

# One Year Living Under COVID-19 Restrictions: An Open Letter to the Vermont Department of Health

February 15, 2021

Dear Health Commissioner Mark Levine and the Vermont Department of Health,

One year after the COVID-19 restrictions began, data continues to emerge shedding light on the costs and benefits of public health policies such as lock-downs, masks, and distancing. Public health officials should be continually re-evaluating these policies, in light of new and existing evidence. Conducting an ongoing cost/benefit analysis of public health measures is basic best-practice in the field. It is especially important when implementing entirely new strategies that restrict the freedom of everybody in the community.

It's time we ask: Are these measures working to prevent COVID-19, and at what cost? As these new measures are being implemented in communities worldwide, researchers have been gathering data to help us determine the answer to that question.

## **Emerging evidence on effectiveness**

This summer our own University of Vermont Department of Medicine released a study called [\*Risk Factors for COVID-19: Community Exposure and Mask Wearing\*](#), co-authored by Mark Levine. Among other things, this study found that mask wearing made **no statistically significant difference** between those who tested positive and those who did not. It also found that "wearing a facial mask outside of work **increased probability** of COVID-19 infection."

Mask mandates across the U.S. appear to have had no impact at all on the natural slope of infection rates, as demonstrated in research released this fall by [Rational Ground](#). The graphs compare the infection rates to the implementation of mandates, which occurred at different times in each state. While correlation does not prove causation, there is a clear pattern: mandates made no difference in every case.

Far from surprising, new findings such as these are in line with previous findings on the effectiveness of masks. According to the [World Health Organization's June report](#) (page 6), there was no direct or high-quality evidence of their effectiveness in the community setting. In their December, 2020 publication titled [Guidance on Mask Use in Community Settings](#) (page 8), the WHO again confirms that: "At present there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2." The 45 references [provided by the CDC](#) as evidence for the use of cloth masks in the community setting are still, to this day, all of the low-quality, indirect type described by the WHO.

Lock-downs, social distancing, and masks are all justified by a perception that people without symptoms (a.k.a. "asymptomatic") can be super-spreaders of the virus in community settings. However, the evidence for this is also lacking. A recently published large-scale study called [Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China](#) confirms that "asymptomatic positive cases detected in this study were unlikely to be infectious." Due to the weight of the evidence provided by this study and others, the [WHO is also confirming](#) that asymptomatic people very rarely transmit the virus to others. (Statement made at the end of the video.)

### **At what cost?**

Meanwhile, recently released survey results about the effects of masks are exposing the numerous physical, social, and mental health risks of this intervention. ["Co-Ki": First results of a Germany-wide registry on mouth and nose covering \(mask\) in children](#), by Silke Schwarz, et.al. shares the results of a survey of over 20,000 parents, exposing the devastating effects masks are having on the developmental health of youth. The [Vermont Mask Survey](#) contains evidence of the harms adults across our state are suffering, and results show that essential workers and those with pre-existing conditions (including pregnancy) are particularly vulnerable. Both surveys used similar methods and came to similar conclusions, even though they were of different populations (children in Germany – adults in Vermont), thereby further validating their results. What is the department of health doing to assess and address the myriad of health impacts [known to be caused](#) (page 8) by the use of masks?

Lock-downs also cause a chain-reaction of negative physical, emotional, and social consequences which are being documented around the world. [Vermont's department of health has been considering this data](#), (at 22 minutes into recording), but how are the increases in addiction, mental health issues, abuse, job/income loss, and homelessness [being weighted](#) against the benefits of the lock-down policy? Is the Department working on measures to mitigate or address these issues? How much harm needs to be done before we reconsider these policies?

### **It's time we ask: Are these measures working to prevent COVID-19, and at what cost?**

On the first anniversary of living under these health measures, and in light of new and existing research on their costs and benefits, I have two urgent questions for the Vermont Department of Health:

1. What is the department's process for weighing the evidence, and conducting an ongoing cost/benefit analysis of their health policies related to COVID-19?
2. How can the public participate in the process?

Most government entities in Vermont have a process for public participation. Our governing bodies are required to hold open meetings. The public can observe their decision-making process, and can also participate in the process. Since these measures are [impeding our state's](#)

[democratic processes](#) in many ways, shouldn't these decisions be made as democratically as possible?

Does the Department of Health have regularly scheduled meetings to evaluate emerging evidence? Who is responsible for gathering the evidence? How is the evidence weighed? Who sits at the table and participates in the discussion? How are decisions about health policies made? How are they revised?

In order to assess how these health policies are affecting Vermonters, the department of health needs an open line of communication. Vermonters have plenty of input to share. Professionals in all fields have data they can share about how the health measures are impacting the people they serve. Testimony should also be taken from the community members most affected by the health policies. Business owners, parents, patients, and youth all have valuable experiences to share. Without their testimony, how can the department of health conduct a fair assessment?

We have been operating under these experimental and controversial health policies for an entire year. Instead of conducting an open assessment, our health department seems more interested in compliance, not science. It's time for a second opinion. Let's start with having a place at the table for Vermonters to observe and participate in the process.

Dr. Levine, are you listening?

Sincerely,  
Amy Hornblas  
Health Educator, Citizen Scientist