

Dear Mrs. Pentecost and CCS School Board,

I am writing this letter in hopes that you keep open hearts and minds about the information I am going to share with you. I am deeply distressed that CCS has chosen to reinstate the mask mandate. Based on scientific evidence, I will show you that mask wearing is not a harmless practice. There simply have not been proper studies done to show the safety or efficacy of mask wearing on children. Healthy children are statistically at zero risk of having a severe case of Covid-19, but there is not a zero risk to mask wearing. Below I will outline important points to consider about mask wearing:

1. THE EFFECTIVENESS OF MASKS ARE INCONCLUSIVE

No association of risk mitigation and mask use

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30985-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30985-3/fulltext)

No association of disease incidence and mask use

<https://www.medrxiv.org/content/10.1101/2021.02.18.21251986v1.full.pdf>

Best case scenario: a reduction of .09 to .6 odds ratio for wearing mask all the time. Even within a hospital setting the use of masks gives little evidence. "Therefore, evidence for mask use versus nonuse and comparing mask types in health care settings remained insufficient. There were no new studies on the effectiveness and safety of mask reuse or extended use."

<https://www.acpjournals.org/doi/10.7326/L20-1292>

A Danish randomized controlled trial with 6000 participants, published in the Annals of Internal Medicine in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting.

<https://www.acpjournals.org/doi/10.7326/M20-6817>

A July 2020 review by the Oxford Centre for Evidence-Based Medicine found that there is no evidence for the effectiveness of face masks against virus infection or transmission.

2. IMPROPER MASKING IS COMMON AND UNSANITARY

An analysis of a set of masks worn by children demonstrated significant pathogens found on children's masks including pneumonia and cow herpes:

<https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/>

Wearing masks for long periods of time could result in potentially hazardous chemicals

<https://www.ecotextile.com/2021040127603/dyes-chemicals-news/exclusive-chemical-cocktail-found-in-face-masks.html>

3. SCHOOLS WITHOUT MASKS HAVE NOT FARED WORSE

Comparison of cases with school mask mandates and no mandates in Florida, New York, and Massachusetts.

“We do not find any correlations with mask mandates.”

<https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1.full>

Schools in Sweden had no masking and fared just fine

<https://www.nejm.org/doi/full/10.1056/NEJMc2026670>

Analysis of school data shows lower case rates in schools without masks

https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f78e5d4de521a001036f78e#/dashboard/5f78e5d4de521a001036f78e?pagelId=Page_ffb4dc52-5543-46b2-8126-2b7229fd1b17

Raw data on schools across specific states

https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f78e5d4de521a001036f78e#/dashboard/5f78e5d4de521a001036f78e?pagelId=Page_4c1464ba-3550-4999-afee-9455713b9486

4. MASKS CAN BE DETRIMENTAL TO DEVELOPMENT

[Impact on pediatric mental health from COVID-19](#)

[Masks can exacerbate mental issues in children](#)

Numerous effects might be seen from extended mask wearing

<https://www.mdpi.com/1660-4601/18/8/4344>

Mask use might be associated with headaches on other child ailments

<https://www.researchsquare.com/article/rs-124394/v2>

Autism and mask wearing

<https://researchautism.org/the-challenge-of-face-masks/>

5. LOW RISK FOR CHILDREN

Mortality rate among children is zero for children without pre-existing medical conditions

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>

Children are at very low risk of COVID-19

<https://osf.io/ezdf2/>

Children have strong preexisting immunity to Sars-Cov-2

<https://science.sciencemag.org/content/370/6522/1339>

Hospital outcomes for children significantly better than adults

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037>

Children spread COVID-19 much less than adults

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037>

6. CHILDREN SPREAD COVID LESS FREQUENTLY

Adults living with children are not at increased risk of contracting the disease:

<https://www.medrxiv.org/content/10.1101/2020.11.01.20222315v1>

In fact, the disease was attenuated in families with children:

<https://www.medrxiv.org/content/10.1101/2020.11.01.20222315v1>

Children “act as a brake” on the disease. (Massive study out of Germany)

<https://www.medrxiv.org/content/10.1101/2020.11.01.20222315v1>

Transmission is typically from adult-to-child not from child-to-adult:

<https://www.medrxiv.org/content/10.1101/2020.11.01.20222315v1>

[https://www.journalofinfection.com/article/S0163-4453\(21\)00209-7/fulltext#relatedArticles](https://www.journalofinfection.com/article/S0163-4453(21)00209-7/fulltext#relatedArticles)

Bottom line: children are less susceptible to COVID-19 than adults

<https://journals.plos.org/ploscompbiol/article?id=10.1371/journal.pcbi.1008559>

Children are not super spreaders

<https://adc.bmj.com/content/105/7/618.info>

7. ASYMPTOMATIC SPREAD FROM CHILDREN IS RARE

As with adults, asymptomatic spread is less than 1% in secondary attack rate:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102>

Viral loads in children are significantly lower than in adults

<https://journals.asm.org/doi/full/10.1128/JCM.02593-20>

No evidence of relevant asymptomatic spread in childcare facilities

<https://www.medrxiv.org/content/10.1101/2021.04.16.21255616v1>

In-person learning in New York City public schools not associated with increased prevalence

<https://pediatrics.aappublications.org/content/pediatrics/early/2021/03/05/peds.2021-050605.full.pdf>

8. TEACHERS DO NOT FACE INCREASED RISK FROM CHILDREN

Minimal transmission in primary schools

https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011#abstract_content

U.S. Child Care Programs show no significant impact from COVID-19

No association of elevated risk for school providers

<https://pediatrics.aappublications.org/content/147/1/e2020031971.long>

Spread among schools in the Fall was subordinate at best

https://www.cream-migration.org/publ_uploads/CDP_22_20.pdf

The risk of in-person schooling for teachers is are comparable to the risks of commuting by automobile

<https://www.nber.org/papers/w28619>

9. SCHOOLS HAVE NOT DRIVEN THE SPREAD OF COVID-19

Extremely limited secondary transmission in schools

<https://pediatrics.aappublications.org/content/147/4/e2020048090>

Were the risks of opening schools exaggerated

<https://www.npr.org/2020/10/21/925794511/were-the-risks-of-reopening-schools-exaggerated>

Unicef: “the net benefits of keeping schools open outweigh the costs of closing them.”

<https://www.unicef.org/coronavirus/six-point-plan-protect-children>

Transmission in school settings were uncommon

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30882-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30882-3/fulltext)

I would also like to approach this from a biblical perspective. The passage that I would like to reference is Isaiah 41:10:

Do not fear, for I am with you. Do not anxiously look about you, for I am your God. I will strengthen you, surely I will help you. Surely I will uphold you with my righteous right hand.”

I believe that we are instilling fear and anxiety in our children by social distancing them, masking them, and making them fearful of loving human contact. We should look to the Lord in these times to give us strength and encouragement, and avoid immersing ourselves in the fear that secular society is pressing upon us. As Christians, we are called to set ourselves apart, but throughout this whole “pandemic,” we have looked to the media and other secular sources to get our information. Have most of us even bothered to truly research or question the truth of what we are being told by these sources? If we have not, then I think we are doing ourselves and our children a grave disservice.

So how should we approach this “pandemic?” I believe we should make this a teaching moment for our children. From a health perspective, why don’t we use this opportunity to teach our kids to eat healthy, to exercise, and to practice proper hygiene techniques. We can teach them that by performing these healthy interventions, we reduce the likelihood of illness and the serious consequences that accompany illnesses. Instead of slapping an unhygienic mask on their face, why don’t we show them that we are different from society? That we trust in God’s power to protect and heal us. That we trust that our bodies are fearfully and wonderfully made and have the power to heal themselves if given the proper nutrition and exercise. That if we treat our bodies as a temple of the Holy Spirit, we will most likely live more productive and bountiful lives.

We need to be brave and stand up for what is right in these times. And when it comes right down to it, isn’t it just really bothersome as a parent to know that your child’s mask

probably harbors pathogens including pneumonia and cow herpes? If that isn't enough to give us pause, then what is?

I ask that you research and sincerely pray about the information I have set before you. Thank you for taking the time to read through all that I have written. May God be with us all.

Elizabeth McClain, D.C.