First off, the topic of optional indoor masking should have been on the agenda tonight. It is completely out of touch to not deem this topic important enough to be on the agenda.

I am a parent of four children across Las Lomitas School District and Sequoia Union High School District, and I am urging you to allow my children to have the option to go maskless at school now that the State mandate has been removed starting March 12.

I am imploring you to be a leader and state publicly today that all San Mateo County public schools shall be mandated to make masking 100% optional. It is long past time to be Pro-Choice.

Children are the least likely to suffer serious outcomes from Covid but face the most potential harm from prolonged masking. Students learning to speak and read are unable to see how their teachers pronounce sounds and words and are experiencing speech delays at historic levels. Children are unable to see teachers' and peers' faces, which helps them learn and to understand emotions.

One-way masking works when a well-fitted, high-quality mask is worn. Any staff members or students who wish to continue wearing masks should have the option to do that. But those who wish to not wear a mask, based on their individual level of risk, should also have that option, as they will have in almost all other indoor settings now.

Where is the equity in allowing adults to unmask while children are forced to wear masks all day? Regardless of their vaccination status, children are at less risk from Covid-19 than vaccinated adults, so kids should be the first to unmask, not the last.

Schools continue to be the safest place for children and adults, including the thousands of schools across the country and in Europe which never required masks. Our kids are tired of being treated like 2nd-class citizens and disease vectors. They desperately need a return to normalcy.

In case you have not seen it already, please review the Urgency of Normal toolkit, which I have attached here. Below are some of the key takeaways regarding school masking:

- Student masking has no scientifically established benefit in real-world use.
- When an intervention’s real-world benefits are too small to measure, we should feel comfortable ending its use.
- Potential harms from long-term masking are poorly understood, and reports on mask removal have noted social and emotional benefits for students.
- Moving to mask-optional policies –and increasing school-based support and interventions for children –will be crucial for student mental health.
- We recommend an immediate end to mandatory masking. Anyone who wants or needs to continue using a mask is free to do so.
If you do not set a clear policy that all San Mateo County schools must go mask optional, you are directly harming the social, emotional and mental health, well-being and development of our kids. Local school superintendents are looking to you for direction today.

Thanks,

Sateeze
Children, COVID, and the urgency of normal

An advocacy toolkit for parents, students, mentors, teachers, and administrators.

Version 2-18-2022. We continue to update the Toolkit in response to feedback from the field and to reflect new studies, to ensure that it reflects the latest, most accurate understanding. Please check our website, www.urgencyofnormal.com, for the latest version.
“18 months ago it was irresponsible and wrong to say:

- Covid is similar to the flu
- Many people hospitalized or dying just have positive tests, are not sick from Covid
- It’s most important to protect the vulnerable

Omicron is different. Now, that’s basically correct.

Covid is adapting to us, we need to adapt.”

-Former CDC Director Tom Frieden
January 7, 2022
Our team

**Dr. Scott Balsitis** started his career in virology as an Emerging Infectious Diseases Fellow at the CDC studying pandemic preparedness. He earned his PhD in Virology at the University of Wisconsin-Madison and completed a Fellowship at the University of California, Berkeley. He has 22 years of experience in virology research, including on vaccines and therapeutics against HIV, Hepatitis B, RSV, Influenza, COVID-19, and other viruses.

**Dr. Jeanne Noble** is Associate Professor of Emergency Medicine at the University of California, San Francisco, and Director of COVID Response for the UCSF Parnassus Emergency Department. She has written about COVID policy and the impacts on children for *The Washington Post*, *The Wall Street Journal*, *Time*, *The Los Angeles Times*, and *The San Francisco Chronicle*.

**Dr. Kwadwo Kyeremanteng** is the department head of critical care at The Ottawa Hospital. He dedicates his time to care for the sickest of the sick patients in the intensive care unit (ICU). During the COVID-19 pandemic Dr. Kyeremanteng created ‘Solving Wellness,’ a virtual health & wellness platform for health care professionals. ‘Solving Wellness’ has been helping address health care burnout and providing health, fitness and self care for its members.

**Dr. Jennifer Grant** is a Clinical Associate Professor at University of British Columbia. She practices as a medical microbiologist and infectious disease physician in Vancouver with research interests in quality improvement, infection control and occupational health.

**Dr. Lucy McBride** is a Harvard- and Johns Hopkins-educated internal medicine physician, mental health advocate, and author of a popular COVID-19 newsletter. She has written and spoken extensively about the inseparability of mental and physical health during the pandemic, has articles featured in *The Washington Post* and *USA Today*, and is a regular contributor to *The Atlantic*.

**Dr. Tracy Beth Hoeg** is a PM&R physician affiliated with the University of California-Davis, and an epidemiologist studying COVID transmission in schools. She was senior author on one of the earliest studies on COVID in schools, recently testified before Congress on the impacts of COVID and COVID policies on children, and is currently leading a study on the effectiveness of school COVID mitigation policies.

**Dr. Vinay Prasad** is a graduate of the University of Chicago Pritzker School of Medicine, and earned an MPH from the Johns Hopkins Bloomberg School of Public Health. He is a hematologist-oncologist and Associate Professor in Epidemiology and Biostatistics working in San Francisco. Dr. Prasad studies the quality of medical evidence, trial design, and health care policy.

**Dr. Martha Fulford** is an infectious diseases specialist in Hamilton, Ontario working predominantly with children. She has been working with the 21CQ Worldwide Commission to Educate All Kids (post pandemic) with a focus on strategies for re-integrating children now ousted from the education system. She has been published in major Canadian newspapers highlighting the impact of COVID policies on children and the importance of a return to normal in-person education.
Our team: Pediatrics

Dr. Kory Stotesbery is a pediatric psychiatrist trained at Thomas Jefferson University, Children’s National Medical Center, and the Washington Baltimore Center for Psychoanalysis with experience in inpatient, outpatient, residential, and emergency care, with a particular interest in eating disorders.

Dr. Kristen Walsh is a board-certified pediatrician in northern NJ. She has over 20 years of clinical experience in both academic and private practice settings. For the past 10 years, she has volunteered at a school for special needs children and been involved in early childhood advocacy on both the state and national levels.

Dr. Ram Duriseti received his MD from the University of Michigan and his medical training and PhD in Computational Decision Modeling from Stanford University. He has been practicing clinical Emergency Medicine in both community and academic settings for over 20 years. At Stanford, he primarily works in the Pediatric Emergency Department.

Dr. Carol Vidal is an assistant professor and psychiatrist who specializes in child and adolescent psychiatry. She works clinically in schools in Baltimore, Maryland and her research focuses on cannabis use, depression and suicide in adolescents. She has written and spoken about the mental health and academic impact of COVID-related restrictions on children and adolescents and advocated for school openings since the beginning of the pandemic.

Dr. Nicole Johnson is an Assistant Professor of Pediatrics at Case Western Reserve University School of Medicine. She is trained in pediatric critical care and specializes in pediatric procedural sedation. She is passionate about restoring the patient-physician relationship, and the equitable delivery of safe, quality, low-cost medical care.

Dr. Eliza Holland is a pediatric hospitalist practicing in Charlottesville, VA. She has been supporting COVID response to enable in-person activities for students at summer camps in North Carolina and schools in Virginia.

Dr. Todd Porter received his MD from the University of Virginia School of Medicine and MSPH from the University of Colorado. He is a community pediatrician in Illinois whose interests include literacy instruction and dyslexia. He has been advocating for the importance of in-person learning and return to normalcy for our children since 2020.

Dr. Sebastián González-Dambrauskas is a pediatric intensivist and Co-Chair of World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) Research Committee. He is Adjunct Professor of Pediatric Critical Care in the Faculty of Medicine, Universidad de la República (Montevideo, Uruguay) and works taking care of critically ill children. During the pandemic, he has performed research on both severe pediatric COVID19 and school closures.

Dr. Sebastián González-Dambrauskas is a pediatric intensivist and Co-Chair of World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) Research Committee. He is Adjunct Professor of Pediatric Critical Care in the Faculty of Medicine, Universidad de la República (Montevideo, Uruguay) and works taking care of critically ill children. During the pandemic, he has performed research on both severe pediatric COVID19 and school closures.
About this toolkit

This toolkit is intended to help everyone who needs to make evidence-based decisions for pre-K and K-12 schools and extracurricular activities. It summarizes the most important data regarding COVID and children of all ages so you can be empowered.

It is intended for parents, students, mentors, teachers, administrators, and everyone invested in taking the best possible care of our children. Please share and discuss within your communities, and use it to help inform and focus discussions with your school.

We highly encourage vaccination for those still at high risk.

We urge everyone to have discussions with openness and mutual respect. The job of being a teacher, school administrator, parent, or student has been exceptionally difficult these last two years. Understand that if you’re frayed, so is the person you’re talking to. Compassion and accurate information will move us forward.

As scientists and physicians, our role is to inform you with accurate data, give it context you can understand, and provide guidance about confusing issues. Impacts from COVID and mental health vary among different communities, schools, families, and individual children. We humbly acknowledge this, and provide these data to support every community in making their own decisions.
Children, COVID, and schools

COVID poses little risk of serious disease for most students, and vaccines are available for school-aged children.

• COVID is a flu-like risk for unvaccinated children. Extraordinary measures in schools are not justified.
• Vaccinated children have almost no risk of severe disease. Omicron does not change this.
• Teachers remain well protected by vaccination, with boosters important in older age groups.

Protecting the mental, social, and emotional health of students is paramount.

• Children are experiencing alarming levels of anxiety, depression, and eating disorders, and suspected suicide attempts.

Focused protection strategies can protect the vulnerable without harming students’ overall wellbeing.

Preserving in-person learning and de-escalating fear are the best responses to Omicron.

• Maintaining in-person learning is critical for protecting our students.
• There is no scientific justification for treating students differently based on vaccination status.
• Escalating COVID rules are harmful. Normalize the daily school experience as much as possible.

To protect our children, an urgent return to fully normal schooling is needed.
COVID is a flu-like risk to unvaccinated children

CDC data show that annual pediatric mortality from COVID is similar to that of the flu in unvaccinated children\(^1,2\)

- Summary of CDC data on 0-17 year olds:

Long COVID is not a major risk to children

- Studies consistently find that post-infection symptoms are similar in children who had COVID and children who had other, non-COVID infections.\(^3a,3b\)

\(^1\)https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
\(^2\)https://www.cdc.gov/flu/about/burden
\(^3a\)https://doi.org/10.1016/j.jinf.2021.11.011
\(^3b\)https://link.springer.com/article/10.1007%2Fs00431-021-04345-z

*Dec 2020- Nov 21 was the worst 12 months for pediatric COVID deaths in the United States.*
COVID risk to vaccinated healthy children is even lower

With severe disease risk from COVID already very low for healthy children, vaccines drive the risk to nearly zero.4

- Data from the Delta surge shows risk by age and vaccination status.
- Chart shows data from 930,000 total cases, including 411,000 cases in children.
- In vaccinated children, there were zero deaths and almost no hospitalizations.

---


5https://www.nytimes.com/2021/10/12/briefing/covid-age-risk-infection-vaccine.html
Vaccines remain highly effective against severe disease with Omicron

With Omicron, vaccines have lost most of their effectiveness against mild disease. Expect many cases. Efficacy vs. severe disease remains high, and Omicron is less pathogenic. Cases will be overwhelmingly mild.

The UK reported data by age and vaccination status in December, during massive Omicron spread:

In vaccinated people under age 60, Omicron deaths are extremely rare or absent. Note that no UK children are boosted. The protection shown here is achieved with two doses.

---

Teachers, staff, and family members are well-protected by vaccination, with a booster dose important for older age groups.

In the previous slide, we see some risk remaining in older age groups, where there is a substantial decline in 2-dose vaccine efficacy against severe Omicron.

Hospitalization risk is low with a booster dose
- Third vaccine dose restores protection against hospitalization to 75-90%.\(^8\),\(^9\),\(^10\)
- Weekly COVID hospitalization rates are shown for those over age 65 by vaccine status.\(^11\)
- Rate is 5-10 per 100,000 people if boosted. For comparison, with influenza this number typically peaks at 10-50 per 100,000 people over age 65.\(^12\)

---

\(^9\)https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7107e2-H.pdf
\(^11\)https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination
\(^12\)https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html
Indicators of student mental health distress are alarming. Policies to improve and protect student mental health are urgently needed.

- A global analysis of 29 studies found that depressive and anxiety symptoms **doubled** during the pandemic, with **25%** of youth experiencing depressive symptoms and **20%** experiencing anxiety symptoms.\(^{13}\)

- A study of eating disorder hospitalizations found a **120%** increase.\(^{14}\)

- According to national CDC surveillance data, emergency department visits for suspected suicide attempts in adolescent girls increased **51%** in early 2021.\(^{15}\)

- In December, the Surgeon General issued a public health advisory highlighting how the pandemic has exacerbated the unprecedented stresses young people already faced.\(^{16}\)

---

\(^{13}\)[https://jamanetwork.com/journals/jamapediatrics/fullarticle/2782796](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2782796)


\(^{15}\)[https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm](https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm)

\(^{16}\)[https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf](https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf)
School closures are harmful

“The toll of school closures and social isolation on children’s mental health cannot be overstated and will require both immediate- and long-term investigation and action to fully assess and address the impact.”17

-Editorial from *Journal of the American Medical Association Pediatrics*, January 18, 2022

School closures were associated with:

- Negative mental health impacts for both parents and students18
- Considerable impacts across emotional, behavioural and restlessness/inattention problems19
- Marked rises in screen-time and social media use and reductions in physical activity19
- Increased obesity20
- Learning loss21

17https://jamanetwork.com/journals/jamapediatrics/fullarticle/2788076
18https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7011a1-H.pdf
19https://jamanetwork.com/journals/jamapediatrics/fullarticle/2788069
20https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a3.htm
There is no scientific justification for treating students differently based on pediatric vaccination rates or vaccination status

Low vaccination rates in children have been used to justify keeping children under restrictions, and some institutions are excluding children from important opportunities based on vaccination status.22

These decisions fail to account for key scientific data

- **True immunity rates are much higher than vaccination rates.** A large proportion of children have developed immunity from COVID infection, which is at least as potent and durable as that from vaccination.23,24
- **Omicron transmits efficiently in both vaccinated and unvaccinated people.**25,26 A person’s vaccination status has little relevance to others.

![CDC data comparing immunity from infection and vaccination](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm)

22https://www.calacademy.org/reopening
23https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm
24https://www.nature.com/articles/s41590-021-01089-8
Focused protection for the vulnerable

The vulnerable must not be forgotten. Even with vaccines available, some people will remain at risk of severe disease from COVID infections.

“Focused protection” methods protect the vulnerable without widespread disruption to society or harms to healthy children.

If you think you are at elevated risk, discuss with your doctor. It is common for members of the general public to incorrectly estimate their personal risk. If you are in a very high-risk category:

1. Get fully vaccinated and boosted. Boosters greatly reduce the risk for the most vulnerable.
2. During periods of high transmission, limit your exposure by quarantining and avoiding indoor public spaces.
3. Use well-fitted N95 respirators. A properly-fitted N95 is highly effective at protecting the wearer, and does not rely on the behavior of others around you for protection. 27 High-quality one-way masking is more effective at protecting the vulnerable than universal use of low-quality masks.
4. Test right away if you develop respiratory symptoms, and seek early treatment if positive. Multiple effective treatments for all COVID variants now exist, and early treatment is highly effective at preventing severe outcomes of COVID-19.

Focused protection works. It’s how we have managed other respiratory viruses for high-risk individuals for our entire lives.

Recommendations

Maintain in-person learning regardless of case counts and vaccination rates. Students’ overall health is best supported by keeping daycares, pre-schools, and schools open.

De-escalate fear around getting COVID.

- Talk openly with children about how safe they are, and how well vaccination protects the adults in their lives.
- For children, COVID is a flu-like risk if unvaccinated and almost no danger if vaccinated.
- Encourage children, parents, and staff to see mild COVID infections as inevitable and not alarming.
- Encourage a booster dose for parents, caregivers and school employees if older or in higher-risk groups.

Apply focused protection measures to protect community members who remain at high risk.

Change the focus to supporting students’ mental, emotional, and social health.

- Avoid escalating mask rules or other COVID policies. More restrictive policies increase fear & falsely convey that schools are unsafe. This increases harm to student mental health, which can have major detrimental effects.
- Do not treat vaccinated and unvaccinated children differently. Children are not a danger.
- Encourage extracurricular activities and social events without fear.
- Restore fully normal life and school for all children at the first opportunity.
Health is about more than the mere absence of COVID-19

It is time to appropriately balance risks to children's health
- Disruptions to normal living can never be harm-free
- Coronavirus is here to stay
- We cannot eliminate risk, but we can reduce it to levels we’ve always known how to live with

Reclaiming normal life for our kids is the best way to support and protect them
We encourage you to read this article in the New York Times. Dr. Allen’s recommendations overlap completely with our own, and with those of many other infectious disease and public health experts.

“The risk of severe outcomes to kids from coronavirus infection is low, and the risks to kids from being out of school are high.”

“We should make masking in schools voluntary rather than mandatory. Masking was a necessary inconvenience early on and in short stints was fine. But to think that two years of masking has no impact on socialization, learning and anxiety is shortsighted. Kids are resilient but not endlessly resilient.”

“Schools should never close.”

Appendix: data on student masking

Student masking is the most visible and controversial part of ongoing school COVID mitigations. The most important thing to remember is that the risk of severe disease from COVID-19 for healthy children has always been low, and in vaccinated children COVID is much less dangerous than the flu.
Well-controlled real-world studies have not demonstrated any clear benefit of masking students.

To be informative, studies on school mask usage should evaluate effectiveness in real-world use, and must include a well-matched unmasked control group.

Several studies meeting this criteria are available, and the results are consistent.

This CDC study found a 21% lower COVID incidence in schools that required mask use among students, but couldn’t be sure the benefit was real. (In scientific terms, “not statistically significant.”)²⁹

This evaluation by the United Kingdom’s Health Security Agency and Department for Education found an 11% reduction in student COVID cases with mask usage, but also couldn’t be sure the benefit was real. (Not statistically significant.)³⁰
Academic studies confirm the results of government studies on school mask efficacy.

"We do not find any correlations with mask mandates."  

"There were no significant associations between COVID-19 incidence and face mask use."

In-school COVID transmission was the same in 4-5 year olds where masking was not used and in 6-7 year olds where masking was required.
Many studies on school masking don’t have appropriate controls.

These and other commonly cited studies don’t have appropriate control groups and can’t tell us anything about whether student masking is effective.

“All reported classroom exposures were masked, so these results do not directly inform the impact of masking within classrooms.”34

This study used a control group, but did not control for vaccination rates and had additional serious flaws.35 The Atlantic published a thorough critique with the conclusion “You can’t learn anything about the effects of school mask mandates from this study.”36

In this study, the masked and unmasked schools were not compared for vaccination rates, and vaccination rates tend to be much higher in counties with mask requirements.37 The authors state that regarding masks, “causation cannot be inferred.”38
Focused protection should be applied to vulnerable children too

A very small sub-set of children have medical conditions that affect their immune systems such that they are ineligible for vaccination or are unlikely to respond to vaccination.

These children and their family members should follow the guidance of their medical team to reduce risk and may need to continue masking with a high-quality, carefully fitted respirators to protect against COVID and other respiratory viruses.

Proper respirator fit is crucial to maximizing protection, and can be done effectively for those in need of targeted protection. In contrast, untrained respirator use commonly results in poor fit and ineffective filtration.39

Focused protection for these children can offer better protection than universal child masking, which has little to no efficacy in well-controlled real-world studies.

No study has shown benefit from universal use of respirators in children, and the potential for harm is large.

39https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0245688
School masking summary

Student masking has no scientifically established benefit in real-world use.

- When an intervention’s real-world benefits are too small to measure, we should feel comfortable ending its use.
- Potential harms from long-term masking are poorly understood, and reports on mask removal have noted social and emotional benefits for students.\(^{40}\)

Moving to mask-optional policies - and increasing school-based support and interventions for children - will be crucial for student mental health.

- We recommend an immediate end to mandatory masking. Anyone who wants or needs to continue using a mask is free to do so.

\(^{40}\)https://www.wbur.org/news/2021/11/12/hopkinton-high-school-mask-free-trial-policy
All analyses and recommendations presented here represent the authors’ combined perspective, and do not represent the view of any of our employers or institutions.

You can download a copy of the toolkit here:

Version notes 2-18-2022:
Added Dr. González-Dambruskas to our team.
Clarified vaccine recommendation on slide 5, as some people do not require further doses
Updated vaccine efficacy data in slide 10
Added slide 13
Updated slide 23 to call for immediate end to mandatory student masking

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.
Subject: Comment for March 2 Board Meeting - Agenda Item 5.A
Date: Wednesday, March 2, 2022 at 3:26:55 PM Pacific Standard Time
From: Sateez Kadivar <sateez@yahoo.com>
To: Information SMCOE <info@smcoe.org>

It is immensely hypocritical to have an agenda item celebrating National Arts Education Month when kids in our schools have to perform plays wearing masks. If you would like to support the arts, please vocalize your support for all indoor masks being optional.

Thanks,
Sateez
Good Evening Superintendent and Board Members,

At the February 16, 2022 Board Meeting, the potential of a new Therapeutic Day Program was addressed. Today (March 2, 2022), at an SMCOE E-22 staff meeting, the program was discussed also. I have worked both for our E22 as well as our Cost and Community Schools programs to support students as a School Psychologist. In this role, I work closely with all of the districts we serve to support our students who at times transition to and from our programs. There is definitely a need for such a program in our county. I caution you however, if the program is designed to begin operating for the 2022-2023 school year, to ask many questions as a board as to how this program is created and how it will run. I have hope and faith that you as a board will assure we operate a positive program that will be successful and meet the needs of our students. From my experience, a program such as the one described would include a number of things in order to run with fidelity. Some examples are:

- a partnership with a group of therapists who can serve our students and work with our staff
- Therapist on site every day
- Individual and group counseling available
- Substance abuse counseling/support
- College and career readiness experience/support/training
- a set of expectations for the school
- expectations clearly delineated to our students
- all staff following rules and expectations
- similar rules/expectations on the walls of the classrooms
- All staff using the same language
- training for staff that would begin before the new school year

I care about our students and feel they deserve a program that is designed and operated with fidelity. Starting a brand new program this late in the school year is a large undertaking. We do have experts within SMCOE as well as within our community (experts that we have worked with in the past and ones we have not). I believe that if the right group of people are gathered NOW and start working on this it can be done. But, if it gets too close to the end of the year it will be difficult.

Thank you so much for your time,

Tracy Bonaduce