

Start-of-Year Email to Teacher Requesting to Donate a Portable Air Cleaner

We are so excited [child] was placed in your class for this year. We are here to be your ally and partner in helping [child] thrive. Just the other day they said, “[quote of something cute they said about school].

Our family deeply values education and the teaching profession. You are an important member of [child’s] village. As such, we want to partner with you to make your classroom a safe place for you, our child, and all your students.

We would like to gift your classroom 2 of these air cleaners [link] to suck any nasty viruses out of the classroom air to reduce the spread of illness. I’m sure you are familiar with how much sickness gets passed around most classrooms. Ick! We want you to stay healthy, and we need [child] to stay healthy to protect those in our family who are immune compromised.

We’re also happy to donate all the crayons, glue sticks, or post-it notes you want :), but clean air is really important for our family’s health.

I’ll spare you a dissertation on why clean air is important for health, learning, and concentration. The [CDC](#) has put clean air in schools #1 on their list to help reduce absenteeism. I’m happy to answer any of your questions.

Let me know if we can drop them off, and when would be the best time for you.

Emails in response to CDPH’s new isolation guidance allowing Covid+ students/staff to return 24 hours after fever (with a mask recommended)

(please modify based on WHO you are writing to, your relationship with them, and whether your school/district has adopted the new guidance or not)

Dear _____,

I know it's confusing to have two public health agencies sharing very different guidance. You must be torn in considering which one to follow. [The CDC has come out in the past week strongly opposing CDPH’s new guidance](#), showing the evidence that a 5 day isolation is needed

to reduce the spread of a virus that is still killing thousands of people every week, and disabling millions.

It is also confusing for families. I have a lot of questions.

I'll focus on just one for now:

IF (school) decides to adopt the new CDPH guidance, how will (school) ensure that students who are Covid + isolate from my children for 10 days?

The [new CDPH guidance states](#): People who test positive should Avoid contact with people at higher-risk for severe COVID-19 for 10 days.

They conveniently hyperlink "higher-risk" to help us know who qualifies as "higher-risk", and thus who Covid+ folks should isolate from for 10 days.

As a parent of "higher-risk" children, I'm curious to know how (school) will communicate and ensure the reasonable accommodations these children need are met, to align with CDPH guidance.

I look forward to your response.

Dear _____

[Over 10 million children have lost a parent to COVID](#). And that was as of our last count, 1.5 years ago.

[Kids account for 70% of transmission that happens in a home.](#)

Where do kids get COVID that they then spread within the home?

Hint: the densely-populated place where they spend much of their day, with near-zero levels of vaccine protection, testing, masking, or air cleaning.

[Schools.](#)

Allowing COVID+ kids in school while actively infectious is simply murderous.

This new guidance will disable and kill parents, grandparents, and others in the community. This new guidance will leave kids at high risk of complicated bereavement and toxic long-term damage from multiple Covid infections.

This new guidance will disable and kill teachers, and their families.

There are zero repercussions to saying “we’re gonna stick to our current policy for now”
...other than saving lives, reducing disability and trauma.

I invite you to read this one page article: [Public Health’s “Forgotten Children” of the COVID-19 Pandemic: Creating the Next Generation of Leaders in Serious Illness Care](#) **to help us see how our choices today impact the lives of so many tomorrows.**

Dear _____,

I’ve been studying the new CDPH guidance that allows Covid+ students to return to school while still infectious, 24 hours after a fever is gone.

The guidance actually CANNOT be followed by any school.

Let me explain why:

Schools are only focusing on the first point of the [new isolation guidance](#): "Stay home if you have COVID-19 symptoms, until you have not had a fever for 24 hours without using fever reducing medication AND other [COVID-19 symptoms](#) are mild and improving."

Schools responded swiftly, without carefully considering the rest of the guidance. Let’s focus in on just the 3rd point of guidance: (Recommendations for people who test positive) Avoid contact with people at [higher-risk](#) for severe COVID-19 for 10 days*.

Who is at higher risk?

Conveniently, CDPH linked that term to a [lengthy document](#) that outlines dozens and dozens of conditions that classify a person as high-risk.

Let's take a look at just a few of the conditions listed that make someone higher-risk for severe Covid-19:

1. Asthma: [Asthma affects 1 in 12 US children](#). It is the leading cause of chronic disease-related school absenteeism.

If there is a child with moderate/severe asthma in a class, a Covid+ student must stay home for 10 days.

2. Diabetes: [Hundreds of thousands of children](#) have diagnosed diabetes.

If there is a child with diabetes in a class, a Covid+ student must stay home for 10 days.

3. ADHD: Approx [10% of children](#) have been diagnosed with ADHD

If there is a child with ADHD in a class, a Covid+ student must stay home for 10 days.

4. Learning Disabilities: [5-15% of children have a learning disability](#).

If there is a child with a learning disability in a class, a Covid+ student must stay home for 10 days.

5. Mental health conditions: The data is often divided into specific conditions. Rough estimates show [10% of children have a mood disorder](#) or some type.

If there is a child with a mood disorder in a class, a Covid+ student must stay home for 10 days.

6. Overweight and obesity: [Approx 20% of children in US are obese](#).

If there is a child with obesity in a class, a Covid+ student must stay home for 10 days.

The list goes on & on.

Show me a single classroom (let alone an entire school) that doesn't have at least 1 student who is high-risk. It doesn't exist!

(And I'm not even including the teacher here, who could likely be high-risk as well.)

Unless you can verify the school (or classroom) has ZERO incidence of people classified as high risk, Covid+ folks must stay home for 10 days.

(According to the most up-to-date CDPH guidance)

Dear _____,

Will we also be allowing students who are infectious with **MEASLES** attend school?

Will we also be allowing students who are infectious with **YELLOW FEVER** attend school?

Will we also be allowing students who are infectious with **MONKEY POX** attend school?

Will we also be allowing students who are infectious with **TUBERCULOSIS** attend school?

The thought sounds absurd ... and yet they all share the same classification by the CDC and WHO as a Level 3 Biohazard agent.

Guess what else is classified as a Level 3 Biohazard pathogen? **COVID-19**.

Please continue to fight against the mass minimizing of this virus. It's not a cold or the flu (Level 2 biohazard agents).

If _____ is going to let staff and students infectious with Covid at school, why not change our policy to let 'em all in? We could call it pathogen equity.

Seriously, what's the difference?

Dear _____,

Last night I found myself in tears over this new CDPH guidance.

It wasn't about my kids.

It wasn't about other kids.

It was about the **teachers**.

You and I both love teachers, especially the ones at _____.

Teachers are my people, and I will go to the ends of the earth to defend the work they do for the children of our world.

Last night I found myself thinking about one of my kids' teachers, who I will not name.

[insert story of teacher who risks their health to teach]

These are the kind of people that you hired. You found them, or they found you. They are unicorns, because you are a unicorn magnet.

But just because they are unicorns does not mean they are invisible to the impacts of a Covid infection. Another infection could devastate this person who I have come to love deeply. And I know you love her too.

Any Covid infection could devastate any of the teachers on your staff. We cannot let Covid+ students who are highly infectious to pass their infection on to our teachers.

If not for my kids; if not for everyone's kids; PLEASE don't let it happen for the teachers.

Dear _____,

Several school districts across California have already adopted the eugenics-based policy of allowing Covid + students and staff to return to schools, as long as they don't have a fever.

I'm assuming the decision is being considered at _____ as well. If you'd like to let me know who makes those decisions, I will gladly start emailing them these daily pleas (with evidence). If not, I'll count on you to advocate for those most marginalized during this pandemic.

Today's reminder is that ALL children experience blood vessel damage from a Covid infection. 100%. Every. Single. Child. Even if it is mild (or even asymptomatic).

We've known this since 2020, and the research continues to support this.

I know you don't see it as you watch those precious children run around the playground. But you also don't see the slow and steady impacts of chronic stress/trauma on people who are systematically oppressed in our society. But you know it is still happening.

PLEASE don't let _____ adopt this new policy. It will harm our community.

Email Series to Superintendent

Clean Air -> Illness -> Attendance -> Funding

Clean Air in Schools #1

I requested a 1-hour meeting to discuss the importance of clean indoor air. A 30-minute meeting was scheduled.

No worries. We can be creative.

I'll send you a 3-min email every day for the next week to prime your thinking and learning before our meeting. :) Consider it priming for our brain's learning!

Let's start with an essential question: **Why has student absenteeism increased so much the past few years?**

Some additional driving questions that might follow are:

- What are the leading causes of student absence (pre-pandemic and currently)?
- What influence does a school have on these factors?

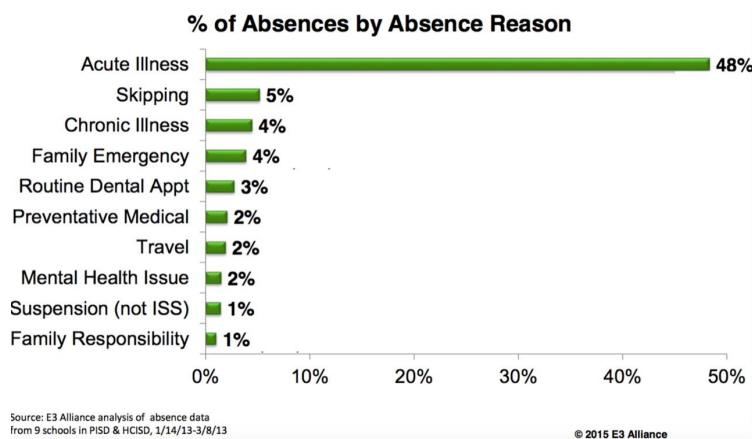
I'll be back tomorrow with some data on this topic.

Clean Air in Schools #2

Hi again,

So, why are kids absent from school?

Data from pre-pandemic (below) clearly points to acute illness being the dominant reason for absence, and thus loss of funds.



You might be wondering, What kind of illnesses? Are they preventable?

Asthma is #1, associated with >10 million missed school days annually in the US.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4914465/#:~:text=Childhood%20asthma%20is%20a%20leading,million%20missed%20school%20days%20annually.>

The list continues, and includes a variety of illnesses. Almost all are viruses transmitted through the air we breathe (colds, flu, RSV, Covid, etc.)

But why would there be more absences from illness in the past few years?

The obvious answer would be Covid. And that's certainly part of it.

But there's more to it than that. Remember learning about t-cells in Biology class?

Get ready for a refresher on those tomorrow. :)

Clean Air in Schools #3

Hello again,

We started with an essential question: Why has student absenteeism increased so much the past few years?

For now, we're narrowing in on the #1 cause of student absence: acute illness.

Kids have always gotten sick, so why so much more now?

Sure, Covid knocks a kid out for a week or so (assuming they're one of the lucky ones that lives or doesn't become disabled by the virus). And most kids are catching Covid 1-3 times a year. That might account for all those extra days absent. Or maybe there's more?!?

Let's talk about t-cells. Remember them from biology class? Those "killer cells" that help your immune system fight viruses and other pathogens.

It turns out that Covid over-stimulates your t-cells, leading to t-cell exhaustion, and ultimately damages them so they can't fight all those regular viruses and pathogens well. (Remember when all the pediatric hospitals were beyond capacity last winter? It wasn't just Covid. Kids were sick with all sorts of stuff.)

We've seen this type of t-cell response in Hepatitis C and HIV. It's not good. In short, a Covid infection (as bad as it is on its own) ALSO depletes your t-cells making you more susceptible to other viruses and disease. And [each infection makes it worse](#). Feel free to browse any of the [5,041 peer-reviewed studies published in the past 3 years about Covid and t-cells](#) in the NIH library.

More sick kids -> more absences -> less ADA funding.

What does all this mean?

We live in a new reality, where kids (and adults) are more susceptible to viruses, pathogens, and disease (at least for a season following a Covid infection). They're just getting sick more often.

Is this depressing? YES!

Are we participating in something equivalent to "airborne HIV/AIDS"? Kind of. Not exactly. But pretty close. (I'll let you google it.)

This is getting depressing, so we'll start looking at solutions tomorrow.

Clean Air in Schools #4

Hello,

(I know I said we'd move to solutions today ... but I need to drive this point home one more time.)

(Because I believe in the power of visuals, and reviewing critical content) Here is a summary of the largest study (n=6,000,000 folks) on the impact of multiple Covid infections.

You can browse the [full article here](#) if you'd like.

Studying immune system dysregulation can be complicated. The simple take away is this: the more times people catch Covid, the worse their health outcomes. This means more days out of school.

Covid is "not just a cold".

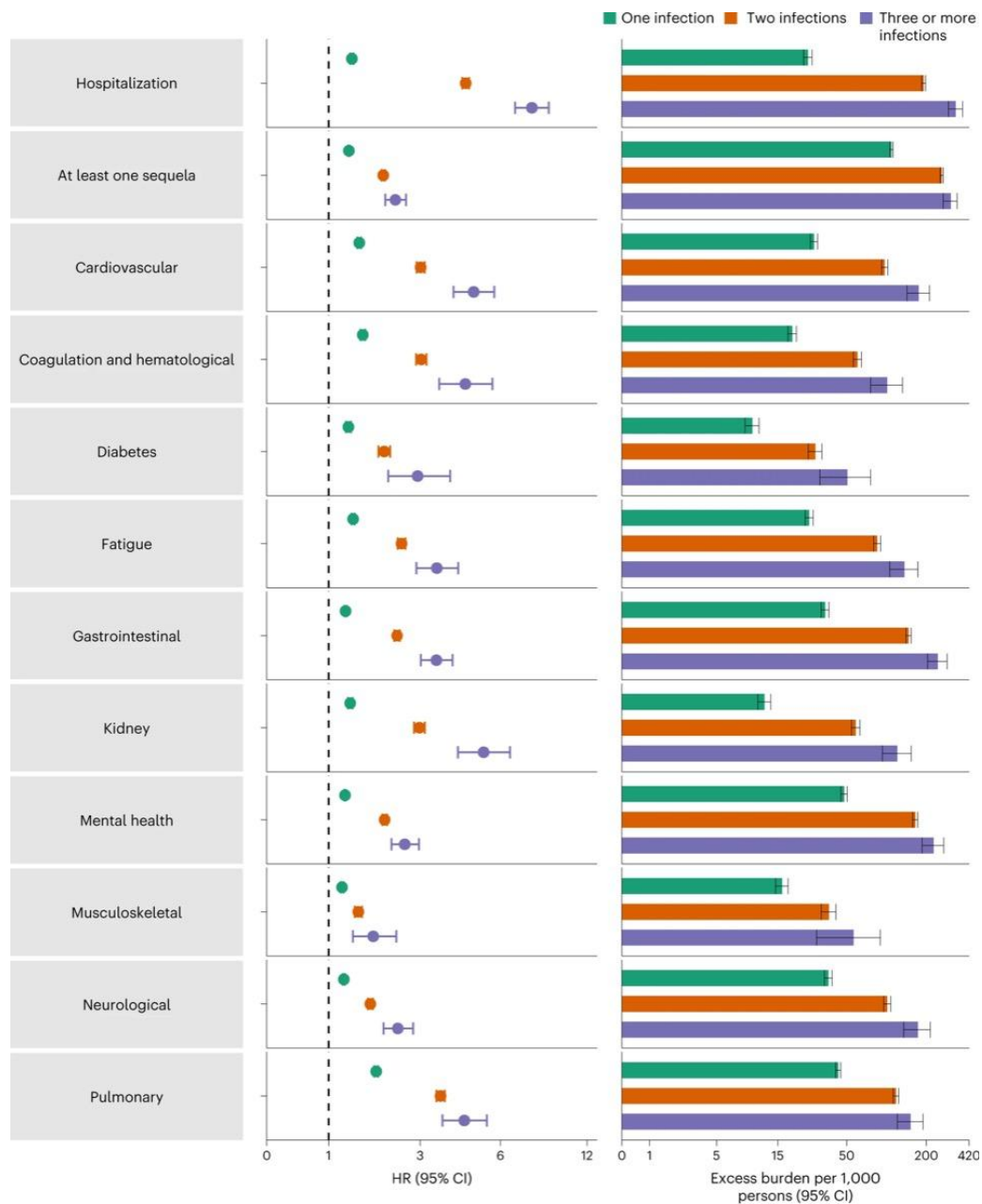
Yes - Covid might present acute symptoms like a cold or flu, for the lucky ones. You know what else presents like that initially? HIV and polio. And then later :(

Acute symptoms are a poor indicator of what is happening deep within the systems of the body.

What the heck does all of this have to do with clean air in schools?

I'm so glad you asked. You'll be surprised.

See you tomorrow!



Clean Air in Schools #5

Hi again,

Before we get to the simple, easy, and mostly FREE tools to get you millions of dollars back in ADA funds ... I want to address a wondering you might be having:

None of what you're talking about, Liesl, is part of the research available on chronic absenteeism. Why aren't you talking about all of that stuff?

Here's why:

1. All the research you and I read about chronic absenteeism is pre-pandemic. It doesn't take into account the "new normal" we are living in (ie. All the sickness from Covid and the secondary immune dysregulation).
2. Everything you're reading today about school absenteeism skyrocketing is grasping for reasons to explain it. They're using old reasons to explain a new situation. I have yet to find any credible study (not some edutopia-esque blog) with solid evidence for anything beyond illness.
3. It is my belief that the _____ organization does a damn good job at mitigating the major factors for (old) chronic absenteeism. _____ schools are (for the most part) places where students feel safe, that they belong, having caring staff, have strong social connections, etc. That is your bread and butter. You've always known this stuff matters and have prioritized it into the DNA of this organization. Well done.

The key to reclaiming your ADA funds and keeping _____ open for business is to reduce the spread of illness happening in schools.

It's time to leave the world of immunology (for now) and enter the world of aerosol science (particularly ventilation and filtration).

Up next: How much would you be willing to spend if it could increase attendance rates by 1%? How about 3%? Would \$2,000 per campus be worth it? You do the math on the ROI.

Clean Air in Schools #6

Scenario #1: You're doing a site visit to one of the _____ campuses. You get thirsty, and realize you forgot your water bottle.

Would you consider asking a student for a sip of water from their water bottle?

Scenario #2: You're out on a family hike. You get thirsty, and realize you forgot your water bottle.

Would you consider scooping up some water from the local stream?

We all missed the Clean Water Movement (thank you ancestors) - but we reap the benefits.

The Clean Air Movement has begun - welcome to the party!

To know how to get cleaner air (and thus better attendance) we need to know how to talk about air.

Let's learn some new vocabulary:

ACH: air changes per hour

Air changes per hour is the number of times the total volume of air in a room/space is completely removed and replaced in one hour.

When people breathe in a classroom, any virus they might have brought with them floats in the classroom air, waiting to be breathed in by another student or teacher.

1 ACH would mean it takes an entire hour for the total volume of air in a classroom to be removed and replaced with clean/fresh air.

How does it get removed? Either **mechanically** through the HVAC system/air purifiers or **naturally** through open doors/windows.

At _____, the classrooms are operating at 1.7 ACH. No wonder kids are absent so much!

(For reference, hospital operating rooms are required to have 20+ ACH to prevent the transfer of disease to patients)

(For more reference, California Department of Public Health says classrooms should have [6-12 ACH](#) to significantly reduce the transmission of illness.)

There is work to be done. With _____ support and permission (and not a single dollar of _____ money spent) _____ classrooms are now operating over 9 ACH.

This [reduces transmission of illness by over 80% in a classroom](#). Remember, less illness means better attendance.

We all know it's important to make data-informed decisions. So, tomorrow: all the research connecting classroom air quality to attendance, illness prevention, and \$\$\$.

Clean Air in Schools #7

Last one, folks.

It's time to nerd out!

What does the peer-reviewed research say about the connection between air quality, attendance, and illness? (I thought you'd never ask!)

I promised 3-min emails, so here is just a top 4 list:

1. This [STUDY](#) shows that **"Increasing the ventilation rate reduced the absence rate; each additional 1 L/s per person was associated with 5.59 fewer days absent at the classroom level annually."** Based on what I've done at _____, I've increase ventilation by 25 L/s per person (Liter/second). That translates to 140 fewer days absent PER CLASSROOM. At _____ that would equate to 2,520 fewer absences in a year. That's a lot of \$\$\$\$\$.

Too good to be true? Maybe. We must be both curious and critical when interpreting data. (There may be a point where it maxes out, but I'm having a hard time getting a hold of the authors to discuss their data set. I believe the model is more logarithmic and not linear as they used.) Even still, there will be a significant reduction in absences.

2. This [STUDY](#) shows that **"increasing classroom ventilation rates from the California average (4 l/s-person) to the State standard (7.1l/s-person) would decrease illness-related absences by 3.4%, increase attendance-linked funding to schools by \$33 million annually, and increase costs by only \$4 million."** _____ was right at average with about 4L/s-person. Now it's closer to 30L/s-person.

It certainly doesn't have to cost \$4 million. I'll teach you how to do it for free. (I know I sound like a sales person - I promise I have nothing to sell.)

3. This [STUDY](#) by ASHRAE (the leading organization that creates guidance and standards for govts to adopt) created a cost-benefit analysis of improving air quality in classrooms and other facilities, based on infection risk. These numbers are averages and the author clearly states he over-estimated the costs. Again, I can show you how to do it for between \$0-\$2,000/yr per campus.

4. This [STUDY](#) (done on more than 10,000 classrooms) shows **"the protection [from infection (from Covid in this instance)] is greater if ventilation rates higher than the rate needed to ensure indoor air quality (>10L/s/student) are adopted."** The risk of infection decreases by over 80%.

(Most of these studies are using Liters/second/student as their metric. That's another way of measuring air flow. Yesterday I introduced you to ACH (air changes/hour). You can convert between the two.)

Looking forward to all your curious and critical questions tomorrow.

And to share multiple solutions to improve air quality -> reduce illness -> increase attendance -> increase ADA funds.

See you tomorrow!

Email to Teacher about CO2 monitoring

_____ will be bringing a CO2 monitor with him on Friday. He can either keep it in his pocket, or give it to you to place on your desk or somewhere safe. He will take it home at the end of the day.

What does it do? It tracks the level of carbon dioxide in the air throughout the school day. Essentially, how much of the air in the room is “backwash” air from someone else’s lungs vs. clean fresh air. Cool to know, right? It’s not a great time to be sucking in air from other people’s lungs.

Why does it matter? It gives our family a base level understanding of the air quality in your classroom. If it is good, it gives me the peace of mind I need to send _____ to school and not keep him home when community levels are high. If it is bad, we can work with facilities to see if they can improve the ventilation into your room. Or, I keep _____ home. :(

Is this approved? Yes - we did a one-day reading in Ms _____ & Ms _____ class last year. Principal _____ knows and I always share the results of the reading with you and admin at the end of the day.

What does the device look like? This. It’s a small 3”x3”x1” box. The numbers on the screen change as levels change.

As always, I’m happy to share WAY more info, but I want to respect all that you are juggling on the first week of school. You can always catch me at pickup if you want more info.

Proposal to the PTA

Improving Indoor Air Quality Proposal

Clean indoor air helps us ALL.

WHO Will Benefit

It keeps **staff** healthy – thus reducing costs (and stress) for substitutes.

It keeps **students** healthy – thus increasing funds for school through attendance-based funding.

It makes life easier for **parents** – less days with kids home sick, scrambling for childcare.

Clean indoor air improves cognition – students will learn better.

With winter approaching (and the cocktail of viruses that come with it) NOW is the time to put [Corsi-Rosenthal air cleaning boxes](#) in classrooms. They will “suck” those nasty respiratory viruses (cold, flu, RSV, and COVID) away before your kid breathes it all in and gets sick.



HOW Do They Work?

These DIY air cleaners are built by attaching a box fan to a cube made of Merv-13 air filters. Together they make a box that sucks in air from the room through the filters, pushing clean air up through the fan. Any pesky viruses will get trapped in the filter and not be floating around the classroom for your kid to breathe.

Are these Corsi-Rosenthal Boxes Legit?

YES! Very much so.

Here is a short collection of organizations supporting their use in schools:

[The White House Clean the Air Initiative](#)
[California Department of Health](#)
[3M Company](#)
[Scientific American](#)
[CBS News](#)

Management and Maintenance

Each box will come with a small label attached to it. The label will include:

A QR code to a 2 min instructional video for teachers on:

- What it is
- How to use it
- Where to best place it in the room
- Who to contact (ME) if it needs a repair/replacement
- My contact info for any questions/concerns

It can be a fun community project to gather one afternoon to build the Corsi-Rosenthal boxes for each classroom. Parents and students can join together in a meaningful way to contribute to our collective community health.

Email to pre-school director:

It is obvious there is surge of respiratory viruses circulating at _____. In fact, the flu, RSV, and Covid are circulating all across the country - leading to 75% of all pediatric hospital beds being full right now.

I know _____ is doing many things to help keep students and staff safe. But, in these strange times, we need to look above and beyond for simple, affordable ways to keep people healthy. There is no good reason for a child to be exposed to any respiratory pathogen. It only damages their immune system. Microbes - yes. Pathogens - no.

Because the three dominant respiratory viruses in circulation right now are airborne (meaning, they float in the air), ventilation and filtration are essential mitigations to keep them out of the classrooms. (And enforcing policies of sick kids staying home!)

Keeping the windows and doors open is the easiest, must-do option. _____ is positioned geographically to have incredible cross airflow. What a blessing! Keeping the windows and doors open through these winter months will be critical. Luckily, we live in San Diego so wearing a jacket can make this possible.

I know you have a couple small HEPA filters in each classroom. Have you replaced the filters in them lately?

I would like to donate what is called a [Corsi-Rosenthal Box](#) to the _____ classroom. Essentially, it is a do-it-yourself air cleaning device that outperforms nearly all HEPA filters on the market. They are made by creating a cube of Merv-13 filters with a box fan on top. The box sucks in the air from the room, catching all respiratory viruses in the filters, and pushing clean/filtered air out the top.

They are approved and recommended by the White House, California Department of Health, and countless other scientific organizations and leaders. I have made dozens of these and donated them to families and schools. They are basically a short-term solution until major improvements can be made to systemic HVAC systems.

Here is a short collection of organizations supporting their use in schools, with links to their approval and research:

[The White House Clean the Air Initiative](#)

[California Department of Health](#)

[3M Company](#)

[Scientific American](#)

[CBS News](#)

I know you like to consult with your medical advisor. I appreciate you trusting medical experts. They will likely be familiar with these and encourage their use.

Please let me know if I can get one (or two) of these in the _____ classroom. Without getting into the data, having two of these in each classroom puts the air quality very close to ICU isolation rooms. They are that good. And it's looking like we'll need something that good to get us through these next few months.

Thanks for always being open to my suggestions and engaging in respectful dialogue with me. I appreciate that.

With gratitude,

Email to classroom teacher:

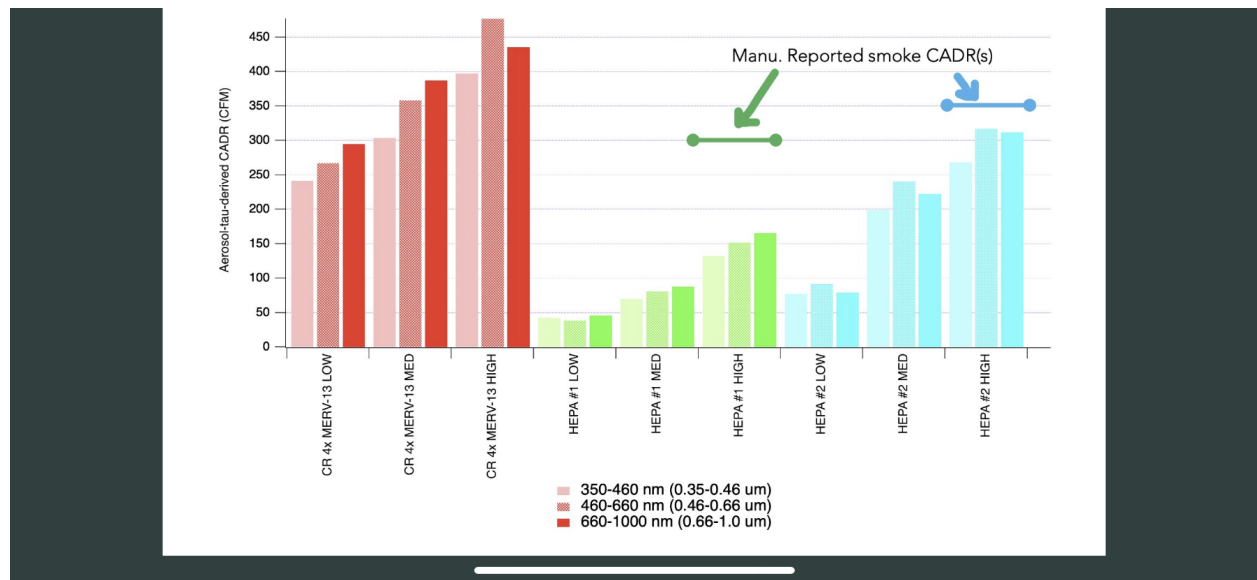
I'm wondering if I could bless your classroom with an air cleaner to help keep you and your students healthy. Specifically, I would love to give your classroom a [Corsi-Rosenthal \(CR\) Box](#)

What is that? Essentially, it is a DIY air filter that sucks any virus out of the room and pumps out clean air. They have been recommended by the [White House](#) and top aerosol scientists, engineers, and medical doctors. I'm happy to share all the research on them if you'd like. For now, I'll just attach one graphic from a study showing how the CR box (in red) outperform most HEPA filters (in green/blue).

There are several of them in other classrooms on campus. _____ has given the thumbs up for them to be used every day in their classrooms. I'll attach a picture of one so you can see what they look like. It's essentially 4 MERV-13 filters duct taped to a box fan. They are in classrooms at UCSD and in many schools across the world.

If you'd like to learn more about them, you can find a helpful FAQ here: <https://cleanaircrew.org/boxfanfilterfaq/>

Let me know if you have any questions, and if you're open to having one in your classroom.



Follow up email to teachers after donation accepted:

Here is the "need-to-know" on how to maximize the functionality of the CR boxes:

(It is your classroom, so you obviously get to decide how to use them. This is just some info on optimal use that I share every time I donate to a teacher.)

- Ideally they are placed on opposite sides of the room to cover more air space.
- Ideally all 4 sides are in the open (as opposed to up against a wall or bookcase). The more surface area facing air, the more effective they will be in sucking up any viruses, etc. that we don't want in our lungs.
- The higher the fan is on, the more effective it will be. The good news is even level 1 on the fan outperforms the \$500 HEPA filters I tried to donate to all classrooms last year. It's going to come down to noise level tolerance. Some teachers have assigned turning them on as a morning classroom job.
- The filters should last the school year. You let me know when you need new filters. I got your back.

Email to teachers after CR Box-athon build:

Hi Teachers,

This Tuesday afternoon you will be receiving a gift from the PFA for your classroom: a Corsi-Rosenthal Box (CR Box) to help “clean” the air in your classroom.

With respiratory viruses (flu, RSV, and Covid) raging, we want to help make your classroom a bit safer for you ... and your students. We know that Covid, and these other viruses, are airborne - they float in the air like smoke and can linger in your classrooms’ air for hours. We want to get it out! Opening your windows and doors can help flush all these viruses out. These CR Boxes are an additional tool to filter the viruses out of your classroom’s air.

Here is a [3-minute intro video](#), made by two students, that explains what a CR box is and how to use it. Please watch it.

Then, plug it in on the wall opposite your windows and turn it on!

Here is a [35-min podcast interview](#) with the two creators. This is not necessary to listen to. Just sharing for those who want a bit more background on the science of this highly efficient air cleaners.

These DIY air cleaning devices have been recommended by the [California Department of Health](#) and [The White House Clean the Air Initiative](#).

Liesl McConchie is the parent that has been leading this effort. Please direct all of your questions and needs to her at: _____

The CR Boxes are being built in the amphitheater this Tuesday after school. Feel free to walk by on your way home to see what is coming your way.

Thanks for all your efforts to help our community stay safe.

With gratitude,

3-min intro video of a CR Box

<https://vimeo.com/manage/videos/775174822/4960c5349d>

Email to School requesting universal masking Dec 2022

Hi _____,

It's time.

You know I follow the science and data closely, so here is a quick summary of the latest data available to us that suggests we need everyone to put their masks back on.

At least for exhibition this week, until Winter Break ... and likely the month of January. Hopefully by then we'll have a better handle on this tripledemic of flu, RSV, and COVID.

Here's 5 evidence-based reasons we should bring back masking (temporarily):

1) Yesterday, the CDC told us we should be wearing a high-quality mask.

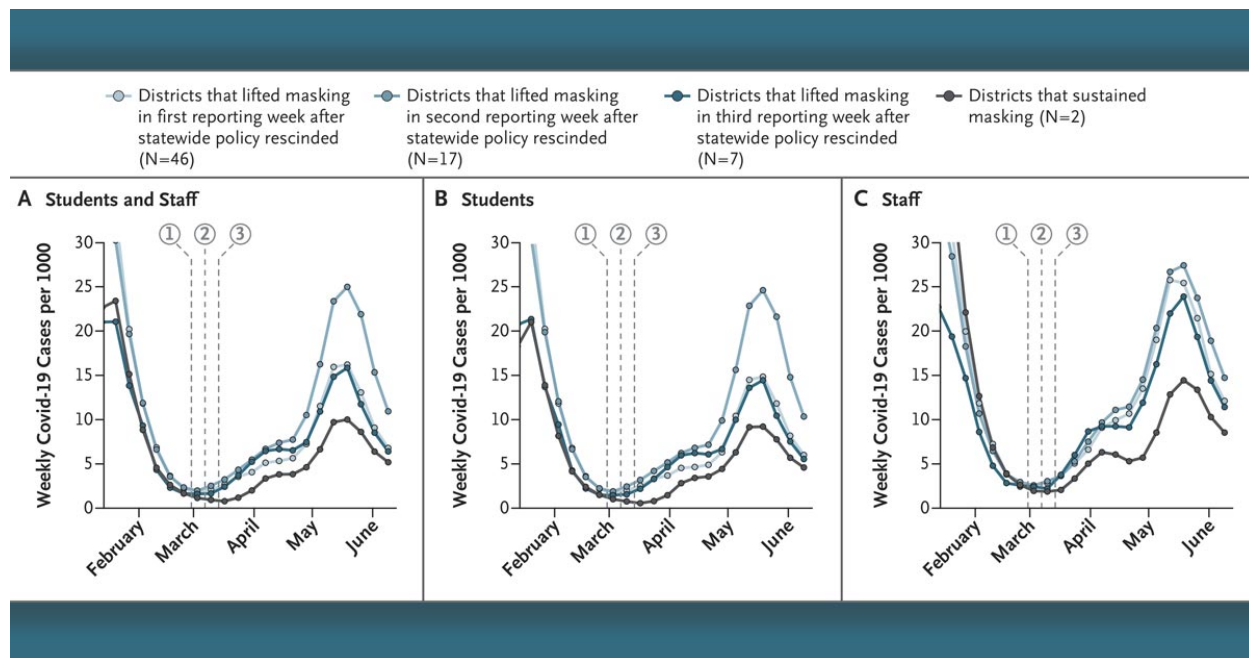
"We also encourage you to wear a high-quality, well-fitting mask to prevent the spread of respiratory illnesses,"

If the school is following CDC guidance, it's time for everyone to put a mask on. Ironically, the CDC directory also said yesterday, "One need not wait on CDC action in order to put a mask on"!

The CDC Director also pointed out yesterday that "hospitalizations are the highest now than they have been in the past decade."

2) We now have a "gold standard" research study on the impacts of universal masking in school on Covid transmission. The results say what we already knew: high-quality masks prevent transmission.

In Feb 2022 the state of Massachusetts removed mask mandates in schools. Two entire districts continued. It created the perfect setting for a study on the impact of universal masking. The result: "the lifting of masking requirements was associated with an additional 44.9 Covid-19 cases per 1000 students and staff during the 15 weeks after the statewide masking policy was rescinded."



3) The CDC's "influenza-like illness" (ILI) data this week shows California has the highest levels of illness that present as influenza-like. This is an aggregate of respiratory illnesses like flu, RSV, Covid, etc. Masks prevent the spread of all of these.

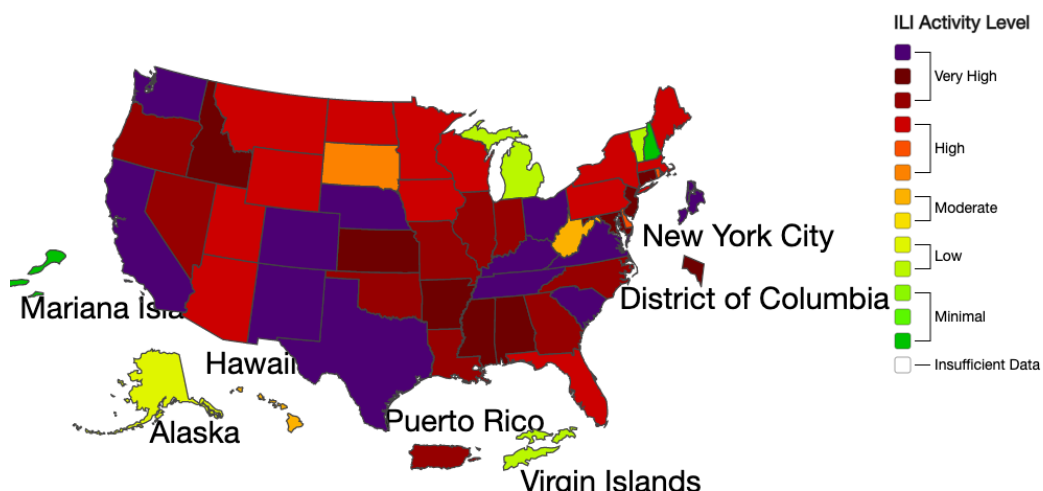


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

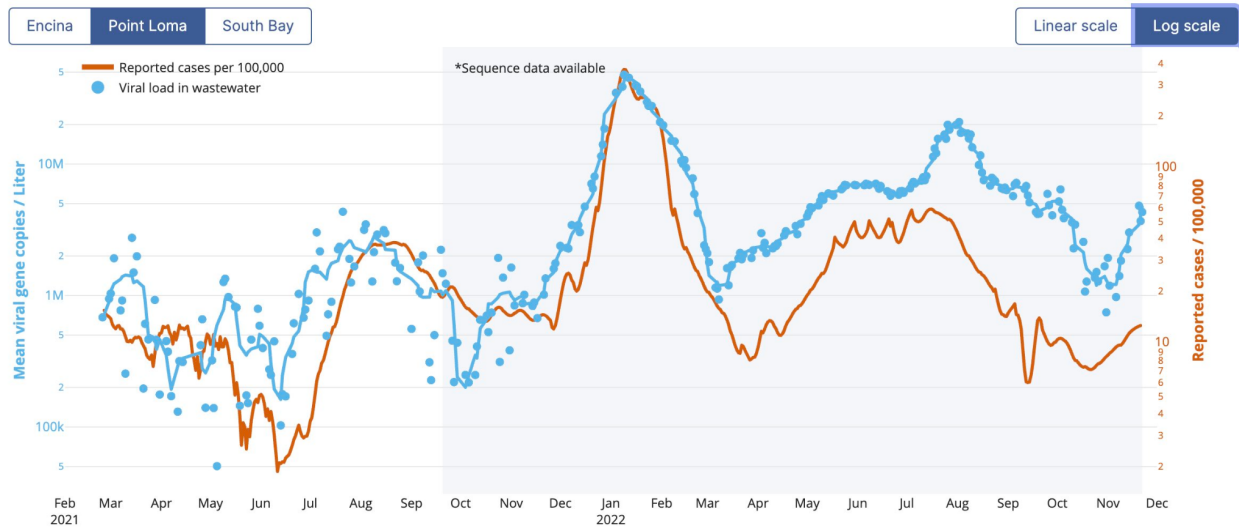
Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2022-23 Influenza Season Week 47 ending Nov 26, 2022



4) San Diego Wastewater surveillance data is showing a rapid increase in Covid cases locally. Yes, Covid shows up in our poop and is tracked by science labs at UCSD. With people testing so infrequently these days, wastewater surveillance is our most reliable source of local case levels. (Blue is Covid detected in wastewater. Orange is reported cases to the county through traditional testing.)



5) San Diego parents have limited access to resources to help their sick children. The wait time at Rady's Children's Hospital emergency room continues to be high. Only 2 of the 6 pediatric urgent care clinics in San Diego are operable. Four have been shut down due to staffing shortages. There is a shortage of medicine (both over-the-counter and antibiotics) for children.

It's still all about that swiss cheese model. The school is doing SO many things right. It's just a mess right now, so we need to pull out all the stops and do it all for a short while till we get things more under control.

I've shared this before, but here is great guidance from 150+ experts on how to safely hold in-person school through the lens of equity and inclusion. I know those principles matter to our school. <http://equitypolicyplan.org/>

Please consider a temporary return to indoor masking.

Your partner in creating safe spaces for our children to learn,