

December 18, 2022

Dear Kingdom East School Superintendent and District Board of Directors,

Last March, the Vermont Agency of Education [urged schools to drop](#) their mask mandates. Governor Scott told reporters that mental health concerns contributed to the decision to stop recommending face masks. “The ongoing strain on our kids’ mental health is far outweighing the risk from Covid amongst this age group.”

In September I learned that Newark School was once again imposing mask mandates on staff and students. Due to my concern about the [dangers posed by masks and respirators](#), I submitted a Freedom of Information Request to superintendent Jennifer Botzjorns requesting “*any evidence the school district has used to determine that the use of face masks are safe for any age student, including students with special health needs, for both short and prolonged periods of time.*”

The packet I received in reply contained a number of documents, including a [letter](#) sent from the U.S. Department of Education (DOE) in March, 2021, reminding schools they must comply with disability protection laws, and informing them that, by utilizing these laws, a team of “knowledgeable individuals” *may decide* that the school needs to impose *prevention strategies*, including face masks and respirators, on a student with specific needs, and other individuals.

The packet also included copies of the civil rights laws concerning students with disabilities which require schools to make [reasonable](#) modifications for inclusion purposes (IDEA and 504). However, the enclosed documents did not address any of the safety concerns associated with mask and respirator use. In fact, requiring masks and respirators as suggested by the DOE in its letter is an [unreasonable](#) modification, since it is more likely to endanger the very people the laws are intended to protect.

For example, the DOE is suggesting schools impose masks and respirators on the very people most likely to experience the greatest harm from wearing them. When deciding who to mask, the [DOE](#) refers schools to a CDC webpage titled [People with Certain Medical Conditions](#), where they suggest masks or respirators for people with conditions such as: *cancer, kidney disease, heart conditions, lung diseases and asthma, diabetes, pregnancy, smoking, obesity, immuno-compromised conditions, and mental health conditions*. Yet, very little research exists on mask use with these populations because having one of these conditions usually [excludes a person](#) from participating in studies on masks/respirators altogether, due to the [increased risk of harm](#) wearing one poses to them. When people with these pre-existing conditions are included in studies, the [research routinely finds](#) that having these conditions makes them more likely to experience [greater harm](#) as a result of wearing the mask/respirator. This is why OSHA requires employers conduct a [medical evaluation](#) on staff expected to wear respirators, and Governor Scott provided exemptions specifically addressing these health issues in his [original mask mandate](#).

The [DOE](#) also provides information about a new condition called “[Long Covid](#)” and suggests schools consider it a disability and implement prevention strategies, such as masking, for affected students.

However, the symptoms of Long Covid are the same symptoms exhibited by people who are having difficulty wearing masks and respirators: *Tiredness/fatigue; difficulty thinking/concentrating; headache; dizziness; fast-beating/pounding heart, symptoms that get worse with exertion; chest or stomach pain; difficulty breathing/shortness of breath; pins and needles/tingling feeling; and rash*. The [CDC and OSHA](#) both advise supervisors in workplace settings to address these symptoms immediately because many of them are warning signs that the wearer is having difficulty with their

oxygen/carbon dioxide exchange. Forcing people to wear masks and respirators, which are known to cause these symptoms, is likely to worsen those underlying conditions. Since there is no diagnostic tool for Long Covid other than this list of common symptoms, people who are having difficulty breathing and having skin issues caused by the masks may be mis-diagnosed with Long Covid and, as a result, forced to wear the device that is causing the harm in the first place.

As for addressing safety concerns related to mask and respirator use, the DOE ignores the question altogether, but does provide a link to the CDC's [Scientific Brief on Community Use of Masks](#). Here is where you will find the [best evidence the CDC has](#), a compilation of all the evidence it uses to support its policies and [guidance](#).

Under the heading *Potential Adverse Health Effects of Mask Wearing*, the CDC provides 11 references on the adverse health effects experienced by children. Only 3 of these referenced studies look at physiological changes, and those for [45 minutes of use or less](#). One of these three looked at children who were receiving oxygen after surgery, another does not provide its measurements, but calls the changes "insignificant." The third found [increased heart and respiration rate in children](#) in less than 30 minutes. The other 8 studies are related to communication issues and the ability of children with autism to tolerate wearing a mask.

No study has been conducted which looks at prolonged periods of mask use by children. The only [study measuring the CO2 under the masks of children](#) found dangerous levels, and its authors advised:

"We suggest that decision-makers weigh the hard evidence produced by these experimental measurements accordingly, which suggest that children should not be forced to wear face masks."

Unfortunately, this randomized clinical trial has been retracted without explanation. Recently published studies demonstrating the [harms experienced by children](#) are retracted with lightening speed, with nothing to replace or refute their findings. Yet, where is the evidence of safety? It does not exist.

Since the beginning of the pandemic, [I have been asking public officials at all levels](#) to provide evidence that they have weighed the harms caused by masks against the supposed benefits, and they continue to confirm that no such evaluation has been done, nor do they plan to conduct one in the future. Instead, they just keep pressuring local officials like you to assume the responsibility of imposing masks on others. The decision- and the responsibility- is yours. Is that a responsibility you are willing to take on?

So far, your school district has been unable to present evidence that it has used to determine masks are safe for children of any age or ability, for any length of time.

I am asking the KESD School Board to decide to take any actions necessary to ensure that masks are no longer considered a prevention strategy in their district based on the fact that they do not possess any evidence of safety, and there is considerable potential for harm.

I look forward to your response.

Sincerely,
Amy Hornblas
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