



April 12th, 2021

To our Prime Minister, Premiers, Ministers of Health, and Chief Medical Officers,

Masks4Canada is a grassroots volunteer group of physicians, media, data scientists, marketing specialists, technologists, lawyers, engineers, students, teachers, and other professionals. We provide expertise and time in advocating for more effective public health measures in response to COVID-19, and our work is grounded in scientific research and the knowledge of healthcare professionals, engineers, and other relevant experts in our group.

Canada is currently facing a third wave of COVID-19 infection across 6 provinces. More than a million Canadians have already been infected with a disease that is not only filling our ICUs but also raising increasing concern about well-documented long-term health consequences, or “long COVID.” More than a year into this pandemic, it is only becoming more clear that our response to the pandemic is not working. We need a truly national response that builds on the notable success of Atlantic Canada and the North. We cannot continue to leave tens of millions of Canadians’ lives, health, and economic well-being in the hands of disjointed and feeble responses.

Canada currently lacks effective national coordination and is falling behind our peer federations. Our Constitution provides for a federal role in responding to pan-Canadian concerns, as evidenced by the Supreme Court’s recent upholding of the federal backstop for the carbon tax. Coordination of health emergencies across the country is a responsibility of the Minister of Public Safety under s.4 of the Emergency Management Act. Similarly, the Department of Health Act authorizes the Minister of Health to issue orders, and for the Governor in Council to make regulations to give effect to her power under section 2(b) relating to “the protection of the people of Canada against risks to health and the spreading of diseases.” All of this comes under the general federal power to make laws for peace, order and good government (POGG) outside of exclusive provincial jurisdiction in the *Constitution Act, 1867*. Just as the Supreme Court held that the POGG power allowed for the federal government to impose policy across the provinces in response to interjurisdictional problems like climate change, we believe that the use of this power is equally justified for a pandemic response.

We need national standards, either as a condition of receiving federal money or, if necessary, imposed under an order or regulation under the various existing federal acts referenced above. In particular, we need national standards governing:

1. **Metrics-driven restrictions.** We need national standards that use critical metrics such as reproduction rate (R), test positivity, and healthcare capacity to trigger the imposition or lifting of restrictions on the opening of businesses, schools, and other publicly accessible spaces. These metrics should be made public and trackable.
2. **Consistent travel restrictions.** International, interprovincial, and interregional travel should be permitted only between areas where there are similarly low levels of COVID-19 cases and these restrictions need to be consistently enforced so as to avoid constant re-introduction of new cases. Quarantine protocols for essential travel between provinces should be standardized.



3. **Consistent responses to exposures.**
 - a. **Isolation** We need national standards for the duration of self-isolation for patients who had an exposure or are diagnosed with COVID-19. These standards may need to change in response to variants.
 - b. **Sick Days** We also need nationally mandated paid sick days for essential workers to support time off for vaccination or testing as well as self-isolation as needed, as these groups are driving infections in the third wave.
4. **Masking.** Masking needs to be mandatory in public indoor spaces, including all schools and workplaces, regardless of distancing. This mask mandate should be supported by clear and consistent mask quality requirements (e.g. ASTM certification) and the distribution of N95 or equivalent masks to the Canadian population.
5. **Testing.** We need to expand and normalize the use of mass rapid testing as a screening tool in schools, workplaces, and health care facilities, and make rapid testing widely available to the general public. Such uses should be consistent across Canada.
6. **Aerosol mitigation.** ASHRAE and PHAC recognize that COVID-19 is primarily an airborne disease. We need national rules about minimum requirements for HVAC systems, air filtration, and indoor air purity, particularly for congregate settings such as LTCs, large workplaces, and our schools using guidelines such as those provided by the Harvard-Chan School of Public Health.
7. **Vaccination.** National standards are needed to support equitable and effective distribution. Now that elderly and Indigenous populations are largely vaccinated, it should be a national priority to vaccinate essential workers in congregate settings (e.g. school staff, workers in large workplaces), and postal codes with higher proportions of frontline workers.
8. **Data.** A national database with immunization information and strong privacy protections will be critical to support an effective and efficient rollout to the entire population, including those who do not have legal documentation or move between provinces or territories. Similarly, there needs to be a consistent approach to data collection across provinces, including uniform information classification and data gathering requirements to facilitate cross-jurisdictional data comparison and analysis. This will be of particular importance in following up and tracking outcomes with vaccine recipients.

A consistent national approach in these eight areas, guided by international best practices and clear scientific evidence, would greatly assist in ending this pandemic in Canada. Such an approach would save lives and reinforce that we are all one country and we are all in this together - and that, together, we are better able to face the challenges before us.

Regards,

Masks4Canada