

Alberto Quintanilla

From: Tony Pang
Sent: Monday, June 8, 2020 3:30 PM
To: Police Chief
Cc: Lily Mei; Rick Jones - Councilmember; Raj Salwan; Teresa Keng; Jenny Kassan; Yang Shao; Vinnie Bacon; Mark Danaj; CClerk
Subject: Thank you for your service

Dear Police Chief,

I would like to express my thanks for the diligence, effort that you and your department have shown during COVID 19 pandemics and the tumultuous time we are facing.

Everyday your officers work long hours in protecting and serving the community. You confront danger to keep us out of harm's way. You face challenges and sometimes are forced to make split second decision which could mean life and death for you and the individuals involved. It is imperative that men and women of your department, who put their lives on the line are recognized and appreciated for their dedication and commitment.

The Fremont Police Department is an exemplary example of what a fine law enforcement agency strive to be.

Thank you and stay safe.

Tony Pang

Alberto Quintanilla

From: Kylie Cheung
Sent: Saturday, June 6, 2020 8:44 PM
To: msandoval@fremont.k12.ca.us; dcampbell@fremont.k12.ca.us; larry4sb@aol.com; acrosbie@fremont.k12.ca.us; djones@fremont.k12.ca.us; mberke@fremont.k12.ca.us; surfboard@fremont.k12.ca.us; Lily Mei; Rick Jones - Councilmember; Vinnie Bacon; citycouncil; Jenny Kassan; Raj Salwan; Teresa Keng; Yang Shao; CClerk
Subject: URGENT PUBLIC COMMENT: FUSD must terminate partnership with the Fremont POLICE

Hi

My name is Kylie, and I am an alumni of Chadbourne, Hopkins Junior High, and Mission San Jose High School. I am writing to demand **the termination of FUSD's partnership with the Fremont Police Department**. You cannot simultaneously align yourself with the Fremont Police Department and work to fight institutional racism. Schools across the nation, including [Minneapolis public schools](#), have terminated their partnership with the police in the wake of these incidents of police brutality. We must follow their example.

It is unnatural, racist and hostile to have police in schools, when schools must be places where students can feel safe and focus on learning. Policing has historically escalated and worsened outcomes for youth. The school-to-prison pipeline is a disturbing national trend where primarily students of color are funneled out of public schools and into juvenile and criminal justice systems instead of getting assistance and resources. Many students, according to the ACLU, have learning disabilities or histories of poverty, abuse, or neglect. Instead of receiving counseling, educational services, and social-emotional supports, they are pushed out of school and pushed even further from getting the support they need. When Black and Brown youth especially are criminalized in this pipeline, this presents yet another way systemic racism manifests itself.

However, the increased policing in our schools allows for *children* to be criminalized. In the 1950s when the concept of SROs first arose, there were [less than 100 SROs](#) across the country; now, there are [more than 46,000](#). An increasing amount of school districts employ SROs to patrol the school often with little training in working with youth. Students are now [more likely](#) to be subject to school-based arrests, which are mostly for non-violent offenses such as disruptive behavior, than a generation ago. With a rising number of SROs and school-based arrests, students are literally being criminalized for issues that should be handled by educators, counselors, and administrators.

Our schools should not be reflections of the world. Rather, they should be reflections of the world we want to live in. Thus, I clearly and without hesitation *demand* FUSD to cut all ties with the Fremont Police Department *immediately* and invest in educational and counseling support. Statements of diversity, inclusion, and a safe and supportive learning environment mean absolutely *nothing* if they are not backed up by action.

Signed,
Kylie

Kylie Cheung
[@kyliecheung](#) | www.kyliecheung.tumblr.com
Check out my [newsletter](#) on gender/politics!

Cell: +1 510-755-9222

Alberto Quintanilla

From: Sharon Scharff
Sent: Thursday, June 4, 2020 9:47 AM
To: Lily Mei
Cc: citycouncil; Don Mooney
Subject: Rancho Arroyo Parkway

Dear Mayor Mei,

I submitted the following letter to be included on the agenda for the June 2 Council meeting when I discovered the public would only have 2 minutes during public communications. Since the issues we have raised and the improprieties we have exposed over the actions the City has taken on Rancho Arroyo Parkway under false pretenses and without demonstrating cause or authority still are being dismissed out of hand for reasons the people who live here (and are being compromised on a daily basis) can not begin to understand; I implore you to prevent any further damage be performed on this street. You are creating a death trap in a completely a typical area with existing physical restraints for access in and out for residents and emergency vehicles alike. The lives of the people you represent are being endangered without any possible cause , please take the time to stop this absurdity and demand truthful and accurate information that addresses the situation from your city administrators; the people we employ.

The City of Fremont must have more immediate need for funds and efforts and improvements for serious problems than continuing to harass and destroy a once safe, quiet, established, isolated tiny corner of Niles?????

Under no circumstances refer to Levines letter to my attorney Don Mooney as an explanation. The letter is without substance and non responsive to the issues being raised.

Sharon Scharff

Sent from [Mail](#) for Windows 10

6/1/2020

Mayor Mei and City Council,

2 Years ago, the City Council and Administration of Fremont had no excuse to ignore the blatant lack of unprofessional and irresponsible actions surrounding an unauthorized neighborhood redesign that was performed under the pretense of street maintenance on Rancho Arroyo Parkway in Niles

2 years ago, the City Council had an opportunity to send the message that Fremont is a City that protects its citizens and respects their rights and conducts business in a legal and ethical manner by operating within professional and lawful guidelines.

Instead, almost two years later a public works project that altered and changed the design of an existing established safe neighborhood intentionally circumventing legal and standard procedures has revealed a far larger and unacceptable issue of unchecked abuse of office. The actions taken by the public works department and acceptable to the City Council indicate a complete lack of responsibility to perform the required duties of City offices within acceptable legal and professional standards.

In 2018, public works redesigned an isolated existing neighborhood in the historic district of Niles- using a CEQA exempt street maintenance program PWD 8195-P as the authorized project in direct violation to standard procedure, CEQA requirements, moral integrity, and without disclosing or giving any public notice to the actual extent of the work being performed.

Noe Veloso and the department of public works took it upon themselves to redesign Rancho Arroyo Parkway by creating new additional street parking then applying inappropriate urban high density street markings in a landlocked isolated neighborhood specifically designed in 1972 to retain the character and integrity of the area that resulted in a safe and aesthetically consistent neighborhood in Niles (protected under City Ordinance). In 1986, the parkway was modified in a proper and legal manner by the City Council through a resolution allowing for a loading zone to be utilized to enhance the safety for deliveries in front of the apartment complex and reexamining and upholding the street parking prohibitions. The neighborhood has not changed materially in 50 years due to the isolated and unique location of this area in Rancho Arroyo. Had the City initiated the correct process to initiate the street redesign they would have discovered the reason behind the design and its lasting success as a safe and unique neighborhood in a isolated area in Fremont.

Instead, without any regard to standard and required procedures the transportation department simply decided to redesign because they wanted to; no request for project, no attempt to understand the existing design, no study of possible outcome, no concern with any legal restrictions and absolutely no public notice to the residents that live on the street.

If that wasn't enough, the area protected by city law and design was not even eligible for change under Vision Zero (purpose---reduce fatalities; no fatalities, excellent safety record on Rancho Arroyo); the changes are contrary to the intent of the General Plan which protects the character of safe and unique neighborhoods; and violates safe and complete streets which calls for parking reductions, not additions. It would not have been exempt from CEQA as a maintenance add on because it materially changes the purpose of the street and neighborhood.

For two years, those whose daily lives have been impacted have supplied the Council and City employees with the facts. That's F A C T S not FAQ which apparently the public works department believe the terms are interchangeable. We have provided not only the legal reasons the work should never have been done but also the obvious and practical reasons that it was without any merit and degraded the parkway as a direct result. The material has been ignored, and the issues not addressed. The justification by the Public works department has been a barrage of meaningless rhetoric not relevant to this incredibly unique stretch of parkway in an isolated location.

Because Noe Veloso and the department are determined to proceed with more inappropriate changes scheduled to start this month, I had to take action to enable a time out until this situation has been properly addressed and evaluated. The City has far more pressing issues than wreaking havoc on 1150 linear feet of parkway in an isolated neighborhood that has negligible effect on the City of Fremont.

After a review of the situation, my attorney sent a letter to City Manager Mark Danaj on May 20, 2020. citing the violations and requested the specific issues be addressed prior to any continued work in the area in question.

One month later we received a letter from Harvey Levine (legal counsel to the City of Fremont) signed by a senior deputy attorney. After two years there is still no attempt by the City to understand the situation. The letter indicates reinstating parking on Rancho Arroyo was completely at the discretion of the City Manager which apparently the city council has given unlimited authority with no requirement to operate in accordance with civic law. Again, Wrong on both counts---

- Parking wasn't reinstated new parking was created under false pretenses and in violation of city ordinances and the Council cannot grant absolute power to the City Manager.

Of course, this begs the question if there is no accountability in the actions and authority of the city manager, how exactly do you gauge performance raises (2 in the last year) and salary perks?

With receipt of the City's response to my attorney, and the continued failure on the part of the City to recognize the true issue at stake, I request any additional work the department is attempting to push through be suspended.

The Department/City/Hans/ Noe wants to implement Vision zero? Fine. You want to redesign a safe neighborhood to the detriment of the residents because you can? Fine. But you better do it in accordance to the acceptable standards and procedures required under civic law and moral responsibility that is inherent in your office or position.

You are not self-employed.

I am asking again for a suspension of any further work on Rancho Arroyo Parkway until the actual issues concerning the work that was done are addressed and resolved and the current turmoil and volatility we are all dealing with settles somewhat. We all have profoundly serious issues at stake here, now is not the time to complicate the situation.

Thank you.

Sharon Scharff

Alberto Quintanilla

From: Srikanth S
Sent: Tuesday, June 2, 2020 7:07 PM
To: citycouncil
Subject: Question about development services and process

To Fremont City Council,
Dear Council Members,

I wanted to raise a concern on the current process and procedures at development services. It is a good initiative that Fremont city has taken about automating some Permit approvals. But currently it is a black box on whether my permit was submitted correctly or what is the status. I recently submitted a revision only on May 1st to eplaninfo@fremont.gov but never received any response regarding whether it was successful submission. Now our project is in a holding pattern for 1 month. My kitchen is broken as part of the renewal and house is not in a livable condition. The response I got from City official finally was that they never saw the submittal in queue. And after I submitted again, now I get a reply that things are moving "slow". As resident of Silicon Valley I expect my city also to work like the High tech companies.

Simple suggestion, It would be great if you publish metrics on how many applications are being handled per day and expected time lines. Please take this input constructively and help solve residents problems.

Best Regards
Srikanth

June 9, 2020

Mayor Mei, Council members, and Chief Petersen,

Over the past two weeks, we have all witnessed leaders who lead by remaining strong and taking a stance to defend their citizens and businesses, as well as maintain one's dignity, faith and principles even when aggressively confronted by a herd of antagonists. We have also witnessed cowardly politicians that kowtowed to the masses from pluralistic ignorance and weakness. These weak politicians showed a clear lack of any leadership qualities as each willingly subjugated themselves as they declared fealty to a mob's cause and not all citizens for whom elected these cowards.

I would like to commend both Mayor and Chief Petersen for their leadership in handling the many protests over the past week. I also commend Mayor Mei's for maintaining her convictions and pride by not succumbing to the pressure to demonstrate reverence to a cause and not one's faith.

I am now asking all of you to again demonstrate that leadership and strength to stand up against pluralistic ignorance and mob conformity. It is time for you to make a stand against autocracy by a technocrat.

The Alameda H.O. has again issued her supreme decrees that will protect her subjects from the almighty Covid-19. These Orders provide no scientific data or evidence that demonstrate that Fremont is in any "eminent peril" that would require the H.O.'s wisdom and guidance to save us from our own ignorance and inability to think for ourselves and assess our on personal and community risks. This technocrat must be using some scientific studies but keeping them hidden behind the proverbial curtain. It's time to pull back the curtain and expose facts from fiction.

But, before I go on, lets remind everyone why all healthy citizens were mandated to wear masks in the first place – we were told that asymptomatic individuals were highly contagious who didn't know it and were walking among us. However, on Monday, June 8th, the World Health Organization's (WHO) VanKerkhove said, "They're following asymptomatic cases, they're following contacts and they're not finding secondary transmission onward. It is very rare – and much of that is not published in the literature." The WHO data has now debunked the core rationale for wearing face coverings in public and pretty much anywhere else that the H.O.s' policies are requiring coverings. Link to article

(<https://www.cnn.com/2020/06/08/health/coronavirus-asymptomatic-spread-who-bn/index.html>)

Now looking at the technocrat's recent Orders:

1. Order No. 20-13 (No 20-13) states in the first paragraph, "Substantial scientific evidence shows..." but provide zero scientific evidence or references in the NO 20-13.
2. In paragraph two of No 20-13 it states, "And in wearing a Face Covering around others, we can show that we care for those around us. "My mask protects you, and yours protect me."" Is that science? I'd call it touchy feely. How about a little common sense and respect like "If you are sick, stay home. If you cough or sneeze, do it in your arm." Just that simple act all the time shows respect to everyone.
3. No 20-13, paragraph four introduces the term "Social Bubble" but provides no science as to why the "Bubble" can contain only up to 12 individuals but the bubble bursts when there are 13 or someone comes within 10 yards. Will it create too much carbon emissions; create too much fun socializing or fun; or, someone is asymptomatic (wait, not a concern anymore)? I not sure, there is no scientific explanation provided by the H.O. I guess the Technocrat has a good reason to not share the science with us, ignorant citizen. It's probably too technical. All I do know is that I will need to carry a tape measure with me at all times. I might even invest in one of those laser ones. I am tech user and kind of lazy.
4. No 20-13, paragraph 3 on page 2 references guidance from the CDC, CDPH and ACPHD. I have gone to all of them using the links on the Alameda's website. The links takes you to a general information page discussing face coverings and their objectives. None of these general web pages provided scientific studies to support the use or effectiveness of face coverings in significantly reducing transmission. In fact, I found contradicting recommendations which are provided below in the sections after these enumerated points of the recent Orders.

As example, here is the CDC's current (outdated) guidance **which is no longer valid based on the WHO's recent findings.**

"We now know from [recent studies](#) (**except the WHO's**) 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."** **(This CDC finding is no longer accurate or valid.)**

5. No 20-13, Number 3 on pages 3-5 has 9 sub sections (the technocrat's attempt to be simple) explaining when we all should wear a covering and when its okay not to wear one. For example, if someone is happening by within the coming seconds, one must

wear the covering when they are within 30 feet. It appears the 6 feet social distancing bubble without a covering has been replaced by 30 feet with a covering. Apparently, Covid-19 has been working out over the past 3 months and now can hurl itself almost 5 time further than originally estimated. I wonder what scientific study the Technocrat is using to support these updated guidelines. If I didn't know any better, I would think these peculiar rules were arbitrary and capricious and were pulled out of someone's _ _ _ (you fill in the blank).

6. Finally, Number 10 on page 8 provides some Alameda case statistics (hurray!) as compelling evidence that we, the Alameda residents, are still in some kind of "eminent peril" from Covid-19. However, the below is a table of the more recent statistical data. In that table, one can clearly see that the percentages for Fremont and Alameda are anemic under any measure. The cases per population are less than one quarter of one percent for both Fremont and Alameda. These compelling statistics show that Fremont does not need any more restrictions on wearing face coverings but, in fact, should be moving into fully reopening the rest of the business and letting its citizen get back to normal.

The WHO offers a good approach on those that should be wearing masks. It is truly simple and it is not for the healthy or asymptomatic. It is limited to the health care providers, the sick, those taking care of the sick, and those over 60 or with underlying health conditions. If we did that, the healthy would know who the vulnerable are because they are the ones wearing the masks and are easy to see. This allows the healthy citizens to show they care for those that are most vulnerable by moving back and giving adequate social distancing.

Please do what is right for Fremont based on **our** facts and data. Please do not continue to abdicate your responsibility to a Technocrat that provides you and us no science, no data and no evidence that would compel anyone to listen to the H.O.'s confusing, arbitrary and capricious rules.

I again leave you with these quotes:

- *"Freedom of the mind requires not only, or not even especially, the absence of legal constraints but the presence of alternative thoughts." Allan Bloom, "From Socrates' Apology to Heidegger's Riktoratsrede," The Closing of the American Mind (1987)*
- *"They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety." Benjamin Franklin, An Historical Review of Pennsylvania (1759)*
- *"They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety." Benjamin Franklin, An Historical Review of Pennsylvania (1759)*

Thank you,

D. Tapia

Current Covid-19 Data							
	Population	Positive cases	Cases/ Population	Deaths	Deaths/ Population	Face Coverings	Date Ordered
Fremont	235,000	194	0.08%				
Alameda County	1,667,000	3,801	0.23%	104	0.01%	Mandatory indoors and outdoors	6/5/2020
Stanislaus County	550,000	1,161	0.21%	37	0.01%	Voluntary	
San Joaquin County	753,000	865	0.11%	33	0.00%	Voluntary	
Fresno County	994,000	2,122	0.21%	43	0.00%	Mandatory indoors	5/20/2020
Los Angeles County	10,106,000	62,338	0.62%	2,620	0.03%	Mandatory indoors and outdoors	5/29/2020

World Health Organization (WHO)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-and-masks>

1) Does WHO recommend the use of fabric masks for the general public?

At the present time, the widespread use of masks everywhere is **not supported by high-quality scientific evidence**, and there are potential benefits and harms to consider.

However, there are some settings in which it may not be possible to keep physical distancing and the use of a mask could be helpful to provide a barrier to limit the spread of potentially infectious droplets from someone who is infected. In addition, there is some evidence which suggests that some infected people without showing symptoms may be able to transmit the virus others.

For this reason, WHO advises that governments should encourage the use of non-medical fabric masks, which can act as a barrier to prevent the spread of the virus from the wearer to others where there are many cases of COVID-19, for people in the general public where physical distancing of at least 1 metre is not possible – **such as, on public transport, in shops or in other confined or crowded environments.**

It is important to note that masks should only be used as part of a comprehensive strategy. **Masks on their own will not protect you from**

COVID-19. People should also clean their hands frequently and maintain a distance of at least 1 metre from others.

2) Which individuals should wear medical masks in the context of COVID-19 according to WHO?

WHO recommends the use of medical masks for the following individuals:

- Health workers
- People who are sick and exhibiting symptoms of COVID-19 or may suspect they have COVID-19
- Anyone taking care of a person at home who is sick with COVID-19
- People 60 years old and over or anyone with pre-existing medical conditions (such as diabetes, high blood pressure, heart disease, lung disease, or cancer)

Remember, the use of a fabric mask alone is not sufficient to provide an adequate level of protection. Maintain a minimum physical distance of at least 1 metre from others, frequently clean your hands and avoid touching your eyes, mouth, and nose while wearing a mask.

Centers for Disease Control and Prevention (CDC)

1) Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission

<https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>

Guidelines and Recommendations

“Unvaccinated Asymptomatic Persons, Including Those at High Risk for Influenza Complications

No recommendation can be made at this time for mask use in the community by asymptomatic persons, including those at high risk for complications, to prevent exposure to influenza viruses. If unvaccinated high-risk persons decide to wear masks during periods of increased respiratory illness activity in the community, it is likely they will need to wear them any time they are in a public place and when they are around other household members.”

2) NIOSH Activities: Respiratory Protection Research

<https://www.cdc.gov/niosh/topics/flu/respiratory.html>

“Respirator and Surgical Mask Efficacy From Cough Aerosols

General Description: Insufficient scientific studies have been completed showing how well surgical masks and respirators keep influenza from spreading to healthcare coworkers through patient coughs. Because of this, some experts disagree over what protection and how much of it is needed to adequately protect workers from this potential source of infection.”

3) I. Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/scientific-review.html>

“Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

I.B.3.b. Droplet transmission.

It is likely that the distance droplets travel depends on the velocity and mechanism by which respiratory droplets are propelled from the source, the density of respiratory secretions, environmental factors such as temperature and humidity, and the ability of the pathogen to maintain infectivity over that distance ¹⁰⁵. Thus, a distance of ≤ 3 feet around the patient is best viewed as an example of what is meant by “a short distance from a patient” and should not be used as the sole criterion for deciding when a mask should be donned to protect from droplet exposure. Based on these considerations, it **may** be prudent to don a mask **when within 6 to 10 feet of the patient or upon entry into the patient’s room**, especially when exposure to emerging or highly virulent pathogens is likely. **More studies are needed to improve understanding of droplet transmission under various circumstances.**

I.B.3.c. Airborne transmission.

For certain other respiratory infectious agents, such as influenza ^{130,131} and rhinovirus ¹⁰⁴, and even some gastrointestinal viruses (e.g., norovirus ¹³² and rotavirus ¹³³) there is some evidence that the pathogen may be transmitted via small-particle aerosols, under natural and experimental conditions. **Such transmission has occurred over distances longer than 3 feet but within a defined**

airspace (e.g., patient room), suggesting that it is **unlikely** that these agents remain viable on air currents that travel long distances. AIIRs are not required routinely to prevent transmission of these agents. Additional issues concerning examples of small particle aerosol transmission of agents that are most frequently transmitted by the droplet route are discussed below.”

California Department of Public Health (CDPH)

1) Information Web Page

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

Should I wear a mask?

California’s public health officials released guidance on April 1 on the use of cloth face coverings to protect against COVID-19 for Californians who must leave their homes to conduct essential activities. **The guidance does not require people to wear face coverings – and is not a substitute for the state’s current guidance regarding social distancing and hand washing.** The state also does not recommend Californians use N-95 or surgical masks, which are needed for our health care workers and first responders who will be there for when our lives are at risk.

The use of cloth face coverings could reduce the transmission of COVID-19 by individuals who do not have symptoms and may reinforce physical distancing. Public health officials also caution that face coverings may increase risk if users reduce their use of strong defenses such as physical distancing and frequent hand washing.

2) California Department of Public Health Memo from Sonia Y. Angell, MD, MPH – State Public Health Officer & Director and Gavin Newsom

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Face-Coverings-Guidance.aspx>

April 1, 2020

TO: General Public

SUBJECT: Face Coverings Guidance

This document provides public health information for the use of cloth face

coverings by the general public when outside the home conducting essential activities. It does not substitute for existing guidance about social distancing and handwashing. **It does not mandate that face coverings be worn state-wide.**

Background

How well do cloth face coverings work to prevent spread of COVID-19?

There is **limited evidence** to suggest that use of cloth face coverings by the public during a pandemic could help reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19 but feels well. Cloth face coverings are not a substitute for physical distancing and washing hands and staying home when ill, but they **may be helpful** when combined with these primary interventions.

When should I wear a cloth face covering?

You **may choose** to wear a cloth face covering when you must be **in public for essential activities, such as shopping at the grocery store.** Wearing a cloth face covering does not eliminate the need to physically distance yourself from others.

Other Sources:

1) Indoor transmission of SARS-CoV-2

<https://doi.org/10.1101/2020.04.04.20053058>

Dr. Yuguo Li, Department of Mechanical Engineering and School of Public Health, The University of Hong Kong, Pokfulam Road, Hong Kong, China. Email: liy@hku.hk

Abstract

Background: By early April 2020, the COVID-19 pandemic had infected nearly one million people and had spread to nearly all countries worldwide. It is essential to understand where and how SARS-CoV-2 is transmitted.

Methods: Case reports were extracted from the local Municipal Health Commissions of 320 prefectural cities (municipalities) in China, not including Hubei province, between 4 January and 11 February 2020. We identified all outbreaks involving three or more cases and reviewed the major characteristics of the enclosed spaces in which the outbreaks were reported and associated indoor environmental issues.

Results: Three hundred and eighteen outbreaks with three or more cases were identified, involving 1245 confirmed cases in 120 prefectural cities. We divided the venues in which the outbreaks occurred into six categories: homes, transport, food, entertainment, shopping, and miscellaneous. Among the identified outbreaks, 53.8% involved three cases, 26.4% involved four cases, and only 1.6% involved ten or more cases. Home outbreaks were the dominant category (254 of 318 outbreaks; 79.9%), followed by transport (108; 34.0%; note that many outbreaks involved more than one venue category). **Most home outbreaks involved three to five cases. We identified only a single outbreak in an outdoor environment, which involved two cases.**

Conclusions: All identified outbreaks of three or more cases occurred in an indoor environment, which confirms that **sharing indoor space is a major SARS-CoV-2 infection risk.**

Discussion

The first salient feature of the 318 identified outbreaks that involved three or more cases is that they all occurred in indoor environments. Although this finding was expected, **its significance has not been well recognised by the community and by policy makers. Indoors is where our lives and work are in modern civilisation. The transmission of respiratory infections such as SARS-CoV-2 from the infected to the susceptible is an indoor phenomenon.**

Our study does not rule out outdoor transmission of the virus. However, among our **7,324 identified cases** in China with sufficient descriptions, **only one outdoor outbreak (0.014% outdoor occurrence vs 99.986% indoor occurrence)** involving two cases occurred in a village in Shangqiu, Henan. A 27-year-old man had a conversation outdoors with an individual who had returned from Wuhan on 25 January and **had the onset of symptoms** on 1 February.

We cannot pinpoint the exact transmission routes from these identified outbreaks. Most health authorities advised that the COVID-19 virus is transmitted mainly by close contact and via the fomite route (e.g., China NHC7 and CDC8). The China NHC also suggested that **long range aerosol transmission** may occur when certain conditions are met, such as in crowded enclosures or spaces with poor ventilation. Frequent close contact occurs and high touch surfaces exist in buildings.^{9–12} We do not have data on the hygiene conditions and human density of the infection venues of the 318 outbreaks studied here.

2) 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/facemasks-to-prevent-transmission-of-influenza-virus-a-systematicreview/64D368496EBDE0AFCC6639CCC9D8BC05>

“None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H).”

3) 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.”

4) Masks Don't Work: A review of science relevant to COVID-19 social policy

Denis G. Rancourt, PhD Researcher, Ontario Civil Liberties Association (ocla.ca)

Working report, published at Research Gate
(https://www.researchgate.net/profile/D_Rancourt)

April 2020

Summary / Abstract

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 µm), 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.

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. doi:10.1017/S0950268809991658 <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/facemasks-to-prevent-transmission-of-influenza-virus-a-systematicreview/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, cmaj.150835; DOI: 10.1503/cmaj.150835 <https://www.cmaj.ca/content/188/8/567> "We identified 6 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."

indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”

Conclusion Regarding that Masks Do Not Work

No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions.

Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below).

Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.

Masks and respirators do not work.

Precautionary Principle Turned on Its Head with Masks

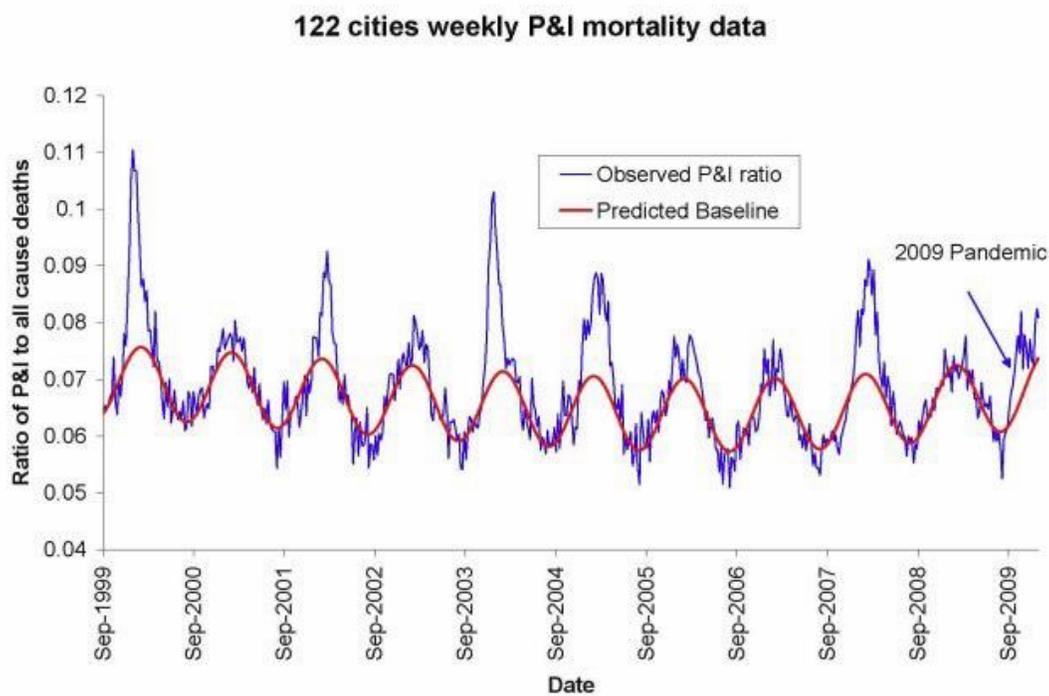
In light of the medical research, therefore, it is difficult to understand why public-health authorities are not consistently adamant about this established scientific result, since the distributed psychological, economic and environmental harm from a broad recommendation to wear masks is significant, not to mention the unknown potential harm from concentration and distribution of pathogens on and from used masks. In this case, public authorities would be turning the precautionary principle on its head (see below).

Physics and Biology of Viral Respiratory Disease and of Why Masks Do Not Work

In order to understand why masks cannot possibly work, we must review established knowledge about viral respiratory diseases, the mechanism of seasonal variation of excess deaths from pneumonia and influenza, the aerosol mechanism of infectious disease transmission, the physics and chemistry of aerosols, and the mechanism of the so-called minimum-infective-dose.

In addition to pandemics that can occur anytime, in the temperate latitudes there is an extra burden of respiratory-disease mortality that is seasonal, and that is caused by viruses. For example, see the review of influenza by Paules and Subbarao (2017). This has been known for a long time, and the seasonal pattern is exceedingly regular.

For example, see Figure 1 of Viboud (2010), which has “Weekly time series of the ratio of deaths from pneumonia and influenza to all deaths, based on the 122 cities surveillance in the US (blue line). The red line represents the expected baseline ratio in the absence of influenza activity,” here:



The seasonality of the phenomenon was largely not understood until a decade ago. Until recently, it was debated whether the pattern arose primarily because of seasonal change in virulence of the pathogens, or because of seasonal change in susceptibility of the host (such as from dry air causing tissue irritation, or

diminished daylight causing vitamin deficiency or hormonal stress). For example, see Dowell (2001).

In a landmark study, Shaman et al. (2010) showed that the seasonal pattern of extra respiratory-disease mortality can be explained quantitatively on the sole basis of absolute humidity, and its direct controlling impact on transmission of airborne pathogens.

Lowen et al. (2007) demonstrated the phenomenon of humidity-dependent airborne-virus virulence in actual disease transmission between guinea pigs, and discussed potential underlying mechanisms for the measured controlling effect of humidity.

The underlying mechanism is that the pathogen-laden aerosol particles or droplets are neutralized within a half-life that monotonically and significantly decreases with increasing ambient humidity. This is based on the seminal work of Harper (1961). Harper experimentally showed that viral-pathogen-carrying droplets were inactivated within shorter and shorter times, as ambient humidity was increased.

Harper argued that the viruses themselves were made inoperative by the humidity ("viable decay"), however, he admitted that the effect could be from humidity-enhanced physical removal or sedimentation of the droplets ("physical loss"): "Aerosol viabilities reported in this paper are based on the ratio of virus titre to radioactive count in suspension and cloud samples, and can be criticized on the ground that test and tracer materials were not physically identical."

The latter ("physical loss") seems more plausible to me, since humidity would have a universal physical effect of causing particle / droplet growth and sedimentation, and all tested viral pathogens have essentially the same humidity-driven "decay". Furthermore, it is difficult to understand how a virion (of all virus types) in a droplet would be molecularly or structurally attacked or damaged by an increase in ambient humidity. A "virion" is the complete, infective form of a virus outside a host cell, with a core of RNA or DNA and a capsid. The actual mechanism of such humidity-driven intra-droplet "viable decay" of a virion has not been explained or studied.

In any case, the explanation and model of Shaman et al. (2010) is not dependant on the particular mechanism of the humidity-driven decay of virions in aerosol / droplets. Shaman's quantitatively demonstrated model of seasonal regional viral epidemiology is valid for either mechanism (or combination of mechanisms), whether "viable decay" or "physical loss".

The breakthrough achieved by Shaman et al. is not merely some academic point. Rather, it has profound health-policy implications, which have been entirely ignored or overlooked in the current coronavirus pandemic.

In particular, Shaman's work necessarily implies that, rather than being a fixed number (dependent solely on the spatial-temporal structure of social interactions in a completely susceptible population, and on the viral strain), the epidemic's basic reproduction number (R_0) is highly or predominantly dependent on ambient absolute humidity.

For a definition of R_0 , see HealthKnowledge-UK (2020): R_0 is "the average number of secondary infections produced by a typical case of an infection in a population where everyone is susceptible." The average R_0 for influenza is said to be 1.28 (1.19–1.37); see the comprehensive review by Biggerstaff et al. (2014).

In fact, Shaman et al. showed that R_0 must be understood to seasonally vary between humid-summer values of just larger than "1" and dry-winter values typically as large as "4" (for example, see their Table 2). In other words, the seasonal infectious viral respiratory diseases that plague temperate latitudes every year go from being intrinsically mildly contagious to virulently contagious, due simply to the bio-physical mode of transmission controlled by atmospheric humidity, irrespective of any other consideration.

Therefore, all the epidemiological mathematical modelling of the benefits of mediating policies (such as social distancing), which assumes humidity-independent R_0 values, has a large likelihood of being of little value, on this basis alone. For studies about modelling and regarding mediation effects on the effective reproduction number, see Coburn (2009) and Tracht (2010).

To put it simply, the "second wave" of an epidemic is not a consequence of human sin regarding mask wearing and hand shaking. Rather, the "second wave"

is an inescapable consequence of an air-dryness-driven many-fold increase in disease contagiousness, in a population that has not yet attained immunity.

If my view of the mechanism is correct (i.e., “physical loss”), then Shaman’s work further necessarily implies that the dryness-driven high transmissibility (large R_0) arises from small aerosol particles fluidly suspended in the air; as opposed to large droplets that are quickly gravitationally removed from the air.

Such small aerosol particles fluidly suspended in air, of biological origin, are of every variety and are everywhere, including down to virion-sizes (Despres, 2012). It is not entirely unlikely that viruses can thereby be physically transported over inter-continental distances (e.g., Hammond, 1989).

More to the point, indoor airborne virus concentrations have been shown to exist (in day-care facilities, health centres, and onboard airplanes) primarily as aerosol particles of diameters smaller than $2.5 \mu\text{m}$, such as in the work of Yang et al. (2011):

“Half of the 16 samples were positive, and their total virus concentrations ranged from 5800 to 37 000 genome copies m^{-3} . On average, 64 per cent of the viral genome copies were associated with fine particles smaller than $2.5 \mu\text{m}$, which can remain suspended for hours. Modelling of virus concentrations indoors suggested a source strength of $1.6 \pm 1.2 \times 10^5$ genome copies $\text{m}^{-3} \text{air h}^{-1}$ and a deposition flux onto surfaces of 13 ± 7 genome copies $\text{m}^{-2} \text{h}^{-1}$ by Brownian motion. Over 1 hour, the inhalation dose was estimated to be 30 ± 18 median tissue culture infectious dose (TCID₅₀), adequate to induce infection. These results provide quantitative support for the idea that the aerosol route could be an important mode of influenza transmission.”

Such small particles ($< 2.5 \mu\text{m}$) are part of air fluidity, are not subject to gravitational sedimentation, and would not be stopped by long-range inertial impact. This means that the slightest (even momentary) facial misfit of a mask or respirator renders the design filtration norm of the mask or respirator entirely irrelevant. In any case, the filtration material itself of N95 (average pore size $\sim 0.3\text{--}0.5 \mu\text{m}$) does not block virion penetration, not to mention surgical masks. For example, see Balazy et al. (2006).

Mask stoppage efficiency and host inhalation are only half of the equation, however, because the minimal infective dose (MID) must also be considered. For example, if a large number of pathogen-laden particles must be delivered to the lung within a certain time for the illness to take hold, then partial blocking by any mask or cloth can be enough to make a significant difference.

On the other hand, if the MID is amply surpassed by the virions carried in a single aerosol particle able to evade mask-capture, then the mask is of no practical utility, which is the case.

Yezli and Otter (2011), in their review of the MID, point out relevant features:

- most respiratory viruses are as infective in humans as in tissue culture having optimal laboratory susceptibility
- it is believed that a single virion can be enough to induce illness in the host
- the 50%-probability MID ("TCID50") has variably been found to be in the range 100–1000 virions
- there are typically 103–107 virions per aerolized influenza droplet with diameter 1 μm – 10 μm
- the 50%-probability MID easily fits into a single (one) aerolized droplet

For further background:

- A classic description of dose-response assessment is provided by Haas (1993).
- Zwart et al. (2009) provided the first laboratory proof, in a virus-insect system, that the action of a single virion can be sufficient to cause disease.
- Baccam et al. (2006) calculated from empirical data that, with influenza A in humans, "we estimate that after a delay of ~ 6 h, infected cells begin producing influenza virus and continue to do so for ~ 5 h. The average lifetime of infected cells is ~ 11 h, and the half-life of free infectious virus is ~ 3 h. We calculated the [in-body] basic reproductive number, R_0 , which indicated that a single infected cell could produce ~ 22 new productive infections."
- Brooke et al. (2013) showed that, contrary to prior modeling assumptions, although not all influenza-A-infected cells in the human body produce infectious progeny (virions), nonetheless, 90% of infected cell are significantly impacted, rather than simply surviving unharmed.

All of this to say that: if anything gets through (and it always does, irrespective of the mask), then you are going to be infected. Masks cannot possibly work. It is not surprising, therefore, that no bias-free study has ever found a benefit from wearing a mask or respirator in this application.

Therefore, the studies that show partial stopping power of masks, or that show that masks can capture many large droplets produced by a sneezing or coughing mask-wearer, in light of the above-described features of the problem, are irrelevant. For example, such studies as these: Leung (2020), Davies (2013), Lai (2012), and Sande (2008).

Why There Can Never Be an Empirical Test of a Nation-Wide Mask-Wearing Policy

As mentioned above, no study exists that shows a benefit from a broad policy to wear masks in public. There is good reason for this. It would be impossible to obtain unambiguous and biasfree results:

- Any benefit from mask-wearing would have to be a small effect, since undetected in controlled experiments, which would be swamped by the larger effects, notably the large effect from changing atmospheric humidity.
- Mask compliance and mask adjustment habits would be unknown.
- Mask-wearing is associated (correlated) with several other health behaviours; see Wada (2012).
- The results would not be transferable, because of differing cultural habits.
- Compliance is achieved by fear, and individuals can habituate to fear-based propaganda, and can have disparate basic responses.
- Monitoring and compliance measurement are near-impossible, and subject to large errors.
- Self-reporting (such as in surveys) is notoriously biased, because individuals have the self-interested belief that their efforts are useful.
- Progression of the epidemic is not verified with reliable tests on large population samples, and generally relies on non-representative hospital visits or admissions.
- Several different pathogens (viruses and strains of viruses) causing respiratory illness generally act together, in the same population and/or in individuals, and are not resolved, while having different epidemiological characteristics.

Unknown Aspects of Mask Wearing

Many potential harms may arise from broad public policies to wear masks, and the following unanswered questions arise:

- Do used and loaded masks become sources of enhanced transmission, for the wearer and others?
- Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
- Are large droplets captured by a mask atomized or aerolized into breathable components? Can virions escape an evaporating droplet stuck to a mask fiber?
- What are the dangers of bacterial growth on a used and loaded mask?
- How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?
- What are long-term health effects on HCW, such as headaches, arising from impeded breathing?
- Are there negative social consequences to a masked society?
- Are there negative psychological consequences to wearing a mask, as a fear-based behavioural modification?
- What are the environmental consequences of mask manufacturing and disposal?
- Do the masks shed fibres or substances that are harmful when inhaled?

Conclusion

By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle.

In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government has an onus barrier before it instigates a broad socialengineering intervention, or allows corporations to exploit fear-based sentiments.

Furthermore, individuals should know that there is no known benefit arising from wearing a mask in a viral respiratory illness epidemic, and that scientific studies have shown that any benefit must be residually small, compared to other and determinative factors.

Otherwise, what is the point of publicly funded science?

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.

Endnotes:

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Alberto Quintanilla

From: Andreas
Sent: Tuesday, June 9, 2020 3:17 PM
To: citycouncil
Cc: CClerk
Subject: Public comment for Item 5.A. in Council meeting of June 9, 2020

Greetings councillors and mayor,

This comment relates to the proposed operating budget, in particular to some of the departmental metrics expressed therein.

Public Works currently measures progress towards their Vision Zero goals (Objective 2 in FY 20/21) by counting the number of severe and fatal injury crashes. While this tracks with the goals of the Vision Zero plan, the annual numbers are too small for accurate statistical analysis in light of the natural year-to-year variation. It would make more sense to evaluate progress using a 5-year moving average metric.

Additionally, the department could track total injuries. A lot of the Vision Zero activities are systemic in nature and thus should also show up in total injury numbers. The total numbers are sufficiently large on an annual basis to have statistical significance and can act as a sentinel indicator if the program goes off-track. The total injury numbers are already measured by the police department in their metrics on Vision Zero, so this requires minimal additional effort. Indeed, having the same metric for both departments makes sense, since Vision Zero truly is a team effort (as explicitly called out in Objective 2 of the Police Department).

Sincerely yours,

Andreas Kadavanich
Fremont

Alberto Quintanilla

From: Joshua Shah <joshshah13@gmail.com>
Sent: Tuesday, June 9, 2020 3:43 PM
To: citycouncil; Lily Mei; cof
Subject: 6/9 A Message Not Related to Your Agenda, but Related to the People of Fremont: Fund Community

To Mayor Mei, the Fremont City Council, and Fremont City Manager

My name is Joshua Shah, and I have been a life-long resident of Fremont. I am writing today to demand that the City Council adopts a budget representative of its people, that prioritizes community wellbeing, and redirects funding away from the police into educational and social programs.

As a racial majority of Fremont (Asians make up 57.3% of the population), my privilege so far has allowed me to lead a relatively quiet and peaceful middle-class life in Fremont. I know police to be an occasional operating presence in my HOA neighborhood. This kind of model of consistent peaceful interaction and the promise of a fulfilling occupation even prompted me to consider a career in law enforcement when I graduated from American High School in 2013.

However, this was a completely manicure-lawned and white-fenced, filtered perspective on policing. This past week, our nation has been gripped by protests calling for a rapid and meaningful reconsideration of the role of policing in low socioeconomic communities as well as an end to racism and anti-Blackness in America. The Bay Area has been at the forefront of much of this action. Accordingly, it has come to my attention that the Fremont budget for 2021 is being decided as these protests continue and will conveniently be established sooner rather than later.

Our Fremont PD has been a drain of our resources in consideration of the Fremont current operating budget. Last year, the Fremont PD budget was \$93,307,000. This is a whopping 45% of the total budget, which amounted to \$206,483,000. The categories of Community Development, Human Services, and Maintenance made up a measly, combined 18% of the current operating budget. This means Fremont PD cost us taxpayers almost 3 times as much as these crucial categories. Although the budget of 2021 calls for more positions in human services, Fremont's projected 2020-21 budget as of May 12, 2020 appears to be heading in an extraordinarily similar direction as police funding is expected to make up 48% of the total budget.

While we've been spending astonishing amounts of money on policing, we have not seen any drastic improvements to safety, homelessness, mental health, or affordability in our city. Instead, we all now see the wasteful and harmful actions of our police throughout the nation.

I join the calls of those across the country to defund the police. I demand a budget that adequately and effectively meets the needs of at-risk Fremont residents during this trying and uncertain time, when livelihoods are on the line. I call on you to slash the Fremont PD budget and instead meaningfully reallocate funds towards social programs and resources that support housing, jobs, education, health care, child care, and other critical community needs. We demand a budget that supports community wellbeing, rather than empowers the police forces that tear them apart at a local and national level.

As the City Council, the budget proposal is in your hands. It is your duty to represent your constituents. I am urging you to delay the release of your current edition of the budget for the 2020-

2021 fiscal year and completely revise.

We can be a beacon for other cities to follow if only we have the courage to change.

Mayor Mei, let's not kneel because of sudden piety: join the People of Fremont in kneeling in recognition of broken lives and fighting for a better future.

Sincerely,

Joshua Shah

joshshah13@gmail.com

510-449-2370