without specialized equipment and can have less leakage because they fit the face more closely. However, surgical masks are substantially less expensive.
2. Randomization of treated villages to no incentive, non-monetary incentive, or monetary incentive of 190 USD given to the village leader for a project benefitting the public. We announced that the monetary reward or the certificate would be awarded if village-level mask-wearing among adults exceeded 75% 8-weeks after the intervention started.
3. Randomization of treated villages to public commitment (providing households signage and asking them to place signage on doors that declares they are a mask-wearing household), or not. The signage was meant to encourage formation of social norms through public signalling.
4. Randomization of treated villages to 0% or 100% of households receiving twice-weekly text message reminders about the importance of mask-wearing.

⁴In all villages, we also randomized the color of the masks distributed to households. This can be considered a part of our core intervention, since it is part of how household distribution was implemented.

Household-level Cross-randomizations We had three household-level cross-randomizations. In any single village, only one of these household randomizations was operative. As our data collection protocols relied on passive observation at the village-level, we could not record the mask-wearing behavior of individual households. To infer the effect of the household-level treatments we therefore varied the color of the masks distributed to the household based on its cross-randomization status and had surveillance staff record the mask color of observed individuals. In surgical mask villages, a household received blue or green and promoters distributed an equal number of blue and green masks in public settings. In cloth mask villages, households received violet or red masks and promoters distributed blue masks in public settings. To avoid conflating the effect of the household-specific treatment with the effect of the mask color, we randomized which color corresponded to which treatment status across villages (this way a specific color was not fully coincident with a specific treatment). The household-level randomizations, described in further detail in Appendix C and visualized in A2, were:

1. Households were randomized to receive messages emphasizing either altruism or self-protection.
2. Households were randomized to receive twice-weekly text reminders or not. As mentioned above, the text message saturation was randomly varied to 0%, 50%, or 100% of all villagers receiving texts, and in the 50% villages, the specific households that received the texts was also random.
3. Households were randomized to making a verbal commitment to be a mask-wearing household (all adults in the household promise to wear a mask when they are outside and around other people) or not. This experiment was conducted in a third set of villages where there was no public signage commitment.

Conceptual Basis for Tested Social and Behavior Change Communication We selected intervention elements that had a reasonable chance of persuading rural Bangladeshis to wear masks by consulting literature in public health, development and behavioral economics, and marketing to

identify some of the most promising strategies. An extensive literature identifies price and access as key deterrents to the adoption of welfare-improving products, and especially of technologies that produce positive health externalities, such as face-masks [35, 17]. Household distribution of free face-masks therefore formed the core part of our strategy. Inspired by large literature in marketing and economics on the role of opinion leaders in new product diffusion, we additionally emphasized a partnership with community leaders in mask distribution [21, 36].

The additional village- and household-level treatment we experimented with were also motivated by insights from marketing, public health, development, and behavioral economics. For example, masks are a visible good where social norms are expected to be important, so we consulted the literature documenting peer effects in product adoption [37, 38, 39, 40]. We experimented with incentives because it is unclear whether extrinsic rewards crowd out intrinsic motivation [41, 42, 43]. We test whether soft commitment devices encourage targets to follow through with actual behaviour change [44, 45], whether public displays can promote social norms [23], whether an altruistic framing inspires people more or less than self-interest [46], whether social image concerns and signaling can lead to higher compliance [47, 18], and whether regular reminders are a useful tool to ensure adoption [19].

3.5 Surveillance Strategies

Mask-wearing was assessed through direct observation in public locations including mosques, markets, the main entrance roads to villages, and tea stalls. Surveillance staff noted whether adults were wearing any mask or face covering, whether the mask was one distributed by our project (and if so, the color), and whether the mask was worn over both the mouth and nose. The mask distribution and promotion was conducted by the Bangladeshi NGO GreenVoice, a grassroots organization with a network of volunteers across the country. Household surveys and surveillance were performed independently by Innovations for Poverty Action (IPA). To minimize the likelihood that village residents would perceive that their mask-wearing behavior was being observed, surveillance staff were separate from mask promoters and wore no identifying apparel while passively

observing mask-wearing and physical distancing practices in the communities. The Bangladesh Directorate General of Health Services under the Ministry of Health, North-South University in Dhaka, and Aspire to Innovate (a2i), an information and data-focused organization within the Bangladesh government, partnered in the study design and discussions and reviewed protocols.

Mask-wearing and physical distancing were measured through direct observation. Surveillance staff were distinct from intervention implementation staff and conducted surveillance in paired intervention and control villages. They recorded the mask-wearing behavior of all of the adults they were able to observe during surveillance periods; observations were not limited to adults from enrolled households.⁵ We defined proper mask-wearing as wearing either a project mask or an alternative face-covering over the mouth and nose. Surveillance staff observed a single individual and recorded that person as practicing physical distancing if s/he was at least one arm's length away from all other people. This is consistent with the WHO guideline that defines physical distancing as one meter of separation.⁶ Surveillance was conducted using a standard protocol that instructed staff to spend one hour at each of the following high-traffic locations in the village: market, restaurant entrances, main road, tea stalls, and mosque, changing the location and timing to record the mask-wearing and physical distancing practices of as many individuals as possible. While SARS-CoV-2 transmission is more likely in indoor locations with limited ventilation than outside, rural Bangladeshi villages have few non-residential spaces where people gather, so observations were conducted outside except at the mosque, where surveillance was conducted inside.

The same staff member conducted surveillance at paired intervention and control villages at baseline and then once per week on weeks 1, 2, 4, 6, 8, and 10 after the intervention. The 10-week observation was conducted two weeks after all intervention activities had ceased. We also collected longer-term data on mask-wearing behavior 20-27 weeks after the launch of interventions. Each

⁵After 5 weeks of surveillance in wave 1, it was clarified that surveillance staff should only record mask-wearing behavior of people who appear to be 18 years or older. Prior to this, some surveyors included children (especially older children) in their counts. Since the same staff member conducted surveillance in paired intervention and control villages, this change affected the treatment and control groups equally.

⁶<https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing>. Accessed January, 30 2021. Note that compliance with WHO guidelines does not require zero physical distancing; for example, members of the same household need not remain physically distant (and presumably would not change their distancing behavior as a result of our intervention).

village was observed on two alternating days of the week. Across all villages, observations took place on all seven days of the week, with observation in 150 villages occurring on Friday to oversample days when mosques were most crowded. Observations generally took place from 9 am to 7 pm. In 10 unions we conducted audits to assess the validity of surveillance data by pairing one monitoring officer with surveillance staff; in all cases the difference in their results was <10%, our pre-determined threshold.

3.6 Symptomatic SARS-CoV-2 Testing

Symptom reporting The owner of the household's primary phone completed surveys by phone or in-person at weeks 5 and 9 after the start of the intervention. They were asked to report symptoms experienced by any household member that occurred in the previous week and over the previous month. COVID-like symptoms were defined by whether they were consistent with the WHO COVID-19 case definition for suspected or probable cases with an epidemiological link [48].

Blood sample collection We collected capillary blood samples from participants who reported COVID-like symptoms during the study period. For the purposes of blood collection, endline was defined as 10-12 weeks from the start of the intervention. Blood samples were obtained by puncture with a 20-Gauge safety lancet to the third or fourth digit. 500 microliters of blood were collected into Microtainer® capillary blood collection serum separator tubes (BD, Franklin Lakes, NJ). Blood samples were transported on ice and stored at -20°C until testing.

SARS-CoV-2 testing Blood samples were tested for the presence of IgG antibodies against SARS-CoV-2 using the SCoV-2 Detect™ IgG ELISA kit (InBios, Seattle, Washington). This assay detects IgG antibodies against the spike protein subunit (S1) of SARS-CoV-2. The assays were performed according to the manufacturer's instructions. Briefly, serum samples were diluted 1:100 with sample dilution buffer. 50 microliters of diluted specimens were added to the SCoV-2 antigen-coated microtiter strip plates. After one hour of incubation at 37°C, the plate was washed

six times with wash buffer, and conjugate solution was added to each well. The plate was incubated for another 30 minutes at 37°C and washed six times with wash buffer. 75 microliters of liquid TMB substrate were added to all wells followed by 20 minutes of incubation in the dark at room temperature before the reaction was stopped. The absorbance was read on a microplate reader at 450nm (GloMax® Microplate Reader, Promega Corporation, Madison, WI). After calibration according to positive, negative, and cut-off controls, the immunological status ratio (ISR) was calculated as the ratio of optical density divided by the cut-off value. Samples were considered positive if the ISR value was determined to be at least 1.1. Samples with an ISR value 0.9 or below were considered negative. Samples with equivocal ISR values were retested in duplicate, and resulting ISR values were averaged. Individuals were coded as symptomatic seropositive if they reported symptoms consistent with the WHO COVID-19 case definition, their blood was collected, and the antibody test was positive.

3.7 Piloting Interventions

IPA implemented two pilots: Pilot 1 from July 22-31 and Pilot 2 from August 13-26, 2020. The objective of the pilots was to mimic some of the major aspects of the main experiment to identify implementation challenges. Each pilot was conducted in 10 unions that were not part of the main study area. We used the difference between the pilots to better understand which elements of our full intervention were essential. We also conducted focus group discussions and in-depth interviews with village residents, community leaders, religious leaders, and political leaders to elicit opinions on how to maximize the effectiveness of the intervention.

4 Results

Our analysis followed our preregistered analysis plan (<https://osf.io/vzdh6/>) except where indicated. Our primary outcome is symptomatic seroprevalence for SARS-CoV-2. We also analyzed the impact of our intervention on mask-wearing, physical distancing, and COVID-like symptoms.

No adverse events were reported during the study period.

4.1 Sample Selection

Table A1 summarizes sample selection for our analysis. We began with 342,126 individuals at baseline. We were able to collect follow-up symptom data (whether symptomatic or not) from 335,382 (98%). Of these, 27,166 (7.9%) reported COVID-like symptoms during the 8-weeks intervention in their village. We attempted to collect blood samples from all symptomatic individuals. Of these, 10,952 (40.3%) consented to have blood collected, including 40.8% in the treatment group and 39.9% in the control group (the difference in consent rates is not statistically significant, $p = 0.24$). We show in Table A2 that consent rates are about 40% across all demographic groups in both treatment and control villages.

As such, the sample for which we have symptom data is much larger than the sample for whom we have serology data. We tested 9,977 (91.1%) of the collected blood samples to determine seroprevalence for SARS-CoV-2 IgG antibodies. Untested blood either lacked sufficient quantity for our test or could not be matched to individuals from our sample because of a barcode scanning error. In our primary outcome analysis, we drop individuals for whom we are missing symptom data or who did not consent to blood spot collection. For the analyses where symptomatic status is the outcome, we report results using both this smaller sample, as well as the larger sample of all individuals for whom we collected symptom data.

4.2 Balance

While our stratification procedure should have achieved balance with respect to variables observed at the time of randomization, given the many possible opportunities for errors in implementation, we nonetheless confirm that our control and treatment villages resemble each other at baseline with respect to key variables of interest. This assessment was not preregistered. For each characteristic, we report the results of a t-test comparing the two groups. This t-test parallels our main specifications.

In Table A3 we present balance test results for our mask-wearing specification. In our main specification, this is a regression of mask-wearing on a constant, an intervention indicator, and indicators for each control-intervention pair with analytic weights proportional to the number of adults recorded in the baseline household survey as well as heteroskedasticity robust standard errors. For the balance tests, we replace the dependent variable with several variables measured at baseline, including the number of households, baseline mask-wearing (assessed via observation), and baseline COVID-like symptoms. Of the four variables we tested, only one was significantly different between the control and intervention groups at the 10% level and the F-test failed to reject balance.

In Table 1, we report results from analogous balance tests based on the specification used for our primary biological outcome. We replace the dependent variable (symptomatic seroprevalence) with baseline covariates of interest to assess balance. We also report a bottom-line F-test which again fails to reject balance. In Appendix E, we discuss a few small imbalances we uncovered with respect to other attributes, such as household size. These are extremely small in magnitude (e.g. households are 0.02 members larger in the treatment group) but unlikely to have arisen because of chance. In the Appendix, we discuss likely mechanisms (such as households being more likely to report teenagers as over 18 in order to receive masks) and we report further robustness checks, such as dropping individuals under 30.

4.3 Primary Analyses

Mask-Wearing The first column in the top panel of Table 2 reports coefficients from a regression of mask-wearing on a constant, an intervention indicator (based on the assigned groups), baseline mask-wearing, the baseline symptom rate, and indicators for each control-intervention pair. More details of our statistical methods and standard error construction are available in Appendix D. Mask-wearing was 13.3% in control villages and 42.3% in treatment villages. Our regression adjusted estimate is an increase of 28.8 percentage points (95% CI: 0.27, 0.31). If we omit all covariates (except fixed effects for the strata within which we randomized), our point-estimate is

Table 1: Balance Tests (Individual-Level)

	Baseline Symptomatic Seroprevalence	Baseline WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.0247	0.1186
Control Rate	0.00003	0.0234	0.1200
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00001)	0.0009 (0.0011)	0.0010 (0.0039)
N individuals	307,106	307,106	307,106
N villages	572	572	572
<i>F</i>		0.80	
<i>Joint-Test Prob > F</i>		0.8492	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-defined COVID-19 symptoms as any of the following

- (a) fever and cough;
- (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);
- (c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1-week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

identical (Table A4). Considering only surveillance conducted when no mask distribution was taking place, mask-wearing increased 27.9 percentage points, from 13.4% in control villages to 41.3% in intervention villages (regression adjusted estimate: 0.28, 95% CI: 0.26, 0.30). We also run our analysis separately in mosques, markets, and other locations such as tea stalls, the entrance of restaurants, and the main road in the village. The increase in mask-wearing was largest in mosques (37.0 percentage points), while in all other locations it was 25-29 percentage points.

Physical Distancing Contrary to concerns that mask-wearing would promote risk compensation, we did not find evidence that our intervention decreases distancing behavior. In the second panel of Table A4, we report identical specifications to the first panel, but with physical distancing as the dependent variable. In control villages 24.1% of observed individuals practiced physical distancing compared to 29.2% in intervention villages, an increase of 5.1% (a regression adjusted estimate of 0.05 [95% CI: 0.04,0.06]) Evidently, protective behaviors like mask-wearing and physical-distancing are complements rather than substitutes: endorsing mask-wearing and informing people about its importance encouraged rural Bangladeshis to take the pandemic more seriously and engage in another form of self-protection. The increases in physical distancing were similar in cloth and surgical mask villages.

While we find increases in physical distancing of 5.1 percentage points pooling across all locations, there was substantial heterogeneity across locations. In markets, individuals become substantially more likely to physically distance (7.4 percentage points). There was no physical distancing practiced in any mosque, in either treatment or control villages, probably as a result of the strong religious norm of standing shoulder-to-shoulder when praying.

It is possible that physical distancing increases because our intervention results in fewer total people being present in public spaces. If socializing increased in the intervention group, but only among risk-conscious people, then we might see physical distancing increase despite people engaging in overall riskier behavior. To assess this, we consider as an alternative outcome the total number of people observed at public locations. While surveillance staff were not able to count

Table 2: Mask-Wearing and Physical Distancing, Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Locations	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.011)	0.370*** (0.016)	0.287*** (0.012)	0.251*** (0.012)	0.301*** (0.015)	0.256*** (0.019)
<i>Physical Distancing</i>							
Intervention Coefficient	0.051*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.074*** (0.007)	0.068*** (0.006)	0.054*** (0.006)	0.044*** (0.011)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions include controls for baseline rates of physical distancing and baseline symptom rates.

Baseline symptom rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

“Other Locations” include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

“Surgical Villages” refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. “Cloth Villages” refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled “Full”, but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the “Full” sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

everyone in busy public areas, the total number of people they were able to observe gives some indication of the crowd size. We find no difference in the number of people observed in public areas between the treatment and control groups (Table A5).

Symptomatic Seroprevalence Among the 335,382 participants who completed symptom surveys, 27,166 (8.1%) reported experiencing COVID-like illnesses during the study period. More participants in the control villages reported incident COVID-like illnesses ($n=13,893$, 8.6%) compared with participants in the intervention villages ($n=13,273$, 7.6%). Over one-third (40.3%) of symptomatic participants agreed to blood collection. Omitting symptomatic participants who did not consent to blood collection, symptomatic seroprevalence was 0.76% in control villages and 0.68% in the intervention villages. Because these numbers omit non-consenters, it is likely that the true rates of symptomatic seroprevalence are substantially higher (perhaps by 2.5 times, if non-consenters have similar seroprevalence to consenters).

In Figure 1 (and Tables A6 and A7), we report results from a regression of symptomatic seroprevalence on a treatment indicator, clustering at the village level and controlling for fixed effects for each pair of control-treatment villages. In the tables, we report results with and without additional controls for baseline symptoms and mask-wearing rates. In Table A6, we report results from our pre-specified linear model and in Table A7 we report results from a generalized linear model with a Poisson family and log-link function. In the text, we discuss the latter results (which are in units of relative risk); the linear model implies results of an almost identical magnitude.

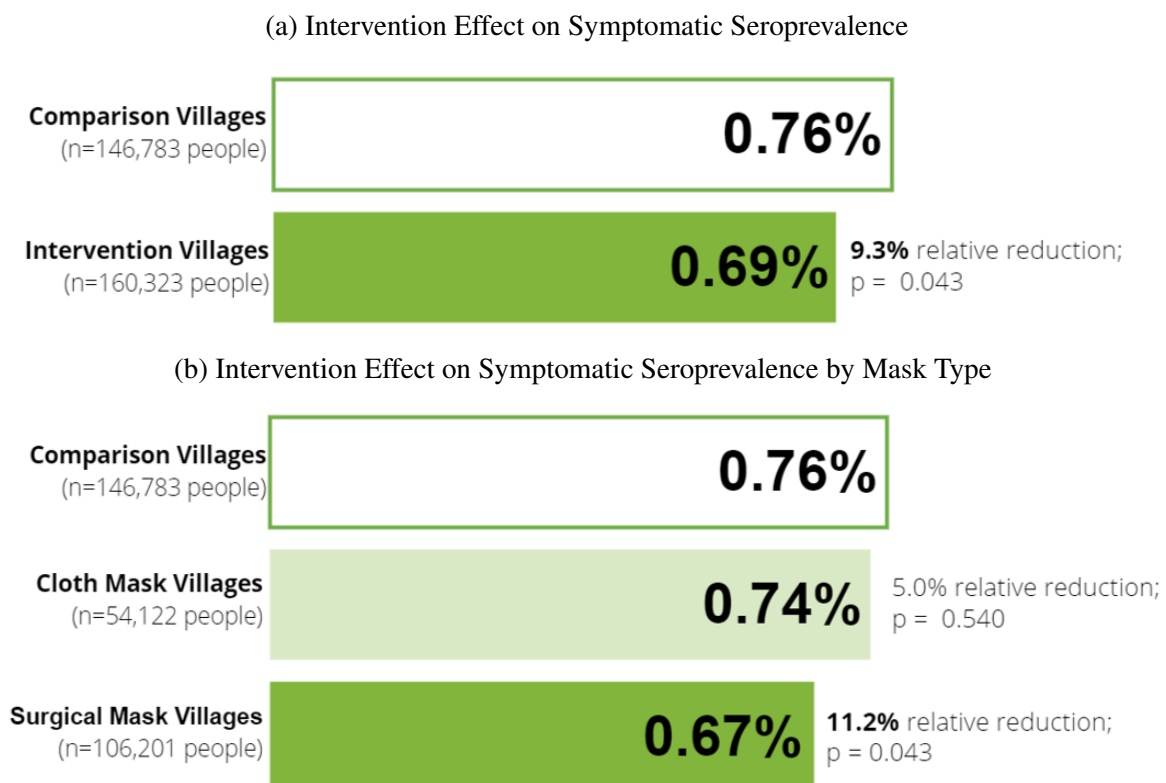
The results in all specifications are the same: we estimate a roughly 10% decline in symptomatic seroprevalence in the treatment group (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]) for a 29 percentage point increase in mask wearing over 8 weeks.⁷ In the second panel of Figure 1, we split our results by mask type (surgical vs. cloth). We find clear evidence that surgical masks lead to a relative reduction in symptomatic seroprevalence of 11.2% (aPR = 0.89 [0.78, 1.00]; con-

⁷To check robustness to the type of clustering, in panels A3a and A3b of Figure A3, we show the histogram of effect sizes arising from “randomization inference” if we randomly reassign treatment within each pair of villages and then estimate our primary specification. When doing so, we find that our estimated effect size is smaller than 8.1% of the simulated estimates with controls and 8.4% of the simulated estimates without controls (these are the corresponding p-values of the randomization inference t -test).

trol prevalence = 0.80%; treatment prevalence = 0.71%). For cloth masks, we find an imprecise zero, although the confidence interval includes the point estimate for surgical masks (aPR = 0.95 [0.79,1.11]; control prevalence 0.67%; treatment prevalence 0.62%).

Not all symptomatic seroprevalence is necessarily a result of infections occurring during our intervention; individuals may have pre-existing infections and then become symptomatic (perhaps caused by an infection other than SARS-CoV-2). In Appendix F, we show that if either: a) masks have the same proportional impact on COVID and non-COVID symptoms or b) all symptomatic seropositivity is caused by infections during our intervention, then the percentage decline in symptomatic seroprevalence will exactly equal the decline in symptomatic seroconversions. More generally, the relationship between the two quantities depends on whether masks have a greater impact on COVID or non-COVID symptoms, as well as the proportion of symptomatic seropositivity that is a result of infections pre-existing at baseline.

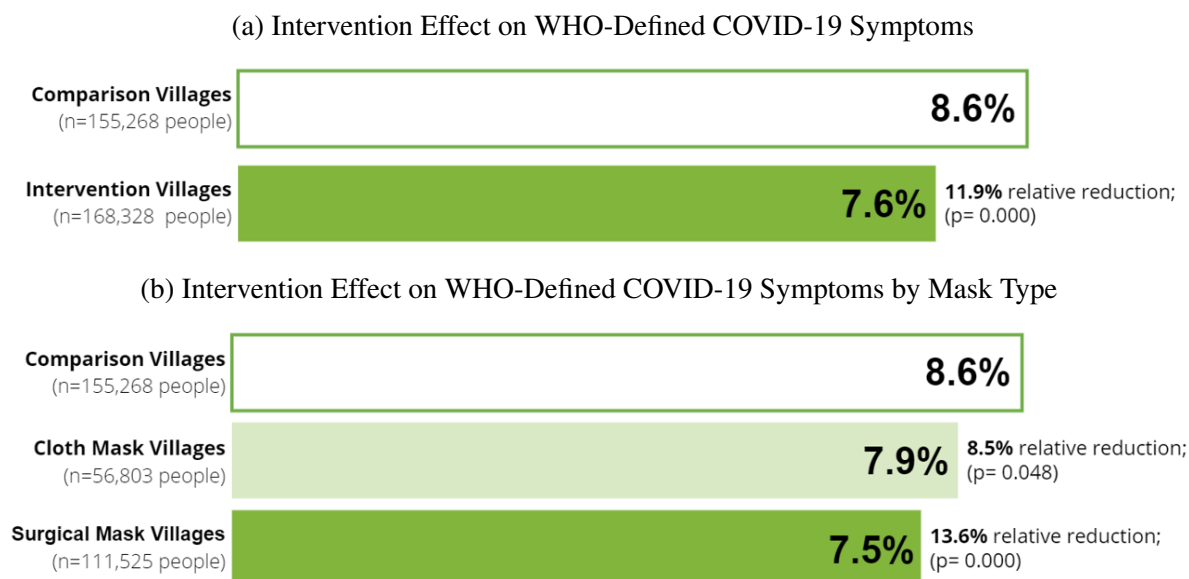
Figure 1: Intervention Effect on Symptomatic Seroprevalence



WHO COVID-19 Symptoms In Figure 2 and Tables A9 and A8, we report results from the same specifications with WHO-defined COVID-19 symptomatic status as the outcome.

We find clear evidence that the intervention reduced symptoms: we estimate a reduction of 11.9% (adjusted prevalence ratio 0.88 [0.83,0.93]; control group prevalence = 8.59%; treatment group prevalence = 7.60%). Additionally, when we look separately by cloth and surgical masks, we find that the intervention led to a reduction in COVID-like symptoms under either mask type ($p = 0.000$ for surgical, $p = 0.048$ for cloth), but the effect size in surgical mask villages was 30-80% larger depending on the specification. In Table A10, we run the same specifications using the smaller sample used in our symptomatic seroprevalence regression (i.e. those who consented to give blood). In this sample we continue to find an effect overall and an effect for surgical masks, but see no effect for cloth masks.

Figure 2: Intervention Effect on WHO-Defined COVID-19 Symptoms



4.4 Mechanisms for Increasing Mask-Wearing

Our intervention combined multiple distinct elements: we provided people with free masks; we provided information about why mask-wearing is important; we had mask promoters reinforce the importance of mask-wearing by stopping individuals in public places who were not wearing

masks, reminding them about the importance of mask-wearing, and giving them a mask if they did not have one; we partnered with local leaders to encourage mask-wearing at mosques and markets; and in some villages we provided a variety of reminders and commitment devices as well as incentives for village leaders. In Appendix G, we attempt to disentangle the role played by these different elements in encouraging mask use.

We find no evidence that any of our village-level or household-level treatments, other than mask color, impacted mask-wearing. For mask-color, we see marginally significant differences, small in magnitude. Green and blue masks were distributed in equal numbers in surgical mask villages, but blue masks were observed for 17.3% of observations in those villages while green masks were observed for 15.6% (adjusted percentage point difference = 0.03, [-0.00,0.06]); likewise, purple and red masks were distributed in equal numbers in cloth masks villages, but purple masks were observed for 6.0% of observations and red masks for 6.8% (adjusted percentage point difference = -0.02, [-0.04,-0.00]).⁸ Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the observed increase in mask-wearing. Compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects. We saw no significant difference in mask-wearing in the village-level randomization of surgical vs. cloth masks.

We do find non-experimental evidence that in-person mask promotion and reinforcement is a crucial part of our intervention. Our first pilot contained all elements of our intervention except in-person reinforcement. Our second pilot (one week later) and the full intervention (several months later) added in-person reinforcement. Under the assumption that treatment effects would otherwise be constant over time, we find that mask promotion accounts for 19.2 percentage points of our effect (regression adjusted estimate 0.19 [-0.33,-0.05]), or 65% of the total effect size. In Table A11, we show that this difference is statistically significant whether or not we include baseline controls. This was not a pre-specified analysis.

⁸The proportion of colored masks observed is calculated over all observed individuals.

4.5 Persistence of Effects over Time

In Table A12, we report estimates of our primary specification separately by week of surveillance. Week 10 is especially interesting, as it was two weeks after intervention activities ceased. This analysis was not preregistered.

We find no evidence that the impact of the intervention attenuates over the 10 weeks. In the 414 villages for which we have 10 weeks of surveillance, the point estimates are slightly smaller in week 10 (a 23.3 percentage point increase) than week 1 (30.4 percentage points), although this difference is not statistically significant. This is consistent with social norms around mask-wearing taking hold, where adoption by some in the community has a demonstration effect that encourages subsequent adoption by others. If mask-wearing was driven by a “novelty factor” associated with our mask promotion campaign, we would have instead expected some attenuation over the course of the 8 weeks of intervention. The point estimates of the impact of intervention by week for the panel of 414 villages for which we have data in all weeks are plotted in Figure A4.

We additionally conducted a follow-up surveillance 5 months after the start of the intervention (20-27 weeks, depending on the wave). Mask-wearing had declined to 14.1% in the control group and 22.4% in the intervention group (a regression adjusted difference of 0.10 [0.08,0.13]).

4.6 Subgroup Analyses

We also considered how the impact of our intervention differed between subgroups.

Mask-Wearing by Age and Gender In Table A13, we analyze the impact of our intervention on mask-wearing and physical distancing separately by gender, as well as by whether baseline mask-wearing was above or below the median. Gender was recorded in 65% of observations; age was not recorded and thus we do not conduct an age-stratified assessment. In the gender results, we drop surveillance observations for mosques because in Bangladesh it is rare for women to attend mosque (hence the lower average increases reported in this table). We found that the intervention increased mask-wearing by 27.1 percentage points for men ([0.25,0.30]) and 22.5

percentage points for women ([0.20,0.25]). Although we do not have the variation to test this, the gendered difference in effect size may be because our mask promoters were predominantly men. We intentionally hired predominantly men because most of the interactions that our staff would have in public places would be men. Men constituted 88.2% of all observed adults.

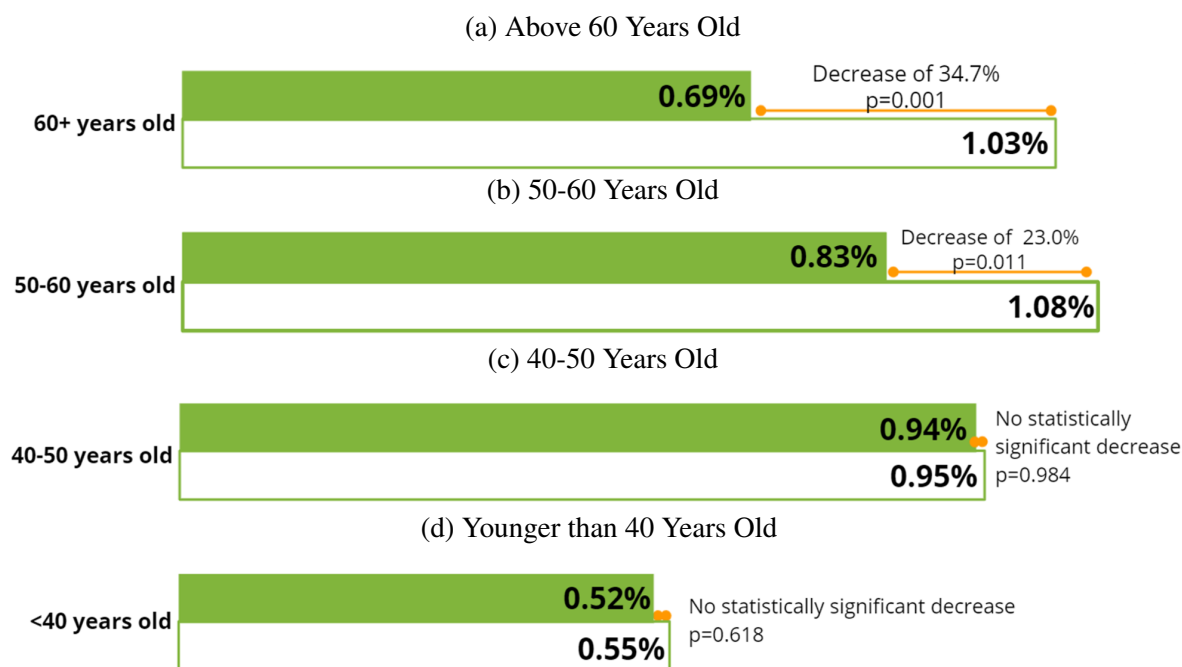
We also found a larger increase in mask-wearing in villages with below-median baseline mask-wearing (where mask-wearing increased from 8.7% to 42.2% at endline) than those with above-median baseline mask-wearing (where the increase was from 17.5% to 42.4%).

Symptomatic Seroprevalence by Age In Figure 3 (and in Tables A14, A15, and A16), we report results from our primary specification separately by age for villages with surgical masks. Table A14 reports our preregistered specification, a linear model run separately for each decade of age, pooling cloth and surgical villages. Table A15 synthesizes these results, collapsing by categories of <40, 40-50, 50-60 and 60+, and Table A16 reports the same results as a relative risk reduction, separately for cloth and surgical masks. We find that the impact of the intervention on symptomatic seroprevalence is concentrated among individuals over age 50, especially in villages randomized to surgical masks, which appear to more effectively prevent COVID-19. In surgical mask villages, we observe a 23.0% decline in symptomatic seroprevalence among individuals aged 50-60 (adjusted prevalence ratio of 0.77 [0.59,0.95]) and a 34.7% decline among individuals aged 60+ ($p = 0.001$) (adjusted prevalence ratio of 0.65 [0.46, 0.85]).

WHO COVID-19 Symptoms by Age In Tables A17 and A18 (the latter our preregistered specification), we perform the same analysis using the larger sample of individuals who reported symptom information. In this sample, we continue to find larger effects at older ages, although the differences are not as stark as for the symptomatic seroprevalence outcome. In Table A19, we show that the age gradient is steeper for surgical masks.

Additional Preregistered Specifications In Appendix H, we discuss additional preregistered specifications not reported in the text, either because they were severely underpowered given the

Figure 3: Effect on Symptomatic Seroprevalence by Age Groups, Surgical Masks Only



available data or because data on required variables was unavailable.

4.7 Intervention Cost and Benefit Estimates

In Appendix I, we assess the costs of implementing our intervention relative to the health benefits, specifically focusing on our ongoing efforts to implement the intervention at scale in Bangladesh. We consider a range of possible estimates for excess deaths from COVID-19 from May 1, 2021 - September 1, 2021, and we assume that our age-specific impacts on symptomatic seroprevalence will lead to proportional reductions in mortality. We estimate that a scaled version of our intervention being implemented in Bangladesh will cost about \$1.50 per person, and between \$10K and \$52K per life saved, depending which estimate we use for excess deaths.

4.8 Polling and Policy-Maker Priors

To assess how our findings compared to the priors of relevant policy makers, we polled participants during presentations to the World Health Organization, the World Bank, and the National Council

of Applied Economic Research in Delhi, India. In total, more than 100 audience members with expertise and specific interest in public health and mask-wearing were surveyed and asked to make predictions about the impact of our various interventions on mask-wearing and physical distancing, just before we showed them our empirical results (at the time, our biological outcomes were unavailable).

There are three main takeaways from this polling exercise: first, only a tiny fraction of policy-makers correctly predicted the impact of our core intervention on mask-wearing and physical distancing. Second, policy maker predictions varied widely, both for effects of the intervention on mask-wearing and physical distancing. Third, policy-makers systematically underestimated the overall impact of our intervention and especially the impact of in-person reinforcement on mask-wearing.

When asked if they thought the intervention would increase mask-wearing by 5, 10, 20, 30, or 40 percentage points, only 21% of respondents correctly predicted that the intervention increased mask-wearing by 30 percentage points (about what we would expect if they guessed randomly). The expected value of the predicted increase in mask-wearing was 22 percentage points whether we described the intervention with or without mask promotion included. The difference in mask-wearing observed in our two pilot studies suggests that in-person reinforcement increased mask-wearing by 18 percentage points. In other words, policy-makers makers believed that in-person reinforcement would have no additional impact, despite our piloting suggesting it is the single most important element of our intervention. With regard to behavioral adjustments, 64% of respondents predicted that physical distancing would either decrease or remain unchanged as a result of the mask-promotion interventions, when in fact, it increased.

Policy-makers consistently believed that our cross-randomizations would increase mask-wearing, when in fact, we find that none of them had a significant effect (often with fairly precise zeros). 68% of respondents believed that text messages would help (they didn't), 62% of respondents believed that incentives for village-leaders would help (they didn't), and 77% of respondents believed that verbal commitments or commitments made using signs on one's door would increase

mask-wearing (they didn't). More details from our polling exercise are provided in Appendix J.

5 Discussion

We present results from a cluster-randomized controlled trial of a scalable intervention designed to increase mask-wearing and reduce cases of COVID-19. Our estimates suggest that mask-wearing increased by 28.8 percentage points, corresponding to an estimated 51,347 additional adults wearing masks in intervention villages, and this effect was persistent even after active mask promotion was discontinued. The intervention led to a 9.3% reduction in symptomatic SARS-CoV-2 seroprevalence (which corresponds to a 103 fewer symptomatic seropositives) and an 11.9% reduction in the prevalence of COVID-like symptoms, corresponding to 1,587 fewer people reporting these symptoms.⁹ The effects were substantially larger (and more precisely estimated) in communities where we distributed surgical masks, consistent with their greater filtration efficiency measured in the laboratory (manuscript forthcoming). In villages randomized to receive surgical masks, the relative reduction in symptomatic seroprevalence was 11% overall, 23% among individuals aged 50-60, and 35% among those over 60.

We found clear evidence that surgical masks are effective in reducing symptomatic seroprevalence of SARS-CoV-2; while cloth masks clearly reduce symptoms, we cannot reject that they have zero or only a small impact on symptomatic SARS-CoV-2 infections (perhaps reducing symptoms of other respiratory diseases). Additionally, we found evidence that surgical masks were no less likely to be adopted than cloth masks (perhaps slightly more likely). Thus, surgical masks have higher filtration efficiency, are cheaper, are consistently worn, and are better supported by our evidence as tools to reduce COVID-19.

Our results should *not* be taken to imply that masks can prevent only 10% of COVID-19 cases, let alone 10% of COVID-19 mortality. Our intervention induced 29 more people out of every 100 to wear masks, with 42% of people wearing masks in total. The total impact with near-

⁹If we assume that non-consenting symptomatic individuals were seropositive at the same rate as consenting symptomatic individuals, the total estimated symptomatic seropositives prevented would be 258.

universal masking—perhaps achievable with alternative strategies or stricter enforcement—may be several times larger than our 10% estimate. Additionally, the intervention reduced symptomatic seroprevalence more when surgical masks were used, and even more for the highest-risk individuals in our sample (23% for ages 50-60 and 35% for ages 60+). These numbers likely give a better sense of the impact of our intervention on severe morbidity and mortality, since most of the disease burden is borne by the elderly. Where achievable, universal mask adoption is likely to have still larger impacts.

We identified a combination of core intervention elements that were effective in increasing mask-wearing in rural Bangladesh: mask distribution and role-modeling, combined with mask promotion, leads to large and sustained increases in mask use. Results from our pilots suggest that combining mask distribution, role-modeling, and active mask promotion – rather than mask distribution and role-modeling alone – seems critical to achieving the full effect. Our trial results also highlight many factors that appear inessential: we find no evidence that public commitments, village-level incentives, text messages, altruistic messaging, or verbal commitments change mask-wearing behavior. The null results on our cross-randomizations do not necessarily imply that these approaches are not worth trying in other contexts, but they teach us that large increases in mask-wearing are possible without these elements.

Our intervention design is immediately relevant for Bangladesh’s plans for larger-scale distribution of masks across all rural areas. The Bangladesh Directorate-General of health has assigned the study team and the NGO *BRAC* the responsibility to scale up the strategies that were proven most effective in this trial to reach 81 million people [49]. At the time of writing, we are implementing this program in the 37 districts prioritized by the government based on SARS-CoV-2 test positivity rates. Our results are also relevant for mask dissemination and promotion campaigns planned in other countries and settings which face similar challenges in ensuring mask usage as a result of limited reach and enforcement capacity. The mask promotion model described in this paper was subsequently adopted by governments and other implementers in Pakistan [50], India [51], and Nepal [52]. The intervention package would be feasible to implement in a similar fashion

in other world regions as well. Beyond face masks, the conceptual underpinning of our strategies could be applied to encourage the adoption of other health behaviors and technologies, in particular those easily observable by others outside the household, such as purchase and consumption of food, alcohol, and tobacco products in stores, restaurants, or other public spaces [53], hand washing and infection control in healthcare facilities [54, 55, 56], hygiene interventions in childcare and school settings [57, 58], improved sanitation [31, 59], or vaccination drives [60].

Policymakers and public health experts at the World Health Organization and the World Bank were polled prior to presentations of the study results regarding mask-wearing. The majority of poll respondents anticipated that text messages, verbal commitments, and incentives would increase mask-wearing, when in reality, we estimated fairly precise null effects, and poll respondents believed that in-person mask promotion would have no additional effect, whereas the evidence from our pilots suggests it is essential.

While critics of mask mandates suggest that individuals who wear masks are more likely to engage in high risk behaviors, we found no evidence of risk compensation as a result of increased mask-wearing. In fact, we found that our intervention increased the likelihood of physical distancing, presumably because individuals participating in the intervention took the threat of COVID-19 more seriously. These findings should be interpreted with caution, as these behavioral responses may be especially context-dependent.

The intervention may have influenced rates of COVID-19 by increasing mask use and/or physical distancing and/or other risk prevention behaviors. Three factors suggest that the direct impact of masks is the most likely explanation for our documented health impacts. First, while we find similar impacts of cloth and surgical masks on physical distancing, we find consistently larger impacts of surgical masks on symptomatic seroprevalence, consistent with the evidence that surgical masks have better filtration efficiency [61]. Second, we see no change in physical distancing in the highest risk environment in our study, typically crowded indoor mosques. The physical distancing impacts we do measure were confined to outdoor environments. Third, our study complements a large body of laboratory and quasi-experimental evidence that masks have a direct effect on

SARS-CoV-2 transmission [1].

Our study has several limitations. The distinct appearance of project-associated masks and elevated mask-wearing in intervention villages made it impossible to blind surveillance staff to study arm assignment (although the staff were not informed of the exact purpose of the study). Even though surveillance staff were plain-clothed and were instructed to remain discreet, community members could have recognized that they were being observed and changed their behavior. Additionally, survey respondents could have changed their likelihood of reporting symptoms in places where mask-wearing was more widespread. We might expect this to bias us towards higher symptomatic rates in treatment areas. While we confirm that blood consent rates are not significantly different in the treatment and control group and are comparable across all demographic groups, we cannot rule out that the composition of consenters differed between the treatment and control groups. The slightly higher point estimate for consent in the treatment group again biases us away from finding an effect, since it raises symptomatic seroprevalence in the treatment group. Although control villages were at least 2 km from intervention villages, adults from control villages may have come to intervention villages to receive masks, reducing the apparent impact of the intervention. While we did not directly assess harms in this study, there could be costs resulting from discomfort with increased mask-wearing, adverse health effects such as dermatitis or headaches, or impaired communication.

Because the study was powered to detect differences in symptomatic seroprevalence, we cannot distinguish whether masks work by making symptoms less severe (through a reduced viral load at transmission) or by reducing new infections. We selected the WHO case definition of COVID-19 for its sensitivity, though its limited specificity may imply that the impact of masks on symptoms comes partly from non-SARS-CoV-2 respiratory infections. If masks reduce COVID-19 by reducing symptoms (for a given number of infections), they could help ease the morbidity and mortality resulting from a given number of SARS-CoV-2 infections. If masks reduce infections, they may reduce the total number of infections over the long-term by buying more time to increase the fraction of the population vaccinated. At the time of the study, the predominant circulating

SARS-CoV-2 strain was B.1.1.7 (alpha)[62]. The impacts of the delta variant on the number of infections prevented by a given mask-wearer are uncertain; the population-wide consequences of infections prevented by a given mask-wearer may be larger given a higher reproduction number.

We estimate that a scaled version of our intervention being implemented in Bangladesh will cost between \$10K and \$52K per life saved, depending on what fraction of excess deaths are attributable to COVID-19. This is considerably lower than the value of a statistical life in Bangladesh (\$205,000, [63]) and under severe outbreaks, is comparable to the most cost-efficient humanitarian programs at scale (e.g. distributing insecticide nets to prevent malaria costs \$9,200 per life saved [64]). This estimate includes only mortality impacts but not morbidity, and greater cost-efficiency is possible if our intervention can be streamlined to further isolate the essential components. The vast majority of our costs were the personnel costs for mask-promoters: if we consider only the costs of mask production, these numbers would be 20x lower. Thus, the overall cost to save a life in countries where mask-mandates can be enforced at minimal cost with existing infrastructure may be substantially lower than our estimates above.

In summary, we found that mask distribution, role modeling, and promotion in a LMIC setting increased mask-wearing and physical distancing, leading to lower illness, particularly in older adults. We find stronger support for the use of surgical masks than cloth masks to prevent COVID-19. Whether people with respiratory symptoms should generally wear masks to prevent respiratory virus transmission—including for viruses other than SARS-CoV-2—is an important area for future research. Our findings suggest that such a policy may benefit public health.

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6 Conflict of Interest

The funder had no role in the study design, interpretation of results, or decision to publish.

7 Research Ethics Approvals

Our study protocols were reviewed and approved by the Yale University Institutional Review Board (Protocol ID: 2000028482), and by the Bangladesh Medical Research Council National Research Ethics Committee (IRB registration number: 330 26 08 2020). We also received separate administrative approval from the Bangladesh Ministry of Health and Family Welfare. Study protocols and plans were also discussed with public health experts at the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and a2i, an innovation agency within the Bangladesh government (<https://a2i.gov.bd/>), prior to implementation. We provide ethical justification for our decisions in our [online ethics appendix](#).

8 Funding

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9 Acknowledgements

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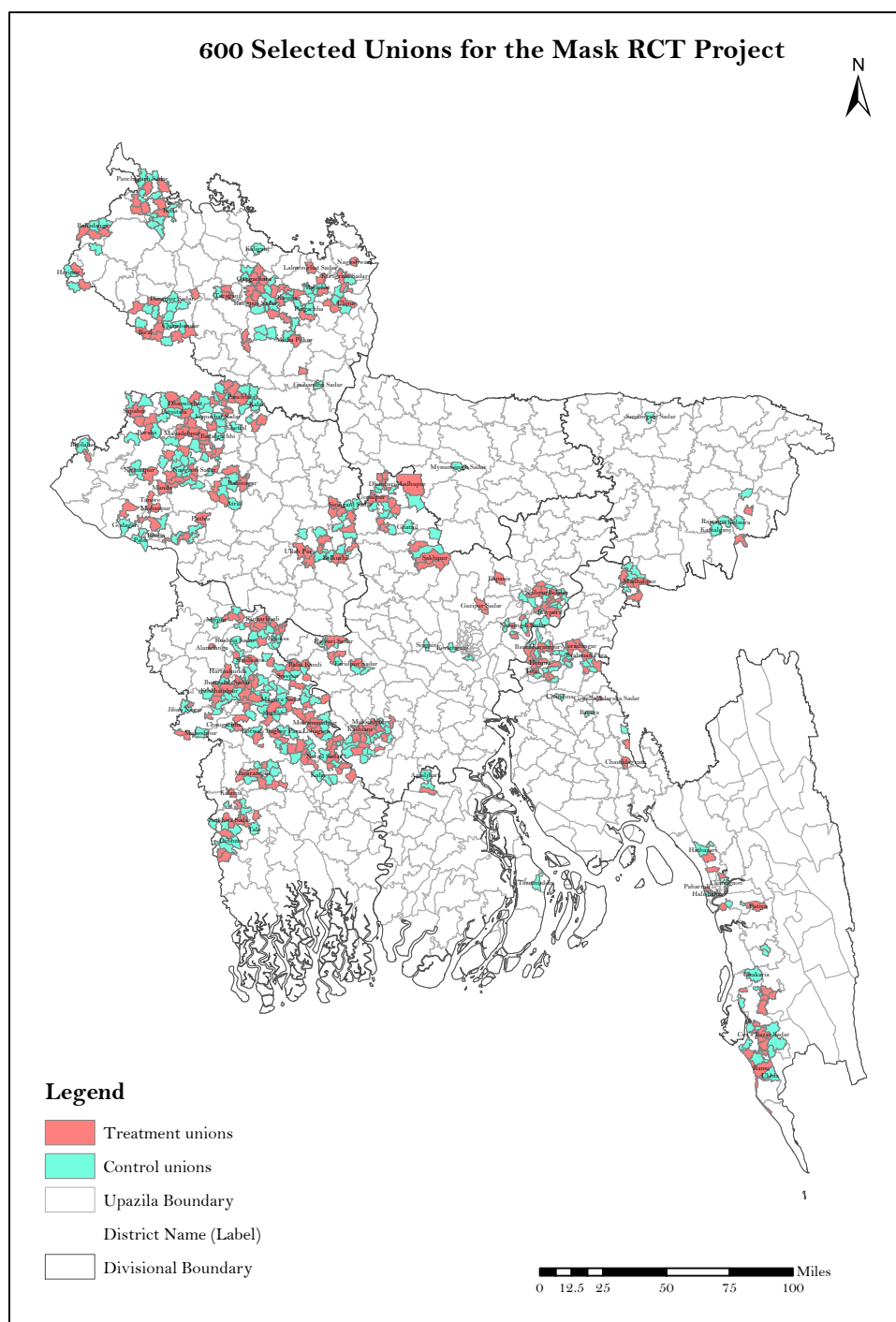
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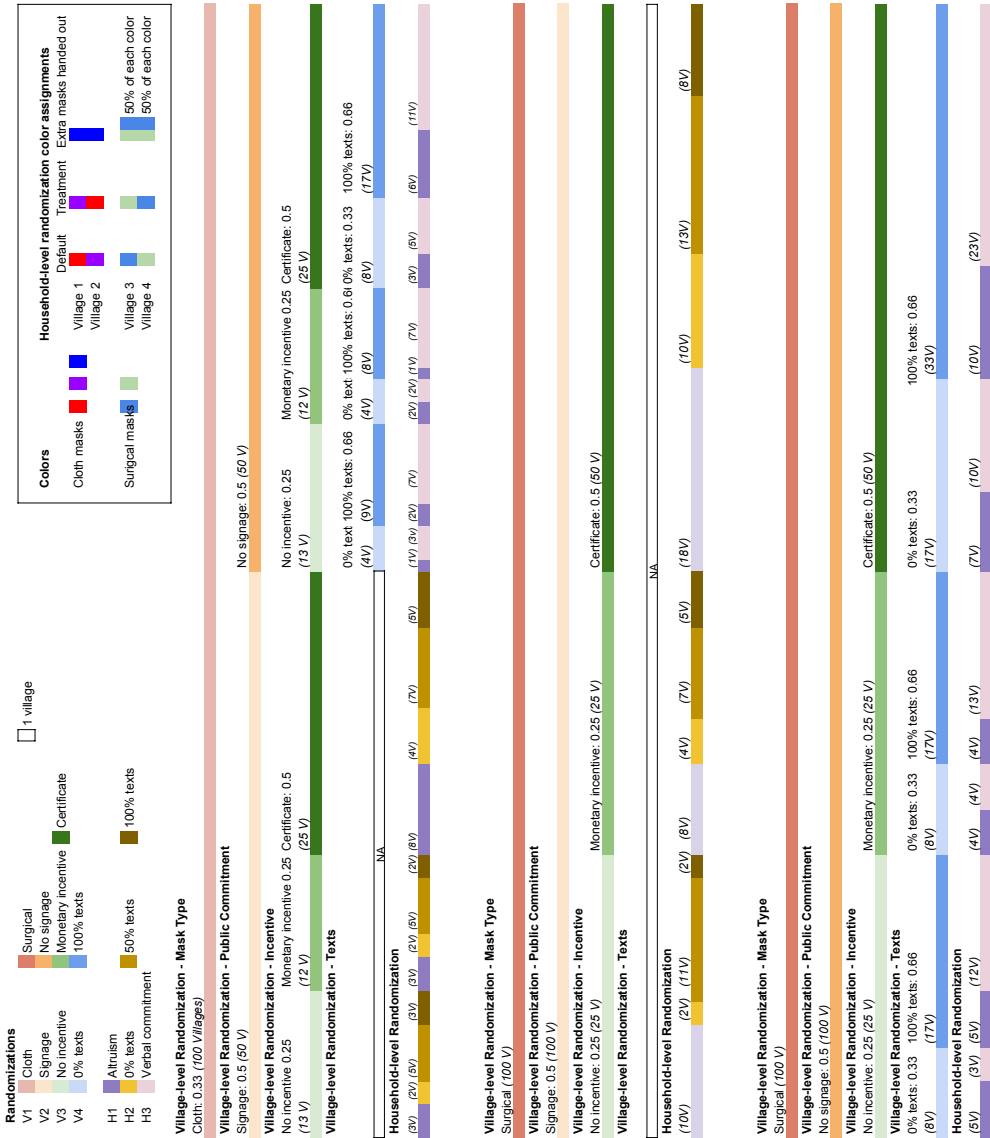
Table S13. Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

Figure A1: Map of 600 Treatment and Control Unions



The figure shows the location of the 600 treatment and control unions in the study.

Figure A2: Schematic of Cross-Randomizations



Notes: Each box represents one village and each color represents a village-level randomization. Different tones of the same hue represent different possible realizations for each randomization. The "Colors" box in the upper right exemplifies the color of masks used to denote households that received the default or intervention condition of the household-level randomization.

Table A1: Endline Blood Sample Collection

	Treatment Villages	Control Villages	Total
Number of People Identified in Baseline Household Visits	178,288	163,838	342,126
Number of People Reached for Symptom Collection on in the Midline and Endline Visits	174,171	161,211	335,382
Number of People with WHO-defined COVID-19 Symptoms	13,273	13,893	27,166
Number of Symptomatic Endline Blood Samples Collected	5,414	5,538	10,952
Number of Symptomatic Endline Blood Samples Tested	5,006	4,971	9,977

All counts provided are at the individual level.

WHO-defined COVID-19 symptoms is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

Table A2: Endline Blood Collection Consent Rates by Demographic Characteristics

	Treatment	Control	Total
Total	40.8%	39.9%	40.3%
<i>By Sex</i>			
Female	41.0%	39.7%	40.4%
Male	40.5%	40.0%	40.3%
<i>By Age Group</i>			
≤ 40 Y.O.	41.0%	39.2%	40.1%
Between 40-50 Y.O.	40.7%	40.5%	40.6%
Between 50-60 Y.O.	41.8%	40.8%	41.3%
≥ 60 Y.O.	39.4%	40.0%	39.7%

Consent rates are defined as the ratio of the number of individuals we successfully drew blood from to the number of eligible symptomatic individuals.

Table A3: Balance Tests (Village-Level)

	Baseline Symptomatic Seroprevalence Rate	WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.027	0.123
Control Rate	0.00003	0.025	0.125
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00002)	0.001 (0.002)	0.001 (0.005)
N villages	572	572	572
<i>F</i>		0.12	
<i>Joint-Test Prob > F</i>		0.9471	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-Defined COVID-19 symptoms as any of the following

(a) fever and cough;

(b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);

(c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1 week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

Table A4: Mask-Wearing and Physical Distancing, without Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.012)	0.371*** (0.016)	0.288*** (0.012)	0.252*** (0.012)	0.302*** (0.014)	0.258*** (0.020)
Average Mask-Wearing Rate in Paired Control Villages [§]	0.133	0.134	0.123	0.120	0.146	0.129	0.143
<i>Social Distancing</i>							
Intervention Coefficient	0.050*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.073*** (0.007)	0.067*** (0.007)	0.053*** (0.006)	0.044*** (0.011)
Average Distancing Rate in Paired Control Villages [§]	0.241	0.253	0.000	0.291	0.311	0.229	0.268
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair.

§We report the mean rate of proper mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

”Other Locations” include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

”Surgical Villages” refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. ”Cloth Villages” refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled ”Full”, but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the ”Full” sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A5: Number of People Observed

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>No Baseline Control</i>							
Intervention Coefficient	-31 (51)	-53 (45)	35 (24)	-20 (17)	-46** (23)	-9 (63)	-75 (85)
Avg. Number People Observed in Paired Control Villages [§]	2820	2682	580	882	1358	2914	2635
<i>With Baseline Control</i>							
Intervention Coefficient	-43 (45)	-64 (40)	23 (20)	-18 (15)	-53** (21)	-37 (58)	-45 (76)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline control" include controls for the number of people observed in the baseline visit.

§We report the average number of people observed among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

"Other Locations" include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

"Surgical Villages" refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. "Cloth Villages" refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled "Full", but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the "Full" sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A6: Symptomatic Seroprevalence

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0004 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0009** (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0002 (0.0005)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A7: Symptomatic Seroprevalence, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.906** [0.814, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.894* [0.782, 1.006]
Intervention Prevalence Ratio for Cloth Mask Villages		0.933 [0.776, 1.089]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.907** [0.817, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.888** [0.780, 0.997]
Intervention Prevalence Ratio for Cloth Mask Villages		0.950 [0.791, 1.109]
N individuals	288,612	288,612
N villages	536	536

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The regressions exclude 18,494 individuals in 36 villages because there are 0 people who are symptomatic-seropositive in their village pairs.

Table A8: WHO-Defined COVID-19 Symptoms, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.831,0.931]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.871*** [0.807,0.936]
Intervention Prevalence Ratio for Cloth Mask Villages		0.901** [0.816,0.986]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.830,0.933]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.864*** [0.801,0.926]
Intervention Prevalence Ratio for Cloth Mask Villages		0.915** [0.831,0.999]
N individuals	323,596	323,596
N villages	572	572

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

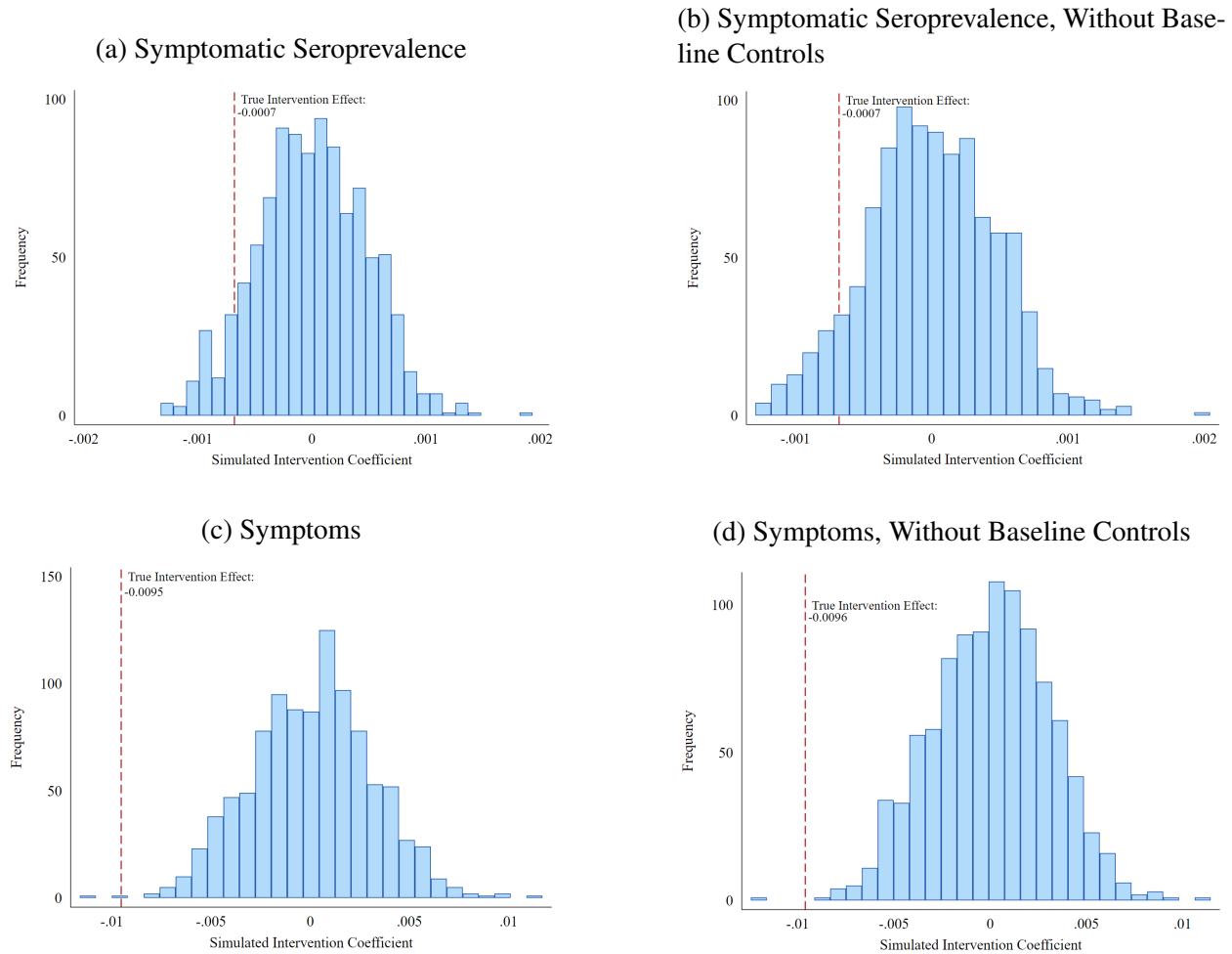
(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis in the first column includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Figure A3: Randomization Inference on Symptomatic Seroprevalence and Symptoms



The histograms are generated by plotting the frequency the coefficient on the intervention under 1,000 imputations of randomly assigning the treatment/control status within each village-pair. The regressions used to generate the intervention coefficient in panel (a) and (b) are equivalent to those in Table A6, top and bottom panel, respectively. The regressions used in panel (c) and (d) are equivalent to those in Table A9, top and bottom panel, respectively.

The one-sided p -values for each panel is as follows:

- (a) 0.081
- (b) 0.084
- (c) 0.002
- (d) 0.001

Table A9: WHO-defined COVID-19 Symptoms

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0096*** (0.0022)	
Intervention Coefficient for Surgical Mask Villages		-0.0105*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0079** (0.0035)
Average Symptomatic Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0095*** (0.0021)	
Intervention Coefficient for Surgical Mask Villages		-0.0112*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0063* (0.0035)
N individuals	323,596	323,596
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID-19 symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A10: WHO-defined COVID-19 Symptoms (Robustness Check)

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0031*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0047*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0001 (0.0017)
Average Symptomatic Rate in Paired Control Villages [§]	0.0330	0.0330
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0030*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0050*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0009 (0.0017)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A11: Pilot Analyses of Mask Wearing

	Main Intervention	Pilot 1	Pilot 2	Pilot 1	Pilot 2
<i>No Baseline Controls</i>					
Intervention Coefficient	0.288*** (0.012)	0.109 [-0.161, 0.320]	0.284 [0.081, 0.408]		
Difference from Main Intervention				-0.189*** (0.073)	0.022 (0.053)
Average Control Mask Wearing Rate [§]	0.1339	0.129	0.095		
<i>With Baseline Controls</i>					
Intervention Effect	0.288*** (0.012)	0.096 [-0.126, 0.315]	0.341 [0.135, 0.509]		
Difference from Main Intervention				-0.181** (.092)	-0.005 (.058)
N villages	572	10	10	592	592

Standard errors are in parentheses. Confidence intervals are in brackets, computed using wild bootstrap.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regressions "with baseline controls" include controls for baseline rates of mask-wearing.

The first column reports the results of our main intervention; equivalent to the results in Table ??, using full surveillance data.

§We report the mean rate of mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

Table A12: Persistence of Mask-Wearing

	<i>Week from Baseline Observation</i>						
	1	2	4	6	8	10	Followup
<i>Consistent Panel</i>							
Intervention Coefficient	0.304*** (0.016)	0.284*** (0.016)	0.290*** (0.016)	0.286*** (0.016)	0.261*** (0.016)	0.233*** (0.017)	0.102*** (0.011)
N villages	414	414	414	414	414	414	414
<i>All Villages</i>							
Intervention Coefficient	0.300*** (0.014)	0.285*** (0.014)	0.291*** (0.014)	0.298*** (0.015)	0.261*** (0.014)	0.230*** (0.015)	0.094*** (0.010)
N villages	542	558	548	550	528	508	548

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair, baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

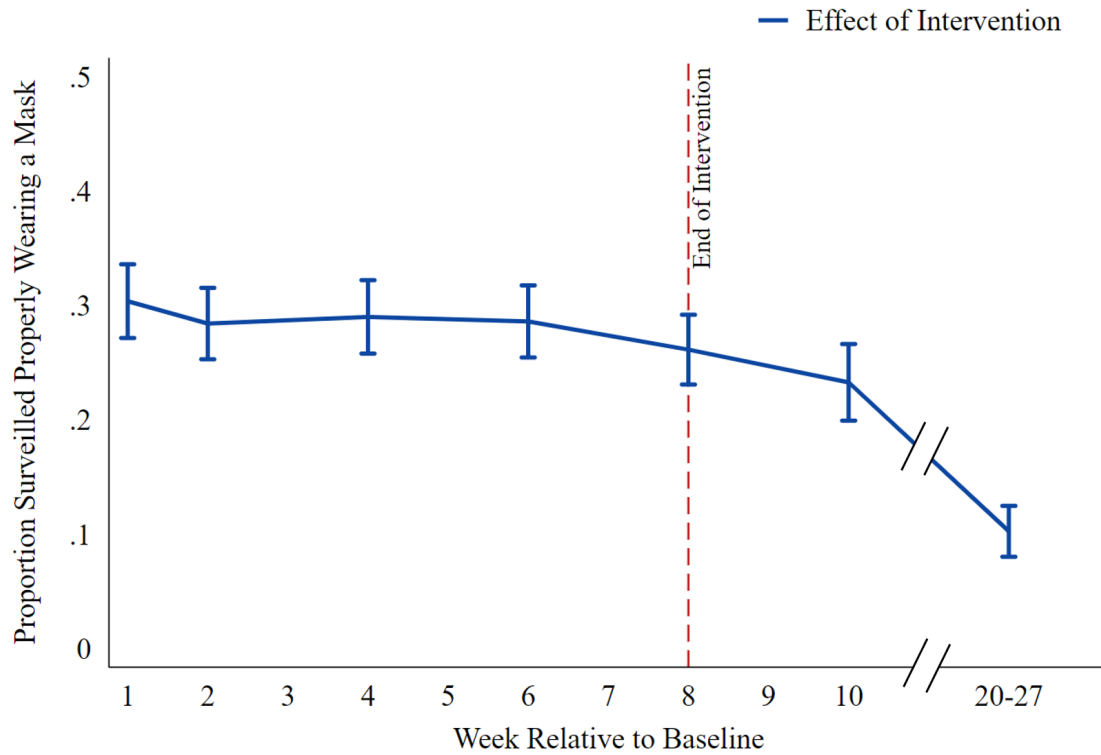
“Followup” surveillance occurred between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

This analysis estimates separate intervention effects 1, 2, 4, 6, 8, 10 weeks, and 20-27 weeks after baseline observation. The top panel runs the regressions only among a consistent panel of 414 villages that have all 10 weeks and the subsequent followup observation. The results of the analysis are displayed graphically in Figure A4.

The bottom panel is run among all villages which have surveillance data for that period of observation, as well as the baseline period.

The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Figure A4: Persistence of Mask-Wearing



The figure corresponds to the regressions presented in Table A12, top panel. We present the effect of the intervention separately across weeks 1, 2, 4, 6, 8, 10, and 20-27 weeks after the baseline observation with 95% confidence intervals. The 20-27 week observation was collected during our “Followup” surveillance between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

The analysis is run across a panel of 414 villages with observation through the entirety of the study. The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Table A13: Subgroup Analyses of Mask-Wearing

	Female Only	Male Only	Above Median	Below Median
<i>No Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.018)	0.350*** (0.022)
Average Control Mask-Wearing Rate [§]	0.312	0.116	0.175	0.087
<i>With Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.019)	0.354*** (0.022)
N villages	566	566	200	202

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. For the gender subgroup analyses, the baseline symptom rate and baseline mask-wearing rate was defined across all individuals, not just those among females and males, respectively.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

The sex-specific subgroup is run on all locations except mosques because no females were observed at mosques. The sex-specific samples excludes 6 villages because of lack of data. The above-median and below-median samples includes 85 singleton observations which were dropped.

Table A14: Symptomatic Seroprevalence by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0008 (0.0007)	-0.0022*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
Avg. Symptomatic Seroprevalence in Paired Control Vill. [§]	0.0076	0.0045	0.0069	0.0095	0.0108	0.0104	0.0101
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0009 (0.0007)	-0.0021*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
N Individuals	307,106	101,939	70,285	52,161	39,307	27,792	15,622
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A15: Symptomatic Seroprevalence by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0008* (0.0004)	-0.0001 (0.0004)	0.0000 (0.0009)	-0.0024*** (0.0009)	-0.0032*** (0.0010)
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0009** (0.0004)	-0.0003 (0.0004)	-0.0001 (0.0008)	-0.0025*** (0.0009)	-0.0034*** (0.0010)
N Individuals	307,106	172,224	52,161	39,307	43,414
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A16: Symptomatic Seroprevalence by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.894* [0.782,1.006]	0.977 [0.839,1.116]	1.003 [0.825,1.182]	0.768*** [0.595,0.941]	0.669*** [0.472, 0.865]
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.888*** [0.780,0.997]	0.966 [0.833,1.099]	1.002 [0.813,1.191]	0.770** [0.593,0.948]	0.653*** [0.458, 0.849]
N Individuals	288,612	147,954	36,002	24,282	28,103
N Villages	536	482	382	348	360

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A17: WHO-Defined COVID-19 Symptoms by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0105*** (0.0028)	-0.0088*** (0.0028)	-0.0093*** (0.0035)	-0.0123*** (0.0038)	-0.0167*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0079** (0.0035)	-0.0061** (0.0027)	-0.0020 (0.0051)	-0.0164*** (0.0059)	-0.0116** (0.0059)
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0112*** (0.0028)	-0.0096*** (0.0028)	-0.0099*** (0.0035)	-0.0129*** (0.0038)	-0.0175*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0063* (0.0035)	-0.0048* (0.0028)	-0.0001 (0.0050)	-0.0142** (0.0058)	-0.0092 (0.0059)
N Individuals	323,596	179,882	55,465	41,873	46,376
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A18: WHO-Defined COVID-19 Symptoms by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0096*** (0.0022)	-0.0081*** (0.0020)	-0.0072*** (0.0027)	-0.0068** (0.0029)	-0.0137*** (0.0032)	-0.0121*** (0.0037)	-0.0189*** (0.0045)
Avg Symptomatic Rate in Paired Control Vill. [§]	0.0859	0.0605	0.0872	0.0981	0.1057	0.1080	0.1085
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0095*** (0.0021)	-0.0082*** (0.0020)	-0.0072*** (0.0026)	-0.0066** (0.0028)	-0.0133*** (0.0032)	-0.0119*** (0.0036)	-0.0185*** (0.0045)
N Individuals	323,596	105,778	74,104	55,465	41,873	29,721	16,655
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A19: WHO-Defined COVID-19 Symptoms by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.871*** [0.807,0.936]	0.871*** [0.794,0.948]	0.901*** [0.829,0.972]	0.877*** [0.803,0.951]	0.834*** [0.755,0.912]
Intervention Coefficient for Cloth Mask Villages	0.901** [0.816,0.986]	0.907** [0.828,0.987]	0.979 [0.873,1.084]	0.828*** [0.709,0.947]	0.884** [0.770,0.998]
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.864*** [0.801,0.926]	0.861*** [0.786,0.936]	0.896*** [0.826,0.965]	0.868*** [0.795,0.940]	0.828*** [0.753,0.904]
Intervention Coefficient for Cloth Mask Villages	0.915** [0.831,0.999]	0.916** [0.836,0.996]	0.996 [0.893,1.099]	0.849** [0.732,0.966]	0.903* [0.790, 1.016]
N Individuals	323,596	179,882	55,465	41,759	46,245
N Villages	572	572	572	570	570

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

B Pairwise Randomization Procedure

Villages were assigned to strata as follows:

1. We began with 1,000 villages in 1,000 separate unions to ensure sufficient geographic distance to prevent spillovers (Bangladesh is divided into 4,562 unions).
2. We collected these unions into “Units”, defined as the intersection of upazila x (above/below) median population x case trajectory, where above/below median population was a 0-1 indicator for whether the union had above-median population for that upazila and case trajectory takes the values -1, 0, 1 depending on whether the cases per 1,000 are decreasing, flat or increasing. We assessed cases per person using data provided to us from the Bangladeshi government for the periods June 27th-July 10th and July 11th-July 24th, 2020.
3. If a unit contained an odd number of unions, we randomly dropped one union.
4. We then sort unions by “cases per person” based on the July 11th-July 24th data, and create pairs of unions. We randomly kept 300 such pairs.
5. We randomly assigned one union in each pair to be the intervention union.
6. We then tested for balance with respect to cases, cases per population, and density.
7. Finally, we repeated this entire procedure 50 times, selecting the seed that minimized the maximum of the absolute value of the t-stat of the balance tests with respect to case trajectory and cases per person.

C Cross-Randomization Procedure

Villages were assigned to village-level cross-randomizations as follows:

1. We began with the 300 union-pairs (600 villages total) identified in the pairwise randomization procedure, and limited to only the villages in the intervention group.

2. Using a random number generator, we ordered the villages, and assigned the first $1/3$ of the intervention villages to be distributed cloth masks and $2/3$ to be distributed surgical masks.
3. Within the mask-type randomization, we randomly reordered the unions, then assigned the first $1/2$ of villages to hang signage on their door as a visual commitment to mask-wearing, and $1/2$ of villages to not have signage on their door.
4. Within the previous two randomizations, we randomly assigned $1/4$ of villages to receive no incentive, $1/4$ to receive a monetary award, and $1/2$ to receive a certificate incentive. If there was an odd-number of villages within this randomization, then we broke the difference by rounding the number of villages in the randomization to the nearest whole number.
5. In villages without signage, we randomly ordered the villages and assigned the first $2/3$ to receive texts encouraging mask-wearing, and the remaining $1/3$ receive no such messages. If the number of villages was not divisible by thirds, then we broke the difference by rounding the number of villages to the nearest whole number.

Unions were assigned to household-level cross-randomizations using the following procedure. Note that each village may have only one household-level randomization.

1. In villages with the signage randomization, we assigned $2/3$ of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining $1/3$ to receive altruistic messages about the benefits of mask-wearing in addition to the self-protection messages. If the number of villages was not divisible by thirds, we broke the difference by rounding to the nearest whole number.
2. In villages with the signage randomization and no household-level altruism randomization (and by definition, no village-level text message randomization), we assigned $1/4$ of villages to receive no household-level text-message randomization, $1/2$ of villages to have 50% of their households receive text-message reminders, and the remaining $1/4$ of villages to have 100% of their households receive texts.

3. In villages without the signage randomization, we assigned 2/3 of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining 1/3 to receive messages emphasizing the altruistic reasons to wear masks in addition to the self-protection messages.
4. In the villages without the signage randomization and no household-level altruism randomization, we asked households to make a verbal commitment to be a mask-wearing household.

D Statistical Analysis

This section describes details of our statistical analyses.

Mask-Wearing We created a data set with an observation for each village j . We defined proper mask use as anyone wearing either a project mask or an alternative face-covering that covered their mouth and nose. We considered two definitions of the proportion of observed individuals wearing masks (p_j). In our primary specification, we defined p_j using all observed adults. In a secondary specification, we considered adults observed only in locations where there was not simultaneous mask distribution. The purpose of this second specification was to investigate separately whether the intervention increased mask-wearing in places where we did not have promoters on site.

Our goal was to estimate the impact of the intervention on the probability of mask-wearing, defined as $\psi_1 = E_x[E(p_j|T_j = 1, x_j) - E(p_j|T_j = 0, x_j)]$ where T_j is an indicator for whether a village was treated and x_j is a vector of the village-level covariates, including the prevalence of baseline mask-wearing in each village (constructed analogously to p_j), baseline respiratory symptom rates, and indicators for each pair of villages from our pairwise stratification method.

We estimated this equation at the village-level with an ordinary least squares regression, using analytic weights proportional to the number of observed individuals (the denominator of p_j) and heteroskedastic-robust standard errors. In this specification, the dependent variable is p_j , the independent variable of interest was T_j , and controls were included for the x_j covariates.

Physical Distancing Using analogous methods, we estimated the impact of the intervention on the probability that wearing a mask influenced physical distancing (being within one arm’s length of any other person at the time of observation).

D.1 Estimating Effects of Village-level Cross-randomizations

We analyze all four village level cross-randomizations jointly via a linear regression:

$$E(p_j|T_j, x_j, D_k) = \beta T_j + \sum_k D_k \delta_k + x_j \gamma \quad (1)$$

where $D_k = 1$ if the village has been assigned to the intervention group of the village-level cross-randomization denoted by letter k , and 0 otherwise. This specification is otherwise identical to our estimating equation for the impact of intervention on mask-wearing, with the addition of the D_k terms.

D.2 Estimating Effects of Household-level Cross-randomizations

To evaluate the effect of household-level cross-randomizations, we constructed a regression with an observation for each *village* where we ask whether masks of the color representing the treatment were more commonplace than masks of the color representing the control. In each village, we computed Δ_j , the difference in the fraction of individuals wearing treatment mask colors vs. control mask colors. We alternated across villages which color corresponds to intervention, so we can control directly for whether specific colors are more popular (denote these by d_{jc} ; $d_{jc} = 1$ if treated masks in village j are color c). We index the various household randomizations by m . Our estimate for each household randomization will be α_{0m} , given by:

$$E(\Delta_j|d_{jc}) = \alpha_{0m} + \sum_c \alpha_c d_{jc} + surgical_j \quad (2)$$

α_{0m} tells us how much more likely individuals are to wear masks of the treated color than masks of the control color. $surgical_j$ is, as its name implies, a dummy for whether surgical masks were distributed in village j . We estimate this equation at the village-level by ordinary least squares, using analytic weights proportional to the number of observed individuals (the denominator of Δ_j) and heteroskedasticity-robust standard errors.

E Additional Balance Tests

In the text, we show that we have balance at baseline with respect to our main outcome variables. We also ran balance tests with respect to several other covariates and detected a few balance failures. While small in magnitude, we investigate these further in order to understand whether the severity of the underlying problem.

Table S1 highlights these balance failures. Specifically, we find imbalances with respect to household count, age and household size. On average, treatment villages have 16 more households, beneficiaries in the treatment group are younger by 0.16 years, and treatment households have 0.02 more members. While small in magnitude, these imbalances are unlikely to have arisen by chance given the size of our sample. Table S1 also reports balance with respect to household size assessed in our initial scoping visit (before masks were distributed). In this case, we find that treatment and control villages were exactly the same size.

We believe the imbalances with respect to age and household size likely arose because households in the treatment group were more likely to report teenagers as being over 18 in order to receive additional masks. We believe the imbalance with respect to the number of households likely occurred for a similar reason, with implementers in the treatment group including more “borderline” households as part of the village in order to distribute masks to those households.

To check for these mechanisms, we drop from the sample individuals under 30 and villages with over 350 households – the latter only very coarsely targets “extra” households that lie on the border of villages. After imposing these restrictions, we find in Table S2 that the imbalances

Table S1: Additional Balance Tests (Individual-Level)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Summary Statistics</i>					
Intervention Rate	245	237	0.5127	38.7046	2.7565
Control Rate	241	220	0.5113	38.9145	2.7302
<i>Balance Tests</i>					
Intervention Coefficient	3 (3)	16*** (3)	0.0019* (0.0011)	-0.1577** (0.0708)	0.0239*** (0.0089)
N individuals	307,106	307,106	307,106	307,106	307,106
N villages	572	572	572	572	572
<i>F</i>			106.49		
<i>Joint-Test Prob > F</i>			0.0000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

with respect to age and household size disappear entirely (this also occurs with the age restriction alone), and the imbalance with respect to household count shrinks by 25% but remains significant. We have collected exact GPS coordinates for each household, and in future drafts, we will check whether the household count imbalance disappears if we remove households most distant from the village center. In Table S3, we repeat our primary specification in this restricted sample with better balance and find that our results are qualitatively unchanged.

Table S2: Additional Balance Tests (Individual-Level, After Sample Selection)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Removing All People Below 30 & All Villages With More than 350 Households</i>					
Intervention Coefficient	-0 (2)	12*** (3)	0.0036*** (0.0014)	0.0305 (0.0661)	0.0069 (0.0052)
N individuals	175,646	175,646	175,646	175,646	175,646
N villages	552	552	552	552	552
<i>F</i>			81.71		
<i>Joint-Test Prob > F</i>			0.000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

Table S3: Symptomatic Seroprevalence (With Controls and Additional Sample Selection)

	Intervention Effect	Intervention Effect by Mask Type
<i>Controlling for Number of Households and Sex</i>		
Intervention Coefficient	-0.0006* (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
N individuals	307,106	307,106
N villages	572	572
<i>After Additional Sample Selection</i>		
Intervention Coefficient	-0.0010** (0.0005)	
Intervention Coefficient for Surgical Mask Villages		-0.0014** (0.0006)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0008)
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0095	0.0095
N individuals	175,646	175,646
N villages	552	552

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair.

The regression in the top panel includes controls for baseline rates of mask wearing, baseline symptom rates, number of households in a village, and sex.

The regression in the bottom panel controls for baseline rates of mask wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The bottom panel runs sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

F Impact of Masks on Symptoms, Seroprevalence, and Seroconversions

Our primary outcome measures symptomatic seroprevalence: this is the fraction of individuals who are symptomatic during our intervention period and seropositive at endline. Some of these individuals may have antibodies from infections occurring prior to our intervention. If so, the impact of our intervention on symptomatic seroprevalence may understate the impact on symptomatic seroconversions occurring during our intervention (i.e. the fraction of symptomatic infections prevented by masks). In this section, we discuss the relationship between these two quantities.

Let SC , the symptomatic seroconversion rate, denote the probability that an individual is SARS-CoV-2 antibody-positive during our intervention and symptomatic. Then the symptomatic seroprevalence is $SS = SC + P_{prior}$, where P_{prior} denotes the probability that an individual was infected prior to our intervention *and* is symptomatic during our intervention for some non-COVID reason.

The change in seroconversions between the treatment and control group is given by $\Delta SC = SC(1) - SC(0)$ where the notation $SC(T_i)$ denotes the potential outcome of seroconversions as a function of treatment status. Our goal is to estimate $\Delta SC / SC(0)$, the percentage change in seroconversions as a result of our intervention.

We observe $\Delta SS = \Delta SC + \Delta P_{prior}$. Additionally, we observe $SS(0) = SC(0) + P_{prior}(0)$. Suppose that masks prevent a fraction α of non-COVID symptoms. Then, $P_{prior}(1) = (1 - \alpha)P_{prior}(0)$ and $\Delta P_{prior} = -\alpha P_{prior}(0)$. Then we have:

$$\frac{\Delta SS}{SS(0)} = \frac{\Delta SC - \alpha P_{prior}(0)}{SC(0) + P_{prior}(0)} \quad (3)$$

Rearranging (and substituting $SC(0) = SS(0) - P_{prior}(0)$), we obtain:

$$\frac{\Delta SC}{SC(0)} = \frac{\Delta SS}{SS(0)} + \frac{P_{prior}(0)(\alpha + \frac{\Delta SS}{SS(0)})}{SS(0) - P_{prior}(0)} \quad (4)$$

Note that if we assume that symptomatic seroconversions fall by exactly the same fraction as

other symptomatic conditions, then we also have $SC(1) = (1 - \alpha)SC(0)$, and solving equation 4 gives $\frac{\Delta SS}{SS(0)} = -\alpha = \frac{\Delta SC}{SC(0)}$. In other words, the percentage change in seroconversions equals the percentage change in seroprevalence provided either that $P_{prior} = 0$ or if the intervention works only by alleviating symptoms (and does so equally for COVID-19 and non-COVID diseases).

More generally, if the intervention both alleviates symptoms and reduces infections, then the relative impact on symptomatic seroconversions and symptomatic seroprevalence will depend on whether masks are more effective at preventing COVID-19 or other respiratory diseases (with a larger proportional reduction in symptomatic seroconversions in the former case). The magnitude of the difference between symptomatic seroconversions and symptomatic seropositives will depend on the fraction of symptomatic seropositives which are pre-existing at baseline.

G Mechanisms

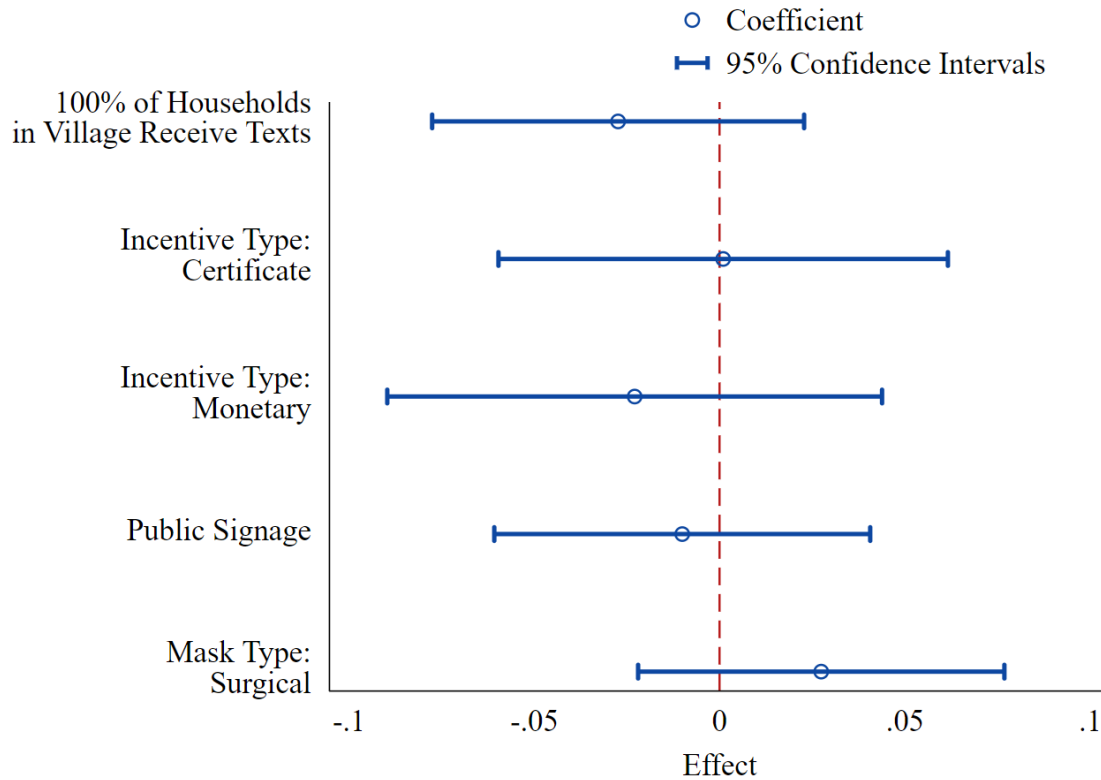
Our intervention combines multiple distinct elements: we provide people with free masks; we provide information about why mask-wearing is important; we conduct mask promotion in the form of monitors encouraging people to wear masks and stopping non-mask-wearing individuals on roads and public places to remind them about the importance of masks; we partner with local public officials to encourage mask-wearing at mosques and markets; and in some villages, we provide a variety of reminders and commitment devices as well as incentives for village leaders. In this section, we attempt to decompose which elements were most critical to increase mask use. We first report results from several cross-randomizations, and then we report non-randomized evidence based on changes over time as our intervention details changed between the rounds of piloting, launch of the full project, and thereafter.

G.1 Village-level Cross-randomizations

Results from the same regression specification as our primary analysis, adding indicators for each village-level cross-randomization are reported in Figure S1 and Table S4. *None* of the village-level

cross-randomizations had any statistically significant impact on mask-wearing behavior, beyond our basic intervention package. These null effects are fairly precise (with standard errors ranging from 2.6-3.5 percentage points). Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the mask increase we document.

Figure S1: Village-Level Cross Randomizations



The figures corresponds to the regressions in [S4](#), upper panel, among the full surveillance data. Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0% or 100% of households in a village receive text reminders on the importance of mask-wearing;

Incentives: Villages either received no incentive, a certificate, or a monetary reward for meeting a mask-wearing threshold,

Public Signage: All or none of the households in a village are asked to publicly declare they are a mask-wearing households;

Mask Type: Villages receive either a cloth or surgical mask.

For a more detailed description of the village-level cross randomizations, see [Section 3.4](#).

G.2 Household-level Cross-randomizations

We analyzed the effects of household-specific randomized treatments (e.g., verbal commitments or not) by regressing the probability of wearing a mask color corresponding to the treatment on indicators for each household-level randomization, as well as controls for color and surgical masks (recall that the mask-color corresponding to treatment varied across villages).

Results of the household-level cross-randomizations are reported in Figure [S2](#) and Table [S5](#). The coefficients indicate the impact of each cross-randomization relative to the core intervention (identified since some villages had no household randomization other than mask color). Once again, we saw no significant effects of any of the household-level cross-randomizations: compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects.

We did see an impact of mask color on mask adoption. In villages where surgical masks were distributed, blue surgical masks were 2.7 percentage points more likely than green surgical masks to be observed. In villages where cloth masks were distributed, purple masks were 2.2 percentage points less likely than red masks to be observed.

Table S4: Village-Level Cross Randomizations

Coefficient	Full	No Active Promotion	Mosques	Markets	Other Locations
<i>No Baseline Controls</i>					
Mask Type (Surgical)	0.027 (0.025)	0.027 (0.025)	0.063* (0.035)	0.017 (0.026)	0.019 (0.025)
Commitment w/ Signage	-0.010 (0.026)	-0.007 (0.026)	-0.018 (0.034)	-0.008 (0.027)	-0.008 (0.026)
Incentive Type					
Monetary	-0.023 (0.034)	-0.026 (0.034)	0.011 (0.045)	-0.035 (0.034)	-0.028 (0.035)
Certificate	0.001 (0.031)	-0.002 (0.031)	0.019 (0.039)	0.003 (0.031)	-0.010 (0.032)
100% Text	-0.027 (0.026)	-0.023 (0.025)	-0.042 (0.033)	-0.024 (0.026)	-0.017 (0.026)
<i>With Baseline Controls</i>					
Mask Type (Surgical)	0.029 (0.025)	0.029 (0.025)	0.063* (0.034)	0.018 (0.026)	0.021 (0.025)
Commitment w/ Signage	-0.007 (0.026)	-0.003 (0.025)	-0.021 (0.033)	-0.004 (0.026)	-0.005 (0.026)
Incentive Type					
Monetary	-0.021 (0.033)	-0.024 (0.033)	0.013 (0.043)	-0.031 (0.033)	-0.027 (0.035)
Certificate	0.006 (0.031)	0.003 (0.030)	0.026 (0.039)	0.008 (0.030)	-0.006 (0.031)
100% Text	-0.026 (0.025)	-0.022 (0.025)	-0.037 (0.033)	-0.024 (0.026)	-0.017 (0.026)
N villages	286	286	285	285	284

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

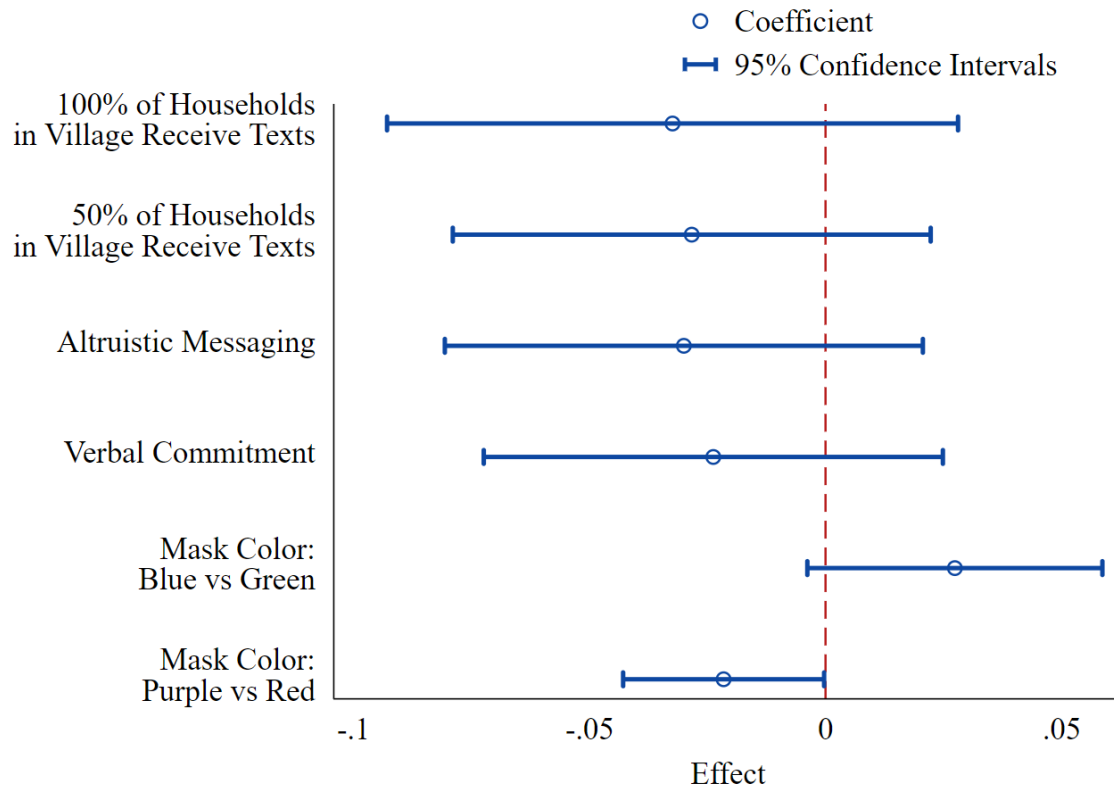
(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

"Other Locations" include the Tea Stall, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention.

Figure S2: Household-Level Cross Randomizations



The figure corresponds to the regression presented in Table S5.

Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0%, 50% of 100% of households in a village receive text reminders on the importance of mask-wearing;

Messaging: Households receive messaging emphasizing the altruistic or self-protective benefits of mask-wearing;

Verbal Commitment: Households were asked to verbally commit to mask-wearing;

Mask Colors: Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

For a more detailed description of the household-level cross-randomizations, see Section 3.4.

G.3 Mask Promotion

As noted above, we ran two pilots prior to launching the full project. Both pilots were conducted in Naogaon and Joypurhat districts, but in different unions. While the unions were not selected at random, there was no systematic difference in the selection process between the two pilots. In both cases, unions were selected based on convenience and proximity to existing Greenvoice personnel.

Both pilots included elements 1, 2, 3, and 5 enumerated in Section 3.3: masks were distributed at households, markets, and mosques, and there was role-modeling and advocacy by local leaders, including Imams. The second pilot added to these elements explicit mask promotion: mask promoters patrolled public areas a few times a week and asked those not wearing masks to put on a mask. The full intervention also included mask promotion.

The comparison between the two pilots is thus instructive about the impact of active mask promotion. This comparison is shown in Table A11. The difference is striking. The first pilot increased mask-use by 10.9 percentage points (insignificantly different from zero). The second pilot, which included mask promotion, increased mask-use by 28.4 percentage points, comparable to the 29.0 percentage points we see several months later in our full intervention. The presence of mask promotion appears to be crucial for the success of our intervention.

Table S5: Household-Level Cross-Randomizations

Coefficient	Full
Household-Level Text Randomization	
50% of Households in Village	−0.032 (0.031)
100% of Households in Village	−0.028 (0.026)
Altruistic Messages	−0.030 (0.026)
Verbal Commitment	−0.024 (0.025)
Mask Color	
Blue vs Green	0.027* (0.016)
Purple vs Red	−0.022** (0.011)
N villages	286

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regression includes a control for the mask type to separate the effect of mask colors.

Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages because we did not observe them in the baseline period prior to the intervention, and 1 village for lack of observational data throughout the intervention period.

H Additional Preregistered Specifications

In this section, we discuss additional preregistered specifications not reported in the text. For reference, our pre-analysis plan is available at: <https://osf.io/vzdh6/>.

Our pre-registration document suggests that we can compute the impact of our intervention on seroconversions by comparing our effect size to the difference between endline and baseline seropositives among individuals symptomatic during our intervention. As the analysis in Appendix F makes clear, this is not quite correct. If P_{prior} , the fraction of symptomatic seropositives due to infections prior to baseline, is zero, then the estimated impact on symptomatic seropositives equals the impact on symptomatic seroconversions and no further adjustment is needed. More generally, the impact on symptomatic seropositives incorporates both seroconversions, as well as reductions in symptomatic seroconversions due to non-COVID respiratory diseases. We cannot determine the impact on seroconversions without knowing both $P_{prior}(0)$ and the relative impact of masks on COVID-19 and non-COVID respiratory diseases. If the latter two quantities are equal in proportion, the impact on symptomatic seropositives again equals the impact on symptomatic seroconversions with no further adjustment needed.

Given that we find no evidence of an impact of any of the cross-randomizations, we did not estimate the specification flexibly interacting them.

We did not proceed with the “individual intervention” described in the pre-registration document because initial results suggested that we were able to entice only a small number of market vendors to wear masks.

In Table S6, we report our pre-specified instrumental variable regressions. If we assume that the entire impact of our intervention is via proper mask-wearing, then we estimate that going from zero percent to one hundred percent of villagers wearing masks would reduce symptomatic seroprevalence by -0.0024, a 32% reduction. Essentially, this specification scales our “intent-to-treat” estimates by a factor of 3.33, the reciprocal of the first stage.

We have not yet run regressions with seroconversions as the outcome because we are still completing testing of our baseline samples. We will report these regressions when we finish that testing.

We did not collect the intended pharmacy data to use as an auxiliary outcome, and hospitalization and mortality data was not available. We also do not yet have data on distance to nearby city or estimated average village-wealth.

Table S6: IV Regressions

	Symptomatic Seroprevalence	WHO-Defined COVID-19 Symptoms
<i>No Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0336*** (0.0076)
<i>With Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0334*** (0.0075)
N Individuals	307,106	323,596
N Villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Proper Mask-Wearing is defined as the village-level rate of individuals observed properly wearing mask during the intervention period. The instrument is the treatment status of the village.

I Intervention Cost and Benefit Estimates

The average person-day of staff time in our intervention cost \$20 of wages plus \$0.50 of communication costs. All management salaries, benefits, support, internal monitoring, and equipment costs \$71,696. We exclude these from the below calculation as they will vary from setting to setting. As reported in the main text, we estimate that we induced 51,660 people to regularly wear masks, or 173 people per intervention village.

Costs per village The main fixed costs of the intervention (as opposed to costs that vary over days):

- Masks for initial household distribution (3 masks per household), (\$0.13 per surgical mask and \$0.50 per cloth masks), 68,775 cloth masks, and 136,770 surgical masks
- Staffing for initial household distribution (4 person-days per village)
- 1 person-day of training per village
- PPE for staff: \$70 per village
- Media costs: \$100 per village
- Other transportation and materials costs: \$30 per village

This amounts to fixed costs of: \$302.50 per village for non-mask materials, \$347.35 worth of cloth masks per village, and \$89.35 of surgical masks per village. We estimate that we induced $598 \times 29\% = 173$ people per village to wear masks, which amounts to fixed costs of \$3.75 per adult induced to wear a mask in cloth mask villages, and \$2.26 per adult in surgical mask villages.

Costs per village-day of intervention The main costs paid per day of the intervention:

- 1,089,947 masks distributed through promotion over an average of 29 days per village. Of these, there were 301,868 cloth masks distributed (105 cloth masks per day per village) and 788,079 surgical masks distributed (160 surgical masks per day per village).

- 14 person-days per week per village in week 1, 8 person-days per week per village in week 2, 6 person-days per village in weeks 3, 4 and 5, and 4 person-days per week per village thereafter.

Over the first four weeks of our intervention, this amounts to mask supply costs of \$52.57 per village-day for cloth masks and \$17.75 per village-day for surgical masks. The promotion costs were \$24 per village-day. Dividing by the number of people induced to wear masks per village (173), we obtain costs of \$0.44 per person-day in cloth mask villages and \$0.24 per person-day in surgical mask villages. Using these figures, we calculated that after subtracting surveillance costs, our intervention cost \$17.00 for each person induced to regularly wear a cloth mask and \$9.49 for each person to regularly wear a surgical mask.

Cost-effectiveness To determine the impact of the intervention using surgical masks in reducing mortality from COVID-19 in Bangladesh, we used estimates of current and projected deaths from COVID-19, including excess deaths that occurred over the same time period (May 1, 2021-September 1, 2021)[65]. The lower bound includes only COVID-19 reported deaths. The mid-range estimates include 50% of excess deaths as being directly attributable to COVID-19. The upper bound includes all excess deaths that occurred over the same time period as being directly attributable to COVID-19. We projected the impact of the intervention using surgical masks on deaths over four months following one month of intervention. We calculated the absolute risk reduction as the difference in death rate over the intervening period with and without the surgical mask intervention. We applied a 35% reduction of deaths among those 60 and older and a 23% reduction of deaths among those aged 50-60 based on the study findings and age-adjusted COVID-19 mortality rates for Bangladesh [66]. We assumed no change in deaths for those under age 50. We determined the number needed to treat by taking the inverse of the absolute risk reduction.

As shown in Table S7, for one month of the intervention, the number needed to treat to prevent one death ranges from 6,682 to 35,001. Our estimates above suggest that the total cost of our intervention per person induced to wear a mask for a month was: $\$3.75 + \$0.44 \times 30 = \$17.00$

in cloth mask villages and $\$2.26 + \$0.24 \times 30 = \$9.49$ in surgical mask villages. By multiplying the number needed to treat times the cost per person induced to wear a mask, we estimate that after four months, the intervention as we conducted it (with cloth and surgical masks) cost between \$63,408 and \$332,161 per life saved, depending on mortality estimates. Notably, we do not assume continued mask-wearing beyond one month. Rather, infections prevented during the one month of the intervention propagate into infections prevented in future months. Furthermore, this does not account for reductions of morbidity associated with hospitalization or other complications of COVID-19.

Table S7: Calculation of Number Needed to Treat and Cost per Life Saved

	COVID-19-related Deaths (May 1 - Sept 1, 2021)*	Estimated Deaths with Intervention [†]	ARR	NNT	Cost per Life Saved - Intervention (USD)	Cost per Life Saved - at Scale (USD)
Lower bound	17,984	13,233	2.86E-05	35,001	\$332,161	\$52,502
Mid-range	56,097	41,276	8.91E-05	11,221	\$106,487	\$16,831
Upper bound	94,209	69,319	1.50E-04	6,682	\$63,408	\$10,022

ARR = Absolute Risk Reduction; NNT = Number Needed to Treat

*<https://covid19.healthdata.org/bangladesh>

[†]Applying 35% reduction to deaths in the 60+ age group and 23% reduction to deaths in the 50-59 age group

Many cost elements can be brought down further through "at-scale implementation". This is because some of our information campaigns and promotion activities had to be individualized for the purposes of conducting a trial with a control group, whereas at scale the government could use mass media and social media based dissemination strategies more cost-effectively. Additionally, surgical masks are about 8 times cheaper than cloth masks, and factory production costs can be brought down at scale. We calculate based on our current at scale activities that conducting the intervention for one month for the entire country of Bangladesh would cost \$1.50 USD/person. Following out the effects for four months after one month of intervention, this translates to sub-

stantially lower costs per life saved: \$10,022-\$52,502 (Table [S7](#)).

For context, [63] estimate that the value of a statistical life is \$205,000 in Bangladesh, implying that our intervention at scale is 4-20 times more cost-effective than what the typical Bangladeshi would be willing to pay to reduce mortality risk, and therefore a "very good buy" for policymakers. This cost-effectiveness analysis was not pre-specified.

J Polling Policy Makers

Table S8: What do you think was the increase in mask-wearing as a result of household mask distribution and mask promotion in the community?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	3	4	3%
Increased by 5 percentage points	5	10	8	23	20%
Increased by 10 percentage points	4	12	8	24	21%
Increased by 20 percentage points	4	19	9	32	28%
Increased by 30 percentage points	4	7	11	22	19%
Increased by 40 percentage points	2	6	3	11	9%
Total	19	55	42	116	100%

These are polls taken in response to the prompt: “We provided free masks to all households and promoted mask-wearing in mosques and markets with community leaders and imams. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?” The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S9: What do you think was the additional effect of mask promoters reminding people to wear masks?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	4	5	4%
Increased by 5 percentage points	2	4	5	11	9%
Increased by 10 percentage points	6	20	5	31	26%
Increased by 20 percentage points	2	10	14	26	22%
Increased by 30 percentage points	4	10	11	25	21%
Increased by 40 percentage points	5	10	7	22	18%
Total	19	55	46	120	100%

These are polls taken in response to the prompt: “In addition to the mask distribution and promotion activities described previously, we had mask promoters periodically monitor passers-by and remind them to wear masks. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S10: Do you think text message reminders to wear masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	33	32	65	68%
No	0	19	11	30	32%
Total	0	52	43	95	100%

These are polls taken in response to the prompt: “We sent text reminders to wear masks. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S11: How do you think mask distribution and promotion affected physical distancing?

	WHO	NCAER	World Bank	Frequency	Percent
Physical distancing decreased	5	0	8	13	22%
Physical distancing was unchanged	9	0	16	25	42%
Physical distancing increased	5	0	17	22	37%
Total	19	0	41	60	100%

These are polls taken in response to the prompt: “How did mask distribution and promotion affect individuals’ physical distancing?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S12: Do you think incentive payments to village leaders further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	32	0	32	62%
No	0	20	0	20	38%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We promised the village and leaders an incentive payment if we saw increases in mask-wearing. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S13: Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	40	0	40	77%
No	0	12	0	12	23%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We had households verbally committing to wear masks and putting up signs to display to others that they were a mask-wearing household. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh

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Summary: A randomized-trial of community-level mask promotion in rural Bangladesh during COVID-19 shows that the intervention tripled mask usage and reduced symptomatic SARS-CoV-2 infections, demonstrating that promoting community mask-wearing can improve public health.

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Abstract

Background: Mask usage remains low across many parts of the world during the COVID-19 pandemic, and strategies to increase mask-wearing remain untested. Our objectives were to identify strategies that can persistently increase mask-wearing and assess the impact of increasing mask-wearing on symptomatic SARS-CoV-2 infections.

Methods: We conducted a cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults). We cross-randomized mask promotion strategies at the village and household level, including cloth vs. surgical masks. All intervention arms received free masks, information on the importance of masking, role modeling by community leaders, and in-person reminders for 8 weeks. The control group did not receive any interventions. Neither participants nor field staff were blinded to intervention assignment. Outcomes included symptomatic SARS-CoV-2 seroprevalence (primary) and prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19 (secondary). Mask-wearing and physical distancing were assessed through direct observation at least weekly at mosques, markets, the main entrance roads to villages, and tea stalls. At 5 and 9 weeks follow-up, we surveyed all reachable participants about COVID-related symptoms. Blood samples collected at 10-12 weeks of follow-up for symptomatic individuals were analyzed for SARS-CoV-2 IgG antibodies.

Results: There were 178,288 individuals in the intervention group and 163,838 individuals in the control group. The intervention increased proper mask-wearing from 13.3% in control villages (N=806,547 observations) to 42.3% in treatment villages (N=797,715 observations) (adjusted percentage point difference = 0.29 [0.27, 0.31]). This tripling of mask usage was sustained during the intervention period and two weeks after. Physical distancing increased from 24.1% in control villages to 29.2% in treatment villages (adjusted percentage point difference = 0.05 [0.04, 0.06]). After 5 months, the impact of the intervention faded, but mask-wearing remained 10 percentage points higher in the intervention group.

The proportion of individuals with COVID-like symptoms was 7.62% (N=13,273) in the intervention arm and 8.62% (N=13,893) in the control arm. Blood samples were collected from N=10,952 consenting, symptomatic individuals. Adjusting for baseline covariates, the

intervention reduced symptomatic seroprevalence by 9.3% (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]; control prevalence 0.76%; treatment prevalence 0.68%). In villages randomized to surgical masks (n = 200), the relative reduction was 11.2% overall (aPR = 0.89 [0.78, 1.00]) and 34.7% among individuals 60+ (aPR = 0.65 [0.46, 0.85]). No adverse events were reported.

Conclusions: Our intervention demonstrates a scalable and effective method to promote mask adoption and reduce symptomatic SARS-CoV-2 infections.

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1 Introduction

As of July 2021, the COVID-19 pandemic has taken the lives of more than 4.2 million people. Inspired by the growing body of scientific evidence that face masks can slow the spread of the disease and save lives [1, 2, 3, 4, 5, 6, 7, 8], we conducted a cluster-randomized controlled trial covering 342,126 adults in 600 villages in rural Bangladesh with the dual goals of (a) identifying strategies to encourage community-wide mask-wearing, and (b) tracking changes in symptomatic SARS-CoV-2 infections as a result of our intervention. While vaccines may constrain the spread of SARS-CoV-2 in the long-term, it is unlikely that a substantial fraction of the population in low- and middle-income countries will have access to vaccines before the end of 2021 [9]. Uncovering scalable and effective means of combating COVID-19 is thus of first-order policy importance.

Over 40% of the world’s population live in countries that mandated mask-wearing in public areas during the COVID-19 pandemic, and another 40% live in countries where universal mask norms prevailed absent a legal mandate [10]. However, increasing mask-wearing, either through mask promotion or mandates, has proven difficult, especially in low- and middle-income countries and in remote, rural areas. In Bangladesh, a quarter of those observed in public areas in June 2020 wore masks, and only a fifth wore masks *properly* (covering both the nose and mouth), despite a nationwide mask mandate in effect at the time. This raises questions about how to increase mask-wearing in community settings: is it sufficient to increase access to masks, or does this need to be supplemented by providing information about the benefits of mask-wearing, role modeling mask-wearing, informal social sanctions, or mask mandates with legal enforcement?

We conducted a randomized controlled trial to identify the most effective mask promotion strategies for low-resource, rural settings and determine whether mask distribution and promotion is an effective tool to combat COVID-19. The World Health Organization declined to recommend mask adoption until June 2020, citing the lack of evidence from community-based randomized-controlled trials, as well as concerns that mask-wearing would create a false sense of security [11]. Critics argued that those who wore masks would engage in compensating behaviors, such as failing to physically distance from others, resulting in a net increase in transmission [12]. We designed

our trial to directly test this hypothesis by measuring physical distancing, as well as to evaluate the bottom-line impact on COVID-19.

Since a substantial share of coronavirus transmission stems from asymptomatic or pre-symptomatic individuals [13], we designed our trial to encourage *universal* mask-wearing at the community level, rather than mask-wearing among only those with symptoms.

After an iterative research process with multiple rounds of piloting, we settled on a core intervention package that combined household mask distribution with communication about the value of mask-wearing, mask promotion and reminders at mosques, markets, and other public places, and role-modeling by public officials and community leaders. We also tested several other strategies using additional experimental arms in sub-samples, such as text message reminders, asking people to make a verbal commitment, creating opportunities for social signaling, and providing village-level incentives to increase mask-wearing. The selection of strategies to test was informed by both our pilot results and research in public health, psychology [14, 15, 16], economics [17, 18, 19], marketing [20, 21, 22], and other social sciences [23] on product promotion and dissemination strategies. We tested many different strategies because it was difficult to predict in advance which ones would lead to persistent increases in mask-wearing. Prediction studies we conducted with policymakers and public health experts at the World Health Organization, India’s National Council of Applied Economic Research, and the World Bank suggest that even these experts with influence over policy design could not easily predict our trial results.

We powered our intervention around the primary outcome of symptomatic seroprevalence. During our intervention, we collected survey data on the prevalence of WHO-defined COVID-19 symptoms from all available study participants, and then collected blood samples at endline from those who reported symptoms anytime during the 8-week study duration. Our trial is therefore designed to track the fraction of individuals who are *both* symptomatic and seropositive. We chose this as our primary outcome for two reasons: first, the goal of public health policy is ultimately to prevent symptomatic infections (even if preventing asymptomatic infections is instrumentally important in achieving that goal). Second, because symptomatic individuals are far more likely

to be seropositive, powering for this outcome required conducting an order of magnitude fewer costly blood tests. As a secondary outcome, we also report the effects of our intervention on WHO-defined symptoms for probable COVID-19.

2 Background and Context

Bangladesh is a densely populated country with 165 million inhabitants. A serosurvey conducted in March-April 2021 found 68% of residents in Dhaka and Chattogram had antibodies against SARS-CoV-2; this revealed there were two orders of magnitude more infections than reported cases [24, 25, 26]. This is in line with estimates from India, where seroprevalence studies reveal similarly low case detection rates [27], and up to an order of magnitude more deaths than reported [28]. The number of daily reported cases in Bangladesh surged fifteen-fold between February and July 2021 to reach 15,000 per day, but even these numbers are also likely to be underestimates.¹ Reducing spread of SARS-CoV-2 in this setting is thus of vital importance.

Between April and June 2020, our team and others conducted several surveys in Bangladesh to quantify mask-wearing behavior. The evolution of mask use over time in Bangladesh is discussed in greater detail in [29]. In Bangladesh, the government strongly recommended mask use from early April 2020. In a telephone survey of respondents at the end of April 2020, over 80% self-reported wearing a mask and 97% self-reported owning a mask. The Bangladeshi government formally mandated mask use in late May 2020 and threatened to fine those who did not comply, although enforcement was weak to non-existent, especially in rural areas. Anecdotally, mask-wearing was substantially lower than indicated by our self-reported surveys. To investigate, we conducted surveillance studies throughout public areas in Bangladesh in two waves. The first wave of surveillance took place between May 21-25, 2020 in 1,441 places in 52 districts. About 51% out of more than 152,000 individuals we observed were wearing a mask. The second wave of surveillance was conducted between June 19-22, 2020 in the same 1,441 locations, and we found

¹<http://dashboard.dghs.gov.bd/webportal/pages/covid19.php>

that mask-wearing dropped to 26%, with 20% wearing masks that covered their mouth and nose. An August 2020 phone survey in rural Kenya finds that while 88% of respondents claim to wear masks in public, direct observation revealed that only 10% actually did [30]. These observations suggest that mask promotion interventions could be useful in rural areas of low- and middle-income countries (LMIC), home to several billion people at risk for COVID-19.

3 Interventions and Data Collection

3.1 Sampling frame and timeline

To develop the sample frame, Innovations for Poverty Action (IPA) Bangladesh selected 1,000 rural and peri-urban unions out of 4,500 unions in Bangladesh. We excluded Dhaka district, because of high initial seroprevalence, and three hill districts, because of the logistical difficulties in accessing the region. We also dropped remote coastal districts where population density is low. The final sampling frame of 1000 unions were located in 40 different districts (*zillas*) (out of 64) and 144 sub-districts (*upazilas*) (out of 485).

We used a pairwise randomization to select 300 intervention and 300 control unions within the same sub-districts. This randomization procedure, described in detail in Appendix B, was designed to pair unions that were similar in terms of (limited) COVID-19 case data, population size, and population density. Each union consists of roughly 80,000 people, or around 80 villages. In each union, we selected a single village to minimize spillovers. To do so, we identified the largest market and the village within which the market is located and demarcated this territory as the intervention unit (during this scoping process, surveyors were blinded to whether the union was an intervention or control union). Within each village, adults from every household were eligible to participate in the study. Some unions are very small so to avoid spillover effects, we did not select multiple villages from the same union and we ensured that selected villages were at least 2 km away from each other. Treatment and control unions were scattered throughout the country, as shown visually in Figure A1.

The clustered village-level randomization was important for three reasons. First, unlike technologies with primarily private benefits, mask adoption is likely to yield especially large benefits at the community-level. Second, mask adoption by some may influence mask adoption by others because mask-wearing is immediately visible to other members of the community [31]. Third, this design allows us to properly assess the full impact of masks on infections, including preventing *transmission* of the virus to others. Individual-level randomization would identify only whether masks protect wearers.

Our intervention was designed to last 8 weeks in each village. The intervention started in different villages at different times, rolling out over a 6-week period in 7 waves. There were between 14 and 59 village-pairs grouped in each wave based on geographic proximity and paired control and treatment villages were always included in the same wave. The first wave was rolled out on 17-18 November 2020 and the last wave was rolled out on 5-6 January 2021.

IPA staff travelled to many villages that had low mask uptake in the first five weeks of the study and found that in these villages local leaders were not very engaged in supporting mask promotion. Hence, we retrained mask promotion staff part-way through the intervention to work more closely with local leaders and set specific milestones for that partnership.²

The intervention protocol, pre-specified analysis plan, and CONSORT checklist are available at <https://osf.io/vzdh6/>.

3.2 Outcomes

Our primary outcome was symptomatic seroprevalence for SARS-CoV-2. Our secondary outcomes were prevalence of proper mask-wearing, physical distancing, and symptoms consistent with COVID-19. For COVID-19 symptoms, we used the symptoms that correspond to the WHO case definition of probable COVID-19 given epidemiological risk factors: (a) fever and cough; (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache,

²The need for continued monitoring and retraining is a core part of our scalable intervention protocol, available [here](#) (in the online version of this article).

myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status); or (c) loss of taste or smell. Seropositivity was defined by having detectable IgG antibodies against SARS-CoV-2.

3.3 Intervention Materials and Activities

Our entire intervention was designed to be easily adopted by other NGOs or government agencies and required minimal monitoring. We have made the materials public in multiple languages to ease widespread adoption and replication by other implementers (<http://tinyurl.com/maskprotocol>).

In focus groups conducted prior to the study, participants said they preferred cloth over surgical masks because they perceived surgical masks to be single-use only and cloth masks to be more durable. Focus group participants also provided feedback on different cloth masks designs and sizes. Both types of masks were manufactured in Bangladesh. The cloth mask had an exterior layer of 100% non-woven polypropylene (70 grams/square meter [gsm]), two interior layers of 60% cotton / 40% polyester interlocking knit (190 gsm), an elastic loop that goes around the head above and below the ears, and a nose bridge. The surgical mask had three layers of 100% non-woven polypropylene (the exterior and interiors were spunbond and the middle layer was meltblown), elastic ear loops, and a nose bridge. The filtration efficiency was 37% (standard deviation [SD] = 6%) for the cloth masks, and 95% (SD = 1%) for the surgical masks (manuscript forthcoming).³ The filtration efficiency of the surgical masks after washing them 10 times with bar soap and water was 76% (manuscript forthcoming). Surgical masks were outfitted with a sticker that had a logo of a mask with an outline of the Bangladeshi flag and a phrase in Bengali that noted the mask could be washed and reused. The project cloth masks were produced by Bangladeshi garment factories within 6 weeks after ordering. The relatively large scale of our bulk order allowed us to negotiate

³The filtration efficiency test was conducted using a Fluke 985 particle counter that has a volumetric sampling rate of 2.83 liters per minute. The measurement was taken of particles 0.3–0.5 μm in diameter flowing through the material with a face velocity of 8.5 cm/s. In our internal testing, we found that cloth masks with an external layer made of Pellon 931 polyester fusible interface ironed onto interlocking knit with a middle layer of interlocking knit could achieve a 60% filtration efficiency. Upon discussions with the manufacturers, we learned that those materials could not be procured. Using materials that were available, the highest filtration efficiency possible was 37%.

mask prices of \$0.50 per cloth mask and \$0.13 per surgical mask (\$0.06 of which was the cost of a sticker reminding people they could wash and reuse the surgical mask). While surgical masks can break down into microplastics that can enter the environment if disposed of improperly, analysis of waste generated in Bangladesh's first lockdown finds that the mass of surgical mask waste was one-third that of polyethylene bags, which also break down into macro- and micro-plastics [32, 33, 34].

To emphasize the importance of mask-wearing, we prepared a brief video of notable public figures discussing why, how, and when to wear a mask. The video was shown to each household during the mask distribution visit and featured the Honorable Prime Minister of Bangladesh Sheikh Hasina, the head of the Imam Training Academy, and the national cricket star Shakib Al Hasan. During the distribution visit, households also received a brochure based on WHO materials depicting proper mask-wearing.

We implemented a basic set of interventions in all treatment villages, and cross-randomize additional intervention elements in randomly chosen subsets of treatment villages to investigate whether those have any additional impact on mask-wearing. The basic intervention package consists of five main elements:

1. One-time mask distribution and promotion at households.
2. Mask distribution in markets on 3-6 days per week.
3. Mask distribution at mosques on three Fridays during the first four weeks of the intervention.
4. Mask promotion in public spaces and markets where non-mask wearers were encouraged to wear masks (weekly or biweekly).
5. Role-modeling and advocacy by local leaders, including imams discussing the importance of mask-wearing at Friday prayers using a scripted speech provided by the research team.

Participants, mask promoters, and mask surveillance staff were not blinded as intervention materials were clearly visible. The pre-specified analyses and sample exclusions were made by

analysts blinded to the treatment assignment.⁴

3.4 Cross-randomization of behavior change communication and incentives

Village-level Cross-randomizations Within the intervention arm, we cross-randomized villages to four village-level and four household-level treatments to test the impact of a range of social and behavior change communication strategies on mask-wearing. All intervention villages were assigned to either the treatment or the control group of each of these four randomizations. These village-level randomizations were:

1. Randomization of treated villages to either cloth or surgical masks. The material used to make surgical masks has a higher filtration efficiency than the types of cloth typically used to make cloth masks, but cloth masks can be sewn without specialized equipment and can have less leakage because they fit the face more closely. However, surgical masks are substantially less expensive.
2. Randomization of treated villages to no incentive, non-monetary incentive, or monetary incentive of 190 USD given to the village leader for a project benefitting the public. We announced that the monetary reward or the certificate would be awarded if village-level mask-wearing among adults exceeded 75% 8-weeks after the intervention started.
3. Randomization of treated villages to public commitment (providing households signage and asking them to place signage on doors that declares they are a mask-wearing household), or not. The signage was meant to encourage formation of social norms through public signalling.
4. Randomization of treated villages to 0% or 100% of households receiving twice-weekly text message reminders about the importance of mask-wearing.

⁴In all villages, we also randomized the color of the masks distributed to households. This can be considered a part of our core intervention, since it is part of how household distribution was implemented.

Household-level Cross-randomizations We had three household-level cross-randomizations. In any single village, only one of these household randomizations was operative. As our data collection protocols relied on passive observation at the village-level, we could not record the mask-wearing behavior of individual households. To infer the effect of the household-level treatments we therefore varied the color of the masks distributed to the household based on its cross-randomization status and had surveillance staff record the mask color of observed individuals. In surgical mask villages, a household received blue or green and promoters distributed an equal number of blue and green masks in public settings. In cloth mask villages, households received violet or red masks and promoters distributed blue masks in public settings. To avoid conflating the effect of the household-specific treatment with the effect of the mask color, we randomized which color corresponded to which treatment status across villages (this way a specific color was not fully coincident with a specific treatment). The household-level randomizations, described in further detail in Appendix C and visualized in A2, were:

1. Households were randomized to receive messages emphasizing either altruism or self-protection.
2. Households were randomized to receive twice-weekly text reminders or not. As mentioned above, the text message saturation was randomly varied to 0%, 50%, or 100% of all villagers receiving texts, and in the 50% villages, the specific households that received the texts was also random.
3. Households were randomized to making a verbal commitment to be a mask-wearing household (all adults in the household promise to wear a mask when they are outside and around other people) or not. This experiment was conducted in a third set of villages where there was no public signage commitment.

Conceptual Basis for Tested Social and Behavior Change Communication We selected intervention elements that had a reasonable chance of persuading rural Bangladeshis to wear masks by consulting literature in public health, development and behavioral economics, and marketing to

identify some of the most promising strategies. An extensive literature identifies price and access as key deterrents to the adoption of welfare-improving products, and especially of technologies that produce positive health externalities, such as face-masks [35, 17]. Household distribution of free face-masks therefore formed the core part of our strategy. Inspired by large literature in marketing and economics on the role of opinion leaders in new product diffusion, we additionally emphasized a partnership with community leaders in mask distribution [21, 36].

The additional village- and household-level treatment we experimented with were also motivated by insights from marketing, public health, development, and behavioral economics. For example, masks are a visible good where social norms are expected to be important, so we consulted the literature documenting peer effects in product adoption [37, 38, 39, 40]. We experimented with incentives because it is unclear whether extrinsic rewards crowd out intrinsic motivation [41, 42, 43]. We test whether soft commitment devices encourage targets to follow through with actual behaviour change [44, 45], whether public displays can promote social norms [23], whether an altruistic framing inspires people more or less than self-interest [46], whether social image concerns and signaling can lead to higher compliance [47, 18], and whether regular reminders are a useful tool to ensure adoption [19].

3.5 Surveillance Strategies

Mask-wearing was assessed through direct observation in public locations including mosques, markets, the main entrance roads to villages, and tea stalls. Surveillance staff noted whether adults were wearing any mask or face covering, whether the mask was one distributed by our project (and if so, the color), and whether the mask was worn over both the mouth and nose. The mask distribution and promotion was conducted by the Bangladeshi NGO GreenVoice, a grassroots organization with a network of volunteers across the country. Household surveys and surveillance were performed independently by Innovations for Poverty Action (IPA). To minimize the likelihood that village residents would perceive that their mask-wearing behavior was being observed, surveillance staff were separate from mask promoters and wore no identifying apparel while passively

observing mask-wearing and physical distancing practices in the communities. The Bangladesh Directorate General of Health Services under the Ministry of Health, North-South University in Dhaka, and Aspire to Innovate (a2i), an information and data-focused organization within the Bangladesh government, partnered in the study design and discussions and reviewed protocols.

Mask-wearing and physical distancing were measured through direct observation. Surveillance staff were distinct from intervention implementation staff and conducted surveillance in paired intervention and control villages. They recorded the mask-wearing behavior of all of the adults they were able to observe during surveillance periods; observations were not limited to adults from enrolled households.⁵ We defined proper mask-wearing as wearing either a project mask or an alternative face-covering over the mouth and nose. Surveillance staff observed a single individual and recorded that person as practicing physical distancing if s/he was at least one arm's length away from all other people. This is consistent with the WHO guideline that defines physical distancing as one meter of separation.⁶ Surveillance was conducted using a standard protocol that instructed staff to spend one hour at each of the following high-traffic locations in the village: market, restaurant entrances, main road, tea stalls, and mosque, changing the location and timing to record the mask-wearing and physical distancing practices of as many individuals as possible. While SARS-CoV-2 transmission is more likely in indoor locations with limited ventilation than outside, rural Bangladeshi villages have few non-residential spaces where people gather, so observations were conducted outside except at the mosque, where surveillance was conducted inside.

The same staff member conducted surveillance at paired intervention and control villages at baseline and then once per week on weeks 1, 2, 4, 6, 8, and 10 after the intervention. The 10-week observation was conducted two weeks after all intervention activities had ceased. We also collected longer-term data on mask-wearing behavior 20-27 weeks after the launch of interventions. Each

⁵After 5 weeks of surveillance in wave 1, it was clarified that surveillance staff should only record mask-wearing behavior of people who appear to be 18 years or older. Prior to this, some surveyors included children (especially older children) in their counts. Since the same staff member conducted surveillance in paired intervention and control villages, this change affected the treatment and control groups equally.

⁶<https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing>. Accessed January, 30 2021. Note that compliance with WHO guidelines does not require zero physical distancing; for example, members of the same household need not remain physically distant (and presumably would not change their distancing behavior as a result of our intervention).

village was observed on two alternating days of the week. Across all villages, observations took place on all seven days of the week, with observation in 150 villages occurring on Friday to oversample days when mosques were most crowded. Observations generally took place from 9 am to 7 pm. In 10 unions we conducted audits to assess the validity of surveillance data by pairing one monitoring officer with surveillance staff; in all cases the difference in their results was <10%, our pre-determined threshold.

3.6 Symptomatic SARS-CoV-2 Testing

Symptom reporting The owner of the household's primary phone completed surveys by phone or in-person at weeks 5 and 9 after the start of the intervention. They were asked to report symptoms experienced by any household member that occurred in the previous week and over the previous month. COVID-like symptoms were defined by whether they were consistent with the WHO COVID-19 case definition for suspected or probable cases with an epidemiological link [48].

Blood sample collection We collected capillary blood samples from participants who reported COVID-like symptoms during the study period. For the purposes of blood collection, endline was defined as 10-12 weeks from the start of the intervention. Blood samples were obtained by puncture with a 20-Gauge safety lancet to the third or fourth digit. 500 microliters of blood were collected into Microtainer® capillary blood collection serum separator tubes (BD, Franklin Lakes, NJ). Blood samples were transported on ice and stored at -20°C until testing.

SARS-CoV-2 testing Blood samples were tested for the presence of IgG antibodies against SARS-CoV-2 using the SCoV-2 Detect™ IgG ELISA kit (InBios, Seattle, Washington). This assay detects IgG antibodies against the spike protein subunit (S1) of SARS-CoV-2. The assays were performed according to the manufacturer's instructions. Briefly, serum samples were diluted 1:100 with sample dilution buffer. 50 microliters of diluted specimens were added to the SCoV-2 antigen-coated microtiter strip plates. After one hour of incubation at 37°C, the plate was washed

six times with wash buffer, and conjugate solution was added to each well. The plate was incubated for another 30 minutes at 37°C and washed six times with wash buffer. 75 microliters of liquid TMB substrate were added to all wells followed by 20 minutes of incubation in the dark at room temperature before the reaction was stopped. The absorbance was read on a microplate reader at 450nm (GloMax® Microplate Reader, Promega Corporation, Madison, WI). After calibration according to positive, negative, and cut-off controls, the immunological status ratio (ISR) was calculated as the ratio of optical density divided by the cut-off value. Samples were considered positive if the ISR value was determined to be at least 1.1. Samples with an ISR value 0.9 or below were considered negative. Samples with equivocal ISR values were retested in duplicate, and resulting ISR values were averaged. Individuals were coded as symptomatic seropositive if they reported symptoms consistent with the WHO COVID-19 case definition, their blood was collected, and the antibody test was positive.

3.7 Piloting Interventions

IPA implemented two pilots: Pilot 1 from July 22-31 and Pilot 2 from August 13-26, 2020. The objective of the pilots was to mimic some of the major aspects of the main experiment to identify implementation challenges. Each pilot was conducted in 10 unions that were not part of the main study area. We used the difference between the pilots to better understand which elements of our full intervention were essential. We also conducted focus group discussions and in-depth interviews with village residents, community leaders, religious leaders, and political leaders to elicit opinions on how to maximize the effectiveness of the intervention.

4 Results

Our analysis followed our preregistered analysis plan (<https://osf.io/vzdh6/>) except where indicated. Our primary outcome is symptomatic seroprevalence for SARS-CoV-2. We also analyzed the impact of our intervention on mask-wearing, physical distancing, and COVID-like symptoms.

No adverse events were reported during the study period.

4.1 Sample Selection

Table A1 summarizes sample selection for our analysis. We began with 342,126 individuals at baseline. We were able to collect follow-up symptom data (whether symptomatic or not) from 335,382 (98%). Of these, 27,166 (7.9%) reported COVID-like symptoms during the 8-weeks intervention in their village. We attempted to collect blood samples from all symptomatic individuals. Of these, 10,952 (40.3%) consented to have blood collected, including 40.8% in the treatment group and 39.9% in the control group (the difference in consent rates is not statistically significant, $p = 0.24$). We show in Table A2 that consent rates are about 40% across all demographic groups in both treatment and control villages.

As such, the sample for which we have symptom data is much larger than the sample for whom we have serology data. We tested 9,977 (91.1%) of the collected blood samples to determine seroprevalence for SARS-CoV-2 IgG antibodies. Untested blood either lacked sufficient quantity for our test or could not be matched to individuals from our sample because of a barcode scanning error. In our primary outcome analysis, we drop individuals for whom we are missing symptom data or who did not consent to blood spot collection. For the analyses where symptomatic status is the outcome, we report results using both this smaller sample, as well as the larger sample of all individuals for whom we collected symptom data.

4.2 Balance

While our stratification procedure should have achieved balance with respect to variables observed at the time of randomization, given the many possible opportunities for errors in implementation, we nonetheless confirm that our control and treatment villages resemble each other at baseline with respect to key variables of interest. This assessment was not preregistered. For each characteristic, we report the results of a t-test comparing the two groups. This t-test parallels our main specifications.

In Table [A3](#) we present balance test results for our mask-wearing specification. In our main specification, this is a regression of mask-wearing on a constant, an intervention indicator, and indicators for each control-intervention pair with analytic weights proportional to the number of adults recorded in the baseline household survey as well as heteroskedasticity robust standard errors. For the balance tests, we replace the dependent variable with several variables measured at baseline, including the number of households, baseline mask-wearing (assessed via observation), and baseline COVID-like symptoms. Of the four variables we tested, only one was significantly different between the control and intervention groups at the 10% level and the F-test failed to reject balance.

In Table [1](#), we report results from analogous balance tests based on the specification used for our primary biological outcome. We replace the dependent variable (symptomatic seroprevalence) with baseline covariates of interest to assess balance. We also report a bottom-line F-test which again fails to reject balance. In Appendix [E](#), we discuss a few small imbalances we uncovered with respect to other attributes, such as household size. These are extremely small in magnitude (e.g. households are 0.02 members larger in the treatment group) but unlikely to have arisen because of chance. In the Appendix, we discuss likely mechanisms (such as households being more likely to report teenagers as over 18 in order to receive masks) and we report further robustness checks, such as dropping individuals under 30.

4.3 Primary Analyses

Mask-Wearing The first column in the top panel of Table [2](#) reports coefficients from a regression of mask-wearing on a constant, an intervention indicator (based on the assigned groups), baseline mask-wearing, the baseline symptom rate, and indicators for each control-intervention pair. More details of our statistical methods and standard error construction are available in Appendix [D](#). Mask-wearing was 13.3% in control villages and 42.3% in treatment villages. Our regression adjusted estimate is an increase of 28.8 percentage points (95% CI: 0.27, 0.31). If we omit all covariates (except fixed effects for the strata within which we randomized), our point-estimate is

Table 1: Balance Tests (Individual-Level)

	Baseline Symptomatic Seroprevalence	Baseline WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.0247	0.1186
Control Rate	0.00003	0.0234	0.1200
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00001)	0.0009 (0.0011)	0.0010 (0.0039)
N individuals	307,106	307,106	307,106
N villages	572	572	572
<i>F</i>		0.80	
<i>Joint-Test Prob > F</i>		0.8492	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-defined COVID-19 symptoms as any of the following

- (a) fever and cough;
- (b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);
- (c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1-week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

identical (Table A4). Considering only surveillance conducted when no mask distribution was taking place, mask-wearing increased 27.9 percentage points, from 13.4% in control villages to 41.3% in intervention villages (regression adjusted estimate: 0.28, 95% CI: 0.26, 0.30). We also run our analysis separately in mosques, markets, and other locations such as tea stalls, the entrance of restaurants, and the main road in the village. The increase in mask-wearing was largest in mosques (37.0 percentage points), while in all other locations it was 25-29 percentage points.

Physical Distancing Contrary to concerns that mask-wearing would promote risk compensation, we did not find evidence that our intervention decreases distancing behavior. In the second panel of Table A4, we report identical specifications to the first panel, but with physical distancing as the dependent variable. In control villages 24.1% of observed individuals practiced physical distancing compared to 29.2% in intervention villages, an increase of 5.1% (a regression adjusted estimate of 0.05 [95% CI: 0.04,0.06]) Evidently, protective behaviors like mask-wearing and physical-distancing are complements rather than substitutes: endorsing mask-wearing and informing people about its importance encouraged rural Bangladeshis to take the pandemic more seriously and engage in another form of self-protection. The increases in physical distancing were similar in cloth and surgical mask villages.

While we find increases in physical distancing of 5.1 percentage points pooling across all locations, there was substantial heterogeneity across locations. In markets, individuals become substantially more likely to physically distance (7.4 percentage points). There was no physical distancing practiced in any mosque, in either treatment or control villages, probably as a result of the strong religious norm of standing shoulder-to-shoulder when praying.

It is possible that physical distancing increases because our intervention results in fewer total people being present in public spaces. If socializing increased in the intervention group, but only among risk-conscious people, then we might see physical distancing increase despite people engaging in overall riskier behavior. To assess this, we consider as an alternative outcome the total number of people observed at public locations. While surveillance staff were not able to count

Table 2: Mask-Wearing and Physical Distancing, Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Locations	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.011)	0.370*** (0.016)	0.287*** (0.012)	0.251*** (0.012)	0.301*** (0.015)	0.256*** (0.019)
<i>Physical Distancing</i>							
Intervention Coefficient	0.051*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.074*** (0.007)	0.068*** (0.006)	0.054*** (0.006)	0.044*** (0.011)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions include controls for baseline rates of physical distancing and baseline symptom rates.

Baseline symptom rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

“Other Locations” include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

“Surgical Villages” refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. “Cloth Villages” refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled “Full”, but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the “Full” sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

everyone in busy public areas, the total number of people they were able to observe gives some indication of the crowd size. We find no difference in the number of people observed in public areas between the treatment and control groups (Table A5).

Symptomatic Seroprevalence Among the 335,382 participants who completed symptom surveys, 27,166 (8.1%) reported experiencing COVID-like illnesses during the study period. More participants in the control villages reported incident COVID-like illnesses ($n=13,893$, 8.6%) compared with participants in the intervention villages ($n=13,273$, 7.6%). Over one-third (40.3%) of symptomatic participants agreed to blood collection. Omitting symptomatic participants who did not consent to blood collection, symptomatic seroprevalence was 0.76% in control villages and 0.68% in the intervention villages. Because these numbers omit non-consenters, it is likely that the true rates of symptomatic seroprevalence are substantially higher (perhaps by 2.5 times, if non-consenters have similar seroprevalence to consenters).

In Figure 1 (and Tables A6 and A7), we report results from a regression of symptomatic seroprevalence on a treatment indicator, clustering at the village level and controlling for fixed effects for each pair of control-treatment villages. In the tables, we report results with and without additional controls for baseline symptoms and mask-wearing rates. In Table A6, we report results from our pre-specified linear model and in Table A7 we report results from a generalized linear model with a Poisson family and log-link function. In the text, we discuss the latter results (which are in units of relative risk); the linear model implies results of an almost identical magnitude.

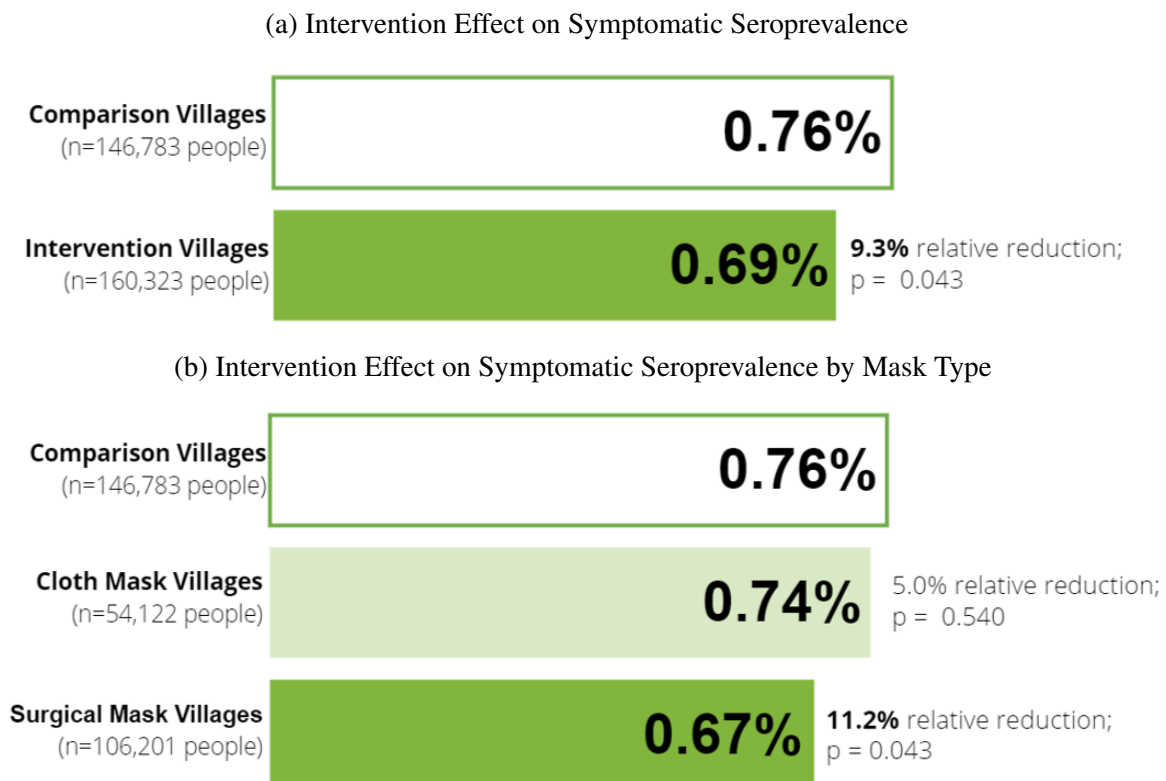
The results in all specifications are the same: we estimate a roughly 10% decline in symptomatic seroprevalence in the treatment group (adjusted prevalence ratio (aPR) = 0.91 [0.82, 1.00]) for a 29 percentage point increase in mask wearing over 8 weeks.⁷ In the second panel of Figure 1, we split our results by mask type (surgical vs. cloth). We find clear evidence that surgical masks lead to a relative reduction in symptomatic seroprevalence of 11.2% (aPR = 0.89 [0.78, 1.00]; con-

⁷To check robustness to the type of clustering, in panels A3a and A3b of Figure A3, we show the histogram of effect sizes arising from “randomization inference” if we randomly reassign treatment within each pair of villages and then estimate our primary specification. When doing so, we find that our estimated effect size is smaller than 8.1% of the simulated estimates with controls and 8.4% of the simulated estimates without controls (these are the corresponding p-values of the randomization inference t -test).

trol prevalence = 0.80%; treatment prevalence = 0.71%). For cloth masks, we find an imprecise zero, although the confidence interval includes the point estimate for surgical masks (aPR = 0.95 [0.79,1.11]; control prevalence 0.67%; treatment prevalence 0.62%).

Not all symptomatic seroprevalence is necessarily a result of infections occurring during our intervention; individuals may have pre-existing infections and then become symptomatic (perhaps caused by an infection other than SARS-CoV-2). In Appendix F, we show that if either: a) masks have the same proportional impact on COVID and non-COVID symptoms or b) all symptomatic seropositivity is caused by infections during our intervention, then the percentage decline in symptomatic seroprevalence will exactly equal the decline in symptomatic seroconversions. More generally, the relationship between the two quantities depends on whether masks have a greater impact on COVID or non-COVID symptoms, as well as the proportion of symptomatic seropositivity that is a result of infections pre-existing at baseline.

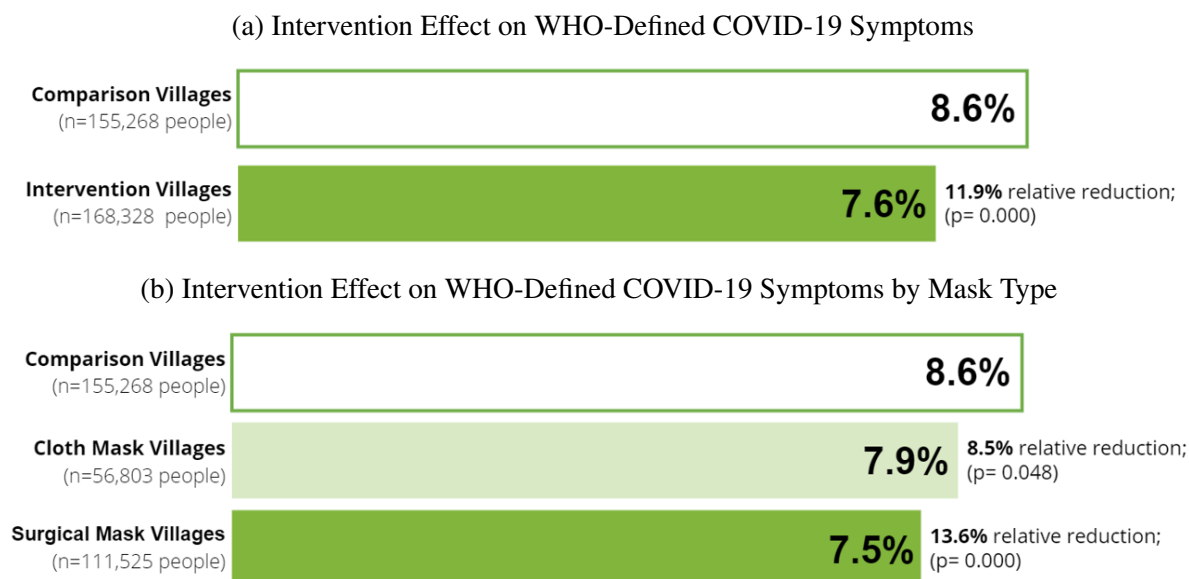
Figure 1: Intervention Effect on Symptomatic Seroprevalence



WHO COVID-19 Symptoms In Figure 2 and Tables A9 and A8, we report results from the same specifications with WHO-defined COVID-19 symptomatic status as the outcome.

We find clear evidence that the intervention reduced symptoms: we estimate a reduction of 11.9% (adjusted prevalence ratio 0.88 [0.83,0.93]; control group prevalence = 8.59%; treatment group prevalence = 7.60%). Additionally, when we look separately by cloth and surgical masks, we find that the intervention led to a reduction in COVID-like symptoms under either mask type ($p = 0.000$ for surgical, $p = 0.048$ for cloth), but the effect size in surgical mask villages was 30-80% larger depending on the specification. In Table A10, we run the same specifications using the smaller sample used in our symptomatic seroprevalence regression (i.e. those who consented to give blood). In this sample we continue to find an effect overall and an effect for surgical masks, but see no effect for cloth masks.

Figure 2: Intervention Effect on WHO-Defined COVID-19 Symptoms



4.4 Mechanisms for Increasing Mask-Wearing

Our intervention combined multiple distinct elements: we provided people with free masks; we provided information about why mask-wearing is important; we had mask promoters reinforce the importance of mask-wearing by stopping individuals in public places who were not wearing

masks, reminding them about the importance of mask-wearing, and giving them a mask if they did not have one; we partnered with local leaders to encourage mask-wearing at mosques and markets; and in some villages we provided a variety of reminders and commitment devices as well as incentives for village leaders. In Appendix G, we attempt to disentangle the role played by these different elements in encouraging mask use.

We find no evidence that any of our village-level or household-level treatments, other than mask color, impacted mask-wearing. For mask-color, we see marginally significant differences, small in magnitude. Green and blue masks were distributed in equal numbers in surgical mask villages, but blue masks were observed for 17.3% of observations in those villages while green masks were observed for 15.6% (adjusted percentage point difference = 0.03, [-0.00,0.06]); likewise, purple and red masks were distributed in equal numbers in cloth masks villages, but purple masks were observed for 6.0% of observations and red masks for 6.8% (adjusted percentage point difference = -0.02, [-0.04,-0.00]).⁸ Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the observed increase in mask-wearing. Compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects. We saw no significant difference in mask-wearing in the village-level randomization of surgical vs. cloth masks.

We do find non-experimental evidence that in-person mask promotion and reinforcement is a crucial part of our intervention. Our first pilot contained all elements of our intervention except in-person reinforcement. Our second pilot (one week later) and the full intervention (several months later) added in-person reinforcement. Under the assumption that treatment effects would otherwise be constant over time, we find that mask promotion accounts for 19.2 percentage points of our effect (regression adjusted estimate 0.19 [-0.33,-0.05]), or 65% of the total effect size. In Table A11, we show that this difference is statistically significant whether or not we include baseline controls. This was not a pre-specified analysis.

⁸The proportion of colored masks observed is calculated over all observed individuals.

4.5 Persistence of Effects over Time

In Table A12, we report estimates of our primary specification separately by week of surveillance. Week 10 is especially interesting, as it was two weeks after intervention activities ceased. This analysis was not preregistered.

We find no evidence that the impact of the intervention attenuates over the 10 weeks. In the 414 villages for which we have 10 weeks of surveillance, the point estimates are slightly smaller in week 10 (a 23.3 percentage point increase) than week 1 (30.4 percentage points), although this difference is not statistically significant. This is consistent with social norms around mask-wearing taking hold, where adoption by some in the community has a demonstration effect that encourages subsequent adoption by others. If mask-wearing was driven by a “novelty factor” associated with our mask promotion campaign, we would have instead expected some attenuation over the course of the 8 weeks of intervention. The point estimates of the impact of intervention by week for the panel of 414 villages for which we have data in all weeks are plotted in Figure A4.

We additionally conducted a follow-up surveillance 5 months after the start of the intervention (20-27 weeks, depending on the wave). Mask-wearing had declined to 14.1% in the control group and 22.4% in the intervention group (a regression adjusted difference of 0.10 [0.08,0.13]).

4.6 Subgroup Analyses

We also considered how the impact of our intervention differed between subgroups.

Mask-Wearing by Age and Gender In Table A13, we analyze the impact of our intervention on mask-wearing and physical distancing separately by gender, as well as by whether baseline mask-wearing was above or below the median. Gender was recorded in 65% of observations; age was not recorded and thus we do not conduct an age-stratified assessment. In the gender results, we drop surveillance observations for mosques because in Bangladesh it is rare for women to attend mosque (hence the lower average increases reported in this table). We found that the intervention increased mask-wearing by 27.1 percentage points for men ([0.25,0.30]) and 22.5

percentage points for women ([0.20,0.25]). Although we do not have the variation to test this, the gendered difference in effect size may be because our mask promoters were predominantly men. We intentionally hired predominantly men because most of the interactions that our staff would have in public places would be men. Men constituted 88.2% of all observed adults.

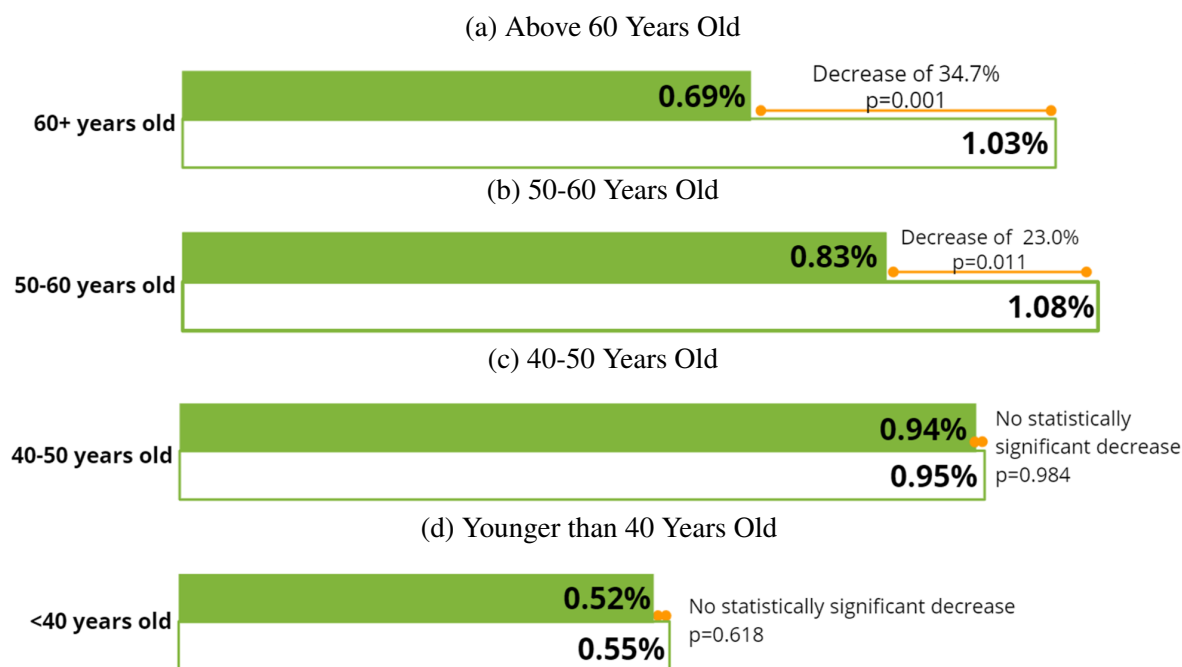
We also found a larger increase in mask-wearing in villages with below-median baseline mask-wearing (where mask-wearing increased from 8.7% to 42.2% at endline) than those with above-median baseline mask-wearing (where the increase was from 17.5% to 42.4%).

Symptomatic Seroprevalence by Age In Figure 3 (and in Tables A14, A15, and A16), we report results from our primary specification separately by age for villages with surgical masks. Table A14 reports our preregistered specification, a linear model run separately for each decade of age, pooling cloth and surgical villages. Table A15 synthesizes these results, collapsing by categories of <40, 40-50, 50-60 and 60+, and Table A16 reports the same results as a relative risk reduction, separately for cloth and surgical masks. We find that the impact of the intervention on symptomatic seroprevalence is concentrated among individuals over age 50, especially in villages randomized to surgical masks, which appear to more effectively prevent COVID-19. In surgical mask villages, we observe a 23.0% decline in symptomatic seroprevalence among individuals aged 50-60 (adjusted prevalence ratio of 0.77 [0.59,0.95]) and a 34.7% decline among individuals aged 60+ ($p = 0.001$) (adjusted prevalence ratio of 0.65 [0.46, 0.85]).

WHO COVID-19 Symptoms by Age In Tables A17 and A18 (the latter our preregistered specification), we perform the same analysis using the larger sample of individuals who reported symptom information. In this sample, we continue to find larger effects at older ages, although the differences are not as stark as for the symptomatic seroprevalence outcome. In Table A19, we show that the age gradient is steeper for surgical masks.

Additional Preregistered Specifications In Appendix H, we discuss additional preregistered specifications not reported in the text, either because they were severely underpowered given the

Figure 3: Effect on Symptomatic Seroprevalence by Age Groups, Surgical Masks Only



available data or because data on required variables was unavailable.

4.7 Intervention Cost and Benefit Estimates

In Appendix I, we assess the costs of implementing our intervention relative to the health benefits, specifically focusing on our ongoing efforts to implement the intervention at scale in Bangladesh. We consider a range of possible estimates for excess deaths from COVID-19 from May 1, 2021 - September 1, 2021, and we assume that our age-specific impacts on symptomatic seroprevalence will lead to proportional reductions in mortality. We estimate that a scaled version of our intervention being implemented in Bangladesh will cost about \$1.50 per person, and between \$10K and \$52K per life saved, depending which estimate we use for excess deaths.

4.8 Polling and Policy-Maker Priors

To assess how our findings compared to the priors of relevant policy makers, we polled participants during presentations to the World Health Organization, the World Bank, and the National Council

of Applied Economic Research in Delhi, India. In total, more than 100 audience members with expertise and specific interest in public health and mask-wearing were surveyed and asked to make predictions about the impact of our various interventions on mask-wearing and physical distancing, just before we showed them our empirical results (at the time, our biological outcomes were unavailable).

There are three main takeaways from this polling exercise: first, only a tiny fraction of policy-makers correctly predicted the impact of our core intervention on mask-wearing and physical distancing. Second, policy maker predictions varied widely, both for effects of the intervention on mask-wearing and physical distancing. Third, policy-makers systematically underestimated the overall impact of our intervention and especially the impact of in-person reinforcement on mask-wearing.

When asked if they thought the intervention would increase mask-wearing by 5, 10, 20, 30, or 40 percentage points, only 21% of respondents correctly predicted that the intervention increased mask-wearing by 30 percentage points (about what we would expect if they guessed randomly). The expected value of the predicted increase in mask-wearing was 22 percentage points whether we described the intervention with or without mask promotion included. The difference in mask-wearing observed in our two pilot studies suggests that in-person reinforcement increased mask-wearing by 18 percentage points. In other words, policy-makers makers believed that in-person reinforcement would have no additional impact, despite our piloting suggesting it is the single most important element of our intervention. With regard to behavioral adjustments, 64% of respondents predicted that physical distancing would either decrease or remain unchanged as a result of the mask-promotion interventions, when in fact, it increased.

Policy-makers consistently believed that our cross-randomizations would increase mask-wearing, when in fact, we find that none of them had a significant effect (often with fairly precise zeros). 68% of respondents believed that text messages would help (they didn't), 62% of respondents believed that incentives for village-leaders would help (they didn't), and 77% of respondents believed that verbal commitments or commitments made using signs on one's door would increase

mask-wearing (they didn't). More details from our polling exercise are provided in Appendix J.

5 Discussion

We present results from a cluster-randomized controlled trial of a scalable intervention designed to increase mask-wearing and reduce cases of COVID-19. Our estimates suggest that mask-wearing increased by 28.8 percentage points, corresponding to an estimated 51,347 additional adults wearing masks in intervention villages, and this effect was persistent even after active mask promotion was discontinued. The intervention led to a 9.3% reduction in symptomatic SARS-CoV-2 seroprevalence (which corresponds to a 103 fewer symptomatic seropositives) and an 11.9% reduction in the prevalence of COVID-like symptoms, corresponding to 1,587 fewer people reporting these symptoms.⁹ The effects were substantially larger (and more precisely estimated) in communities where we distributed surgical masks, consistent with their greater filtration efficiency measured in the laboratory (manuscript forthcoming). In villages randomized to receive surgical masks, the relative reduction in symptomatic seroprevalence was 11% overall, 23% among individuals aged 50-60, and 35% among those over 60.

We found clear evidence that surgical masks are effective in reducing symptomatic seroprevalence of SARS-CoV-2; while cloth masks clearly reduce symptoms, we cannot reject that they have zero or only a small impact on symptomatic SARS-CoV-2 infections (perhaps reducing symptoms of other respiratory diseases). Additionally, we found evidence that surgical masks were no less likely to be adopted than cloth masks (perhaps slightly more likely). Thus, surgical masks have higher filtration efficiency, are cheaper, are consistently worn, and are better supported by our evidence as tools to reduce COVID-19.

Our results should *not* be taken to imply that masks can prevent only 10% of COVID-19 cases, let alone 10% of COVID-19 mortality. Our intervention induced 29 more people out of every 100 to wear masks, with 42% of people wearing masks in total. The total impact with near-

⁹If we assume that non-consenting symptomatic individuals were seropositive at the same rate as consenting symptomatic individuals, the total estimated symptomatic seropositives prevented would be 258.

universal masking—perhaps achievable with alternative strategies or stricter enforcement—may be several times larger than our 10% estimate. Additionally, the intervention reduced symptomatic seroprevalence more when surgical masks were used, and even more for the highest-risk individuals in our sample (23% for ages 50-60 and 35% for ages 60+). These numbers likely give a better sense of the impact of our intervention on severe morbidity and mortality, since most of the disease burden is borne by the elderly. Where achievable, universal mask adoption is likely to have still larger impacts.

We identified a combination of core intervention elements that were effective in increasing mask-wearing in rural Bangladesh: mask distribution and role-modeling, combined with mask promotion, leads to large and sustained increases in mask use. Results from our pilots suggest that combining mask distribution, role-modeling, and active mask promotion – rather than mask distribution and role-modeling alone – seems critical to achieving the full effect. Our trial results also highlight many factors that appear inessential: we find no evidence that public commitments, village-level incentives, text messages, altruistic messaging, or verbal commitments change mask-wearing behavior. The null results on our cross-randomizations do not necessarily imply that these approaches are not worth trying in other contexts, but they teach us that large increases in mask-wearing are possible without these elements.

Our intervention design is immediately relevant for Bangladesh’s plans for larger-scale distribution of masks across all rural areas. The Bangladesh Directorate-General of health has assigned the study team and the NGO *BRAC* the responsibility to scale up the strategies that were proven most effective in this trial to reach 81 million people [49]. At the time of writing, we are implementing this program in the 37 districts prioritized by the government based on SARS-CoV-2 test positivity rates. Our results are also relevant for mask dissemination and promotion campaigns planned in other countries and settings which face similar challenges in ensuring mask usage as a result of limited reach and enforcement capacity. The mask promotion model described in this paper was subsequently adopted by governments and other implementers in Pakistan [50], India [51], and Nepal [52]. The intervention package would be feasible to implement in a similar fashion

in other world regions as well. Beyond face masks, the conceptual underpinning of our strategies could be applied to encourage the adoption of other health behaviors and technologies, in particular those easily observable by others outside the household, such as purchase and consumption of food, alcohol, and tobacco products in stores, restaurants, or other public spaces [53], hand washing and infection control in healthcare facilities [54, 55, 56], hygiene interventions in childcare and school settings [57, 58], improved sanitation [31, 59], or vaccination drives [60].

Policymakers and public health experts at the World Health Organization and the World Bank were polled prior to presentations of the study results regarding mask-wearing. The majority of poll respondents anticipated that text messages, verbal commitments, and incentives would increase mask-wearing, when in reality, we estimated fairly precise null effects, and poll respondents believed that in-person mask promotion would have no additional effect, whereas the evidence from our pilots suggests it is essential.

While critics of mask mandates suggest that individuals who wear masks are more likely to engage in high risk behaviors, we found no evidence of risk compensation as a result of increased mask-wearing. In fact, we found that our intervention increased the likelihood of physical distancing, presumably because individuals participating in the intervention took the threat of COVID-19 more seriously. These findings should be interpreted with caution, as these behavioral responses may be especially context-dependent.

The intervention may have influenced rates of COVID-19 by increasing mask use and/or physical distancing and/or other risk prevention behaviors. Three factors suggest that the direct impact of masks is the most likely explanation for our documented health impacts. First, while we find similar impacts of cloth and surgical masks on physical distancing, we find consistently larger impacts of surgical masks on symptomatic seroprevalence, consistent with the evidence that surgical masks have better filtration efficiency [61]. Second, we see no change in physical distancing in the highest risk environment in our study, typically crowded indoor mosques. The physical distancing impacts we do measure were confined to outdoor environments. Third, our study complements a large body of laboratory and quasi-experimental evidence that masks have a direct effect on

SARS-CoV-2 transmission [1].

Our study has several limitations. The distinct appearance of project-associated masks and elevated mask-wearing in intervention villages made it impossible to blind surveillance staff to study arm assignment (although the staff were not informed of the exact purpose of the study). Even though surveillance staff were plain-clothed and were instructed to remain discreet, community members could have recognized that they were being observed and changed their behavior. Additionally, survey respondents could have changed their likelihood of reporting symptoms in places where mask-wearing was more widespread. We might expect this to bias us towards higher symptomatic rates in treatment areas. While we confirm that blood consent rates are not significantly different in the treatment and control group and are comparable across all demographic groups, we cannot rule out that the composition of consenters differed between the treatment and control groups. The slightly higher point estimate for consent in the treatment group again biases us away from finding an effect, since it raises symptomatic seroprevalence in the treatment group. Although control villages were at least 2 km from intervention villages, adults from control villages may have come to intervention villages to receive masks, reducing the apparent impact of the intervention. While we did not directly assess harms in this study, there could be costs resulting from discomfort with increased mask-wearing, adverse health effects such as dermatitis or headaches, or impaired communication.

Because the study was powered to detect differences in symptomatic seroprevalence, we cannot distinguish whether masks work by making symptoms less severe (through a reduced viral load at transmission) or by reducing new infections. We selected the WHO case definition of COVID-19 for its sensitivity, though its limited specificity may imply that the impact of masks on symptoms comes partly from non-SARS-CoV-2 respiratory infections. If masks reduce COVID-19 by reducing symptoms (for a given number of infections), they could help ease the morbidity and mortality resulting from a given number of SARS-CoV-2 infections. If masks reduce infections, they may reduce the total number of infections over the long-term by buying more time to increase the fraction of the population vaccinated. At the time of the study, the predominant circulating

SARS-CoV-2 strain was B.1.1.7 (alpha)[62]. The impacts of the delta variant on the number of infections prevented by a given mask-wearer are uncertain; the population-wide consequences of infections prevented by a given mask-wearer may be larger given a higher reproduction number.

We estimate that a scaled version of our intervention being implemented in Bangladesh will cost between \$10K and \$52K per life saved, depending on what fraction of excess deaths are attributable to COVID-19. This is considerably lower than the value of a statistical life in Bangladesh (\$205,000, [63]) and under severe outbreaks, is comparable to the most cost-efficient humanitarian programs at scale (e.g. distributing insecticide nets to prevent malaria costs \$9,200 per life saved [64]). This estimate includes only mortality impacts but not morbidity, and greater cost-efficiency is possible if our intervention can be streamlined to further isolate the essential components. The vast majority of our costs were the personnel costs for mask-promoters: if we consider only the costs of mask production, these numbers would be 20x lower. Thus, the overall cost to save a life in countries where mask-mandates can be enforced at minimal cost with existing infrastructure may be substantially lower than our estimates above.

In summary, we found that mask distribution, role modeling, and promotion in a LMIC setting increased mask-wearing and physical distancing, leading to lower illness, particularly in older adults. We find stronger support for the use of surgical masks than cloth masks to prevent COVID-19. Whether people with respiratory symptoms should generally wear masks to prevent respiratory virus transmission—including for viruses other than SARS-CoV-2—is an important area for future research. Our findings suggest that such a policy may benefit public health.

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6 Conflict of Interest

The funder had no role in the study design, interpretation of results, or decision to publish.

7 Research Ethics Approvals

Our study protocols were reviewed and approved by the Yale University Institutional Review Board (Protocol ID: 2000028482), and by the Bangladesh Medical Research Council National Research Ethics Committee (IRB registration number: 330 26 08 2020). We also received separate administrative approval from the Bangladesh Ministry of Health and Family Welfare. Study protocols and plans were also discussed with public health experts at the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and a2i, an innovation agency within the Bangladesh government (<https://a2i.gov.bd/>), prior to implementation. We provide ethical justification for our decisions in our [online ethics appendix](#).

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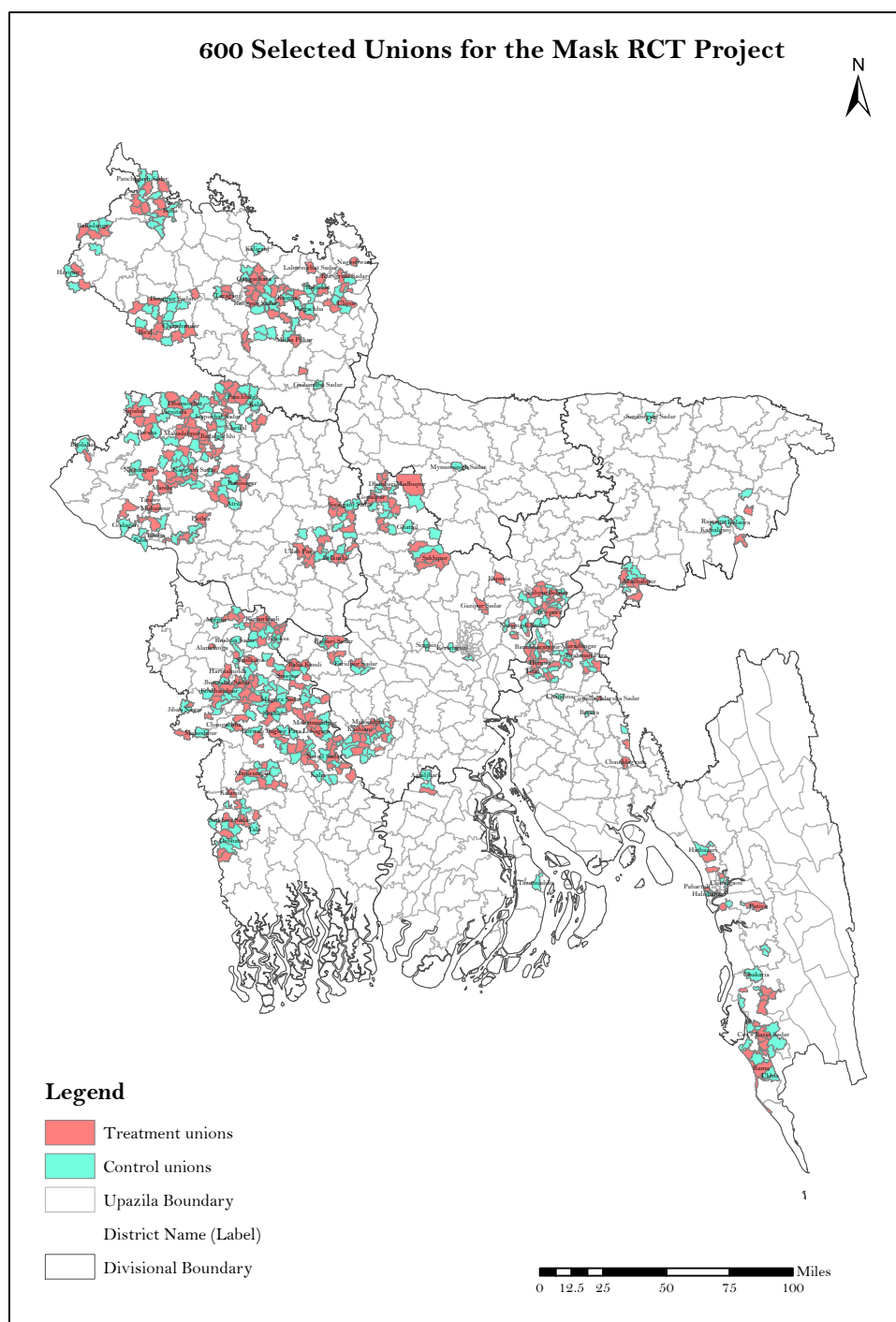
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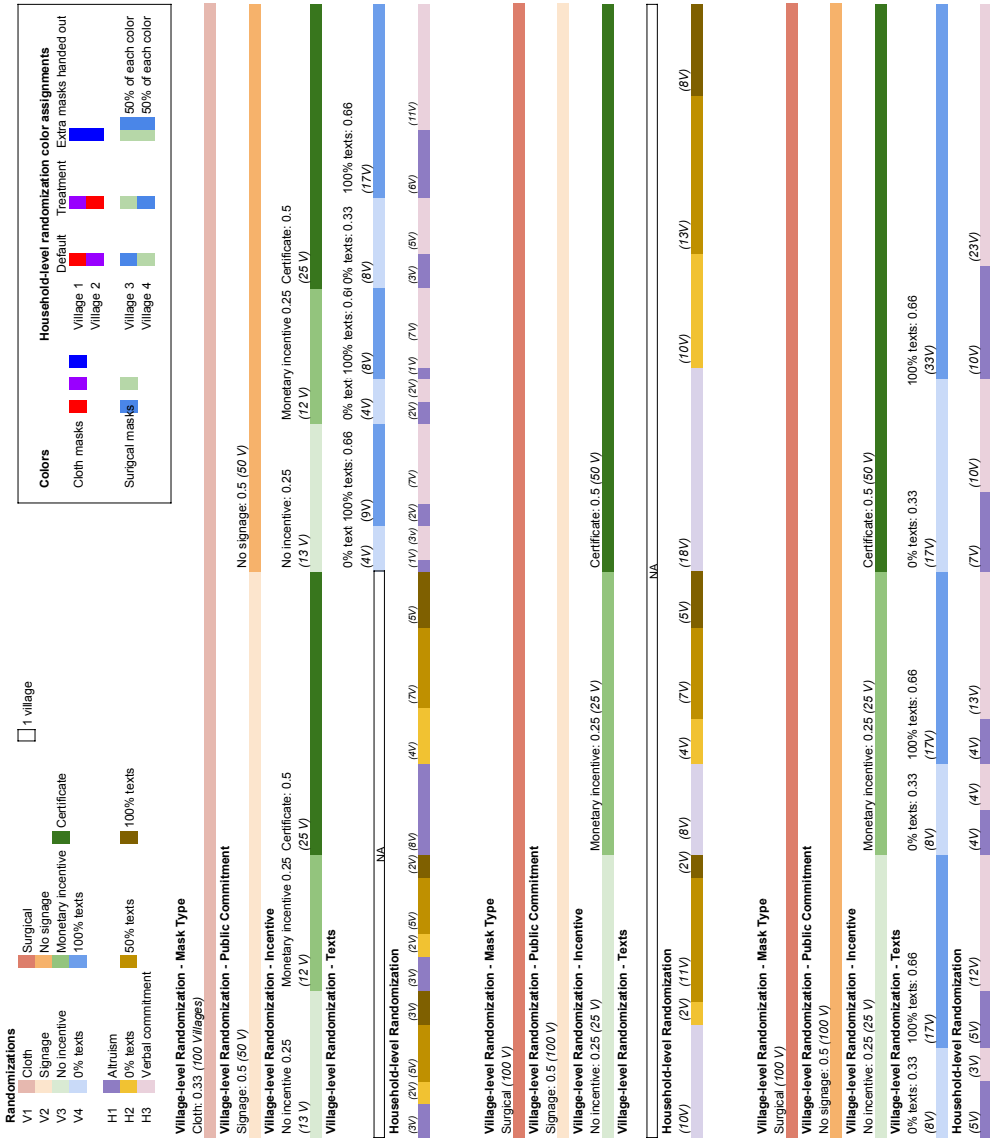
Table S13. Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

Figure A1: Map of 600 Treatment and Control Unions



The figure shows the location of the 600 treatment and control unions in the study.

Figure A2: Schematic of Cross-Randomizations



Notes: Each box represents one village and each color represents a village-level randomization. Different tones of the same hue represent different possible realizations for each randomization. The "Colors" box in the upper right exemplifies the color of masks used to denote households that received the default or intervention condition of the household-level randomization.

Table A1: Endline Blood Sample Collection

	Treatment Villages	Control Villages	Total
Number of People Identified in Baseline Household Visits	178,288	163,838	342,126
Number of People Reached for Symptom Collection on in the Midline and Endline Visits	174,171	161,211	335,382
Number of People with WHO-defined COVID-19 Symptoms	13,273	13,893	27,166
Number of Symptomatic Endline Blood Samples Collected	5,414	5,538	10,952
Number of Symptomatic Endline Blood Samples Tested	5,006	4,971	9,977

All counts provided are at the individual level.

WHO-defined COVID-19 symptoms is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

Table A2: Endline Blood Collection Consent Rates by Demographic Characteristics

	Treatment	Control	Total
Total	40.8%	39.9%	40.3%
<i>By Sex</i>			
Female	41.0%	39.7%	40.4%
Male	40.5%	40.0%	40.3%
<i>By Age Group</i>			
≤ 40 Y.O.	41.0%	39.2%	40.1%
Between 40-50 Y.O.	40.7%	40.5%	40.6%
Between 50-60 Y.O.	41.8%	40.8%	41.3%
≥ 60 Y.O.	39.4%	40.0%	39.7%

Consent rates are defined as the ratio of the number of individuals we successfully drew blood from to the number of eligible symptomatic individuals.

Table A3: Balance Tests (Village-Level)

	Baseline Symptomatic Seroprevalence Rate	WHO-Defined COVID-19 Symptoms	Baseline Mask-Wearing Rate
<i>Summary Statistics</i>			
Intervention Rate	0.00002	0.027	0.123
Control Rate	0.00003	0.025	0.125
<i>Balance Tests</i>			
Intervention Coefficient	-0.00000 (0.00002)	0.001 (0.002)	0.001 (0.005)
N villages	572	572	572
<i>F</i>		0.12	
<i>Joint-Test Prob > F</i>		0.9471	

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline symptomatic seroprevalence is defined using 20 percent random sample of all the baseline blood draws. All individuals without a baseline blood sample have a symptomatic seroprevalence value of 0.

We classify a WHO-Defined COVID-19 symptoms as any of the following

(a) fever and cough;

(b) three or more of the following symptoms (fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status);

(c) loss of taste or smell.

The baseline rate of mask-wearing was measured through observation over a 1 week period, defined as the rate of those observed who wear a mask or face covering that covers the nose and mouth.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

Table A4: Mask-Wearing and Physical Distancing, without Controlling for Baseline Variables

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>Proper Mask-Wearing</i>							
Intervention Coefficient	0.288*** (0.012)	0.279*** (0.012)	0.371*** (0.016)	0.288*** (0.012)	0.252*** (0.012)	0.302*** (0.014)	0.258*** (0.020)
Average Mask-Wearing Rate in Paired Control Villages [§]	0.133	0.134	0.123	0.120	0.146	0.129	0.143
<i>Social Distancing</i>							
Intervention Coefficient	0.050*** (0.005)	0.056*** (0.005)	0.000 (0.000)	0.073*** (0.007)	0.067*** (0.007)	0.053*** (0.006)	0.044*** (0.011)
Average Distancing Rate in Paired Control Villages [§]	0.241	0.253	0.000	0.291	0.311	0.229	0.268
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair.

§We report the mean rate of proper mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

“Other Locations” include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

“Surgical Villages” refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. “Cloth Villages” refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled “Full”, but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the “Full” sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A5: Number of People Observed

	Full	No Active Promo- tion	Mosques	Markets	Other Loca- tions	Surgical Mask Villages	Cloth Mask Villages
<i>No Baseline Control</i>							
Intervention Coefficient	-31 (51)	-53 (45)	35 (24)	-20 (17)	-46** (23)	-9 (63)	-75 (85)
Avg. Number People Observed in Paired Control Villages [§]	2820	2682	580	882	1358	2914	2635
<i>With Baseline Control</i>							
Intervention Coefficient	-43 (45)	-64 (40)	23 (20)	-18 (15)	-53** (21)	-37 (58)	-45 (76)
N villages	572	572	570	570	568	380	192

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline control" include controls for the number of people observed in the baseline visit.

§We report the average number of people observed among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

"Other Locations" include tea stalls, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

"Surgical Villages" refer to all treatment villages which received surgical masks as part of the intervention, and their control pairs. "Cloth Villages" refer to all treatment villages which received cloth masks as part of the intervention, and their control pairs. These samples include surveillance from all available locations, equivalent to the to the column labeled "Full", but run separately for each subgroup.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention. Of the 572 villages included in the "Full" sample, 380 of them are treatment villages and their control pairs which received surgical masks as part of the intervention, and the remaining 192 are treatment villages and their control pairs which received cloth masks.

Table A6: Symptomatic Seroprevalence

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0004 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0007** (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0009** (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0002 (0.0005)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A7: Symptomatic Seroprevalence, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.906** [0.814, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.894* [0.782, 1.006]
Intervention Prevalence Ratio for Cloth Mask Villages		0.933 [0.776, 1.089]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.907** [0.817, 0.997]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.888** [0.780, 0.997]
Intervention Prevalence Ratio for Cloth Mask Villages		0.950 [0.791, 1.109]
N individuals	288,612	288,612
N villages	536	536

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The regressions exclude 18,494 individuals in 36 villages because there are 0 people who are symptomatic-seropositive in their village pairs.

Table A8: WHO-Defined COVID-19 Symptoms, Expressed in Prevalence Ratios

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.831,0.931]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.871*** [0.807,0.936]
Intervention Prevalence Ratio for Cloth Mask Villages		0.901** [0.816,0.986]
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Prevalence Ratio	0.881*** [0.830,0.933]	
Intervention Prevalence Ratio for Surgical Mask Villages		0.864*** [0.801,0.926]
Intervention Prevalence Ratio for Cloth Mask Villages		0.915** [0.831,0.999]
N individuals	323,596	323,596
N villages	572	572

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

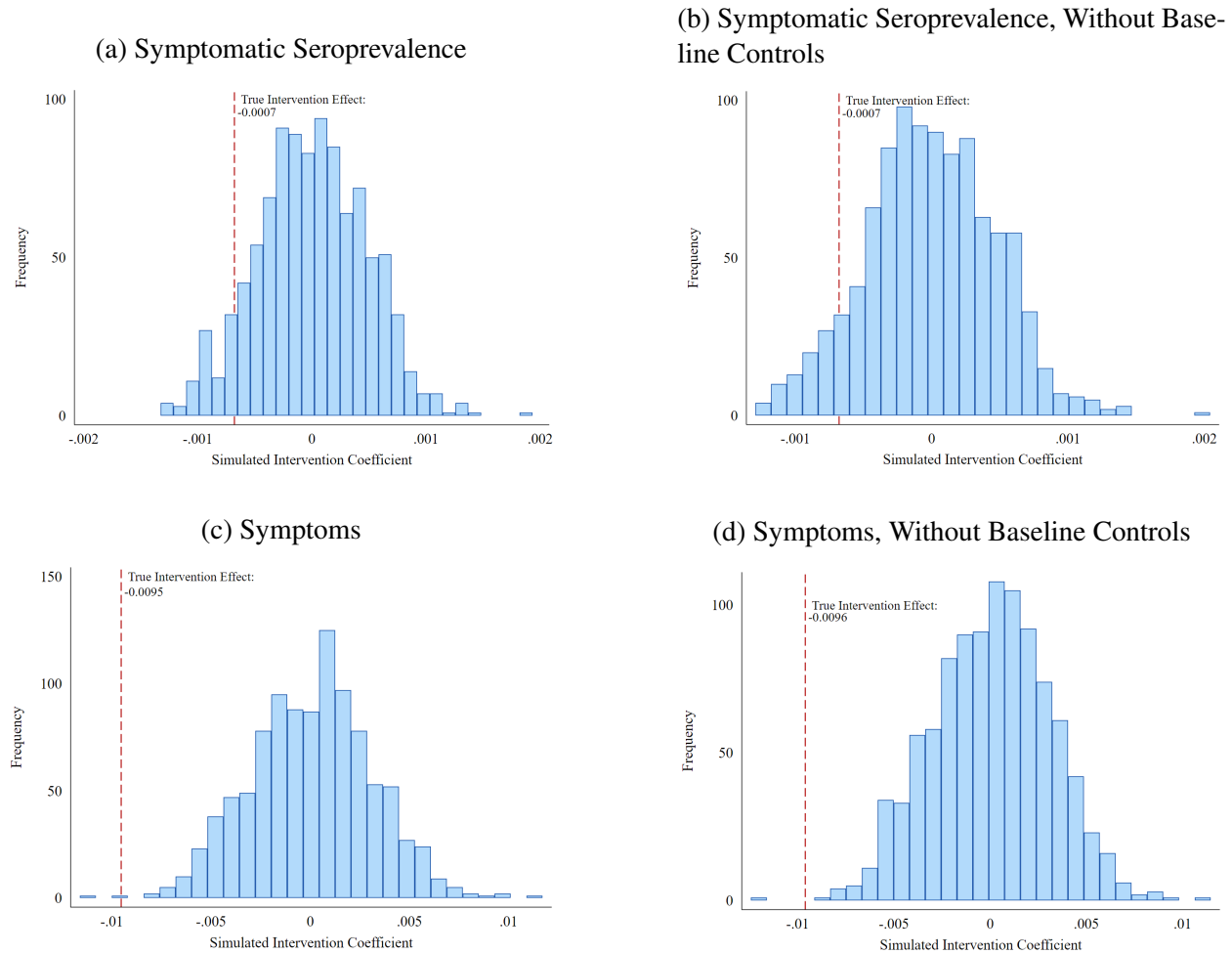
(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis in the first column includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Figure A3: Randomization Inference on Symptomatic Seroprevalence and Symptoms



The histograms are generated by plotting the frequency the coefficient on the intervention under 1,000 imputations of randomly assigning the treatment/control status within each village-pair. The regressions used to generate the intervention coefficient in panel (a) and (b) are equivalent to those in Table A6, top and bottom panel, respectively. The regressions used in panel (c) and (d) are equivalent to those in Table A9, top and bottom panel, respectively. The one-sided p -values for each panel is as follows:

- (a) 0.081
- (b) 0.084
- (c) 0.002
- (d) 0.001

Table A9: WHO-defined COVID-19 Symptoms

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0096*** (0.0022)	
Intervention Coefficient for Surgical Mask Villages		-0.0105*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0079** (0.0035)
Average Symptomatic Rate in Paired Control Villages [§]	0.0859	0.0859
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0095*** (0.0021)	
Intervention Coefficient for Surgical Mask Villages		-0.0112*** (0.0028)
Intervention Coefficient for Cloth Mask Villages		-0.0063* (0.0035)
N individuals	323,596	323,596
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID-19 symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A10: WHO-defined COVID-19 Symptoms (Robustness Check)

	Intervention Effect	Intervention Effect by Mask Type
<i>No Baseline Controls</i>		
Intervention Coefficient	-0.0031*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0047*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0001 (0.0017)
Average Symptomatic Rate in Paired Control Villages [§]	0.0330	0.0330
<i>With Baseline Controls</i>		
Intervention Coefficient	-0.0030*** (0.0011)	
Intervention Coefficient for Surgical Mask Villages		-0.0050*** (0.0015)
Intervention Coefficient for Cloth Mask Villages		0.0009 (0.0017)
N individuals	307,106	307,106
N villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions "with baseline controls" include controls for baseline rates of social distancing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of WHO-defined COVID symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A11: Pilot Analyses of Mask Wearing

	Main Intervention	Pilot 1	Pilot 2	Pilot 1	Pilot 2
<i>No Baseline Controls</i>					
Intervention Coefficient	0.288*** (0.012)	0.109 [-0.161, 0.320]	0.284 [0.081, 0.408]		
Difference from Main Intervention				-0.189*** (0.073)	0.022 (0.053)
Average Control Mask Wearing Rate [§]	0.1339	0.129	0.095		
<i>With Baseline Controls</i>					
Intervention Effect	0.288*** (0.012)	0.096 [-0.126, 0.315]	0.341 [0.135, 0.509]		
Difference from Main Intervention				-0.181** (.092)	-0.005 (.058)
N villages	572	10	10	592	592

Standard errors are in parentheses. Confidence intervals are in brackets, computed using wild bootstrap.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regressions "with baseline controls" include controls for baseline rates of mask-wearing.

The first column reports the results of our main intervention; equivalent to the results in Table ??, using full surveillance data.

§We report the mean rate of mask-wearing among the control villages after the baseline observation. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

Table A12: Persistence of Mask-Wearing

	<i>Week from Baseline Observation</i>						
	1	2	4	6	8	10	Followup
<i>Consistent Panel</i>							
Intervention Coefficient	0.304*** (0.016)	0.284*** (0.016)	0.290*** (0.016)	0.286*** (0.016)	0.261*** (0.016)	0.233*** (0.017)	0.102*** (0.011)
N villages	414	414	414	414	414	414	414
<i>All Villages</i>							
Intervention Coefficient	0.300*** (0.014)	0.285*** (0.014)	0.291*** (0.014)	0.298*** (0.015)	0.261*** (0.014)	0.230*** (0.015)	0.094*** (0.010)
N villages	542	558	548	550	528	508	548

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair, baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

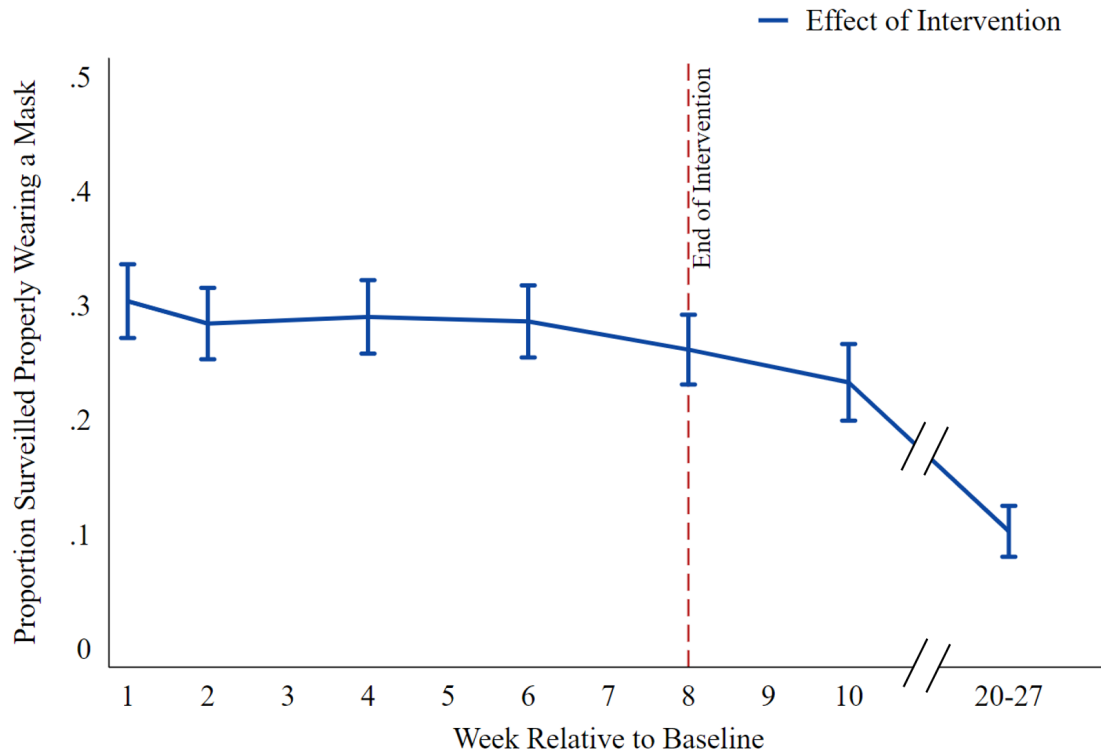
“Followup” surveillance occurred between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

This analysis estimates separate intervention effects 1, 2, 4, 6, 8, 10 weeks, and 20-27 weeks after baseline observation. The top panel runs the regressions only among a consistent panel of 414 villages that have all 10 weeks and the subsequent followup observation. The results of the analysis are displayed graphically in Figure A4.

The bottom panel is run among all villages which have surveillance data for that period of observation, as well as the baseline period.

The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Figure A4: Persistence of Mask-Wearing



The figure corresponds to the regressions presented in Table A12, top panel. We present the effect of the intervention separately across weeks 1, 2, 4, 6, 8, 10, and 20-27 weeks after the baseline observation with 95% confidence intervals. The 20-27 week observation was collected during our “Followup” surveillance between June 4th and June 8th 2021, which is anywhere from 20 to 27 weeks after baseline for each village.

The analysis is run across a panel of 414 villages with observation through the entirety of the study. The 10th week of observation and the followup observation occur after all active promotion of mask-wearing has ceased.

Table A13: Subgroup Analyses of Mask-Wearing

	Female Only	Male Only	Above Median	Below Median
<i>No Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.018)	0.350*** (0.022)
Average Control Mask-Wearing Rate [§]	0.312	0.116	0.175	0.087
<i>With Baseline Controls</i>				
Intervention Coefficient	0.225*** (0.013)	0.271*** (0.013)	0.247*** (0.019)	0.354*** (0.022)
N villages	566	566	200	202

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. For the gender subgroup analyses, the baseline symptom rate and baseline mask-wearing rate was defined across all individuals, not just those among females and males, respectively.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

The sex-specific subgroup is run on all locations except mosques because no females were observed at mosques. The sex-specific samples excludes 6 villages because of lack of data. The above-median and below-median samples includes 85 singleton observations which were dropped.

Table A14: Symptomatic Seroprevalence by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0008 (0.0007)	-0.0022*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
Avg. Symptomatic Seroprevalence in Paired Control Vill. [§]	0.0076	0.0045	0.0069	0.0095	0.0108	0.0104	0.0101
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0007** (0.0003)	-0.0004 (0.0003)	0.0007 (0.0005)	-0.0009 (0.0007)	-0.0021*** (0.0008)	-0.0019* (0.0010)	-0.0016 (0.0012)
N Individuals	307,106	101,939	70,285	52,161	39,307	27,792	15,622
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A15: Symptomatic Seroprevalence by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0008* (0.0004)	-0.0001 (0.0004)	0.0000 (0.0009)	-0.0024*** (0.0009)	-0.0032*** (0.0010)
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0009** (0.0004)	-0.0003 (0.0004)	-0.0001 (0.0008)	-0.0025*** (0.0009)	-0.0034*** (0.0010)
N Individuals	307,106	172,224	52,161	39,307	43,414
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A16: Symptomatic Seroprevalence by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.894* [0.782,1.006]	0.977 [0.839,1.116]	1.003 [0.825,1.182]	0.768*** [0.595,0.941]	0.669*** [0.472, 0.865]
Average Symptomatic Seroprevalence in Paired Control Villages [§]	0.0076	0.0055	0.0095	0.0108	0.0103
<i>With Baseline Controls</i>					
Intervention Prevalence Ratio for Surgical Mask Villages	0.888*** [0.780,0.997]	0.966 [0.833,1.099]	1.002 [0.813,1.191]	0.770** [0.593,0.948]	0.653*** [0.458, 0.849]
N Individuals	288,612	147,954	36,002	24,282	28,103
N Villages	536	482	382	348	360

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

- (a) fever and cough;
- (b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;
- (c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean symptomatic seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

Table A17: WHO-Defined COVID-19 Symptoms by Age Groups

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0105*** (0.0028)	-0.0088*** (0.0028)	-0.0093*** (0.0035)	-0.0123*** (0.0038)	-0.0167*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0079** (0.0035)	-0.0061** (0.0027)	-0.0020 (0.0051)	-0.0164*** (0.0059)	-0.0116** (0.0059)
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	-0.0112*** (0.0028)	-0.0096*** (0.0028)	-0.0099*** (0.0035)	-0.0129*** (0.0038)	-0.0175*** (0.0042)
Intervention Coefficient for Cloth Mask Villages	-0.0063* (0.0035)	-0.0048* (0.0028)	-0.0001 (0.0050)	-0.0142** (0.0058)	-0.0092 (0.0059)
N Individuals	323,596	179,882	55,465	41,873	46,376
N Villages	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A18: WHO-Defined COVID-19 Symptoms by 10-Year Age Groups

	All	18-30 Y.O.	30-40 Y.O.	40-50 Y.O.	50-60 Y.O.	60-70 Y.O.	≥ 70 Y.O.
<i>No Baseline Controls</i>							
Intervention Coefficient	-0.0096*** (0.0022)	-0.0081*** (0.0020)	-0.0072*** (0.0027)	-0.0068** (0.0029)	-0.0137*** (0.0032)	-0.0121*** (0.0037)	-0.0189*** (0.0045)
Avg Symptomatic Rate in Paired Control Vill. [§]	0.0859	0.0605	0.0872	0.0981	0.1057	0.1080	0.1085
<i>With Baseline Controls</i>							
Intervention Coefficient	-0.0095*** (0.0021)	-0.0082*** (0.0020)	-0.0072*** (0.0026)	-0.0066** (0.0028)	-0.0133*** (0.0032)	-0.0119*** (0.0036)	-0.0185*** (0.0045)
N Individuals	323,596	105,778	74,104	55,465	41,873	29,721	16,655
N Villages	572	572	572	572	572	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Table A19: WHO-Defined COVID-19 Symptoms by Age Groups, Expressed in Prevalence Ratios

	All	≤ 40 Y.O.	Between 40-50 Y.O.	Between 50-60 Y.O.	≥ 60 Y.O.
<i>No Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.871*** [0.807,0.936]	0.871*** [0.794,0.948]	0.901*** [0.829,0.972]	0.877*** [0.803,0.951]	0.834*** [0.755,0.912]
Intervention Coefficient for Cloth Mask Villages	0.901** [0.816,0.986]	0.907** [0.828,0.987]	0.979 [0.873,1.084]	0.828*** [0.709,0.947]	0.884** [0.770,0.998]
Average Symptomatic-Seroprevalence in Paired Control Villages [§]	0.0859	0.0716	0.0981	0.1057	0.1082
<i>With Baseline Controls</i>					
Intervention Coefficient for Surgical Mask Villages	0.864*** [0.801,0.926]	0.861*** [0.786,0.936]	0.896*** [0.826,0.965]	0.868*** [0.795,0.940]	0.828*** [0.753,0.904]
Intervention Coefficient for Cloth Mask Villages	0.915** [0.831,0.999]	0.916** [0.836,0.996]	0.996 [0.893,1.099]	0.849** [0.732,0.966]	0.903* [0.790, 1.016]
N Individuals	323,596	179,882	55,465	41,759	46,245
N Villages	572	572	572	570	570

Confidence Intervals are in brackets.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

B Pairwise Randomization Procedure

Villages were assigned to strata as follows:

1. We began with 1,000 villages in 1,000 separate unions to ensure sufficient geographic distance to prevent spillovers (Bangladesh is divided into 4,562 unions).
2. We collected these unions into “Units”, defined as the intersection of upazila x (above/below) median population x case trajectory, where above/below median population was a 0-1 indicator for whether the union had above-median population for that upazila and case trajectory takes the values -1, 0, 1 depending on whether the cases per 1,000 are decreasing, flat or increasing. We assessed cases per person using data provided to us from the Bangladeshi government for the periods June 27th-July 10th and July 11th-July 24th, 2020.
3. If a unit contained an odd number of unions, we randomly dropped one union.
4. We then sort unions by “cases per person” based on the July 11th-July 24th data, and create pairs of unions. We randomly kept 300 such pairs.
5. We randomly assigned one union in each pair to be the intervention union.
6. We then tested for balance with respect to cases, cases per population, and density.
7. Finally, we repeated this entire procedure 50 times, selecting the seed that minimized the maximum of the absolute value of the t-stat of the balance tests with respect to case trajectory and cases per person.

C Cross-Randomization Procedure

Villages were assigned to village-level cross-randomizations as follows:

1. We began with the 300 union-pairs (600 villages total) identified in the pairwise randomization procedure, and limited to only the villages in the intervention group.

2. Using a random number generator, we ordered the villages, and assigned the first $1/3$ of the intervention villages to be distributed cloth masks and $2/3$ to be distributed surgical masks.
3. Within the mask-type randomization, we randomly reordered the unions, then assigned the first $1/2$ of villages to hang signage on their door as a visual commitment to mask-wearing, and $1/2$ of villages to not have signage on their door.
4. Within the previous two randomizations, we randomly assigned $1/4$ of villages to receive no incentive, $1/4$ to receive a monetary award, and $1/2$ to receive a certificate incentive. If there was an odd-number of villages within this randomization, then we broke the difference by rounding the number of villages in the randomization to the nearest whole number.
5. In villages without signage, we randomly ordered the villages and assigned the first $2/3$ to receive texts encouraging mask-wearing, and the remaining $1/3$ receive no such messages. If the number of villages was not divisible by thirds, then we broke the difference by rounding the number of villages to the nearest whole number.

Unions were assigned to household-level cross-randomizations using the following procedure. Note that each village may have only one household-level randomization.

1. In villages with the signage randomization, we assigned $2/3$ of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining $1/3$ to receive altruistic messages about the benefits of mask-wearing in addition to the self-protection messages. If the number of villages was not divisible by thirds, we broke the difference by rounding to the nearest whole number.
2. In villages with the signage randomization and no household-level altruism randomization (and by definition, no village-level text message randomization), we assigned $1/4$ of villages to receive no household-level text-message randomization, $1/2$ of villages to have 50% of their households receive text-message reminders, and the remaining $1/4$ of villages to have 100% of their households receive texts.

3. In villages without the signage randomization, we assigned 2/3 of villages to receive messages emphasizing the self-protection benefits of masks, and the remaining 1/3 to receive messages emphasizing the altruistic reasons to wear masks in addition to the self-protection messages.
4. In the villages without the signage randomization and no household-level altruism randomization, we asked households to make a verbal commitment to be a mask-wearing household.

D Statistical Analysis

This section describes details of our statistical analyses.

Mask-Wearing We created a data set with an observation for each village j . We defined proper mask use as anyone wearing either a project mask or an alternative face-covering that covered their mouth and nose. We considered two definitions of the proportion of observed individuals wearing masks (p_j). In our primary specification, we defined p_j using all observed adults. In a secondary specification, we considered adults observed only in locations where there was not simultaneous mask distribution. The purpose of this second specification was to investigate separately whether the intervention increased mask-wearing in places where we did not have promoters on site.

Our goal was to estimate the impact of the intervention on the probability of mask-wearing, defined as $\psi_1 = E_x[E(p_j|T_j = 1, x_j) - E(p_j|T_j = 0, x_j)]$ where T_j is an indicator for whether a village was treated and x_j is a vector of the village-level covariates, including the prevalence of baseline mask-wearing in each village (constructed analogously to p_j), baseline respiratory symptom rates, and indicators for each pair of villages from our pairwise stratification method.

We estimated this equation at the village-level with an ordinary least squares regression, using analytic weights proportional to the number of observed individuals (the denominator of p_j) and heteroskedastic-robust standard errors. In this specification, the dependent variable is p_j , the independent variable of interest was T_j , and controls were included for the x_j covariates.

Physical Distancing Using analogous methods, we estimated the impact of the intervention on the probability that wearing a mask influenced physical distancing (being within one arm’s length of any other person at the time of observation).

D.1 Estimating Effects of Village-level Cross-randomizations

We analyze all four village level cross-randomizations jointly via a linear regression:

$$E(p_j|T_j, x_j, D_k) = \beta T_j + \sum_k D_k \delta_k + x_j \gamma \quad (1)$$

where $D_k = 1$ if the village has been assigned to the intervention group of the village-level cross-randomization denoted by letter k , and 0 otherwise. This specification is otherwise identical to our estimating equation for the impact of intervention on mask-wearing, with the addition of the D_k terms.

D.2 Estimating Effects of Household-level Cross-randomizations

To evaluate the effect of household-level cross-randomizations, we constructed a regression with an observation for each *village* where we ask whether masks of the color representing the treatment were more commonplace than masks of the color representing the control. In each village, we computed Δ_j , the difference in the fraction of individuals wearing treatment mask colors vs. control mask colors. We alternated across villages which color corresponds to intervention, so we can control directly for whether specific colors are more popular (denote these by d_{jc} ; $d_{jc} = 1$ if treated masks in village j are color c). We index the various household randomizations by m . Our estimate for each household randomization will be α_{0m} , given by:

$$E(\Delta_j|d_{jc}) = \alpha_{0m} + \sum_c \alpha_c d_{jc} + surgical_j \quad (2)$$

α_{0m} tells us how much more likely individuals are to wear masks of the treated color than masks of the control color. $surgical_j$ is, as its name implies, a dummy for whether surgical masks were distributed in village j . We estimate this equation at the village-level by ordinary least squares, using analytic weights proportional to the number of observed individuals (the denominator of Δ_j) and heteroskedasticity-robust standard errors.

E Additional Balance Tests

In the text, we show that we have balance at baseline with respect to our main outcome variables. We also ran balance tests with respect to several other covariates and detected a few balance failures. While small in magnitude, we investigate these further in order to understand whether the severity of the underlying problem.

Table S1 highlights these balance failures. Specifically, we find imbalances with respect to household count, age and household size. On average, treatment villages have 16 more households, beneficiaries in the treatment group are younger by 0.16 years, and treatment households have 0.02 more members. While small in magnitude, these imbalances are unlikely to have arisen by chance given the size of our sample. Table S1 also reports balance with respect to household size assessed in our initial scoping visit (before masks were distributed). In this case, we find that treatment and control villages were exactly the same size.

We believe the imbalances with respect to age and household size likely arose because households in the treatment group were more likely to report teenagers as being over 18 in order to receive additional masks. We believe the imbalance with respect to the number of households likely occurred for a similar reason, with implementers in the treatment group including more “borderline” households as part of the village in order to distribute masks to those households.

To check for these mechanisms, we drop from the sample individuals under 30 and villages with over 350 households – the latter only very coarsely targets “extra” households that lie on the border of villages. After imposing these restrictions, we find in Table S2 that the imbalances

Table S1: Additional Balance Tests (Individual-Level)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Summary Statistics</i>					
Intervention Rate	245	237	0.5127	38.7046	2.7565
Control Rate	241	220	0.5113	38.9145	2.7302
<i>Balance Tests</i>					
Intervention Coefficient	3 (3)	16*** (3)	0.0019* (0.0011)	-0.1577** (0.0708)	0.0239*** (0.0089)
N individuals	307,106	307,106	307,106	307,106	307,106
N villages	572	572	572	572	572
<i>F</i>			106.49		
<i>Joint-Test Prob > F</i>			0.0000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

with respect to age and household size disappear entirely (this also occurs with the age restriction alone), and the imbalance with respect to household count shrinks by 25% but remains significant. We have collected exact GPS coordinates for each household, and in future drafts, we will check whether the household count imbalance disappears if we remove households most distant from the village center. In Table S3, we repeat our primary specification in this restricted sample with better balance and find that our results are qualitatively unchanged.

Table S2: Additional Balance Tests (Individual-Level, After Sample Selection)

	Household Count (via Scoping)	Household Count	Proportion Female	Age	Average Household Size
<i>Removing All People Below 30 & All Villages With More than 350 Households</i>					
Intervention Coefficient	-0 (2)	12*** (3)	0.0036*** (0.0014)	0.0305 (0.0661)	0.0069 (0.0052)
N individuals	175,646	175,646	175,646	175,646	175,646
N villages	552	552	552	552	552
<i>F</i>			81.71		
<i>Joint-Test Prob > F</i>			0.000		

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

“Household count (via scoping)” was assessed in a scoping visit prior to the intervention.

“Household count” was assessed in the baseline household visits of the intervention.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

Table S3: Symptomatic Seroprevalence (With Controls and Additional Sample Selection)

	Intervention Effect	Intervention Effect by Mask Type
<i>Controlling for Number of Households and Sex</i>		
Intervention Coefficient	-0.0006* (0.0003)	
Intervention Coefficient for Surgical Mask Villages		-0.0008* (0.0004)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0005)
Average Symptomatic Seroprevalence Rate in Paired Control Villages [§]	0.0076	0.0076
N individuals	307,106	307,106
N villages	572	572
<i>After Additional Sample Selection</i>		
Intervention Coefficient	-0.0010** (0.0005)	
Intervention Coefficient for Surgical Mask Villages		-0.0014** (0.0006)
Intervention Coefficient for Cloth Mask Villages		-0.0001 (0.0008)
Average Symptomatic-Seroprevalence Rate in Paired Control Villages [§]	0.0095	0.0095
N individuals	175,646	175,646
N villages	552	552

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions include an indicator for each control-intervention pair.

The regression in the top panel includes controls for baseline rates of mask wearing, baseline symptom rates, number of households in a village, and sex.

The regression in the bottom panel controls for baseline rates of mask wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

[§]We report the mean symptomatic-seroprevalence at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period.

The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for, symptomatic individuals that we did not collect blood from, and individuals that we drew blood from but did not test their blood.

The bottom panel runs sample excludes an additional 122,048 individuals up to the age of 30, and 20 villages that have more than 350 households.

F Impact of Masks on Symptoms, Seroprevalence, and Seroconversions

Our primary outcome measures symptomatic seroprevalence: this is the fraction of individuals who are symptomatic during our intervention period and seropositive at endline. Some of these individuals may have antibodies from infections occurring prior to our intervention. If so, the impact of our intervention on symptomatic seroprevalence may understate the impact on symptomatic seroconversions occurring during our intervention (i.e. the fraction of symptomatic infections prevented by masks). In this section, we discuss the relationship between these two quantities.

Let SC , the symptomatic seroconversion rate, denote the probability that an individual is SARS-CoV-2 antibody-positive during our intervention and symptomatic. Then the symptomatic seroprevalence is $SS = SC + P_{prior}$, where P_{prior} denotes the probability that an individual was infected prior to our intervention *and* is symptomatic during our intervention for some non-COVID reason.

The change in seroconversions between the treatment and control group is given by $\Delta SC = SC(1) - SC(0)$ where the notation $SC(T_i)$ denotes the potential outcome of seroconversions as a function of treatment status. Our goal is to estimate $\Delta SC / SC(0)$, the percentage change in seroconversions as a result of our intervention.

We observe $\Delta SS = \Delta SC + \Delta P_{prior}$. Additionally, we observe $SS(0) = SC(0) + P_{prior}(0)$. Suppose that masks prevent a fraction α of non-COVID symptoms. Then, $P_{prior}(1) = (1 - \alpha)P_{prior}(0)$ and $\Delta P_{prior} = -\alpha P_{prior}(0)$. Then we have:

$$\frac{\Delta SS}{SS(0)} = \frac{\Delta SC - \alpha P_{prior}(0)}{SC(0) + P_{prior}(0)} \quad (3)$$

Rearranging (and substituting $SC(0) = SS(0) - P_{prior}(0)$), we obtain:

$$\frac{\Delta SC}{SC(0)} = \frac{\Delta SS}{SS(0)} + \frac{P_{prior}(0)(\alpha + \frac{\Delta SS}{SS(0)})}{SS(0) - P_{prior}(0)} \quad (4)$$

Note that if we assume that symptomatic seroconversions fall by exactly the same fraction as

other symptomatic conditions, then we also have $SC(1) = (1 - \alpha)SC(0)$, and solving equation 4 gives $\frac{\Delta SS}{SS(0)} = -\alpha = \frac{\Delta SC}{SC(0)}$. In other words, the percentage change in seroconversions equals the percentage change in seroprevalence provided either that $P_{prior} = 0$ or if the intervention works only by alleviating symptoms (and does so equally for COVID-19 and non-COVID diseases).

More generally, if the intervention both alleviates symptoms and reduces infections, then the relative impact on symptomatic seroconversions and symptomatic seroprevalence will depend on whether masks are more effective at preventing COVID-19 or other respiratory diseases (with a larger proportional reduction in symptomatic seroconversions in the former case). The magnitude of the difference between symptomatic seroconversions and symptomatic seropositives will depend on the fraction of symptomatic seropositives which are pre-existing at baseline.

G Mechanisms

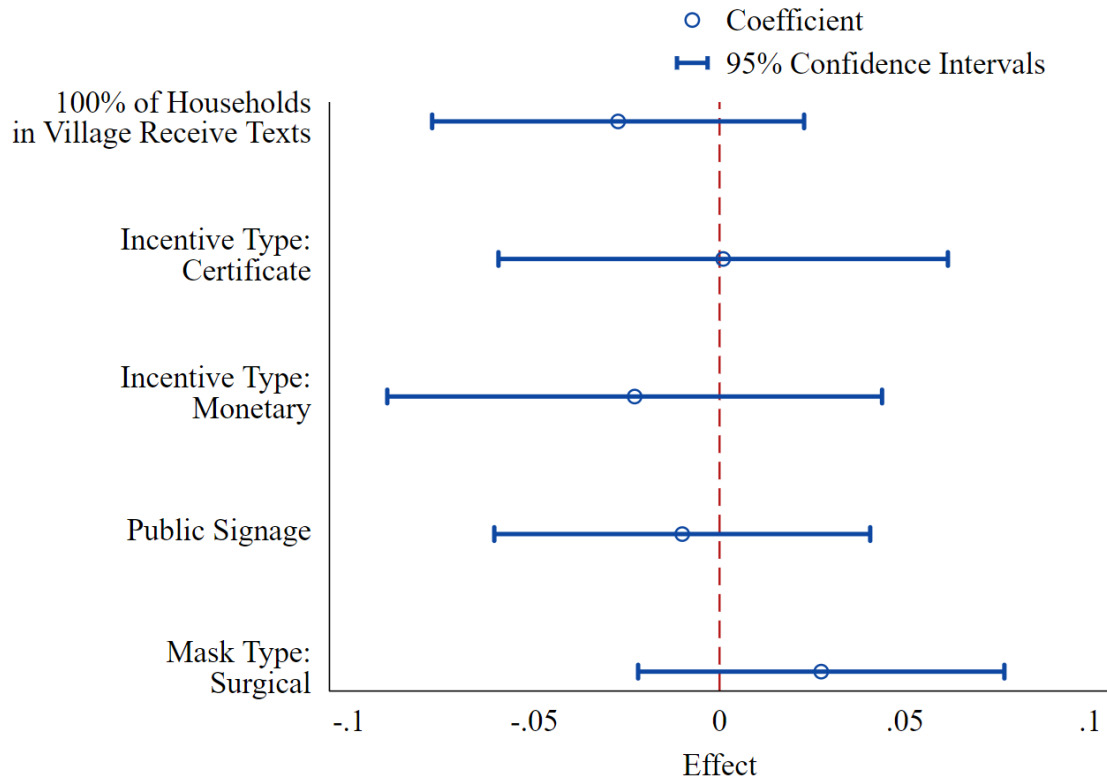
Our intervention combines multiple distinct elements: we provide people with free masks; we provide information about why mask-wearing is important; we conduct mask promotion in the form of monitors encouraging people to wear masks and stopping non-mask-wearing individuals on roads and public places to remind them about the importance of masks; we partner with local public officials to encourage mask-wearing at mosques and markets; and in some villages, we provide a variety of reminders and commitment devices as well as incentives for village leaders. In this section, we attempt to decompose which elements were most critical to increase mask use. We first report results from several cross-randomizations, and then we report non-randomized evidence based on changes over time as our intervention details changed between the rounds of piloting, launch of the full project, and thereafter.

G.1 Village-level Cross-randomizations

Results from the same regression specification as our primary analysis, adding indicators for each village-level cross-randomization are reported in Figure S1 and Table S4. *None* of the village-level

cross-randomizations had any statistically significant impact on mask-wearing behavior, beyond our basic intervention package. These null effects are fairly precise (with standard errors ranging from 2.6-3.5 percentage points). Text message reminders, incentives for village-leaders, or explicit commitment signals explain little of the mask increase we document.

Figure S1: Village-Level Cross Randomizations



The figures corresponds to the regressions in [S4](#), upper panel, among the full surveillance data. Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0% or 100% of households in a village receive text reminders on the importance of mask-wearing;

Incentives: Villages either received no incentive, a certificate, or a monetary reward for meeting a mask-wearing threshold,

Public Signage: All or none of the households in a village are asked to publicly declare they are a mask-wearing households;

Mask Type: Villages receive either a cloth or surgical mask.

For a more detailed description of the village-level cross randomizations, see [Section 3.4](#).

G.2 Household-level Cross-randomizations

We analyzed the effects of household-specific randomized treatments (e.g., verbal commitments or not) by regressing the probability of wearing a mask color corresponding to the treatment on indicators for each household-level randomization, as well as controls for color and surgical masks (recall that the mask-color corresponding to treatment varied across villages).

Results of the household-level cross-randomizations are reported in Figure S2 and Table S5. The coefficients indicate the impact of each cross-randomization relative to the core intervention (identified since some villages had no household randomization other than mask color). Once again, we saw no significant effects of any of the household-level cross-randomizations: compared to self-protection messaging alone, altruistic messaging had no greater impact on mask-wearing, and twice-weekly text messages and a verbal commitment had no significant effects.

We did see an impact of mask color on mask adoption. In villages where surgical masks were distributed, blue surgical masks were 2.7 percentage points more likely than green surgical masks to be observed. In villages where cloth masks were distributed, purple masks were 2.2 percentage points less likely than red masks to be observed.

Table S4: Village-Level Cross Randomizations

Coefficient	Full	No Active Promotion	Mosques	Markets	Other Locations
<i>No Baseline Controls</i>					
Mask Type (Surgical)	0.027 (0.025)	0.027 (0.025)	0.063* (0.035)	0.017 (0.026)	0.019 (0.025)
Commitment w/ Signage	-0.010 (0.026)	-0.007 (0.026)	-0.018 (0.034)	-0.008 (0.027)	-0.008 (0.026)
Incentive Type					
Monetary	-0.023 (0.034)	-0.026 (0.034)	0.011 (0.045)	-0.035 (0.034)	-0.028 (0.035)
Certificate	0.001 (0.031)	-0.002 (0.031)	0.019 (0.039)	0.003 (0.031)	-0.010 (0.032)
100% Text	-0.027 (0.026)	-0.023 (0.025)	-0.042 (0.033)	-0.024 (0.026)	-0.017 (0.026)
<i>With Baseline Controls</i>					
Mask Type (Surgical)	0.029 (0.025)	0.029 (0.025)	0.063* (0.034)	0.018 (0.026)	0.021 (0.025)
Commitment w/ Signage	-0.007 (0.026)	-0.003 (0.025)	-0.021 (0.033)	-0.004 (0.026)	-0.005 (0.026)
Incentive Type					
Monetary	-0.021 (0.033)	-0.024 (0.033)	0.013 (0.043)	-0.031 (0.033)	-0.027 (0.035)
Certificate	0.006 (0.031)	0.003 (0.030)	0.026 (0.039)	0.008 (0.030)	-0.006 (0.031)
100% Text	-0.026 (0.025)	-0.022 (0.025)	-0.037 (0.033)	-0.024 (0.026)	-0.017 (0.026)
N villages	286	286	285	285	284

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The baseline control regressions include controls for baseline rates of mask-wearing and baseline symptom rates. Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

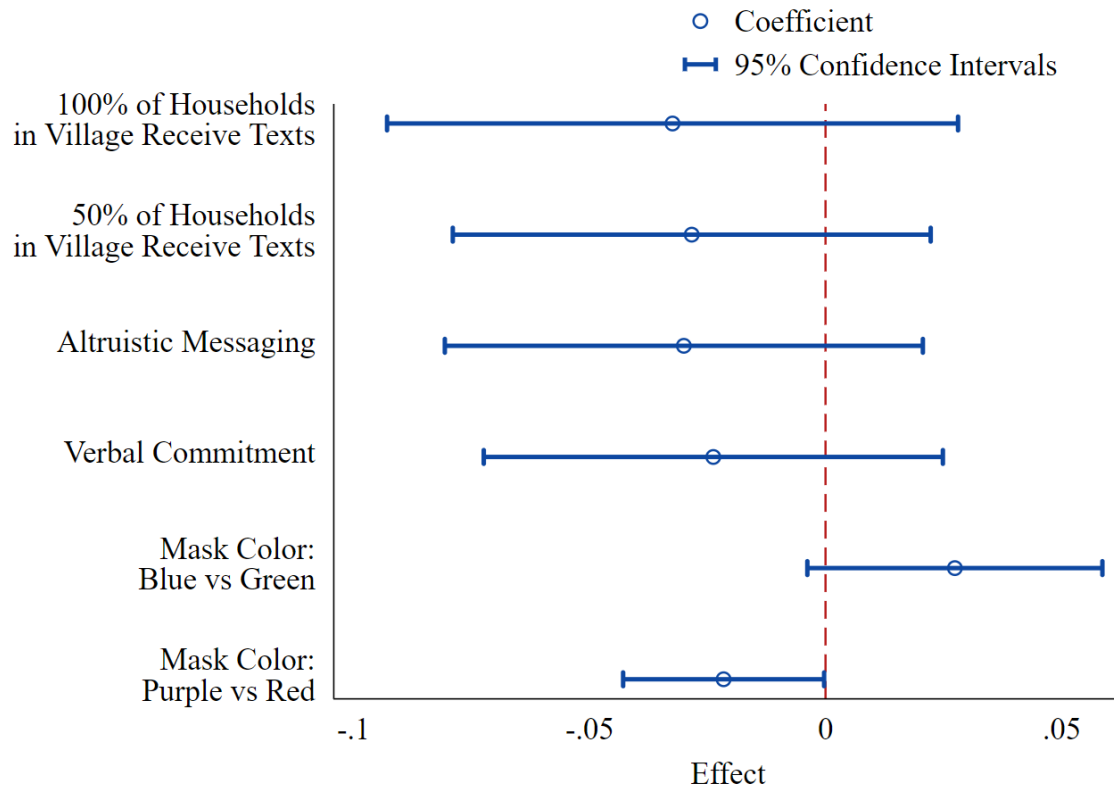
(c) anosmia [loss of smell] and ageusia [loss of taste].

We assume that (1) all reported symptoms were acute onset, (2) all people live or work in an area with high risk of transmission of virus and (3) all people have been a contact of a probable or confirmed case of COVID-19 or are linked to a COVID-19 cluster.

"Other Locations" include the Tea Stall, at the entrance of the restaurant as patrons enter, and the main road to enter the village.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes a remaining 12 villages and their village-pairs in the full sample, 13 villages and their pairs in the mosque and market sub-samples, and 14 villages and their pairs in the other location sub-sample because we did not observe them in the baseline period prior to the intervention.

Figure S2: Household-Level Cross Randomizations



The figure corresponds to the regression presented in Table S5.

Villages were assigned to the treatment or control arms of one of the following four village-level randomizations:

Texts: 0%, 50% of 100% of households in a village receive text reminders on the importance of mask-wearing;

Messaging: Households receive messaging emphasizing the altruistic or self-protective benefits of mask-wearing;

Verbal Commitment: Households were asked to verbally commit to mask-wearing;

Mask Colors: Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

For a more detailed description of the household-level cross-randomizations, see Section 3.4.

G.3 Mask Promotion

As noted above, we ran two pilots prior to launching the full project. Both pilots were conducted in Naogaon and Joypurhat districts, but in different unions. While the unions were not selected at random, there was no systematic difference in the selection process between the two pilots. In both cases, unions were selected based on convenience and proximity to existing Greenvoice personnel.

Both pilots included elements 1, 2, 3, and 5 enumerated in Section 3.3: masks were distributed at households, markets, and mosques, and there was role-modeling and advocacy by local leaders, including Imams. The second pilot added to these elements explicit mask promotion: mask promoters patrolled public areas a few times a week and asked those not wearing masks to put on a mask. The full intervention also included mask promotion.

The comparison between the two pilots is thus instructive about the impact of active mask promotion. This comparison is shown in Table A11. The difference is striking. The first pilot increased mask-use by 10.9 percentage points (insignificantly different from zero). The second pilot, which included mask promotion, increased mask-use by 28.4 percentage points, comparable to the 29.0 percentage points we see several months later in our full intervention. The presence of mask promotion appears to be crucial for the success of our intervention.

Table S5: Household-Level Cross-Randomizations

Coefficient	Full
Household-Level Text Randomization	
50% of Households in Village	−0.032 (0.031)
100% of Households in Village	−0.028 (0.026)
Altruistic Messages	−0.030 (0.026)
Verbal Commitment	−0.024 (0.025)
Mask Color	
Blue vs Green	0.027* (0.016)
Purple vs Red	−0.022** (0.011)
N villages	286

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

The regression includes a control for the mask type to separate the effect of mask colors.

Surgical masks distributed to households were blue or green. Cloth masks distributed to households were purple or red.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages because we did not observe them in the baseline period prior to the intervention, and 1 village for lack of observational data throughout the intervention period.

H Additional Preregistered Specifications

In this section, we discuss additional preregistered specifications not reported in the text. For reference, our pre-analysis plan is available at: <https://osf.io/vzdh6/>.

Our pre-registration document suggests that we can compute the impact of our intervention on seroconversions by comparing our effect size to the difference between endline and baseline seropositives among individuals symptomatic during our intervention. As the analysis in Appendix F makes clear, this is not quite correct. If P_{prior} , the fraction of symptomatic seropositives due to infections prior to baseline, is zero, then the estimated impact on symptomatic seropositives equals the impact on symptomatic seroconversions and no further adjustment is needed. More generally, the impact on symptomatic seropositives incorporates both seroconversions, as well as reductions in symptomatic seroconversions due to non-COVID respiratory diseases. We cannot determine the impact on seroconversions without knowing both $P_{prior}(0)$ and the relative impact of masks on COVID-19 and non-COVID respiratory diseases. If the latter two quantities are equal in proportion, the impact on symptomatic seropositives again equals the impact on symptomatic seroconversions with no further adjustment needed.

Given that we find no evidence of an impact of any of the cross-randomizations, we did not estimate the specification flexibly interacting them.

We did not proceed with the “individual intervention” described in the pre-registration document because initial results suggested that we were able to entice only a small number of market vendors to wear masks.

In Table S6, we report our pre-specified instrumental variable regressions. If we assume that the entire impact of our intervention is via proper mask-wearing, then we estimate that going from zero percent to one hundred percent of villagers wearing masks would reduce symptomatic seroprevalence by -0.0024, a 32% reduction. Essentially, this specification scales our “intent-to-treat” estimates by a factor of 3.33, the reciprocal of the first stage.

We have not yet run regressions with seroconversions as the outcome because we are still completing testing of our baseline samples. We will report these regressions when we finish that testing.

We did not collect the intended pharmacy data to use as an auxiliary outcome, and hospitalization and mortality data was not available. We also do not yet have data on distance to nearby city or estimated average village-wealth.

Table S6: IV Regressions

	Symptomatic Seroprevalence	WHO-Defined COVID-19 Symptoms
<i>No Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0336*** (0.0076)
<i>With Baseline Controls</i>		
Proper Mask-Wearing Coefficient	-0.0024** (0.0012)	-0.0334*** (0.0075)
N Individuals	307,106	323,596
N Villages	572	572

Standard errors are in parentheses.

*** Significant at the 1 percent level. ** Significant at the 5 percent level. * Significant at the 10 percent level.

All regressions also include an indicator for each control-intervention pair. The regressions “with baseline controls” include controls for baseline rates of mask-wearing and baseline symptom rates.

Baseline Symptom Rate is defined as the rate of surveyed individuals in a village who report symptoms coinciding with the WHO definition of a probable COVID-19 case. This is defined as any of the following:

(a) fever and cough;

(b) any three of the following (fever, cough, general weakness/fatigue, headache, muscle aches, sore throat, coryza [nasal congestion or runny nose], dyspnoea [shortness of breath or difficulty breathing], anorexia [loss of appetite]/nausea/vomiting, diarrhoea, altered mental status;

(c) anosmia [loss of smell] and ageusia [loss of taste].

§We report the mean rate of symptomatic status at endline. This is not equivalent to the coefficient on the constant due to the inclusion of the pair indicators as controls.

The sample excludes 4 villages because of lack of government cooperation to perform the intervention. The analysis excludes 11 villages and their village-pairs in the full sample because we did not observe them in the baseline period prior to the intervention, and 1 village and its pair for lack of observational data throughout the intervention period. The analysis includes all people surveyed in the baseline household visits, excluding individuals that we did not collect midline or endline symptoms for.

Proper Mask-Wearing is defined as the village-level rate of individuals observed properly wearing mask during the intervention period. The instrument is the treatment status of the village.

I Intervention Cost and Benefit Estimates

The average person-day of staff time in our intervention cost \$20 of wages plus \$0.50 of communication costs. All management salaries, benefits, support, internal monitoring, and equipment costs \$71,696. We exclude these from the below calculation as they will vary from setting to setting. As reported in the main text, we estimate that we induced 51,660 people to regularly wear masks, or 173 people per intervention village.

Costs per village The main fixed costs of the intervention (as opposed to costs that vary over days):

- Masks for initial household distribution (3 masks per household), (\$0.13 per surgical mask and \$0.50 per cloth masks), 68,775 cloth masks, and 136,770 surgical masks
- Staffing for initial household distribution (4 person-days per village)
- 1 person-day of training per village
- PPE for staff: \$70 per village
- Media costs: \$100 per village
- Other transportation and materials costs: \$30 per village

This amounts to fixed costs of: \$302.50 per village for non-mask materials, \$347.35 worth of cloth masks per village, and \$89.35 of surgical masks per village. We estimate that we induced $598 \times 29\% = 173$ people per village to wear masks, which amounts to fixed costs of \$3.75 per adult induced to wear a mask in cloth mask villages, and \$2.26 per adult in surgical mask villages.

Costs per village-day of intervention The main costs paid per day of the intervention:

- 1,089,947 masks distributed through promotion over an average of 29 days per village. Of these, there were 301,868 cloth masks distributed (105 cloth masks per day per village) and 788,079 surgical masks distributed (160 surgical masks per day per village).

- 14 person-days per week per village in week 1, 8 person-days per week per village in week 2, 6 person-days per village in weeks 3, 4 and 5, and 4 person-days per week per village thereafter.

Over the first four weeks of our intervention, this amounts to mask supply costs of \$52.57 per village-day for cloth masks and \$17.75 per village-day for surgical masks. The promotion costs were \$24 per village-day. Dividing by the number of people induced to wear masks per village (173), we obtain costs of \$0.44 per person-day in cloth mask villages and \$0.24 per person-day in surgical mask villages. Using these figures, we calculated that after subtracting surveillance costs, our intervention cost \$17.00 for each person induced to regularly wear a cloth mask and \$9.49 for each person to regularly wear a surgical mask.

Cost-effectiveness To determine the impact of the intervention using surgical masks in reducing mortality from COVID-19 in Bangladesh, we used estimates of current and projected deaths from COVID-19, including excess deaths that occurred over the same time period (May 1, 2021-September 1, 2021)[65]. The lower bound includes only COVID-19 reported deaths. The mid-range estimates include 50% of excess deaths as being directly attributable to COVID-19. The upper bound includes all excess deaths that occurred over the same time period as being directly attributable to COVID-19. We projected the impact of the intervention using surgical masks on deaths over four months following one month of intervention. We calculated the absolute risk reduction as the difference in death rate over the intervening period with and without the surgical mask intervention. We applied a 35% reduction of deaths among those 60 and older and a 23% reduction of deaths among those aged 50-60 based on the study findings and age-adjusted COVID-19 mortality rates for Bangladesh [66]. We assumed no change in deaths for those under age 50. We determined the number needed to treat by taking the inverse of the absolute risk reduction.

As shown in Table S7, for one month of the intervention, the number needed to treat to prevent one death ranges from 6,682 to 35,001. Our estimates above suggest that the total cost of our intervention per person induced to wear a mask for a month was: $\$3.75 + \$0.44 \times 30 = \$17.00$

in cloth mask villages and $\$2.26 + \$0.24 \times 30 = \$9.49$ in surgical mask villages. By multiplying the number needed to treat times the cost per person induced to wear a mask, we estimate that after four months, the intervention as we conducted it (with cloth and surgical masks) cost between \$63,408 and \$332,161 per life saved, depending on mortality estimates. Notably, we do not assume continued mask-wearing beyond one month. Rather, infections prevented during the one month of the intervention propagate into infections prevented in future months. Furthermore, this does not account for reductions of morbidity associated with hospitalization or other complications of COVID-19.

Table S7: Calculation of Number Needed to Treat and Cost per Life Saved

	COVID-19-related Deaths (May 1 - Sept 1, 2021)*	Estimated Deaths with Intervention [†]	ARR	NNT	Cost per Life Saved - Intervention (USD)	Cost per Life Saved - at Scale (USD)
Lower bound	17,984	13,233	2.86E-05	35,001	\$332,161	\$52,502
Mid-range	56,097	41,276	8.91E-05	11,221	\$106,487	\$16,831
Upper bound	94,209	69,319	1.50E-04	6,682	\$63,408	\$10,022

ARR = Absolute Risk Reduction; NNT = Number Needed to Treat

*<https://covid19.healthdata.org/bangladesh>

[†]Applying 35% reduction to deaths in the 60+ age group and 23% reduction to deaths in the 50-59 age group

Many cost elements can be brought down further through "at-scale implementation". This is because some of our information campaigns and promotion activities had to be individualized for the purposes of conducting a trial with a control group, whereas at scale the government could use mass media and social media based dissemination strategies more cost-effectively. Additionally, surgical masks are about 8 times cheaper than cloth masks, and factory production costs can be brought down at scale. We calculate based on our current at scale activities that conducting the intervention for one month for the entire country of Bangladesh would cost \$1.50 USD/person. Following out the effects for four months after one month of intervention, this translates to sub-

stantially lower costs per life saved: \$10,022-\$52,502 (Table [S7](#)).

For context, [63] estimate that the value of a statistical life is \$205,000 in Bangladesh, implying that our intervention at scale is 4-20 times more cost-effective than what the typical Bangladeshi would be willing to pay to reduce mortality risk, and therefore a "very good buy" for policymakers. This cost-effectiveness analysis was not pre-specified.

J Polling Policy Makers

Table S8: What do you think was the increase in mask-wearing as a result of household mask distribution and mask promotion in the community?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	3	4	3%
Increased by 5 percentage points	5	10	8	23	20%
Increased by 10 percentage points	4	12	8	24	21%
Increased by 20 percentage points	4	19	9	32	28%
Increased by 30 percentage points	4	7	11	22	19%
Increased by 40 percentage points	2	6	3	11	9%
Total	19	55	42	116	100%

These are polls taken in response to the prompt: “We provided free masks to all households and promoted mask-wearing in mosques and markets with community leaders and imams. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?” The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S9: What do you think was the additional effect of mask promoters reminding people to wear masks?

	WHO	NCAER	World Bank	Frequency	Percent
No change	0	1	4	5	4%
Increased by 5 percentage points	2	4	5	11	9%
Increased by 10 percentage points	6	20	5	31	26%
Increased by 20 percentage points	2	10	14	26	22%
Increased by 30 percentage points	4	10	11	25	21%
Increased by 40 percentage points	5	10	7	22	18%
Total	19	55	46	120	100%

These are polls taken in response to the prompt: “In addition to the mask distribution and promotion activities described previously, we had mask promoters periodically monitor passers-by and remind them to wear masks. What do you think happened to mask-wearing relative to the 13% proper mask usage rate in the control villages without any interventions?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S10: Do you think text message reminders to wear masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	33	32	65	68%
No	0	19	11	30	32%
Total	0	52	43	95	100%

These are polls taken in response to the prompt: “We sent text reminders to wear masks. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S11: How do you think mask distribution and promotion affected physical distancing?

	WHO	NCAER	World Bank	Frequency	Percent
Physical distancing decreased	5	0	8	13	22%
Physical distancing was unchanged	9	0	16	25	42%
Physical distancing increased	5	0	17	22	37%
Total	19	0	41	60	100%

These are polls taken in response to the prompt: “How did mask distribution and promotion affect individuals’ physical distancing?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S12: Do you think incentive payments to village leaders further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	32	0	32	62%
No	0	20	0	20	38%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We promised the village and leaders an incentive payment if we saw increases in mask-wearing. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Table S13: Do you think verbal commitments and signage to wearing masks further increased mask-wearing?

	WHO	NCAER	World Bank	Frequency	Percent
Yes	0	40	0	40	77%
No	0	12	0	12	23%
Total	0	52	0	52	100%

These are polls taken in response to the prompt: “We had households verbally committing to wear masks and putting up signs to display to others that they were a mask-wearing household. Do you think this increased mask-wearing further?”

The results were collected from audience participants during live presentations to the World Health Organization (WHO), the National Council of Applied Economic Research (NCAER) in Delhi, and the World Bank.

Masks can be worn by those who choose but for those who don't want to shouldn't have to. No more mandates!

This should be what is suggested - Please remember to be kind to one another and that wearing a mask is still an option for those that choose.

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The PCR Test does not Identify the Virus: Covid "False Positives" Used to Justify the Lockdown and Closure of the National Economy.

By [Prof Michel Chossudovsky](#)

Global Research, February 04, 2021

Theme: Media Disinformation, [Science and Medicine](#)



We are led to believe that the corona epidemic has entered into a Second Wave, and that the virus is spreading relentlessly. That's a lie.

The PCR test used to estimate covid positive cases is flawed. There is no second wave.

The test is being used extensively to hike up the numbers with a view to justifying the lockdown with devastating social and economic consequences including the engineered bankruptcy of the urban services economy, tourism and air travel.

*Confirmed by prominent scientists as well as by official public health bodies including the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC). **Covid-19** is a public health concern but **it is NOT a dangerous virus.***

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

More than 7 billion people Worldwide are directly or indirectly affected by the corona crisis.

Flawed Estimates

Nothing in the **Polymerase Chain Reaction (PCR) Test** and the resulting "estimates" justifies closing down the national economy with a view to resolving a public health crisis.

Moreover, recent scientific reports including a January 20th, 2021 "**Retraction**" by the WHO confirm that the PCR test yields invalid estimates. The WHO states explicitly that retesting is required. (see below)

Read carefully: According to Pieter Borger, Bobby Rajesh Malhotra , Michael Yeadon , Clare Craig, et al.

"if someone is tested by PCR as positive when a [amplification] threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), **the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97%** ([Review Report of Corman-Drosten et al](#))

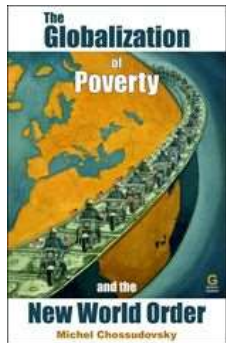
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2020

November 27, 2020

This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a [retraction request letter](#), signed by all the main & co-authors. First and last listed names are the first and second main authors. All names in between are co-authors.

External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.

The following text is based on Chapter II of Michel Chossudovsky's E-Book entitled.

The 2020 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the "Great Reset"

(click here to access [full text consisting of 9 chapters](#))

Identification of the Virus

The **RT-PCR** test does not identify/ detect the virus. **What it detects are fragments of viri.** According to renowned Swiss immunologist **Dr B. Stadler**

So if we do a PCR corona test on an immune person, **it is not a virus that is detected**, but a small shattered part of the viral genome. **The test comes back positive for as long as there are tiny shattered parts of the virus left.** Even if the infectious viri are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected].

The Question is Positive for What?? The PCR test does not detect the identity of the virus, According to **Dr. Pascal Sacré**,

these tests detect viral particles, genetic sequences, not the whole virus.

In an attempt to quantify the viral load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination.

Positive RT-PCR is not synonymous with COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability]

The media frighten everyone with new positive PCR tests, without any nuance or context, wrongly assimilating this information with a second wave of COVID-19. (emphasis added)

READ MORE: I'm a Clinical Lab Scientist, COVID-19 Is Fake, Wake Up America!

While the RT-PCR test was never intended to identify the virus, it nonetheless constitutes from the very outset of the crisis (January 2020) the cornerstone of the official estimates of Covid-19 "positives". Moreover, these PCR tests are not routinely accompanied by a medical diagnosis of the patients being tested.

WHY then was the RT-PCR adopted??

The Controversial Drosten RT-PCR Study

F. William Engdahl in a recent article documents how the RT-PCR Test was instated by the WHO at the outset, despite its obvious shortcomings in identifying the 2019-nCoV. The scandal takes its roots in Germany involving "a professor at the heart of Angela Merkel's corona advisory group":

On January 23, 2020, in the scientific journal *Eurosurveillance*, of the EU Center for Disease Prevention and Control, **Dr. Christian Drosten**, along with several colleagues from the Berlin Virology Institute at Charité Hospital, [together] with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study entitled, "[Detection of 2019 novel coronavirus \(2019-nCoV\) by real-time RT-PCR](#)" (*Eurosurveillance* January 23, 2020).

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isolates or samples from infected patients were not available ... (emphasis added):

"The genome sequences suggest presence of a virus closely related to the members of a **viral species termed severe acute respiratory syndrome (SARS)-related CoV**, a species defined by the agent of the 2002/03 outbreak of SARS in humans [3,4].

We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], **designed in absence of available virus isolates or original patient specimens**. Design and **validation were enabled by the close genetic relatedness to the 2003 SARS-CoV**, and aided by the use of synthetic nucleic acid technology." (*Eurosurveillance*, January 23, 2020, **emphasis added**).

What this (erroneous) statement suggests is that the identity of 2019-nCoV was not required and that "validation" would be enabled by "the close genetic relatedness to the 2003-SARS-CoV."

The recommendations of the Drosten study ([supported by the Gates Foundation](#)) pertaining to the use of the RT-PCR test applied to detecting 2019-nCoV were then transmitted to the WHO. They were subsequently endorsed by the Director General of the WHO, **Tedros Adhanom**. The identity of the virus was not required.



The above also explains the subsequent renaming by the WHO of the 2019-nCoV to **SARS-CoV-2**.

The Drosten et al article pertaining to **the use of the RT-PCR test Worldwide** (under WHO guidance) was challenged in a [November 27, 2020 study](#) by a group of 23 international virologists, microbiologists et al. "Their careful analysis of the original [Drosten] piece is **damning**. ...They accuse Drosten and cohorts of "fatal" scientific incompetence and flaws in promoting their test" (*Engdahl*, December, 2020).

According to Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al

In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication [Drosten] in which 1) all components of the presented test design were cross checked, 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice, and 3) parameters examined against relevant scientific literature covering the field.

The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and **the manuscript suffer from numerous technical and scientific errors**, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and **the absence of an accurate test validation**. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws. ([November 27, 2020 Critique of Drosten article](#), emphasis added)

The results of the PCR Test applied to SARS-2 are blatantly flawed. Drosten et al had recommended the use of a 45 **amplification cycle threshold**, which was endorsed by the WHO in January 2020.

According to Pieter Borger, et al

The number of amplification cycles [should be] less than 35; preferably 25-30 cycles. In case of **virus detection, >35 cycles** only detects signals which do not correlate with infectious virus as determined by isolation in cell culture...(Critique of Drosten Study)

The WHO's RT-PCR "Retraction" (January 20, 2021)

The RT-PCR test was adopted by the WHO on January 23, 2020, following the recommendations of the Drosten study quoted above. It had been commissioned and financed by the Gates Foundation. The Drosten study had recommended a maximum **amplification cycle threshold of 45**, which was widely applied by national health authorities.

WHO "Mea Culpa"

One year later on January 20th, 2021, the WHO came out with the admission that the PCR tests will yield biased results if they are conducted above a certain cycle threshold used for amplification.

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WHO guidance [Diagnostic testing for SARS-CoV-2](#) states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, **a new specimen should be taken and retested using the same or different NAT technology.**

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). **This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases**, irrespective of the claimed specificity.

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information. (emphasis added)

What this admission by the WHO confirms is that most of the covid positive estimates currently conducted under the so-called "Second Wave" (with amplification cycles in excess of 35) are invalid.

According to Pieter Borger, et al (quoted above):

"if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used **the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97%** ([Critique of Drosten Study](#))

The above quote confirms unequivocally that the tests adopted by the governments to justify the destabilization of their national economy are flawed. **Moreover the SARS-CoV-2 virus has not been identified.** SARS-CoV-1 was used as "a proxy" for SARS-CoV-1.

And if it cannot be identified by the PCR test, this invalidates the test.

If the SARS-2 virus cannot be identified, does this not have a bearing on the development of a SARS-CoV-2 vaccine?

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Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research. He has taught as visiting professor in Western Europe, Southeast Asia, the Pacific and Latin America. He has served as economic adviser to governments of developing countries and has acted as a consultant for several international organizations. He is the author of eleven books including *The Globalization of Poverty and The New World Order* (2003), *America's "War on Terrorism"* (2005), *The Global Economic Crisis, The Great Depression of the Twenty-first Century* (2009) (Editor), *Towards a World War III Scenario: The Dangers of Nuclear War* (2011), *The Globalization of War, America's Long War against Humanity* (2015). He is a contributor to the *Encyclopaedia Britannica*. His writings have been published in more than twenty languages. In 2014, he was awarded the Gold Medal for Merit of the Republic of Serbia for his writings on NATO's war of aggression against Yugoslavia. He can be reached at credator@yahoo.com

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News Release

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FOR IMMEDIATE RELEASE
April 28, 2022

Los Angeles Unified Makes a Recommendation to Align with the State of California on COVID-19 Vaccinations for Students 12 and Older

Los Angeles, CA (April 28, 2022) – Los Angeles Unified Superintendent Alberto M. Carvalho announced today that after consultation with health experts and its medical director, the District will make a recommendation to align with the state of California’s student requirement for COVID-19 vaccinations delaying the effective date to no sooner than July 1, 2023. The vaccination requirement for Los Angeles Unified employees remains in place, and all employees who are assigned to schools are vaccinated.

“The ability of our system to pivot shows that we are a science-based school district and the health and safety protocols we adopt are influenced by the expert advice of our medical partners and public health officials,” Superintendent Alberto M. Carvalho said.

“We know that students do best when learning in the classroom with their peers. Due to the high vaccination rates among students 12 and older, low transmission rates in our schools and our nation-leading safety measures, we have preserved in-person learning in the safest possible environment.”

Los Angeles Unified will continue to provide proactive support to students and families who have not had access to vaccines, or who have not received information enabling them to make an informed choice about vaccinations. The District will support its school

communities by providing a consistent, stable learning environment and access to vital student services, including vaccines.

“We have high vaccination rates amongst our students 12 years and older and with our employees,” Los Angeles Unified Medical Director Dr. Smita Malhotra said. “We have demonstrated low transmission rates in our schools with few outbreaks. And now, since the beginning of the pandemic, not only do we have the existence of therapeutics to deal with COVID-19, but scientists also have a greater understanding of this virus.”

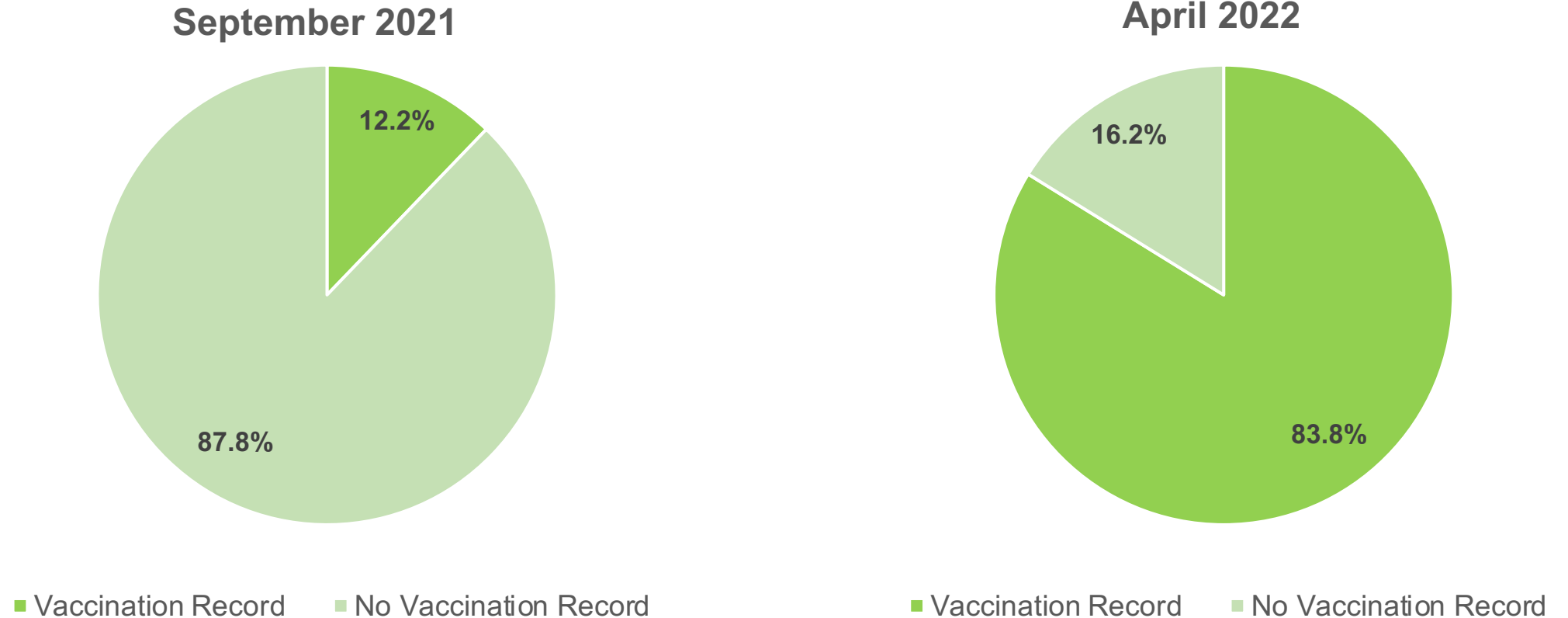
“We studied positivity at the classroom level in Los Angeles Unified throughout the school year,” UCLA Clinical and Translational Science Institute Dr. Vladimir Manuel said. “Elementary classrooms with recent COVID-19 cases had similar positivity, in routine testing, as classrooms that did not have recent cases. This suggests that there was minimal transmission in school. The exception was two weeks in January 2022, during the omicron surge, when these classrooms had somewhat higher rates. Our models suggest no or very small amounts of classroom transmission since January, even after lifting the outdoor and indoor masking mandates.”

“Vaccinations are and remain our greatest tool to fight against COVID-19,” Superintendent Carvalho continued. “For the remainder of the school year, we will further improve our student vaccination rates via accessible school-based clinics, while offering vaccines for all students ages 5 and older. Providing ongoing support, especially in communities where students and their families have been hardest hit by illness, and addressing the educational, mental health and economic challenges of the pandemic, is my top priority.”

The Los Angeles Unified Board of Education is expected to discuss and vote on this recommendation at the board meeting on May 10.

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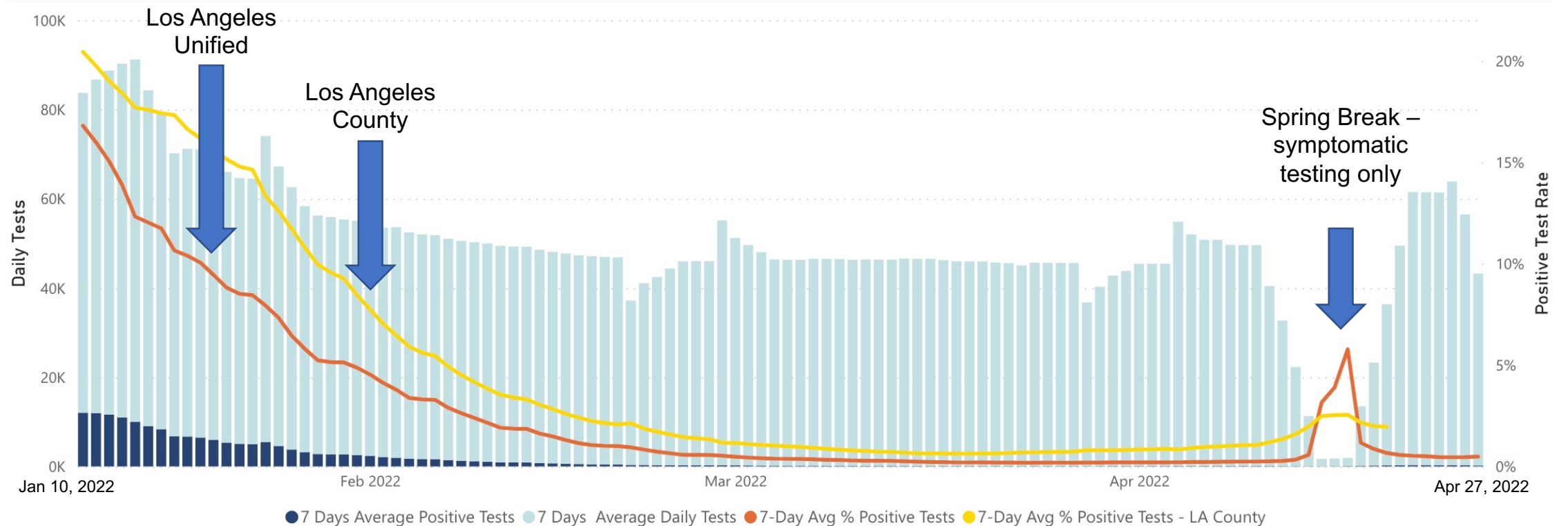
Vaccinations for Students Ages 12 and Older



Since September of 2021, vaccination rates for students 12 and above have increased dramatically. Los Angeles Unified has worked proactively to provide access and education for COVID-19 vaccines.

COVID-19 Testing Results in LA Unified and LA County

After the winter surge in the beginning of this year, Los Angeles Unified test positivity rates have trended downward, remaining lower than Los Angeles County rates. The increase in positivity rates in April was due to Spring Break when mainly symptomatic people were being tested. After Spring Break and subsequent to March 23 when masks have not been required in schools, our positivity rates have remained low.



High Vaccination Rates Protect the School Community

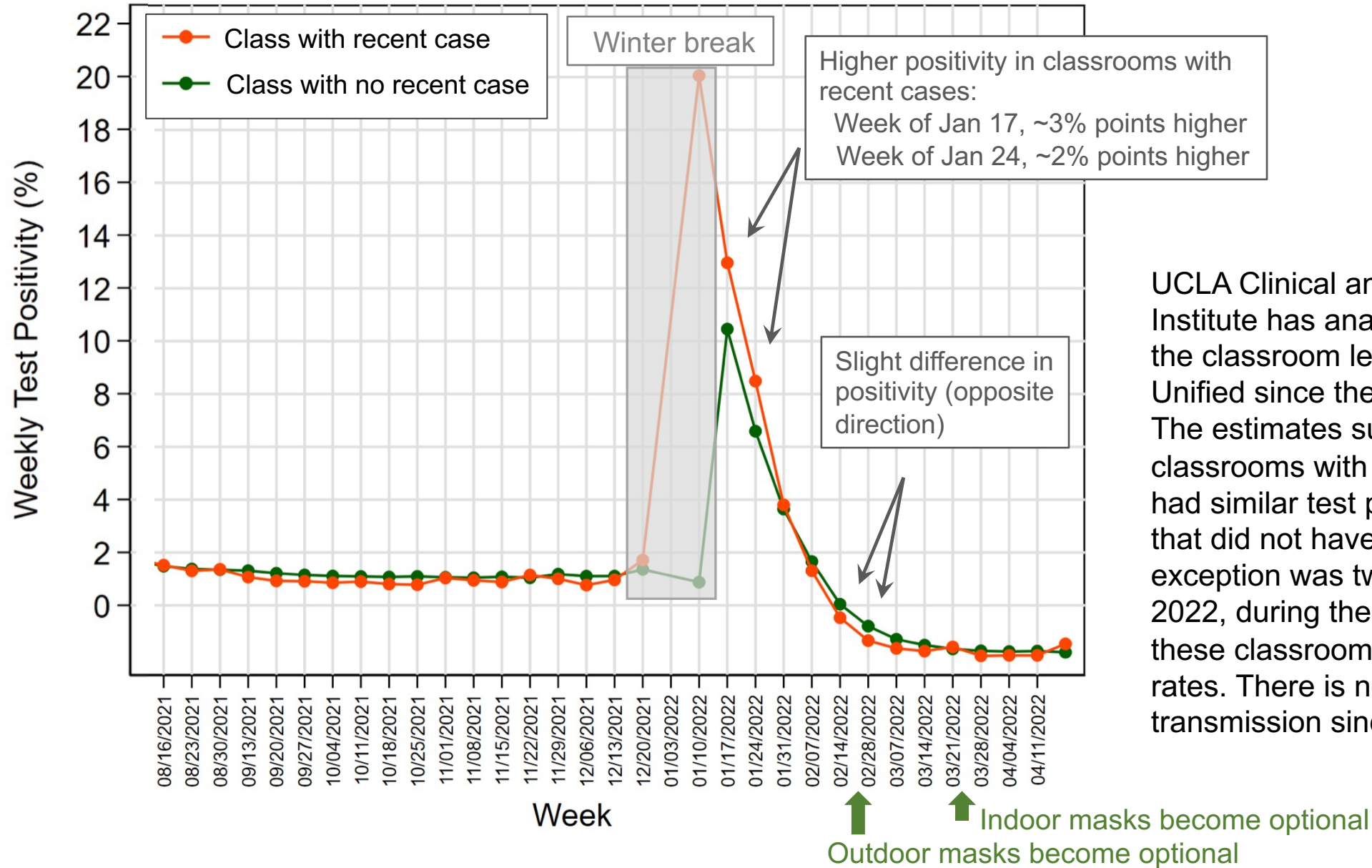
Vaccinations continue to be our greatest tool to fight against COVID-19. In the last two years of this pandemic, we have learned a lot about the virus. Not only do we have safe and highly effective vaccinations, we also have the availability of therapeutics for COVID-19.

Because of the efforts of this District, we have high vaccination rates amongst our staff and students ages 12 and older. Since returning from Spring Break, our positivity rates continue to be low for both students and staff including the weeks following March 23, 2022 when masks were not required in our schools.

Our in-school transmission rates continue to be low as shown by analysis from our partners at the UCLA Clinical and Translational Science Institute:

“We analyzed positivity at the classroom level since the start of the school year. The estimates suggest that elementary classrooms with recent COVID-19 cases had similar test positivity as classrooms that did not have recent cases. The exception was two weeks in January 2022, during the omicron surge, when these classrooms had somewhat higher rates. There is no estimated classroom transmission since January 31, 2022.”

UCLA Study on Elementary School Classroom Transmission



UCLA Clinical and Translational Science Institute has analyzed positivity rates at the classroom level in Los Angeles Unified since the start of the school year. The estimates suggest that elementary classrooms with recent COVID-19 cases had similar test positivity as classrooms that did not have recent cases. The exception was two weeks in January 2022, during the omicron surge, when these classrooms had somewhat higher rates. There is no estimated classroom transmission since January 31, 2022.

The Law and Covid-19 Mandates

MASKS, TESTS, VACCINES EMERGENCY USE AUTHORIZED (EUA)

Federal Law: 21 U.S.C. 360bbb-3(e)(1)(A)(ii)(III)

California Law: CA Health & Safety Code Sec 24172

Medical interventions, such as masks, Covid-19 tests, and Covid-19 vaccines, are voluntary, and only offered with fully informed consent. They are only authorized for use under federal Emergency Use Authorization (EUA) and are thus illegal to mandate under Federal (21 U.S.C. 360bbb-3(e)(1)(A)(ii)(III) and CA state law (CA Health & Safety Code Sec 24172).

The EUA Statute authorizes the Secretary of the U.S. Department of Health and Human Services (HHS) to declare a health emergency and authorize the use of drugs, treatments, or other products that may be beneficial but have not yet been demonstrated to be safe or effective and are thus only available for use under the EUA. The federal COVID EUA was declared by HHS Secretary Azar on April 1, 2020 and includes numerous authorizations for a wide range of products, none of which are fully approved, and all of which may be offered only on a voluntary — not a mandatory — basis.

Among the key product types authorized for COVID-related EUAs are:

- a. Devices, systems and procedures that may detect the possible presence of some viral material in a person (i.e., “tests” or “RT-PCR tests” or “antigen tests” or “antibody tests”);
- b. Wearable devices that may have some effect on reducing transmission (i.e., “masks” or “Personal Protective Equipment (PPE)”); and
- c. Two different manufacturers’ mRNA injectable drug treatments delivered via two consecutive shots (i.e., “vaccines”).
- d. One manufacturer’s recombinant single-shot vaccine.

For these — or any other EUA products — to be distributed and used, disclosure documents published by the FDA for each product must be provided at the time of distribution to all potential users, detailing the potentially significant risks and benefits associated with use of that specific product.

Mandating employees, students or others to use products that have been approved only conditionally for emergency use violates federal and state law. Federal and state law are clear: mandates are illegal for EUA products. The prohibition on EUA mandates has been upheld in court. The RT-PCR test, COVID vaccines, and certain face coverings are not FDA-approved; they are available only under a EUA. The EUA statute explicitly states that administration of all EUA products must **“ensure that individuals to whom the product is administered are informed ... of the option to accept or refuse administration of the product** (21 U.S.C. Sec. 360bbb-3(e)).”

California Law: CA Health & Safety Code Sec 24172

HEALTH AND SAFETY CODE - HSC

DIVISION 20. MISCELLANEOUS HEALTH AND SAFETY PROVISIONS [24000 - 26250]

(Division 20 enacted by Stats. 1939, Ch. 60.)

CHAPTER 1.3. Human Experimentation [24170 - 24179.5]

(Chapter 1.3 added by Stats. 1978, Ch. 360.)

24172.

As used in the chapter, "experimental subject's bill of rights," means a list of the rights of a subject in a medical experiment, written in a language in which the subject is fluent. Except as otherwise provided in Section 24175, this list shall include, but not be limited to the subject's right to:

- (a) Be informed of the nature and purpose of the experiment.
- (b) Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
- (c) Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
- (d) Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
- (e) Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
- (f) Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
- (g) Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
- (h) Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
- (i) Be given a copy of the signed and dated written consent form as provided for by Section 24173 or 24178.
- (j) Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

(Added by Stats. 1978, Ch. 360.)

The Nuremberg Code

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit,

duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

Masks and respirators do not work.

There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which 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.

Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles ($< 2.5 \mu\text{m}$), which are too fine to be blocked, and the minimum-infective dose is smaller than one aerosol particle.

The present paper about masks illustrates the degree to which governments, the mainstream media, and institutional propagandists can decide to operate in a science vacuum, or select only incomplete science that serves their interests. Such recklessness is also certainly the case with the current global lockdown of over 1 billion people, an unprecedented experiment in medical and political history.

(From [Words from the Publisher](#): "We pledge to publish all letters, guest commentaries, or studies refuting [Rancourt's] general premise that this mask-wearing culture and shaming could be more harmful than helpful. Please send your feedback to info@rcreader.com.") [UPDATE: August 12, 2020 [Still No Evidence Justifying Mandatory Masks](#)]

Review of the Medical Literature

Here are key anchor points to the extensive scientific literature that establishes that wearing surgical masks and respirators (e.g., "N95") does not reduce the risk of contracting a verified illness:

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.
<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 <https://www.cmaj.ca/content/188/8/567>

“We identified six 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.”

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

From: [ExecutiveOffice](#)
To: [First District](#); [Holly J. Mitchell](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#)
Cc: [PublicComments](#)
Subject: FW: Mask mandate
Date: Tuesday, July 26, 2022 2:20:41 PM

The following correspondence is being forwarded to you for your review/information.

-----Original Message-----

From: Lillian Keller <lilliansummerkeller@yahoo.com>
Sent: Tuesday, July 26, 2022 2:19 PM
To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>
Subject: Mask mandate

I am against the possibility of a new mask mandate. Masks have severe consequences and should be a choice. I believe the new mandate would harm the public's mental health and cause many to move if they have the means to. Thank you so much for reading Sent from my iPhone

From: [Matt Macaluso](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: Re: Beverly Hills city council rejects LA County's mask mandate, will not enforce it
Date: Tuesday, July 26, 2022 10:15:08 AM

Here is the press release from Beverly Hills. Hopefully other cities in LA county follow suit and reject this garbage mandate.

<https://beverlyhills.org/citymanager/newsroom/cityofbeverlyhillswillnotimplementpotentialnewlacountyhealthorderusingcityenforcement/>

On Mon, Jul 25, 2022, 11:27 PM Matt Macaluso <mpmacaluso@gmail.com> wrote:

Beverly Hills mayor Lili Bosse held a meeting tonight about LA County's looming mask mandate. By unanimous decision, the city council voted that Beverly Hills will NOT align with the county and will NOT enforce this ridiculous mandate.

Read the room. Battle lines are being drawn. Drop the mandate. No one wants it.

From: [Laura Dickson](#)
To: [ExecutiveOffice](#)
Subject: Vote on masks
Date: Tuesday, July 26, 2022 9:48:53 AM

I am asking the Board to not approve a mask mandate. A free people do not need government telling us what to do. Didn't Newscum say we are a "free state"? Like so many other people I know, going to LA is out of the question already. Crime, homelessness, and more crime keep many of us away. Now you are mandating wearing a mask again? Do you want LA to fail more with less people choosing to spend money, travel or live there?

Sent from my iPhone

From: [Matt Macaluso](#)
To: [Barger, Kathryn](#)
Cc: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Sheila](#)
Subject: Re: Align with the state on all COVID guidance
Date: Tuesday, July 12, 2022 2:46:34 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Thank you Supervisor Barger, I really appreciate the response. Throughout all of this, you have been the only voice of reason among the 5 Supervisors. I wish we had others like you on the BOS. Supervisor Hahn also sometimes pushes back. But it's 2 against 3.

The other 3 supervisors - yes I'm calling you all out by name - Supervisor Solis, Mitchell, Kuehl - you have all given Barbara Ferrer / LA Public Health a rubber stamp to do whatever it wants, unchecked and unquestioned. She isn't even elected by the public, yet she has a county of 10 million people in a chokehold. Like a looming dark cloud over Los Angeles, keeping us locked in COVID Purgatory forever. That is how it feels - purgatory. Whereas everywhere else in the US has moved on and is letting people assess their own risk and take their own precautions.

Mask Mandates have made NO material difference on the trajectory of the pandemic. Simply look at the data between counties with mandates vs no mandates, and you'll see it's the same pattern everywhere. COVID is going to do whatever it wants, regardless of mandates, so you might as well let people make their own decisions for themselves.

The fact that we are literally the ONLY place in the ENTIRE US that is still discussing mask mandates at this point, tells you everything you need to know. LA County Public Health is insanely out of touch. Even NYC announced this week they aren't going back to mandates. Nor is anywhere in the Bay Area, or any other historically "mask happy" places. Are you seriously going to keep the people of LA trapped in COVID purgatory forever, with this on again / off again masking, that accomplishes nothing except piss people off and hurt businesses?

Matt Macaluso

On Tue, Jul 12, 2022 at 1:53 PM Barger, Kathryn <Kathryn@bos.lacounty.gov> wrote:

Thank you for contacting our office to share your perspective about COVID-19 masking requirements in our County.

As I have stated before, implementing mandates that are inconsistent across County lines only creates confusion and frustration among the public. I am opposed to the possible forthcoming indoor mask mandate in Los Angeles County and agree with our surrounding counties. This action is not in line with the rest of the State and creates inconsistencies, which make enforcement difficult. We are now at a point where we are equipped with the necessary tools and resources, such as vaccines and treatment, where our hospitals are not inundated as they once were. I strongly encourage everyone to wear masks in indoor and crowded settings, but we must do away with blanket mandates and trust our residents to

make their own informed decisions about their health risk.

Thank you again for writing.

Sincerely,

Supervisor Kathryn Barger



From: Matt Macaluso <mpmacaluso@gmail.com>
Sent: Thursday, July 7, 2022 7:59 PM
To: Barbara Ferrer <bferrer@ph.lacounty.gov>; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Holly J. Mitchell <HollyJMitchell@bos.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>; Barger, Kathryn <Kathryn@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>
Subject: Align with the state on all COVID guidance

If LA County imposes another mask mandate, as it has been threatening to do, we will become the laughingstock of the country. LA County is the ONLY place in the ENTIRE country still doing this. Everywhere else has moved on and is letting people make their own decisions.

You will see massive non-compliance from the general population, because more and more people are realizing how ridiculous this is, to be literally the one and only county in the United States still living like this. This is insane.

LA County Public Health is dangerously out of touch. Get with the times. Enough with the mask mandates. LA Public Health's tyrannical mandates and restrictions over the past 2 1/2 years has done more damage to this city than COVID ever has.

Signed,

Matt Macaluso, an extremely frustrated LA resident who wishes he lived in Orange County, where people live normally.

From: [Jenn Crafts](#)
To: [Barger, Kathryn](#); [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Sheila](#)
Subject: Re: PLEASE Do NOT reinstate a mask mandate in Los Angeles
Date: Tuesday, July 12, 2022 3:40:38 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Thank you Kathryn for your response.

I am a female business owner who runs a small arts venue with my husband. It is just the two of us and we have no other employees. When mask mandates were in place I was yelled at, threatened, spit at and harassed. I am so very afraid to go through this again.

We barely made it through the closures, both getting other jobs, driving for Uber, etc and now we are finally starting to get back on our feet. The reimplementing of a mask mandate will not only cripple our business again, but it will put us at personal risk. I was actually fearful to be in my own building and enforcing the city order. Please, don't put me in danger again.

We have considered moving out of LA many times over the past year solely due to the mandates. Other venues in surrounding counties are not dealing with this constant harassment. This has been our home for over 20 years. All our friends and people we love are here. I don't want to move. I just want to be able to run my business without being afraid anymore. Please don't impose this on us again.

Mask mandates will not keep anyone safe. We have the tools to do that in vaccines and treatments. But mask mandates WILL put business owners and workers in danger of harassment, threats and financial and bodily harm.

Please, please don't put us in this position again. I fear our business will not survive it again.

Sincerely,

Jenn Crafts

On Tue, Jul 12, 2022 at 1:54 PM Barger, Kathryn <Kathryn@bos.lacounty.gov> wrote:

Thank you for contacting our office to share your perspective about COVID-19 masking requirements in our County.

As I have stated before, implementing mandates that are inconsistent across County lines only creates confusion and frustration among the public. I am opposed to the possible forthcoming indoor mask mandate in Los Angeles County and agree with our surrounding counties. This action is not in line with the rest of the State and creates inconsistencies, which make enforcement difficult. We are now at a point where we are equipped with the necessary tools and resources, such as vaccines and treatment, where our hospitals are not inundated as they once were. I strongly encourage everyone to wear masks in indoor and

crowded settings, but we must do away with blanket mandates and trust our residents to make their own informed decisions about their health risk.

Thank you again for writing.

Sincerely,

Supervisor Kathryn Barger



From: Jenn Crafts <jennes00@gmail.com>
Sent: Friday, July 1, 2022 2:28 PM
To: Barbara Ferrer <bferrer@ph.lacounty.gov>; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Holly J. Mitchell <HollyJMitchell@bos.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>; Barger, Kathryn <Kathryn@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>
Subject: PLEASE Do NOT reinstate a mask mandate in Los Angeles

Hello,

I am writing once again, to BEG of you not to further destroy the credibility of Public Health by reinstating a mask mandate.

Recently, Alameda County reinstated it and studies now show that it made no difference at all. <https://www.sfgate.com/coronavirus/article/bay-area-mask-mandate-results-17271294.php>

If this happens in LA we will be the only county in the county with a mandate. Restaurants, bars and clubs will still be open - do you honestly believe that walking 10 feet to a table and then taking a (useless, cloth) mask off to eat for an hour in a room of 100 others makes any difference at all? Of course not. This is a farce at this point.

As a small business owner I shut down my business for over a year. I isolated, I masked, I got vaccinated as soon as possible and helped others get vaccinated. We have the tools to make our own choices for our health now. Reimplementing this will only make LA County look foolish and further damage small businesses.

Please, I beg you. If you are concerned about hospitals then support them through funding. Do not rely on the people of Los Angeles and ineffective masking. It does nothing but harm.

A great majority of Angelenos will not comply anymore. We want things that work - and masking has been proven ineffective. Please do not diminish your credibility any further.

Sincerely,

Jenn Crafts

From: [Robert Downing](#)
To: [ExecutiveOffice](#)
Subject: Diaper mandates
Date: Tuesday, July 26, 2022 6:57:10 AM

You have the power to stop Barbara Ferrer and her social experiment of communism and socialism in America. She is skewing the numbers, and even so, the entire country knows masks had limited or no effect on the coronavirus. In some cases, they are harmful. All of you must join with Kathryn Barger to stop this continued insanity from the County Health Department.

Regards,

Robert W. Downing

Master of Science in Financial Services
Enrolled Agent, Accredited Tax Advisor, Certified Senior Advisor
Certified Income Specialist, Certified Estate and Trust Specialist
CA Insurance Lic #0C70974

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[eFileCabinet](#) < Click here to upload and download files to our secure portal eFileCabinet (Rubex).

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If this e-mail is in response to an inquiry related to a tax position:

Please be advised that this communication, including any attachments or enclosures, was not intended or written to be used, and it cannot be used by the taxpayer, for any purposes of avoiding penalties that may be imposed on the taxpayer.

From: [Susan Goldman](#)
To: [ExecutiveOffice](#)
Subject: Barbara Ferrer
Date: Tuesday, July 26, 2022 8:26:51 AM

As a life long resident of LAC (nearly 72 years) and regular listener to the John Phillips Show on KABC 790, I am appalled by the lack of leadership of the Board of Supervisors for Los Angeles County. Barbara Ferrer needs to be encouraged to resign or be terminated. She was not elected to office, she has a lack of integrity and yet all of you let her wield power over 25% of the citizens of the State of California. I will not wear a mask unless I am in a medical setting. The CDC is not mandating mask wearing nor is the governor of California. If my local places of business mandate the wearing of a mask, I will shop in Orange County which is about three miles away. The residents of LA County are sick of wearing the mask, and you have lost the trust of the most of the public.

It is time to get rid of Barbara Ferrer (not a medical doctor)!

Susan Goldman
3157 Chatwin Ave
Long Beach, CA 90808

Sent from my iPhone

From: [JOAN C THOMPSON](#)
To: [ExecutiveOffice](#)
Subject: Mask Mandate
Date: Monday, July 25, 2022 8:05:15 PM

My representative in BOS District 3 is Sheila Kuehl but my message is for the entire Board. That message is simply this: VOTE NO ON ANY NEW MASK MANDATES.

It's insane and absurd to go backwards and demand this mandatory mask wearing in various locales. Resistance is very strong, as residents long ago had had enough of the mask foolishness.

No one I know will comply and what so many will do is avoid any/all businesses demanding compliance. We will take our business elsewhere, as we know many owners are also fed up and will not enforce any mandate.

Smarten up and drop the NON-doctor Ferrer's demands for more masking. Actual Medical Doctors and epidemiologists at major medical sites in LA recently revealed the truth that there is NO covid crisis here - no big jump in hospitalizations or deaths at all.

Say NO to any mask mandates!

Joan Thompson
Valley Glen

Sent from my iPhone

From: [Matt Macaluso](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: Beverly Hills city council rejects LA County's mask mandate, will not enforce it
Date: Monday, July 25, 2022 11:28:03 PM

Beverly Hills mayor Lili Bosse held a meeting tonight about LA County's looming mask mandate. By unanimous decision, the city council voted that Beverly Hills will NOT align with the county and will NOT enforce this ridiculous mandate.

Read the room. Battle lines are being drawn. Drop the mandate. No one wants it.

From: [Charles Michael Goodwin](#)
To: [Supervisor Janice Hahn \(Fourth District\)](#); [First District](#); [Sheila](#); [Holly J. Mitchell](#); [Barger, Kathryn](#); [media@ph.lacounty.gov](#); [ExecutiveOffice](#)
Subject: Keep us working and healthy...support a mask mandate
Date: Monday, July 25, 2022 7:08:10 PM

I'm retired and I love my part time job in the entertainment industry. The money helps a lot, especially now with everything costing so much.

Working in the entertainment industry requires me to be vaccinated and boosted. It also requires me to COVID test two days prior of working a full day. My work days have been drastically reduced since the pandemic started and it appears we are nowhere near an endemic. The entertainment industry has done an excellent job keeping so many people working with their COVID protocols.

Please ignore, the vocally loud minority that are against mask mandates. Their position helps no one. But, what does help people is reducing COVID exposure, which keeps us working and remain healthy. I encourage you to support a mask mandate, it's what the majority of Los Angeles wants and needs.

Charles Michael Goodwin
Whittier, California

From: [ExecutiveOffice](#)
To: [PublicComments](#)
Subject: FW: BOS Contact Us Message
Date: Wednesday, July 27, 2022 3:05:06 PM

From: donotreply@bos.lacounty.gov <donotreply@bos.lacounty.gov>
Sent: Monday, July 25, 2022 1:35 PM
To: COI-Desk <COI-Desk@bos.lacounty.gov>
Subject: BOS Contact Us Message

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Teresa G Comito

Email: Panulas@aol.com

Phone:

Zip Code: 91365

Message: When are the Board of Supervisors going to remove Barbara Ferrer from her position? First she is not a medical doctor and she has helped destroy California with enforcing the mandates, along with Gavin Newsom. Why is her daughter writing for the CDC about masks? She is not a doctor or a scientist. There are two scientific studies, one from UC Davis and one from Denmark that shows masks have MINIMAL affect with preventing covid-19 transfer. Why don't we rely on those instead to make health decision. As far as health issues, the homeless have not been helped by her. That is what she should have been working on. Opening up rehab centers for alcohol/drug addiction, and mental facilities for those who won't take medication to make their health better and need a stable setting to live in. GET RID OF BARBARA FERRER. 7-25-22

Thank you,
County of Los Angeles Board of Supervisors

From: [AABOffice](#)
To: [ExecutiveOffice](#)
Subject: FW: mask mandate
Date: Wednesday, July 27, 2022 3:40:49 PM

Good afternoon,
Please forward to the appropriate desk.
Thank you,

Nicole G.

Los Angeles County
Board Of Supervisors | Assessment Appeals Board
500 W. Temple St. Room B-4 Los Angeles, CA 90012
P: (213) 974-1471 F: (213) 217-4979

EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

From: Linda Barber <lindalebar@yahoo.com>
Sent: Wednesday, July 27, 2022 3:40 PM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: mask mandate
no mask mandate We will sue you all

From: [Kellie Neufeld](#)
To: [ExecutiveOffice](#); dphdirector@ph.lacounty.gov
Cc: [Holly J. Mitchell](#); [First District](#); [Mandel, Lisa](#); [Sheila](#); jorellana@bos.lacounty.go; [Morales, Fernando](#); [Charnofsky, Tessa](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Barbara Ferrer](#); taschoolsupport@ph.lacounty.gov
Subject: Mask Choice, No to Mandates & A Few Thoughts
Date: Wednesday, July 27, 2022 8:13:23 AM

Hello!

I think it's VERY important to remember that mandate or not, nobody is stopping anyone from wearing a mask. If one feels safer, more comfortable, etc. by wearing mask, then he/she/he/him/they/them can wear a mask. It's that simple! Mandates are not the answer. In a state that prides themselves on CHOICE for everything, we also deserve to CHOOSE whether or not to wear a mask. Let's not be hypocrites.

It was obvious by the thousands of calls, emails and comments at yesterday's meeting that the public (yes, the public is smart enough to make our own decisions) does NOT want a mask mandate nor feel like one is needed. The disconnect lies with Ferrer and Kuehl. That being said, I am both disgusted and hopeful.

I am disgusted that Ferrer, not a medical doctor, is "in charge" of our health. How is that even possible? She is overpaid, wrapped up in scandal, heeds "medical" advice from her daughter (also not a doctor), and when asked questions at yesterday's meeting, she just changed the subject and/or spouted-off fallacy Covid numbers. The same Ferrer that wants to mandate masks was also at the All-Star game unmasked last week. Ferrer needs to go.

I am also disgusted at Supervisor Kuehl. I am what she called a "snowflake weepy." Although I don't really know what that means, I know that it's not a compliment nor meant to be endearing in any way. I also know that after voting no to indoor dining in 2020, this same supervisor went out to dinner. Hypocrite amongst other other things.

I am hopeful by the number of people that have voiced their concerns over a looming mandate. We've heard opposition in the masses by business owners, parents, doctors, teachers, etc.

I am hopeful that Supervisors Barger and Hahn are listening to their constituents. Isn't that the job of a Supervisor? To be a voice for their people. The people have spoken- loud and clear!

I am a vaccinated adult that is able to make my own health decisions along with those of my children. I also know the impacts that masks have on school children. Doctors have told you the same. I will pull my (3) kids from county schools should the mask mandate return. I am not alone on this. Parents have had enough!

This is not about equity. The vaccine is free and masks are available everywhere. We should be focusing on addressing obesity (causing diabetes and hypertension) in such communities as we know those health issues compound the effects of the virus.

Again, a mandate is NOT the answer. Look at the rest of the US and the rest of the world, mandates are not in effect and people are not dying in big numbers. Choice and freedom win. Choice in freedom are what we stand for.

Thank you for your time!

Kellie N

From: [Zacharatos Karate](#)
To: [mayor.helpdesk@lacity.org](#); [mayor.garcetti@lacity.org](#); [ExecutiveOffice](#); [media@ph.lacounty.gov](#); [phwebmaster@ph.lacounty.gov](#); [CAToday@nytimes.com](#); [mmaurer@cityofcalabasas.com](#); [dshapiro@cityofcalabasas.com](#); [jrbozajian@earthlink.net](#); [pkraut@cityofcalabasas.com](#); [aweintraub@cityofcalabasas.com](#); [newstip@theacorn.com](#); [First District](#); [Holly J. Mitchell](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [lili@lilibosse.com](#)
Subject: Reinstating LA indoor mask mandate, killing our business and disrupting kids development
Date: Wednesday, July 27, 2022 8:33:13 AM

Good morning,

I'm writing to you all about the looming threat of reinstating an indoor mask mandate in Los Angeles County, and how this affects our business, our students, and our daughter, from our point of view.

We live and work in Calabasas CA and have a martial arts studio for over 20 years (Zacharatos karate). **After over two years of a pandemic pause, my husband and I were finally allowed to return to work indoors** at a city owned facility where we taught martial arts to kids and adults for over 20 years before the pandemic (The Calabasas Tennis & Swim Center), and other locations before that. We have been vaccinated 4 times so far and will continue to get vaccinated and boosted as needed, hopefully the next booster we get in the fall will be omicron targeted. (So far no one in our family has gotten Covid)

All of our students have also been vaccinated as well, but our students can't really train in martial arts or kickboxing/MMA indoors with masks. If you reinstate an indoor mask mandate, we most likely will have to cancel our classes again just as we reopened, it's not just affecting our business, but the students, especially the kids.

Since we've resumed our classes, we see how many of the younger students are behind where they should be after the last 2 years of lockdowns and masking, which interrupted their development, and are just starting the process to catch up, and now this mandate would shut that down again. Unable to learn and communicate with visual facial cues from their teachers, develop social skills, sets kids back years, the harm and consequences of mandated masking now outweighs the good, it should be optional. (The parents of our young students expressed the same issues and concerns that we observed)

We are essential, sports and Martial Arts is an important part of child development, students gain self-esteem, confidence, discipline, social skills, coping skills, realizing achieving their goals by working hard in manageable step by step ways, all important life lessons, and not all sports can be taught outdoors. We've had students that have trained with us for nearly 3 decades, and then their children train with us too. (Like many martial artists, we do this because we love it and it's a way of life, and usually must have other sources of income to support it, but this is my husband's only source of income)

You are also interfering with our ability to work at a time when California gas prices are the highest in the country, groceries more expensive as well, yet you tie our hands to earn a living, and harming our youth in the process.

LA would be the only county in the entire state of Calif to reimpose mask mandates, as reported on KTLA Channel 5 news on July 22, just the threat of mask mandates caused people to cancel events in LA county harming restaurants and other businesses also struggling to get back on their feet.

Beverly Hills city officials voted unanimously to *not* enforce an indoor mask mandate, (as reported on many news outlets on July 26), Mayor Lili Bosse and city officials believe masking is a person's individual choice, I hope our city of Calabasas and others will follow. (Interesting I

noticed that Beverly Hills police were very vigilant about enforcing mandates at the start of pandemic *before vaccines*, and would go to businesses, including the salon I go to, to make sure they were being compliant with the current mandates at that time, but the city has since recognized conditions have changed with vaccines, and that is no longer necessary, as other cities have as well.)

Calabasas is far less populated than the city of LA, but it doesn't have its own health dept, forcing us to be bound by LA county mandates which isn't fair. LA city has about 4 million residents, while city of Calabasas has only about 24 thousand (as per a google search). It doesn't make sense to have a one size fits all mandate for all cities within LA county, even so, masks should remain optional. **LA County Supervisor, Kathryn Barger** also issued a statement saying she does not support a universal mask mandate because she does not believe it would decrease or stop transmission rates, and said she believes "**masking mandates are polarizing and unenforceable,**" and said she does not believe such a move would have any major impact.

Have you considered that mask mandates will again put business owners and employees in the untenable risky task of policing and trying to enforce this mandate to an increasingly unwilling public. Businesses can't exist with this threat constantly looming over our heads indefinitely, with closing and re-opening certain businesses over and over again. Not all businesses have the luxury to work remotely, such as sports, restaurants, theatre, salons, gyms, martial arts studios, the list goes on.

Last year Sheriff Villanueva of LA county refused to expend its resources to enforce reinstated mask mandates because it "is not based on science". Are you really going to put enforcement on the backs of local employees again? **If it can't be enforced everywhere what's the point.**

Vaccines, natural immunity, and therapeutics is working, (see *Washington Examiner* article below). The utter idiocy now of masks in restaurants and airplanes etc, where you remove the mask to eat, then put it back on, **as if any germs will magically get out of the way while you're dining, then only come back after you put your mask on.**

My own ENT doctor (and reports on the news) says these typical cloth masks the public wears now just don't work, when Omicron is so highly contagious (yet much less virulent) it's not based on science, and the constant breathing of the fibers in the masks is not good, especially if you're trying to work out and do sports indoors with a mask on, (our adult students told us they wouldn't want to do that). **What is working is vaccinations and natural immunity,** aren't we in the endemic stage as any cold or flu, as those strains evolve and change too, as does the flu vaccine.

This is still affecting our now 20 year old daughter who was unfortunately in the High School classes of 2020, losing her senior year to lockdowns, as for many, it was a terrible time and traumatizing for the whole family, thankfully our daughter is doing great in college (made the Dean's list each semester at Cal Lu in Thousand Oaks). **But, in her first 2 years of college so far, she has never been in class without having to wear a mask!** (Her first year was mostly taught remotely, the second year in person). This really affects her college experience, **yet for her to attend college in person, proof of vaccination and booster is required,** as it should be (along with proof of all the other vaccinations received as a child), that should now be enough. She has 2 more years of college left, and was really expecting to finally not wear masks in class, but she just received a letter that masking and other covid restrictions will continue to apply this fall, causing her great anxiety, **bringing her back to that dark time when the pandemic started, and she is worried another milestone graduation (this time college in two years) will be stolen from her by more mandates. Students of all ages are affected by this.** (Her university is in Ventura County and seem to follow Los Angeles lead.)

Currently the vaccine is approved for *all ages* from 6 months old and up, everyone can be protected, the consequences of going backward, now that we continue to see the damage this caused, needs to be recognized and considered, not ignored.

I understand masking and distancing 2 ½ years ago when we didn't know about this new virus, and before vaccines and therapeutics, which we abided by, or when the original covid wasn't as contagious and masks may have been more effective, but not now. (It seems so silly now to think that we left packages outside for days before allowing them inside, not yet knowing covid didn't live on objects, but we don't go back to that behavior because we know more now and have vaccines)

The hypocrisy of some of our local and state officials forcing mandates on the public, but not following it themselves, in turn losing the support of the public. When the mask mandate was still in place at large gatherings or indoors earlier this year, yet at the Superbowl playoff games LA Mayor Garcetti is photographed with celebrities without a mask, and said he held his breath! **(Seriously?)** And the expensive recall election of Calif Governor Newsome ignited by him dining out with a large group after mandating the public shouldn't gather and dine in large groups. (We voted against the recall but were incensed by the hypocrisy), and the list goes on.

With vaccines, is it still worth the price, now that we have actually seen the damage caused on businesses and development of our youth in the last couple of years, masks should be optional with an emphasis on getting vaccinated, in schools as well. Should the view of the one or the few decide for the many, when it is out of step with the rest of the state and other nearby counties, and now there doesn't seem to be the will to enforce it. **As one of the excerpts I highlighted below from the *Washington examiner* article 7/14/22 by Zachary Faria "Los Angeles health officials can live in fear of their own shadows, but the county's 10 million residents should not be governed by that fear."**

Hopefully the LA county health department will not reinstate the mask mandate, on 7/26 the news reported LA is reconsidering, but if they do reinstate it, I hope the LA county supervisors will overrule the mandate, and hope other cities will follow Beverly Hills lead and not enforce it. #GetVaccinated

Thank you for your time,

Jamie BenAziz-Zacharatos

(Instructor and business admin Zacharatos Karate)

e-mail: zacharatoskarate@gmail.com

<https://zacharatos.com>

Instagrams: @zacharatoskarate <https://www.instagram.com/zacharatoskarate/> @explosiveControlArt <https://www.instagram.com/explosivecontrolart/>

@itsJamiesWorld (private acc) <https://www.instagram.com/itsjamiesworld/> @__itsnicoo https://instagram.com/_itsnicoo?igshid=705fx7vtoq6p

Twitter: @zacharatos1 <https://twitter.com/zacharatos1> **websites:** <https://www.zacharatos.com> & <https://www.designsbyjamie.com>

email: zacharatoskarate@gmail.com **Zacharatos YouTube Channel** <https://www.youtube.com/channel/UCkiWhK27oGysX6wbbxGt4Gg>

Excerpts from: 'Los Angeles County poised to return to mask mandates once again'

by [Zachary Faria, Commentary Fellow](#) | July 14, 2022 02:26 PM

https://www.washingtonexaminer.com/opinion/los-angeles-county-poised-to-return-to-mask-mandates-once-again?_amp=true

Two and a half years after the pandemic began in the United States, COVID has receded from the minds of most people. Unfortunately, none of those people are decision-makers in Los Angeles County, which is backsliding into mask mandates once again.

Los Angeles County is [approaching](#) a 15% test positivity rate, which appears to be the trigger for the mandate. That rate is close to the 23% rate from January earlier this year, the last time the county saw a COVID spike. **But the daily case average now (about 5,000) is just a fraction of what it was then (over 41,000). More importantly, the average number of hospitalizations now (822) is nowhere near what it was at the start of the year during the last surge (4,109).**

The number of deaths similarly shows how embarrassing it would be for the county to return to mask mandates. The daily average of COVID deaths in Los Angeles County now is 13. During that aforementioned surge in cases at the beginning of the year, the average peaked at 73, thanks to vaccinations, natural immunity, and COVID treatments.

Most importantly, there is no evidence that mask *mandates* do much of anything to reduce the spread of COVID. As David Leonhardt [wrote](#) for the *New York Times* earlier this summer, **unlike the clear evidence that areas with higher vaccination rates had fewer COVID deaths**, “when you look at the data on mask-wearing — both before vaccines were available and after, as well as both in the U.S. and abroad — you struggle to see any patterns.”

Los Angeles County’s safetyism has defied all reason, to the point that the county had [banned](#) restaurants from having televisions and even banned *outdoor* dining. That mandates are even on the table now, 28 months after the start of the pandemic and 15 months since vaccines became available to everyone in California, is absurd. **Los Angeles health officials can live in fear of their own shadows, but the county’s 10 million residents should not be governed by that fear.**

<https://www.latimes.com/california/story/2022-02-03/garcetti-says-he-held-his-breath-during-maskless-photos-at-nfl-game>

<https://www.msn.com/en-us/travel/news/beverly-hills-will-not-enforce-new-indoor-mask-mandate/ar-AAZZgeC>

<https://www.latimes.com/california/story/2022-07-26/beverly-hills-wont-enforce-la-county-indoor-mask-mandate-if-implemented>

<https://www.cbsnews.com/losangeles/news/la-county-supervisor-kathryn-barger-publicly-opposes-return-of-indoor-mask-mandate/>

<https://kathrynbarger.lacounty.gov/wp-content/uploads/2022/07/Open-Letter-to-5th-District-Residents-Mask-Mandate-FINAL-07-25-2022.pdf>

<https://www.city-journal.org/gavin-newsoms-dinner-party-flouts-california-covid-restrictions>

From: [Brian McWilliams](#)
To: [ExecutiveOffice](#)
Subject: Do NOT IMPOSE Mask Mandates
Date: Wednesday, July 27, 2022 10:44:58 AM

Enough of this nonsense. Mask mandates have no effect on infection rates, as illustrated about 10,000 times over the past two years. They cause more litter, illness from other infections after removal, cause learning disability in developing children and are just obnoxious. Stop virtue signaling and KNOCK IT OFF, with this medical fascism.

--

Brian McWilliams
Hawthorne, CA resident.

From: [Jonueberroth](#)
To: [ExecutiveOffice](#)
Subject: Mask Mandate
Date: Wednesday, July 27, 2022 11:05:00 AM

I think you need to re-think your un-scientific and harmful mask mandate. It is just silly at this point. Many of those initiating This mandate have been caught,going against it. We have the photos.This mask mandate is nothing but a political stunt. I will not follow it and I know many others who feel the same.
Learn that you all are Public Servants...not dictators.

From: [ExecutiveOffice](#)
To: [First District](#); [Holly J. Mitchell](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Joshua Bobrowsky](#)
Cc: [PublicComments](#)
Subject: FW: Study of Bacterial & Fungal Growth in Facemasks
Date: Wednesday, July 27, 2022 4:18:17 PM

The following correspondence is being forwarded to you for your review/information.

From: mmh1280@gmail.com <mmh1280@gmail.com>
Sent: Wednesday, July 27, 2022 12:37 PM
To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>
Subject: Study of Bacterial & Fungal Growth in Facemasks

Dear Supervisors and Public Health Officials:

Please forward to those working on COVID-related policies or recommendations. Thank you.

I am writing to pass along a recent study on mask hygiene - published about a week ago. This analysis looked at bacterial and fungal colonies growing on facemasks among 100 medical students in Japan, published July 18, 2022..

Note: This study does not look at effects such as bacteria or fungal infections among those wearing vs not wearing masks, but rather the amount and type of microbes growing on the inside and outside surfaces of the mask after use.

Title: Bacterial and fungal isolation from face masks under the COVID-19 pandemic

URL: <https://www.nature.com/articles/s41598-022-15409-x>

Published: July 18, 2022 in the Journal Scientific Reports
Authors: Ah-Mee Park, Sundar Khadka, Fumitaka Sato, Seiichi Omura, Mitsugu Fujita, Kazuki Hashiwaki & Ikuo Tsunoda

My apologies if you have already seen the study or written about it. Facemasks continue to be in the news, with some places still requiring or recommending masks.

Results:

See Figure 2: <https://www.nature.com/articles/s41598-022-15409-x/figures/2>

Bacterial colonies were highest on the face side of the mask

Fungal colonies were highest on the outside of the mask.

I hope you find the above study helpful.

Sincerely,

Matthew Hurst

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Tuesday, July 26, 2022 2:57:39 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Armena Andranian

Email: andranian@yahoo.com

Phone: (818) 688-1296

Zip Code: 91208

Message: No masks. Read the room. We are done. No more masks. Stop nagging. The board is all women. As a woman, I am offended. No mask mandates. None.

Thank you,
County of Los Angeles Board of Supervisors

From: [Jessica Gandlin](#)
To: [ExecutiveOffice](#)
Subject: Insults from Supervisor
Date: Tuesday, July 26, 2022 4:14:14 PM

Dear Executive Office,

I write to you as a constituent of Sheila Kuehl and a concerned parent who has seen how the masking, testing and quarantine policies have emotionally affected our young children. I have experienced their love for school shift to hating school. As a parent I have seen our child that was a ray of sunshine cry each morning on her way to school, to be called a snowflake weenie is appalling! How dare an elected public official who is meant to hear her constituents and address their concerns resort to name calling? She then goes on to compare masking to wearing shoes, as she sits in the comfort of her home. Just last year our kids were outside in 90+ degree weather, forced to mask, some even collapsed due to heat stroke but not to worry it's just a mild inconvenience. I also find this specific supervisor is a blatant liar, she claims that she's received only a few calls, but it's quite obvious just reading the over 2,600 comments on item two, that is most certainly a lie.

DIRECT LINK TO

VIDEO: <https://twitter.com/KevinForBOS/status/1552038739857121280?s=20&t=lugr9SC3PbkUFagWFGJKkA>

It is so unfortunate that this is the leadership of our county. I'm embarrassed for Los Angeles and how the board members didn't even flinch at her derogatory statement during a public hearing.

Ms. Kuehl's behavior is one of the many reasons why the board continues to lose trust and support of the public. I would hope this gets addressed along with the numerous studies cited by hundreds that pertain to mask wearing. Our children will not be wearing respirators which is what the hospitals use. Moreover, Ms. Barger in her statements did refer to Alameda county where the mask mandate was lifted just weeks after implementation because there was no difference in infection rates in surrounding counties. At this point in the pandemic, people are very well equipped to weigh their own risks, taking into consideration their health, their loved one's health and community spread to make an informed decision on whether or not to mask. If anything, consider all the studies that speak to the detriments to childrens' education in the last few years, these policies are the reason we are where we are and it will take years to course correct the damage done.

Looking forward to your response,
Jessica

From: [Jenn Crafts](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: This is how Sheila Kuehl addresses her constituents.
Date: Tuesday, July 26, 2022 5:20:09 PM
Attachments: [image.png](#)

This is how Sheila Kuehl addresses her constituents.

This is not my email, but it is being shared far and wide online and yet another reason why any future mandates (now, in the winter, for anything else, etc) will never be followed. When our elected officials treat people like this, how do you expect them to trust you in any way?

Ms Kuehl should resign today. She is a disgrace.

I am honestly ashamed to live in LA with "leaders" like this.

Re: Snowflake Weepie

 Inbox



Kuehl, Sheila 2:42 PM
to me ▾



You're in luck you coward. I'm done

> On Jul 26, 2022, at 14:16, [REDACTED]

<[REDACTED]>

>

> Hi Sheila,

>

> I'm one of those snowflake weepies that you referenced that doesn't want my family to be forced to wear a mask.

>

> It's hard to describe the amount of disgust I have for your comments.

>

> Unfortunately, there isn't much to be done in the immediate future but I can promise I'll be doing everything I can to ensure you're no longer a Board of Supervisor come the next election.

>

>

From: [Steven Rees](#)
To: [ExecutiveOffice](#)
Subject: One Citizen Against A New Mask Mandate
Date: Tuesday, July 26, 2022 6:09:21 PM

B.O.S. -

Is there a realistic mechanism to counter Ferrer's policy decisions? I'm inundated with her proclamations and warnings but there never seems to be a rational discussion of public health policy - we go from do what she says to homicide by viral spread with no stops in between - as elected officials the B.O.S. need to ask themselves - if Ferrer were up for election today would she win? That question could decide the board's future - masking kids again, effectively closing gyms, movie theaters, and indoor concerts, and turning restaurants and bars into farcical mask on mask off theater is a much bigger deal to the average county resident than it is to 600k a year public employee or politician - 6\$ gas and 8\$ bags of flour put the public in a bad mood to start out with - now make them be the only county in the country to put masks back on because Ferrer says "it's not that much to ask" and it could end up just not that much just enough to be too much.

If legally you can't overrule her, then please fire her.

From: [Tawni Smith](#)
To: [ExecutiveOffice](#)
Subject: No more mask mandates
Date: Tuesday, July 26, 2022 7:47:39 PM

I would like to ask you to stop the mask mandate from returning. Yes, Covid cases have increased, but that is because it is a milder strain that spreads quicker. People are getting it, but not being hospitalized or dying like before. Below I have attached the US Covid 7-day average. Significantly higher cases, not deaths. Our school district has already stated that masks will be 100% dependent on what LA County says. YOU choose. You don't have to go with Ferrer says. She has NO scientific backing or reasoning besides a power grab of why she is going to enforce masks again. The idea of sending my kids to school in masks is nauseating. They can't hear the teacher or other students. They can't rely on facial expressions to understand. Emotionally and mentally, it is hurting youth to keep mandating masks. There is NO need. Let those who want to wear them choose to, but do not make it a mandate. It will hurt the economy; it will hurt families and it is unnecessary.

#fireferrer

Tawni Smith

La Crescenta, CA

COVID CASES USA 7-DAY AVG

128,246 JUL 22 2022

45,754 JUL 22 2021

DEATHS 7-DAY AVG

433 JUL 22 2022

273 JUL 22 2021

From: [Matt Macaluso](#)
To: [Barbara Ferrer](#); [ExecutiveOffice](#); [Holly J. Mitchell](#); [First District](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Sheila](#)
Subject: Long Beach and Pasadena join Beverly Hills in rejecting LA County mask mandate
Date: Tuesday, July 26, 2022 9:54:36 PM

The dominos are falling. Do you get the message yet? Read the room.

LA County Public Health is so out of touch that even its own cities are openly rejecting it. You've lost the trust of the people with your draconian, unnecessary, unscientific mandates over the past 2 and a half years.

You've lost the plot. Our hospitals are completely fine and not strained at all. Covid is not the threat it was before. It's time to move on and align with the rest of the United States (and western world). No more mandates.

From: donotreply@bos.lacounty.gov
To: [ExecutiveOffice](#)
Subject: BOS Contact Us Message
Date: Tuesday, July 26, 2022 7:56:39 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Tim

Email: timallen@bex.net

Phone: (734) 347-3466

Zip Code: 48182

Message: You idiots. Wearing shoes are more repressive??? You people are educators? No you are morons! Read the mask test results before spreading misinformation. Wearing a mask keeps germs in. Do you know what a hepa filter is? You people should not be near children period. What a sham of a board.

Thank you,
County of Los Angeles Board of Supervisors

From: [Matt Jones](#)
To: [First District](#); [Sheila](#); [Supervisor Janice Hahn \(Fourth District\)](#); [Barger, Kathryn](#); [Holly J. Mitchell](#); [ExecutiveOffice](#)
Subject: Meeting Feedback: Mask Mandate
Date: Tuesday, July 26, 2022 10:28:42 PM

May God bless Supervisor Sheila Kuehl for standing up against the snowflakes and suggesting masks are just like shoes & shirts.

I strongly encourage her, and everyone like her, to opt for maximum protection by keeping a plastic bag over the entire head - just like a shoe on a foot.

Lace that plastic bag up nice and snug around the neck now, just like a shoe.

What. A. Moron.

My 4 year old suffers from speech delays because of these dumb hags?!

Almost makes you forget when Ms. Kuehl was busted violating the lockdowns at restaurants hours after voting for them. Almost.

Anyhow, thanks for doing the videos online so we can clip, share, & save for the future. Our children aren't going to believe how dumb & boldly hypocritical our pathetic "leaders" (not by example) are during this crisis.

Ms. Kuehl, be sure to use Recyclable plastic bags over your head; better for the environment, so we're told.