

May 31, 2023

Re: Masking in health care facilities and impact on individuals at increased risk of severe illness from COVID-19

Dear Honourable Minister Fitch,

On behalf of the Canadian Arthritis Patient Alliance (CAPA), we are writing about the recent policy change that removed the requirement for masking at health care facilities in New Brunswick. We ask that you please reinstate the requirement to wear masks in hospitals and healthcare facilities and follow through on the duty of care to protect patients, caregivers, and staff.

To provide some background on CAPA (www.arthritispatient.ca), we are Canada's only arthritis-based patient organization run by patients for patients – we have no paid employees or physical office. True to our grassroots nature, CAPA is entirely patient-driven, independent, and supports a community of people living with arthritis across Canada. Our belief is that the first expert on arthritis is the person who lives with arthritis and provides a critical voice and perspective that needs to be heard in decision-making.

While the governments across Canada have moved to a primarily vaccination-based approach to COVID-19, people in Canada who live with inflammatory arthritis – and account for roughly 2% of Canada's population, or close to 750,000 individuals, continue to be vulnerable to COVID-19, in ways not experienced when masking and other tools were in place. As a result, many in our population continue to live their lives in an extremely cautious way, knowing that Long COVID affects about 10% of the overall population who get infected with COVID-19 ([Long COVID: major findings, mechanisms and recommendations](#); H.E. Davis et al, Nature Reviews Microbiology, January 2023), and of that, people with underlying conditions are more susceptible to Long COVID ([Post-COVID-19 Condition in Canada: What we know, what we don't know, and a framework for action](#); Canadian Task Force on Post COVID19 Condition, March 2023), including those with autoimmune arthritis who are three times more likely to get Long COVID ([Pre-existing conditions associated with post-acute sequelae of COVID-19](#); Jacobs, ET et al, Journal of Autoimmunity, February 2023).

This same population requires access to regular health care at these institutions such as rheumatology and surgical care and access to allied health care professionals like physiotherapy and occupational therapy. Removing the requirement for masking means people with rheumatic disease could be less likely to seek the health care they need in-person as they fear to expose themselves to COVID-19 in health care institutions. Our population has experienced

disparities throughout the pandemic including drug shortages of Hydroxychloroquine and Actemra, increased anxiety and depression ([Trajectories of Depression in Adults with RA over the First 2 Years of the COVID-19 Pandemic: Results from the Canadian Early Arthritis Cohort \(CATCH\)](#)), and limited access to health care as we feared for our health ([Changes in Service Delivery and Access to Rheumatologists Before and During the COVID-19 Pandemic in a Canadian Universal Healthcare Setting](#)). For example, the week after restrictive public health measures were implemented in March 2020, the number of outpatient rheumatology office visits decreased by 76% ([Changes in Service Delivery and Access to Rheumatologists Before and During the COVID-19 Pandemic in a Canadian Universal Healthcare Setting](#)). This fear of accessing health care could return with your province's decision to remove masking requirements in health care facilities creating more inequities related to our population.

We respectfully ask you to put at risk populations, such as people who are immunocompromised that live with rheumatic disease, at the forefront of COVID-19 policies in your province. From an equity perspective, to which Canada and your province purport to subscribe, it is neither reasonable nor appropriate to request people who live with autoimmune disease to continue to 'shield' at home while much of the general population carry on with life. It is also not reasonable to ask these people to live with the real likelihood that if they get COVID they will have a poor outcome. This policy will continue to have a negative impact on our population who are already not fully engaging in society and accessing the health care they need to participate in all aspects of life. We contend that not protecting vulnerable people in society does not respect the human rights code in your province ([Human Rights Commissioner troubled by end of mask mandates in healthcare settings](#)).

We continue to ask that vulnerable Canadians such as those outlined in this request be consulted for input, insight, and context to recommendations that impact us as a population. We are experts in navigating through a global pandemic that continues to affect us disproportionately.

We are open to discussing this letter with you, learning how we may be of help, and continuing to share our perspectives as people who live with inflammatory arthritis and who are on immunosuppressants. We're an integral part of society too and make significant contributions to life in Canada and the province of New Brunswick.

Sincerely

Linda Wilhelm

Dawn Richman



www.arthritispatient.ca

contact@arthritispatient.ca

Linda Wilhelm
Volunteer President and person who lives
with Rheumatoid Arthritis
Bloomfield, New Brunswick

Dawn Richards, PhD
Volunteer Vice President and person who
lives with Rheumatoid Arthritis
Toronto, Ontario