

Communication from Public

Name: LC Fellers

Date Submitted: 05/07/2020 07:14 PM

Council File No: 20-0429

Comments for Public Posting: Please vote NO requiring the use of outdoor masks. This is an addendum to my earlier comments regarding how difficult it is for myself and my young son to breath in a mask outdoors and that my son cannot stop touching his nose and mouth readjusting his mask because it's impossible to find a child size face covering that fits him, actually putting him at greater risk of catching coronavirus. Please see attached World Health Organization's April 6, 2020, guidance regarding mask usage. According to WHO, "[T]he wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks." Those risks include "self-contamination that can occur by touching and reusing contaminated mask" and "potential breathing difficulties." In addition, the attached CDC's recommendation regarding the use of cloth face coverings advise that cloth face coverings be used "in public settings where other social distancing measures are difficult to maintain" such as a grocery store or other enclosed spaces or crowded spaces. The CDC's recommendations DO NOT specifically advise the use of cloth face coverings in outdoor settings anytime someone leaves their home. Furthermore, the CDC's recommendations view cloth face coverings as a "voluntary public health measure" not something to be required by law or ordinance.

Advice on the use of masks in the context of COVID-19

Interim guidance

6 April 2020



Background

This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. It will be revised as more data become available.

Current information suggests that the two main routes of transmission of the COVID-19 virus are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact (within 1 m) with someone who has respiratory symptoms (coughing, sneezing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).¹

WHO has recently summarized reports of transmission of the COVID-19 virus and provided a brief overview of current evidence on transmission from symptomatic, pre-symptomatic, and asymptomatic^a people infected with COVID-19 (full details are provided in WHO COVID-19 Situation report 73).²

Current evidence suggests that most disease is transmitted by symptomatic laboratory confirmed cases. The incubation period for COVID-19, which is the time between exposure to the virus and symptom onset, is on average 5-6 days, but can be as long as 14 days. During this period, also known as the “pre-symptomatic” period, some infected persons can be contagious and therefore transmit the virus to others.³⁻⁸ In a small number of reports, pre-symptomatic transmission has been documented through contact tracing efforts and enhanced investigation of clusters of confirmed cases.³⁻⁸ This is supported by data suggesting that some people can test positive for COVID-19 from 1-3 days before they develop symptoms.^{9,10}

Thus, it is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through

touching contaminated surfaces. WHO regularly monitors all emerging evidence about this critical topic and will provide updates as more information becomes available.

In this document medical masks are defined as surgical or procedure masks that are flat or pleated (some are shaped like cups); they are affixed to the head with straps. They are tested according to a set of standardized test methods (ASTM F2100, EN 14683, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance. This document does not focus on respirators; for guidance on use of respirators see IPC guidance during health care when COVID-19 infection is suspected.¹¹

Wearing a medical mask is one of the prevention measures that can limit the spread of certain respiratory viral diseases, including COVID-19. **However, the use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted.** Whether or not masks are used, maximum compliance with hand hygiene and other IPC measures is critical to prevent human-to-human transmission of COVID-19. WHO has developed guidance on IPC strategies for home care¹² and health care settings¹¹ for use when COVID-19 is suspected.

Community settings

Studies of influenza, influenza-like illness, and human coronaviruses provide evidence that the use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential contamination of the environment by these droplets.¹³ There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure.¹⁴⁻²³ However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

Medical masks should be reserved for health care workers.

The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take

^a An asymptomatic laboratory-confirmed case is a person infected with COVID-19 who does not develop symptoms. Asymptomatic transmission refers to transmission of the virus from a person, who does not develop

symptoms. The true extent of asymptomatic infections will be determined from serologic studies.

masks away from those in health care who need them most, especially when masks are in short supply.

Persons with symptoms should:

- wear a medical mask, self-isolate, and seek medical advice as soon as they start to feel unwell. Symptoms can include fever, fatigue, cough, sore throat, and difficulty breathing. It is important to note that early symptoms for some people infected with COVID-19 may be very mild;
- follow instructions on how to put on, take off, and dispose of medical masks;
- follow all additional preventive measures, in particular, hand hygiene and maintaining physical distance from other persons.

All persons should:

- avoid groups of people and enclosed, crowded spaces;
- maintain physical distance of at least 1 m from other persons, in particular from those with respiratory symptoms (e.g., coughing, sneezing);
- perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- cover their nose and mouth with a bent elbow or paper tissue when coughing or sneezing, dispose of the tissue immediately after use, and perform hand hygiene;
- refrain from touching their mouth, nose, and eyes.

In some countries masks are worn in accordance with local customs or in accordance with advice by national authorities in the context of COVID-19. In these situations, best practices should be followed about how to wear, remove, and dispose of them, and for hand hygiene after removal.

Advice to decision makers on the use of masks for healthy people in community settings

As described above, the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks. WHO offers the following advice to decision makers so they apply a risk-based approach.

Decisions makers should consider the following:

1. **Purpose** of mask use: the rationale and reason for mask use should be clear— whether it is to be used for source control (used by infected persons) or prevention of COVID-19 (used by healthy persons)
2. Risk of **exposure** to the COVID-19 virus in the local context:
 - The population: current epidemiology about how widely the virus is circulating (e.g., clusters of cases versus community transmission), as well as local surveillance and testing capacity (e.g., contact tracing and follow up, ability to carry out testing).
 - The individual: working in close contact with public (e.g., community health worker, cashier)
3. **Vulnerability** of the person/population to develop severe disease or be at higher risk of death, e.g. people with comorbidities, such as cardiovascular disease or diabetes mellitus, and older people

4. **Setting** in which the population lives in terms of population density, the ability to carry out physical distancing (e.g. on a crowded bus), and risk of rapid spread (e.g. closed settings, slums, camps/camp-like settings).
5. **Feasibility**: availability and costs of the mask, and tolerability by individuals
6. **Type** of mask: medical mask versus nonmedical mask (see below)

In addition to these factors, potential advantages of the use of mask by healthy people in the community setting include reducing potential exposure risk from infected person during the “pre-symptomatic” period and stigmatization of individuals wearing mask for source control.

However, the following potential risks should be carefully taken into account in any decision-making process:

- self-contamination that can occur by touching and reusing contaminated mask
- depending on type of mask used, potential breathing difficulties
- false sense of security, leading to potentially less adherence to other preventive measures such as physical distancing and hand hygiene
- diversion of mask supplies and consequent shortage of mask for health care workers
- diversion of resources from effective public health measures, such as hand hygiene

Whatever approach is taken, it is important to develop a strong communication strategy to explain to the population the circumstances, criteria, and reasons for decisions. The population should receive clear instructions on what masks to wear, when and how (see mask management section), and on the importance of continuing to strictly follow all other IPC measures (e.g., hand hygiene, physical distancing, and others).

Type of Mask

WHO stresses that it is critical that medical masks and respirators be prioritized for health care workers.

The use of masks made of other materials (e.g., cotton fabric), also known as nonmedical masks, in the community setting has not been well evaluated. There is no current evidence to make a recommendation for or against their use in this setting.

WHO is collaborating with research and development partners to better understand the effectiveness and efficiency of nonmedical masks. WHO is also strongly encouraging countries that issue recommendations for the use of masks in healthy people in the community to conduct research on this critical topic. WHO will update its guidance when new evidence becomes available.

In the interim, decision makers may be moving ahead with advising the use of nonmedical masks. Where this is the case, the following features related to nonmedical masks should be taken into consideration:

- Numbers of layers of fabric/tissue
- Breathability of material used
- Water repellence/hydrophobic qualities
- Shape of mask
- Fit of mask

Home care

For COVID-19 patients with mild illness, hospitalization may not be required. All patients cared for outside hospital (i.e. at home or non-traditional settings) should be instructed to follow local/regional public health protocols for home isolation and return to designated COVID-19 hospital if they develop any worsening of illness.⁷

Home care may also be considered when inpatient care is unavailable or unsafe (e.g. capacity is limited, and resources are unable to meet the demand for health care services). Specific IPC guidance for home care should be followed.³

Persons with suspected COVID-19 or mild symptoms should:

- Self-isolate if isolation in a medical facility is not indicated or not possible
- Perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- Keep a distance of at least 1 m from other people;
- Wear a medical mask as much as possible; the mask should be changed at least once daily. Persons who cannot tolerate a medical mask should rigorously apply respiratory hygiene (i.e. cover mouth and nose with a disposable paper tissue when coughing or sneezing and dispose of it immediately after use or use a bent elbow procedure and then perform hand hygiene.)
- Avoid contaminating surfaces with saliva, phlegm, or respiratory secretions.
- Improve airflow and ventilation in their living space by opening windows and doors as much as possible.

Caregivers or those sharing living space with persons suspected of COVID-19 or with mild symptoms should:

- Perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- Keep a distance of at least 1 meter from the affected person when possible;
- Wear a medical mask when in the same room as the affected person;
- Dispose of any material contaminated with respiratory secretions (disposable tissues) immediately after use and then perform hand hygiene.
- Improve airflow and ventilation in the living space by opening windows as much as possible.

Health care settings

WHO provides guidance for the use of PPE, including masks, by health care workers in the guidance document: Rational use of PPE in the context of COVID-19.²⁴ Here we provide advice for people visiting a health care setting:

Symptomatic people visiting a health care setting should:

- Wear a medical mask while waiting in triage or other areas and during transportation within the facility;
- Not wear a medical mask when isolated in a single room, but cover their mouth and nose when coughing or sneezing with disposable paper tissues. Tissues must be disposed of appropriately, and hand hygiene should be performed immediately afterwards.

Health care workers should:

- Wear a medical mask when entering a room where patients with suspected or confirmed COVID-19 are admitted.
- Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health-certified N95, European Union standard FFP2, or equivalent, when performing or working in settings where aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy are performed.
- Full infection prevention and control guidance for health care workers is provided [here](#).

One study that evaluated the use of cloth masks in a health care facility found that health care workers using cotton cloth masks were at increased risk of infection compared with those who wore medical masks.²⁵ Therefore, cotton cloth masks are not considered appropriate for health care workers. As for other PPE items, if production of cloth masks for use in health care settings is proposed locally in situations of shortage or stock out, a local authority should assess the proposed PPE according to specific minimum standards and technical specifications.

Mask management

For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission.

The following information on the correct use of masks is derived from practices in health care settings:

- Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
- Avoid touching the mask while wearing it.
- Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Replace masks as soon as they become damp with a new clean, dry mask.
- Do not re-use single-use masks.
- Discard single-use masks after each use and dispose of them immediately upon removal.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Coronavirus Disease 2019 (COVID-19)

Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission

CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from [recent studies](#) that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms.

This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. **In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.**



Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

It is critical to emphasize that maintaining 6-foot social distancing remains important to slowing the spread of the virus. CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, **voluntary** public health measure.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

This recommendation complements and does not replace the [President's Coronavirus Guidelines for America, 30 Days to Slow the Spread](#) [↗](#), which remains the cornerstone of our national effort to slow the spread of the coronavirus. CDC will make additional recommendations as the evidence regarding appropriate public health measures continues to develop.

How to Make Your own Face Covering

Recent Studies:

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Communication from Public

Name: Benjamin Franklin

Date Submitted: 05/07/2020 07:40 PM

Council File No: 20-0429

Comments for Public Posting: There is ZERO proof that wearing of masks riding in one's car, or moving around outdoors in spaces or activities not involving crowds and with appropriate social distancing, does ANYTHING to reduce deaths from COVID. ZERO. This asinine idea is ignorant, medieval "magical thinking." What you are going to do is harass and torment people in 100-degree heat FOR NOTHING. NOTHING. Well, nothing except feel-good posturing at little expense to yourselves. Why don't you do your jobs and focus on measures with a chance of actually reducing danger and death? Isolate the "petri dish" environments and spend the money to implement safeguards and measures to protect those environments: First tier being: Nursing homes, assisted living facilities, hospitals--enclosed spaces involving crowded conditions, food handling, bathroom functions, and vulnerable patient cohorts. No one testing positive goes in, ever. Everyone has ample DISPOSABLE, STERILE medical-standard masks and safety gear. Second tier of death reduction: OTHER crowded environments where people are forced up against each other--public transportation. Crowded low-income housing. It is a JOKE and SO, SO AMERICAN to wank around with ineffective (and unenforceable) nonsense like this measure, when medical and first-responder personnel are going without adequate sterile safety gear and old people trapped in care homes are dying in droves. For God's sake, come to your senses. Czechoslovakia? WHO? Give me a break.

Communication from Public

Name: J

Date Submitted: 05/07/2020 07:42 AM

Council File No: 20-0429

Comments for Public Posting: I urge you to oppose this measure. This will have dire consequences for mental health. I have already lost my business and all of my income due to COVID-19. I live alone and am not allowed to SEE ANY SINGLE HUMAN BEING because of the city's COVID-19 decree. Literally the only thing I have keeping me sane is a daily walk. I am not going to wear a mask every time I leave the house. If this is going to be the latest authoritarian edict from the city, I am going to opt out of existing in this world. Prepare to deal with mass suicides if you go this far.

Communication from Public

Name: Jason

Date Submitted: 05/07/2020 08:13 AM

Council File No: 20-0429

Comments for Public Posting: I strong oppose this motion and urge the council to reject it. Over the past two months, our city has rapidly descended into a quasi-police state where one by one our freedoms have been taken away. I have lost my business and now live on unemployment because of COVID-19. I watch the mayor go on Facebook every day to announce the latest freedoms that have been take away and chide us like we are children. We are citizens of a FREE country. We did not elect the CDC or any other health official. We elected YOU. And we will hold you accountable for the actions you are taking. I have lost literally EVERYTHING because of the city's response to COVID-19. People who live alone like me can't even see friends or family any more. I have no income, no friends, no family, and now I am literally going insane with the thought that I may have to hide my own face in public. The only sanity some of us have is an escape to stroll the deserted and depressing streets of our neighborhoods, which is my case is full of boarded up businesses. Life is already depressing enough; forcing us to wear face coverings just because people have been whipped into a frenzy of fear isn't going to do anything to "save lives." I am a lifelong Democrat with a history of supporting progressive causes and candidates. I am certainly not a Trump/MAGA supporter. I've accepted all of the restrictions and extreme measures that have literally ended everything in my life, but this is going way to far. I ABSOLUTELY WILL NOT ACCEPT THIS. If you want to live in fear, running away from people every time you see them in the street, and covering your face with a cloth mask that you think is going to save you, go right ahead. But keep your fear to yourself. You can expect an uprising like never before from people who are fed up if you do this. And, no, this won't be a MAGA rally--there are Democrats and liberals all over this city who are fed up with this authoritarian bent.

Communication from Public

Name: J.J. Blair

Date Submitted: 05/07/2020 12:51 PM

Council File No: 20-0429

Comments for Public Posting: Please consider an ordinance requiring face masks outside of homes and cars, and not just inside of business. Many sidewalks, and public staircases and paths are very narrow. The CDC suggests 6 ft for distancing and 12 feet for runners. Many people are defiant and even hostile about the idea of wearing masks in public in consideration of others. It would be very helpful to have an ordinance, so that we don't have to beg people to be considerate for those of us who could be gravely affected by getting Covid. It's going to be a while until a vaccine occurs. Please take this small step to help keep us all as safe as possible.

Communication from Public

Name: Kris Sullivan

Date Submitted: 05/07/2020 12:51 PM

Council File No: 20-0429

Comments for Public Posting: I support the ordinance requiring people to wear masks outside of their homes. Everything we read, especially in scientific reports, say this action helps prevents the virus from spreading. Also, evidence points to the fact that Covid-19 will be around for quite awhile. California is already flattening the curve by encouraging social distancing and other measures. At this time, many of us feel threatened by others who walk or run or cycle by without masks. For runners and cyclists, It is easy to have a mask at the ready, slide it over the face when passing pedestrians. Wearing masks is a simple fix and should be required.

Communication from Public

Name: LC Fellers

Date Submitted: 05/07/2020 01:23 PM

Council File No: 20-0429

Comments for Public Posting: I am an LA resident who lives in CD8. I ask that you please vote “no” on any requirement to wear masks outdoors. I have respected and complied with all aspects of the Safer at Home order, including wearing a mask while in enclosed spaces like grocery stores and on the bus and train when social distancing is not possible. However, I am alarmed to read of Councilmember Koretz’s proposal to require all city residents to wear masks anytime they leave their homes. This is a step too far. Will you require residents to wear masks outdoors while they’re outside their front door or standing in their own yards (if they’re lucky enough to live in a house)? Go out to get the mail? While doing yard work and gardening? What about when you are the only person around for thousands of feet in an empty park? What about children, like my 7 year old son, who complains about not being able to breathe while wearing a mask and repeatedly touches his face while wearing one (because it’s impossible to find children sized masks), actually increasing his likelihood of catching coronavirus and putting him more at risk? Will the police stop people not wearing a mask? Arrest them? Issue onerous fines? This outdoor mask requirement WILL NOT make us safer, especially if we are practicing social distancing already. It will instead become a de-facto home confinement rule for some residents. After nearly two months under the Safer at Home order, the only bright spot (and mental health release valve) has been the fact that Angelenos can go outside and breathe some fresh air without a mask. Please do not take this away. Masks, particularly homemade face coverings, make it difficult to breathe, especially in the increasingly hotter weather that we are experiencing, and can become moist, rendering them useless. People often don’t wear a mask properly and are constantly touching their face, near their nose and mouth, to readjust it, further increasing their chances of catching coronavirus. Furthermore, the masks do not protect the person wearing it from catching coronavirus, it is a preventive measure to prevent asymptomatic individuals from spreading it to others; if there are no other people anywhere near you, what purpose does it serve to force people to wear a mask outdoors? Lastly, access to masks is limited because they’re hard to find and expensive and will become more so if you vote to require their use anytime anyone

walks out their front door. In our neighborhood, street vendors (when you can find them) sell masks for \$5 each and they usually don't have any children's sizes. Good luck finding them online - if you're lucky enough to have access to the internet or a fancy smartphone in order to purchase them online and a credit card to do so. Masks online sell for \$10 and up. In order for those masks to be most effective, you need to have multiple masks to change them and/or regularly wash them. That can be a challenge if you don't have your own washer/dryer. Please vote NO on requiring masks outdoors.

Communication from Public

Name: L. Walker

Date Submitted: 05/07/2020 02:13 PM

Council File No: 20-0429

Comments for Public Posting: I support the requirement to wear masks whenever leaving the house per Council file #20-0429. Thank you.

Communication from Public

Name: Tinker

Date Submitted: 05/07/2020 02:28 PM

Council File No: 20-0429

Comments for Public Posting: I support this requirement for masks. Thank you