I am writing to voice my opposition to the implementation of the mask mandate in Montgomery County. At this point, it has become obvious, that no matter what the approach taken, COVID-19 has not been eliminated anywhere in the world. Thus, the focus needs to be on living with COVID-19, not taking temporary non-pharmaceutical interventions of questionable effectiveness.

The most effective tool we have against this virus is the vaccine—there are currently three vaccines used in the county, all of which are safe and effective. The vaccination rate in the county is still one of the best in the country, and the best among counties of this size. Unlike other parts of the country, here in Montgomery County, willingness to get vaccinated is not based on political, racial, or socio-economic lines. Of course, the county should continue to encourage those who are unvaccinated to sign up to get vaccinated. Reimplementing masks would slow down that progress—a common refrain among the unvaccinated is “Why should I get vaccinated if I have to wear a mask?” That logic may not be the logic, you, the council members are using. But a virus is an illness—not a moral failing. Preaching to people about how good people get vaccinated, or it’s their duty to get vaccinated, or they should get vaccinated to protect others is turning an illness into a moral challenge.

As someone who was vaccinated fairly early this year, and helped others do the same, I firmly “believe in the science.” That is why it is very clear to me that vaccines are far more effective than masks could ever be. In the past year and a half, there has been 1 study done on masks that uses a randomized control trial (RCT). Most evidence presented for or against masking has been derived from observational data, simulations, modeling, or extrapolations—and all these methods have produced varying conclusions on mask usage. RCTs are considered the gold standard, when it comes to seeking evidence for the evaluation of health care outcomes, because they deliver the strongest evidence and are able to drastically limit bias compared to other study designs. In addition, there are a multitude of studies from before 2020 which highly recommend against masks outside of medical settings for respiratory. While COVID-19 is new, respiratory illnesses are not; the symptoms of COVID-19 which might encourage mask wearing are the same as other respiratory illnesses.

Another thing to consider is the practical usage of masks. Any benefit from masks is assuming the wearer is using a clean mask, and isn’t constantly touching it. In real world usage, it’s not common to use a clean mask every time one needs to be worn. Masks are more than likely left in cars, purses, or pockets, just to be pulled out and used before the wearer goes into a setting which requires it. Also, due to cloth masks being used repeatedly for a year and a half, they may not fit as well as they did a year and a half ago. This leads to more people touching their masks, and touching their faces more. While this isn’t recommended, it is very common. Anything stopped by the mask is then spread all over the wearer’s fingers, every time they put on a mask or adjust a mask, and could potentially be spread over everything they touch at a store or business. So despite the good intentions of the wearer, he/she may be spreading more germs or particles than intended.

Has the council also considered the very real effect on businesses in this county? Last winter, some of the council members were upset to see that people travelled to other counties to support restaurants which were allowed to continue indoor dining, rather than getting takeout to support restaurants in this county. With Governor Larry Hogan announcing recently that he’s not considering a statewide mandate, and Governor Ralph Northam announcing a mask recommendation rather than a mandate, this problem will only get worse this year. Again, this is not a party line issue because Hogan and Northam represent both major political parties, as you know. County residents have gotten used to approximately 2 months where mask wearing has been optional. Given the choice to go to a restaurant, a day of shopping, or other events in a county where masking is optional compared to one where it is required, we have seen in the past that county residents are choosing to leave the county and spend money elsewhere. To add to this, between 3/17/20 and 11/17/20, at least 75 restaurants have closed in Montgomery County alone. This list was posted on mocoshow.com. Adding a mask mandate that only applies to
this county, and not the state or Northern Virginia, would further hurt businesses that have struggled to survive in the last year and a half. Also, since the Maryland state of emergency has ended, enforcement on this mask mandate will be much more difficult, and the burden will fall on our hospitality and retail workers who have struggled through the last year and a half, working long hours for low pay and having to handle a stressed and tense public.

Back in May, some vaccination targets were set (and achieved relatively quickly) to begin comply with state restrictions rather than county restrictions. The state of Maryland has the same data the council members have access to, and has several counties with much lower vaccination rates than this one. And yet, the state is not instituting a mask mandate. If the targets set in May were sufficient to follow the state, and we are still among the state leaders in vaccination rate, why stop following the state’s rules and regulations now?

The latest CDC recommendation is based on simply counting cases in a given county, but it does not account for the unique circumstances of this county. The CDC’s modeling is based on 5% natural immunity and a 60% vaccination rate among the eligible population. Based on the current number of reported cases in this county, this county is at least 6.6% natural immunity- and that is making the incorrect assumption that every COVID-19 case has been reported. Jurisdictions are unable to catch every case of the virus- some people avoid getting tested, some people assume they have a cold or allergies or another illness, and some people just don’t think to get tested. Thus, more than 5% of our county population has acquired natural immunity. Due to the very successful vaccination program in this county, in spite of not having a mass vaccination site early in the year, 83.7% of the eligible population has acquired natural immunity. Since the county prefers to use total population instead of eligible population in determining vaccination stats- 71.1% of the total county population is fully vaccinated and 78% is fully vaccinated. All of these numbers are well above the CDC’s modeling for their guidance- this should be celebrated, not downplayed and punished. Because the vaccination rate is so high in this county, the county council should look at the situation in this county. Unlike other parts of the country, hospitalizations and deaths have hardly increased in this county. We currently have under 20 patients in the hospital with COVID-19. Due to the successful vaccination program, cases should no longer be the pertinent metric in this county. Per the county’s own data, breakthrough cases are possible but not probable, and the worst effects of the virus are avoided if someone is vaccinated.

Focusing on this masks at this point is ignoring the seasonality of the virus. We now have over a year’s worth of data. This virus follows the Hope-Simpson Hypothesis. This was developed for the flu, but a full year’s worth of data shows this virus follows the same pattern. At this latitude, a relatively small bump is expected at this time of year. And, of course, a much larger bump in cases during the winter. These rises in cases aren’t prevented with masks, or distancing, or other non-pharmaceutical interventions. They will happen regardless. What the county can do is encourage vaccination to prevent the worst effects of these bumps- most residents have already taken that precaution and gotten vaccinated.

While I don’t believe a mask mandate is the best way forwards, I do believe there are other things to be done. The county COVID-19 dashboard has been revamped once- another revamp would be very beneficial to the residents of this county. To begin with, hospitalization data should be updated far more frequently than once a week. Hospitalizations due to COVID-19 aren’t a perfect metric, but they are a more accurate metric which reflects the unique situation in this highly vaccinated county. Deaths would be a even more helpful measure to be presented on the dashboard and updated regularly- we’ve seen the death rate since the widespread vaccine rollout is much lower than last year- this is great. It means vaccines work. In addition, other areas of the country are showing cases and hospitalizations broken down for vaccinated and unvaccinated people. Why not do that in this county and encourage the vaccine holdouts to get vaccinated? A year and a half is a long time of dealing with this virus,
and the county could provide more timely and accurate information to county residents to reflect the quickly changing situation.

One of the concerns that frequently arises is children under 12. The best way to protect them is to get the adults around them vaccinated. This has been shown in other parts of the world, and is currently being shown in this country- the areas with low vaccination rates tend to have more child cases of Covid, and the areas with high vaccination rates have far fewer child cases of Covid. Most of Europe does not require kids under 12 wear masks-it doesn’t mean they love their children any less, they’ve simply looked at the available data and seen younger kids don’t get as sick from COVID-19, and there are many other downsides to masks. This is a fact that should bring parents in this county relief- we already have the majority of the adult population vaccinated, and have an amazing vaccination rate among 12-17 year olds. Kids under 12 are very likely surrounded by vaccinated people in this county. While children in the southern states are being hospitalized, some at higher rates, there is also an RSV outbreak in these areas. This virus is highly dangerous to children, and appears to be driving a lot of the hospitalizations of children. These children may also be testing positive for Covid, because of the low vaccination rates among adults in the southern states, but RSV is causing the hospitalizations, not COVID-19.

Please reconsider imposing a mask mandate on the citizens of this county, and focus on getting people vaccinated. There has been a lot of outreach, but there can always be more. Residents in this county are highly educated and can choose to wear a mask in situations they feel it is appropriate. We are all protected by the high vaccination rate, and should be leading by example- if you get enough people vaccinated, we can live with this virus rather than live in fear of it. Other areas with far lower vaccination rates than ours have chosen to issue a mask recommendation- leaving the decision up to residents and balancing the CDC’s recommendation with other issues in their communities.

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