

## KEMA General Comments/Recommendations

In new Section 3 (Page 9) it states:

*“Institutes the standard that if any **order** of a city health officer **substantially burdens** business, civic, commercial, or religious activity or gatherings, it must demonstrate that the measures taken are based on **well-accepted scientific evidence.**”*

I recommend the following things be addressed in the above text:

1. A “**health officer**” whether city, county or secretary of health should not have the authority to “**order**” anything. This needs to be changed to “**recommend**” in this section and throughout KEMA.

Note: Concerning the control of an infectious and/or contagious disease, the public should not be ordered or mandated to wear any equipment or device (a medical intervention). Article 28 (Board of Healing Arts) of Chapter 65 of the Kansas Statutes infers that equipment (mask) is considered a medical intervention and therefore falls under the duties and responsibilities of a person deemed to be engaging in the practice of medicine. Masking is being used as a medical intervention to stop the spread of an infectious and contagious disease – even though it doesn’t work. There are also considerations that a mask may affect a person’s health. It should be the responsibility of a licensed practitioner to address any health interventions with their patient. The Governor, Public Health Officials, local councils and commissions are mandating a medical intervention without a license to practice medicine and the public is being given no right to informed consent. Further, any order to mandate upon the public anything related to infectious and/or contagious disease control should be by a vote or decision of an elected body at the local level or a bipartisan legislative committee at the state level.

2. If you change “**order**” to “**recommend**,” then there is no need to address any impact (“**substantially burdens**”) on business, civic, commercial, etc., because entities/organizations would have the freedom to chose whether or not they follow the recommendation. If they follow the recommendation and suffer a negative impact for doing so then that would be on them and not the government. Also, making this change could remove the need for appeals to the District Court and petitions to councils and commissions. It would simplify things.
3. “**Well-accepted scientific evidence,**” needs to be defined better. I recommend the following:

Methods/measures of control for infectious and or contagious diseases must demonstrate that they are based on systematic reviews of completed, high-quality randomized controlled trials. Evidence may not include observational studies, expert opinion, statistically insignificant studies or anecdotal experience. Methods of control must also take into equal consideration the impact on mental health and the economy.