

REGULAR CALENDAR

March 8, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Majority of the Committee on Education to which
was referred HB 1131,**

AN ACT relative to facial covering policies for schools.

**Having considered the same, report the same with the
following amendment, and the recommendation that
the bill OUGHT TO PASS WITH AMENDMENT.**

Rep. Glenn Cordelli

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

Committee:	Education
Bill Number:	HB 1131
Title:	relative to facial covering policies for schools.
Date:	March 8, 2022
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2022-0998h

STATEMENT OF INTENT

The Governor and the Departments of Health and Human Services and Education are no longer recommending universal face mask use and have stated that decisions on face mask use should be based on individual choice. This includes in schools. For too long, schools have ignored the educational impact of mandated wearing of masks on children. At the public hearing on this bill, we heard testimony on the educational impact and we have seen that impact here in NH. This amended bill will require all public schools to adopt a policy that states it will not implement a policy to require students or the public to wear masks on any school property. This will also apply to the public entering a school or attending a school board meeting. There is an exemption for facial coverings necessary for athletics or instructional purposes such as science experiments. There are also remedies provided for aggrieved persons. Masks can no longer be a school mandate; they will be an individual choice.

Vote 10-8.

Rep. Glenn Cordelli
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Education

HB 1131, relative to facial covering policies for schools. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Glenn Cordelli for the **Majority** of Education. The Governor and the Departments of Health and Human Services and Education are no longer recommending universal face mask use and have stated that decisions on face mask use should be based on individual choice. This includes in schools. For too long, schools have ignored the educational impact of mandated wearing of masks on children. At the public hearing on this bill, we heard testimony on the educational impact and we have seen that impact here in NH. This amended bill will require all public schools to adopt a policy that states it will not implement a policy to require students or the public to wear masks on any school property. This will also apply to the public entering a school or attending a school board meeting. There is an exemption for facial coverings necessary for athletics or instructional purposes such as science experiments. There are also remedies provided for aggrieved persons. Masks can no longer be a school mandate; they will be an individual choice. **Vote 10-8.**

Original: House Clerk

Cc: Committee Bill File

REGULAR CALENDAR

March 8, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Minority of the Committee on Education to which
was referred HB 1131,**

AN ACT relative to facial covering policies for schools.

**Having considered the same, and being unable to agree
with the Majority, report with the following resolution:**

RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Linda Tanner

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

Committee:	Education
Bill Number:	HB 1131
Title:	relative to facial covering policies for schools.
Date:	March 8, 2022
Consent Calendar:	REGULAR
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

This bill bans school boards, school districts, and chief administrative officers of public schools from adopting, enforcing, or implementing a required mask policy. It provides a private right of action for anyone aggrieved through civil action in superior court. In addition, this radical and vindictive bill singles out teachers who would be following school district mask policies to make a choice between being fired for failing to follow policy or be reported to the Department of Education for violation of the Code of Conduct which could result in the loss of their teaching credentials and livelihoods. This bill attacks the very people who were trying to perform their jobs, keep children safe, follow public health guidelines, school board policies, and teach our children under extreme circumstances.

Rep. Linda Tanner
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Education

HB 1131, relative to facial covering policies for schools. **INEXPEDIENT TO LEGISLATE.**

Rep. Linda Tanner for the **Minority** of Education. This bill bans school boards, school districts, and chief administrative officers of public schools from adopting, enforcing, or implementing a required mask policy. It provides a private right of action for anyone aggrieved through civil action in superior court. In addition, this radical and vindictive bill singles out teachers who would be following school district mask policies to make a choice between being fired for failing to follow policy or be reported to the Department of Education for violation of the Code of Conduct which could result in the loss of their teaching credentials and livelihoods. This bill attacks the very people who were trying to perform their jobs, keep children safe, follow public health guidelines, school board policies, and teach our children under extreme circumstances.

Original: House Clerk

Cc: Committee Bill File

Amendment to HB 1131

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 New Section; Schools; Instruction of Pupils; Facial Coverings Policy. Amend RSA 189 by
4 inserting after section 10 the following new section:

5 189:10-a Facial Covering Policy for Schools. The school board of a school district or the chief
6 executive officer of a chartered public school or public academy shall not adopt, enforce, or
7 implement a policy that requires students or members of the public to wear a facial covering for any
8 purpose while on the school's property unless the facial covering is necessary for a specific
9 extracurricular or instructional purpose, or is required by some other section of the law.

10 I. In this section, "facial covering" means any item worn on the face which covers a student's
11 mouth, nose, or both. This provision shall not prohibit any public school board or governing person
12 or body of a school from requiring participating students to wear athletic gear intended to protect
13 against concussive or similar sports-related physical damage, or to wear protective equipment while
14 handling chemicals, fire, or other similar hazardous elements for scientific or similar educational
15 purposes.

16 II. Any person claiming to be aggrieved by a violation of this section, including the attorney
17 general, may initiate a civil action against a school, school district, school board, or other public
18 education agency in superior court for injunctive and other legal or equitable relief. Any person
19 aggrieved by an act prohibited by this section may also pursue all of the remedies available under
20 RSA 491, RSA 275-E, or any other applicable common law or statutory cause of action.

21 III. Violation of this section by an educator shall be considered a violation of the educator
22 code of conduct that justifies disciplinary sanction by the state board of education. For the purposes
23 of this section, "educator" means a professional employee of any school whose position requires
24 certification by the state board pursuant to RSA 189:39.

25 2 Effective Date. This act shall take effect upon its passage.

Amendment to HB 1131
- Page 2 -

2022-0998h

AMENDED ANALYSIS

This bill prohibits school boards and other public education agencies from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

HOUSE COMMITTEE ON EDUCATION

EXECUTIVE SESSION on HB 1131

BILL TITLE: relative to facial covering policies for schools.

DATE: March 8, 2022

LOB ROOM: 205-207

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Cordelli

Seconded by Rep. Soti

AM Vote: 10-9

Amendment # 2022-0998h

Moved by Rep. Cordelli

Seconded by Rep. Soti

Vote: 10-8

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Melissa Litchfield, Clerk

HOUSE COMMITTEE ON EDUCATION

EXECUTIVE SESSION on Bill # 1131

BILL TITLE: ...

DATE: 3/8/22

LOB ROOM:

MOTION: (Please check one box)

- OTP
- ITL
- Retain (1st year)
- Adoption of Amendment # _____ (if offered)
- Interim Study (2nd year)

Moved by Rep. Cordelli Seconded by Rep. Soti Vote: _____

MOTION: (Please check one box)

- OTP
- OTP/A
- ITL
- Retain (1st year)
- Adoption of Amendment # 0998 H (if offered)
- Interim Study (2nd year)

Moved by Rep. Cordelli Seconded by Rep. Soti Vote: 10-9

MOTION: (Please check one box)

- ~~OTP~~
- OTP/A
- ITL
- Retain (1st year)
- Adoption of Amendment # 0998 H (if offered)
- Interim Study (2nd year)

Moved by Rep. Cordelli Seconded by Rep. Soti Vote: 10-8

MOTION: (Please check one box)

- OTP
- OTP/A
- ITL
- Retain (1st year)
- Adoption of Amendment # _____ (if offered)
- Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: ___ YES X NO

Minority Report? X Yes ___ No If yes, author, Rep: LUNEAU Motion ITL
TANNER

Respectfully submitted: Bill Nelson
Rep. Melissa Litchfield, Clerk

Cordelli

~~LUNEAU~~
LUNEAU



2022 SESSION

Education

Bill #: 1131 Motion: _____ AM #: _____ Exec Session Date: _____

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Ladd, Rick M. Chairman	10		
Cordelli, Glenn Vice Chairman	1		
Litchfield, Melissa A. Clerk <i>Dotter</i>	2		
Boehm, Ralph G. <i>Down Johnson</i>	3		
Lekas, Alicia D.	4		
Moffett, Michael <i>Beushstein</i>	5		
Hobson, Deborah L.	6		
Ford, Oliver J.	7		
Soti, Julius F.	8		
Nelson, Bill G.	9		
Myler, Mel-Walz, Mary Beth <i>Mr. JACK</i>		2	
Luneau, David J.		1	
Cornell, Patricia		3	
Tanner, Linda L.		4	
Ellison, Arthur S.		5	
Mullen, Sue M.		6	
Woodcock, Stephen L.		7	
Porter, Marjorie		—	
A. Hall, Muriel C.		8	
TOTAL VOTE:	10	8	

HOUSE COMMITTEE ON EDUCATION

PUBLIC HEARING on Bill # HB1131

BILL TITLE: relative to facial covering policies for schools

DATE: 2/25/22

ROOM: 205-207

Time Public Hearing Called to Order: 9:10 AM

Time Adjourned: 11:42 AM

Committee Members: Reps. Ladd, Cordelli, A. Lekas, Moffet, Hobson, Ford, Soti, Litchfield, Luneau, Hall, Ellison, and Walz

***Ken Wyler, Prime Sponsor -**

This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

*Melissa Blasek, sponsor of bill, shared a statement that was put out by the NHSBA yesterday. We do not place burdens on children to protect adults.

Rep Hobson, asked that this statement by the NHSBA be forwarded to the Education committee.

Rep Cordelli, several questions. Discussed how many children are not wearing masks at home and on weekends, so how effective are mask mandates?

Discussed the very low viral load that children carry.

Rep Hobson, where do colleges and universities fit in with this bill?

Response: Could be amended to add colleges and universities.

***Stephen E Petty, P.E., C.I.H., C.S.P. -EES Group, Inc, supports this bill –**

Concept of Industrial Hygiene, Exposure/Exposure Control/PPE/Masks, Why Masks Do Not and Can Not Work

What Works and Damage to Adults/Children

January 2, 2022 Dr. Scott Gottlieb, former FDA Commissioner, “A Cloth Mask is Not Going to Protect You” from an Airborne Virus

Rep Walz, cited a study out of Bangladesh

Response, This a flawed study, and he may provide information to this. The study has serious flaws.

Rep Hobson, What are the current recommendations from the CDC regarding fit of masks?

Response: CDC stating N95, which are not for children. This is quite disturbing.

Rep Moffett, Question regarding children on school buses.

Rep Luneau, questioning his work and if he is being paid for his testimony. Is he being paid and who is paying him?

Response: He has donated over half million dollars in his pay. He has not taken any money to be here today.

Joanna Brown, supports the bill -

Has presented much information to the Manchester school system regarding Masking and the side effects of wearing masks all day. Masks do not help, they hurt. Vaccines and masking is still

available for anyone who is at high risk. This is a parental decision, and not a state or school board decision.

Kathryn Smith, supports the bill -

The bill is about imposing face covers and not the efficacy of masks. Federal funding is the tail that wags the dog.

Nicole Sousa, supports the bill -

Shared some very personal testimony

***Maureen Hardy, supports the bill -**

Terri and Reed Lambert shared very personal testimony, child with IEP, had been granted to go without a mask, but once the Esser 3 funds came in to play, he had to mask.

They can't put bug spray on a child without consent, but they can put a mask on them.

Her two children were suspended for not wearing masks, she did this for fifteen days and then wrote the letter to homeschool her children.

Amy Thompson, supports the bill -

Personal testimony regarding children and masks from asthma to anxiety

Mari Fontaine, supports the bill -

Gave very personal testimony

Russan Chester, supports the bill -

Eric Anthony, supports the bill -

Regarding the court case of Kate Bossi, who was arrested at a school board meeting in Timmerlane for not wearing a mask.

***Kathy Mayo, supports the bill -**

Nathan Flowers, supports the bill -

Grateful that he could pull girls out of school and utilize the EFAs

Kristen Jackson, supports the bill -

Concord school bus driver representing herself, kids play tag on the bus, if they tag you, you get Covid and die.

***Andrew Manuse, Rebuild NH, supports the bill -**

Petition with 5,000 plus signatures to get masks off of the children. Grateful that he can send his children to private schools, they have never worn a mask.

***Melissa Economakis, supports the bill -**

Drs warn that bacterial pneumonia is on the rise from masks

Alexandra (Alex) Memella, supports the bill -

Technical testimony

Kelley Potenz, in support of the bill -

Personal testimony

Lynn L Heureux, in support of bill -

Nurse. Saw more mental nervous disorders than actual Covid itself

Linda Blake, in support of bill -

Works in schools, sees what this is doing to children, and it is absolute child abuse

Amanda Poole -

Story of those who have been raped and abused. Story of mouth and nose being covered during abuse and how wearing a mask is a constant reminder.

Respectfully submitted,

Rep. Melissa Litchfield, Clerk

House Remote Testify

Education Committee Testify List for Bill HB1131 on 2022-02-25

Support: 624 Oppose: 270 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Phaneuf, Leanne	Hudson, NH Leanne.phaneuf81@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/9/2022 8:17 PM
Whalen, Donald	Nashua, NH donald.h.whalen@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 6:27 AM
Gabriel, Jessica	Windham, NH Jessilyn527@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2022 6:53 AM
Neven, Ashley	Rollinsford, NH Country.amrl.girls@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 2:37 PM
Belanger, Lori	Pembroke, NH Belanger-lori@comcast.net	A Member of the Public	Myself	Support	No	No	2/10/2022 2:37 PM
Kerekes, Leonard	Barrington, NH Lenkerekas@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2022 2:46 PM
Lepage, Melissa	Rollinsford, NH mydragonflyz@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2022 2:48 PM
Libby, Briana	Newmarket, NH Brilibby@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2022 3:32 PM
Rosado, Lauren	Milford, NH Lage08@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 3:33 PM
Rosado, Joshua	Milford, NH Lage08@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 3:33 PM
Durkee, Nicolle	Milton, NH niddphoto@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 3:43 PM
Maccini, Mary	Concord, NH Maccinimary16@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 5:31 PM
Terrazzano, Rob	Rollinsford, NH Terrazzano20@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 6:10 PM

Morse, Krystin	Derry, NH krystinlynn87@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 6:18 PM
Acevedo, Jennifer	Sutton, NH Jennevelyn@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 7:04 PM
McHugh, Leah	Deerfield, NH Leah@newchapterhsc.com	A Member of the Public	Myself	Support	No	No	2/10/2022 7:35 PM
Robbins, Jessica	Brentwood, NH jessicawoz@msn.com	A Member of the Public	Myself	Support	No	No	2/10/2022 8:18 PM
Sarah, Sarah	Deerfield, NH ssischo@hotmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 8:21 PM
Pociask, Brian	Deerfield, NH ssischo@hotmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 8:22 PM
Taylor, Heather	Pembroke, NH Htaylorrd1@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 9:04 PM
Sullivan, Jacqueline	Deerfield, NH jj5sul@yahoo.com	A Member of the Public	Myself	Support	No	No	2/10/2022 9:50 PM
Indoe, Maureen	Portsmouth, NH rousseau.maureen@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 10:49 PM
Hebert, Amber	Bow, NH alnorris81@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 7:22 AM
St John, Madison	Littleton, NH mstjohn813@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 8:14 AM
Harrington, Betsy	Deering, NH Betsiharrington@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2022 8:24 AM
Oljey, Melissa	Deerfield, NH oljey.melissa@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 8:57 AM
Oljey, Timothy	Deerfield, NH Oljeyfam@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 8:59 AM
Komar, Kathy	Merrimack, NH Alfadv33@hotmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 8:59 AM
Philbrick, Elisabeta	Manchester, NH ephilbrick919@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:14 AM
philbrick, Randy	Manchester, NH Rphilbrick8902@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:18 AM
Gibson, Jamie Lee	Merrimack, NH jowen1987@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:23 AM

Cantwell, Kara	NASHUA, NH kara.cantwell8@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:43 AM
Cantwell, Matthew	Nashua, NH mtoddcantwell@icloud.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:43 AM
Acevedo, Anthony	Sutton, NH antonius.acevedo@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 3:18 PM
Henkel, Paul	Keene, NH paulhenkel202@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/11/2022 8:23 PM
Croteau, Stefani	Deerfield, NH stepfanikbrown@icloud.com	A Member of the Public	Myself	Support	No	No	2/12/2022 7:44 AM
Sims, Julie	Newport, NH jpmom39@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 8:40 AM
Sims, Roy	Newport, NH jpmom39@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 8:40 AM
Hardy, Maureen	Londonderry, NH meaux61@comcast.net	A Member of the Public	Myself	Support	No	No	2/12/2022 1:26 PM
Dupuis, Darlene	Derry, NH Darlenedupuis01@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:29 AM
Dupuis, Nicholas	Derry, NH Njd2286@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:29 AM
Bates, David	Warner, NH dbates3@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:20 PM
DeMark, Rick	M, NH demarknh114@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:50 PM
Nardino, Marie	Andover, NH mdnardino@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:54 PM
Cartier, Darlene	Derry, NH msdarlene@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:45 PM
Cartier, John	Derry, NH jmcartier@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:50 PM
Haidaichuk, Cheri	goffstown, NH cheri@bmhitsolutions.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:01 PM
Mayo, Kathy	NOTTINGHAM, NH kathymayo2013@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:48 PM
Gaudette, Sheryl	Hudson, NH sgaudette1@outlook.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:58 PM

Etlinger, David	Lyndeborough, NH yogev_87@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:07 PM
Willett, Elizabeth	Swanzy, NH Lizarelli22@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:35 PM
Willett, Kathleen	Swanzy, NH kwillettinnh@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:35 PM
Willett, Michael	Swanzy, NH mapleknollfarmnh@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:36 PM
Fletcher, Theresa	Swanzy, NH Fourfletchrz@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:37 PM
LaPointe, Susan	Epping, NH suelap16@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:34 PM
Pauer, Diane	Brookline, NH diane.pauer@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/13/2022 8:42 PM
White, Robert	Merrimack, NH white14@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 10:33 PM
Tavanyar, Yvonne	Nashua, NH ytavanyar@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:09 PM
MARVIN, KURT	Franklin, NH INFO@BURLINGTONFOUNDRYINC.COM	A Member of the Public	Myself	Support	No	No	2/14/2022 2:09 AM
Lloyd, Gisela	East Kingston, NH haus@onepinewoods.us	A Member of the Public	Myself	Support	No	No	2/14/2022 6:28 AM
Mahoney, Elisabeth	NORTH HAVERHILL, NH Calgonnow13@gmail.com.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:36 AM
Couture, Laurie A.	Newmarket, NH LAC@LaurieACouture.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:24 AM
Sommese, Cheryl	Londonderry, NH dsommese@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:05 AM
Roy, Mary	Goffstown, NH Royz7777us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:48 AM
Erlebacher, Frances	Rye, NH creatives@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:06 AM
Lozito, Patrick	Claremont, NH patlozito@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:12 AM
Lozito, Viola Marie	Claremont, NH vmarielozito@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:12 AM

Cormier, Jennifer	Dunbarton, NH nhgencourt@jcsmotif.com	A Member of the Public	Myself	Support	No	No	2/14/2022 12:19 PM
DEBOURKE, SHEANA	Merrimack, NH SHEANAALANNA@HOTMAIL.COM	State Agency Staff	Myself	Support	No	No	2/14/2022 2:52 PM
Colquhoun, Laura	Nashua, NH lauracolquhoun2@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:24 PM
Ekeberg, Erica	Deerfield, NH Ericapgh21@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:32 PM
Ekeberg, Karl	Deerfield, NH Karlmarines20@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:33 PM
Robbins, Ashley	Milton, NH ashleylincoln@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:38 PM
Hewes, Shannon	Manchester, NH s.hewes440@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:56 PM
Anderson, Mary	Plaistow, NH elfskid@yahoo.com	A Member of the Public	Myself	Support	No	No	2/15/2022 7:48 AM
Ingram, April	Warner, NH aandk@tds.net	A Member of the Public	Myself	Oppose	No	No	2/15/2022 8:13 AM
Camarota, Hon. Linda Rea	Bedford, NH repcamarota@gmail.com	A Member of the Public	Myself	Support	No	No	2/15/2022 10:23 AM
McClure, Emily	WEST LEBANON, NH mcclur51e@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/15/2022 7:51 PM
M O'Rourke, Robin	Moultonborough, NH robinorourke@rocketmail.com	A Member of the Public	Myself	Support	No	No	2/16/2022 8:54 AM
Wicklein, Haley	Durham, NH hwicklein@gmail.com	A Member of the Public	Personal	Oppose	No	No	2/16/2022 12:20 PM
Brodie, Valerie	Deerfield, NH valerie.brodie@gmail.com	A Member of the Public	Myself	Support	No	No	2/16/2022 1:03 PM
Yeagle, Allison	Brentwood, NH ayeagle@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/16/2022 8:20 PM
Jadczak, Deborah	Concord, NH indigo03304@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/16/2022 10:01 PM
Mackie, Jordan	Nashua, NH jmackie@jmdotcom.com	A Member of the Public	Myself	Support	No	No	2/17/2022 9:10 PM
Houston, Alicia	Nashua, NH Ahouston617@gmail.com	A Member of the Public	Myself	Support	No	No	2/17/2022 9:10 PM

Mackie, Danielle	Nashua, NH Daniellenuzzo70@gmail.com	A Member of the Public	Myself	Support	No	No	2/17/2022 9:10 PM
Jorgensen, Patricia	Northfield, NH yellaboat@aol.com	A Member of the Public	Myself	Support	No	No	2/17/2022 10:24 PM
Noyes, Christopher	Bethlehem, NH jennandchrisnoyes@gmail.com	A Member of the Public	Myself	Support	No	No	2/18/2022 6:32 AM
Wizboski Jr, Chester	Hollis, NH wizboskijrmtb@gmail.com	A Member of the Public	Myself	Support	No	No	2/18/2022 6:45 AM
Durand, Stephanie	Hanover, NH mhs.durand@gmail.com	A Member of the Public	Myself	Support	No	No	2/18/2022 9:01 AM
Smith, Julie	Nashua, NH cantdog@comcast.net	A Member of the Public	Myself	Support	No	No	2/18/2022 10:16 AM
Hersey, Nancy	Wolfeboro, NH Nancyric@metrocast.net	A Member of the Public	Myself	Support	No	No	2/18/2022 12:19 PM
Constantian, Mark	Hollis, NH mbconstantian@gmail.com	A Member of the Public	Myself	Support	No	No	2/18/2022 2:40 PM
MacKinnon, Paula	Salem, NH nhschoolnurses@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 11:37 AM
sughrue, Sharon	Brentwood, NH slspnp@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 1:28 PM
Sughrue, Mark	BRENTWOOD, NH govames@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 1:34 PM
Ward, Barbara J.	Concord, NH bfjward@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/19/2022 2:49 PM
Reardon, Tammy	Bethlehem, NH treardon@bethlehem.k12.nh.us	A Member of the Public	Myself	Oppose	No	No	2/19/2022 3:32 PM
McMahon, Patricia	Merrimack, NH bailey53@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/19/2022 4:04 PM
LÓPEZ BURLINGAME, TERRY	GILMANTON IRON WORKS, NH mexicananh@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 4:56 PM
Schlapak, Eric	Dover, NH eschlapak21@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 5:17 PM
Vishton, Mary	Laconia, NH mvishton@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 6:33 PM
Miscio, Rhienna	Bethlehem, NH rhiennam@gmail.com	A Member of the Public	Myself	Support	No	No	2/19/2022 7:59 PM

Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/19/2022 8:03 PM
Ireland, Donna	Hopkinton, NH direland@tds.net	A Member of the Public	Myself	Oppose	No	No	2/19/2022 8:56 PM
Brake, Sondra	North Sutton, NH sondradionbrake@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 5:03 AM
Valliere, Louise	Grantham, NH eldval@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/20/2022 7:54 AM
O'Neil, Diane	Bradford, NH dinahoneil@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 7:55 AM
Lenharth, Jennifer	Dover, NH lenharths@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/20/2022 8:04 AM
Lenharth, Ross	Dover, NH rlenharth2001@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 8:06 AM
Beauchain, Brenda	Fremont, NH bbfly728@yahoo.com	A Member of the Public	Myself	Support	No	Yes	2/20/2022 10:09 AM
Beauchain, Edward	Fremont, NH ed@forwater.com	A Member of the Public	Myself	Support	No	Yes	2/20/2022 10:12 AM
Patient, Michael	Manchester, NH mpatient68@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 10:12 AM
Hatcher, Phil	Dover, NH phil.hatcher@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 10:39 AM
Bolduc, Jaymie	Gilmanton, NH firecat2020@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 11:49 AM
Blanchard, Ellen	Conway, NH emblanch@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 11:51 AM
Manuse, Andrew J	Derry, NH amanuse@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 1:18 PM
Hamer, Heidi	Manchester, NH heidi.hamer@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	2/20/2022 1:54 PM
Lussier, Deborah	Hollis, NH deb100265@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 1:57 PM
Zerbi, Heather	Concord, NH hzerbi@sau8.org	A Member of the Public	Myself	Oppose	No	No	2/20/2022 2:03 PM
Doughty, Patrick	Bethlehem, NH patrickdoughty@roadrunner.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:07 PM

Tyszka, Matthew	Newport, NH mattcol@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:09 PM
Mossey, Karen	Merrimack, NH kmmossey@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 2:16 PM
Cunha, Candice	Brookline, NH icancunha@me.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:20 PM
Desilets-Bixler, Nicole	Hampton, NH Nicole.bixler@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:23 PM
Grady, Virginia	Hollis, NH ginnygrady13@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:27 PM
Cumbee, Lydia	FRANCONIA, NH lydiac7@hotmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:28 PM
Eisner, Mary	Derry, NH nhdem@msn.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 2:33 PM
Gendron, Susan	Londonderry, NH suegendron603@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:35 PM
Surman, Elizabeth	Hampton Falls, NH hellolibby@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 2:37 PM
Hohler, Beth	Hampton, NH bethina.web@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:39 PM
Turcotte, Robert	Strafford, NH rdturcotte@hotmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:49 PM
Pauer, Eric	Brookline, NH secretary@BrooklineGOP.org	A Member of the Public	Myself	Support	No	No	2/20/2022 2:53 PM
landry, rosemary	meredith, NH rkqueenie@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 2:58 PM
Tammy, Fixler	Hampton, NH F513225@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:02 PM
Hinckley, Cheryl	Hollis, NH clockmanswife@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:09 PM
Mulholland, Cecil	Barrington, NH Cecil.mulholland@icloud.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:13 PM
DeRosa, Robin	Campton, NH orbitractor@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 3:24 PM
Gomez, Rebecca	Barrington, NH Bec.faye@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:27 PM

Brown, Joanna	Manchester, NH Jberardi2@hotmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:28 PM
Archambault, Luanna	Pembroke, NH luanna97@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 3:33 PM
McClellan, Justin	Mont Vernon, NH justin@justinmcclellan.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:37 PM
Brisson, Abigail	Manchester, NH gjsagris@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 3:41 PM
glidden, deborah	alexandria, NH moosepathfarmstainedglass@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:08 PM
Pouliot, Cheryl	West Lebanon, NH pouliotcheryl@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:12 PM
Renner, Tatyana	Hollis, NH tnkrenner@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:13 PM
Roy, Lucy	North Hampton, NH Bikeerz@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 4:19 PM
Rousseau, Michael	North Hampton, NH Mike@mrhomeimprovements.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:21 PM
Descoteaux, Michelle	Gilmanton, NH mdescoteaux3232@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:28 PM
Malloy, Carelle	Barrington, NH carelle92@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:32 PM
Wilson, Mary	Mont Vernon, NH ml_wilson@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:37 PM
QUISUMBING-KING, Cora	Dover, NH coraq@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/20/2022 4:38 PM
Swords, Denis	North Sutton, NH swordsdenis@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:44 PM
Seeler, Luree	Bristol, NH luree@atsprecision.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:47 PM
Knapp, James	Sunapee, NH 36jknapp@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 4:52 PM
Young, Karen	Campton, NH kmyoung29@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 4:58 PM
Mullin, Kelly	Amherst, NH pjandkelly@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:10 PM

Kelley, Elizabeth	Conway, NH patandlizkelley@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:22 PM
Dontonville, Roger	Enfield, NH rdontonville@gmail.com	An Elected Official	Myself	Oppose	No	No	2/20/2022 5:23 PM
Bean, Nicole	Gilford, NH Nikki143cougar@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:23 PM
Merner, Kelly	Wilton, NH Kellyamerner@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:28 PM
Minehart, Will	Wilton, NH Kellyamerner@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:29 PM
Hunt, Jeffrey	Barrington, NH jeffhunt340@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 5:33 PM
McKinney, Carolyn	Amherst, NH Carolyn.mckinney@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:34 PM
Moore, Kristen	Milford, NH Kristen_Cotsifas@hotmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:37 PM
Bemis, Ashley	Manchester, NH Abemis427@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:39 PM
Darrow, Linda	Ctr. Barnstead, NH lindard.1956@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:47 PM
graustein, alan	Sanbornton, NH alangraustein@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:52 PM
Comstock, Nancy	Litchfield, NH Njcomstock@Protonmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:56 PM
Graustein, Joan	Sanbornton, NH joangraustein@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:56 PM
O'Donnell, Kristy	Dublin, NH Theodonnellzoo@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:57 PM
Askins-Huber, Ursula	Plymouth, NH usaschoolmarm@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 5:59 PM
Moschetto, Grace	Derry, NH grace@gracemariebeauty.com	A Member of the Public	Myself	Support	No	No	2/20/2022 5:59 PM
O'Donnell, Brian	Dublin, NH Bod1976@icloud.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:00 PM
Martin, Katie	Derry, NH Katiemartiann@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:01 PM

Phillips, Emily	Freemont, NH Theemilyphillips@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:03 PM
Stefanile, Thomas	Derry, NH thomasstefanile@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:05 PM
Trexler, Larisa	Stoddard, NH Trixlah@icloud.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:06 PM
Trexler, Ryan	Stoddard, NH Trelers@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:08 PM
Bowers, Danielle	Actworth, NH Bktime777@protonmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:10 PM
Fay, Chris	Litchfield, NH loyalx3@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:12 PM
Bowers, Steven	Actworth, NH Cpeliberty@protonmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:13 PM
Panek, Sandra	Pelham, NH Sandypanek@protonmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:14 PM
Pumilia, MaryAnn	Laconia, NH mpumilia@frontiernet.net	A Member of the Public	Myself	Support	No	No	2/20/2022 6:14 PM
Panek, Charles	Pelham, NH Fullmet460@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:16 PM
Cedolin, Alexandra	Epping, NH ahwhyte@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:29 PM
Cedolin, Bradley	Epping, NH bbcedolin@gmail.com	A Member of the Public	Myself	Support	No	Yes	2/20/2022 6:32 PM
Wilson, Audra	Alstead, NH h3islife@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:34 PM
Wilson, Rock	Alstead, NH fullermachine@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 6:37 PM
Dontonville, Anne	Enfield, NH Ardontonville@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 6:39 PM
Allen, Tom	Nashua, NH tallen@sophiainstitute.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:39 PM
LaLone, Edward	Epping, NH lalone.edward@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 6:39 PM
Cushman, Leah	Weare, NH Leah.cushman@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/20/2022 6:42 PM

Cushman, Stephen	Weare, NH cstephen521@hotmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:44 PM
Rojas, Cali	Manchester, NH Calianne321@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:46 PM
Paton, Connie	EAST SULLIVAN, NH conniepaton@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:47 PM
Rojas, Emily	Manchester, NH emilyrojas27@GMAIL.COM	A Member of the Public	Myself	Support	No	No	2/20/2022 6:48 PM
Nadreau, Courtney	Deering, NH teetsiecast@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:49 PM
Nadreau, Todd	Deering, NH toddraymond@mail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:50 PM
McCartney, Michelle	Concord, NH michelleredmond2000@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:52 PM
McCartney, Evan	Concord, NH bebop0505@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:53 PM
Kishinevsky, Rebecca	Wilton, NH rp.kishinevsky@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 6:54 PM
Beaudoin, Sherry	Rochester, NH sherrybeaudoin@metrocast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 6:56 PM
Beaudoin, Steve	Rochester, NH stevebeaudoin@metrocast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 6:58 PM
Valliere, Eileen	Hampstead, NH eileen@tbisoftware.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:10 PM
Smiszek, Michael	Danville, NH M-s@usa.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:21 PM
deMartelly, E.	Nelson, NH libde@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/20/2022 7:29 PM
Antonizick, James	Sandown, NH James.antonizick@tutanota.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:31 PM
Antonizick, Elizabeth	Sandown, NH Elizabethantonizick@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:34 PM
Ward-Scott, Colleen	Nashua, NH Colleenws@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 7:37 PM
Guyen, Taci	Windham, NH taci.guyen@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:39 PM

O'Connor, Diana	Gilford, NH doconnor02@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:43 PM
O'Connor, Corey	Gilford, NH doccoc2002@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:46 PM
O'Connor, Kaelan	Gilford, NH doconnor2002@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:49 PM
Green, Elizabeth	Gilford, NH elizabeth27ann@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:50 PM
Richards, Amy	Gilford, NH kenzies_mommy17@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 7:56 PM
O'Keefe, Bonnie	Stratham, NH okeehome@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 8:06 PM
Belanger, Dennis	Pembroke, NH Belanger-lori@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 8:11 PM
Tolman, Gwyneth	Nelson, NH mydivinefather@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:15 PM
keane, karen	Lyme, NH karenwkeane@me.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:20 PM
Gullage, John	Hillsborough, NH gullagej@aol.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:21 PM
Malloy, Nicole	Laconia, NH Gematt28.19.20@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:32 PM
Green, Chandler	Gilford, NH Greenchandler9@gmail.com	A Member of the Public	Myself	Support	No	Yes	2/20/2022 8:32 PM
Lesmerises, Gerry	Concord, NH gerry.lesmerises@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:34 PM
Meszynski, Edwin	Mason, NH Mezzyski@yahoo.com	A Member of the Public	Myself	Support	No	No	2/20/2022 8:44 PM
Olson, Ellinor	Fitzwilliam, NH ellinor.grankulla@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 9:07 PM
Dyer, Allison	Nashua, NH allie_scott@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 9:08 PM
Howland, Curtis	Manchester, NH howland@priss.com	A Member of the Public	Myself	Oppose	No	No	2/20/2022 9:27 PM
Brisson, David	Manchester, NH Overmann@comcast.net	A Member of the Public	Myself	Support	No	No	2/20/2022 9:46 PM

Brisson, Angel	Manchester, NH Angelbrisson72@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 9:46 PM
Olson, Neil	Fitzwilliam, NH neil1olson1@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 10:03 PM
Moore, Ellen	Danville, NH elliemore@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/20/2022 10:19 PM
Fiandaca, jasmine	Nashua, NH Jasminemarino13@gmail.com	A Member of the Public	Myself	Support	No	No	2/20/2022 10:28 PM
Laura, Coolidge	Alstead, NH lcoolidge.aestesart@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 12:09 AM
Cembalisty, Richard	Rochester, NH taxmanrick@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 2:01 AM
Cembalisty, Clara	Rochester, NH Cqsc43@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 2:04 AM
McBride, Rose	MEREDITH, NH mcbdrose@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 3:11 AM
Kelly, Ed	Dublin, NH emt.edk@outlook.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:30 AM
Sullivan, Alexandra	Merrimack, NH alexmarysullivan@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:47 AM
Richardson, Daniel	Nashua, NH daniel6_22@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 6:58 AM
Mullin, Paul	Amherst, NH pmullin@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:14 AM
Campbell, Leonard	Meredith, NH lsoup03@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 7:26 AM
Maillet, Brenda	Ashland, NH brendamaillet7@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:27 AM
Jellison, Catherine	Amherst, NH Cathyjello@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 7:28 AM
Smith, Suzanne	Hebron, NH zanne719@gmail.com	An Elected Official	Myself	Oppose	No	No	2/21/2022 7:33 AM
Maillet, Ivan	Ashland, NH im45us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:36 AM
Letellier, Kathleen	Dover, NH Kathleenletellier@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 7:38 AM

Scheiman, Lacy	Laconia, NH Lacy.scheiman@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:39 AM
Diggins, Margie	Fremont, NH montanamargie1@aol.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:54 AM
Bausch, Nancy	Gilford, NH nbausch@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 7:59 AM
Cook, Amy	BRADFORD, NH amywebstercook@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 8:03 AM
Marineau, Susan	Groveton, NH s_marineau@sau58.org	A Member of the Public	Myself	Oppose	No	No	2/21/2022 8:04 AM
Milbrand, Heidi	Bristol, NH theinnwench@yahoo.com	An Elected Official	Myself	Support	No	No	2/21/2022 8:05 AM
Donati, Emily	Deerfield, NH e.donati@sau33.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 8:22 AM
Berling, Mark	Auburn, NH MB58197@protonmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:30 AM
Hamel, Bonnie	MILAN, NH bonnie1397@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:38 AM
Goudin, Mallory	Newmarket, NH mallorygoudin@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 8:49 AM
Dauphinais, Erin	Tuftonboro, NH erindauphinais@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:57 AM
Barth, Brenda	Londonderry, NH brenda.barth@windhamacademy.org	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:01 AM
Merriam, Diana	Franklin, NH dmerriam@gm.sau18.org	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:11 AM
Young, Tim	Pembroke, NH tim.young11@outlook.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:12 AM
SKINNER, PAULA	Hudson, NH pskinforte@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:16 AM
Ferrier, Jamie	Nashua, NH jferrier22@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:31 AM
Hand, Cathy	Hudson, NH Cathyhand@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 9:35 AM
Celestin, Stephanie	concord, NH scelestin@sau8.org	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:37 AM

thompson, julia	durham, NH maple371@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:40 AM
Rainey, Deborah	Harrisville, NH songrain.rainey@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:46 AM
DiMasi, Alisha	Lyndeborough, NH alisha.dimasi@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:53 AM
Salamanca, David	Salem, NH pzzboy1@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 10:00 AM
McClennen, Sarah P	North Woodstock, NH sarah@feelpeaceful.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:05 AM
Zanga, Michelle	Keene, NH mich763@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:19 AM
Hart, Kristie	Nashua, NH Kls686@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:38 AM
POLLAK, TRACY	NORTHWOOD, NH tpollak@metrocast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 10:42 AM
Seigars, Linette	Greenfield, NH Earhandstones@aol.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:43 AM
Greene, Bob	Hudson, NH Bob.Greene@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/21/2022 10:53 AM
Stanwood, Vera	Pittsburg, NH vsrn1997@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 11:05 AM
Petruzzello, Rhonda	Wolfeboro, NH rpetruzzello91@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 11:11 AM
Petruzzello, Michael	Wolfeboro, NH mpetruzzello91@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 11:11 AM
Collins, Ruth	Newbury, NH rnc@lmcollins.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 11:29 AM
Cloutier, Suzanne	Hampton, NH shcloutier@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 11:53 AM
Howes, Linda	SPRINGFIELD, NH 4lindahowes@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 12:29 PM
Fisher, Mark	Dover, NH markfisher3340@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 12:53 PM
Doherty, David	Pembroke, NH ddoherty0845@gmail.com	A Member of the Public	Myself	Oppose	No	Yes	2/21/2022 12:56 PM

Cotton, Kelley	Barrington, NH kelleymarie81@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:02 PM
Tanafon, Eric	New Ipswich, NH etanafon@protonmail.com	A Member of the Public	Myself and my family	Support	No	No	2/21/2022 1:10 PM
Lewis, Elizabeth	Nashua, NH ecop.lewis@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 1:11 PM
wazir, Safiya	Concord, NH Swazir@leg.state.nh.us	An Elected Official	Myself and my Constituents	Oppose	No	No	2/21/2022 1:13 PM
Cunning, Nancy	Lincoln, NH nancydecor@msn.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:14 PM
Strycharz, Sarah	Concord, NH sarah@nhforever.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:17 PM
STARRING, JAN	LITTLETON, NH janstarring70@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:35 PM
Martin, Valerie	Nashua, NH valscustomsigns@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:50 PM
Lincoln, Mary	Manchester, NH mary.lincoln52@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 1:50 PM
Martin, Kurt	Nashua, NH advanced.graphic.design@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:55 PM
Paquette, Amanda	pelham, NH amartin8513@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 1:57 PM
Fait, Melissa	Brookline, NH Melissa.fait2@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 2:19 PM
Henninger, Heidi	Dover, NH heidi.henninger@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:22 PM
deMichael, Elise	Henniker, NH macro-mercy.0x@icloud.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:29 PM
ward, janet	contocook, NH jwardnh@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:38 PM
Hurd, Lyman	Concord, NH lyman.hurd@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:38 PM
Hurd, Susan	Concord, NH lyman.hurd@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:39 PM
Mason, Peter	Lebanon, NH petermason68@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 2:43 PM

Potucek, Representative John	Rockingham 6 - Derry, NH potucek1@comcast.net	An Elected Official	Myself & My Constituents	Support	No	No	2/21/2022 2:57 PM
DiNapoli, Pamela	Concord, NH nhna.ned@gmail.com	A Member of the Public	NH Nurses Association	Oppose	No	No	2/21/2022 3:04 PM
House, Nancy	Hooksett, NH nhousenh@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 3:20 PM
Barton, Marjorie	Laconia, NH mbarton@metrocast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 3:28 PM
Tucker, Katherine	Wilmot, NH katherine.s.tucker@valley.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 3:37 PM
Lieberman, Sheryl	Merrimack, NH sam154@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 3:39 PM
Dodge, Corinne	Derry, NH corinnedodge@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 3:41 PM
Noel, Henry	Berlin, NH hw418noel@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 3:46 PM
Koch, Helmut	Concord, NH helmut.koch.2001@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:04 PM
Thomas, Anne	Rindge, NH annethomasjazz@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:10 PM
Hershey, Jane	Rindge, NH janelhershey@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:10 PM
Merlone, Lynn	Rindge, NH prulone@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:10 PM
Martin, Patricia A	Rindge, NH pmartin2894@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:10 PM
Torpey, Jeanne	Concord, NH jtorp51@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:11 PM
Weston, Joyce	Plymouth, NH jweston14@roadrunner.com	An Elected Official	Myself	Oppose	No	No	2/21/2022 4:16 PM
Blanchard, Sandra	Loudon, NH sandyblanchard3@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:19 PM
Koch, Laurie	Concord, NH kochlj@aol.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 4:20 PM
Romano, Stephen	Litchfield, NH Allpro@allpromiversnh.com	A Member of the Public	Myself	Support	No	No	2/21/2022 4:23 PM

Romano, Leane	Litchfield, NH Leaneari@hotmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 4:25 PM
Le Doux, Julie	Hollis, NH jbizzbuzz@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 5:03 PM
Oxenham, Lee	Plainfield, NH leeoxenham@comcast.net	An Elected Official	Myself	Oppose	No	No	2/21/2022 5:26 PM
Rasmussen, Elissa	Brookline, NH elissa@evanshatz.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 5:28 PM
Croteau, Jessica	Laconia, NH Jessica.croteau@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 5:42 PM
Cahill-Yeaton, Miriam	Epsom, NH nmyeaton.mims@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 5:43 PM
Checrallah, David	Barrington, NH chechrallahdc@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 5:48 PM
Zirkle, Holly	Nottingham, NH gnomenclaturefun@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 5:49 PM
Cook, Barbara	Canterbury, NH Bdc7@aol.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 6:06 PM
Clendenen, Faith	Andover, NH FClen@tds.net	A Member of the Public	Myself	Support	No	No	2/21/2022 6:10 PM
Robinson, Steven	Northwood, NH Nikkiandme@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:30 PM
Leone, John	Danbury, NH FreeLion2@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:33 PM
Brown, Kathleen	Acworth, NH brown57kat@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:33 PM
Leone, Rose	Danbury, NH Rosurple50@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:34 PM
Robinson, Karen	Northwood, NH Bdabng12@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 6:35 PM
Keeler, Margaret	New London, NH peg5keeler@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 6:42 PM
See, Alvin	Loudon, NH absee@4liberty.net	A Member of the Public	Myself	Support	No	No	2/21/2022 6:50 PM
Weber, Jill	Mont Vernon, NH jill@frajilfarms.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 6:51 PM

Scott, Donald	Nashua, NH dfscott123@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 7:00 PM
Johnson, Debra	Grantham, NH debjohnsondjj@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:02 PM
Bass, Katie	Gilmanton Iron Works, NH lasky.katie@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 7:05 PM
Ellermann, Maureen	Concord, NH ellermannf@aol.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 7:19 PM
Checrallah, Emilie	Barrington, NH Eahachey@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:24 PM
McQueen, Lauri	Goffstown, NH heartofacowgirl06@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:30 PM
McQueen, Stephen	Goffstown, NH bruinsfanatic@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 7:31 PM
Barr, Lisa	Danville, NH scottbarr107@comcast.net	A Member of the Public	Myself	Support	No	No	2/21/2022 8:18 PM
Hagenow, janice	WARner, NH lovestodance40@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:32 PM
Fontaine, Mari	Manchester, NH mfontaine00@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:39 PM
Almy, Susan	Lebanon, NH Susan.almy@comcast.net	An Elected Official	Myself	Oppose	No	No	2/21/2022 8:42 PM
Petrusewicz, Carol	Rochester, NH clmcc2befree@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 8:49 PM
St. Onge, Bonnie	Manchester, NH Bstonge1021@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:09 PM
perencevich, ruth	concord, NH rperence@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:09 PM
Vincent, Laura	Loudon, NH lvlauravincen5@gmail.com	An Elected Official	Myself	Oppose	No	No	2/21/2022 9:10 PM
Underwood, Jody	CROYDON, NH jodysun@gmail.com	An Elected Official	Myself	Support	No	No	2/21/2022 9:14 PM
Damon, Claudia	Concord, NH cordsdamon@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:18 PM
Brennan, Nancy	Weare, NH burningnan14@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:22 PM

Dunlap, Elisabeth	Lisbon, NH dunlapme@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:28 PM
Mott-Smith, Wiltrud	Loudon, NH wmottsm@worldpath.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:37 PM
Nelson, Elizabeth	Derry, NH BethDavid@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/21/2022 9:56 PM
Young, Susan	Alton Bay, NH Snewco@hotmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 9:56 PM
Verschueren, James	Dover, NH jd.verschueren@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 10:17 PM
MacGregor, Leslie	Grantham, NH lsmacgregor@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/21/2022 10:19 PM
St. Peter, Holly	North Hampton, NH hstpeter@gmail.com	A Member of the Public	Myself	Support	No	Yes	2/21/2022 10:23 PM
Rich, Cecilia	Somersworth, NH cecilia.rich@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	2/21/2022 10:23 PM
Taylor, Emily	Nashua, NH inthoughtdesign@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:32 PM
Grant, Susan	Rochester, NH gnrlgrnt001@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:42 PM
chapman, kevin	marlborough, NH denoet103@yahoo.com	A Member of the Public	Myself	Support	No	No	2/21/2022 10:50 PM
Schuett, Dianne	Pembroke, NH schuettforrep@yahoo.com	An Elected Official	Merr. Dist. 20	Oppose	No	No	2/21/2022 10:53 PM
Lovell, Doug	Goffstown, NH Aphros2016@gmail.com	A Member of the Public	Myself	Support	No	No	2/21/2022 11:13 PM
Kauffman, Jeri	Laconia, NH Jmkauffman37@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 12:04 AM
Grassie, Chuck	Rochester, NH chuck.grassie@leg.state.nh.us	An Elected Official	Stafford 11	Oppose	No	No	2/22/2022 12:48 AM
Richardson, Bryan	Alexandria, NH marks-dad@ipatriots.us	A Member of the Public	Myself	Support	No	No	2/22/2022 4:17 AM
Hanks, Laurie	Grantham, NH lfhanks@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 5:01 AM
Telerski, Laura	Nashua, NH Laura.Telerski@Leg.State.NH.US	An Elected Official	Myself	Oppose	No	No	2/22/2022 6:15 AM

Bushueff, Catherine	Sunapee, NH agawamdesigns@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 6:52 AM
Mercer, Jennifer	Loudon, NH cjmercerc@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/22/2022 7:02 AM
Snell, Stephanie	Windham, NH sassysnell@mac.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 7:03 AM
Odom, Judith	Bow, NH judyodom@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 7:08 AM
Martsolf, Emma	Windham, NH Emmamartsolf@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 7:21 AM
Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 7:23 AM
Sellers, john	Bristol, NH john.sellers.gov@protonmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:04 AM
Strang, David	Gilmanton, NH davidstrangmd@yahoo.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:09 AM
Holmes, Sondra	Manchester, NH Sondra.holmes88@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:10 AM
Lucey, Anne	Bedford, NH kayakinmama@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 8:19 AM
TALBOT, RICHARD	Bristol, NH rst610303@aol.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:21 AM
ANGELIS, CHERYL	SALEM, NH cangelis_alt@yahoo.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:21 AM
Libby, Heather	Merrimack, NH hmwilson04@aol.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:26 AM
Richards, Ernie	Bristol, NH ernierich@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:28 AM
Lee, Sharon	Bristol, NH Sasntalla@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:29 AM
Dolat Bartlett, Rep Christy	Concord, NH christydbartlett@gmail.com	An Elected Official	Merrimack County 19	Oppose	No	No	2/22/2022 8:29 AM
Lindpaintner, Lyn	Concord, NH lynlin@bluewin.ch	A Member of the Public	Myself	Oppose	No	No	2/22/2022 8:31 AM
Cahill, Michael	Newmarket, NH michael.cahill@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	2/22/2022 8:34 AM

Ferrari, Angela	Mont Vernon, NH angelaFerrari84@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:03 AM
MIKNAITIS, ROGER	Concord, NH poppysfreelance@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:04 AM
Williams, Cindy	Mont Vernon, NH honeypothounds@aol.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:08 AM
Medeiros, Jesse	Plainfield, NH bgtrck458@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:18 AM
Garnett, Marikaye	Hudson, NH Marikaye777@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:20 AM
Richards, Martha	Holderness, NH Maplerichards@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:22 AM
st-yves, claudia	waterville valley, NH st_yvesclo@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:24 AM
Newton, Carolyn	Gilford, NH lynnnewton7@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:25 AM
frechette, jeffrey	waterville valley, NH frechettejeffrey@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:25 AM
Silva, Lance	Kingston, NH lancesilva33@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:35 AM
Martin, Jeanne	Merrimack, NH jeanne-martin@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:46 AM
Hamblet, Joan	Portsmouth, NH jhamblet4@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:50 AM
CRITTENDEN, JAMES	HOLLIS, NH jcrittenden37@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 10:03 AM
Zaenglein, Barbara	AMHERST, NH bzaenglein@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 10:05 AM
Zaenglein, Eric	Amherst, NH henley11@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 10:08 AM
Corell, Elizabeth	Concord, NH Elizabeth.j.corell@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 10:44 AM
Clark, Denise	Milford, NH denise.m.clark03055@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 10:45 AM
Underhill, Matthew	Meriden, NH maunderhill@kua.org	A Member of the Public	Myself	Support	No	No	2/22/2022 10:45 AM

Shippee-Rice, Raelene	nottingham, NH dwrice73@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 10:49 AM
Andersen, Rob	Manchester, NH ROBSMAIL125@GMAIL.COM	A Member of the Public	Myself	Support	No	No	2/22/2022 11:05 AM
Seppala, Kathleen	Rindge, NH katsep25@protonmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 11:06 AM
byron, janine	Hollis, NH packratt63@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 11:10 AM
Goss-Vozella, Robert	salem, NH Bobbygoss30@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 11:10 AM
Owens, Kimberly	Nashua, NH tiptoeskst@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 11:13 AM
Cawthron, John	Nashua, NH johncaw@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/22/2022 11:14 AM
Hall, Rachele	Milford, NH spireal@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 11:16 AM
Kolakoski, Sarah	Swanzy, NH skolakoski10@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 11:40 AM
Harriott-Gathright, Linda	Nashua, NH linda.harriottgathright@leg.state.nh.us	An Elected Official	Constituents	Oppose	No	Yes	2/22/2022 11:41 AM
Ketteler, Claire	Newbury, NH cketteler@tds.net	A Member of the Public	Myself	Support	No	No	2/22/2022 11:41 AM
Eaton, Grace	Bedford, NH glbuckles@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 12:26 PM
Jackson, Kristen	Concord, NH kristen.photo@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 12:41 PM
Feder, Marsha	Hollis, NH marshafeder@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 12:56 PM
Murray, Kate	New Castle, NH dr.karma2000@gmail.com	An Elected Official	Myself	Oppose	No	No	2/22/2022 1:11 PM
Ginsberg, Michael	Amherst, NH mghomepl8@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 1:11 PM
BEHNKE, MARY	MANCHESTER, NH MARIABRUJA@COMCAST.NET	A Member of the Public	Myself	Oppose	No	No	2/22/2022 1:34 PM
Marchibroda, Dan	Portsmouth, NH danmarch@live.com	A Member of the Public	Myself	Support	No	No	2/22/2022 1:35 PM

Bouchard, Donald	MANCHESTER, NH donaldjbouchard@gmail.com	An Elected Official	Myself	Oppose	No	No	2/22/2022 1:49 PM
Killmeyer, Kathleen	Chesterfield, NH killmeyer@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/22/2022 2:14 PM
Carraher, Melanie	Boscawen, NH MLCarraher@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 2:22 PM
Emus, Joanne	Hollis, NH jremus0322@aol.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 2:28 PM
Sweeney-Blaise, Robyn	Epsom, NH robynblaise@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 3:18 PM
Lynch, Chrisinda	Concord, NH cmmlynch@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 3:34 PM
Arabas, Jill	Hollis, NH jaarabas@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 3:44 PM
Kiely, Cecilia	Nottingham, NH Cecilia.kiely@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 3:55 PM
Forrest, Matthew	Stratham, NH Matthew_forrest@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 4:04 PM
Hunnewell, Richard	Holderness, NH hunnewell.richard@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 5:31 PM
Hunnewell, Anne	Holderness, NH ahunne@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 5:31 PM
aylesworth, annie	New Boston, NH aaylesworth@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 5:43 PM
Economakis, Melissa	Newton, NH Meliscsj@protonmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 5:44 PM
aylesworth, John	New Boston, NH johnaylesworth@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 5:51 PM
Kennedy Sheldon, Lisa	Center Harbor, NH lisakennedysheldon@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 6:26 PM
Schwab, Rebecca	Penacook, NH rebecca.schwab@protonmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 6:31 PM
Spencer, Louise	Concord, NH lpskentstreet@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 6:55 PM
Kliskey, Jessica	Stratham, NH silversmithjess@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 7:10 PM

Dolkart, Vivian	Grantham, NH viviandolkart@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 7:34 PM
Woods, Renia	Bow, NH renia.woods1@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 8:00 PM
Leonard, Jeni	Nashua, NH jcourounis@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 8:18 PM
Dinzeo, David	Dover, NH dinz00@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 8:41 PM
LaClair, Donna	Loudon, NH alleycat9801@comcast.net	A Member of the Public	Myself	Support	No	No	2/22/2022 8:46 PM
Aronson, Laura	Manchester, NH laura@mlans.net	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:04 PM
Bryant, Marlise	Hollis, NH marlisehome@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:11 PM
Bryant, Michael	Hollis, NH bryantmike322@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:12 PM
Kuemmerle, Nancy	Enfield, NH nkuemmerle@une.edu	A Member of the Public	Myself	Oppose	No	No	2/22/2022 9:18 PM
TAVANYAR, SIMON	NASHUA, NH jlsharvester@hotmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 9:51 PM
Roux, Deb	Manchester, NH bealight2020@gmail.com	A Member of the Public	Myself	Support	No	No	2/22/2022 10:22 PM
Palmer, William	Cornish, NH wspalmer56@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 6:44 AM
Terrio, Mary	Hollis, NH may_terrio@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 7:51 AM
Porter, Julie	Dover, NH Julie@impressionsandesign.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:13 AM
Pawtah, Julie	Lee, NH Impressionsandesign@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:15 AM
Pedone, Jennifer	Manchester, NH jenna.pedone@protonmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:32 AM
Gulla, Carol	NEWMARKET, NH crgulla@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 9:35 AM
Jones, Andrew	Pembroke, NH arj11718@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 9:41 AM

Devore, Gary	Pembroke, NH torin_asheron@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 9:41 AM
Smith, Susan	Gilford, NH ses67105@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 10:11 AM
Reed, Barbara	North Swanzey, NH BDRreed74@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 10:18 AM
Kenison, Pamela	Concord, NH pkkenison@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 11:03 AM
Jardullo, Mary	Litchfield, NH maryjardullo@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 11:49 AM
Robinson, Ellis	Grantham, NH ellismmrobinson@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 11:55 AM
Saunders, Shelley	Portsmouth, NH shelleysaunders4@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 12:27 PM
Feather, Joann	Hillsborough, NH mbjy@gsinet.net	A Member of the Public	Myself	Support	No	No	2/23/2022 1:14 PM
Barrett, Michael	Hillsborough, NH mbjy@gsinet.net	A Member of the Public	Myself	Support	No	No	2/23/2022 1:15 PM
Gilston, Julie	Portsmouth, NH elvis95@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/23/2022 5:39 PM
Maroni, Margaret	DOVER, NH meggy@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 7:23 PM
Maroni, William	DOVER, NH bmaroni@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 7:23 PM
Lonborg, Vanessa	Exeter, NH vanessalonborg@icloud.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:33 PM
Simonds, Kim	CONCORD, NH boddiefam@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:34 PM
Kras, Danielle	Fremont, NH waldenranger2005@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:35 PM
McConnell, James	Swanzey, NH mcc@mindspring.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:36 PM
Kessler, Michelle	Lee, NH Greenturtle22@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:38 PM
Guay, Katie	Stoddard, NH katiebyers0612@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:39 PM

Bastarache, Tracy	Milford, NH tracy.bastarache@yahoo.com	A Member of the Public	Myself	Support	No	Yes	2/23/2022 8:39 PM
Kenney, Robert	Temple, NH Rsrkenney@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:40 PM
Ward, Deborah	Monroe, NH hdward@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:40 PM
Ward, Bryan	Monroe, NH mtvfarm75@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:41 PM
OBlenis, John	Raymond, NH Oblenis3@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:41 PM
Geremia, Peter	Portsmouth, NH p.geremia@icloud.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:41 PM
Huber, Carol	Bristol, NH Carol18@atlanticbb.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:42 PM
OBlenis, Nichole	Raymond, NH nicholeobe@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:42 PM
Huber, Robert	Bristol, NH Carol18@atlanticbb.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:43 PM
Reno, Gail	Mason, NH gailwre@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:45 PM
Lagoy, Maureen	Nottingham, NH maureenl_bradley@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:45 PM
Storlazzi, Pamela	Auburn, NH Pamelastorlazzi@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:46 PM
Reno, Roy	Mason, NH renoroy3@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:46 PM
Bastarache, Brian	Milford, NH brian.bastarache@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:48 PM
Bastarache, Joseph	Milford, NH joseph.bastarache@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:49 PM
Skinner, Tracey	Greenland, NH renniks594@msn.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:52 PM
Payne, Russ	Merrimack, NH 19riderlee36@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:54 PM
Anthony, Eric	Auburn, NH anthonyduo@earthlink.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:55 PM

Frost, David	Mason, NH Frostchiro@gmail.com	A Member of the Public	Myself	Support	No	Yes	2/23/2022 8:55 PM
Linehan, Maureen	New Boston, NH Fraumoe@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 8:57 PM
Tanguay, Kristal	Derry, NH kristalf82@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:57 PM
Medeiros, Jeffrey	Gilmanton, NH pasnclaws@aol.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:58 PM
Schaefer, Debbi	Exter, NH debbischaefer@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 8:58 PM
Bryant, Shannon	Fremont, NH 3-bryants@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:04 PM
Early, Robert	Amherst21, NH B_early@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:07 PM
Lev-Hod, Hila	Goffstown, NH hilalh@hushmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:10 PM
Hammerman, Sam	Goffstown, NH signme@nym.hush.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:11 PM
Parrish, Meaghan	Stratham, NH meaghan.parrish@outlook.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:11 PM
Alldredge, Jennifer	Auburn, NH jalldredge16@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:13 PM
Kelly, Jim & Nina	Auburn, NH Jnkelly154@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:17 PM
Lawrence, Johanna	Rye, NH johannalawrence@verizon.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:17 PM
Quick, Caroline	Nashua, NH armynurse09@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:18 PM
Sutcliffe, Mike	Auburn, NH Exempt@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:18 PM
Lilliquist, John	Hollis, NH john.lilliquist@sbcglobal.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:21 PM
Laferriere, Keith	Springfield, NH Kjl3990@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:24 PM
Magliaro, Mike	Seabrook, NH memags@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 9:38 PM

Dostie, Craig	Deerfield, NH Cadostie@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:39 PM
Ewing, Jared	Nashua, NH jrod4513@protonmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:44 PM
Bonnette, Lori	Hollis, NH l_bonnette@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:51 PM
Kotelly, Ellen	Hollis, NH bekotelly2@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:56 PM
Mastroianni, Amanda	Merrimack, NH Amandamastroianni@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:57 PM
Penkacik, Aaron	Hollis, NH apenkacik@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:58 PM
Mastroianni, Dana	Merrimack, NH Dmastri1@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 9:58 PM
Morin, Jennifer	Plainfield, NH Jennifer.morin@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 10:11 PM
Mara, Jessica Kuncik	Dunbarton, NH jlkuncik@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 10:12 PM
Pepp, Kristin	Stratham, NH Kmerenda@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/23/2022 10:15 PM
Nigro, Julie	Gilford, NH Julie.nigro@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:15 PM
Zlatkina, Lyubov	Nashua, NH Luba.zlatkin@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:16 PM
Johnson, Steve	Boscawen, NH stevejohnson660@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:19 PM
Soletto, Rachel	Seabrook, NH rachsoletto@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:21 PM
Palm, Renee	Hampton Falls, NH Reneepalm@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:26 PM
Kensey, Tara	Meredith, NH TKensey@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:34 PM
Nardi, Maria	Hollis, NH Mthubert66@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:39 PM
Sylvia, Elizabeth	Nashua, NH elizabethlidman@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:40 PM

McGuire, Daniel	EPSOM, NH danmcguire@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:43 PM
Ducharmr, Michael	Londonderry, NH Mikedatpsc@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 10:48 PM
Smith, Kevin	Salem, NH Smith1201@comcast.net	A Member of the Public	Myself	Support	No	No	2/23/2022 10:59 PM
Seppala, Toini	Fitzwilliam, NH ricktoini@hotmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 11:10 PM
Hamilton, Jacqueline	Center Barnstead,, NH jaqlnh@gmail.com	A Member of the Public	Myself	Support	No	No	2/23/2022 11:21 PM
Gladders, Barbara	NEW LONDON, NH bharriso98363@yahoo.com	A Member of the Public	Myself	Support	No	No	2/23/2022 11:24 PM
Owens, Brady	Nashua, NH brady.owens@pm.me	A Member of the Public	Myself	Support	No	No	2/24/2022 12:15 AM
Jolly, William	Groton, NH william.james.jolly@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:59 AM
Tom, Jan	Hollis, NH janalisontom@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 3:29 AM
Clark, Bret	Epping, NH bac522@outlook.com	A Member of the Public	Myself	Support	No	No	2/24/2022 4:11 AM
Schweizer, Maria	Milford, NH Lioness4him@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 4:33 AM
Lamb, Tracey	Windham, NH Myjal99@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 4:43 AM
Willerer, Rachel	Newmarket, NH Thewillerers@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 4:44 AM
Morin, William	Londonderry, NH bilmorx320x@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 4:54 AM
St Pierre, Maria	Milford, NH mariacstpierre@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:08 AM
Dupont, Jennifer	Hollis, NH Jendupont8@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:20 AM
Richards, Robert	Brentwood, NH blivot@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:26 AM
Cadman, Harold	Hollis, NH hcadman@pneucleus.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:40 AM

Coutu, Cindy	Bedford, NH Cindy.coutu@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:41 AM
MacLeod, Denise	Manchester, NH demacleod1958@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:44 AM
Chalifour, Tamara	Loudon, NH tamara@chalifourgroup.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:23 AM
Arsenault, Kelly	Sandown, NH Karsenault@kw.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:28 AM
Chase, Howard	Epsom, NH HOWPATCHASE@GMAIL.COM	A Member of the Public	Myself	Support	No	No	2/24/2022 6:39 AM
Berry, Wendy	Kensington, NH carverw@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:46 AM
Middleton, Corinna	Derry, NH checkers2626@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 6:47 AM
Ellison, Laurie	Portsmouth, NH ellison_laurie@hotmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:49 AM
Schieck, Sarahrose	EPPING, NH roseschieck@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:59 AM
Wester, Jessica	LOUDON, NH wester.j@protonmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:06 AM
Szalowski, Jessica	Derry, NH dr.jess.dc@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:08 AM
Fahey, Khrystyne	Nashua, NH khrystyne.bartoswicz@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:16 AM
Nelson, Abby	Bow, NH abby.severance@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:19 AM
Fahey, Paul	Nashua, NH pfahey182@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:21 AM
Mertz, Erin	Somersworth, NH Erinwadlinger@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:22 AM
Mertz, Robert	Somersworth, NH mertz75bfd@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:23 AM
Prevey-Levin, Kathleen	Amherst, NH levinmk@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 7:23 AM
Litaris, Steve	Manchester, NH Meteoraspirit@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:24 AM

Taku, Noelle	Merrimack, NH nmtaku@me.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:28 AM
Dumas, Denise	Hollis, NH denise.dumas01@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:30 AM
Fontaine, Leandra	Pittsfield, NH Angovemom4@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:32 AM
Angove, Daniel	Pittsfield, NH Dannyangove@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:38 AM
Dupuis, Jackie	Litchfield, NH Haliesmommy2510@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:40 AM
McBournie, Suzanne	Concord, NH suzibeth71@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 7:41 AM
Angove, Halie	Pittsfield, NH Leanfontaine@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:43 AM
Blumenshine, Lee	Hollis, NH zshiner@hotmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:44 AM
Hubacker, Kelsey	Hollis, NH kelshubie@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:45 AM
Davis, Helena	Goffstown, NH hc.davis@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:57 AM
Herget, Debra	Keene, NH dgherg@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:08 AM
Armas, Maria	Pelham, NH madedup6@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:13 AM
Armas, Luis	Pelham, NH armas81@live.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:14 AM
stonebanks, sandra	concord, NH sandrastonebanks@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:16 AM
Sullivan, Sean	Deerfield, NH sully2@metrocast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 8:17 AM
Sullivan, Eric	Deerfield, NH isaiah40_31@metrocast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 8:17 AM
Lee, Rita	Mont Vernon, NH rita_toronto@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:23 AM
BROOKS, Amy	Stewartstown, NH anbrooks912@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:27 AM

BROOKS, norman	Stewartstown, NH anbrooks912@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:27 AM
Raimondi, Michael	Hollis, NH nyw63941@gkr471.quikprotect.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:31 AM
Raimondi, Hillary	Hollis, NH gym746@gkr471.quikprotect.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:31 AM
Daley, Alysha	Merrimack, NH alyshadaley15@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:36 AM
Duci, John	Windham, NH jduci1@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:39 AM
Goncalo, Penelope	Londonderry, NH 5servinghim@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 8:39 AM
Mackenzie, Enid	Goffstown, NH enidmack@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 8:40 AM
Mackenzie, William	Goffstown, NH wiliam.mackenzie@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:43 AM
Mark, Lynn	Goffstown, NH lynnmark@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 8:44 AM
Bock, Debra	Hudson, NH the2box@msn.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:48 AM
Chalifour, Ken	Loudon, NH ken@chalifourgroup.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:49 AM
Bock, Gerald	Hudson, NH geraldbock1951@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:50 AM
Doyle, Marcy	Bedford, NH marcydoyle@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:50 AM
Hoppe, William	Derry, NH William.hoppe@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:56 AM
Klemarczyk, Eric	Manchester, NH ericklem@ducdk.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:07 AM
Dearden, Christopher	Alstead, NH chrisdee0335@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:10 AM
Bridgham, Erin	Manchester, NH ecrossley810@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:12 AM
Till, Mary	Derry, NH maryforderry@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:14 AM

Whitney, Mackenzie	Moultonborough, NH mysomedayhappened@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:20 AM
Schwerdt, Emily	Manchester, NH Emilyschwerdt@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:21 AM
Whitney, Jonathan	Moultonborough, NH 2evilgms@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:21 AM
jacobus, hae	danville, NH haejacobus@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:28 AM
McNally, Nicolas	Tuftonboro, NH mcnallynick.nbm@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:32 AM
Diaz, Rachel	Pelham, NH afootballchick@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:32 AM
Capone, Jeffrey	Dover, NH jeffmconell@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:33 AM
Diaz, Carmelo	Pelham, NH diaz88@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:33 AM
McQueen, Laurianne	Goffstown, NH Heartofacowgirl06@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:43 AM
Sanderson, Doug	Hampton, NH Doug_sanderson@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 9:48 AM
Richardson, Katherine	Surry, NH katherine21richardson@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:48 AM
Chauvin, Paul	Manchester, NH pchauvin@keepandbeararms.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:49 AM
Hoisington, Thomas	Manchester, NH tjhoisington0558@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:51 AM
Worsman, Colette	Meredith, NH Colette Worsman h@metrocast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 9:51 AM
Worsman, Glenn	Meredith, NH Colette Worsman h@metrocast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 9:53 AM
Sylvain, Barbara	TILTON, NH brbsalem@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:53 AM
Cowie, Roberta	Manchester, NH rjrayno@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:01 AM
Aiello-Cunha, Candice	Brookline, NH icancunha@me.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:02 AM

Gagnon, Kevin	Salem, New Hampshire, NH mountainfrog@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:04 AM
Bristol, Scott	Londonderry, NH scott@thebristols.org	A Member of the Public	Myself	Support	No	No	2/24/2022 10:06 AM
Donatelli, Jillian	North Hampton, NH jilliandonatelli@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:09 AM
Duncan, Edward	EXETER, NH ecdrev320@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/24/2022 10:14 AM
Parrish, Laura	Hollis, NH lparrish28@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:34 AM
Smith, Carla	Fremont, NH tsmith1992@yahoo.com	A Member of the Public	New Hampshire Nurses Association	Oppose	No	No	2/24/2022 10:40 AM
Myles, Tim	Portsmouth, NH tim@americanbsi.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:47 AM
Trebisacci, Theresa	Derry, NH trebisaccit@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:48 AM
Cisse, Khadijah	Portsmouth, NH yaaykhadi@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:51 AM
seeger, jessica	Hancock, NH jessicaseeger@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:55 AM
Stokes, Matthew	Hancock, NH matt.stokes@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:55 AM
Beame, Julia	Hancock, NH juliabeame@hotmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:56 AM
Olson, William	Bristol, NH md88driver@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:07 AM
Kenyon, Jeannine	Newmarket, NH quahogjk@icloud.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:10 AM
Steenbeke, Melanie	Loudon, NH edswife4life@msn.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:11 AM
Belanger, Paula	Salisbury, NH pbtoxicfree@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:17 AM
Belanger, Shane	Salisbury, NH belangerbuilt@gmail.com	A Member of the Public	Belanger Construction & Design, Inc.	Support	No	No	2/24/2022 11:17 AM
Archibald, Janan	KENSINGTON, NH jva_archibald@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:38 AM

Patton, Susan	Stratham, NH susanconstantinepatton@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:39 AM
Omar, Nausheen	Pelham, NH Nausheen.omar@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:42 AM
Haefner, Aly	Alstead, NH haefnermc@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:43 AM
Harney, JoAnn	Milford, NH infix_veers0l@icloud.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:43 AM
Haefner, Mark	Alstead, NH haefnermc@tutamail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:44 AM
Haefner, Christopher	Alstead, NH chrismusic1325@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:44 AM
Haefner, Sean	Alstead, NH haefnersp@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:45 AM
Haefner, Benjamin	Alstead, NH haefnerbd@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:46 AM
Haefner, Brigid	Goshen, NH brigidhaefner@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:47 AM
Haefner, Mary Catherine	Warner, NH brigidhaefner@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:49 AM
Leggett, Liz	Litchfield, NH lzvicinh@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 12:00 PM
Osgood, Deborah	Hollis, NH debosgood@protonmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 12:11 PM
Mattlage, Linda	Concord, NH l.mattlage@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 12:17 PM
Collins, Monika	NASHUA, NH monika.collins6@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 12:23 PM
Cory, David	Rye, NH contactdc@verizon.net	A Member of the Public	Myself	Support	No	No	2/24/2022 12:29 PM
HUTCHINSON, KATHI	Canterbury, NH krhutch40@aol.com	A Member of the Public	Myself	Support	No	No	2/24/2022 12:34 PM
Hansen, Eric	Bedford, NH eric.matthew.hansen@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 12:39 PM
Marzolf, Dwight	Hudson, NH dwright.marzolf@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:05 PM

Metea, mark	Hollis, NH stevens113@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 1:17 PM
Fournier, James	Fitzwilliam, NH brendan1@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/24/2022 1:28 PM
Kenyon, David	Newmarket, NH quahogdk@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:37 PM
Timmins, Courtney	Belmont, NH cst610@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:43 PM
Timmins, Jeremiah	Belmont, NH kaiheitai@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:43 PM
Sanville, Edward	Grantham, NH edsanville@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 1:48 PM
Lonborg, John	Exeter, NH johnny.lonborg@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 2:45 PM
Weeks, Danielle	Moultonboro, NH Dweeks001@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 3:02 PM
Jordan, Paula	Canterbury, NH Pjordan457@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 3:07 PM
kirsch, walter	contooocook, NH kirschwalterf@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 3:14 PM
Pilibosian, Heather	North Hampton, NH heather.utopia@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 3:43 PM
Yokogawa-Villers, Connie	Hollis, NH cvillers@protonmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 4:27 PM
WEST, ALYSSA	Rindge, NH alyssarosewest12@gmail.com	A Member of the Public	Myself	Support	No	Yes	2/24/2022 4:53 PM
Creem, Jeffrey	Nashua, NH Jeff@thecreems.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 5:07 PM
Creem, Melissa	Nashua, NH Jeff@thecreems.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 5:09 PM
Bishop, Ann	Littleton, NH afrostyjava17@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:30 PM
Anthes, Janis	New Durham, NH j.antes@hotmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:31 PM
Anthes, Gregory	New Durham, NH gaantes@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:32 PM

Paddock, Cheryl	Concord, NH oqtbug@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:46 PM
Bright, Amy	Peterborough, NH amyherronbright@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 5:58 PM
Martin, Jace	Londonderry, NH jace.tasker@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:05 PM
MacEachern, Shawn	Amherst, NH doormaster77@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:08 PM
MACEACHERN, JOANNE	Amherst, NH aprjo1@msn.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:13 PM
Jaillet, Michael	Nashua, NH ariservicesmj@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:34 PM
Condon, Laura	Bedford, NH vaxchoicenh@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:34 PM
Venegas, Crystal	Allenstown, NH cvenegas124@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 6:38 PM
Hills, Jeanne	Allenstown, NH Jbhills@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 6:38 PM
Glassman, Barbara	Nashua, NH barbara.glassman@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 6:52 PM
Thompson, Keith	Nashua, NH kthomp0909@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 6:54 PM
Spencer, Rob	Concord, NH kentstusa@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 6:56 PM
Cevasco, Karin	Milford, NH Karin.cevasco@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 6:58 PM
Allison, Suzanne	Barnstead, NH Suz.allison@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:00 PM
Cusson, Jeanne	Concord, NH Jsirgus@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:01 PM
Raspiller, Cindy	Mont Vernon, NH raspicl@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:02 PM
Brown, Howard	Mont Vernon, NH hobro39@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:03 PM
Willing, Maura	Concord n ord, NH Maura.Willing@Comcast.net	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:10 PM

Wood, James	Merrimack, NH fairlanejim@comcast.net	A Member of the Public	Myself	Support	No	No	2/24/2022 7:11 PM
Hamilton, Melanie	Northwood, NH mhamilton5908@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:20 PM
Smith, Maja	Canterbury, NH majahauck@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:25 PM
Peterson, Carlene	Gilford, NH carlenebp@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 7:37 PM
Brennan, Arthur	Weare, NH arete201314@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:37 PM
Shaw, Autumn	Bow, NH autumncshaw@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:38 PM
Mitchell, Karen	Mont Vernon, NH kmitchell5@myfairpoint.net	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:42 PM
Termini, Marcella	Manchester, NH marcellatermini@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:42 PM
Dooley, Joleen	Bedford, NH Joleen35@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:45 PM
Brennan, Jane	Weare, NH jane.brennan1920 @gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:45 PM
Meisser, Veronica	Weare, NH vmeisser@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:47 PM
Varney, Michele	Alton, NH maloof@metrocast.net	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:52 PM
podlipny, ann	chester, NH apodlipny57@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/24/2022 7:58 PM
Engelhardt, Elizabeth	Concord, NH eengelh1@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:02 PM
Blachek, Judith	NASHUA, NH blachek560@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:12 PM
Reardon, Donna	Concord, NH bugs42953@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:17 PM
Johnson, Amy	Boscawen, NH Skidooer73@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 8:20 PM
Vann, Ivy	Peterborough, NH Ivy@vann.org	An Elected Official	Myself	Oppose	No	No	2/24/2022 8:21 PM

Reardon, John	Concord, NH bugs42953@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:21 PM
Williams, Dan	Concord, NH ren_man_67@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:28 PM
politt, william	weare, NH william.03281@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 8:30 PM
Sanchez, Alison	Wilton, NY alison.faye@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:00 PM
Wade, Linda F	North Hampton, NH lindafwade@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:01 PM
Seavey, Robert	Newport, NH nptbob@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:02 PM
Knowles, Dawn	Swanzy, NH ldsknowles@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:02 PM
Sanchez, Leo	Wilton, NH canvasfly@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:03 PM
Austin, Victoria	Derry, NH v_austin@icloud.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:05 PM
DeMio, Lisa	Hampstead, NH demiolisa@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:13 PM
Hirai, Barbara	Lebanon, NH BPHirai@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:15 PM
Dresser, Sarah	Hanover, NH dresser.sarah@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:23 PM
Parker, Hayley	Mont Vernon, NH Hay_parker@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:28 PM
Tucker, Julie	Rye, NH Julietucker960@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:29 PM
Spyvee, Stephanie	Hampstead, NH sspyvee@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:30 PM
Lewandowski, Jean	Nashua, NH jlewando@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:30 PM
Barker, Amanda	Brookline, NH amandabarker73@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:32 PM
Marcus, Daniel	Concord, NH dannexus411@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:33 PM

Kuttab, Katelyn	Windham, NH kkuttab@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:36 PM
Gunsher, Sharon	Concord, NH shrn_marcus@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:37 PM
Piche, Kelly	Hollis, NH kellydpiche@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:38 PM
Coll, Denise	Rinsge, NH Dmc2363@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:39 PM
Coll, Bruce	Rindge, NH Brucecoll@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:41 PM
Austin, Lorna	Pembroke, NH laustinthyme@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 9:42 PM
Travers, Jason	Henniker, NH jtrav57@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 9:54 PM
Capriotti, Joseph	Nashua, NH Jmc62190@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:00 PM
Capriotti, Kristen	Nashua, NH Asldancer83@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:01 PM
Capriotti, Jason	Weare, NH Jcapriotti1988@yahoo.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:01 PM
Barker, Dennis	Brookline, NH Djbarker27@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 10:03 PM
Raymond, Susan	Tamworth, NH susanjaneraymond@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 10:04 PM
Gower-Hall, Kimberly	Windham, NH kggowerhall@yahoo.com	A Member of the Public	Myself and my children	Support	No	No	2/24/2022 10:09 PM
Beh, Maia	Marlborough, NH maiabeh@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:13 PM
Taylor, Stephen	Plaistow, NH 1stcorinfa@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 10:26 PM
Horrigan, Timothy	Durham, NH timothy.horrigan@leg.state.nh.us	An Elected Official	Strafford 6	Oppose	No	No	2/24/2022 10:45 PM
Olson, Stephanie	Bristol, NH stephanieqolson@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 10:59 PM
Metcalf, Karen	Weare, NH Kmet631@aol.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 11:10 PM

Stinson, Benjamin	Concord, NH benrkstinson@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/24/2022 11:41 PM
Ball, Jessica	Contoocook, NH jball61587@gmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:53 PM
Cole, Cherry	Manchester, NH misscola7@hotmail.com	A Member of the Public	Myself	Support	No	No	2/24/2022 11:58 PM
Gelsey, Giana	Madbury, NH gagelsey@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 1:18 AM
Turcotte, Margit	Lee, NH Mslady301@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 1:44 AM
Rettew, Annie	Concord, NH abrettew@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 5:24 AM
Davis, Johnna	Gilford, NH jdavis@metrocast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 5:54 AM
Henel, Andrea	Madbury, NH jahenel@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 5:59 AM
Rua, Sylvia	Durham, NH ruasylyvia@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:00 AM
Wilson, Sarah	Conway, NH Sarah.star.wilson@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 6:02 AM
Wilson, Zack	Conway, NH Zachary.david.wilson@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 6:03 AM
Waldron, Karla	Weare, NH ktwaldron@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:10 AM
Krogman, Matthew	Dunbarton, NH krogmanfamily91@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:13 AM
Desmarais, Doreen	Northwood, NH doreend@netzero.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:15 AM
Lyon, Jennifer	Lee, NH jeaccount@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:24 AM
Pinard, Gilberte	Bradford, NH jillpinard@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:25 AM
THOMPSON, STEVE	Hampton, NH steve@life-elevated.com	A Member of the Public	Myself	Support	No	No	2/25/2022 6:47 AM
Butts, Krista	Lee, NH Kjsboys3@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:49 AM

Griffin, Stefanie	Durham, NH stefbrett@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:55 AM
McEwan, Rebecca	Madbury, NH Rebecca@mcewan.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 6:59 AM
West, Christie	Mont Vernon, NH Christiemwest@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:01 AM
O'Brien, Alyssa	Durham, NH alyssajabraham@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:15 AM
Higginson, Laura	Madbury, NH Lehigginson@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:16 AM
DiSaverio, Gabriele	Portsmouth, NH gabe@thespicyspark.com	A Member of the Public	Myself	Support	No	No	2/25/2022 7:16 AM
Baldwin, Brooke	Durham, NH brooketbaldwin@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:18 AM
Barlow, Käthe	Durham, NH kkrumich@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:27 AM
Johnson, Stephanie	Lee, NH stephanie.johnson83122@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:28 AM
Kates, Rebecca	Durham, NH rebeccakates@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:29 AM
Kritzer, Jake	Durham, NH Jake_kritzer@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:34 AM
Champigny, Natalie	Derry, NH nattyp76@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 7:36 AM
Richard, Malgorzata	Nashua, NH malgorzatarichard@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 7:40 AM
Henderson, Gayle	Durham, NH gayle@theinnfall.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:42 AM
Milutinovich, Allison	Durham, NH abjenk@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:43 AM
Berendes, Doreen	Manchester, NH Doreenberendes@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 7:43 AM
Hackmann, Kent	Andover, NH hackmann@uidaho.edu	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:46 AM
Uzdanovich, Paula	Nashua, NH pbrunelle2003@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 7:48 AM

Scaer, Beth	Nashua, NH bscaer@gmail.com	A Member of the Public	Academy for Science and Design	Support	No	No	2/25/2022 7:53 AM
Wilke, Mary	Concord, NH wilke.mary@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 7:54 AM
macgregor, maureen	merrimac, NH maureenmacgregor@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:02 AM
Collins, Kelly	Hancock, NH kellyanncollins@live.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:04 AM
Peterson, Kathy	Nashua, NH KathyofNH@aol.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:08 AM
FITCH, Trista	Durham, NH tgfitch@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:09 AM
Markert, Lynn	Newmarket, NH lemarkert@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:10 AM
Mathur, Anita	Durham, NH anita_mathur@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:12 AM
knaack, frank	Concord, NH fknaack@aclu-nh.org	A Lobbyist	ACLU of New Hampshire	Oppose	No	No	2/25/2022 8:13 AM
Cawley, David	Concord, NH dcawley7@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:16 AM
Smith, Brian	Hampton, NH bps123@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 8:16 AM
Smith, Sara	Pembroke, NH sara.rose.ssmith@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:16 AM
Brunelle, Leigh	Manchester, NH lbrunelle@me.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:16 AM
Roy, Leo	Manchester, NH lbroy25@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:17 AM
Fallon, Anthony	Wolfeboro Falls, NH tony@tonyfallon.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:17 AM
Brunelle, Seth	Manchester, NH seth.brunelle@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:18 AM
Comeau, Alex	Nashua, NH info@comeau4nashua.com	An Elected Official	Myself	Support	No	No	2/25/2022 8:19 AM
Rosenberg, Karen	Concord, NH KarenR@drcnh.org	A Lobbyist	Disability Rights Center-NH	Oppose	No	No	2/25/2022 8:21 AM

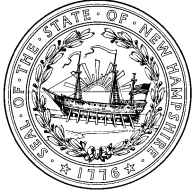
LeBaron, Mary	BROOKLINE, NH Melebaron@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:24 AM
Cheeseborough, Vera	Laconia, NH Vcheeseborough@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:24 AM
Lamphier, Regan	Nashua, NH reganburkelamphier@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:25 AM
Easton, Kristina	Nashua, NH Keaston828@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:25 AM
Sivalingam, Hridaya	Ashland, NH mindfulcounselor@protonmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:27 AM
Mungovan, Lisa	Merrimack, NH mrs.magoo06@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:28 AM
Brown, Phyllis	Derry, NH phyllis@stevebrownssellshomes.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:32 AM
Brown, Steve	Derry, NH stephenh5893@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:33 AM
Jones, Jennifer	Brentwood, NH jennjones123@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:34 AM
Mullen, Ashley	Pembroke, NH freelybirding@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:36 AM
Mungovan, Tom	Merrimack, NH Tomungovan@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:38 AM
Vigneault, Christine	Concord, NH christine.vigneault@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:38 AM
Navarro, Michelle	Derry, NH nhnavarros@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 8:40 AM
Laughner, Julie	Raymond, NH julieloughner@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 8:44 AM
Hallock, Linda	Cornish, NH LINDASH@MAIL.COM	A Member of the Public	Myself	Oppose	No	No	2/25/2022 8:46 AM
Brankin, Natalie	Manchester, NH Natalie.Brankin@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:46 AM
McLeod, Ferngold	Mont Vernon, NH fern@naturalhealth.media	A Member of the Public	Myself	Support	No	No	2/25/2022 8:51 AM
McLeod, Thomas	Mont Vernon, NH contact@ldfnh.org	A Member of the Public	Myself	Support	No	No	2/25/2022 8:52 AM

McLeod, Raphaella	Mont Vernon, NH chantokangaeru@protonmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:52 AM
Napier, Faith	Londonderry, NH faithy76@hotmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 8:55 AM
McLaughlin, Katie	Weare, NH kcroteau@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:01 AM
Humphreys, Tom	Brookline, NH tom.humphreys@att.net	A Member of the Public	Myself	Support	No	No	2/25/2022 9:01 AM
Wells, Nancy	North Hampton, NH nancyawells@aol.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:03 AM
Mason, Angela	Concord, NH acmbogue@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:04 AM
Moses, Gena Cohen	Concord, NH genacohenm@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:20 AM
Hodsdon, Alan	CANTERBURY, NH alan.hodsdon@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:23 AM
Marzolf, Linda	Derry, NH linda.marzolf@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:28 AM
hallowell, chris	concord, NH chirshallowell7@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:28 AM
Stoddard, Kristine	Bow, NH kstoddard@bistatepca.org	A Lobbyist	Bi	Oppose	No	No	2/25/2022 9:30 AM
DeCaprio, Michael	Kensington, NH Mikedecaprio@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 9:32 AM
Howes, Debrah	Bow, NH president@aft-nh.org	A Lobbyist	American Federation of Teachers - NH	Oppose	No	No	2/25/2022 9:34 AM
DeCaprio, Trish	Kensington, NH trishsoineann@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 9:35 AM
Russell, Laurie	Loudon, NH russelltlmgea@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:37 AM
Gannon, Cathleen	Dover, NH Cathyanne603@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:41 AM
McManus, Erin	Concord, NH ecmcmanus@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:43 AM
Clifford, Kevin	Madison, NH kev.clifford@startmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:47 AM

Tuttle, Megan	Concord, NH mtuttle@nhnea.org	A Lobbyist	NEA-NH	Oppose	No	No	2/25/2022 9:48 AM
Rodionova, Elena	Madison, NH elenro@use.startmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:48 AM
Hampton, Doris	Canterbury, NH dandmhamp38@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:48 AM
Kaminski, Marie	Bridgewater, NH Martkam4492@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:51 AM
Kaminski, Joseph	Bridgewater, NH Joe.kaminski142@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:51 AM
Shortt, Alan	Benton, NH ashortt2011@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:52 AM
Goegel, John T.	Canterbury, NH jtgoegel@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 9:55 AM
Foley, Willow	North Hampton, NH Willowalexis@hotmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 9:58 AM
Seaman, Jessicah	Derry, NH Ajseaman@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/25/2022 9:59 AM
LaCasse, Chloe	Concord, NH themakingofself@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:03 AM
Lail, Nicole	Silver Lake, NH Nlail@icloud.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:04 AM
Grenier, Wendy	Nashua, NH cook4myloves@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:07 AM
Dacey, Monique	Brookfield, NH moniquedacey@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:24 AM
Peternel, Catherine	Wolfeboro, NH katypeternel@pm.me	A Member of the Public	Myself	Support	No	No	2/25/2022 10:27 AM
Saunderson, George	Loudon, NH saunderson.george@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:29 AM
Teachout, Jen	Concord, NH Jbueddeman20@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:30 AM
Sims, Bronwyn	Nelson, NH bronwyn@strongcoffeestage.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:31 AM
Emrich, Alan	Keene, NH alanemrich@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:35 AM

Beatrice, Donna	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 10:36 AM
Lyczewski, Claire	Nashua, NH Cjlawes@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 10:36 AM
Beatrice, John	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/25/2022 10:36 AM
Cates, Tammy	Nashua, NH tjcates@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:41 AM
Cates, William	Nashua, NH wcatesjr@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:41 AM
Cates, Bethany	Nashua, NH brcates99@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:41 AM
Cates, Tyler	Nashua, NH brcates99@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:41 AM
Cates, Sahriah	Nashua, NH sahriah@sahriah.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:42 AM
Figuroa, Viviana	Manchester, NH vcfiguroa@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:42 AM
Stearn, Sylvia	Nashua, NH supermimi@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:42 AM
Stearn, Charity	Nashua, NH superauntie@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:42 AM
Silverman, Kim	Nashua, NH Kimsposies@icloud.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:43 AM
Andrews, Nikki	WILTON, NH nikkiandrewsbooks@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:48 AM
Emerson, Anne	Canterbury, NH ademerson4180@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:50 AM
Christensen, Lora	Antrim, NH loravaillancourt@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:51 AM
Christensen, Eric	Antrim, NH loravaillancourt@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 10:51 AM
Petruccelli, Maxine	Webster, NH maxinepet@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:56 AM
Petruccelli, Charles	Webster, NH chasmxpet@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 10:57 AM

anderson, robert	concord, NH rgand43@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/25/2022 11:03 AM
Jordan, Sarah	Concord, NH Sjordan26@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:06 AM
Porell, Janice	Laconia, NH janiceporell@yahoo.com	A Lobbyist	Myself	Support	No	No	2/25/2022 11:10 AM
Chapin, Charles	Alexandria, NH charles.chapin3@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:11 AM
Pelletier, Teresa	Hampstead, NH teresapelletier74@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:25 AM
Chesney, Laura	Windham, NH Lchesney1012@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:28 AM
Kennedy, Lisa	Epsom, NH Lkrk_1@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:29 AM
Feather, Linda	Deering, NH Lindafeather@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:33 AM
Francis, Holly	Derry, NH Holj_22@msn.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:51 AM
Simpson, Candis	Epsom, NH Simpsoncandis1@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 11:57 AM
Rinato, Alina	Rhinebeck, NY alinapiccone@yahoo.com	A Member of the Public	Myself	Support	No	No	2/25/2022 12:47 PM
Hutson, Caitlen	Epsom, NH caitlenhutson@aol.com	A Member of the Public	Myself	Support	No	No	2/25/2022 12:56 PM
Howard, Raymond	Alton, NH brhowardjr@yahoo.com	An Elected Official	Belknap 8	Support	No	No	2/25/2022 12:59 PM
Gajnos, Cheyenne	Berlin, NH cheyennelongley.xo@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 1:12 PM
Gajnos, Cody	Berlin, NH cgajnos@outlook.com	A Member of the Public	Myself	Support	No	No	2/25/2022 1:13 PM
Parker, Deanna	Hooksett, NH Deannalynnp@gmail.com	A Member of the Public	Myself	Support	No	No	2/25/2022 1:21 PM
Evans, Risa	Contoocook, NH risae111@aol.com	A Member of the Public	Myself	Support	No	No	2/25/2022 1:31 PM



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

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603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Testimony for HB 1131
Relative to facial covering policies for schools
Education Committee
February 25, 2022

Dear Chairman Ladd and Members of the Committee:

The Department of Health and Human Services, Division of Public Health Services is providing the following information to the Education Committee in consideration of HB1131, *relative to facial coverings for school*.

As the COVID-19 Omicron variant surge declines, population immunity increases, and effective therapeutics are increasingly available, the risk of exposure and subsequent infection with COVID-19 is decreased. As of February 24, 2022, the Division of Public Health Services (DPHS) is no longer recommending universal face mask use. DPHS recommends that decisions on face mask use be based on individual choice and informed by a person's own assessment and acceptance of COVID-19 risk rather than from universal requirements.

Face masks remain an effective prevention measure therefore, individuals who are severely immunocompromised or who desire additional protection for themselves or another household member can choose to wear a face mask for their protection when in indoor public locations. Face masks continue to be required under federal regulations in certain situations, including on public transportation including school buses, and when entering or employed in a healthcare facility.

Thank you for the opportunity to provide this information. The Department strives to provide public health protection while appropriately balancing individual choice.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Patricia M. Tilley".

Patricia Tilley, MS Ed
Director, Division of Public Health Services

Oppose HB 1131– Protect New Hampshire Students

HB 1131 would prohibit school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

Major medical associations recommend universal indoor masking in K-12 schools regardless of vaccination status. The CDC,ⁱ the American Academy of Pediatrics,ⁱⁱ and the American Medical Associationⁱⁱⁱ recommend universal indoor masking in K-12 schools. As the American Academy of Pediatrics noted on January 7, 2022: “The updated school guidance comes as the rate of children hospitalized with COVID has grown to two of every 100,000 children, the highest since the start of the pandemic. The latest spike occurred largely among those under 5 years, a group that has a hospitalization rate of four per 100,000 children and is too young to get vaccinated.”^{iv} The consensus is clear – universal masking in K-12 schools is vital to protecting our children from the spread of COVID.

COVID remains a threat in New Hampshire. Over 2,300 Granite Staters have died from COVID-19.^v Over 295,000 Granite Staters have had COVID-19.^{vi} At least 95 people are currently hospitalized in New Hampshire with COVID-19.^{vii} New Hampshire has 16 percent remaining capacity in their ICUs.^{viii} Nearly one in four New Hampshire hospitals are experiencing a critical staffing shortage.^{ix} New Hampshire lawmakers should be focused on protecting children from COVID, not increasing their risk.

COVID poses extreme risks to students with disabilities. Children with disabilities, including a range of underlying medical conditions, are at increased risk of contracting and becoming severely ill from COVID when compared with other children. As the CDC noted, “[c]urrent evidence suggests that children with medical complexity, with genetic, neurologic, or metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19.”^x In addition, people with intellectual disability are also at increased risk of contracting and dying from COVID. According to a study in the *New England Journal of Medicine*, using a data set of “64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality.”^{xi} Universal masking is a tool to mitigate the risk to these students.

Denying children with disabilities a safe learning environment violates federal law. Under the Americans with Disabilities Act^{xii} and Section 504 of the Rehabilitation Act,^{xiii} public schools cannot exclude students with disabilities, deny them equal access to their education, or segregate them unnecessarily, and they are obligated to provide reasonable modifications to policies, practices, and procedures in order to give students with disabilities an equal opportunity to benefit from their public education. Prohibiting schools from taking reasonable steps to protect the health of their students forces parents to make an impossible choice: their child’s education or their child’s health. This is a disability rights issue and schools who have children with these conditions have legal obligations under federal disability rights laws.

Multiple Federal Courts have ruled that federal law requires schools to impose universal masking rules where necessary to ensure students with disabilities have access to public school education. In January 2022, the 8th Circuit Court of Appeals found in a case challenging a state mask prohibition on disability rights grounds that “Plaintiffs’ injuries are the foreseeable result of Defendants’ threatened enforcement of Section 280.31: the schools and school districts have gone without mask mandates because of the law and the threat of enforcement, and Plaintiffs have been forced to choose

between their children's lives and the quality of their education."^{xiv} This decision followed a similar decision from the U.S. District Court for the District of South Carolina, which found that "[y]ears ago, ramps were added to schools to accommodate those with mobility-related disabilities so they could access a free public education. Today, a mask mandate works as a sort of ramp to allow children with disabilities access to their schools. Thus, the same legal authority requiring schools to have ramps requires that school districts have the option to compel people to wear masks at school."^{xv} Legislators should avoid the mistakes and costly litigation (at taxpayers' expense) in other states and oppose this dangerous and unlawful legislation.

Oppose HB 1131 – No Parent should be forced to choose between their child's health and education.

ⁱ Centers for Disease Control, Guidance for COVID-19 Prevention in K-12 Schools, Jan. 13, 2022, *available at* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> ("CDC recommends universal indoor masking by all* students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.").

ⁱⁱ American Academy of Pediatrics, COVID-19 Guidance for Safe Schools and Promotion of In-Person Learning, *available at* <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/> ("All students older than 2 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use), regardless of vaccination status.").

ⁱⁱⁱ American Medical Association, AMA statement on CDC's updated mask guidance to combat COVID-19 spread, July 27, 2021, *available at* <https://www.ama-assn.org/press-center/press-releases/ama-statement-cdc-s-updated-mask-guidance-combat-covid-19-spread> ("We strongly support the updated recommendations, which call for universal masking in areas of high or substantial COVID-19 transmission and in K-12 schools, to help reduce transmission of the virus. Wearing a mask is a small, but important protective measure that can help us all stay safer.").

^{iv} American Academy of Pediatrics, CDC releases updated school guidance; pediatric COVID hospitalizations hit record high, Jan. 7, 2022, *available at* <https://publications.aap.org/aapnews/news/19038>.

^v See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 there have been 2,370 deaths).

^{vi} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 there have been 296,870 cases).

^{vii} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 New Hampshire has 95 confirmed hospital cases and 8 suspected hospital cases).

^{viii} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 New Hampshire has a 7-day moving average of 16.5 percent).

^{ix} Todd Bookman & Casey McDermott, "A constant tsunami": N.H.'s health care workers at the epicenter of COVID surge, New Hampshire Public Radio, Dec. 14, 2021, *available at* <https://www.nhpr.org/nh-news/2021-12-13/nh-catholic-medical-center-manchester-covid>.

^x Centers for Disease Control, People with Certain Medical Conditions, Dec. 14, 2021, *available at* <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

^{xi} Jonathan Gleason, MD, et al., *The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States*, New England Journal of Medicine, Mar. 5, 2021, *available at* <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0051>.

^{xii} 42 U.S. Code § 12132 ("[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.").

^{xiii} See 29 U.S.C. § 705(9)(B) & 42 U.S.C. § 12102(1).

^{xiv} *The Arc of Iowa v. Kimberly Reynolds*, U.S. Court of Appeals, 8th Circuit, No. 21-3268, p. 9, *available at* <https://ecf.ca8.uscourts.gov/opndir/22/01/213268P.pdf>.

^{xv} *Disability Rights South Carolina v. Henry McMaster*, U.S. District Court, District of South Carolina, 3:21-cv-02728-MGL, p. 19, *available at* <https://www.aclu.org/legal-document/disability-rights-south-carolina-v-mcmaster-order-granting-temporary-restraining>.

Testimony against HB 1131 and HB 1371

NH House Education Committee; February 25, 2022

Rep. Timothy Horrigan (Strafford 6)

I am Rep. Timothy Horrigan, representing the towns of Durham and Madbury. I wish I could attend your committee hearings in person today (Friday, February 25, 2022) but this is in my opinion simply not safe. I admit that I have been coming in almost every weekday this year to a rather poorly ventilated workplace where half my legislative colleagues are unmasked. I believe that a large percentage of those who are unmasked are also unvaccinated. I know that this is not 100% safe. But today, if I wanted to participate in today's hearings, I would also have to deal with driving to Concord during a blizzard which has shut down just about everything in our state except the House Education Committee. I find that unacceptable, so my emailed written testimony will have to suffice.

I urge the Education Committee to find both **HB 1131** (relative to facial covering policies for schools) and **HB 1371** (relative to school district policies on facial masks of students in schools) **Inexpedient to Legislate**.

I am opposed on principle to HB 1131, since schools should have the right to decide what safety precautions are required on their campuses. Even when there is no pandemic, respiratory diseases are a major concern for schools. Campuses function like a Petri dish: students come from all over the place (as do faculty and staff members) to exchange germs and viruses. Most of these diseases are relatively harmless, although the seasonal flu killed 28,000 people (according to the Centers for Disease Control) in the USA during the rather mediocre 2018-2019 flu season. 28,000 is about 1,500 more people than the population of the Granite State's eighth-largest municipality, the Town of Merrimack.

COVID-19 is an extraordinarily dangerous virus. It has caused about a million deaths in the USA, and about 6 million worldwide, and it's still going strong. The survivors have in many cases experienced some very strange and life-altering symptoms, such as losing their senses of taste and smell. Children are less susceptible to both COVID-19 and the seasonal flu, but children breathe the same air as older people.

There is by the way, no natural, constitutional or inherent right to spread respiratory viruses in an educational setting— or anywhere else.

This bill tries to forbid school districts and “accredited” private schools from implementing masking-up policies. An accredited private school is not the same thing as an approved school, so this bill would still allow approved but non-accredited schools to require masks. But, an even bigger problem with the wording of this bill is that accreditation is not a state function, although most public schools are accredited. Here in New Hampshire, schools are typically accredited by the New England Association of Schools and Colleges (NEASC), which is a private organization based in Burlington, Massachusetts.

NEASC's standards go beyond mere academic issues, and schools are specifically required to protect the health and safety of their students. No exceptions have been carved out in NEASC's rules for respiratory viruses: COVID-19 is treated the same as any other health hazard. A few New Hampshire schools are alternatively accredited by the Northern New England Conference of Seventh-day Adventists, Inc. (NNEC), which is a religious organization. Adventists are not at all opposed to vaccinations or mask-wearing: in fact the church actively encourages its members to get vaccinated for COVID-19 and to observe other health precautions.

The bill has a loophole in it, which doesn't bother me since I am opposed to the whole bill. Schools are still allowed to require masks if they are “necessary for a specific extracurricular or instructional purpose.” A school could argue that protecting children from a deadly respiratory virus serves an “extracurricular” purpose, and/or that teaching children about “masking-up” serves an “instructional” purpose.

I am also opposed to HB 1171. I agree that no student should be bullied or harassed in school but the general provisions in existing law are sufficient. This bill is not needed. It also looks at the mask vs no-mask issue from the wrong perspective. The COVID-19 virus is, as I said already, extraordinarily dangerous. I admit that the most recent “Omicron” variant led to relatively mild symptoms compared to earlier variants, but even Omicron was still very nasty. Even the most lurid stories about the supposed dangers of masks (and the various vaccines) amount to almost nothing compared to the dangers of the COVID-19 viruses.

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Amy Cocci](#)
Sent: Thursday, February 24, 2022 8:06:11 PM
To: [~House Education Committee](#)
Subject: HB 1131 & HB1371
Importance: Normal

I, Amy Cocci, 8 Hillcrest Lane Londonderry, NH, ask that your committee please SUPPORT HB1371 & HB1131. This should be a family decision to mask not a school board.
Sincerely
Amy Cocci

Archived: Friday, February 25, 2022 9:12:38 AM
From: Natalie Brankin
Sent: Friday, February 25, 2022 8:51:29 AM
To: ~House Education Committee
Subject: Fwd: HB 1131 & HB 1371
Importance: Normal

----- Forwarded message -----
From: **Natalie Brankin** <natalie.brankin@gmail.com>
Date: Tue, Jan 25, 2022 at 12:23 PM
Subject: HB 1131 & HB 1371
To: <HouseEducationCommittee@leg.state.nh.us>

Dear members of the NH House Education Committee,

My name is Natalie Brankin and I am a lifelong resident of Manchester. Three of my four children currently attend an accredited non-public elementary school in Manchester. I am writing today to ask you to support HB1131 relative to prohibiting mask mandates for both public and accredited non-public schools. I am also in support of HB 1371 which would require districts to adopt policies leaving face coverings to parental discretion.

Wearing a mask is historically something that has been reserved for medical facilities and typically only for those who are sick. Parents should be the ultimate authority on making medical decisions for their children. However, when it comes to masks in a school setting, we find these rights are being stripped away in the state of NH both in public and private school settings. I firmly ask that this committee act in support of parental rights.

The highest level of evidence in science is a randomized control trial. In every RCT (including the peer reviewed ones) there has been no statistical difference between groups that wore masks and ones that did not. See a summary of the available evidence here: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence>

Even if there was some small hope that masks could slow the spread (remember when this was just supposed to be two weeks so as not to overwhelm hospitals? I haven't forgotten it and I hope you haven't either!) the time has long passed for this to the burden of school aged children. I ask you to take some time and read this article by Vinay Prasad who is associate professor of epidemiology and biostatistics at the University of California regarding masks and school children:
<https://www.tabletmag.com/sections/science/articles/cult-masked-schoolchildren>

The first point he makes is that in the two years that children have had to endure masking policies not one randomized control trial has been done to show how masking children in a school setting affects the spread of covid-19. Those that are still advocating for masks in children have failed to identify any clear evidence in favor of this practice.

Prasad also points out that there are downsides to face coverings for pupils, which my own children have experienced these past two years. It impairs face identification, as well as verbal and non-verbal communication between teacher and learner. My own children have suffered headaches, dehydration, anxiety, and the irrational fear of walking down the hallway while

breathing without a mask. They hate going to activities they know they will have to wear a mask at even if it is something they otherwise enjoy. Additionally, we are starting to hear more in the media about the psychological effects masking is having on children. Dr. Chloe Carmichael, a clinical psychologist, writes about how masks can be unhealthy for social development in children. (<http://www.drchloe.com/blog/psychologists-perspective-on-masks-and-children>) She writes, "I fear that masking children, whose social skills are less developed, could deprive them of an important and basic social connection.... The face." She additionally lists concerns about self-esteem and anxiety and depression, just to name a few.

Another important point to consider is the fact that the United States is one of the few countries that requires masks of children so young. The CDC recommends masking for children as young as 2 which is, to be frank, utterly ridiculous. My youngest is 2.5 and is speech delayed. There is no way we would consider placing him in an environment where he had to wear a mask and encounter people all day long who wore masks. Quite frankly, it seems psychologically abusive. As it is, we already have difficulty at doctor appointments where we no longer encounter any smiling faces. Interestingly, the World Health Organization never recommended masks for children under age 6 and does not recommend masks for children who are running around and playing. Yet, schools in the US and even here in NH have made these unreasonable requirements. It's truly maddening.

The time has come to get our children back to normal. Many children in this state, the country and across the globe have the privilege of a mask free childhood. Why can't the school children of NH enjoy those same freedoms? I support keeping sick children home. I do not support mask mandates as a disease mitigation tool in a school setting.

I thank you for your time and your service to the Granite State.

Take care,
Natalie Brankin

Archived: Friday, February 25, 2022 9:12:57 AM
From: [Keith Milone](#)
Sent: Tuesday, February 22, 2022 8:04:31 AM
To: [~House Education Committee](#)
Subject: HB 1131 & HB 1371
Importance: Normal

Honorable Committee Members,

Please support HB 1131 & HB 1371. The harm these policies are doing to our children are will be a burden on our society for a long time.

Thank you for support,
Keith Milone
Lyme, NH 03768

Archived: Friday, February 25, 2022 9:12:43 AM
From: [Carlene Peterson](#)
Sent: Thursday, February 24, 2022 7:38:37 PM
To: [~House Education Committee](#)
Subject: upcoming bills
Importance: Normal

I urge you all to SUPPORT both HB1131 and HB1371. We need constitutional freedom, not Mandates.

Carlene Peterson
Gilford, NH

Archived: Friday, February 25, 2022 9:12:49 AM
From: [Karen Booth](#)
Sent: Wednesday, February 23, 2022 9:35:44 PM
To: [~House Education Committee](#)
Subject: Unmask the children
Importance: Normal

Please vote on HB1131 and HB 1371 appropriately to unmask our children forever! It never should have been allowed to begin with!! I trust you'll do the right thing! Get our children mask free!

Thank you
Karen Booth
13 partridge Lane
Londonderry NH

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:44 AM

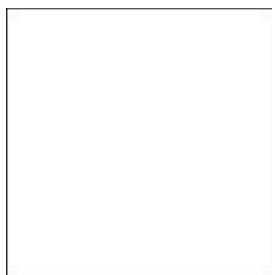
From: [Gale Manning](#)

Sent: Thursday, February 24, 2022 7:24:13 PM

To: ~House Education Committee

Subject: UNMASK EVERYONE AND SUPPORT THESE BILLS PLEASE!!! 1131 AND 1371 SUPPORT THEM!

Importance: Normal



Tomorrow's Mask Hearings are now in LOB Room 205-207

Not only is the House Education Committee set on holding hearings on banning masks on children during a blizzard, they are also now **changing the room** from Representative's Hall to Room 205-207 in the Legislative Office building.

So if you're keeping track... they rescheduled the hearings on HB1131 and HB1371 (originally scheduled for three weeks ago) in order to be in a bigger room. And now they are **moving the rescheduled hearings to the same original (smaller) room**.

👉 **Don't forget to email the House Education Committee and tell them to SUPPORT these bills!**

HouseEducationCommittee@leg.state.nh.us

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Jessica Duquette](#)
Sent: Thursday, February 24, 2022 8:40:56 PM
To: [~House Education Committee](#)
Subject: Support of HB 1131 & HB 1371
Importance: Normal

House Education Committee,

I'm writing you in support of the above two bills.

As a resident of Nashua and a parent of two children (10th & 7th grade) I've seen first hand the downside of forced masking.

Parents know what's best for their children....not superintendents, not teachers unions, not school boards.

This is not up for debate.

The phrase "Kids are Resilient" shouldn't be in our vernacular, they shouldn't have to be. Please do the right thing for children and leave the masking decision up to each individual family.

Thank you,

Jessica Duquette
7 Monias Drive
Nashua NH 03062
774-454-0112

Archived: Friday, February 25, 2022 9:12:42 AM

From: [Kimberly D'Agostino](#)

Sent: Thursday, February 24, 2022 7:54:53 PM

To: [Ted Gorski](#); [Linda Gould](#); [Niki Kelsey](#); [John Graham](#); [Sue Mullen](#); [Catherine Rombeau](#); [Laurie Sanborn](#); ~House Education Committee

Subject: Support HB1131 and HB1371

Importance: Normal

Good Evening,

I am imploring you to please support both HB1131 and HB1371. The decision to mask children should be left to the discretion of the parent, not the schools.

Our children have sacrificed so much these past two years and their academic performance and emotional and social growth have been hindered. We simply cannot afford to have another school year in mandatory masks that are forced by individual town school boards.

It's about time we stand up for the children and take action to ensure their freedoms are protected.

In appreciation,

Kim D'Agostino
Bedford Resident

Archived: Friday, February 25, 2022 9:12:43 AM
From: [David Cope](#)
Sent: Thursday, February 24, 2022 7:43:44 PM
To: [~House Education Committee](#)
Subject: Support HB 1131 and HB 1371
Importance: High

Dear House Education Committee,

I am writing to urge you to support bills HB 1131 and HB 1371. Wearing masks in schools should be optional. Students and their parents/guardians should make the decision as to whether the student wears a mask.

During the pandemic there has been a constant refrain to “follow the science,” which I agree with. The problem is that we have been following our health authorities who are not following the science. Decades of the best scientific evidence - meta-analysis of randomized controlled trials (RCTs) - have shown unequivocally that face masks do not reduce viral transmission. In fact, face masks can increase the risk of developing a respiratory illness by causing arterial oxygen deprivation, which reduces innate immunity. Another way that masks can increase infection risk is by becoming a breeding ground for bacteria, viruses, and fungi. Masks worn for extended periods of time become warm and moist which is the perfect breeding ground for these microorganisms.

In addition to the increased risk of infection described above, there are many negative physiological and psychological impacts from wearing face masks. Reduced oxygen can lead to headaches, fatigue, anxiety, and a decline in cognitive functioning (focus, memory). Face masks can significantly impair communication, social connectedness, and students’ psychological well-being. When the brain is not getting enough oxygen, its functioning is affected altogether, including the areas of the brain that regulate mood. There has been an increase in psychological issues and even suicides in children and teens during the pandemic. Masks and lockdowns were major contributors to this terrible development. CDC [data](#) showed a 24 percent increase in emergency room mental health visits for children ages 5 to 11, compared to 2019. Among adolescents ages 12 to 17, that increase is 31 percent. Last summer, the CDC [reported](#) that one in four young adults had contemplated suicide in the previous month.

Finally, I would like to emphasize that our children are not at great risk from COVID-19. Based on CDC data, the risk of children between the ages of zero and 19 years of age dying from CoVID-19 is an incredibly low risk of 0.00195%. This rate is much lower than the risk of children dying from influenza.

The known harms masks cause are not worth the unproven benefits claimed by our health authorities. The recent release of Anthony Fauci’s emails where he privately shared his opinion that masks don’t stop viral transmission is a good example of our health authorities acting in bad faith.

When our health authorities are not basing their recommendations on our best science, we must find the courage to question them and take a stand to protect our children. This is not easy to do, but it is imperative. We are relying on you to give parents and guardians the choice to protect their children as they see fit based on their analysis of the data.

Thank you for your consideration.

Sincerely,
David Cope
Hancock, NH

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Julia Beame](#)
Sent: Thursday, February 24, 2022 6:53:34 PM
To: [~House Education Committee](#)
Subject: Support HB 1131 and HB 1371
Importance: High

Dear House Education Committee,

I am writing to urge you to support bills HB 1131 and HB 1371. Wearing masks in schools should be optional. Students and their parents/guardians should make the decision as to whether the student wears a mask.

During the pandemic there has been a constant refrain to “follow the science,” which I agree with. The problem is that we have been following our health authorities who are not following the science. Decades of the best scientific evidence - meta-analysis of randomized controlled trials (RCTs) - have shown unequivocally that face masks do not reduce viral transmission. In fact, face masks can increase the risk of developing a respiratory illness by causing arterial oxygen deprivation, which reduces innate immunity. Another way that masks can increase infection risk is by becoming a breeding ground for bacteria, viruses, and fungi. Masks worn for extended periods of time become warm and moist which is the perfect breeding ground for these microorganisms.

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Thank you for your consideration.

Sincerely,
Julia Beame
Hancock, NH


Archived: Friday, February 25, 2022 9:12:40 AM
From: [JULIE SMITH](#)
Sent: Friday, February 25, 2022 5:50:32 AM
To: [~House Education Committee](#)
Subject: SUPPORT HB 1131 and 1371
Importance: Normal

Dear Committee Members:

It's frustrating and disappointing to have all these changes in venue and dates yet today's snow event is not recognized as a public safety issue enough to warrant rescheduling. That said, here is a copy of what I wanted to say in person today, especially since NH.gov's on line testimony tool appears to be malfunctioning.

Having to pay for the education of other people's kids, I deserve to be heard and I object to the government funding of institutionalized child abuse. I have no representation in the House and neither does most of our city! In fact, I have seen video footage of Mrs. Newman's condescending treatment of parents who disagree with her while pretending to support empty nesters and taxpayers. I'm not buying it! Also, 8 school committee members regularly gang up on Paula Johnson, they ONLY sitting member that I voted for and the lone wolf mask dissenter. Instead of working collaboratively to promote academic excellence and fiscal responsibility, they work collaboratively to weaponize the Nashua police to remove her from meetings she was elected to attend! I stand with all the parents that plan to be there and everywhere else that are desperately trying to lawfully assert their rights. Daniel Richard, a constitutional scholar, had said that "peacefully" does not mean polite, rather it means that the aggrieved party will not shoot the errant elected official(s). To the people who want to dismiss this bill in the name of local control, I shall point out that too much violence has already occurred outside NH due to school committees acting against the will of the parents. This is the Live Free or Die state and we're better than that. This bill will help keep it that way. Since we're not as lucky as Florida, or even Virginia, and this is a time sensitive matter, waiting to swear in a decent governor is almost a whole academic year from now. I want these bills to pass with 2/3 support in each chamber. Please make it happen!

Julie Smith
Nashua

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Timothy Horrigan](#)
Sent: Thursday, February 24, 2022 10:38:19 PM
To: ~[House Education Committee](#)
Subject: Rep. Horrigan: against HB 1131 & HB 1371
Importance: Normal
Attachments:
[HB 1131 & HB 1371 \(2022\) House Education.pdf](#) 

I wish I could attend your hearing tomorrow or today (Friday Jan 25) as the case may be, but driving to Concord in a blizzard is not safe.

My testimony is attached as a PDF file, and is also copied and pasted below.

Thanks,

Rep. Timothy Horrigan

Testimony against HB 1131 and HB 1371

NH House Education Committee; February 25, 2022

Rep. Timothy Horrigan (Strafford 6)

I am Rep. Timothy Horrigan, representing the towns of Durham and Madbury. I wish I could attend your committee hearings in person today (Friday, February 25, 2022) but this is in my opinion simply not safe. I admit that I have been coming in almost every weekday this year to a rather poorly ventilated workplace where half my legislative colleagues are unmasked. I believe that a large percentage of those who are unmasked are also unvaccinated. I know that this is not 100% safe. But today, if I wanted to participate in today's hearings, I would also have to deal with driving to Concord during a blizzard which has shut down just about everything in our state except the House Education Committee. I find that unacceptable, so my emailed written testimony will have to suffice.

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I am opposed on principle to HB 1131, since schools should have the right to decide what safety precautions are required on their campuses. Even when there is no pandemic, respiratory diseases

are a major concern for schools. Campuses function like a Petri dish: students come from all over the place (as do faculty and staff members) to exchange germs and viruses. Most of these diseases are relatively harmless, although the seasonal flu killed 28,000 people (according to the Centers for Disease Control) in the USA during the rather mediocre 2018-2019 flu season. 28,000 is about 1,500 more people than the population of the Granite State's eighth-largest municipality, the Town of Merrimack.

COVID-19 is an extraordinarily dangerous virus. It has caused about a million deaths in the USA, and about 6 million worldwide, and it's still going strong. The survivors have in many cases experienced some very strange and life-altering symptoms, such as losing their senses of taste and smell. Children are less susceptible to both COVID-19 and the seasonal flu, but children breathe the same air as older people.

There is by the way, no natural, constitutional or inherent right to spread respiratory viruses in an educational setting— or anywhere else.

This bill tries to forbid school districts and “accredited” private schools from implementing masking-up policies. An accredited private school is not the same thing as an approved school, so this bill would still allow approved but non-accredited schools to require masks. But, an even bigger problem with the wording of this bill is that accreditation is not a state function, although most public schools are accredited. Here in New Hampshire, schools are typically accredited by the New England Association of Schools and Colleges (NEASC), which is a private organization based in Burlington, Massachusetts. NEASC's standards go beyond mere academic issues, and schools are specifically required to protect the health and safety of their students. No exceptions have been carved out in NEASC's rules for respiratory viruses: COVID-19 is treated the same as any other health hazard. A few New Hampshire schools are alternatively accredited by the Northern New England Conference of Seventh-day Adventists, Inc. (NNEC), which is a religious organization. Adventists are not at all opposed to vaccinations or mask-wearing: in fact the church actively encourages its members to get vaccinated for COVID-19 and to observe other health precautions.

The bill has a loophole in it, which doesn't bother me since I am opposed to the whole bill. Schools are still allowed to require masks if they are “necessary for a specific extracurricular or instructional purpose.” A school could argue that protecting children from a deadly respiratory virus serves an “extracurricular” purpose, and/or that teaching children about “masking-up” serves an “instructional” purpose.

I am also opposed to HB 1171. I agree that no student should be bullied or harassed in school but the general provisions in existing law are sufficient. This bill is not needed. It also looks at the mask vs no-mask issue from the wrong perspective. The COVID-19 virus is, as I said already, extraordinarily dangerous. I admit that the most recent “Omicron” variant led to relatively mild symptoms compared to earlier variants, but even Omicron was still very nasty. Even the most lurid stories about the supposed dangers of masks (and the various vaccines) amount to almost nothing compared to the dangers of the COVID-19 viruses.

Archived: Friday, February 25, 2022 9:12:46 AM
From: Peter Buckley
Sent: Thursday, February 24, 2022 5:34:13 PM
To: ~House Education Committee
Subject: Please support HB1131 and HB1371
Importance: Normal

Dear committee members,

Please support these bills to end the child abuse of our kids who are being crushed by these anti-scientific bullies who are running (ruining!) our schools. We've known for more than a hundred years that covering your face to try and contain germs doesn't have any basis in science or rationality. Our schools have more than enough local control, but that should not extend to abusing children and depriving them of their health and violating their natural rights. Nor does local control extend to depriving parents of their rights to parent their own kids and make their own health decisions. This is the only job of the legislature - to defend the rights of the people.

Additionally, it is absolutely shameful the way that the hearings for these bills have been arbitrarily rescheduled where your committee and/or its leadership have tried to avoid the input and participation from the constituents that you solely exist to serve. If you would listen to your constituents and partner with them, you wouldn't have to hide and avoid them. Sunlight is the best disinfectant and open debate/discussion brings us to the best governance.

Thank you for your consideration.

Sincerely,
Peter Buckley
Salem NH

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Check my availability or book time at <https://calendly.com/peterbuckley>

Archived: Friday, February 25, 2022 9:37:09 AM
From: [washersp](#)
Sent: Friday, February 25, 2022 9:31:11 AM
To: [~House Education Committee](#)
Subject: Please Support HB1131 And HB1371
Importance: Normal

Thank you for your service. I'm writing to ask that you please support both HB1131 and HB1371.

Thank You,
Steven Washer

Milford NH

Archived: Friday, February 25, 2022 9:12:47 AM
From: [Julie Laughner](#)
Sent: Thursday, February 24, 2022 5:09:52 PM
To: [~House Education Committee](#)
Subject: Please Support HB1131 and HB 1371
Importance: Normal

Dear Committee Members,
Please support HB 1131 and HB 1371. It is cruel to make children wear masks all day.
We need to protect their mental health.
Thank you,
Julie Laughner
Raymond NH

Archived: Friday, February 25, 2022 9:12:53 AM
From: [Deb Roux](#)
Sent: Tuesday, February 22, 2022 10:33:44 PM
To: [~House Education Committee](#)
Subject: Please support HB1131 & HB1371
Importance: Normal

Hello,

Please, please, please support HB1131 & HB1371. PLEASE unmask our children. They have a right to breathe fresh air. It is not healthy to breathe in the carbon dioxide that we exhale.

There is a reason we are not born with anything over our noses and mouths. We need fresh air and our kids need to see facial expressions. The masks are hurting our kids in so many ways and they are not helping in any way.

Please support HB1131 & HB1371 and end the cruel mask mandates!

Thank you and God bless!

Deb

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Barbara Gladders](#)
Sent: Thursday, February 24, 2022 10:43:37 PM
To: [~House Education Committee](#)
Subject: Please support HB1131 and HB1371
Importance: Normal

Please support HB1131 and HB1371 and end all mask mandates.

Mask mandates are not effective, have never been recommended as part of standard pandemic response protocol, and cause real social and physical harm to children. Masks do not reduce the transmission of respiratory viruses and no real-world studies or data from recent mandates demonstrated any significant reduction in Covid transmission.

“The endorsement of masking by medical bodies and public health authorities worldwide, entailed the abandonment of a longstanding view that masks were a useless and even harmful intervention. Over the previous decades, numerous randomized controlled trials had assessed the efficacy of masks in controlling the spread of respiratory viruses like influenza, and pandemic simulations had evaluated their potential.

*A document published by the World Health Organization in 2019 framed the results of these studies in no uncertain terms: **“there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza”.***

Additionally, potential harms of masks were never studied and fully quantified, particularly for universal, constant wearing by children. Masks cause skin infections; reduced periodontal health in the form of increased cavities, gum disease, and dry mouth; eye infections and mask-induced dry eyes; and they impede normal breathing and should never be worn while exercising or engaged in play or vigorous activity. Any people, but especially children, who suffer from hearing, speech, or developmental impediments, suffer disproportionately from being masked and having their ability to communicate severely limited.

Not only are masks ineffective at preventing Covid transmission, but Covid is not an emergency for children, or for most of the population for that matter. The risk of severe illness or death in healthy children is almost nil. Johns Hopkins researchers studied 48,000 children and found a mortality rate of zero among children without a serious pre-existing medical condition, such as leukemia. Additionally, children are at very low risk of infecting other children or adults as shown in household studies, and most recently in a study from Iceland.

In summary, you have an illness that poses very little risk to children, who in turn - if they become infected - are at low risk of transmitting it, for a disease that most people have already had, and in the vast majority of people presents no more risk than the seasonal flu. There is no justification for forced masking of children: the situation doesn't warrant it, and studies and mandates have demonstrated no significant evidence to support universal masking. All mask mandates should be removed and never implemented again.

Sincerely,
Barbara Gladders

New London, NH

More evidence that masking is ineffective:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection...In many cases, the desire for wide spread masking is a reflexive reaction to anxiety over the pandemic.”
–[Klompas et al. 2020. NEJM. 382;21.](#)

“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility.” – [Xiao et al, 2020. Emerg Infect Dis. 26\(5\):967-975.](#) (Meta-analysis from 10 randomized controlled trials)

A) Studies on the effectiveness of face masks (from <https://swprs.org/face-masks-evidence/>)

So far, most studies found little to no evidence for the effectiveness of face masks in the general population, neither as personal protective equipment nor as a source control.

1. A May 2020 meta-study on pandemic influenza published by the **US CDC** found that face masks had no effect, neither as personal protective equipment nor as a source control. ([Source](#))
2. A **WHO review** of ten randomized controlled trials of face masks against influenza-like illness, published in September 2019, found no statistically significant benefit. ([Source](#))
3. 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. ([Source](#))
4. A large randomized controlled trial with close to 8000 participants, published in October 2020 in **PLOS One**, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.” ([Source](#))
5. A February 2021 review by the **European CDC** found no high-quality evidence in favor of face masks and recommended their use only based on the ‘precautionary principle’. ([Source](#))
6. 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. ([Source](#))
7. A November 2020 **Cochrane review** found that face masks did not reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers. ([Source](#))
8. An August 2021 study published in the **Int. Research Journal of Public Health** found “no association between mask mandates or use and reduced COVID-19 spread in US states.” ([Source](#))
9. A July 2021 experimental study published by the **American Institute of Physics** found that face masks reduced indoor aerosols by at most 12% and even increased them locally. ([Source](#))
10. A May 2020 article by researchers from **Harvard Medical School**, published in the *New England Journal of Medicine*, concluded that face masks offer “little, if any, protection”. ([Source](#))
11. A 2015 study in the *British Medical Journal* **BMJ Open** found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use. ([Source](#))
12. An August 2020 review by a **German professor** in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections. ([Source](#))

B) WHO review of face mask trials (2019)

13. In September 2019, shortly before the coronavirus pandemic, the World Health Organization (WHO) published a [comprehensive report](#) on “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza”.

14. The report reviewed ten randomized controlled trials concerning the effectiveness of face masks against influenza-like illness (ILI). As the [following table](#) shows, none of the trials found a statistically significant benefit of face masks.



Inline image

Archived: Friday, February 25, 2022 9:12:54 AM
From: [Danielle Mackie](#)
Sent: Tuesday, February 22, 2022 2:25:56 PM
To: ~House Education Committee
Subject: In Support of HB1131 & HB 1371
Importance: Normal

To the House Education Committee:

I'm emailing you all today in support of HB1131 & HB1371.

The Nashua School Districts Board of Education voted to make masks optional after 2/28. It was a huge relief as a parent of two children who are struggling with masks everyday at school.

Still, I don't trust our Board of Education to keep this policy forever. We need help as parents to make sure our children can keep the masks off and stay off.

I'm asking you to support these bills and give the parents the choice on whether to mask our children or not.

Thank you,
Danielle Mackie
29 Palisade Dr.
Nashua, NH

Archived: Friday, February 25, 2022 9:13:28 AM
From: Allison
Sent: Sunday, February 20, 2022 9:21:21 PM
To: ~House Education Committee
Cc: Melissa Blasek; Tom Lanzara; Kevin Avard
Subject: In Support of HB1131 & HB 1371
Importance: Normal

My Child ... My Choice In Support of HB1371 & HB 1131

As a parent, your first call of duty is to protect your child – not light your child on fire to keep other children warm.

Any child who wants to wear a mask should be free to do so. But forcing them to make personal, health and developmental sacrifices for the sake of fear laden adults is abusive. It's not that masks don't work, it's that they're not perfect and they don't suppress the infection. And where we fail in our public health policy has been in what we do once people get infected.

[https://www.heritage.org/public-health/report/mask-mandates-do-they-work-are-there-better-ways-control-covid-19-outbreaks?
_gl=1*1b3i2a3*_ga*MTM3ODkyMDQ4NC4xNjQyNTMyODA5*_ga_W14BT6YQ87*MTY0MjUzMjgwOC4xLjAuMTY0MjUzMjgwOC42MA..&_ga=2.246484228.1083313284.1642532809-1378920484.1642532809](https://www.heritage.org/public-health/report/mask-mandates-do-they-work-are-there-better-ways-control-covid-19-outbreaks?_gl=1*1b3i2a3*_ga*MTM3ODkyMDQ4NC4xNjQyNTMyODA5*_ga_W14BT6YQ87*MTY0MjUzMjgwOC4xLjAuMTY0MjUzMjgwOC42MA..&_ga=2.246484228.1083313284.1642532809-1378920484.1642532809)

The CDC has carried out an extensive analysis of the impact of mask mandates in the US, looking at counties with mask mandates, and those without. The difference which the CDC (which has publicly supported mask mandates, so it has "skin in the game") was between 0.5% and 1.8% over time, or 1.32% on average.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm><<https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm>>

Given the extent to which statistical analysis is subject to assumptions and adjustments, there is a strong inference that there is no difference whatsoever ... as the CDC states ... 1.32%. Note also that the headline of this volume is titled "Masks Associated with a Reduction in Cases" but you have to read well down the executive summary to find the actual numbers ... which again is a 1.32% average.

People who choose to wear a mask ... do ... additionally everyone including ages 5 and up have now had the opportunity to get vaccinated if they so chose. We cannot continue this narrative that people are incapable of making their own choices without local, state or federal government intervention, it has and will only continue to wear thin. With this entire pandemic polarized and politicized the majority of people in our State and this country are aware of what we can do individually & collectively to deal with coronavirus. On November 28th Dr. Fauci himself said what many of us have known all along ... Learn to Live With COVID Because 'We're Not Going to Eradicate' It. (<https://www.msn.com/en-us/news/us/fauci-learn-to-live-with-covid-because-we-re-not-going-to-eradicate-it/ar-AARdZkQ><<https://www.msn.com/en-us/news/us/fauci-learn-to-live-with-covid-because-we-re-not-going-to-eradicate-it/ar-AARdZkQ>>)

There is a false choice between public health and individual freedom here, we have accepted this as binary, so that invited in the politicians to politicize it. Public health in other words is inconsistent with the right to be left alone. Of all the risk factors for disease or injury, it would seem now today that freedom is the most pernicious. Why the continued push for mask mandates for healthy people? Many scientific studies and analysis all arrive at the same conclusion: the wearing of masks by healthy people cannot stop the spread of a virus. People without any symptoms tested and a positive PCR test (due to the presence of a nonviable piece of RNA) ... rarely spread a virus. The most important magic rule is from ancestral

wisdom: stay home, rest, hydrate, wash your hands frequently when experiencing Covid or flu-like symptoms. Strengthening the immune system with a healthy food and lifestyle will decrease the risk for infections and chronic diseases.

Please review the attached studies below & restore our **Parental, NOT Political right to choose. My Child, My Choice.**

Research Studies

A cluster randomized trial of cloth masks compared with medical masks in healthcare workers

https://www.researchgate.net/publication/275360639_A_cluster_randomised_trial_of_cloth_masks_compared_with_medical_masks_in_healthcare_workers

The results caution against the use of cloth masks. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. As a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

Corona children studies “Co-Ki”: First results of a Germany-wide registry on mouth and nose covering (mask) in children

<https://assets.researchsquare.com/files/rs-124394/v1/50eb83f9-5a10-44ee-80c4-4de6dd61c6f1.pdf>

German registry of parent-reported complaints in children and adolescents caused by wearing a mask, data on over 25k individuals. Average wearing time was 270mins. Impairments caused by mask-wearing were reported by 68% of the parents, including irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%). This suggests that the wearing of face masks does not allow children to be at their best to learn.

Impacts of face coverings on communication: an indirect impact of COVID-19

<https://www.tandfonline.com/doi/full/10.1080/14992027.2020.1851401>

Face coverings negatively impacted hearing, understanding, engagement, and feelings of connection with the speaker. Impacts were greatest when communicating in medical situations. People with hearing loss were significantly more impacted than those without hearing loss. Face coverings impacted communication content, interpersonal connectedness, and willingness to engage in conversation; they increased anxiety and stress, and made communication fatiguing, frustrating and embarrassing – both as a speaker wearing a face covering, and when listening to someone else who is wearing one.

Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability

https://pdmj.org/papers/masks_false_safety_and_real_dangers_part1/

If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards.

Facial protection for healthcare workers during pandemics: a scoping review

<https://pubmed.ncbi.nlm.nih.gov/32371574/>

The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection.

Effect of facemasks on empathy and relational continuity: a randomised controlled trial in primary care

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879648/>

Facemasks offer limited protection in preventing infection and aerosol transmission through mucous membranes (i.e. conjunctiva). Meanwhile, a negative impact on the patient’s perceived empathy and relational continuity can reduce potential therapeutic effects such as decreased depression, improved immune response, improved quality of life and improved health outcomes.

Preliminary report on surgical mask induced desaturation during major surgery

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

Considering our findings, pulse rates of the surgeon’s increase and SpO₂ decrease after the first hour. This early change in SpO₂ may be either due to the facial mask or the operational stress. Since a very small decrease in saturation at this level, reflects a large decrease in PaO₂, our findings may have a clinical value for the health workers and the surgeons.

Universal Masking in Hospitals in the Covid-19 Era

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

We know that wearing a mask outside healthcare facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to CoVID-19 as face-to-face contact within 6 feet with a patient with symptomatic CoVID-19 that is sustained for at least a few minutes. The chance of catching CoVID-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7087880/>

It can be concluded that N95 and surgical facemasks can induce significantly different temperatures and humidity in the microclimates of facemasks, which have profound influences on heart rate and thermal stress and subjective perception of discomfort.

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

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

A comprehensive study analysing scientifically proven side effects of wearing masks, spanning psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES).

The authors conclude that “further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use.”

Face Mask-Associated Ocular Irritation and Dryness

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362770/>

This study is an analysis of what has become known as ‘Mask Eye’. Air blowing upward from the mask into eyes likely accelerates the evaporation of the tear film which, with prolonged mask use, may result in ocular surface irritation or inflammation. This together with increasing eye rubbing and face touching due to discomfort from dry eyes create an increased concern for ocular infections secondary to prolonged mask wear. This risk is particularly worrisome during the current pandemic due to a well-documented probability of the novel coronavirus spreading through contact with the eye.

The authors conclude that “further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use.”

Surgical masks as source of bacterial contamination during operative procedures

<https://pubmed.ncbi.nlm.nih.gov/30035033/>

The contamination problems of wearing masks for extended periods of time have been known for some time. They were so well known that Chinese doctors in 2018 conducted a study of masks in hospital surgeries to try to come up with guidelines on how to minimize the problem.

Face masks in the general healthy population. Scientific and ethical issues

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7518226/>

At present, there is no evidence on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2. Mandatory use of masks in public open spaces, regardless of the risk of transmission or of whether or not the interpersonal safety distance can be kept, is an intrusive measure that restricts individual freedoms, and would not appear to be justified on the basis of available scientific evidence.

Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766070>

These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic. N95 mask use by the general public may not translate into effective protection but instead provide false reassurance. Beyond N95 masks, proficiency among the general public in donning surgical masks needs to be assessed.

Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.

Inconveniences due to the use of face masks during the COVID-19 pandemic: a survey study of 876 young people

<https://onlinelibrary.wiley.com/doi/full/10.1111/dth.13567>

Out of 876 participants, only 27 people (3.1%) did not complain of any problems related to face mask-wearing. Out of all reported inconveniences, difficulty in breathing appeared to be the most common one (35.9%), followed by warming/sweating (21.3%), misting up of the glasses (21.3%), and slurred speech (12.3%). Interestingly, other skin bothersome reactions related to wearing of face masks were reported less often (itch—7.7%, skin irritation—0.9%).

Physical interventions to interrupt or reduce the spread of respiratory viruses

<https://pubmed.ncbi.nlm.nih.gov/33215698/>

There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask.

Downsides of face masks and possible mitigation strategies: a systematic review and meta-analysis

<https://bmjopen.bmj.com/content/bmjopen/11/2/e044364.full.pdf>

A systematic review and meta-analysis of randomised controlled trials and observational studies comparing face mask use to any active intervention or to control.

They concluded that “currently, existing research does not allow firm conclusions as there are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” They recommended that “any new research on face masks should assess and report the harms and downsides, including behavioural issues (ie, risk compensation behaviour) and the psychological impact of mandated face mask wear.”

Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302120/>

The use of surgical masks with ear loops in growing children for many hours a day not only leads to intolerance and decubitus of the retroauricular skin (as for adults), but can also influence the correct growth and angulation of the outer ear with the consequent increase in the incidence of protrusion of the outer auricle.

Disposable surgical face masks for preventing surgical wound infection in clean surgery

<https://pubmed.ncbi.nlm.nih.gov/27115326/>

We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.

Aerosol penetration through surgical masks

<https://pubmed.ncbi.nlm.nih.gov/1524265/>

Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens to which these health care workers are potentially exposed.

A case of goggle-mask-related impetigo at the time of the COVID-19 pandemic

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280724/pdf/DTH-9999-na.pdf>

Face coverings may also be associated with an increased risk of bacterial skin infections, including impetigo, around the mouth. This may be particularly distressing for children and teenagers, affecting their confidence and self-image.

Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds. A larger study is needed to definitively establish noninferiority of no mask use.

Face masks to prevent transmission of influenza virus: a systematic review

<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/facemasks-to-prevent-transmission-of-influenza-virus-a%20systematicreview/64D368496EBDE0AFCC6639CCC9D8BC05>

There remains a substantial gap in the scientific literature on the effectiveness of face masks to reduce transmission of influenza virus infection. While there is some experimental evidence that masks should be able to reduce infectiousness under controlled conditions, there is less evidence on whether this

translates to effectiveness in natural settings. There is little evidence to support the effectiveness of face masks to reduce the risk of infection.

WHO: Mask use in the context of COVID-19

https://apps.who.int/iris/bitstream/handle/10665/337199/WHO-2019-nCov-IPC_Masks-2020.5-eng.pdf

The potential disadvantages of mask use by healthy people in the general public include:

- headache and/or breathing difficulties, depending on type of mask used;
- development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading;
- discomfort;
- a false sense of security leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene;
- poor compliance with mask wearing, in particular by young children;
- waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards;
- disadvantages for or difficulty wearing masks, especially for children, developmentally challenged persons, those with mental illness, persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery and those living in hot and humid environments.

The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>

There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask / respirator use and protection against influenza infection.

Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis

<https://www.cmaj.ca/content/188/8/567>

We identified 6 clinical studies ... In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of a laboratory-confirmed respiratory infection or influenza-like illness.

Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis

<https://academic.oup.com/cid/article/65/11/1934/4068747>

The confirmed effectiveness of medical masks is crucially important for lower-resource and emergency settings lacking access to N95 respirators. In such cases, single-use medical masks are preferable to cloth masks, for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization.

Exercise with facemask; Are we handling a devil's sword? – A physiological hypothesis

<https://pubmed.ncbi.nlm.nih.gov/32590322/>

Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases.

Adolescents' face mask usage and contact transmission in novel Coronavirus

<https://pubmed.ncbi.nlm.nih.gov/32582579/>

Face masks surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc.

Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

<https://pubmed.ncbi.nlm.nih.gov/16490606/>

The N95 filtering face piece respirators may not provide the expected protection level against small virions. Some surgical masks may let a significant fraction of airborne viruses penetrate through their

filters, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm. It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment.

Adolescents' face mask usage and contact transmission in novel Coronavirus

<https://pubmed.ncbi.nlm.nih.gov/32582579/>

This study used dye to show if masks were contaminated. "As a result, masks surface become a contamination source. In the contact experiment, ten adults were requested to don and doff a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis."

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

<https://pubmed.ncbi.nlm.nih.gov/33205991/>

The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use.

Respiratory consequences of N95-type Mask usage in pregnant healthcare workers-a controlled clinical study

<https://pubmed.ncbi.nlm.nih.gov/26579222/>

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use. The benefits of using N95 mask to prevent serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.

Headaches and the N95 face-mask amongst healthcare providers

<https://pubmed.ncbi.nlm.nih.gov/16441251/>

Of 212 healthcare workers required to wear the medical-grade N95 face mask found that 37% said the mask gave them headaches, and 32% of those people had headaches more than six times a month.

Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

This study looked at health care workers using PPE and their experience of headaches. Whilst wearing PPE "most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders."

There was a correlation between length of time in PPE and number of headaches and it was recommended to look at "reducing the exposure time by healthcare workers."

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.

Respiratory consequences of N95-type Mask usage in pregnant healthcare workers—a controlled clinical study

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-015-0086-z>

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use.

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743>

This leads in turn to impairments attributable to hypercapnia. A recent review concluded that there was ample evidence for adverse effects of wearing such masks. 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.

<https://www.reuters.com/world/africa/safrican-doctor-says-patients-with-omicron-variant-have-very-mild-symptoms-2021-11-28/><<https://www.reuters.com/world/africa/safrican-doctor-says-patients-with-omicron-variant-have-very-mild-symptoms-2021-11-28/>>

<https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

<https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/><<https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/>>

1. Surgical mask / cloth face mask studies

-Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020. The US Centre for Disease Control performed a study which showed that 85 percent of those who contracted Covid-19 during July 2020 were mask wearers. Just 3.9 percent of the study participants never wore a mask.

Original:

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf><<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>>

Erratum. correction:

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm><<https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm>>

2. Facial protection for healthcare workers during pandemics: a scoping review

This study used 5462 peer-reviewed articles and 41 grey literature records.

-“Conclusion: The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection”

Study Article:

<https://pubmed.ncbi.nlm.nih.gov/32371574/><<https://pubmed.ncbi.nlm.nih.gov/32371574/>>

3. Physical interventions to interrupt or reduce the spread of respiratory viruses

“There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33215698/><<https://pubmed.ncbi.nlm.nih.gov/33215698/>>

4. Disposable surgical face masks for preventing surgical wound infection in clean surgery

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/27115326/><<https://pubmed.ncbi.nlm.nih.gov/27115326/>>

5. Disposable surgical face masks: a systematic review

Two randomized controlled trials were included involving a total of 1453 patients. In a small trial there was a trend towards masks being associated with fewer infections, whereas in a large trial there was no difference in infection rates between the masked and unmasked group.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16295987/><<https://pubmed.ncbi.nlm.nih.gov/16295987/>>

6. Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure

“Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <2.5 μm”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/27531371/><<https://pubmed.ncbi.nlm.nih.gov/27531371/>>

7. Face seal leakage of half masks and surgical masks

“The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles. Coronavirus is 0.125 microns. therefore these masks wouldn’t protect you from the virus”

Study article: <https://pubmed.ncbi.nlm.nih.gov/4014006/>

8. Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols

“The filter efficiencies against influenza virus particles were the lowest”

“We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/29910210/>

9. Aerosol penetration through surgical masks

“Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens”

Study article: <https://pubmed.ncbi.nlm.nih.gov/1524265/>

10. Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability

“We found that 60 GSM face mask had particle capture efficiency of 94% for total particles greater than 0.3 microns”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33052962/>

11. A New Method for Testing Filtration Efficiency of Mask Materials Under Sneeze-like Pressure

This study states that “alternatives” like silk and gauze etc could possibly be good options in the pandemic. It’s done on starch particles.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32503823/>

12. Protecting staff against airborne viral particles: in vivo efficiency of laser masks

“The laser mask provided significantly less protection than the FFP2 respirator (P=0.02), and only marginally more protection than the surgical mask. The continued use of laser masks for respiratory protection is questionable. Taping masks to the face only provided a small improvement in protection”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16920222/>

13. Quantitative Method for Comparative Assessment of Particle Removal Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE

“Worn as designed, both commercial surgical masks and cloth masks had widely varying effectiveness (53 – 75 percent and 28 – 91 percent particle removal efficiency, respectively)”. Different brand, different results and only when they applied “nylon layers” did the “efficiency” improve.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32838296/>

14. The efficacy of standard surgical face masks: an investigation using “tracer particles”

“Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound.”

Study article: <https://pubmed.ncbi.nlm.nih.gov/7379387/>

15. Testing the efficacy of homemade masks: would they protect in an influenza pandemic?

“Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/24229526/>

16. Using half-facepiece respirators for H1N1

“Increasing the filtration level of a particle respirator does not increase the respirator’s ability to reduce a user’s exposure to contaminants”

<https://pubmed.ncbi.nlm.nih.gov/19927872/>

17. Face masks to prevent transmission of influenza virus: a systematic review

There is less data to support the use of face masks or respirators to prevent becoming infected.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20092668/>

18. "Exercise with facemask; Are we handling a devil's sword?" – A physiological hypothesis
No evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus.

"Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32590322/><<https://pubmed.ncbi.nlm.nih.gov/32590322/>>

19. Use of face masks by non-scrubbed operating room staff: a randomized controlled trial
Surgical site infection rates did not increase when non-scrubbed personnel did not wear face masks.

2010 Study article:

<https://pubmed.ncbi.nlm.nih.gov/20575920/><<https://pubmed.ncbi.nlm.nih.gov/20575920/>>

20. Surgical face masks in modern operating rooms – a costly and unnecessary ritual?

When the wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.

Study article: <https://pubmed.ncbi.nlm.nih.gov/1680906/><<https://pubmed.ncbi.nlm.nih.gov/1680906/>>

21. Masks: a ward investigation and review of the literature

Wearing multi layer operating room masks for every visit had no effect on nose and throat carriage rates.

Study article: <https://pubmed.ncbi.nlm.nih.gov/2873176/><<https://pubmed.ncbi.nlm.nih.gov/2873176/>>

22. Aerosol penetration and leakage characteristics of masks used in the health care industry

The protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols.

"Conclusion: We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols"

Study article: <https://pubmed.ncbi.nlm.nih.gov/8239046/><<https://pubmed.ncbi.nlm.nih.gov/8239046/>>

23. Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review

Meta analysis review that says there is limited evidence to suggest that the use of masks may reduce the risk of spreading viral respiratory infections.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32675098/><<https://pubmed.ncbi.nlm.nih.gov/32675098/>>

24. Modeling of the Transmission of Coronaviruses, Measles Virus, Influenza Virus, Mycobacterium tuberculosis, and Legionella pneumophila in Dental Clinics

Evidence to suggest that transmission probability is strongly driven by indoor air quality, followed by patient effectiveness and the least by respiratory protection via mask use.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32614681/><<https://pubmed.ncbi.nlm.nih.gov/32614681/>>

25. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings–Personal Protective and Environmental Measures. The use of face masks, either by infected or non infected persons, does not have a significant effect on influenza transmission.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32027586/><<https://pubmed.ncbi.nlm.nih.gov/32027586/>>

26. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis. Meta analyses suggest that regular hand hygiene provided a significant protective effect over face masks and their insignificant protection.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/28487207/><<https://pubmed.ncbi.nlm.nih.gov/28487207/>>

27. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32167245/><<https://pubmed.ncbi.nlm.nih.gov/32167245/>>

28. Adolescents' face mask usage and contact transmission in novel Coronavirus

Face mask surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc. This is why this study is relevant:

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32582579/><<https://pubmed.ncbi.nlm.nih.gov/32582579/>>

29. Visualizing the effectiveness of face masks in obstructing respiratory jets

Loosely folded face masks and “bandana style” face coverings provide minimum stopping capability for the smallest aerosolized droplets.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32624649/><<https://pubmed.ncbi.nlm.nih.gov/32624649/>>

30. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

31. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers

Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/25903751/><<https://pubmed.ncbi.nlm.nih.gov/25903751/>>

32. Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles. Cloth masks and other fabric materials tested in the study had 40-90 percent instantaneous penetration levels against polydisperse NaCl aerosols.

“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20584862/><<https://pubmed.ncbi.nlm.nih.gov/20584862/>>

34. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range.

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/18326870/><<https://pubmed.ncbi.nlm.nih.gov/18326870/>>

35. Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16490606/><<https://pubmed.ncbi.nlm.nih.gov/16490606/>>

36. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis

“N95 respirators made by different companies were found to have different filtration efficiencies for the most penetrating particle size (0.1 to 0.3 micron)”

“Above the most penetrating particle size the filtration efficiency increases with size; it reaches approximately 99.5% or higher at about 0.75 micron”

“Meta-analyses suggest that regular hand hygiene provided a significant protective effect (OR=0.62; 95% CI 0.52-0.73; I²=0%), and facemask use provided a non-significant protective effect (OR=0.53; 95% CI 0.16-1.71; I²=48%) against 2009 pandemic influenza infection”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/28487207/><<https://pubmed.ncbi.nlm.nih.gov/28487207/>>

37. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis

“The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for the general public or non high-risk medical staff who are not in close contact with influenza patients or suspected patients”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32167245/><<https://pubmed.ncbi.nlm.nih.gov/32167245/>>

38. Adolescents' face mask usage and contact transmission in novel Coronavirus

This study used dye to show if masks were contaminated. "As a result, masks surface becomes a contamination source. In the contact experiment, ten adults were requested to put on and off a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32582579/><<https://pubmed.ncbi.nlm.nih.gov/32582579/>>

39. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

"Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period"

"Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

40. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

"The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50 percent in a community with modest infection rates, some degree of social distancing, and uncommon general mask use"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33205991/><<https://pubmed.ncbi.nlm.nih.gov/33205991/>>

41. Headaches and the N95 face-mask amongst healthcare providers

- Face mask side effects include headaches.

- These headaches can force you to use added or unnecessary medications like painkillers that carry their own side effects.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16441251/><<https://pubmed.ncbi.nlm.nih.gov/16441251/>>

-Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32232837/><<https://pubmed.ncbi.nlm.nih.gov/32232837/>>

-How to Avoid Migraine Triggers While Wearing Your Mask

<https://www.withcove.com/learn/migraine-triggers-mask><<https://www.withcove.com/learn/migraine-triggers-mask>>

42. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

- "Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headaches during the study period"

- "Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

43. Physiological impact of the N95 filtering facepiece respirator on healthcare workers

- "CONCLUSIONS: In healthy healthcare workers, FFR did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standards, and elevated P (CO₂) is a possibility"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20420727/><<https://pubmed.ncbi.nlm.nih.gov/20420727/>>

44. The adverse skin reactions of health care workers using personal protective equipment for COVID-19

- The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32541493/><<https://pubmed.ncbi.nlm.nih.gov/32541493/>>

45. An investigation into the efficiency of disposable face masks

- What are the dangers of bacterial and fungal growths on a used and loaded mask?

- This study tested all kinds of disposable masks.

Study article: <https://pubmed.ncbi.nlm.nih.gov/7440756/><<https://pubmed.ncbi.nlm.nih.gov/7440756/>>

46. Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32556449/><<https://pubmed.ncbi.nlm.nih.gov/32556449/>>

47. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/15340662/><<https://pubmed.ncbi.nlm.nih.gov/15340662/>>

48. Gaps in asepsis due to surgical caps, face masks, external surfaces of infusion bottles and sterile wrappers of disposable articles.

-“It is obvious that the surfaces of the boxes of sterile packed disposable instruments and infusion bottles are not sterile. The disposable surgical masks and surgical caps used for sterile clothing are delivered by the producers not sterile, either.” AND THIS IS HOSPITAL EQUIPMENT.

Study article: <https://pubmed.ncbi.nlm.nih.gov/6099666/><<https://pubmed.ncbi.nlm.nih.gov/6099666/>>

49. Allergies and the Immune System

-Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflammation to the wearer and lowering his or her immune system.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-the-immune-system><<https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-the-immune-system>>

50. Disabled People and Masks Contributing Toward Mental Health Issues

-Face mask side effects and mental health

<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/><<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>>

<https://www.aier.org/article/cost-of-us-lockdowns-a-preliminary-report/><<https://www.aier.org/article/cost-of-us-lockdowns-a-preliminary-report/>>

<https://www.dailymaverick.co.za/opinionista/2021-12-15-almost-two-years-later-its-our-children-suffering-the-most-collateral-damage-of-the-covid-19-pandemic/>

<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf>

<https://collateralglobal.org/article/report-the-impact-of-pandemic-restrictions-on-childhood-mental-health/>

<https://www.dovepress.com/mental-health-implications-of-the-covid-19-pandemic-among-children-and-peer-reviewed-fulltext-article-PHMT#cit0015>

<https://nypost.com/2021/11/24/nyc-kids-eating-school-lunch-outdoors-despite-dropping-temps/>

<https://www.whitehouse.gov/covidplan/#schools>

https://mb.ntd.com/lower-iq-brain-damage-anxiety-children-pay-high-price-for-pandemic-policies_719003.html

https://link.theepochtimes.com/mkt_app/lockdown-policies-and-mask-mandates-linked-with-lower-iq-in-children_4177711.htm

<https://reason.com/2021/12/27/the-cdc-directors-slippery-response-to-criticism-of-school-mask-mandates-further-undermines-her-agencys-credibility/?fbclid=IwAR2MkYXTVHizZ4hMtCckY6Czr8R3DeEkn1P5HobfpLEDeGb3GZcQZLsz920>

<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full>

doi: <https://doi.org/10.1101/2021.08.10.21261846>

https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a3.htm?s_cid=mmmm705152a3_w

<https://reason.com/2022/01/03/cdc-covid-19-children-hospitalization-obesity-teenagers/?fbclid=IwAR2TFW90jm2GsS2Q-2JbMLTdc1xUmK3KhsCcg5IYk6VR8rSjTv9vrq7buiE>

<https://reason.com/2022/01/03/cdc-covid-19-children-hospitalization-obesity-teenagers/?fbclid=IwAR2TFW90jm2GsS2Q-2JbMLTdc1xUmK3KhsCcg5IYk6VR8rSjTv9vrq7buiE>

https://reason.com/2022/01/04/if-its-really-a-pandemic-of-the-unvaccinated-mr-president-why-is-my-vaccinated-6-year-old-wearing-a-mask/?fbclid=IwAR3I_uFjSzDMiRGmuRn45zDydQyEprPSNo3FkboTLO4UycybXO_6WdfTBM

Thank you for your time,

Allison Dyer

Allison Dyer

Nashua NH

Allie_Scott@comcast.net

603-546-8124

Sent from [Mail](#) for Windows

Archived: Friday, February 25, 2022 9:12:38 AM

From: [sue grant](#)

Sent: Friday, February 25, 2022 8:37:08 AM

To: [~House Education Committee](#)

Subject: HBs 1131 & 1371

Importance: Normal

Good morning,

I am asking that you please support these two critical Bills that are before you today! Our children have suffered for two years, constantly being reminded of the Covid virus while at their schools!!!

Every day not being able to see facial expressions 😊 and only half understanding what others are saying!! Children should not have to feel like they're contagious and not be able to breathe just so they can attend school!!! That is abuse and it should NEVER be allowed to happen again!!! I urge you to support these two bills today!!

Thank you,

Susan Grant

Rochester NH

[Sent from Yahoo Mail on Android](#)

Archived: Monday, February 14, 2022 8:35:45 AM

From: [scott barr](#)

Sent: Sunday, February 13, 2022 9:47:56 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

Dear Members,

Please SUPPORT HB 1131.

Thank you,

Lisa Barr

Archived: Monday, February 14, 2022 8:35:45 AM
From: [Abbey Brisson](#)
Sent: Sunday, February 13, 2022 4:52:53 PM
To: [~House Education Committee](#)
Subject: HB bill 1131
Importance: Normal

Dear Committee,

STRONGLY in favor of this bill , stop torturing our children.Never again.

Abigail Brisson
Manchester Resident
[Sent from Yahoo Mail on Android](#)



Rep. Rick Ladd
Chair, House Education Committee

Re: Opposition to HB 1131

February 25, 2022

Chairman Ladd and Honorable members of the House Education Committee,

My name is Megan Tuttle, President of NEA-NH, and I have the honor of representing more than 17,000 educators across our state who have gone to extraordinary lengths over the last 2 years to meet the countless challenges this pandemic has presented them so they can deliver the best education possible to the people who matter most to them, our students.

When many of our New Hampshire public schools transitioned back to in-person learning in the fall of 2020, the CDC and New Hampshire Public Health Department recommended mask wearing as a central tool to mitigate the spread of COVID-19 in our schools so that we could return to the place that educators and students wanted to be most, back in our classrooms. As has been discussed numerous times in this committee, by the Commissioner and by the State Board, in-person learning is the most effective setting for learning for the vast majority of our students and masking policies helped to ensure this could happen with less risk of spread and disruption for students, parents and educators. Governor Sununu and State Epidemiologist Dr. Ben Chan have on several occasions during their COVID-19 press conferences over the past 2 years noted that the spread of COVID in our schools was relatively low and we believe that is in part due to mask policies adopted by school districts.

We are opposed to HB 1131 because this would indefinitely prohibit the use of a masking policy even if recommended by our state public health agencies again should a new variant from COVID arise next fall like it did with Omicron or some other highly infectious airborne pathogen. Why would we tie our own hands at keeping students, staff and our communities safe by enacting a blanket prohibition on the use of masks? None of us want to return to a remote instruction setting again, and if a masking policy is recommended by our public health officials to ensure we can stay in the classroom, we should do it. We should not be hamstrung by a piece of legislation that arrives at a conclusion, irrespective of science and facts.

We are also opposed to this bill because of the addition of the legal liabilities it places on schools and school staff, in particular, III of the HB 1131 states that a "Violation of this section by an educator shall be considered a violation of the educator code of conduct that justifies disciplinary

sanction by the state board of education.” The cavalier addition of this provision to a bill banning masks is insulting to educators and disregards the point of the educator code of conduct which was to establish a set of rules and standards around professional conduct. Under Ed 501.02 (t), Professional Conduct means “a set of established professional norms and behaviors” having to do with conducting oneself as a certified New Hampshire educator. Mask requirements, as have been implemented in our schools to keep students safe have been at the recommendation of public health officials and adopted as policies by our local school boards. Making it violation of the code for a teacher or a paraprofessional to help ensure students are following a school district policy is the exact opposite of what that code was intended to do. Therefore, regardless of your position on the first part of the bill, bringing the threat of civil liability or code of conduct violation is in our opinion, nonsensical and far too extreme.

In summary, we feel HB 1131 ties the hands of public health and school leaders toward keeping our students safe and in the classroom, is too unyielding in its proposed punishment, and therefore we respectfully ask that you find HB 1131 Inexpedient-to-Legislate.

Sincerely,



Megan Tuttle
President

Archived: Tuesday, February 15, 2022 11:45:34 AM
From: [Russell Payne](#)
Sent: Monday, February 14, 2022 6:54:58 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Dear Members of the House Education Committee,

Prohibiting schools, private or public from violating parental authority in the area of creating facial policies is the purpose of HB 1131. I urge you on the Education Committee to protect our children from all the harm caused by masks. They are completely useless for the Corona virus is the smallest virus only 1 micron large. If the N95 mask will only stop 95% of .3 microns, one wonders why the liars in the government still advocate wearing masks. They do not follow the science, they make up their own scientific lies. The long term harm caused by the masks is a terrible price to pay for the almost non-existent risk of child fatalities. I urge you to support HB 1131 by voting OTP.

Sincerely & Respectfully

Russ Payne

Archived: Wednesday, March 2, 2022 11:58:27 AM
From: Carol Huber
Sent: Saturday, February 26, 2022 6:22:13 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

Please support this bill.
Thank you for your support
Carol Huber, Bristol, NH

Sent from [Mail](#) for Windows



Virus-free. www.avast.com

Archived: Friday, February 25, 2022 9:12:49 AM
From: [David St. Lifer](#)
Sent: Thursday, February 24, 2022 9:24:15 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Dear House Education Committee:

Please support HB 1131, regarding facial coverings in schools. This piece of Legislation will prevent all schools from creating policies that force students, teachers and the public to wear masks. Facial coverings psychologically damage all children, teenagers and adults. This mandate will cost our economy \$1 trillion dollars.

Thank you,

David St. Lifer
NH

Feb. 24, 2022

Marlborough,

Archived: Wednesday, March 2, 2022 11:58:32 AM

From: [K Gass \(KG\)](#)

Sent: Friday, February 25, 2022 11:31:06 AM

To: [~House Education Committee](#)

Subject: HB1131 & 1171

Importance: Normal

Dear committee members,

The testimonies today and the real science speak for themselves. As a parent to a child with autism, with a severe language disability, his language acquisition and development has been deeply impacted as a result of these draconian mask measures. I also have a teenager who went from a happy teen to a teen asking why he still has to be here.

What have we done to our children?

Please support these bills and never again do this to our children.

Warmly,

Kimberly

Archived: Friday, February 25, 2022 10:11:38 AM

From: [sue grant](#)

Sent: Friday, February 25, 2022 9:55:44 AM

To: [~House Education Committee](#)

Subject: HBs 1131 & 1371

Importance: Normal

Good morning,

I am asking that you please support these two critical Bills that are before you today! Our children have suffered for two years, constantly being reminded of the Covid virus while at their schools!!! Every day not being able to see facial expressions 😊 and only half understanding what others are saying!! Children should not have to feel like they're contagious and not be able to breathe just so they can attend school!!! That is abuse and it should NEVER be allowed to happen again!!! I urge you to support these two bills today!!

Thank you,

Susan Grant

Rochester NH

[Sent from Yahoo Mail on Android](#)

Archived: Friday, February 25, 2022 9:12:42 AM

From: Julie Tucker

Sent: Thursday, February 24, 2022 9:46:33 PM

To: ~House Education Committee

Subject: Mask bills 1131 and 1371

Importance: Normal

To the Education Committee members,

I am writing in support of HB 1131 and 1371 for several reasons.

First, The data has shown us that children are at virtually no risk from Covid.

Second, no study has demonstrated that mask wearing has any effect on the spread of Covid.

And most importantly, it has become very clear that mask wearing is having a detrimental impact on our children 's learning and their social development.

Mask wearing by children offers no benefit and comes with significant cost to our children's well being.

Therefore, child should never be forced to wear a mask to attend school.

Thank you

Julie Tucker

Sent from my iPhone

Archived: Wednesday, March 2, 2022 11:58:31 AM
From: [Russell Payne](#)
Sent: Friday, February 25, 2022 11:45:47 AM
To: [~House Education Committee](#)
Subject: Masks HB 1371 & HB 1131
Importance: Normal

Dear Members of House Education Committee.

I realize today in the snowstorm all of you folks are obligated to be present on this serious issue for the hearing on HB 1371 & HB 1131. It is almost a given that State Representatives in NH are offering a charitable contribution to represent "we the people" for an amount that won't even buy your daily coffee. So I commend you all for your passion for your office to brave the weather.

I listen to the words you often hear from those in the media, HHS, the Biden Administration all propagated by "media hacks," who mostly can't get by their desire to sell their product: "We follow the science!" That's a lie! The simple fact that the Corona Virus is on 1 micron and the N95 mask will only stop 95% of 3 micron matter should tell us there is no science to back their claim. As a matter of fact, if the mask were so tightly woven to stop the 1 micron Wuhan virus, you couldn't breathe through them. If all the "doo-gooders" who exploit all the fear that has been manufactured about this Wuhan Virus pandemic really had science to back up their claim, they would have a history of all the negative medical consequences over years that resulted from children being forced to wear masks.

Just Think our children in school are treated worse than than the Nazi's on trial at Nuremberg. Number one on the list of the Nuremberg Code of Medical Ethics is Voluntary Consent Is Essential. As a matter of fact Dr. Avery Jackson a Board Certified Neurosurgeon with over two decades of experience says after he went through the Nuremberg Code of Medical Ethics, methodically evaluating each point: "He tells us that each point has been violated by the current mass-vaccination program." When a person is dishonest and tells one lie, this brings with it the need for many self-perpetuating lies to cover the first one. This truth also holds in a government cover-up, only the multiplication of lies rules more dishonestly. They have good leadership especially qualified to promote their lies in Dr Fauci. The best way to tell when he is lying is when "he moves his lips."

The State legislature is now standing in a gap between our liberty and the fraudulent program to control the bug. And they have the audacity to tell us that all of the sudden, "we are not smart enough to know what is best for our individual health. Vote OTP on both bills.

Sincerely & Respectfully

Russ Payne

Archived: Friday, February 25, 2022 9:13:27 AM
From: [Joanna Berardi Brown](#)
Sent: Sunday, February 20, 2022 9:34:16 PM
To: [~House Education Committee](#)
Subject: No masks for children HB1131 HB1371
Importance: Normal

Please support HB 1131 and HB 1371 to end masking in schools once and for all across the state. Masks don't stop the spread of viruses but they do inhibit speech and communication especially in young children. They cause a great deal of anxiety for teenagers, they are a fear mongering device that is causing depression, suicide attempts and drug abuse. Someone needs to stop this illogical mandate. Please help our children! The teachers and teachers union should have no say in this matter. If they are scared, they can wear a mask and/or get vaccinated or stay home. Our children should not suffer for their selfishness.

Thank you,

Joanna Brown
Manchester resident and mother

Archived: Wednesday, March 2, 2022 11:58:27 AM

From: [Rebecca Pine](#)

Sent: Saturday, February 26, 2022 3:39:22 PM

To: [~House Education Committee](#)

Subject: Please Support HB 1131 and 1371

Importance: Normal

Dear Representatives,

I am writing in support of HB 1131 and 1371. I strongly believe that the decision to wear a mask or not wear a mask should rest entirely upon each individual, and should not be a matter that is regulated by the state. It is up to each of us to stay home when we are unwell. Mandating masks removes a basic sense of trust that is essential to a healthy community. Furthermore, masks have not been proven to reduce illness. Mask mandates have increased feelings of depression, isolation, and have created developmental delays in our children. I implore you to support these bills, ensuring that individuals make their own informed decisions with regard to mask wearing and neither be mandated to wear them, nor tolerate discrimination toward those who choose not to wear them.

Sincerely,

Rebecca Kishinevsky

Wilton, NH

Archived: Wednesday, March 2, 2022 11:58:29 AM
From: lakeview clock repair
Sent: Friday, February 25, 2022 4:21:12 PM
To: ~House Education Committee
Subject: Please support HB 1371 and HB 1131
Importance: Normal

Esteemed members of The Comittee,

I'm writing to urge you to support/send forward OTP, both HB 1371 and HB 1131.

You've likely heard much thoughtful testimony on these bills, pro and con; I would like to offer you a perspective from someone who teaches at several community colleges (as part of the adjunct/contingent workforce).

In the last two years students have come to us as victims of the Pandemic.

Indeed, they have told us of their difficulties - the rushed switch to remote learning and return to the classroom, only to be fully masked - has been traumatic to say the least.

When you add to that the fear and uncertainty of the pandemic itself and the increasingly politicized and uncivil conversation that happens on the Internet, their largest source of communication over the past two years, you find a level of isolation, fear and stress that is perhaps unmatched in several lifetimes.

Certainly, there were many tools and techniques used to combat the pandemic. Some effective, and some not. No one blames any one person for a failure of any of these used.

But if we fail to learn from this - to acknowledge that students have lower success rates, less academic preparedness, and damaged social skills and relationships as a result - then we do them, and the greater communities in which they live, a disservice.

There is a place for masks. But we have seen the damages caused to our students psychological and mental well-being by the, quite literally, one-size-fits all universal masking requirements invoked these past two years.

Just for this reason that I urge you to support both of these bills and send them forward with an Ought To Pass designation.

Students have been victimized By the pandemic. They and their families need The respect and healing that comes from exercising their own agency, with regard to medical equipment use.

Thank you as always for the important work that you do for the people of our state.

Wishing you well,
J.Grenier
Nashua, NH

Archived: Wednesday, March 2, 2022 11:58:32 AM
From: [Becky](#)
Sent: Friday, February 25, 2022 10:13:39 AM
To: [~House Education Committee](#)
Subject: Please vote in support of HB 1131 and HB 1371
Importance: Normal

Dear Committee Members,

Please vote in support of HB 1131 and HB 1371. We need to put an end to useless mask mandates for school children. Masks have been shown repeatedly to be largely ineffective when it comes to stopping the spread of this virus and can cause significant physical harm: <https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/>. Additionally, we know that children are not at risk of severe COVID-19: <https://www.sciencedirect.com/science/article/pii/S221475002100161X?via%3Dihub#sec0175>. Even immunocompromised children have no increased risk of severe disease: <https://www.sciencedirect.com/science/article/pii/S016344532100548X>

It is important to note that masks aren't entirely ineffective. Here are a few things the mask mandates of the last two years have effectively taught children.

1. It's normal to be deprived of personal autonomy and to feel helpless to the arbitrary whims of authority.
2. They don't have the ability to think or make choices for themselves, especially when it comes to "science."
3. They must indefinitely and submit their actions and appearance to the prevailing ideological or political agenda of the day, for the supposed good of all.
4. Questioning authority will bring ridicule, shame, and retaliation.
5. It's normal to be afraid of themselves and others, to avoid touching or hugging friends and family, to stay silent, to be isolated, to withdraw from life, and to hide behind useless masks, unable to see each other's faces and expressions.

I cannot even think about the implications these things will have on their adult lives.

Masking children is wrong. It is no less than child abuse. It has no basis whatsoever in science. It serves no good purpose but plenty of very questionable ones. We need to bring real health and sanity back to this city and state, and freedom back to our children.

Sincerely,
Rebecca Schwab
Penacook, NH

Sent with [ProtonMail](#) Secure Email.

Archived: Wednesday, March 2, 2022 11:58:28 AM
From: [Shawn Roussin](#)
Sent: Saturday, February 26, 2022 10:40:08 AM
To: [~House Education Committee](#)
Subject: Support for HB 1131, HB 1371
Importance: Normal

House Education Committee,

I am speaking as a private citizen. Please hear my story. I'll be as brief as necessary. I originally wrote this communication on the evening of February 10, 2022, and had intended to send it to you the following day, but then there was an emergency update.

My fourteen-year-old daughter, an SAU16 student, is slowly dying. It started with remote instruction, isolation, and masks. Our honor roll student, basketball player, softball player, Girl Scout, our girl, is lost. She has wanted to die. She has tried. I have rushed her to Exeter Hospital. She has been admitted to Hampstead Hospital. She has seen psychiatrists and has had multiple therapists. No medications have had any positive effect. She was so adrift, looking for a place, that she once thought she was pansexual, then it was gender-fluid, and now she's on to an eating disorder, unable to eat unless she is alone, purging when the opportunity feels safe, having syncopal episodes, and skipping school. Her spine is palpable, visible. She is disintegrating before our eyes, evaporating with each exhale.

Thursday night, February 10, she ingested 45,500mg of aspirin and called the suicide hotline (a baby aspirin is 81mg). Police, Fire, and an ambulance were at our door within minutes. Med flight landed at Exeter, but the decision was made to get her to MGH via ground transport. She was admitted to the PICU, tachycardic, febrile, drinking charcoal, vomiting, and over the next 24 hours, dialysis was on the table. She saved her own life by calling. Exeter saved her life. MGH saved her life. For now. After several days, she was moved out of the PICU, and after a few more days, was transferred to another inpatient psychiatric facility. We just got word an hour ago that we can go bring her home. We are living second by second.

Her anxiety is a time bomb. Masks have been the ignitor. It's time to cut the fuse and never allow any school the power over a parent when it comes to their child's body, including the choice to wear a mask or not.

And adults are feeling the same. I know. I'm a physician assistant who has practiced medicine in this state for twenty years. I see it every day. Prepandemic I would see 2-4 patients per week who needed to discuss their mental health. Now it's often 4-5 per day, sometimes that many before lunch. They're done. We're done. Masking the least vulnerable population, our children, is, and will always be, mentally abusive, vile, repulsive, and unacceptable. Forced masking can never happen again.

No Compromise,

Shawn Roussin

Archived: Wednesday, March 2, 2022 11:58:28 AM

From: kggowerhall@yahoo.com

Sent: Saturday, February 26, 2022 12:12:26 AM

To: ~House Education Committee

Subject: Support for HB1131 and HB1371

Importance: Normal

Attachments:

[Are you aware that PROMOTION OF FACE MASKS AS A SAFE COUNTERMEASURE is unlawful under the F.docx](#) 

Please see attached document for testimony. I was having problems submitting earlier in online form.

Thank you,
Kimberly Gower-Hall

Archived: Wednesday, March 2, 2022 11:58:28 AM
From: [Beth Mahoney](#)
Sent: Friday, February 25, 2022 9:46:24 PM
To: [~House Education Committee](#)
Subject: SUPPORT HB 1131 AND HB 1371
Importance: Normal

I am urging you to support these bills!

Enough is enough! The damage that this unnecessary mandating of masking has done to the children is almost immeasurable!

Contrary to what some have said it has and will require so much work to undo the damage it has done.

All along its been said children were NOT at high risk..yet this masking has done more long term damage to them then any virus could have done.

If parents wish to have their children wear masks...so be it. But forcing it upon them is unconstitutional and in violation of their rights to bodily autonomy. They are entitled to an education and to not be threatened to lose that right if they dont comply with this nonsense!

Please support these bills!!!

Respectfully yours,

Elisabeth Mahoney
Grafton County

Archived: Wednesday, March 2, 2022 11:58:28 AM
From: [Maria Szemplinski](#)
Sent: Friday, February 25, 2022 9:56:10 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

NO MASKING CHILDREN

Maria Szemplinski, BS, FCP

603 340 1500

"The secret of happiness is to live moment by moment and to thank God for what He is sending us every day in His Goodness" St. Gianna pray for us!

Archived: Wednesday, March 2, 2022 11:58:28 AM

From: [Renee Palm](#)

Sent: Friday, February 25, 2022 9:06:15 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Hello House Education Committee,
I'm writing (albeit late) to check on the status of today's hearings. I hope and pray that the Lord guided you to make the just decision and support both of these bills HB1131 and HB 1371.
Please confirm what happened today and any next steps to ensure our children's health choices remain fully in the parents control, and not in the government or educational system.

Best,
Renee Palm
Hampton Falls NH resident

Sent from my iPhone

Archived: Wednesday, March 2, 2022 11:58:29 AM

From: [Susan Gendron](#)

Sent: Friday, February 25, 2022 3:31:28 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Hello,

I'm writing to ask for your SUPPORT of these two bills.

Thank you!

Susan Gendron

Londonderry, NH

Archived: Wednesday, March 2, 2022 11:58:29 AM
From: Sue LaPointe
Sent: Friday, February 25, 2022 3:28:52 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Good afternoon!

Thank you for holding the hearing this morning regarding two very important bills relating to our youngest citizens. I urge you to vote in favor of HB1131 and HB 1371. Parents decide what is right for their children, not any government official/public servant.

For those of you who desire to wear masks, that's wonderful. It's your choice; you determine what goes into or onto your body, not any government or school official. Those advocating for mask wearing state they prevent the spread of disease. Wonderful, if you feel your mask is keeping you safe there is no reason to impose a mandate on anyone else. If your mask is as good as you say it is, there's NO need for others to wear one in your presence . . . because your mask is keeping you safe.

Mandates are not laws. Policies are not laws. They are orders written by man to make others comply with their demands. New Hampshire is the last beacon of freedom and liberty in the northeast. We understand our rights are given to us from God and not from man. We are endowed by our Creator with certain unalienable rights.

Those who espouse "My Body My choice" can't refer to this in a vacuum. My Body, My Child's Body - Our Choice, not yours and certainly not some school board Public Servant.

Thank you again for holding the hearing today. I look forward to seeing these 2 bills fly through the House & Senate, along with other needed legislation to restore our freedom, with the utmost haste.

I would also like to extend my thanks to the folks @ RebuildNH for keeping us informed on the happenings @ the State House.

Respectfully submitted,

Susan LaPointe
52 French Road
Epping, NH

PS: To the gentleman seated on the Committee who was diligently refusing to meet the eyes of your constituents, shame on you. Whatever you were working on with your laptop you showed the utmost disrespect to others sitting in the room.



Virus-free. www.avast.com

Archived: Wednesday, March 2, 2022 11:58:31 AM
From: [Anne Griffin](#)
Sent: Friday, February 25, 2022 1:09:51 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

As a mom, former special education teacher, and life long resident of the live free or die state I would like to go on record as being in support of both of these bills. Parental choice on whether or not a mask is to be worn by a child is absolutely essential. Blanket mandates are detrimental to children. Mental health diagnosis are sky rocketing. Mask shaming, and penalizing children for not wearing them is despicable. Incentivizing the wearing of masks, instilling fear so children wear them, or instilling guilt so children will wear a mask is disgusting. Please I urge you to consider ALL students and vote in support of these 2 bills.

Anne Griffin Exeter, NH

One last thing.... does anyone know how many IEPs are out of compliance because of mask mandates. IEPs are legal documents, I can only begin to imagine that mess of out of compliance IEPs

[Sent from Yahoo Mail on Android](#)

Archived: Wednesday, March 2, 2022 11:58:32 AM

From: [Coley's iPhone](#)

Sent: Friday, February 25, 2022 11:32:36 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

I support HB 1131 & HB 1371

I'm a teach in a public school & have seen 1st hand the damage that masks have done to these kids. The mandates must end & should be prevented from happening again!

Sent from my iPhone

Archived: Wednesday, March 2, 2022 11:58:32 AM
From: [Belanger Construction & Design, Inc.](#)
Sent: Friday, February 25, 2022 11:17:14 AM
To: ~[House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

PLEASE support these bills and protect and unmask our children!!

Sincerely, Shane and Paula Belanger

--

Office Manager
Belanger Construction & Design, Inc.
www.belangerbuilt.com

Archived: Wednesday, March 2, 2022 11:58:32 AM

From: [Donna Marie](#)

Sent: Friday, February 25, 2022 10:38:01 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Dear Esteemed Members,

We are urging you to support bills HB1131 and HB1371.

Thank you!

The Beatrice Family

Nashua

Archived: Wednesday, March 2, 2022 11:58:26 AM

From: [Jill Brown](#)

Sent: Saturday, February 26, 2022 7:00:50 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Dear Education Committee,

Please it is imperative that we now unmask our children who need to breath and live healthy lives.

Thank you,

Jill and David Johnson
Dover, NH

Archived: Friday, February 25, 2022 9:13:27 AM
From: [M. Rogers](#)
Sent: Monday, February 21, 2022 7:22:54 AM
To: [~House Education Committee](#)
Subject: Re: HB1131 correction!
Importance: Normal

I intended to note my support of this bill, please update! My apologies. see original e-mail below:

On Monday, February 21, 2022, 07:04:06 AM EST, M. Rogers <tiplady2001@yahoo.com> wrote:

registering my objections to HB1131. No one should have any right to force anyone to wear an oxygen-depleting item.

Mary Rogers, Winchester, 603-392-0484

"If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny." - Thomas Jefferson

Archived: Thursday, February 3, 2022 10:59:34 AM
From: [Michael Willett](#)
Sent: Monday, January 31, 2022 1:22:58 PM
To: [~House Education Committee](#)
Subject: HB 1131 for 2/8/2022
Importance: Normal

Please support HB 1131.

Archived: Thursday, February 3, 2022 10:59:34 AM
From: [Michael Willett](#)
Sent: Monday, January 31, 2022 1:20:41 PM
To: [~House Education Committee](#)
Subject: HB 1131 on 2/8/2022
Importance: Normal

Please support HB 1131! Thank you!

Archived: Thursday, February 3, 2022 10:59:41 AM
From: [Robert Sayer](#)
Sent: Sunday, January 30, 2022 8:12:57 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Folks

I support this legislation.

Robert Sayer
Chester, NH

Sent from my Verizon 4G LTE Droid

Archived: Thursday, February 3, 2022 10:59:50 AM

From: [Amanda Colangelo](#)

Sent: Friday, January 28, 2022 3:23:11 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

I am writing in today to say I am FOR HB 1131, relative to facial coverings at school. As a parent I am entirely against any school creating a policy that forces students, including MY child to wear a face mask. We are the parents, we say what's right for our children.

Even the CDC has come out and said masks do not protect against this virus, that by the way our children have almost a 100% chance of survival rate too. Masks actually can do more harm. So there is NO reason to force a child to wear one, absolutely zero.

Thank you for your time.

Amanda Pierce

Archived: Thursday, February 3, 2022 10:59:32 AM
From: [Anthony Amato](#)
Sent: Tuesday, February 1, 2022 11:10:46 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

I WANT HB 1131 PASSED!
I WORKED AS A HEALTHCARE PROFESSIONAL FOR 20 YEARS. MASKS ARE A
COMPLETE JOKE.

A. Frank Amato
Hooksett

Archived: Thursday, February 3, 2022 10:59:33 AM
From: [Donna Marie](#)
Sent: Monday, January 31, 2022 6:08:04 PM
To: [~House Education Committee](#)
Subject: HB1131 and 1371
Importance: Normal

Dear Esteemed Members,

We urge you to support HB1131 and HB1371.

My body, my choice holds true for masks too.

Thank you!

The Beatrice Family
Nashua

Archived: Thursday, February 3, 2022 10:59:35 AM

From: [Jill Fluet](#)

Sent: Monday, January 31, 2022 11:58:06 AM

To: ~[House Education Committee](#)

Subject: HB1131 and HB1371 Support

Importance: Normal

Hello,

I am writing in support of bills HB1131 and HB1371.

Our children are facing treatment that is causing undue anxiety and punishment. I have a child in middle school and a child in elementary. In our school district, the administration is getting even tougher on kids. I have a child who has sensory issues and now is being threatened with punishment since he pulls down his mask for a breath of fresh air.

The rules placed on these kids in our school confuses them. They leave school and see public settings where masks are not mandatory. They go to other schools and treatment is different, making them ask why can't we have that freedom to breath.

I believe masks should be optional. Individuals who are autoimmune compromised should take their own responsibility and protect themselves, as they would with any other virus, disease, bacteria. This burden should not be placed on the entire child population in one public setting. The administrations have over stepped boundaries. They need to refocus their efforts and resources on the kids educational learning.

Jill Fluet
Newmarket, NH

Sent from my iPhone

Archived: Thursday, February 3, 2022 10:59:27 AM
From: [BARBARA MACK](#)
Sent: Wednesday, February 2, 2022 6:37:36 PM
To: [~House Education Committee](#)
Subject: HB-1131 and HB-1371
Importance: Normal

In light of more recent scientific knowledge showing masks are not always helpful (sometimes harmful if not worn and cared for properly) we ask for your support on HB-1131 and HB-1371.

Thank You,
Donald Mack,
Barbara Mack,
Candia, NH.

Archived: Thursday, February 3, 2022 10:59:39 AM

From: Cheryl Dean

Sent: Sunday, January 30, 2022 9:05:55 PM

To: ~House Education Committee

Subject: HB1131

Importance: Normal

I'm writing you today to ask that you please support HB1131 . After 2 years of covid, we now know that children are least affected by covid and that masks provide no protection against covid or any other virus. The decorative facial masks are causing damage to our children and parents need to be able to decide whether or not to mask their child, These masks are causing bacterial lung and sinus infections as well as mental issues. Enough is enough. Parents, not politicians know what's best for their children. Parents need to make these health decisions for their children.
Please support HB1131.

Thank You
Cheryl Dean
Northwood, NH

Archived: Thursday, February 3, 2022 10:59:42 AM

From: [katsep25](#)

Sent: Sunday, January 30, 2022 5:06:09 PM

To: ~House Education Committee

Subject: HB1131

Importance: Normal

Dear Committee Members,

Please support HB 1131 which will prohibit forced masking of students or others in schools.
Please look at this Doctor's research:

<https://lp.constantcontactpages.com/cu/0L65Nw6/maskinfo>

Sincerely,
Kathleen Seppala
Rindge, NH

Sent from ProtonMail mobile

Archived: Thursday, February 3, 2022 10:59:46 AM

From: [Maegan Brown](#)

Sent: Saturday, January 29, 2022 7:54:02 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

To whom it may concern,

As a parent of a first grader, I support bill HB1131.

Thank you,
Maegan Brown

Sent from my iPhone

Archived: Thursday, February 3, 2022 10:59:48 AM
From: [Karen Bresciano](#)
Sent: Saturday, January 29, 2022 11:27:48 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I support **HB1131**: the bill prohibiting school boards from creating policies requiring face coverings

Thank you

~Karen Bresciano
Exeter NH

Archived: Thursday, February 3, 2022 10:59:49 AM

From: [Shawn Roussin](#)

Sent: Saturday, January 29, 2022 10:22:50 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

I support HB1131 (bill prohibiting school boards from creating policies requiring face coverings)

Thank you

Shawn Roussin
Exeter, NH

Archived: Thursday, February 3, 2022 10:59:36 AM

From: [Melanie Steenbeke](#)

Sent: Monday, January 31, 2022 10:47:34 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Good Morning,

Please vote to support HB1131. Children should not be forced to wear masks in school. It is child abuse and is wrong. It is a human right for us to be free and not have to cover our faces. Children cannot properly learn how to socially interact with others if their faces are covered. Also, due to COVID and maskpolicies I have not even been inside my childs school in almost years! This is ridiculous. Please protect our individual rights.

Thank you,

Melanie

Loudon

Archived: Thursday, February 3, 2022 10:59:42 AM
From: [Jayne Bowman](#)
Sent: Sunday, January 30, 2022 2:45:04 PM
To: [~House Children and Family Law Committee](#); [~House Education Committee](#)
Subject: HB1431, HB1131, HB1371
Importance: Normal

Dear Members:

I am an Instructional Associate at an Elementary School that has decided to mandate masks for all staff and students. I cannot in good conscience put a mask on my face, when this policy does more harm than good and it goes against everything the Constitution stands for.

There is absolutely no way you can conclusively determine the effectiveness of mask wearing as there are too many other variables. The only way to get accurate data is through randomized controlled trials. You do not have the ability to determine how many people, if any, would be infected had no masks been worn.

Anecdotally, I have been working all year without a mask, and I haven't gotten sick even though I have been in the vicinity of sick children. In comparison, I know of many people who have gotten sick, and they have been wearing masks. How do you explain this? I concede it is impossible to use this anecdotal information as it cannot be proven one way or the other. Therefore, I have looked for sound, scientific research done with **randomized controlled trials**, and I have found studies that show masks do not provide any significant benefit, especially if they are cloth masks; which the majority of people wear because they must look fashionable.

This brings to mind many questions. How do you account for that fact? Are you concerned that the majority of people in the school building are choosing cloth masks that have been proven to be ineffective? Most importantly, have you weighed the risks versus the benefits of your mask policy? Have you studied it thoroughly and do you have sound scientific data from the gold standard of **randomized controlled trials** to support your policy? What is your goal? Are you trying to eliminate illness completely, and what are the long-term consequences of that? Does that hinder the development of a healthy immune system? **Does this do more harm than good?** When will these mandates end? It has been almost 2 years, and the virus continues to circulate throughout the population. Have masks solved the problem, or have they created more problems? How do these decisions affect mental health and development of children?

I have the benefit of being in classrooms and observe how futile this mandate is. I see improper touching of others' mask...child to child and adult to child. I see kids chewing on, drooling in, and reapplying a mask that has been on a dirty surface. I see people wearing their mask under their nose, and I see children remove their mask to sneeze! People see the mask as their security blanket to get close again...students are working face to face in groups. The 6 feet distance rule was a guess and so is the 3 feet, but it's just common sense that you don't want to be in close face to face contact, for an **extended** length of time, when illnesses are spread through airborne particles **that can penetrate most masks**. Unfortunately, people become so invested in the theory that they cannot accept that it is unsound, unreasonable, and unscientific. They become narrow-minded and unable or unwilling to consider alternative viewpoints, and a large fraction of the population is completely unable to process new scientific data and facts demonstrating that they have been misled about the effectiveness and adverse impacts of mandatory mask policies.

Policies need to be made with reason, logic, facts, and liberty in mind. I believe in the Constitution and the liberty it is supposed to guarantee. Daniel Webster said, "...the Constitution was made to guard the people against the dangers of good intentions". The constitution was written to guarantee our freedom, and I expect the freedom to choose what precautions I will take for my own well-being, and I want everyone to have that freedom. In a free country we must all accept personal responsibility for our actions. If people believe wearing a mask will protect them, they have every right to wear one, and those who do not believe the efficacy of masks has not been proven deserve the same right not to wear one. Please vote for freedom by voting yes on HB1431, HB1131, and HB1371.

Archived: Thursday, February 3, 2022 10:59:26 AM
From: Erica Hiera
Sent: Wednesday, February 2, 2022 9:54:21 PM
To: ~House Education Committee
Subject: Fwd: Please remove the mask mandate
Importance: Normal

Hello everyone,

Following up on previous emails in support of HB1131 and HB1371. Please see the articles below recently published that support making masking optional in schools.

Thank you for your work on this committee.

Erica Hiera
7 Carolyn Drive
Newmarket
603.818.0356

Begin forwarded message:

From: Erica Hiera <ehiera@yahoo.com>
Subject: Please remove the mask mandate
Date: January 28, 2022 at 9:48:41 AM EST
To: Susan Givens <givenss@newmarket.k12.nh.us>, Kimberley Shelton <sheltonk@newmarket.k12.nh.us>, Elizabeth McKinney <mckinneye@newmarket.k12.nh.us>, Gary Swanson <swansong@newmarket.k12.nh.us>, Heather Durant <duranth@newmarket.k12.nh.us>, Sean Pine <pines@newmarket.k12.nh.us>, haemkera@newmarket.k12.nh.us, David Dalton <daltond@newmarket.k12.nh.us>

Hi Everyone,

Please take the time to read the articles below.

<https://www.npr.org/2022/01/28/1075842341/growing-calls-to-take-masks-off-children-in-school>

https://www.boston25news.com/news/massachusetts/boston-area-doctors-urge-making-masks-schools-optional/6WMD7KR34RGORD7NAGBQUN44AE/?utm_campaign=trueAnthem_manual&utm_medium=trueAnthem&utm_source=facebook&mibextid=Ive30nqI4vPQ2MNI&fbclid=IwAR2K09gc63hrfDxdba0y9vI9BC2jDpfhjQsk1wKeL8ccpIuNFo2gGCm1NkM

<https://justthenews.com/government/federal-agencies/infectious-disease-scientist-undermines-her-boss-fauci-challenging>

It's becoming abundantly clear that the masks are doing more harm than good. Optional masking needs to be put in place, immediately.

If you're not going to take the time to read them, I'd like to pull out a few sections that I think are key:

"As soon as you question 'Is it a good idea to put a 2-year-old in a mask all day?' you're suddenly a psychotic, anti-vax right-winger," she says. "Which really couldn't be further from the truth."

"Our children have sacrificed a lot to protect us," the doctors wrote. "Now it's time for us to give them their childhood back."

As the omicron variant wanes and with the effectiveness of the COVID-19 vaccine in preventing severe illness and death, Doron recommends "one-way masking, emphasizing personal choice regarding self-protection and supporting those who choose to remain masked."

"Respirators and other high-quality masks are highly effective at protecting their wearers, regardless of what people around them are doing," the doctors wrote. "That makes the old mantra 'my mask protects you and your mask protects me' obsolete. As a result, schools can finally safely make masks optional for students and staff."

Silent lunches, cancelled gym and recess due to "increased exhalation," and punishment for improper mask-wearing are contributing to the dire mental health toll the pandemic is taking on children, Doron said. Others are questioning the fairness of continuing to require masks for children indefinitely, especially when they are less often required in many of the places adults gather, such as restaurants and bars.

Dr. Jeanne Noble, who directs COVID-19 response for the UCSF Emergency Department at the University of California, San Francisco, is part of the coalition. "Kids don't need to be masked. Full stop. They have minuscule risk of serious illness or death from COVID," she says. She and colleagues are suggesting that especially vulnerable children continue to mask while other vaccinated children can safely go without.

It feels like every time I reach out, you all fight back harder. If you are doing this because you have an issue with me, then you need to address me directly and in person. Do not take your disdain for me and others who feel the same way out on our kids. That's not fair.

Please make masking optional. There is no argument anymore that they are effective or necessary. They are not keeping our kids “safe”.

Erica Hiera

Archived: Thursday, February 3, 2022 10:59:38 AM
From: [Michelle Slack](#)
Sent: Sunday, January 30, 2022 10:51:39 PM
To: [~House Education Committee](#)
Subject: PLEASE Support HB 1131
Importance: Normal

Dear Committee members please Support HB 1131.

Archived: Thursday, February 3, 2022 10:59:32 AM

From: [MB](#)

Sent: Tuesday, February 1, 2022 8:43:38 AM

To: [~House Education Committee](#)

Subject: SUPPORT — HB 1131

Importance: Normal

Good morning,

I am writing asking you to support - HB 1131, relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.

Sincerely,

Mark Berling
Auburn, NH

Archived: Thursday, February 3, 2022 10:59:37 AM

From: [Angelica](#)

Sent: Monday, January 31, 2022 7:59:10 AM

To: [~House Education Committee](#)

Subject: SUPPORT — HB 1131

Importance: Normal

Hello committee members,

I'm emailing you to let you know that I am in support of HB 1131.

I do not give consent to my children being forced to wear masks while they are in school.

The data supports not only the ineffectiveness of mask but also the risks in regards to health, the respiratory system, and the psychological, negative impact they have.

Please vote in favor of this bill so that we may protect everyone, especially all of our children.

Thank you,
Angelica Kashulines

Archived: Thursday, February 3, 2022 10:59:28 AM
From: [ROBIN OCASIO](#)
Sent: Wednesday, February 2, 2022 10:41:39 AM
To: [~House Education Committee](#)
Subject: SUPPORT — HB 1131
Importance: Normal

As a member of the public I **SUPPORT** — [HB 1131](#). I ask you to as well.

Robin Ocasio

Archived: Thursday, February 3, 2022 10:59:39 AM
From: [Joan Shaughnessey](#)
Sent: Sunday, January 30, 2022 10:14:58 PM
To: [~House Education Committee](#)
Subject: Support HB 1131
Importance: Normal

Support HB 1131. Let's get back to living and let kids be kids.
Do the right thing and support this bill.

Respectfully,
Joan and Kerin Shaughnessey
Amherst, NH

Sent from my iPad

Archived: Thursday, February 3, 2022 10:59:32 AM

From: altieripiv@gmail.com

Sent: Monday, January 31, 2022 11:49:02 PM

To: ~House Education Committee

Subject: SUPPORT HB 1131

Importance: Normal

No one and especially schools (private or public) should be allowed to create masking policies! Prohibit schools from creating policies that force students of members of the public to wear masks!

SUPPORT HB 1131

Jenny Altieri
Rockingham County

Archived: Thursday, February 3, 2022 10:59:34 AM
From: mountainfrog@aol.com
Sent: Monday, January 31, 2022 1:33:31 PM
To: ~House Education Committee
Subject: Re: SUPPORT NH HB 1131
Importance: Normal

Dear New Hampshire House Education Committee,

Please support New Hampshire House Bill 1131.

Enough with the mandates/ government overreach. Parents and adults shall be free to determine whether or not they believe and consent to the wearing of an unapproved medical device and if they believe it is safe or effective for their children or themselves.

Medical freedom for ALL is JUSTICE for ALL.

Please let your God given conscience be your guide.
Sincerely,
New Hampshire Citizen

-----Original Message-----

From: mountainfrog@aol.com
To: HouseEducationCommittee@leg.state.nh.us <HouseEducationCommittee@leg.state.nh.us>
Sent: Mon, Jan 31, 2022 1:16 pm
Subject: Re: OPPOSE NH HB 1332

Dear New Hampshire House Education Committee,

Please oppose New Hampshire House Bill 1332.

Education is important. Do not allow higher education institutions unnecessarily dictate while discriminating and segregating students based on their personal medical choices with unconstitutional mandates, barring them from what needs to be equal opportunity for ALL.

Medical freedom for ALL is JUSTICE for ALL.

Please let your God given conscience be your guide.
Sincerely,
New Hampshire Citizen

-----Original Message-----

From: mountainfrog@aol.com
To: HouseEducationCommittee@leg.state.nh.us <HouseEducationCommittee@leg.state.nh.us>
Sent: Mon, Jan 31, 2022 1:09 pm
Subject: SUPPORT NH HB 1233

Dear New Hampshire House Education Committee,

Please support New Hampshire House Bill 1233.

Education is important. Do not allow higher education institutions to dictate and segregate students with unconstitutional mandates, barring them from what needs to be equal opportunity for ALL.

Medical freedom for ALL is JUSTICE for ALL.

Please let your God given conscience be your guide.
Sincerely,

Archived: Thursday, February 3, 2022 10:59:32 AM
From: [Jennifer](#)
Sent: Monday, January 31, 2022 10:33:05 PM
To: [~House Education Committee](#)
Subject: When these come.... HB 1131 and HB 1371
Importance: Normal

Dear Members,

Let's SUPPORT HB 1131 and HB 1371.

These germ rags we've been wearing, more like germ spreaders, have caused plenty of school bullying by teachers and from student to student - we've seen it first hand. Mandates are a failure. Let's prohibit continued government bullying by supporting these 2 bills.

Thank you,
Jenn Dafeldecker
Swanzey

Archived: Thursday, February 3, 2022 10:59:30 AM

From: [Caroline Quick](#)

Sent: Tuesday, February 1, 2022 9:26:26 PM

To: [~House Education Committee](#)

Importance: Normal

Good Evening,

I am writing in support of HB 1131 relative to facial covering policies for schools. As a parent I firmly believe it is my choice whether my child should wear a mask to school or not. After Christmas break, my son's private Kindergarten mandated masks – for the first time ever! (And almost two years after COVID moved into the USA!) My husband and I were very upset about this decision and withdrew him from the school. No child should be forced to wear a mask. It is up to the parent to decide if they want their child to mask or not – NOT the school district or principal.

I also support HB 1371 relative to school district policies on facial masks of students in schools. This bill leaves the choice of whether to wear a mask up to parents and students and prohibits bullying that encourages mask wearing. Bullying in any shape or form should never be tolerated – especially whether someone masks or not.

I look forward to hearing when these House Bills will be rescheduled. Please consider supporting them. It is time we get rid of these outdated mask policies. We know cloth masks do not do any good. Children need to see their friends' faces; they need to see their teachers' faces; they need to breathe fresh air around them. Take a stand for what is right. Support HB 1131 and HB 1371.

Sincerely,

Caroline Quick

Nashua, NH Resident

Sent from [Mail](#) for Windows

Archived: Thursday, February 3, 2022 10:59:44 AM
From: [Bob and Holly McKinney](#)
Sent: Sunday, January 30, 2022 10:21:14 AM
To: [~House Education Committee](#)
Subject: Education Freedom Accounts
Importance: Normal

I am writing to ask that you do not eliminate the Education Freedom Accounts. They have been a huge blessing for so many families including mine. School choice is so important and the EFA's make it possible for people to send their children to schools that they wouldn't be able to afford otherwise. Thank you for all you do and for considering my request.

Sincerely,
Holly McKinney
91 High St.
Tilton, NH 03276

Sent from [Mail](#) for Windows

Archived: Thursday, February 3, 2022 10:59:36 AM

From: [Christ Servant](#)

Sent: Monday, January 31, 2022 9:48:37 AM

To: [~House Education Committee](#)

Subject: HB 1131 & 1371

Importance: Normal

I SUPPORT am respectfully requesting you vote in SUPPORT for HB 1371 + 1131.

It is not right for students to wear masks because it causes oxygen intake issues, along with mental health problems. Children should not be masked. I also oppose the bullying in the schools for children and anyone else that enters the building mandating to wear mask. We should have that option whether we want to wear one or not, just like a seatbelt, just like a helmet, just like anything else this is no difference.

Respectfully submitted,

Steve Litaris
Manchester

Archived: Thursday, February 3, 2022 10:59:51 AM

From: [Amanda Colangelo](#)

Sent: Friday, January 28, 2022 3:15:39 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

I am writing in today to say I am FOR HB 1131, relative to facial coverings at school. As a parent I am entirely against any school creating a policy that forces students, including MY child to wear a face mask. We are the parents, we say what's right for our children.

Even the CDC has come out and said masks do not protect against this virus, that by the way our children have almost a 100% chance of survival rate too. Masks actually can do more harm. So there is NO reason to force a child to wear one, absolutely zero.

Thank you for your time.

Amanda Pierce

Archived: Thursday, February 3, 2022 10:59:33 AM

From: [Joanna Berardi Brown](#)

Sent: Monday, January 31, 2022 7:42:46 PM

To: [~House Education Committee](#)

Subject: HB 1131 and HB 1371 Support to Stop Mask and COVID Mandates!

Importance: Normal

Please understand that we parents and NH citizens will not rest until all mask and COVID vaccine mandates are GONE. All legal and civic actions will be employed to put an end to the madness of these baseless mandates. There is no evidence that either masks or vaccines are effective, but there is plenty of evidence that there are numerous and factual negative effects of both masks and COVID vaccines.

Sincerely,

Joanna Brown

Resident of Manchester, NH and Mother of 3 school age children

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Russell Payne](#)
Sent: Monday, January 24, 2022 1:27:30 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Dear Members House Committee on Education:

Prohibiting schools, public or private relative to forcing children to wear masks should be terminated. The state legislature has the power to control school districts. It is time that you exercised that power. Those parents who want masks should have the freedom to have their children wear them. However, this same liberty should be granted to those parents who challenge the monopoly opinion that is not based on true scientific facts. Yes, everyone should have the freedom to express their own opinion, but not to their own facts. I urge you stop the force of government from promoting opinion as if it is a fact. Stop the forced mask policies by voting OTP on HB 1131.

Sincerely & Respectfully

Russ Payne

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: [Valerie Martin](#)
Sent: Monday, January 24, 2022 1:16:17 PM
To: [~House Education Committee](#)
Subject: Hb 1131
Importance: Normal

Hello,

I wanted to let everyone know that I voted incorrectly for remote in. I SUPPORT this bill, HB1131. I do not feel schools should enforce mask wearing in the schools.

I apologize for the mix up.

Thank you for your time,

Valerie Martin

Nashua, NH

Valscustomsigns@gmail.com

Archived: Friday, January 28, 2022 8:35:18 AM

From: [Stacey](#)

Sent: Tuesday, January 25, 2022 12:56:12 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

To whom it may concern,

I am writing to express my support for HB1131, as no school or school board has the right to force my children to wear a mask. A mask that does nothing other than hinder their breathing and have them be spoken to countless times all day long by their teachers if they don't like the placement of the dirty rag the children are forced to cover their face. The teachers are spending more time enforcing a bogus, tyrannical rule instead of teaching. Not that teaching matters now because the kids can not hear a word the teacher is saying as all words are muffled out and inaudible.

Please stop this nonsense and let parents and individuals choose. This is America after all.

Thank you for your time,

Stacey Yeatts

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Charles Chapin](#)
Sent: Tuesday, January 25, 2022 11:36:54 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Please support HB 1131. School boards and accredited nonpublic schools should be prohibited from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

These facial coverings do not stop the spread of the virus, only prolongs the spreading.

The facial coverings are only a hindrance for the child's mental and physical development.

Thank you for your time.

Charles Chapin

Alexandria

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Brian Simpson](#)
Sent: Tuesday, January 25, 2022 10:55:11 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Good morning,

I am a parent of two elementary students in the SAU 16 district. I hope I'm not the only one you've heard from and I do hope you've all heard about the ongoing frustrations of parents who wish to choose to put masks on their kids. I am writing to implore you to pass bill HB1131 and let the parents control what is done to their kids in public schools.

Thank you,

Brian Simpson
Information Technologist III
CWNA/CWDP
University of New Hampshire

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Beth Mahoney](#)
Sent: Tuesday, January 25, 2022 10:25:59 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

I am writing in SUPPORT of this bill. It is imperative that school boards and other non public schools understand what their job entails. It is NOT their job to implement any health policy such as adopting or enforcing or implementing a policy that requires students or members of the public to wear facemasks! In fact I dont believe that is anyones job. Its time to realize that too many agencies have taken up the "job" of making decisons for others that is truely not their business..

Respectfully submitted,

Elisabeth Mahoney (Grafton County)

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Renee Reid](#)
Sent: Monday, January 24, 2022 8:46:15 PM
To: [~House Education Committee](#)
Subject: HB 1131, 1371
Importance: Normal

I support the above bills.

The excerpt below is from The Blaylock Wellness Report, Feb 2022 issue. Written by Russell Blaylock, M.D. (nationally recognized, board-certified neurosurgeon, health practitioner, author, and lecturer.)

Within a few minutes of putting on a mask, pathogenic bacteria can be cultured from the mask, putting a person with suppressed immunity at a high risk of bacterial pneumonia, and children at a higher risk of meningitis.

A study by researchers at the University of Florida cultured 11 pathogenic bacteria from the inside of masks worn by children in schools. (Children are at essentially no risk of either getting sick from or transmitting the COVID-19 virus.)

It is also known that wearing a mask for more than four hours (as occurs in schools) results in significant hypoxia (low blood oxygen levels) and hypercapnia (high CO2 levels), which can have deleterious effects on health, including impairing development of a child's brain, which continues long after the grade school years.

I would be glad to forward this whole issue of the Blaylock Wellness Report to anyone who is interested (10 pages)

There have been over 50 peer reviewed studies on wearing masks which show that they are useless in preventing the spread of viruses, and over 30 studies which not only prove they are useless but that they are also detrimental to your health.

Sincerely,

Renee Reid

Alton Bay, NH

Archived: Tuesday, January 25, 2022 9:45:54 AM

From: [PETER BAX](#)

Sent: Tuesday, January 25, 2022 1:46:24 AM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

Please support HB 1131. When comparing schools that have mask optional policies to those that are mask mandated there is no statistical difference in the number of covid cases between the two in our state, in our country, or even globally when there are no mitigating factors. There has, however, been a sharp rise in pediatric psychological problems and plenty of evidence that masking is detrimental to children's psychosocial development.

Thank you,

Peter Bax RN, BSN

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Dennis Ketner](#)
Sent: Thursday, January 27, 2022 12:55:33 PM
To: [~House Education Committee](#)
Subject: HB 1131: Facial Coverings in Schools
Importance: Normal

To the House Education Committee of New Hampshire:

I am writing you in support of HB 1131. The choice to wear facial coverings should be that of the parents and their children, not a school administrator, board or anyone else.

This is the Live Free or Die state and we should start acting like it.

Sincerely,

Dennis Ketner
Proud Resident of New Hampshire
PO Box 638
Epsom, NH 03234

Archived: Tuesday, January 25, 2022 9:45:56 AM

From: [jenny loew](#)

Sent: Monday, January 24, 2022 9:56:15 AM

To: ~House Education Committee; [jenny loew](#)

Subject: HB 1371 and HB 1131

Importance: Normal

Dear Committee Members,

I am writing in support of HB 1371 and HB 1131. I have three children in elementary school in Windham, NH and have watched the ramifications of masking kids personally myself. I am a PhDc and know how to read and dig into the science. Masking during the Spanish flu led to people dying from bacterial meningitis. Small children rely on being able to read teachers and peers lips when learning language and phonics and are falling behind. Face masks suppress the immune system, encourage mouth breathing which is linked to facial deformities and chronic disease, are psychologically harmful, decrease O2, and trap many pathogens from escaping the lungs.

There is plenty of science supporting how masks are harmful and especially to kids and do not provide protection against a virus which is 1 micron thick when the typical cloth mask is 80 microns thick between the fabric. I provided some info below. If schools are mandating masking then they need to provide peer reviewed research supporting the effectiveness of masks. Dr Wen on CNN has come out to say that cloth masks do not work as well had many other Drs changing the info that they originally put out supporting mask use while other MDs have had the same stance that masks do not work from the beginning. The science as not changed masks never worked. If mask mandates continue I will be pulling my kids from school this summer. Masking is a medical intervention and therefore, is a family's individual decision along with the child's MD. If an individual wants to wear a mask they are free to but the assume their mask does not work if I do not put mine on is an infringing on my personal choice as to whether or not to wear one.

Furthermore, the survival rate for COVID in children is over 99.9% according to the CDC. The masking of our children has to stop! In NH in public masks are not mandated except in medical setting why are the least susceptible population to COVID mandated to wear masks? Thank you for your time. I hope that the committee with pass these bills supporting parents rights to make decisions for their child that effect their health.

Regards,

Jenny Loew-Machnowski PhDc, MA, MS, RD, LD

[The Science of Masking Kids at School Remains Uncertain \(nymag.com\)](#)

[New Study Highlights Face Mask Problems with Safety and Efficacy \(greenmedinfo.com\)](#)

[Kids Don't Spread Covid Like a Plague, Models Indicate | Courthouse News Service](#)

<https://www.youtube.com/watch?v=BCyVR9SRJxY&feature=youtu.be>

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Carol Bax](#)
Sent: Wednesday, January 26, 2022 2:36:50 PM
To: [~House Education Committee](#)
Subject: HB#1131
Importance: Normal

I support this bill.
Carol A. Bax

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Darlena Clark](#)
Sent: Tuesday, January 25, 2022 6:08:38 PM
To: [~House Education Committee](#)
Subject: HB1131 - Mask Policy for Schools
Importance: Normal

Dear education committee,

I urge you listen to the families of New Hampshire and support HB1131. The toll these masks are taking on our children, is so very unfair to them. All to "protect" them from something they did not need protecting from, by hiding their little faces behind cloth, that a lot of us have been staying for a while now, does not stop the virus.

As a mother of 2 elementary aged children, it has been a hard thing to explain to my kids why smart grown-ups, who are supposed to be doing what is best for them, are still making them wear these things. They hurt their ears, get wet and gross, and give them headaches.

Thank you for you time.
Darlena Clark

Sent from [Mail](#) for Windows

Archived: Tuesday, January 25, 2022 9:50:49 AM
From: mcnamara_jm@yahoo.com
Sent: Monday, January 24, 2022 8:10:23 PM
To: [~House Education Committee](#)
Subject: HB1131 - Support
Importance: Normal

I support this bill. School boards do not and should not have the power to mandate people to wear face coverings

Thank you for supporting this bill.

Jean Marie McNamara

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Amanda Nix](#)

Sent: Monday, January 24, 2022 7:44:30 PM

To: ~House Education Committee

Subject: HB1131 - yes, thank you!

Importance: Normal

Good evening,

Please support NH families by supporting HB1131!! New Hampshire values family, faith, and freedom. Leaving mask choice up to families is the New Hampshire way. Having faith in God and refusing to live in fear is the New Hampshire way. Giving families the freedom of choice is the New Hampshire way.

Please help us keep NH great.

Sincerely,
Amanda Nix,
a concerned mother and citizen from New Boston

73 Labree Road
New Boston, NH 03070
(603) 475-1711

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: Rhonda
Sent: Monday, January 24, 2022 7:08:53 PM
To: ~House Education Committee
Subject: HB1131 & HB1371
Importance: Normal

Support

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Masks DO NOT stop Covid 19! Do your research. They are detrimental to our children physically and emotionally.

Support

HB1371 - This bill requires school districts to adopt a policy leaving facial mask use to parents of students and not tolerating bullying, harassment, or discrimination.

Parents are in charge and responsible for their children. This is not a Communist country!

Supporting Medical Freedom

Rhonda Martin
Wolfeboro, NH

[Sent from Yahoo Mail for iPhone](#)

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Antler Man](#)

Sent: Monday, January 24, 2022 6:16:49 PM

To: [~House Education Committee](#)

Subject: HB1131 .

Importance: Normal

I am against the policy that allows school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering. Ricky S Poulin

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: [Matt Casey](#)
Sent: Monday, January 24, 2022 6:30:33 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I urge you to support, and vote in favor of, HB1131.

Please exercise common sense and be the voice of individual liberty.

Feel free to reach out to me with any questions you may have.

Sincerely,

--

Matt Casey
603-793-1404
***Evergreen* Material Partners, Inc.**
189 Lafayette Road, Unit 2
North Hampton, NH 03862

[“Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.”](#)

[—Albert Einstein](#)

Archived: Tuesday, January 25, 2022 9:50:51 AM

From: [Ruth Perencevich](#)

Sent: Sunday, January 23, 2022 8:13:38 PM

To: [~House Education Committee](#)

Subject: HB1131 and HB1371

Importance: Normal

To the House Education Committee, please vote to ITL both HB1131 and HB1371. We are in a pandemic and masks should not be a political issue. Keeping all NH children as safe and healthy as possible should be your goal and public health guidelines include masks which are a proven way to slow Covid spread. The undermining of our public health policies is making it even harder to control Covid spread and to protect our children. Please vote to ITL both HB1131 and HB1371.

Thank you...Ruth Perencevich, Concord

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Debbie Kruzel](#)
Sent: Wednesday, January 26, 2022 10:40:33 AM
To: [~House Education Committee](#)
Subject: HB1131 comments before voting
Importance: Normal

Good morning!

I'm writing in support of HB1131. I am on the Board at the Charter School: Birches Academy of Academics and Arts in Salem NH and have been "fighting" with other Board members for MONTHS about having MASK CHOICE at the school. We have a very small school and small Board and we've lost 4 to 3 every month since August to allow kids to NOT wear masks.

The science shows that children are not at risk from dying of COVID: there were 883 deaths across ALL the US of children under 18 years old that died with COVID. (We don't know for certain, but probably the great majority of these children were immunocompromised or had other complications.)

The science ALSO has shown that children don't "infect" adults. The largest majority of adults that died over the last 24 months have been those over 70 years old and with co-morbidities. That is WELL over retirement age.

The science/data ALSO shows that depression and suicide are up.

When I drive from place to place to go to a drug store, grocery, Post office, bank, restaurant, the ONLY consistent place I see masks being worn are on school buses! This is a CRIME!!! Then, when I go into schools and I see kids wearing masks, it BLOWS MY MIND!

Please, please! We need our children to be UNMASKED NOW! Please vote in favor of HB1131.

Please reply that you received my email?

Thank you so much!

Debbie Kruzel
TEAM KRUZEL JORDAN Realty LLC

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Archived: Friday, January 28, 2022 8:40:38 AM
From: [Paul Schirduan](#)
Sent: Wednesday, January 26, 2022 10:57:03 AM
To: [~House Education Committee](#)
Cc: [Darlena Clark](#); [Nancy Ingalls](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: HB1131- Face Coverings - Support
Importance: Normal

Rep Ladd et al.

Please support this bill. Here in Lin-Wood Coop we had a reopening school committee which recommended a vote by the school board to make masks optional. The school board refused to take a motion to vote reasoning that "what if the voters don't agree with us" ... it's one thing to make masks mandatory by a vote but it is unconscionable to prohibit a vote ... ONLY you can give us back our voice from these misguided and unpatriotic acts.

Paul H Schirduan
55 Church Street
Lincoln, NH 03251
603-728-8367

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Nancy Ingalls](#)
Sent: Wednesday, January 26, 2022 11:17:45 AM
To: [Paul Schirduan](#); [~House Education Committee](#)
Cc: [Darlena Clark](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: RE: HB1131- Face Coverings - Support
Importance: Normal

Paul- I agree & will put support to both of these bills! I will do that later today or tonight. Thank you,
Nancy Ingalls

Sent from [Mail](#) for Windows

From: [Paul Schirduan](#)
Sent: Wednesday, January 26, 2022 10:56 AM
To: houseeducationcommittee@leg.state.nh.us
Cc: [Darlena Clark](#); [Nancy Ingalls](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: HB1131- Face Coverings - Support

Rep Ladd et al.

Please support this bill. Here in Lin-Wood Coop we had a reopening school committee which recommended a vote by the school board to make masks optional. The school board refused to take a motion to vote reasoning that "what if the voters don't agree with us" ... it's one thing to make masks mandatory by a vote but it is unconscionable to prohibit a vote ... ONLY you can give us back our voice from these misguided and unpatriotic acts.

Paul H Schirduan
55 Church Street
Lincoln, NH 03251
603-728-8367

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Kathy Cahill](#)
Sent: Tuesday, January 25, 2022 6:27:07 PM
To: [~House Education Committee](#)
Subject: HB1131 oppose this bill as ITL
Importance: Normal

I believe it should be the school administration that manages any school wide illness and the state which legislates the need for Public Health . Parents have a role in supporting the care of children but the care must include all the students.

This bill is ITL. Please oppose it

Kathy Cahill
12 Holt
Concord, NH, 03301

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: [Phil Jackson](#)
Sent: Monday, January 24, 2022 4:41:05 PM
To: [~House Education Committee](#)
Subject: HB1131 STRONG SUPPORT
Importance: Normal

Hello folks,

Sharing my SUPPORT FOR HB1131 to prohibit school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

A very concerned parent is alarmed at the high spike in mental health crisis.

Regards,
Phil Jackson
Stratham

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Matt Forrest](#)

Sent: Monday, January 24, 2022 5:46:34 PM

To: [~House Education Committee](#)

Subject: HB1131 vote yes

Importance: Normal

Please vote yes to enact HB1131 into law to prohibit school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Thank you

Matt Forrest

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Jessica Robbins](#)

Sent: Tuesday, January 25, 2022 9:20:52 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

To whom it may concern:

I am a registered voter in Brentwood, NH. I have two children that attend Swasey Central Elementary School. I support HB1131 as masking should only be a parent's choice. Please help pass this bill.

Thank you,
Jessica Robbins
413-330-3908

Sent from my Verizon, Samsung Galaxy smartphone

Archived: Tuesday, January 25, 2022 9:50:49 AM
From:
[Erin Staffiere](#)
Sent: Tuesday, January 25, 2022 7:32:01
AM
To: ~House Education Committee
Subject:
HB1131
Importance: Normal
</p><div class=MsoNormal
align=center style='text-align:center'><span lang=EN-US style='mso-ansi-
language:EN-US'><hr size=2 width="100%" noshade color=black align=center
tabIndex=-1><DIV align=left>
<meta http-equiv="Content-Type"
content="text/html; charset=utf-8"><div dir="ltr">Please vote
NO<div>
</div><div>Erin Staffiere</div><div>11 Pine
Road</div><div>Brentwood, NH 03833</div></div>

Archived: Tuesday, January 25, 2022 9:50:49 AM
From: [jen marr](#)
Sent: Monday, January 24, 2022 10:38:53 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good Evening,

I am a parent to a 14 year old who is at Exeter High School and a 9 year old who we pulled out of our local elementary school in Kensington. For almost two years our kids have been masked everyday at school. Their academics and mental health is suffering more than anything. My daughter ended up needing a tutor because she was so far behind in her academics.

These kids need to see facial expressions from their friends and teachers. What about children with learning disabilities or sensory issues and you expect them to keep a mask on all day. This is child abuse!

I do not know how any school board should have the ability to mandate masks for our whole districts. This is where this needs to stop and the control and empowerment trip they are on ends. They are not looking out for the best interest of the children.

I am in full support of Bill HB1131 and hope that we can turn things around in the schools.

Thank you for your time!

Sincerely;

Very concerned parents
Jenn & Patrick Marr
Kensington, NH 03833

Archived: Tuesday, January 25, 2022 9:50:49 AM
From: Jose Otero
Sent: Monday, January 24, 2022 10:08:18 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

I am writing in support of this bill.

My name is Jose Otero and I have 3 children in district SAU 16. I have lived here for 10 years.

I come from a city with very low graduation rates, low self esteem and very poor academics. What I have seen this district do and countless others in this state is appalling. There is no need for the state of NH district school boards to be implementing such policies. Especially what we have learned over 2 years. These kids need to see the faces of their teachers and their friends. That is so important. It's almost as if people have forgotten social and emotional needs for kids.

PLEASE help our kids have an option. For two years we have emailed, talked, protested, yelled from the rooftops, spoken in person, etc. but noone is listening. We need this bill to pass for our children. Everyone should have a choice and not be threatened that they need to leave a public school because they won't comply.

Thank you for your time,
Jose Otero

--

Thank You
Jose Otero

978 609 7437

Archived: Tuesday, January 25, 2022 9:50:49 AM
From: Sarah Hogue
Sent: Monday, January 24, 2022 9:58:17 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

I am writing in support of this bill.

It has been almost 2 years and it's been an uphill battle to say the least. I live in district SAU16. The school board, administration, and superintendent have only one agenda, they do not hear or listen to anyone that has critical thinking differently than theirs. In 2 years not one time have they listened to the majority of us parents to hear what we have to say. Not one time have they listened to scientists. They have sat silently in board meetings, only allowing parents to speak on this for 2-3 minutes with no communication back.

Facial coverings do nothing for our children. Not one of us were trained how to wear them and not one of us were trained how to teach people how to wear them.

Enough is enough. our kids need to see our faces. PLEASE! Us parents in SAU 16 have done everything in our power to get an option.

Thank you
Sarah Hogue

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Heather](#)

Sent: Monday, January 24, 2022 9:06:22 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Greetings,

I write to urge your support of this bill. Understanding that new information from the CDC highlights the use of cloth masks non beneficial it is important to put choice back in the hands of parents. Masks have had a detrimental mental health effect on our youth. Please vote in support of this bill.

Thank you.

Sincerely,

Heather Froumy

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: [Liz Kittredge Lord](#)
Sent: Monday, January 24, 2022 7:37:22 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

Please let this pass, I have 3 kids and and it should not be a school boards place...

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Liz Lord

Sent from my Galaxy

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Lex Morton](#)

Sent: Monday, January 24, 2022 7:16:40 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Dear Sir or Madam,

My name is Alexis Morton and I reside in Stratham, NH. I have two children, the eldest of whom is currently enrolled at Stratham Memorial School. I am writing to express my STRONG support for the proposed bill HB1131 and I am urging my representative to vote in favor of passage.

Thank you for your time and consideration.

Sincerely,

Alexis Morton
978-873-5893

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Michael Morton](#)

Sent: Monday, January 24, 2022 7:14:50 PM

To: ~House Education Committee

Subject: HB1131

Importance: Normal

Dear Sir or Madam,

My name is Michael Morton and I reside in Stratham, NH. I have two children, the eldest of whom is currently enrolled at Stratham Memorial School. I am writing to express my strong support for the proposed bill HB1131 and I am urging my representative to vote in favor of passage.

Thank you for your time and consideration.

Sincerely,

Michael Morton, MD

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Tina](#)

Sent: Monday, January 24, 2022 7:12:54 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Hi,

I am writing to ask you to support HB1131. I believe no school board, or school official should be able to create a mask policy. This is a family choice, not for mandates. Let every individual choose what they feel comfortable doing. This is New Hampshire, live free or die. Give us the freedom to choose and end these crazy ineffective mandates. I am a Pre K teacher and seeing my kids when masking was required was disgusting. Kids are constantly fidgeting with them, don't wear them properly, glasses FOF up and it restricts breathing. It has been proven that masks don't work, so please vote to end these mandates.

Thank you for your time,

Tina Jennings

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:50:51 AM

From: [Amy Cocci](#)

Sent: Friday, January 21, 2022 6:50:21 PM

To: [~Senators](#); [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Dear Legislators:

My name is Amy Cocci, 8 Hillcrest Lane Londonderry NH. I am asking you to please SUPPORT HB1131. Schools should not have the right to mask our children. This should be a parents decision. Please do the right thing and support this bill.

Thanks

Amy Cocci

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Kristie Morris](#)
Sent: Tuesday, January 25, 2022 7:23:43 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I am writing in support of HB1131. Parents should have the choice to send their children in masks or not. At this point in the pandemic, it doesn't seem to matter whether masks are being worn or not. I am a teacher and a parent of 3 children. We are required to wear masks, I wear a mask everywhere in public and I still got the virus. I was mildly sick. Enough is enough. Respectfully,
Kristie Morris North Woodstock, NH

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Sheena Haney](#)
Sent: Tuesday, January 25, 2022 7:18:24 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good Evening,

As an educator in SAU-16 and a mother of two students in New Hampshire, I support bill HB1131.

Respectfully,
Sheena Haney -
Exeter, NH

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Melanie Steenbeke](#)
Sent: Tuesday, January 25, 2022 3:30:59 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Hello my name is Melanie Steenbeke from Loudon. Please vote to support this bill. I feel it is wrong for my child to have to cover her face all day in school, not being able to breath fresh air, and hiding her face from all to see and she cannot see the other children and staff. She has social/emotional issues, and its important for her to be able to see how people are feeling. Get rid of the masks!

Thank you,

Melanie and Ed Steenbeke

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Gavin Kearns](#)
Sent: Tuesday, January 25, 2022 1:37:38 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Hello,

My name is Gavin Kearns. I am a resident of Newmarket NH and am in my 11th year teaching. I have taught in both public K-8 elementary schools and high schools. I am emailing you to let you know that I do not support bill HB1131 that would prevent school districts from mandating masks. I oppose this for a couple of reasons. First I believe in local control. By passing this bill, it would overrule the local control school boards have over their own district. School boards based upon infection rates should have the authority to make decisions about the mitigation tactics that they feel as appropriate. By passing this bill, it would take away that local control school boards have.

Second, there is a consensus of scientific research that supports masks have no detrimental effects to health and has been proven again and again as effective means to mitigate the spread of viruses and bacteria infections. While many would disagree with that statement and be able to provide counter-evidence, there are far more studies that are more reputable and peer reviewed that show mask effectiveness. If a district decides that it is appropriate to mandate masks to reduce the transmission of disease in a population, they should have the ability to do so.

Thanks,

Gavin Kearns

Archived: Friday, January 28, 2022 8:40:40 AM

From: [Kate Demers](#)

Sent: Tuesday, January 25, 2022 11:54:07 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Dear Committee Members,

I write in hopes that you vote in support of HB1131. These past two years have not been good for anyone, least of all the schools. School administrators and school boards have made bold decisions that go against the wishes of many of the parents, and in recent months, MOST of the parents. Because of this parents have lost respect and trust in our school officials. The silver-lining is that we have become engaged again, and that is not going away again anytime soon. And this doesn't even speak to the way these students are feeling, especially the high schoolers (and they will be voting very soon). The jig is up. Parents and students have been taking note of who is trying to force things onto us through intimidation and punishment, and who is working to maintain personal rights to choose. There is a right and wrong side here. The right thing to do is to support HB1131.

Thank you,

Katherine Barth

Archived: Friday, January 28, 2022 8:40:40 AM
From: [Anne Griffin](#)
Sent: Tuesday, January 25, 2022 10:04:36 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

As someone who cannot wear masks and ultimately pulled my children to home school knowing masks would prohibit me from being able to be involved in my children's public school education.... I fully support this bill.

I urge you to support all parents and students in our state by supporting this bill.

Thank you
Anne Griffin

[Sent from Yahoo Mail on Android](#)

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Donny](#)

Sent: Tuesday, January 25, 2022 9:44:03 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

I am writing to support this bill. It must pass. This needs to be parents choice and not enforced by anyone else. This is America. Thank you.

Don Pomerleau
603-864-9192 cell

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: ellermannf@aol.com
Sent: Monday, January 24, 2022 8:00:02 AM
To: ~House Education Committee
Subject: HB1131/HB1371
Importance: Normal

Good Morning.

I'm writing as a grandparent to express my opposition to HB1131 and HB1371.

I am a grandparent who is interested in keeping my grandchildren healthy and safe from covid 19.

The science of this disease tells us that masking can do that.

I am depending on you, those I have elected to represent me, to act in the best interest of our children.

If I were in the State House, I would oppose these bills.

The parents who are screaming to not wear masks are the same parents who are screaming to keep our schools open. You can't keep the schools open and functioning if everyone in the school is sick.

Please do not support these bills.

Maureen Ellermann

Concord

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: [Tracy](#)
Sent: Sunday, January 23, 2022 10:44:23 AM
To: [~House Education Committee](#)
Subject: HB1371 and HB1131 Mask Policy for Schools
Importance: High

Hello,

I am writing to you as a parent in support of bills HB1371 and HB1131. I currently have two children going to school who have been required to wear a mask to school all day and this policy has been devastating to their mental and physical health. I view this as child abuse and I am fighting for the health and well-being of my children as I implore you to do the right thing and let the decision of mask usage to be up to the parents, not the government or the schools. Children are not at risk from Covid, masks do not stop the virus and they cause great harm both mentally and to these children's immune systems. My children are being harmed by being forced to wear masks to school. This is wrong and it needs to stop. If parents and their children want to wear a mask, they are free to do so. Children that do not want to should have the same freedom. Please support these bills and give us back our freedoms. An entire generation of children is being harmed and we need to protect them.

Thank you,
Tracy Pollak

Archived: Tuesday, January 25, 2022 9:50:49 AM
From: [Sarah Hogue](#)
Sent: Monday, January 24, 2022 9:59:00 PM
To: [~House Education Committee](#)
Subject: HB1371
Importance: Normal

I am writing in support of this bill in addition to my previous email in support of HB1131.

Thank you
Sarah Hogue
SAU 16

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Teresa Enos](#)
Sent: Tuesday, January 25, 2022 5:47:14 PM
To: [~House Education Committee](#)
Subject: House Bill # 1131
Importance: Normal

We're in favor of this bill! Please pass it!
Thank you,
Manuel and Teresa Enos

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Marianne Casey](#)
Sent: Monday, January 24, 2022 6:17:15 PM
To: [~House Education Committee](#)
Subject: House Bill 1131
Importance: Normal

Dear Committee

I'm writing to support HB1131 - Masks have been proven, and dubbed most recently by the CDC, as ineffective. Please allow parents to chose to continue to mask their kids. It's been two long years and we are causing so much harm. Students can't see their peers, follow social cues, see delight or anger....all the things that matter when socializing and growing.

It's been over 700 days! Our district has had hundreds of Covid cases.....ALL STUDENTS LIVED TO TALK ABOUT IT. They are not the demographic at risk, please help us get the masks off our kids!

Florida - maskless for a year - lowest Covid cases in the entire country!

Thank you for your consideration...
Marianne & Matt Casey
Brentwood NH

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Karen Kimball](#)
Sent: Monday, January 24, 2022 5:29:33 PM
To: [~House Education Committee](#)
Subject: House bills HB1131. HB1371
Importance: Normal

MASK BILLS in the House
Thursday, January 27th

SUPPORT – HB 1131

This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.

SUPPORT – HB 1371

This bill leaves the choice of whether to wear a mask up to parents and students and prohibits bullying that encourages mask wearing.

Please support these two bills.
Thank you
Karen Kimball

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: [Robert Mantegari](#)
Sent: Monday, January 24, 2022 4:07:25 PM
To: ~House Education Committee
Subject: I support Bill HB1131
Importance: Normal

Please accept this email in support of bill HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Thank you

Sent from my I-Phone

Bob Mantegari
Health Officer/Selectboard

1 Dalton rd
Brentwood NH 03833

Cell (best) (603)793-2827
Office (603) 642-6400 x 10

E-Mail: Rmantegari@brentwoodnh.gov

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Archived: Tuesday, January 25, 2022 9:45:55 AM
From: jackson.home@yahoo.com
Sent: Monday, January 24, 2022 9:44:07 PM
To: ~House Education Committee
Subject: I Support HB 1131
Importance: Normal

I am a 43 year resident in NH

We need these bills to protect the children.

Children will start dying of pneumonia and adults from mask wearing. Our Exhale is one of the bodies waste dispersal mechanism.

Depriving the body of this process and forces humans to breath our waste carbon dioxide back in!!
but DEPRIVES THE BODY OF OXYGEN!

This lowers our immune system, each minute worn. It also is Morally wrong due to its dehumanization of humans.

My family supports this bill.

Best,

Wendy Jackson

[Sent from Yahoo Mail on Android](#)

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: Jim and
Sent: Monday, January 24, 2022 7:56:25 PM
To: ~House Education Committee
Subject: I support HB1131 and HB1371
Importance: Normal

To Whom it May Concern,

I'm writing to urge you to support and enact NH legislation

HOUSE BILL **1131** AN ACT relative to facial covering policies for schools.

and

HOUSE BILL **1371** AN ACT relative to school district policies on facial masks of students in schools.

Both of these pieces of legislation provide a common sense approach to parents and students to take the appropriate health precautions during time in school.

There just isn't any logical reason for schools forcing all students to wear face coverings. Masks simply have not shown that they effectively prevent the spread of Covid. If a parent does think that a mask will help their child, then by all means allow that parent and student to make that decision. If they believe like I do that a mask will not, then do not force them to.

There simply has not been any evidence that mandating wearing cloth masks, paper surgical masks, or N95 mask has stopped or slowed covid transmissions. Let alone each mask type has very specific use procedures and if not followed could actually make the situation worse (wearing dirty masks, touching mask with hands, etc)

Much of this seems to be based on an irrational fear of covid. For our students, the risk of having a serious covid illness requiring hospitalization is very low. In fact the risk of being injured in the school bus in an accident is much higher.

Please help us reduce the irrational fear and allow our parents and students make the decisions they feel are appropriate for their own well being.

Thank you for your support,

James Hajjar
33 Mohawk Ln
Brentwood, NH 03833
603-580-1034

Archived: Friday, January 28, 2022 8:40:40 AM
From: [Lorelei Davis](#)
Sent: Tuesday, January 25, 2022 11:30:52 AM
To: [~House Education Committee](#)
Subject: I support HB1131
Importance: Normal

Please note my support for HB1131

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Lorelei Davis
Exeter, NH

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Alana Babineau](#)
Sent: Monday, January 24, 2022 3:19:04 PM
To: [~House Education Committee](#)
Subject: I Support the Following Bills
Importance: Normal

Hello,

I wanted to send an email in support of HB 1131 and HB 1371.

Best,

--

Alana Babineau
NH Citizen



Lexi
PDS



Archived: Tuesday, January 25, 2022 9:50:51 AM

From: Jenna A

Sent: Sunday, January 23, 2022 4:58:51 PM

To: ~House Education Committee

Subject: In regards to HB1131

Importance: Normal

Hello Committee members,

I'm sorry I cannot attend the meeting in person, however I figured I would send you an email in my vote to support this bill. I am strongly for removing the school and school boards rights to mask my child, from the get go, all we ever asked, was for the masks to be optional and up to the parents. How quickly I realized the school board no longer works for us, does not agree with our wants and decisions despite my taxes paying for this public school, teachers and board members' salaries, especially the super intendent, but this is where I take a stand for my 3rd grader and say enough. During an October 19th, 2021, school board meeting - a member of the SAU16 board stated " Mr. Hall said we need to protect students. **It's not a matter of parent choice.** Ms. Litchfield said she thinks it's the parent's choice for their kids." Along with 2 other board members agreeing with Melissa.

Which can also be found here, at the bottom of page 4.

~ <https://drive.google.com/file/d/1yf2J3XxG6U5F343NjdSzZqdmfgdgBqA4/view?fbclid=IwAR0YLL1nua1jeVNal1KiMkOs34VIHpT6hDg9NsP2XWKAinrrt6zqyZidAI>

Here is the link to the video as it was recorded as well and is stated at 57:57 ~

https://www.youtube.com/watch?v=J_OCOCwSHnA&t=7642s

From a mother's point, I've seen firsthand the harm that is has caused my child, a horrific cough for the last year, daily migraines, and an overly emotional and angry, spiteful child. She has been unable to see her classmates or her teachers' expressions in 2 years (regardless of the minimal lunch free faced or recess, which up until recently they were wearing them outside as well), the long-term affect this is going to have on her is detrimental, as a parent all I want to do is fix it and make things right but our words, wants and needs for our children continue to fall on deaf ears. My 8 (almost 9yr old) said to me the other night, mom why can't I take 2 years off, get my life together and go back to school, I really need a break. My heart hurts for the words and thoughts that she is keeping inside that has even caused this reaction as she has always loved school so if she thinks like this, I can imagine what all the rest of the children are feeling as well.

From my child's view, I've had many troubles over the year of having many migraines, having to constantly go to the nurse's office to be treated. It's hard to hear teachers and classmates and understand to learn. It's hard not to be able to see people's faces and hear their voice when they are speaking, teachers are saying they have to social distance and keep our space and faces covered so we don't spread covid. We can't celebrate my birthday with food because of covid but I can hand out treats (pencils) for my classmates. None of this makes sense to me. It's annoying me since we have done this for 2years as I started out doing zoom when this first happened and it was distracting, being in person now is even more distracting.

Aside from the ever-resounding facts that masks don't work, they are unhealthy and harboring bacteria as these children don't know how to properly handle them. This should never have been a permanent bandaid for something we will never fully get away from. Let our children live, breathe and be happy but most of all allow them to be children. These early years are utterly the most crucial for not only their wellbeing and mental health but to learn as well. At this point I would imagine the majority of the population and school has had covid (I know we have) so now that we have that immunity, all the more reason to forgo masks. Those that want too, can absolutely wear them, those that don't should not be forced to, just as such those that wanted the vaccine have it and that's what we were all waiting on but I think the school wants to continue to receive the money to keep them masked and it needs to end now. I imagine you will hear from plenty of parents in support of this and I hope you support our decision and move forward with passing this bill.

Thank you,
Jenna Avery

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Johanna Lawrence](#)
Sent: Tuesday, January 25, 2022 11:28:58 PM
To: [~House Education Committee](#)
Subject: In strong support of HB 1131
Importance: Normal

Hello Committee Members,
I am a NH citizen and mother in strong support of HB 1131 relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.
My children have been wearing the masks to school every day for two years now and the effects have been devastating. Please allow our NH children to breathe!
Thank you for your support,
Johanna Lawrence
Rye, NH

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Dave Cory](#)
Sent: Wednesday, January 26, 2022 3:06:25 PM
To: [~House Education Committee](#)
Subject: In strong support of HB 1131
Importance: Normal

Hello Committee Members,

I am a NH citizen and father in strong support of HB 1131 relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.

My children have been wearing the masks to school every day for two years now and the effects have been devastating. Please allow our NH children to breathe!

Thank you for your support,

Dave Cory

Rye, NH

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Diane Neuland](#)
Sent: Wednesday, January 26, 2022 9:21:19 PM
To: [~House Education Committee](#)
Subject: In Support of HB 1131
Importance: Normal

Please support HB 1131. Masks should be optional for all at all times.

Sincerely,
Diane Wilson
Hollis, NH

Sent from [Mail](#) for Windows

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Elizabeth Foster](#)

Sent: Monday, January 24, 2022 8:09:11 PM

To: [~House Education Committee](#)

Subject: In support of HB1131

Importance: Normal

I have three children that attend private schools in New Hampshire. We all know too well that masks not only don't work, but are causing massive amounts of physical and emotional damage to our kids. At the very least, masks should be optional and not required and not allowed to be mandated by any school district or private accredited school. Stand up for our children.

Elizabeth Foster

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: [Candice Cunha](#)
Sent: Monday, January 24, 2022 7:57:22 PM
To: ~[House Education Committee](#)
Subject: NH House Remote Testify - HB1131 in House Education
Importance: Normal

I support this bill - HB1131.

I have two children ages 8 and 9, my 8 year old was in Kindergarten when this masking began, he does not know what it is like to attend school without a mask. How awful and tragically sad that he hasn't experienced the smile on his friends faces. We are in the Brookline public school system SAU 41 and the mental health is suffering. The anxiety about going to school is incredibly bad. The terror of gym class with a mask on, at recess, the pain from their ears being pulled at, their noses aching from the rubbing.

Children don't belong in a mask.

This has gone on long enough.

Please unmask our children.

SUPPORT HB1131

Registered voter. Candice Aiello-Cunha 1 Baldwin Drive Brookline NH 03033

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Claudia Damon](#)
Sent: Monday, January 24, 2022 3:58:02 PM
To: [~House Education Committee](#)
Subject: NH voter asks you to oppose HB 1131 and HB 1371
Importance: Normal

Dear Education Committee members,

I am a NH voter and I ask you to please include this email letter in the record on both the bills named in the subject line for this email.

There is a lot of misinformation about masks. Do they stop COVID dead in its tracks? No. Do they help slow the spread of COVID? Yes. We all want schools to stay open, and masks will allow this to happen more safely. The fact that masks are not perfectly safe should not wipe out the use of masks to make people more safe than they would be without them.

The rights of people who want their children to be mask free can't trample the rights of other people to protect their children in as safe an environment as possible.

It seems to me that you should follow the path of providing safety to your people--that is one of the chief functions of government after all. Masks are safer than no masks. The conclusion is that you should please vote NO on HB 1131 and HB 1371.

Thank you for your work,
Claudia Damon
Concord, NH

Archived: Tuesday, January 25, 2022 9:45:56 AM

From: [JEANNE LUDT](#)

Sent: Monday, January 24, 2022 9:32:42 AM

To: [~House Education Committee](#)

Subject: Please oppose HB 1131 and 1371

Importance: Normal

We all know that wearing masks protects everyone and allows school to remain open. This decision should not be left up to individuals - the school administration should be able to control the use of masks within a school as they know their population best and know when Covid numbers reach an unsustainable number.

Thank you -
Jeanne Ludt
3 School St
Amherst NH 03031

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Annie Rettew](#)
Sent: Monday, January 24, 2022 3:36:31 PM
To: [~House Education Committee](#)
Subject: Please oppose HB 1131 and HB1371
Importance: Normal

Please help us get out of this pandemic. Face masks work and are not a burden. Getting Covid is a burden. Please keep NH healthy.

Thank you.

Annie

Annie Rettew, RN
603-651-7000

Archived: Tuesday, January 25, 2022 9:45:55 AM

From: [Taci Guven](#)

Sent: Monday, January 24, 2022 9:56:19 PM

To: [~House Education Committee](#)

Subject: Please support

Importance: Normal

Dear Committee Members,

I ask that you support HB 1131 and HB 1371.

Thank you
Taci Guven

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Edwin Meszynski](#)
Sent: Tuesday, January 25, 2022 6:40:31 PM
To: [~House Education Committee](#)
Subject: Please support HB 1131
Importance: Normal

Committee members,
please support this bill.
Thank you,
Ed Meszynski

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:17 AM
From: Gary Carlson
Sent: Tuesday, January 25, 2022 8:27:12 PM
To: ~House Education Committee
Subject: Please Support HB 1131
Importance: Normal

Dear House Education Committee Members,

I am writing to ask that you please SUPPORT HB 1131.

Masks have been incredibly controversial. I have always understood wearing a mask when you are symptomatically sick to keep coughs & sneezes contained. I am firmly against masking healthy people, especially school children. Communication is greater than 75% non-verbal. Masks are creating life-long emotional and mental health issues for our children.

If God intended us to breathe with a restriction over our face, we would have been born with gills.

The mask insanity for a virus that has a survivability rate of over 99%, very similar to the seasonal flu, needs to end now.

Thank you & God Bless, Gary

Gary carlson
Portsmouth, NH

Archived: Tuesday, January 25, 2022 9:50:51 AM

From: [Elliot Axelman](#)

Sent: Sunday, January 23, 2022 9:23:15 PM

To: ~House Education Committee; seboyd2020@gmail.com; Michael Yakubovich; johnaleavitt@outlook.com; Thomas Walsh

Subject: Please support HB1131

Importance: Normal

Dear Representatives,

My family and I would like you to please support [HB1131](#), which would prohibit schools from mandating masks on children or adults. [Masks do not work](#) and do cause harm.

Thank you very much.

--

Elliot Axelman, NRP, FP-C, NASM
Editor-in-chief, LibertyBlock.com
Author, Defiance Press & Publishing

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: drsafmills (null)

Sent: Monday, January 24, 2022 8:44:23 PM

To: ~House Education Committee

Subject: Please support HB1131

Importance: Normal

Dear Committee,

As a member of the public, a parent and a licensed health care professional I ask that you support HB1131 - prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Stephanie Ryan, DC

139 Mountain Road

Concord NH 03301

(603)568-0418

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:19 AM
From: [Christy Lavigne](#)
Sent: Tuesday, January 25, 2022 9:46:36 AM
To: [~House Education Committee](#)
Subject: Please support
Importance: Normal

Please support HB 1131 and HB 1371

Thank you,
Christy Lavigne
29 Veterans Terrace
Somersworth NH

Archived: Tuesday, January 25, 2022 9:50:51 AM

From: [Keith Paul](#)

Sent: Monday, January 24, 2022 4:35:35 PM

To: [~House Education Committee](#)

Subject: Reject Bill # HB1131

Importance: Normal

I am NOT in support of Bill # HB1131 prohibiting school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

I believe schools SHOULD be able to set policies that follow medical science and are intended to keep staff and students safe.

Respectfully,

Jessica Paul

Brentwood

Archived: Tuesday, January 25, 2022 9:45:56 AM

From: [Dianne](#)

Sent: Sunday, January 23, 2022 5:57:23 PM

To: [~House Education Committee](#)

Subject: SUPPORT – HB 1131,

Importance: Normal

Masks should not be required in public or private schools.

Dianne Vogt
Dover

Sent from my iPad

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Kathy Mayo](#)
Sent: Tuesday, January 25, 2022 2:37:22 PM
To: [~House Education Committee](#)
Subject: SUPPORT – HB 1131
Importance: Normal

PLEASE SUPPORT this bill that prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks. This is extremely unhealthy and is literally killing people both physically and emotionally.

Thank you.

Sent from [Mail](#) for Windows

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Margaret Coppens](#)

Sent: Monday, January 24, 2022 8:32:14 PM

To: [~House Education Committee](#)

Subject: Support for bills

Importance: Normal

HB1131 -

I support school boards not being able to force students to wear masks. It should be a parent decision vs a school board decision.

HB1371 -

I support this bill and think masking of children should be a parent decision not a school board decision.

Please pass these two bills for the mental health of our children and allow them to return to some sense of normalcy. They have paid too high a price for a virus that they are the least likely to be impacted by. This needs to change.

Thanks, Margaret Coppens.

Archived: Tuesday, January 25, 2022 9:45:55 AM

From: [Lauren Roberson](#)

Sent: Monday, January 24, 2022 6:56:42 PM

To: [~House Education Committee](#)

Subject: Support for HB 1131

Importance: Normal

Hello and good afternoon,

I wanted to show my support for the bill HB1131 decided Thursday. This bill would protect families from these insane requirements to mask children in schools There is no place for this as it has shown to not be effective and add to delays in social and academic development. Please pass this bill today!!!

Thank you,

Lauren Roberson

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Taryn Swenson](#)

Sent: Monday, January 24, 2022 7:46:55 PM

To: ~House Education Committee

Subject: Support for HB1131 & HB1371

Importance: Normal

Good Evening,

This email is being sent to support, and request, that both of these bills are passed by the House!

Bill #HB1131 to prohibit school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Bill #HB1371 to require school districts to adopt a policy leaving facial mask use to parents of students and not tolerating bullying, harassment, or discrimination.

I support both of these bills, and request that they both be passed! Our children deserve better! Please help!

Sincerely,

Taryn Swenson
SAU26

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Bill Gannon](#)

Sent: Monday, January 24, 2022 9:39:41 PM

To: [~House Education Committee](#)

Subject: Support for HB1131

Importance: Normal

I am writing in support of HB1131. Please allow parents the right to choose if their child should wear a mask. Schools that mandate universal masking are doing great harm to our children and refuse to acknowledge the fact that there is little to no benefit and great cost to learning, social skills, and mental health.

Thank You,
Bill Gannon
6 Ashlie Rd
East Kingston, NH 03827

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: [Carolyn McKinney](#)
Sent: Sunday, January 23, 2022 11:47:37 PM
To: [~House Education Committee](#)
Subject: Support HB 1131 and HB 1371
Importance: Normal

Dear Honorable Representatives,

I urge you to support HB 1131 and HB 1371. The masking of New Hampshire children has been one of the greatest tragedies of the anti-science COVID era. These policies were rooted in fear – and are still in place in many schools! – and have done monumental harm to our kids. It has harmed them physically by restricting their breath, emotionally by keeping them emotionally isolated from the people around them, and psychologically by trapping them in a prison of fear. These abusive school policies must be outlawed immediately, and the power over medical decisions returned to the parents where they belong.

Thank you,
Carolyn McKinney
Amherst, NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [maxim ledoux](#)
Sent: Tuesday, January 25, 2022 2:49:17 PM
To: [~House Education Committee](#)
Subject: Support HB 1131
Importance: Normal

Dear members of the House Education Committee,

Please support HB 1131, "relative to facial covering policies for schools."

The Town of Tuftonboro has moved its voting location from our Town House to the Tuftonboro Central School gymnasium. Because the Governor Wentworth Regional School District, of which Tuftonboro is a part, has an anti-data, anti-science, tyrannical mask mandate, even though their policy applies only to students and staff and not to the public, the Tuftonboro Moderator, Dan Barnard, is instituting a scheme to discriminate against voters who don't wear masks. He will segregate maskless voters and force them to enter the gym through a back door and to vote outside the official guardrail, imperiling the sanctity of the vote.

Moderator Barnard's actions not only harm the sanctity of the vote, but have a chilling affect on turn out because some voters will stay home rather than be ostracized. Furthermore, the requirement to wear a mask amounts to an unconstitutional religious requirement to vote. The wearing of a mask at this point is a state of faith in the infallibility of Anthony Fauci. Moderator Barnard and others can of course worship whatever deity they choose, but it is shocking to the American sensibility to have such a religious test placed upon the right to vote.

Support HB 1131 and schedule a hearing at the earliest possible date.

Thank you,
Max Ledoux
Tuftonboro

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Kelly Collins](#)
Sent: Thursday, January 27, 2022 12:55:22 PM
To: [~House Education Committee](#)
Subject: Support HB 1131
Importance: Normal

Dear Committee Members,

Please support HB 1131, relative to facial covering policies for schools. Wearing a mask at school needs to be optional, at the discretion of the parents for students and at their own discretion for staff.

Thank you!

Sincerely,
Kelly Collins
Hancock, NH

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: [Linda Van Arsdale](#)
Sent: Monday, January 24, 2022 7:21:27 PM
To: [~House Education Committee](#)
Subject: Support HB1131
Importance: Normal

Please support HB1131 which prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Regards,

Linda Van Arsdale
Wolfeboro, NH 03894

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: Erica Hiera
Sent: Monday, January 24, 2022 10:06:43 AM
To: ~House Education Committee
Subject: Support of HB1371 (2022)
Importance: Normal

Hello,

My name is Erica Hiera. I live in Newmarket, SAU31. I have a son in 3rd grade and a daughter in 6th grade. I have been advocating for the last year + to make masking optional in our schools, without success.

Masks are not preventing the spread of COVID in our town or in our schools. They are doing nothing positive for our kids. They are causing far more harm than good. They are making it hard for kids to hear their teachers, they can no longer see their friends facial expressions, they are a source of anxiety because the kids are constantly being spoken to about how they're wearing them, and they have taken the attention of teachers off of actually teaching. Teachers spend their days policing mask wearing. How is this productive? All for what? COVID continues to spread, as it becomes clear that Mother Nature has decided that herd immunity is our only way out of this.

Masking should be up to the parents. I do not need the teachers or administrators in my town controlling health decisions for me and my family. I do not need them telling my kids that they have to wear a medical device on their faces. I do not need them to continue to spread fear and misinformation and pretend like my children are diseased when they are perfectly healthy. I need my kids to be able to breathe fresh air at all times, not just while outside.

Susan Givens, the superintendent for our SAU, has made it clear that she will not be lessening restrictions any time soon, especially not during this school year. She has made up her mind, and is in fact, ramping up her attack on kids who are "not wearing masks properly". She is implementing mask fitting sessions, and the Jr/Sr High has just implemented the following policy:

Beginning on Monday, January 24th, students who are not able to comply with mask requirements will receive one reminder before being sent to a counseling room for the remainder of the class period, followed by an after school detention. Here they will identify barriers to mask wearing and develop a plan for returning to class (parents will be notified). Any subsequent offenses will result in a one-day, in-house suspension.

How this is in anyway appropriate or acceptable, I have no idea. I can't believe it has come to this, but it has. My 6th grader can possibly be held hostage after school if she has to get spoken to about how she wears her useless Old Navy mask on her face.

Please, PLEASE, pass this bill, and HB1131 (2022) as well. The schools have FAR overreached. These kids have put up with enough and deserve to have school return to normal. They are allowed to do everything else in their lives maskless. What is the point of making them wear masks at school?

Thank you for your time,
Erica Hiera
7 Carolyn Drive
Newmarket, NH 03857
603.818.0356

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: Ann B
Sent: Monday, January 24, 2022 8:30:10 PM
To: ~House Education Committee
Subject: Supporting HB 1131 and HB1371
Importance: Normal

To The House Education Committee,

Please Support HB 1131 and HB 1371.

Below I have an article for 45 years of mask studies & proves how ineffective they are.

Thank you for standing for freedom & truth
Ann Bishop
Littleton NH

<https://principia-scientific.com/forty-five-years-of-mask-studies-prove-theyre-worthless/>

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: mcotton2015@gmail.com
Sent: Sunday, January 23, 2022 8:29:16 PM
To: ~House Education Committee
Subject: That you support that bill HB 1131 (2022)
Importance: Normal

Miranda Almeida here and I fully support the passing of the bill HB 1131 1/27/2022

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: [Ann Marie Banfield](#)
Sent: Saturday, January 22, 2022 3:31:47 PM
To: [~House Education Committee](#)
Subject: Vote OTP on HB1131
Importance: Normal

Dear Members of the House Education Committee:

My name is Ann Marie Banfield and I am a parental rights advocate in New Hampshire with a focus on academic excellence in our public schools. I am submitting written testimony in support of [HB 1131](#). HB 1131 would prohibit school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

Let me first start out by saying, I fully support parents and adults who choose to wear masks. I've been wearing masks for the past decade on planes because of a medical condition. I would be the only passenger on a plane with a mask on. Never did I expect or demand anyone else wear a mask. If they work, then I'm protected with my mask. It is my doctor who guides my decisions on vaccines, masks and other measures to reduce the risk of contracting the virus and spreading it. I do not want to catch it, and I do have a level of fear because of my medical condition.

I am here to support a parent's rights to make these decisions for their children and themselves. Those working in the school building have access to PPE, and can wear a mask if they want. They can wear more than one mask, as I've seen some people do. All of you get to make the decision if you want to wear a mask when you serve on this committee.

As a parental rights advocate, I have attended many school board meetings around New Hampshire with parents. I attended the court case where parents sued SAU16 to exercise their rights to make this decision. I am astounded that parents have to take their school district to court over their fundamental rights.

The CDC says:

Important Ways to Slow the Spread of COVID-19

Get a [COVID-19 vaccine](#) as soon as you can. [Find a vaccine](#).

Wear [a well-fitting mask that covers your nose and mouth](#) to help protect yourself and others.

[Stay 6 feet apart from others](#) who don't live with you.

Avoid crowds and poorly ventilated indoor spaces.

[Test](#) to prevent spread to others.

[Wash your hands often](#) with soap and water. Use hand sanitizer if soap and water aren't available.

No one has mandated children to stay 6 feet apart from others. No one has mandated handwashing inside the buildings.



These are good recommendations and I take them seriously, but I also know parents who have children that have special needs, and getting them to wear a mask is an enormous challenge. Some of the children have broken out with rashes on their faces. The mandates do not allow for exceptions.

Parents have talked to their doctors about masks because their children have struggled emotionally throughout this pandemic. Even their doctors have asked that these kids be exempted. That has been rejected by the school board members. You can see that even doctor's advice has been rejected by elected individuals who do not know these kids personally, or have a medical degree.

Finally, this is just another example of why parents are removing their children from the public schools. This is what contributes to the lower enrollment numbers. If we really care about keeping children in the public schools so that funds are not taken away, then you have to show some consideration and respect for the parents.

For these reasons I urge you to vote OTP on HB1131.

Ann Marie Banfield
North Hampton, NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: Kristen DeFrancesco
Sent: Tuesday, January 25, 2022 11:48:39 AM
To: ~House Education Committee
Subject: Vote YES on HB 1131 - Remove Masks from our Children
Importance: Normal
Attachments:
IMG_6934.jpg  IMG_6933.jpg 

Dear Education Committee Members,

I urge each and everyone of you to vote YES for this bill. This bill is so important to our children and for their mental health. During this pandemic we rarely discussed the effects these masks are having on our children. Attached are 2 pictures that my 2nd grader created on her whiteboard. They are pictures of her, wearing a mask and crying. One says that Lexi is sad and the other says that she is crying because she is wearing a mask. No child should be feeling like this. As a parent my heart broke. Remove the masks.

Masks adversely affect respiratory functions, lower oxygen levels and raise carbon dioxide levels in blood. Mask also trap exhaled viral pathogens, collect and colonize viruses, bacteria and mold. With social distancing, you are more apt to get closer because you can't hear that person clearly. A mask doesn't show the person's mouth which makes it much harder for people who are hard of hearing to read someone's lips. In the end, masks give individuals false sense of security.

I can't tell you how many times my kids have come home with disgusting masks. There are numerous complaints of headaches or complaining that they don't get a lot of mask breaks. We mask our children, our growing and developing children for 6 hours a day, 5 days a week. God forbid a child has to go to a school run before school or after school care type program. That will add on hours where they are not breathing free.

I do support people who choose to wear a mask as it is their own personal choice but this should **NOT** be a mandate. If teachers and students want to wear masks, that is their personal choice. But teachers and students should also have the choice to **not** wear a mask. Parents should be able to make the decisions for their children, not the government.

Please stand up and do what is right, not what is easy.. VOTE YES for HB1131 and remove these masks once and for all!!!!!!!

Regards,
Kristen DeFrancesco
Moultonborough, NH

Archived: Friday, January 28, 2022 8:35:18 AM

From: [S Rubel](#)

Sent: Tuesday, January 25, 2022 3:51:43 PM

To: [~House Education Committee](#)

Subject: We support HB1131 - Masks are useless except on outwardly physically sick persons

Importance: Normal

To whom it may concern,

My wife and I strongly support the passage of HB 1131

We have concluded that masks do nothing to help stop the spread of Covid in those that are not sick (I.E. coughing phlegm) . We are far more concerned about the problems that masks can cause, such as respiratory problems In otherwise healthy individuals.

We support the passage of HB 1131

We love New Hampshire. However, If we come to a conclusion that New Hampshire is becoming a "nanny" state like the rest of New England then we will strongly consider leaving.
Please keep New Hampshire free!

Stephen and Milena Rubel
50 Point Pl., Apt. 306
Dover, NH 03820

617-312-0033

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Peter Bax](#)
Sent: Wednesday, January 26, 2022 8:47:49 AM
To: [~House Education Committee](#)
Subject: Yes on HB 1131
Importance: Normal

Please support HB 1131. In our schools there is no difference in the number of Covid cases between similar schools wether they are mask optional or mask mandated. However, the masks make it difficult for students to learn and are a serious distraction. This is especially true for children with learning disabilities and the lack of facial expressions is not only dehumanizing, but have shown to effect children's psychosocial development. The increase in mental health issues in children is also staggering. This is not a proper atmosphere for education and development.

-Pete

Sent from my iPad

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Emma Casey](#)

Sent: Monday, January 24, 2022 6:26:48 PM

To: [~House Education Committee](#)

Importance: Normal

I am emailing today in support of the HB1131 bill that prohibits school boards from enforcing face masks. Unmask our kids!!

Archived: Tuesday, January 25, 2022 9:50:51 AM
From: [Mike Sanborn](#)
Sent: Monday, January 24, 2022 5:12:01 PM
To: [~House Education Committee](#)
Subject: Bill #HB1131
Importance: Normal

Sending this email, to support this bill!

Bill HB1131 to prohibit school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Thank you in advance,
~Mike Sanborn

Mike Sanborn Excavating & Trucking, INC
3M Leasing, LLC
MJS Development, LLC
Pine Road Development, LLC
55 Homestead Lane
Brentwood, NH 03833
603-234-1424. Mike
603-300-6470. Jess
603-772-5949. Office

Archived: Tuesday, January 25, 2022 9:50:50 AM

From: [Rachel Haven](#)

Sent: Monday, January 24, 2022 7:25:49 PM

To: [~House Education Committee](#)

Subject: Bill #HB1131

Importance: Normal

I support this bill.

Thanks!

Rachel D. Haven

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [JULIE VELEVIS](#)
Sent: Monday, January 24, 2022 9:04:27 PM
To: [~House Education Committee](#)
Subject: Bill HB 1131
Importance: Normal

Good evening,

I am in full support of this bill. School boards do not and should not have the power to mandate people to wear face coverings, especially children.

Thank you for supporting this bill.

Regards,
Julie Velevis

Archived: Tuesday, January 25, 2022 9:50:50 AM
From: [Jess Sanborn](#)
Sent: Monday, January 24, 2022 5:14:48 PM
To: [~House Education Committee](#)
Subject: Bill HB1131
Importance: Normal

Sending this email, to support this bill!

Bill HB1131 to prohibit school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Thank you in advance,
~Jess Sanborn

55 Homestead Lane
Brentwood, NH 03833
603-234-1424. Mike
603-300-6470. Jess

Archived: Tuesday, January 25, 2022 9:50:49 AM

From: [Julianne](#)

Sent: Monday, January 24, 2022 8:20:02 PM

To: [~House Education Committee](#)

Subject: Bill HB1131

Importance: Normal

Dear Sir or Madam,

My name is Julianne Gillespie and I reside in Hampton falls, NH. I have two children enrolled in public school . I am writing to express my STRONG support for the proposed bill HB1131 and I am urging my representative to vote in favor of passage.

Thank you for your time and consideration.

Sincerely,

Julianne gillespie
603-801-0138

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: [Robert Vodra](#)
Sent: Monday, January 24, 2022 10:27:04 AM
To: [~House Education Committee](#)
Subject: HB 1131 & HB 1371
Importance: Normal

I am writing to urge you to oppose HB 1131 and HB 1371 when they are discussed this week. We are in a health crisis today, just drive up Pleasant street, stop by Concord Hospital ER. There are no beds, and patients who would have been seen immediately in the past are now waiting for hours in the waiting room.

According to the CDC, WHO and many other professional scientists, masks help to reduce the spread of the COVID-19 (SARS-CoV-2). Does not prevent, but helps reduce the spread. Due to the actions of certain politicians and news organizations, many parents are concerned about getting the vaccination, and because schools tend to be underfunded there is no room for social distancing in most schools. Masks are the only option left for schools to use to try to reduce the spread of this disease.

Whatever your personal feelings on mask use, these bills take away the only tool available to local school boards. They are already facing backlash about mask use, they need the support from the state, not more rules pushed on them to prevent them from making rules they feel will keep students safe. I trust my local elected school board, in discussion with local health professionals, to make the decisions to keep our students in school and safe. I do not believe the state should be making laws to prevent local school boards from doing what they, in consultation with professionals, feel is best at that time in their town.

Please do not take away local control on this issue today.

Rev. Robert Vodra
Pastor, First Congregational Church of Dunbarton, NH
Chaplain, Pembroke Fire Department
EMT - Tri-town EMS
[617-863-7241](tel:617-863-7241) (cell)

Archived: Tuesday, January 25, 2022 9:45:56 AM

From: [Matt Shirland](#)

Sent: Sunday, January 23, 2022 10:09:10 PM

To: [~House Education Committee](#)

Subject: HB 1131 (2022) Support

Importance: Normal

To whom it may concern;

My name is Matthew Shirland. I live in Nottingham NH. I have 5 children.

I'm writing to show my support 100% to pass this legislation to ban ridiculous mask mandates. I'm sorry I'm not able to be in attendance but I will be at work providing critical staffing as a Reactor Operator at Seabrook Station Nuclear Power Plant.

Please ensure passage of this vital bill protecting the rights of our children and returning power to parents to decide what is right for their children.

Thank you

Matthew Shirland

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: Erica Hiera
Sent: Saturday, January 22, 2022 12:49:33 PM
To: ~House Education Committee
Subject: HB 1131 (2022)
Importance: Normal

Hello,

My name is Erica Hiera and I live in Newmarket (SAU31). I fully support HB1131 to ban school face mask requirements. I have been asking my superintendent and school board to remove the mask requirements since the day they started. I have a petition signed by over 100 people who support this (<https://chnng.it/4phjWhqh>). Not only are masks still required, but our kids are not given mask breaks. I have doctors notes from my kids' pediatrician requiring that they be allowed to take mask breaks and those notes are not followed. The only way my kids will be given mask breaks is if they leave the classroom and go to the nurse's office. In order to be allowed to breathe, my kids have to miss school. Newmarket Jr/Sr High has sent the following out as of today:

Beginning on Monday, January 24th, students who are not able to comply with mask requirements will receive one reminder before being sent to a counseling room for the remainder of the class period, followed by an after school detention. Here they will identify barriers to mask wearing and develop a plan for returning to class (parents will be notified). Any subsequent offenses will result in a one-day, in-house suspension.

How is it legal that the schools are allowed to tell my kids what they can and cannot wear and how they can wear it and to punish them if they don't comply?? They are now requiring mask fittings. How are they qualified to give mask fittings?

Please do everything in your power to get this bill passed into law. Masking can and should be optional! It's fine if people want to send their kids to school in masks. They will always have that choice. But those of us who don't want to do not have a choice. We are literally forced to cover our kids faces each morning. It's horrifying. It's damaging. They are no longer able to see their peers' and teacher's expressions. They are constantly spoken to when their masks slip off their noses. They are so scared and broken from this.

Masking should be a personal decision. There is absolutely no reason that the schools should be able to force it upon everyone.

Thank you,
Erica Hiera
603-818-0356

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: mcotton2015@gmail.com
Sent: Monday, January 24, 2022 5:29:22 AM
To: ~House Education Committee
Subject: HB 1131 (2022)
Importance: Normal

I support support that bill HB 1131 (2022) to ban schools from being able to force masking.

Sent from my iPhone

Archived: Tuesday, January 25, 2022 9:45:55 AM

From: [Meaghan Parrish](#)

Sent: Monday, January 24, 2022 8:00:05 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

Hello,

I'm writing in support of HB1131. It is time parents are given the right to choose whether their child wears something over their nose and mouth where they breathe for seven hours a day. Please give this freedom back to the parents.

Thank you,
Meaghan Parrish

Archived: Tuesday, January 25, 2022 9:45:56 AM
From: Cheryl Bourassa
Sent: Monday, January 24, 2022 7:47:49 AM
To: ~House Education Committee
Subject: HB 1131 and 1371 please oppose
Importance: Normal

I teach in a primary school; while mask wearing is a challenge, it gives us some defense against the constant spread of disease. We all know that masks are the most effective if we are all masked. Opt-in mask wearing is pointless.

Cheryl Bourassa
11 Kimball St, Concord, NH 03301

Archived: Tuesday, January 25, 2022 9:45:54 AM
From: Zack Ehrhardt
Sent: Monday, January 24, 2022 10:48:48 PM
To: ~House Education Committee
Subject: HB 1131
Importance: Normal

Please support HB 1131. The current masking policies for our children are not rooted in science or facts but rather in ideology. Children are not at risk of serious illness or death from COVID and all teachers have had the opportunity to receive the vaccine by now. On Sunday I watched an NFL game with 70,000 in attendance and not a mask in sight, then on Monday we send our children to school with a mask. Where is the logic?

Thank you,

A concerned parent

-- Sent from mobile. Please excuse typos and brevity.

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Eric Bateman](#)
Sent: Monday, January 24, 2022 6:05:33 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

To all concerned,

Please support HB 1131. This bill is going up for vote on Thursday.

Thank you.

Eric Bateman
10 Stoney brook Lane
Exeter, New Hampshire.

Get [Outlook for Android](#)

Archived: Tuesday, January 25, 2022 9:45:55 AM
From: [Samantha Adams](#)
Sent: Monday, January 24, 2022 1:52:38 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Hello,

I wanted to voice concern over this bill. It has been proven time and time again by subject matter expertise that facial coverings work in the transmission of COVID. As a governing body please vote to ensure public safety.

Thank you,

Samantha Adams
East Kingston, NH

--

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:18 AM

From: [Stacey](#)

Sent: Tuesday, January 25, 2022 12:56:12 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

To whom it may concern,

I am writing to express my support for HB1131, as no school or school board has the right to force my children to wear a mask. A mask that does nothing other than hinder their breathing and have them be spoken to countless times all day long by their teachers if they don't like the placement of the dirty rag the children are forced to cover their face. The teachers are spending more time enforcing a bogus, tyrannical rule instead of teaching. Not that teaching matters now because the kids can not hear a word the teacher is saying as all words are muffled out and inaudible.

Please stop this nonsense and let parents and individuals choose. This is America after all.

Thank you for your time,

Stacey Yeatts

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Charles Chapin](#)
Sent: Tuesday, January 25, 2022 11:36:54 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Please support HB 1131. School boards and accredited nonpublic schools should be prohibited from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

These facial coverings do not stop the spread of the virus, only prolongs the spreading.

The facial coverings are only a hindrance for the child's mental and physical development.

Thank you for your time.

Charles Chapin

Alexandria

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Brian Simpson](#)
Sent: Tuesday, January 25, 2022 10:55:11 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Good morning,

I am a parent of two elementary students in the SAU 16 district. I hope I'm not the only one you've heard from and I do hope you've all heard about the ongoing frustrations of parents who wish to choose to put masks on their kids. I am writing to implore you to pass bill HB1131 and let the parents control what is done to their kids in public schools.

Thank you,

Brian Simpson
Information Technologist III
CWNA/CWDP
University of New Hampshire

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Beth Mahoney](#)
Sent: Tuesday, January 25, 2022 10:25:59 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

I am writing in SUPPORT of this bill. It is imperative that school boards and other non public schools understand what their job entails. It is NOT their job to implement any health policy such as adopting or enforcing or implementing a policy that requires students or members of the public to wear facemasks! In fact I dont believe that is anyones job. Its time to realize that too many agencies have taken up the "job" of making decisons for others that is truely not their business..

Respectfully submitted,

Elisabeth Mahoney (Grafton County)

Archived: Friday, January 28, 2022 8:35:16 AM
From: [katrina wagner](#)
Sent: Wednesday, January 26, 2022 11:15:27 PM
To: ~House Education Committee
Subject: HB 1131, HB 1371
Importance: Normal

As a NH taxpayers, registered voter and NH constituent I contact you in regards to my SUPPORT for the upcoming bills to be presented. I Katrina Wagner resident of Weare NH SUPPORT – HB 1131 and I SUPPORT – HB 1371.

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Maritza Corriveau](#)
Sent: Wednesday, January 26, 2022 10:03:42 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Dear Committee Members,

My name is Maritza Corriveau. I am a resident of Dover, NH.

I am writing today to respectfully request that you pass HB 1131. Schools should not have the authority to force students and members of the public to wear facial coverings. Masking should be optional. Families should be given the opportunity to decide for themselves if they want their child to wear mask. As we know, masks do not work against Covid-19 and are breeding grounds for germs. Young students need to be able to see facial expressions as this is crucial in their development and education. Masks do more harm than good for our students.

Please consider passing this bill.

Thank you,

Maritza Corriveau

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Dennis Ketner](#)
Sent: Thursday, January 27, 2022 12:55:33 PM
To: [~House Education Committee](#)
Subject: HB 1131: Facial Coverings in Schools
Importance: Normal

To the House Education Committee of New Hampshire:

I am writing you in support of HB 1131. The choice to wear facial coverings should be that of the parents and their children, not a school administrator, board or anyone else.

This is the Live Free or Die state and we should start acting like it.

Sincerely,

Dennis Ketner
Proud Resident of New Hampshire
PO Box 638
Epsom, NH 03234

Archived: Friday, January 28, 2022 8:35:15 AM
From: [Michelle Siudut](#)
Sent: Friday, January 28, 2022 7:33:18 AM
To: [~House Education Committee](#)
Cc: [Josh Yokela](#); [Melissa Litchfield](#)
Subject: HB 1131/HB 1371
Importance: Normal

Good afternoon, Committee Members,

I would like to encourage your support for HB1131 and HB1371.

These last 2 years have seen overreach of authority at all levels of government. Many seem to have forgotten that the government works for the people. Our Constitutions should be ample documentation of this fact, and these proposed bills should not be necessary. However, they are. Parents should be making decisions for their children, and protected from unfair treatment. So your support of these bills would be greatly appreciated.

--

Michelle Siudut

"The price of freedom may be high, but never so costly as the loss of freedom." Ronald Reagan

Archived: Friday, January 28, 2022 8:35:18 AM
From: [David Kiley, CPA](#)
Sent: Tuesday, January 25, 2022 6:12:16 PM
To: [~House Education Committee](#)
Subject: HB 1371 and 1131
Importance: Normal

Dear honorable reps,

I would love to speak about and support these bills, which seem wildly unnecessary based on existing laws, constitutional rights and morals as to the common senses.

Please contact me so we can discuss how critical these bills are. Our school boards, unions, nhdhhs, and administrators have pawned our children in a cycle of abuse with no accountability and just endless appeals to authority.

I have sued and my lawyer was suspended.

I have been prevented from going to SB meetings (91-a violations) over this, intimidated by police, and excoriated by other members of the public and I'm not going to take it any longer.

David Kiley
Atkinson
978-505-5499

Archived: Friday, January 28, 2022 8:46:43 AM
From: [Debbie Kruzel](#)
Sent: Wednesday, January 26, 2022 10:40:35 AM
To: [~House Education Committee](#)
Subject: HB 1371 comments before voting
Importance: Normal

Good morning!

I'm writing in support of HB1371. I am on the Board at the Charter School: Birches Academy of Academics and Arts in Board and have been "fighting" with other Board members for MONTHS about having MASK CHOICE at the school. We have a very small school and small Board and we've lost 4 to 3 every month since August to allow kids NOT wear masks.

There are many people at the school that don't understand science and have been brainwashed and terrified by the Mainstream Media. This is WRONG!!! Children DESERVE to breathe fresh air and if parents are still afraid, they can choose to have their own children wear masks! Wearing a mask to protect someone from a virus is like shoveling sand into a shopping cart to transport it somewhere: USELESS! It's also like sitting on a screened in porch made of chain link fencing to protect yourself from mosquitoes.

The science shows that children are not at risk from dying of COVID: there were 883 deaths across ALL the US of children under 18 years old that died with COVID. (We don't know for certain, but probably the great majority of these children were immunocompromised or had other complications.)

The science ALSO has shown that children don't "infect" adults. The largest majority of adults that died over the last 24 months have been those over 70 years old and with co-morbidities. That is WELL over retirement age.

When I drive from place to place to go to a drug store, grocery, Post office, bank, restaurant, the ONLY consistent place I see masks being worn are on school buses! This is a CRIME!!! Then, when I go into schools and I see kids wearing masks, it BLOWS MY MIND!

Please, please! Please vote in favor of HB1371 to ALLOW parents to determine what's right for their families, whether it's to have their children wear a mask or not!

Please reply that you received my email?

Debbie Kruzel
TEAM KRUZEL JORDAN Realty LLC

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Archived: Friday, January 28, 2022 8:35:17 AM
From: [Keith Milone](#)
Sent: Wednesday, January 26, 2022 6:30:25 PM
To: [~House Education Committee](#)
Subject: HB 1431, HB 1131, and HB 1371
Importance: Normal

Honorable Committee Embers,

I urge you to support and pass HB 1431, HB 1131, and HB 1371 to protect the basic sovereign rights of parents.

With respect and gratitude,
Keith

Keith Milone
Lyme, NH 03768

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Carol Bax](#)
Sent: Wednesday, January 26, 2022 2:36:50 PM
To: [~House Education Committee](#)
Subject: HB#1131
Importance: Normal

I support this bill.
Carol A. Bax

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Tara Mann](#)
Sent: Wednesday, January 26, 2022 8:40:07 PM
To: [~House Education Committee](#)
Subject: HB1131 and HB1371
Importance: Normal

I am writing to express that I am not in favor of these bills. The people of each school district elect their representatives to make SB policy. I feel these bills are governmental overreach to take that power away from the duly elected SB.

Thank you,
Tara Man
51 Worthley Rd
Weare NH

Sent from my iPad

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Darlena Clark](#)
Sent: Tuesday, January 25, 2022 6:08:38 PM
To: [~House Education Committee](#)
Subject: HB1131 - Mask Policy for Schools
Importance: Normal

Dear education committee,

I urge you listen to the families of New Hampshire and support HB1131. The toll these masks are taking on our children, is so very unfair to them. All to "protect" them from something they did not need protecting from, by hiding their little faces behind cloth, that a lot of us have been staying for a while now, does not stop the virus.

As a mother of 2 elementary aged children, it has been a hard thing to explain to my kids why smart grown-ups, who are supposed to be doing what is best for them, are still making them wear these things. They hurt their ears, get wet and gross, and give them headaches.

Thank you for you time.
Darlena Clark

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Tony LeClerc](#)
Sent: Wednesday, January 26, 2022 11:10:10 AM
To: [~House Education Committee](#)
Subject: HB1131 & HB1371
Importance: Normal

To whom it may concern,

As a NH resident in Exeter NH I support the passing of these 2 bills. It's time to let our children live a normal life, the damage this has caused is immeasurable.

Thank you for your consideration.

Tony LeClerc

Archived: Friday, January 28, 2022 8:35:16 AM
From: [John McGuire](#)
Sent: Thursday, January 27, 2022 12:10:33 PM
To: [~House Education Committee](#)
Subject: HB-1131 and HB-1371
Importance: Normal

Please stand with FAMILIES and SUPPORT these!

[Sent from Yahoo Mail on Android](#)

Archived: Friday, January 28, 2022 8:35:16 AM
From: [John McGuire](#)
Sent: Thursday, January 27, 2022 12:11:56 PM
To: [~House Education Committee](#)
Subject: HB-1131 and HB-1371
Importance: Normal

As a constituent, I ask that you vote to pass these. My family is counting on you.

[Sent from Yahoo Mail on Android](#)

Archived: Friday, January 28, 2022 8:40:40 AM
From: [Allison Battles](#)
Sent: Tuesday, January 25, 2022 10:44:38 AM
To: [~House Education Committee](#)
Cc: [Scott Battles](#)
Subject: HB1131 and HB1371
Importance: Normal

Hello,

We are NH parents of two school-aged children and are both in support of these two bills.

School board members are not doctors and are not the authority over my children. Please vote to end mandatory masking in NH schools and allow parents the right to choose what is right for their children.

Thank you,
Allison and Scott Battles
Exeter, NH (SAU16)

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Michelle Richards](#)
Sent: Tuesday, January 25, 2022 7:58:48 PM
To: [~House Education Committee](#)
Subject: HB1131 and HB1371
Importance: Normal

Hello,

Please know that I support a parents right to choose for their child to wear a mask, or not.

Thank you!
Michelle Richards

Archived: Friday, January 28, 2022 8:40:37 AM
From: [Sheri Pappajohn](#)
Sent: Thursday, January 27, 2022 10:55:21 AM
To: [~House Education Committee](#)
Subject: HB1131 and -HB1371
Importance: Normal

To Whom It May Concern,

My name is Sheri Pappajohn, and I support bills HB1131 and HB1371. Please put this on your records. My information is below if you need to contact me. Thank you,

Sheri

Sheri Pappajohn-McGuire
75 Meadowcrest Drive
Bedford, NH 03110
(603) 568-6356

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Debbie Kruzel](#)
Sent: Wednesday, January 26, 2022 10:40:33 AM
To: [~House Education Committee](#)
Subject: HB1131 comments before voting
Importance: Normal

Good morning!

I'm writing in support of HB1131. I am on the Board at the Charter School: Birches Academy of Academics and Arts in Salem NH and have been "fighting" with other Board members for MONTHS about having MASK CHOICE at the school. We have a very small school and small Board and we've lost 4 to 3 every month since August to allow kids to NOT wear masks.

The science shows that children are not at risk from dying of COVID: there were 883 deaths across ALL the US of children under 18 years old that died with COVID. (We don't know for certain, but probably the great majority of these children were immunocompromised or had other complications.)

The science ALSO has shown that children don't "infect" adults. The largest majority of adults that died over the last 24 months have been those over 70 years old and with co-morbidities. That is WELL over retirement age.

The science/data ALSO shows that depression and suicide are up.

When I drive from place to place to go to a drug store, grocery, Post office, bank, restaurant, the ONLY consistent place I see masks being worn are on school buses! This is a CRIME!!! Then, when I go into schools and I see kids wearing masks, it BLOWS MY MIND!

Please, please! We need our children to be UNMASKED NOW! Please vote in favor of HB1131.

Please reply that you received my email?

Thank you so much!

Debbie Kruzel
TEAM KRUZEL JORDAN Realty LLC

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Archived: Friday, January 28, 2022 8:40:38 AM
From: [Paul Schirduan](#)
Sent: Wednesday, January 26, 2022 10:57:03 AM
To: [~House Education Committee](#)
Cc: [Darlena Clark](#); [Nancy Ingalls](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: HB1131- Face Coverings - Support
Importance: Normal

Rep Ladd et al.

Please support this bill. Here in Lin-Wood Coop we had a reopening school committee which recommended a vote by the school board to make masks optional. The school board refused to take a motion to vote reasoning that "what if the voters don't agree with us" ... it's one thing to make masks mandatory by a vote but it is unconscionable to prohibit a vote ... ONLY you can give us back our voice from these misguided and unpatriotic acts.

Paul H Schirduan
55 Church Street
Lincoln, NH 03251
603-728-8367

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Nancy Ingalls](#)
Sent: Wednesday, January 26, 2022 11:17:45 AM
To: [Paul Schirduan](#); [~House Education Committee](#)
Cc: [Darlena Clark](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: RE: HB1131- Face Coverings - Support
Importance: Normal

Paul- I agree & will put support to both of these bills! I will do that later today or tonight. Thank you,
Nancy Ingalls

Sent from [Mail](#) for Windows

From: [Paul Schirduan](#)
Sent: Wednesday, January 26, 2022 10:56 AM
To: houseeducationcommittee@leg.state.nh.us
Cc: [Darlena Clark](#); [Nancy Ingalls](#); [Nancy Cunning](#); [Diane Tardif](#)
Subject: HB1131- Face Coverings - Support

Rep Ladd et al.

Please support this bill. Here in Lin-Wood Coop we had a reopening school committee which recommended a vote by the school board to make masks optional. The school board refused to take a motion to vote reasoning that "what if the voters don't agree with us" ... it's one thing to make masks mandatory by a vote but it is unconscionable to prohibit a vote ... ONLY you can give us back our voice from these misguided and unpatriotic acts.

Paul H Schirduan
55 Church Street
Lincoln, NH 03251
603-728-8367

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Kathy Cahill](#)
Sent: Tuesday, January 25, 2022 6:27:07 PM
To: [~House Education Committee](#)
Subject: HB1131 oppose this bill as ITL
Importance: Normal

I believe it should be the school administration that manages any school wide illness and the state which legislates the need for Public Health . Parents have a role in supporting the care of children but the care must include all the students.

This bill is ITL. Please oppose it

Kathy Cahill

12 Holt

Concord, NH, 03301

Archived: Friday, January 28, 2022 8:35:16 AM
From: [frank benton](#)
Sent: Thursday, January 27, 2022 9:50:56 AM
To: [~House Education Committee](#)
Subject: re: HB1131
Importance: Normal

I am in support of HB 1131. Please vote for it. Masking should be voluntary.
Thanks,
Susan Benton

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Kera Goldsmith](#)
Sent: Wednesday, January 26, 2022 10:26:59 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good evening,

As a mother of two elementary aged children here in New Hampshire, who are currently missing school because of a temporary mask mandate, I urge you to pass House Bill 1131.

Thank you,
Kera Clements

Archived: Friday, January 28, 2022 8:40:37 AM
From: [Sheri Pappajohn](#)
Sent: Thursday, January 27, 2022 10:58:19 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

To Whom It May Concern,

My name is Sheri Pappajohn, and I support bill HB1131. Please put this on your records. My information is below if you need to contact me. Thank you,

Sheri

Sheri Pappajohn-McGuire
75 Meadowcrest Drive
Bedford, NH 03110
(603) 568-6356

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Shawn Waterman](#)
Sent: Thursday, January 27, 2022 8:18:06 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good morning, my wife and I have been to many school board meetings in Weare and I have spoken in support of a no mask policy. Unfortunately we have been ignored at every meeting. We totally support this bill!

Thank you for all your hard work.

Shawn Waterman, Estimator/Project Manager
Custom Electric & Communications, LLC
407 Daniel Webster Hwy.
Merrimack, NH 03054
ph: (603) 424-7557 ext. 113
fx: (603) 429-1019
www.CustomElectricNH.com

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Rob St. Germain](#)
Sent: Wednesday, January 26, 2022 9:24:19 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good evening!

I'm writing in support of HB1131. My children attend the Charter School: Birches Academy of Academics and Arts in Salem NH. I and other parents have been "fighting" with other Board members for MONTHS about having MASK CHOICE at the school. We have a very small school and small Board and we've lost 4 to 3 every month since August to allow kids to NOT wear masks. I nearly pulled my kids out of school in August 2021 when the school abruptly changed from a no mask policy to masks required.

The science shows that children are not at risk from dying of COVID: there were 883 deaths across ALL the US of children under 18 years old that died with COVID. (We don't know for certain, but probably the great majority of these children were immunocompromised or had other complications.)

The science ALSO has shown that children don't "infect" adults. The largest majority of adults that died over the last 24 months have been those over 70 years old and with co-morbidities. That is WELL over retirement age.

The science/data ALSO shows that depression and suicide are up.

When I drive from place to place to go to a drug store, grocery, Post office, bank, restaurant, the ONLY consistent place I see masks being worn are on school buses! This is a CRIME!!! Then, when I go into schools and I see kids wearing masks, it BLOWS MY MIND!

Please, please! We need our children to be UNMASKED NOW! Please vote in favor of HB1131.

Sincerely,
Rob St Germain
4 Fairfax Ave #224
Derry NH

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Archived: Friday, January 28, 2022 8:40:38 AM
From: Kris E
Sent: Wednesday, January 26, 2022 5:32:11 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

Hello,

I would like to express my 100% support for HB1131. Our family lives in Nashua, and my 14 year old 9th grade son has not been able to attend our public schools for over 2 years, NOT because of any medical danger, but because of the decisions of the Nashua School District to force children to block their airways in order to attend the public schools. To breathe freely is a right that all of the animals in the world have, except for those humans unlucky enough to live in a state that won't protect that basic right. The SCHOOLS are hurting my son by denying him a free public education. My son cannot exist in a mask for more than a few minutes without pawing at it, moving it below his nose, gasping for air. He feels suffocated by it, claustrophobic, like he's choking on his own moist, stinky exhaust. It's disgusting to make someone rebreathe their own exhaust. Some people may be able to breathe just fine in a mask, by my son cannot. Breathing warm, moist, carbon-dioxide laden exhaust makes him nauseous, dizzy and causes his brain to turn off. How is he supposed to learn under those conditions? He would be in the nurse's office every single day with headaches, dizziness and nausea. Even after being harangued about it by teachers who have been turned into mask police, he still involuntarily lowers it because - surprise! - he wants and NEEDS to breathe. Removing his mask is an involuntary action that any organism will do that wants to live, yet children get screamed at, written up, sent to detention and reprimanded by teachers who have turned in to petty mask police - all for doing such a basic thing as wanting to BREATHE NORMALLY. This is what is passing as "education" in our schools now - constant mask beratement. How are we allowing this to happen, and for months on end?? The Nashua School District is and has been discriminating against any child who cannot live in a mask for 7+ hours. This is unfair treatment and unconstitutional, discrimination of the worst sort, and violates the very meaning of belonging to a community. My son does not feel a part of the community of Nashua anymore. The schools have isolated him, and made him hate his own town.

We have paid thousands of dollars in taxes to the town of Nashua, yet we have been forced to find education elsewhere. My son, who wants to attend a high school, meet friends there, and enjoy the educational opportunities there, instead has to homeschool and be alone most days with his laptop and little social interaction. At this point, if the state of New Hampshire continues to allow individual school districts to mandate masks, our family will be forced to sell the house we've lived in for 30 years and move to a different location (perhaps a different state?) just so our son can attend a normal high school and have a normal life. We can't even move anywhere else in New Hampshire because we are never sure if the power-hungry school district will simply enforce a mask mandate anytime someone on the board gets paranoid about whatever sickness is going around. Bodily integrity is a human right, one that should not be allowed to be stepped on by random members of government. We never thought this mask requirement would go on as long as it has here in Nashua, but apparently it's also a problem in many other New Hampshire towns. We feel abandoned by this state for not protecting us from people who are forcing us to live so abnormally that we cannot even access public services we have a right to. We feel that no one cares about us here anymore, no one is looking out for OUR interests. We are tired of having our son be seen as threatening other people just by walking around with his face showing.

The fact that we are continuing to force-mask children who are at almost no risk from a virus that for them is similar to a minor cold is unconscionable. Only ONE SINGLE CHILD age 0-19 has died of COVID in the entire state of New Hampshire in the past 2 years. The yearly flu was FAR more deadly to children, so why all the masking now? By the way towns have overreacted, you'd think there would be hundreds of children dying every month of covid - but no. Children were NEVER at any real risk from covid, and every scientist knows this just from looking at the actual raw data. The vaccine was marketed to bring peace of mind to everyone so we could all get back to normal. All teachers have been able to get the freely available vaccine, so why on earth are school boards STILL making kids block their breathing? Why are school boards making decisions based on fear, still? Who are we doing this for? It certainly isn't for the kids. Why have schools never mandated masks in the past for the annual flu, which is far more deadly to children of school age? Why now? And since when is it the SCHOOL DISTRICT'S place to make health decisions for me and my family? They do not have that right to do so. Everyone is entitled to triple mask and quadruple vaccinate themselves, but that freedom ends at the end of their BODY. They do NOT get to mandate to my son what he does with his own face. We don't go around telling others what to wear, or what to inject, so what gives other people the right to tell us what to wear and what to inject? What justifies the position of anyone who says they get to tell YOU what to do but you don't get to tell THEM what to do?

No one has ever justified mask mandates by answering the simple question: If your mask works, why then does it matter if I wear one? If someone is so afraid of getting sick, so afraid of catching a cold or flu or covid or a million other cooties in the big bad world called Life, then that person should either not leave their home, or mask their face tightly and wear a face shield and gloves and carry hand sanitizer around everywhere they go. If those measures aren't enough to make that person feel safe and secure in order to live a life without fear, then nothing ever will. Why is our state catering to the people who are clearly going to live the rest of their lives in utter fear, and is not catering to the people who are NOT living in fear and just want the freedom to make their own choices about their own bodies without being punished for that choice?

A healthy child with no symptoms who is forced to wear a mask to alleviate some other person's fear is INSANITY. It's not preventing the spread of ANYTHING. Why is it a CHILD'S responsibility to assuage the fear of some adult administrator? Some people will never feel safe, but we cannot allow those people to dictate life for everyone else in a free society. We in America do not do that sort of thing. Children wearing masks is just theater at this point, to assuage the fear of people who cannot stop fearing the virus. The virus is everywhere, everyone is going to catch it eventually no matter how hard we try to run away from it or warp our lives beyond all recognition. In fact, it would probably be GREAT if everyone caught it, the sooner the better, since it effectively acts better than a vaccine against future illness. 99.97% of people below age 60 survive just fine with only mild symptoms and do not require any hospitalization whatsoever, with or without all of the numerous therapies. Maybe if we hadn't masked up so quickly when this first started, enough of us would've already caught this coronavirus (aka cold), we would've already achieved herd immunity, and we wouldn't be looking at going into a third year of this.

Schools are the main source of childrens' suffering nowadays. They are suffering socially, emotionally, and educationally. Masks impede every aspect of learning in a school environment. School is a pale shadow of what it once was, because the halls are filled with ghost-like humanoids with no expression. It's not right to impose something so unnatural even on our worst criminals, let alone our most impressionable and learning population. Are we TRYING to make children hate life? School is 80% social, and to make kids block their faces and expressions from view is just plain cruel. If we were actually dealing with the Bubonic Plague where one third of the population was dying in the streets, then most people would just stay home to avoid contact with others. We wouldn't continue with this mask farce of trying to continue on with real life while hobbling our best and brightest. If masking actually worked to prevent illness, why are kids still having to mask after 2+ years? Shouldn't the masks have stopped the virus by now --- if they work? Yet it doesn't even matter whether masks work or not - forcing kids to cover their faces is unconstitutional. Individual town's have NO RIGHT to withhold taxpayer-funded public education from children who don't want to block their breathing for 7 hours a day. Going face-free is a basic human right, a right that even ANIMALS have. Are our kids less than dogs? NO ONE has the authority to force someone to cover their face unless they OWN that person as a slave. Last I checked, slavery was illegal.

Masks have been in use since the beginning of the school year in Nashua. So why, then, have covid cases skyrocketed in Nashua schools? Some will say well the kids just aren't wearing them properly! Does anyone expect that to change? Do we somehow expect kids to all of a sudden start wearing masks properly? No, that is clearly illogical. So we must assume that kids will continue to not wear them properly, despite the daily beratings that have turned school into a miserable, unpleasant, dreaded experience, rather than the inspirational, uplifting learning experience that it could be. So if we continue to allow school boards to mandate school masks, we can continue to expect that kids won't wear them properly and cases will skyrocket, because that is what has already happened. Does that sound like a sound plan? Are we actually expecting what hasn't worked in the past to all of a sudden start working the way we want, if we just harass the kids even harder? Are we as a state REALLY going to allow tyrannical school boards to keep repeating what doesn't work, when it goes against basic human rights and our constitution? Isn't that the definition of insanity - doing the same thing over and over again but expecting different results? Clearly the masks are NOT working, so why are we doubling down on stupid? At this point, it appears to be almost malicious in intent. I don't say that lightly.

Why are we doing this to our children? Shouldn't our STATE be protecting parents' rights to make medical decisions for their own children? Shouldn't our STATE be protecting those who are currently being discriminated against? Breathing clean fresh clean air is a God-given RIGHT. Breathing freely is essential for good health. Breathing freely is essential for being exposed to the normal germs of life, to build up robust life-long immunity. Breathing freely is essential for normal social interaction. Breathing freely is essential to being HUMAN. Some people are fine with masking up forever, or masking their children forever. They can do whatever they want with their own bodies, but they should NOT have the power to force me or MY family to live so unnaturally. I would think the state of New Hampshire would recognize that other people have no right to tell others how to live. Why does the state of New Hampshire continue to give power-hungry towns the right to take away the basic human rights of the people? Why is the state of New Hampshire not siding with parents who only want to make decisions for their own children? Is this not the live free or die state? This is no longer a state of emergency. Emergencies don't last 2+ years!

The people who want to mask children want us to believe that everyone is DISEASED UNTIL PROVEN HEALTHY. They want children to go around pretending to be sick all the time. The constant mask use promotes an environment

of illness. Most people associate masks with illness. The more people are forced to mask, the more our society will be drenched in an aura of illness. That does a HUGE amount of damage to a child's psyche. No one should be forced to pretend they are sick when they neither feel sick nor want to pretend to be sick. Asymptomatic spread is NOT a big cause of covid spread, as was shown in the Chinese study of 10 million people at the height of the Wuhan outbreak (<https://www.sciencedaily.com/releases/2020/11/201130131511.htm>). A similar Florida study showed the same (<https://alachuachronicle.com/university-of-florida-researchers-find-no-asymptomatic-spread/>). So why are we still pretending like asymptomatic spread is real? Why are we still forcing everyone to pretend they are sick? There is a huge connection between the mind and the body. For people like our family that believe that the thoughts in the mind heavily influence the body, forcing us to pretend we are sick goes against every spiritual and religious feeling we have. We believe that thinking something helps make it so. What are we doing to our population by forcing them to pretend they are sick for so long every day? It's a twisted sort of mind rape, with material consequences.

I urge you to pass HB1131 and save the children of New Hampshire from this ongoing human rights abuse. No one is preventing any child from masking up if the parent wants their child in a mask. If masks work, then the masked child will be protected from everyone else, right? Those who want to wear a mask forever have always been free to do so. Passing this bill will not make masks forbidden in school. Anyone who wants to wear one can continue to wear one, for as long as they want. We are only asking for the right to have our OWN wants respected too. In a free society where everyone is equal under the law, half of society should not have to cater to the other half's fears, give up their own wants in favor of the other half's wants. Just as some parents want to mask their children, other parents want their children's faces to remain free, unblocked by masks. Shouldn't both parents get what they want? That is possible with this bill. The supporters of this bill want everyone to have the freedom to decide for themselves. The opponents of this bill think it's okay that one half of society dictates to the other half, to the point of violating bodily autonomy.

Children and teens are suffering right now with depression and dismay over what their world has become: a group of faceless barely-heard people shuffling around hallways, in what used to be a happy normal school environment.

Please pass this bill, for my child's sake, for other children's sake. These children are going to grow up some day, and remember what this state did or did not do to protect their right to basic body autonomy, their right to live freely, to BREATHE freely unencumbered by unnatural masks strapped across their faces like horse feed bags. Masks dehumanize people. If we want people to care about others, they need to see faces.

Kristina Easton
14 Valiant Lane, Nashua NH 03064

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Jim & Nina Kelly](#)
Sent: Wednesday, January 26, 2022 1:33:30 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Dear Honorable Representatives:

We are respectfully requesting support of the above-referenced bill, which we understand has yet to be scheduled.

It is our understanding that the bill would prohibit schools, whether public or private, from creating policies which force students or members of the public to wear masks, and we heartily support this action.

We strongly believe in citizens being entitled to the privacy of their medical information, and the freedom to make such choice under the umbrella of the Constitution.

Thank you in advance for your consideration of supporting this very important bill, and thank you as well for your service to the citizens of this great state!

Most sincerely,
Jim & Nina Kelly
Sent from my iPad

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Stacy Tarazewich](#)
Sent: Wednesday, January 26, 2022 1:15:57 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I am in support of this bill.
Thank you!

Stacy Tarazewich
Manager, Compliance & Policy
Corporate Compliance

direct: 603.782.0201
mobile: 603.812.7786
starazewich@novocure.com
novocure.com



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Archived: Friday, January 28, 2022 8:40:39 AM
From: [Donald Whalen](#)
Sent: Wednesday, January 26, 2022 8:54:49 AM
To: ~[House Education Committee](#)
Subject: HB1131
Importance: Normal

Good morning-

I support this bill that prohibits school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

Don Whalen
Donald.h.whalen@gmail.com
603-521-0352

District 34 - Nashua, NH

Archived: Friday, January 28, 2022 8:40:39 AM

From: [Kira Mullaly](#)

Sent: Tuesday, January 25, 2022 8:48:21 PM

To: ~House Education Committee

Subject: HB1131

Importance: Normal

Dear House Education Committee,

I am writing about HB1131 and its impact of civil rights violations for children with disabilities. This bill is NOT inclusive of all children, such as those with special needs or medical conditions who currently require to be in a masked classroom (otherwise school is not safe for them). There are many children in NH on IEPs who require a masked classroom during the pandemic due to their disability in their accommodations. This is a legal document. I have four children in our town where this is the case. There is an immune aware masked class in each grade to accommodate my kids. Parents had the option to opt out of the classroom if they didn't want their children to mask. What would even happen if the bill is passed, since districts are legally obligated to accommodate disabilities and to provide FAPE under both federal and state law?

If this passes children will need to be out-placed which wouldn't be their least restrictive environment and a huge financial burden to school districts.

In addition, this was not the intent of our-placement. Out-placement is when the district has exhausted all possibilities and cannot accommodate a child because their disabilities are too great for the district. Surely you must understand that a simple mask does NOT meet that requirement.

I urge you to consider ALL students' rights to a public education when reviewing this bill.

Thank you for your time and please feel free to call,

Kira Mullaly
603-893-4833

Sent from my iPhone

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Joanna Berardi Brown](#)
Sent: Tuesday, January 25, 2022 7:49:09 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Please pass this bill! This is so important to protect our rights as parents and our children's right to breathe freely! Masks do not stop viruses! They just create bacterial issues and breathing difficulties for many children.

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Joanna Brown

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Kristie Morris](#)
Sent: Tuesday, January 25, 2022 7:23:43 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I am writing in support of HB1131. Parents should have the choice to send their children in masks or not. At this point in the pandemic, it doesn't seem to matter whether masks are being worn or not. I am a teacher and a parent of 3 children. We are required to wear masks, I wear a mask everywhere in public and I still got the virus. I was mildly sick. Enough is enough. Respectfully,
Kristie Morris North Woodstock, NH

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Sheena Haney](#)
Sent: Tuesday, January 25, 2022 7:18:24 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good Evening,

As an educator in SAU-16 and a mother of two students in New Hampshire, I support bill HB1131.

Respectfully,
Sheena Haney -
Exeter, NH

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Melanie Steenbeke](#)
Sent: Tuesday, January 25, 2022 3:30:59 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Hello my name is Melanie Steenbeke from Loudon. Please vote to support this bill. I feel it is wrong for my child to have to cover her face all day in school, not being able to breath fresh air, and hiding her face from all to see and she cannot see the other children and staff. She has social/emotional issues, and its important for her to be able to see how people are feeling. Get rid of the masks!

Thank you,

Melanie and Ed Steenbeke

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Gavin Kearns](#)
Sent: Tuesday, January 25, 2022 1:37:38 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Hello,

My name is Gavin Kearns. I am a resident of Newmarket NH and am in my 11th year teaching. I have taught in both public K-8 elementary schools and high schools. I am emailing you to let you know that I do not support bill HB1131 that would prevent school districts from mandating masks. I oppose this for a couple of reasons. First I believe in local control. By passing this bill, it would overrule the local control school boards have over their own district. School boards based upon infection rates should have the authority to make decisions about the mitigation tactics that they feel as appropriate. By passing this bill, it would take away that local control school boards have.

Second, there is a consensus of scientific research that supports masks have no detrimental effects to health and has been proven again and again as effective means to mitigate the spread of viruses and bacteria infections. While many would disagree with that statement and be able to provide counter-evidence, there are far more studies that are more reputable and peer reviewed that show mask effectiveness. If a district decides that it is appropriate to mandate masks to reduce the transmission of disease in a population, they should have the ability to do so.

Thanks,

Gavin Kearns

Archived: Friday, January 28, 2022 8:40:40 AM

From: [Kate Demers](#)

Sent: Tuesday, January 25, 2022 11:54:07 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Dear Committee Members,

I write in hopes that you vote in support of HB1131. These past two years have not been good for anyone, least of all the schools. School administrators and school boards have made bold decisions that go against the wishes of many of the parents, and in recent months, MOST of the parents. Because of this parents have lost respect and trust in our school officials. The silver-lining is that we have become engaged again, and that is not going away again anytime soon. And this doesn't even speak to the way these students are feeling, especially the high schoolers (and they will be voting very soon). The jig is up. Parents and students have been taking note of who is trying to force things onto us through intimidation and punishment, and who is working to maintain personal rights to choose. There is a right and wrong side here. The right thing to do is to support HB1131.

Thank you,

Katherine Barth

Archived: Friday, January 28, 2022 8:40:40 AM
From: [Anne Griffin](#)
Sent: Tuesday, January 25, 2022 10:04:36 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

As someone who cannot wear masks and ultimately pulled my children to home school knowing masks would prohibit me from being able to be involved in my children's public school education.... I fully support this bill.

I urge you to support all parents and students in our state by supporting this bill.

Thank you
Anne Griffin

[Sent from Yahoo Mail on Android](#)

Archived: Friday, January 28, 2022 8:40:37 AM
From: Jesse Medeiros
Sent: Thursday, January 27, 2022 8:52:41 AM
To: ~House Education Committee
Subject: HB1131, HB1371
Importance: Normal

Hello Committee members,

I support HB1131 and HB1371, and believe you should as well. Cloth masks and medical grade masks do little or nothing to stop the transmission of aerosolized viruses.² They can potentially create more aerosolized particles, which remain in the air for hours, rather than larger particles from a cough or sneeze which fall to the ground within seconds. This can contribute to exactly the type of environment in which possible transmission is highest. This has been known for decades, ^(2a,2b) and discovered again, in 2020 when a new vigor seemed to be applied to the use of respiratory mitigation measures.⁴ Yet two years later, cloth and medical grade masks are still recommended by the CDC for the prevention of viral transmission. The CDC does recommend masks with a clear opening in the area of the mouth for children learning to read, or learning English as a secondary language.¹ Do you know of any school that has adopted this policy? Will this have an affect on i-Ready test results? Has it been considered that continuous mask use is not without harm? This study shows it is in fact not, and more research should be done especially for children who might bear the longest term results of negative side effects from regular mask use.^{4a} The CDC makes no mention of these findings at the time I write this. There has also been evidence to suggest that masks as a mitigation measure have no effect on rates of illness and subsequent hospitalization in school going children.^{4b}

It should be noted here that OSHA and NIOSH impose myriad requirements in both medical and commercial settings where respiratory protection is required as personal protective equipment (PPE). These include, but are not limited to, medical evaluation of individuals, fitment testing, oxygen level monitoring, and significant training in proper use of the required equipment, such as "donning and doffing", in order to obtain any protective benefit.³ These measures are clearly not being adhered to in any meaningful way, nor could it be expected of the general student body of an elementary school to do so. It is difficult for medical and industrial facilities with highly trained, adult staff to adhere to these necessary measures. These types of facilities faced COVID-19 infection outbreaks even with highly trained adult staff.^{3a,3b}

This is only one example of many questionable recommendations made by these agencies. I will attach an article providing a brief overview of the suggested harms done by policies implemented as pandemic response. The article provides over 400 studies as evidence of it's findings.⁵ We have identified locally a drop in math performance at Plainfield School. This is the first harm identified, will there be others?

Do you ever hear discussion about potential harm concerning health policy at NH schools? Will schools be held accountable if further harms are discovered in children that have had to wear masks for kindergarten, first, and second grade at this point? Could anyone make a strong argument that this has had no effect on early childhood development? It can be argued at this point that all the implemented pandemic mitigations have failed completely, and caused immeasurable harm world wide.⁵

Are conversations concerning these topics happening in the entities that make decisions for our children? If not I would argue they should be, and they should be taken very seriously, because handling the development of children is a very serious thing. My intention is only to encourage the utmost of care and due diligence when discussing, deciding on, and implementing policy that affects children. Headlines have no place here, these are in fact serious matters. Feel free to contact me with any questions or concerns. Best, Jesse.

- 1: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>
- 2: <https://aaqr.org/articles/aaqr-13-06-0a-02019>
- 2a: <https://jdfor2020.com/wp-content/uploads/2020/08/annrcse01509-0009.pdf>
- 2b: <https://journals.sagepub.com/doi/pdf/10.1177/0141076815583167>
- 3: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
- 3a: <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7755059/>
- 3b: <https://insightplus.mja.com.au/2021/32/in-hospital-transmission-of-sars-cov-2-in-2020-and-2021/>
- 4: <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7518250/>
- 4a: <https://pubmed.ncbi.nlm.nih.gov/33923935/>
- 4b: <https://brownstone.org/articles/is-masking-kids-at-school-working/>
- 5: <https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/>

Jesse Medeiros

bgtrck458@gmail.com

603-969-6302

Call, Text, or Email, Thanks!

Archived: Friday, January 28, 2022 8:35:16 AM
From: kate.schade5@gmail.com
Sent: Thursday, January 27, 2022 5:24:30 PM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

Please support HB 1131.

We, as parents, should make all health decisions for our children. Parents should be able to chose if they want their children in masks or not. This is a family health decision. This is not for educators to decide. They should stick to educating our children as they are trained to do. Never in the history of America were health decision for students made by schools. That is private and each family should decide what is best for them. The liability is on the family for everything else as it should be for this. I do not want my children in masks. Period.

Archived: Friday, January 28, 2022 8:35:17 AM
From: Pete Russo
Sent: Tuesday, January 25, 2022 8:14:51 PM
To: ~House Education Committee
Subject: HB1131/HB1431/HB1371
Importance: Normal

Ladies, Gentlemen,

I am a resident of Whitefield, New Hampshire, a parent of two school aged children, a recently retired US Army Special Forces Officer, and an educator in my local school system.

I am writing to encourage you to pass House Bills 1131, 1431, and 1371 without further delay.

I generally avoid wading into political issues, but I feel that we are reaching a point where silence is no longer an option. I recently retired from the military after a number of assignments abroad and the country I have returned to is almost unrecognizable.

To put it bluntly:

1. Parents have the right to determine how their children are taught, and to hold educators and administrators accountable for academic rigor.
2. Parents, not educators, have the right to inculcate the beliefs and morals of their children. This is not the job of the education system. "Social and Emotional Learning" and an over-prioritization of Humanities curriculums have become the mechanism to subvert this paradigm. Do not believe for an instant that legislation to counter divisive ideologies has been executed within the intent of the law as written.
3. *Our kids are not OK*. We are two years into "two weeks to bend the curve". Emergencies do not last two years. We accepted the risk of emotional and developmental damage (hypothetical at the start of this) to protect the physical health of our kids. The data no longer bears this model out. School age children without multiple co-morbidities (4 or more according to the CDC) are not at risk of death from COVID, and there is no data that masks have had any impact on transmission rates, particularly as relates to children.
4. We need to stop mandatory masking. Now. We are inculcating fear without reason and encouraging what I can only describe as a form of mass psychosis in children. Absent multiple co-morbidities (4 or more) children do not die from COVID.
5. People should be free to wear masks if they wish, or not.
6. People should be free to choose to vaccinate, or not.
7. My family and I are vaccinated. I have had COVID. With that said, vaccination is an individual decision, ideally made in consultation with a family doctor.
8. Despite the fact that I am vaccinated I will not be compelled to provide proof my vaccination status for either my family or myself given that there does not appear to be any limiting principle which would restrain the power of the state if citizens acceded to the requirement to show proof of medical treatment.

For what it's worth: I grew up in New York. My parents were New York City public school teachers. I grew up in a liberal household and went out into the world with the beliefs my parents raised me with. In short, I was not raised as a conservative.

With all that said, things have gone too far.

Do the right thing. Get HB 1131, 1431, and 1371 out of committee, give it your unanimous support and get it to Governor Sununu for signature.

Passing HB 1131, 1431 and 1371 will get us on track to get our kids to a better place for their mental health and, I hope, ensure that our educators and administrators understand that parents' wishes must be accommodated vis-a-vis their children.

Thank you for your consideration

De Oppresso Liber

Pete Russo

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Teresa Enos](#)
Sent: Tuesday, January 25, 2022 5:47:14 PM
To: [~House Education Committee](#)
Subject: House Bill # 1131
Importance: Normal

We're in favor of this bill! Please pass it!
Thank you,
Manuel and Teresa Enos

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Phil Haney](#)
Sent: Wednesday, January 26, 2022 10:01:07 AM
To: ~House Education Committee
Subject: I support HB1131 & HB 1371
Importance: Normal

To whom it may concern,

As a parent of two school-age children, I support HB1131 & HB1371.

Thank you.

Phil Haney, Esq.

Director, Trade Compliance

phil.haney@sigsauer.com

D: +1 (603) 610-3107

C: +1 (603) 812-3508



Archived: Friday, January 28, 2022 8:35:17 AM
From: Claire Ketteler
Sent: Wednesday, January 26, 2022 9:42:58 AM
To: ~House Education Committee
Cc: Dan Wolf; Karen Ebel
Subject: I support HB1131 and HB1371
Importance: Normal

Dear House Education Committee,

I support both HB1131 and HB1371 relative to face mask coverings in the school setting.

Masks are ineffective at preventing one from inhaling the Covid 19 virus particles or transmitting it to others as the particles are too small to be filtered by any type of mask and remain suspended in the air unless air filtration methods remove the viral particles. Please see this link to Denis G. Rancourt's paper that has been banned from some science sites for "misinformation" because the truth will set one free:
<https://us-east-2.protection.sophos.com?d=vixra.org&u=aHR0cHM6Ly92aXhyYS5vcmcvYWJzLzlwMDYuMDA0NA==&i=NWViOWEzNmVkMDA3MzlxNzcxMzJhMTI1&t=MEdYN2ZMeVgyK1paNG1kL1NUMC80MUpka3YvVzN0dXI2aUR0RkFVNE1GST0=&h=dcc3ae978e6941f397be957f53b0dbd4>

It is wrong for school boards, such as the Kearsarge Regional School Board, to insist on mask wearing for everyone on school property, as happened to me recently when I went to attend a public meeting.

Forced mask wearing is a direct violation of each person's guaranteed rights under the NH Constitution [Art.] 2. [Natural Rights.] All men have certain natural, essential, and inherent rights among which are, the enjoying and defending life and liberty; acquiring, possessing, and protecting, property; and, in a word, of seeking and obtaining happiness. Equality of rights under the law shall not be denied or abridged by this state on account of race, creed, color, sex or national origin. June 2, 1784, Amended 1974

Forced mask wearing is also doing incomprehensible harm to students, who are affected on every level: physical, emotional, and psychological. Passing HB 1131 would settle the matter that school boards do not have the authority to require face masks.

HB1371 allows parents to decide if they would like their child to wear a mask at school. Though I am not in favor of masking any person at all for any reason and I believe that it is causing great harm to children, I also believe that parents have the right to decide whether their children should wear a mask.

Unfortunately at this time, some children and parents have been brainwashed into thinking that the mask is a protection and makes them feel safer. That brainwashing is a direct effect of big tech censorship, junk science, and lies spread by certain U.S. government bureaucratic agencies which are drunk on their power over people.

Depriving people of the right to wear a mask would be an assault on their liberty, so for this reason HB1371 should be passed. Time, increasing evidence, and the general dissemination of mask dangers, not censored by big tech, will eventually change the minds of parents about wanting their children to wear masks and if it does not, the children themselves may seek more freedom to breathe freely like their friends and convince their parents.

Thank you for your service,
Claire Ketteler
Newbury

Archived: Friday, January 28, 2022 8:40:40 AM
From: Lorelei Davis
Sent: Tuesday, January 25, 2022 11:30:52 AM
To: ~House Education Committee
Subject: I support HB1131
Importance: Normal

Please note my support for HB1131

HB1131 - This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing or implementing a policy that requires students or members of the public to wear a facial covering.

Lorelei Davis
Exeter, NH

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Johanna Lawrence](#)
Sent: Tuesday, January 25, 2022 11:28:58 PM
To: [~House Education Committee](#)
Subject: In strong support of HB 1131
Importance: Normal

Hello Committee Members,
I am a NH citizen and mother in strong support of HB 1131 relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.
My children have been wearing the masks to school every day for two years now and the effects have been devastating. Please allow our NH children to breathe!
Thank you for your support,
Johanna Lawrence
Rye, NH

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Dave Cory](#)
Sent: Wednesday, January 26, 2022 3:06:25 PM
To: [~House Education Committee](#)
Subject: In strong support of HB 1131
Importance: Normal

Hello Committee Members,

I am a NH citizen and father in strong support of HB 1131 relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.

My children have been wearing the masks to school every day for two years now and the effects have been devastating. Please allow our NH children to breathe!

Thank you for your support,

Dave Cory

Rye, NH

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Heather Evans](#)
Sent: Tuesday, January 25, 2022 8:26:31 PM
To: [~House Education Committee](#)
Subject: IN support of HB 1131
Importance: Normal

Good evening committee members;

We would like to extend our support in HB1131 regarding prohibiting schools from creating policy that force students and public to wear masks.

Thank you so much,
Heather Evans

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Diane Neuland](#)
Sent: Wednesday, January 26, 2022 9:21:19 PM
To: [~House Education Committee](#)
Subject: In Support of HB 1131
Importance: Normal

Please support HB 1131. Masks should be optional for all at all times.

Sincerely,
Diane Wilson
Hollis, NH

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Emily Zajano](#)
Sent: Tuesday, January 25, 2022 2:45:14 PM
To: [~House Education Committee](#)
Subject: OPPOSE HB 1131 and HB 1371
Importance: Normal

Dear House Education Committee Members,

Please oppose HB 1131 and HB 1371.

To best serve our kids, we need to keep schools open and teachers and children healthy. There is scientific evidence that masks help slow the spread of the viruses that cause Covid-19 and other respiratory illnesses, which will help keep children in school. Please keep children, educators, and the communities of New Hampshire safe and keep economies open by reducing spread and allowing masking. Let local communities decide what is best for them. Oppose HB 1131 and HB 1371.

Sincerely,
Emily A. Zajano, MD
Exeter, NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Matt Twitchell](#)
Sent: Tuesday, January 25, 2022 7:09:37 PM
To: [~House Education Committee](#)
Subject: Opposed to HB 1131 and 1371
Importance: Normal

Good evening,

It seems these have staggered disappeared from the docket on Thursday 1/27/2022. What happened?

No matter here's a little something for you again anyway. 😊

As any person with a conscience and an IQ above 70 knows, masks help slow the spread of covid, they help keep schools and businesses open and they protect your loved ones. It seems that the sponsors of these bills are concerned about the “freedom” of parents who don’t want their children masked and employees who don’t want to wear them. Clearly they lack an understanding of basic science, conscientiousness and desire to do what's right for the greater good of all people.

Their selfish and misguided feelings don't adhere to scientific evidence and are those of petulant 5 year olds. Their freedoms end where conscientious people's freedom begins. Perhaps they can choose, or better yet, be mandated to stay home, unmasked, and zoom into classes. The aggregate IQ and EQ in the physical classrooms full of masked pupils and staff will jump up and lessons better absorbed.

We choose to protect ourselves and children by wearing masks. Just as we choose not to smoke or allow it in public places. Greater good for the greater number of people. It's so simple, even a caveman could do it.

Thank you,
Matt

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Jessica Kuncik](#)
Sent: Wednesday, January 26, 2022 7:24:20 PM
To: [~House Education Committee](#)
Subject: Please support
Importance: Normal

Please support HB1131 and HB 1371,

There is no need to debate the effectiveness or lack thereof with masks. Some think they work. Some don't. Some may decide to wear a mask for the rest of their lives, and that's OK, but forcing people to be part a/your/any belief system is not OK.

The wearing of a mask should be a personal choice, not a mandate. It is highly debatable that masks stop the spread of a virus. There is no doubt, however, that the mask mandate does hurt children of all ages in many unfortunate ways.

Cherry picking evidence that masks work against Covid is supporting the narrative. Random controlled trials show that cloth and surgical masks are useless against Covid.

Where is the study that shows risk reduction from an N95 (or cloth) mask when in a room and over time? Since the benefits are zero and the risks are more than zero is there a risk benefit analysis to justify the mask mandates, specifically for children?

Jessica L Kuncik Mara

Sent from iPhone

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Sue LaPointe](#)
Sent: Wednesday, January 26, 2022 8:23:13 PM
To: [~House Education Committee](#)
Subject: Please Support HB 1131 and HB 1371
Importance: Normal

Good evening,

I'm writing to request your support for two bills pending before the House Committee on Education:

HB 1131:

Relative to Facial Covering Policies for Schools. Please support prohibiting public and private schools from creating policies that force students or members of the public to wear masks.

Masks wearing was not "mandated" until COVID. However, doctors agree masks do not work for the prevention of COVID and are creating horrible learning environments for our children. Speech pathologists, school psychiatrists, counselors, and social workers have been commenting on the detriment of masks for our school children. Please remove the masks from our children and grandchildren. Please support HB 1131.

HB 1371:

Relative to School District Policies on Facial Masks of Students in Schools. Please support this bill which leaves the choice of whether to wear a mask up to the parents/guardians and students. The bill also prohibits bullying that encourages (or discourages) mask wearing.

As noted above, masks do not prevent the spread of COVID. However, if a parent & student wish to wear a mask at school, they should be allowed to. It's all about freedom of choice. It's not a medical issue, it's a control issue. Please support HB 1371.

Thank you for your consideration in supporting HB 1131 and HB 1371.

Respectfully submitted,

Susan LaPointe
French Road
Epping, NH



Virus-free. www.avast.com

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Edwin Meszynski](#)
Sent: Tuesday, January 25, 2022 6:40:31 PM
To: [~House Education Committee](#)
Subject: Please support HB 1131
Importance: Normal

Committee members,
please support this bill.
Thank you,
Ed Meszynski

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:17 AM
From: Gary Carlson
Sent: Tuesday, January 25, 2022 8:27:12 PM
To: ~House Education Committee
Subject: Please Support HB 1131
Importance: Normal

Dear House Education Committee Members,

I am writing to ask that you please SUPPORT HB 1131.

Masks have been incredibly controversial. I have always understood wearing a mask when you are symptomatically sick to keep coughs & sneezes contained. I am firmly against masking healthy people, especially school children. Communication is greater than 75% non-verbal. Masks are creating life-long emotional and mental health issues for our children.

If God intended us to breathe with a restriction over our face, we would have been born with gills.

The mask insanity for a virus that has a survivability rate of over 99%, very similar to the seasonal flu, needs to end now.

Thank you & God Bless, Gary

Gary carlson
Portsmouth, NH

Archived: Friday, January 28, 2022 8:40:39 AM
From: [Michelle Slack](#)
Sent: Tuesday, January 25, 2022 4:27:12 PM
To: [~House Education Committee](#)
Subject: Please Support HB1131
Importance: Normal

Dear Committee members please Support HB1131.

Archived: Friday, January 28, 2022 8:35:19 AM
From: [Christy Lavigne](#)
Sent: Tuesday, January 25, 2022 9:46:36 AM
To: [~House Education Committee](#)
Subject: Please support
Importance: Normal

Please support HB 1131 and HB 1371

Thank you,
Christy Lavigne
29 Veterans Terrace
Somersworth NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Kathy Mayo](#)
Sent: Tuesday, January 25, 2022 2:37:22 PM
To: [~House Education Committee](#)
Subject: SUPPORT – HB 1131
Importance: Normal

PLEASE SUPPORT this bill that prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks. This is extremely unhealthy and is literally killing people both physically and emotionally.

Thank you.

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Alisha DiMasi](#)
Sent: Thursday, January 27, 2022 8:16:33 AM
To: [~House Education Committee](#)
Subject: SUPPORT for HB 1131 & 1371
Importance: Normal

Dear Committee,

As a parent of two children, resident of Lyndeborough, and a pediatric occupational therapist, I am strongly in support of these two house bills.

Thank you for your efforts and time,
Alisha DiMasi, M.S. OTR/L

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Richard Jorgenson](#)
Sent: Thursday, January 27, 2022 1:27:27 PM
To: [~House Education Committee](#)
Subject: Support for HB 1131 and 1371
Importance: Normal

Hello,

As a parent of two young children, and a resident of Amherst NH, I support HB 1131 and would like to see it pass. I also support HB 1371 but feel that 1131 is a stronger bill.

I like that 1371 includes a zero tolerance policy for mask coercion and bullying. I could see a situation under 1131 where masking is not "required", but peer and administrative coercion is utilized to "encourage" a student to choose to wear a mask.

Ideally 1131 would include similar anti-coercion language as seen in 1371.

Regards,
-Rich Jorgenson

Archived: Friday, January 28, 2022 8:40:39 AM
From: NATIONAL CARPET CARE
Sent: Tuesday, January 25, 2022 4:19:27 PM
To: ~House Education Committee
Subject: Support for HB1131
Importance: Normal

To whom it may concern,

I am writing to express my support for HB1131, as no school or school board has the right to force my children to wear a mask. A mask that does nothing other than hinder their breathing and have them be spoken to countless times all day long by their teachers if they don't like the placement of the dirty rag the children are forced to cover their face. The teachers are spending more time enforcing a bogus, tyrannical rule instead of teaching. Not that teaching matters now because the kids can not hear a word the teacher is saying as all words are muffled out and inaudible.

Please stop this nonsense and let parents and individuals choose. This is America after all.

George Wade
Operations Manager

National Carpet Cleaning
P.O. Box 519
Kingston, NH 03848

Phone 603-642-8690 [Please Rate Us!](#) [Click this link to give feedback.](#)

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NOTICE OF CONFIDENTIALITY

This E-mail message and its attachments (if any) are intended only for the use of the addressees hereof.

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Alan Graustein](#)
Sent: Tuesday, January 25, 2022 2:54:53 PM
To: [~House Education Committee](#)
Subject: Support HB 1131 & HB 1371
Importance: Normal

Committee Members,

Please support these two bills and leave the decisions regarding masking to parents, students and members of the public.

Thank you,

**Alan Graustein
Sanbornton, NH**

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Danielle Snow](#)
Sent: Wednesday, January 26, 2022 12:47:48 PM
To: [~House Education Committee](#)
Subject: Support HB 1131 & HB 1371
Importance: Normal

Sent from my iPhone

Archived: Friday, January 28, 2022 8:35:18 AM
From: karen keane
Sent: Tuesday, January 25, 2022 3:36:56 PM
To: ~House Education Committee
Subject: Support HB 1131 and Support HB 1371
Importance: Normal

Dear honorable representatives,

I urge you to SUPPORT – HB 1131, prohibiting schools, whether public or private, from creating policies that force students or members of the public to wear masks.

I am writing, as well, to urge you to SUPPORT – HB 1371, The choice for a parent to decided for him/herself to wear or not wear a mask and for those parents' right to make that same choice on behalf of their children - leaving NO room for bullying regardless of the “mask/no mask” choice an individual makes. The choice is personal.

Thank you for your consideration of this request.

Sincerely,

Karen Keane, Lyme NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [maxim ledoux](#)
Sent: Tuesday, January 25, 2022 2:49:17 PM
To: [~House Education Committee](#)
Subject: Support HB 1131
Importance: Normal

Dear members of the House Education Committee,

Please support HB 1131, "relative to facial covering policies for schools."

The Town of Tuftonboro has moved its voting location from our Town House to the Tuftonboro Central School gymnasium. Because the Governor Wentworth Regional School District, of which Tuftonboro is a part, has an anti-data, anti-science, tyrannical mask mandate, even though their policy applies only to students and staff and not to the public, the Tuftonboro Moderator, Dan Barnard, is instituting a scheme to discriminate against voters who don't wear masks. He will segregate maskless voters and force them to enter the gym through a back door and to vote outside the official guardrail, imperiling the sanctity of the vote.

Moderator Barnard's actions not only harm the sanctity of the vote, but have a chilling affect on turn out because some voters will stay home rather than be ostracized. Furthermore, the requirement to wear a mask amounts to an unconstitutional religious requirement to vote. The wearing of a mask at this point is a state of faith in the infallibility of Anthony Fauci. Moderator Barnard and others can of course worship whatever deity they choose, but it is shocking to the American sensibility to have such a religious test placed upon the right to vote.

Support HB 1131 and schedule a hearing at the earliest possible date.

Thank you,
Max Ledoux
Tuftonboro

Archived: Friday, January 28, 2022 8:35:16 AM
From: [Kelly Collins](#)
Sent: Thursday, January 27, 2022 12:55:22 PM
To: [~House Education Committee](#)
Subject: Support HB 1131
Importance: Normal

Dear Committee Members,

Please support HB 1131, relative to facial covering policies for schools. Wearing a mask at school needs to be optional, at the discretion of the parents for students and at their own discretion for staff.

Thank you!

Sincerely,
Kelly Collins
Hancock, NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Fumio Taku](#)
Sent: Tuesday, January 25, 2022 7:23:03 PM
To: [~House Education Committee](#)
Subject: Support HB1131, 1371.
Importance: Normal

NH House Education Committee.

Please! No more mask mandates that damage the body and mind of our kids. Give freedom back to us parents and grandparents!!

Support HB 1131 and 1371.

Thank you.
Fumio Taku
Hudson, NH

Archived: Friday, January 28, 2022 8:35:17 AM
From: mountainfrog@aol.com
Sent: Wednesday, January 26, 2022 1:50:34 PM
To: ~House Education Committee
Subject: Support NH HB 1131
Importance: Normal

Dear Members of the House Education Committee,



Please support New Hampshire House Bill 1131.

We the parents of the children of New Hampshire have unalienable rights that were granted to us by our Creator, and it is unfortunate that the Live Free or Die state has to pass bills to secure what we already have, God given free will.

Our children have already suffered enough. Let New Hampshire lead the way for these United States of America and the rest of the world by promoting freedom and justice for parents and for ALL!

Sincerely,

New Hampshire Parent/ Citizen

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Kristen DeFrancesco](#)
Sent: Tuesday, January 25, 2022 11:48:39 AM
To: ~House Education Committee
Subject: Vote YES on HB 1131 - Remove Masks from our Children
Importance: Normal
Attachments:
[IMG_6934.jpg](#)  [IMG_6933.jpg](#) 

Dear Education Committee Members,

I urge each and everyone of you to vote YES for this bill. This bill is so important to our children and for their mental health. During this pandemic we rarely discussed the effects these masks are having on our children. Attached are 2 pictures that my 2nd grader created on her whiteboard. They are pictures of her, wearing a mask and crying. One says that Lexi is sad and the other says that she is crying because she is wearing a mask. No child should be feeling like this. As a parent my heart broke. Remove the masks.

Masks adversely affect respiratory functions, lower oxygen levels and raise carbon dioxide levels in blood. Mask also trap exhaled viral pathogens, collect and colonize viruses, bacteria and mold. With social distancing, you are more apt to get closer because you can't hear that person clearly. A mask doesn't show the person's mouth which makes it much harder for people who are hard of hearing to read someone's lips. In the end, masks give individuals false sense of security.

I can't tell you how many times my kids have come home with disgusting masks. There are numerous complaints of headaches or complaining that they don't get a lot of mask breaks. We mask our children, our growing and developing children for 6 hours a day, 5 days a week. God forbid a child has to go to a school run before school or after school care type program. That will add on hours where they are not breathing free.

I do support people who choose to wear a mask as it is their own personal choice but this should **NOT** be a mandate. If teachers and students want to wear masks, that is their personal choice. But teachers and students should also have the choice to **not** wear a mask. Parents should be able to make the decisions for their children, not the government.

Please stand up and do what is right, not what is easy.. VOTE YES for HB1131 and remove these masks once and for all!!!!!!!

Regards,
Kristen DeFrancesco
Moultonborough, NH

Archived: Friday, January 28, 2022 8:40:38 AM
From: [Bikers](#)
Sent: Wednesday, January 26, 2022 7:45:14 PM
To: [~House Education Committee](#)
Subject: Vote YES on HB1131 and HB1171
Importance: Normal

Dear Education Committee members,
Please show integrity and support our children's human rights and well being by voting YES on bills HB1131 and HB1171.

Thank you,
Lucy Roy
North Hampton, NH

Sent from my iPad

Archived: Friday, January 28, 2022 8:35:18 AM

From: [S Rubel](#)

Sent: Tuesday, January 25, 2022 3:51:43 PM

To: [~House Education Committee](#)

Subject: We support HB1131 - Masks are useless except on outwardly physically sick persons

Importance: Normal

To whom it may concern,

My wife and I strongly support the passage of HB 1131

We have concluded that masks do nothing to help stop the spread of Covid in those that are not sick (I.E. coughing phlegm) . We are far more concerned about the problems that masks can cause, such as respiratory problems In otherwise healthy individuals.

We support the passage of HB 1131

We love New Hampshire. However, If we come to a conclusion that New Hampshire is becoming a "nanny" state like the rest of New England then we will strongly consider leaving.
Please keep New Hampshire free!

Stephen and Milena Rubel
50 Point Pl., Apt. 306
Dover, NH 03820

617-312-0033

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Peter Bax](#)
Sent: Wednesday, January 26, 2022 8:47:49 AM
To: [~House Education Committee](#)
Subject: Yes on HB 1131
Importance: Normal

Please support HB 1131. In our schools there is no difference in the number of Covid cases between similar schools wether they are mask optional or mask mandated. However, the masks make it difficult for students to learn and are a serious distraction. This is especially true for children with learning disabilities and the lack of facial expressions is not only dehumanizing, but have shown to effect children's psychosocial development. The increase in mental health issues in children is also staggering. This is not a proper atmosphere for education and development.

-Pete

Sent from my iPad

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Natalie Brankin](#)
Sent: Tuesday, January 25, 2022 12:23:57 PM
To: ~[House Education Committee](#)
Subject: HB 1131 & HB 1371
Importance: Normal

Dear members of the NH House Education Committee,

My name is Natalie Brankin and I am a lifelong resident of Manchester. Three of my four children currently attend an accredited non-public elementary school in Manchester. I am writing today to ask you to support HB1131 relative to prohibiting mask mandates for both public and accredited non-public schools. I am also in support of HB 1371 which would require districts to adopt policies leaving face coverings to parental discretion.

Wearing a mask is historically something that has been reserved for medical facilities and typically only for those who are sick. Parents should be the ultimate authority on making medical decisions for their children. However, when it comes to masks in a school setting, we find these rights are being stripped away in the state of NH both in public and private school settings. I firmly ask that this committee act in support of parental rights.

The highest level of evidence in science is a randomized control trial. In every RCT (including the peer reviewed ones) there has been no statistical difference between groups that wore masks and ones that did not. See a summary of the available evidence here: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence>

Even if there was some small hope that masks could slow the spread (remember when this was just supposed to be two weeks so as not to overwhelm hospitals? I haven't forgotten it and I hope you haven't either!) the time has long passed for this to the burden of school aged children. I ask you to take some time and read this article by Vinay Prasad who is associate professor of epidemiology and biostatistics at the University of California regarding masks and school children:

<https://www.tabletmag.com/sections/science/articles/cult-masked-schoolchildren>

The first point he makes is that in the two years that children have had to endure masking policies not one randomized control trial has been done to show how masking children in a school setting affects the spread of covid-19. Those that are still advocating for masks in children have failed to identify any clear evidence in favor of this practice.

Prasad also points out that there are downsides to face coverings for pupils, which my own children have experienced these past two years. It impairs face identification, as well as verbal and non-verbal communication between teacher and learner. My own children have suffered headaches, dehydration, anxiety, and the irrational fear of walking down the hallway while breathing without a mask. They hate going to activities they know they will have to wear a mask at even if it is something they otherwise enjoy. Additionally, we are starting to hear more in the media about the psychological effects masking is having on children. Dr. Chloe Carmichael, a clinical psychologist, writes about how masks can be unhealthy for social development in children. (<http://www.drchloe.com/blog/psychologists-perspective-on-masks-and-children>) She writes, "I fear that masking children, whose social skills are less developed, could deprive them of an important and basic social connection.... The face." She additionally lists concerns about self-esteem and anxiety and depression, just to name a few.

Another important point to consider is the fact that the United States is one of the few countries that requires masks of children so young. The CDC recommends masking for children as young as 2 which is, to be frank, utterly ridiculous. My youngest is 2.5 and is speech delayed. There is no way we would consider placing him in an environment where he had to wear a mask and encounter people all day long who wore masks. Quite frankly, it seems psychologically abusive. As it is, we already have difficulty at doctor appointments where we no longer encounter any smiling faces. Interestingly, the World Health Organization never recommended masks for children under age 6 and does not recommend masks for children who are running around and playing. Yet, schools in the US and even here in NH have made these unreasonable requirements. It's truly maddening.

The time has come to get our children back to normal. Many children in this state, the country and across the globe have the privilege of a mask free childhood. Why can't the school children of NH enjoy those same freedoms? I support keeping sick children home. I do not support mask mandates as a disease mitigation tool in a school setting.

I thank you for your time and your service to the Granite State.

Take care,
Natalie Brankin

Archived: Friday, January 28, 2022 8:35:18 AM
From: [joan graustein](#)
Sent: Tuesday, January 25, 2022 3:19:51 PM
To: ~House Education Committee
Subject: HB 1131 & HB 1371
Importance: Normal

Dear Committee Members,

Please support HB 1131 & HB 1371 and leave the decisions regarding masking to parents, students and members of the public.

Thank you,

Joan Graustein
Sanbornton, NH

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:35:17 AM
From: [George Mottram, MBA](#)
Sent: Wednesday, January 26, 2022 1:38:23 AM
To: [~House Education Committee](#)
Subject: HB 1131 and HB 1371 to limit masking in schools
Importance: Normal

Dear Committee Members,
Please vote in favor of the above mentioned HB 1131 and HB 1371.

Semper Fi,

George Mottram, MBA
Moultonboro, NH

Archived: Friday, January 28, 2022 8:35:16 AM
From: Andrew Roy
Sent: Thursday, January 27, 2022 11:12:54 AM
To: ~House Education Committee
Subject: HB 1131 and HB 1371
Importance: Normal

Education Committee Members,

I hope this email finds you and yours doing well. I'm writing you in support of HB 1131 and HB 1371. Additionally, I'm writing to voice my opposition to any discrimination due to a person's masking choice.

I understand that anything involving children often gets emotional very quickly. I'll attempt to lay out my reasoning as clinically as possible. There is no scientific evidence or data driven decision that makes masking children necessary to maintain their health or the general public's health.

Children, thankfully, are not at any great risk from COVID for several reasons. The ACE2 receptors are reduced in their respiratory tract, COVID is associated with other colds resulting in T cell immunity, T Helper 2 immune response is protective in children, Eosinophilia associated with the T Helper 2 is highly protective against COVID, and children produce lower levels of inflammatory Cytokines. These biological factors have resulted in the following statistics for the cohort group of 0–19-year-olds in NH:

Cases in New Hampshire:

- Total cases for cohort group 0-19 as of January 26, 2022: 65,761
- Total deaths for cohort group 0-19 as of January 26, 2022: 1 or 0.0015%
- Recovery rate for cohort group 0-19 as of January 26, 2022: **99.9984%**

Hospitalizations in New Hampshire:

- Total cases for cohort group 0-19 as of January 26, 2022: 65,761
- Total hospitalizations for cohort group 0-19 as of January 26, 2022: 50 or 0.07603%
- Non hospitalization percentage for cohort group 0-19 as of January 26, 2022: **99.9239%**

In 2019 the World Health Organization released a report titled "Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza." This study utilized Ten relevant Randomized Controlled Trials (RCT) identified as relevant for this review and meta-analysis to quantify the efficacy of community-based use of face masks. The overall result of evidence on face masks determined **"Ten RCT's were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza."**

The Emerging Infectious Diseases Journal, Volume 26, Number 5 published in May 2020 and titled "Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures" came to the same conclusion. "Although mechanistic studies support the potential effect of hand hygiene or face masks, **evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza.** We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning." "In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. **In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks** (RR 0.78, 95% CI 0.51–1.20; I² = 30%, p = 0.25) (Figure 2)."

CNN medical expert Dr. Leana Wen said **"Cloth masks are not appropriate for this pandemic.** It's not appropriate for Omicron, it was not appropriate for Delta, Alpha, or any of the previous variants either because we're dealing with something that's airborne."

A recent study from Kaiser Permanente Southern California analyzed by academic partners with CDC collaboration provides insight as to the future of COVID. Dr. Walensky cited the study that showed the Omicron variant has a lower risk of severe illness and death compared to Delta. Omicron is reported to be in the high 90% of all cases in the United States. The study shows:

- 53% reduction in adjusted risk of symptomatic hospitalization
- 70% reduction in days hospitalized
- 74% reduction in adjusted risk of ICU admission,
- 91% reduction in adjusted risk of mortality.

Thankfully the current variant of COVID is much less virulent which should be justification to lessen restrictions.

There is no scientific evidence or data driven decision that makes masking children necessary to maintain their health or the general public's health.

I'm asking you to please vote "YES" for HB 1131 and "YES" for HB 1371

Thank you.

Respectfully,
Andy Roy

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Stephen Kennedy](#)
Sent: Wednesday, January 26, 2022 8:27:23 AM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Committee Members,

I am writing in support of HB1131. I wrote down a few points a while back for discussion with the Hudson School Board.

Children Wearing Masks

1. I was the Chief Scientific Officer of Prolenium Medical Technologies (Aurora, ON, Canada), and Executive Director of Product Development at Anika Therapeutics (Bedford, MA). I have a good deal of experience at controlling the presence of pathogens. I supervised the production of clinical trial material for injection on more than one occasion. I designed the manufacturing process for a sterile injectable medical device.
2. Many studies have shown that masks are ineffective at preventing the spread of viral respiratory diseases, even when they are used properly. That is, a properly-fitted N95 mask, which is not re-used. Cloth and paper masks with large pore sizes, re-used over and over are completely useless.
3. Children are at less risk from Covid than from the Flu.
4. Masks are unhealthy. They restrict the supply of oxygen, which has a number of negative effects. They are warm moist substrates that provide a medium for bacterial growth. A small test in Florida showed 11 dangerous pathogens on masks worn by children, including pneumonia and meningitis.
5. Masks cause psychological harm to Children.
6. The purpose of masks is psychological conditioning, designed to instill fear and a feeling of isolation. The goal is to generate a willingness to use an experimental treatment. Treating entire populations and not just sick people, over and over again, generates enormous profits.
7. Although most people have an instinctive trust in authority, the sad truth is that the medical establishment has been completely corrupted by money from the Pharmaceutical giants.

Regards,

Stephen J. Kennedy, PhD
30 Glen Drive
Hudson, NH 03051
603 880 4567

Archived: Friday, January 28, 2022 8:35:17 AM
From: [Amy B](#)
Sent: Tuesday, January 25, 2022 9:05:36 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Please support this bill!

Kind regards,
Amy Jeffrey
Stratham NH

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Heather Carey](#)
Sent: Tuesday, January 25, 2022 4:02:53 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Afternoon,

Although the hearing from Thursday has been moved, we need to fully support this bill... relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks. Our children and school staff deserve better. Masking is ineffective and harmful. Please support this bill!

Thank you,
Heather Burr Carey
Londonderry, NH resident

Archived: Friday, January 28, 2022 8:35:18 AM
From: [Jane Keefe](#)
Sent: Tuesday, January 25, 2022 3:01:10 PM
To: [~House Education Committee](#)
Subject: HB 1131
Importance: Normal

Please support HB 1131

Thank You,
Jane Keefe
Auburn NH

Sent from [Mail](#) for Windows

Archived: Friday, January 28, 2022 8:35:18 AM

From: [csm](#)

Sent: Tuesday, January 25, 2022 2:51:47 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

I'm very much in support of this bill. Required face coverings in schools, whether public or private, should be ILLEGAL – they are very disruptive to social discourse between students and between students and school staff. This insanity, which has been shown in numerous studies to do very little to disrupt viruses, has got to stop and I hope the NH House will lead the way for other states to follow suit.

Thank you for reviewing my comments.

Cathy Mullen
Brookfield, NH

Sent from [Mail](#) for Windows

Archived: Monday, February 7, 2022 9:08:18 AM
From: [Kathy Mayo](#)
Sent: Monday, February 7, 2022 6:30:28 AM
To: [~House Education Committee](#)
Cc: [Kathy Mayo](#)
Subject: HB1131 SUPPORT
Importance: Normal

Good Morning,

I am asking that you support this bill that prohibits school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering. It has been proven time and time again that face coverings are not effective against virus transmission and are detrimental to human health, development and autonomy.

Thank you very much.

Sent from [Mail](#) for Windows

Archived: Tuesday, February 8, 2022 9:42:17 AM
From: marks-dad@ipatriots.us
Sent: Tuesday, February 8, 2022 1:52:58 AM
To: ~House Education Committee
Subject: HB1131
Importance: Normal

Dear House Education Committee;

In Regards to facial covering policies for schools! Please support HB1131. I feel that mental illness might soon be another issue that we will need to deal with if we don't uncover our students faces.

Thank You!

Bryan Richardson
Alexandria

Archived: Tuesday, February 8, 2022 9:42:17 AM

From: [connie paton](#)

Sent: Monday, February 7, 2022 8:09:06 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

Dear House Committee Of Education Members,

Please support HB 1131 which leaves the choice to wear facial coverings up to individuals and is not forced on those who choose to breathe fresh air as God intended.

Thank you for your work.

Sincerely,

Connie Paton

Archived: Tuesday, February 8, 2022 9:42:17 AM
From: [Kimberly Goodwin](#)
Sent: Monday, February 7, 2022 11:26:46 PM
To: [~House Education Committee](#)
Subject: HB1131 support
Importance: Normal

I can't believe our children are paying the price still for adults irrational fears. I am so upset everyday subjecting my child to not be given permission to breath. This is child abuse and my daughter now takes advil for her constant headaches from breathing in her own bad air and not getting enough air. She doesn't even know who people are if she sees them outside of school.

The Republicans I voted in and worked for to get in has failed us. This should not be happening anymore. Thousands of us will be following all the hearings coming up and how everyone votes. It will be the factor of how we all vote.

Please vote for everything freedom. Haven't we all had enough of this. Nothing was right from beginning to end. Masks and vaccines now proven not to work. Parents always need to decide for their children. Kids are depressed and socially awkward now. This was beyond wrong 2 years ago and now it is criminal if it continues.

Thanks for listening and I hope you all do the right thing

Archived: Thursday, February 10, 2022 11:15:54 AM
From: [kate mullen](#)
Sent: Wednesday, January 26, 2022 1:31:18 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good Afternoon,

I am writing in regards to HB1131.

I think it's a good reminder (picture below) to see that this is the "enemy" of those looking to ban masks. Not school boards, not anti mask parents, but children - like My 5 year old son. He is an immunocompromised transplant recipient. Due to complications he is unable to be vaccinated against Covid-19 at this time. Masks are what we have relied on for the past 2 years of this pandemic to protect him.

Masks work.

They are also required for children like my son, by his expert medical team and required for those that interact with him indoors.

I am writing to ask that you think of ALL children when considering the dire implications of this bill. We are only as strong as our most vulnerable. By leaving children like my son without a place in any school, public or private; as this bill would like to do, we are failing our community, we are failing our children.

One persons inconvenience is our sons life.

I am sharing these photos of our son. Then and Now. This is what it looks like for a child to be intubated. A not so well known fact - they handcuff them to the bed, so when they are writhing in pain - they can't pull out the ventilator.

Please consider keeping my child safe and healthy and not handcuffed to a bed. After all he's been through he deserves it as much as the child whose parent will likely be maskless shouting in your face. Know there are thousands of children like mine in this state. And as parents who have stood on that abyss of life or death with them, we will not be screaming in your face, we will instead be shielding them at home, praying that they will be seen as equal and that you will do the right thing.





Kate Mullen, LCSW, RDT

Archived: Thursday, February 10, 2022 11:15:54 AM
From: [Monica Ohara](#)
Sent: Wednesday, January 26, 2022 11:18:22 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good morning.

I would like to vote for face coverings to be optional for students and people who attend school functions.

Thank you

Archived: Thursday, February 10, 2022 11:15:54 AM

From: [Katelyn Kuttab](#)

Sent: Tuesday, January 25, 2022 8:30:17 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Dear House Education Committee,

I hope you all are doing well. I am writing in regards to HB1131 and its potential impact of civil rights violations for children with disabilities. I have great concern that this bill is NOT inclusive of all children, such as those with special needs/medical conditions who currently require to be in a masked classroom or otherwise cannot attend school safely.

There are many children in NH on IEPs who have in their IEP accommodations that they require a masked classroom during the pandemic due to their disability. I know in my town, Windham, there is an immune aware masked class in each grade to accommodate these kids. Parents had the option to opt out of the classroom if they didn't want their children to have to mask.

I'm not sure what would even happen if the bill is passed, since **districts are legally obligated to accommodate disabilities and to provide a fair and appropriate public education to all, under both federal and state law.** If this passes as written, and children needed to be placed out of district to Massachusetts, which wouldn't be their least restrictive environment, so may not even be legal, this would be a huge unexpected financial burden to school districts. In the range of 50-100k per student. In my small town of 3000 students, there are at least 10 kids who would require such, amounting to 500k-1mil for one district.

I urge you to consider ALL students' rights to a public education when reviewing this bill.

Thank you for your consideration,
Katelyn Kuttab
603-689-8065

Archived: Thursday, February 10, 2022 11:15:54 AM

From: [Joanna](#)

Sent: Tuesday, January 25, 2022 7:56:01 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Please pass this bill! This is so important to protect our rights as parents and our children's right to breathe freely! Masks do not stop viruses! They just create bacterial issues and breathing difficulties for many children.

Joanna Eddy

Archived: Thursday, February 10, 2022 11:15:55 AM

From: [Deni O'Leary](#)

Sent: Tuesday, January 25, 2022 12:46:24 PM

To: ~House Education Committee

Subject: HB1131

Importance: Normal

Good Afternoon,

As a parent of two children in NH public school, I am writing to urge you to support HB1131. We are coming up on 2 years of forced masking on very young children, and it is time to stop this abuse. This school year, my children were allowed to attend school for one day without masks before the school reversed its decision and required them once again. My 9 year old, who used to love school, comes home every day now with his head down, feet shuffling, and seeming utterly dejected. The one day when he was allowed to attend school free of mask, he got off the bus with a huge smile on his face, a spring in his step, and said "today was the best day of school EVER!" To tell him the very next day that the school changed their minds and he would have to wear masks again was heartbreaking. We cannot make the mistake of underestimating the psychological harm this is causing to many children. And it is being mandated by public officials, which is completely unacceptable.

I have written to my school board and attended meetings to no avail. Three individuals who are not qualified to make any kind of health decision for others have refused to consider the harm that their overreaching and uneducated policies are causing. If these requirements are not lifted soon, I will have no choice but to pull my kids from school. It is a parent's duty to protect their children, and I will not continue to subject them to this child abuse. Please let these precious kids get back to a normal, healthy childhood!

Thank you for your time,

Deni O'Leary
New Boston, NH

Archived: Thursday, February 10, 2022 11:15:55 AM

From: [Karen Morton](#)

Sent: Tuesday, January 25, 2022 9:09:45 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

My name is Karen Morton and I reside in Milford, NH.

I am sending this email to you in hopes that you will support bill HB1131

It is vital to all concerned.

Thank you.

Archived: Thursday, February 10, 2022 11:15:55 AM
From: [Bob](#)
Sent: Tuesday, January 25, 2022 8:05:42 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Pleas support House Bill 1131 prohibiting mask requirements in NH schools. Masks are bad for children.

Thank you,
Bob Morton
Milford, NH

Archived: Thursday, February 10, 2022 11:15:55 AM

From: [Amanda Smith](#)

Sent: Monday, January 24, 2022 8:34:17 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

To Whom It May Concern:

I believe bill HB1131 should be passed because we the people should have a choice of face coverings on our own body. Nobody should be told to do something to their body, whether it be external or internal, unless they so choose too. Freedom of choice is important and we need to follow our state motto of Live Free or Die.

I would appreciate if you would vote in favor of this bill.

Thank you,

Amanda Smith
Epping, NH

Archived: Thursday, February 10, 2022 11:15:53 AM
From: [Kevin Merrill](#)
Sent: Wednesday, January 26, 2022 8:28:06 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

To whom it may concern,

I am a father of 3 school age children currently residing in Hampton Falls and I strongly urge you to support this bill.

Enough is enough.

Stop punishing our children and using them as props. Irreparable damage has already been done.

Please make the right decision here.

Thank you.

--

Kevin Merrill

P: 603.834.0076

F: 617-948-5974

Archived: Thursday, February 10, 2022 11:15:56 AM

From: [Amanda](#)

Sent: Sunday, January 23, 2022 9:38:52 PM

To: [~House Education Committee](#)

Subject: HB 1131

Importance: Normal

Good Evening,

I know Thursday you will be voting on HB 1131- masking students.

No doubt this is a very personal and controversial topic throughout the country.

The thing that fuels this is fear. Fear of an illness, fear of a child's mental well being, or fear of losing a say over your own child -decisions made by a group of other parents. As someone who lost her 19 year old brother to suicide mental health is a huge priority for our family. This does not out weight the fear of families who might have a medically complex family member and have valid Covid concerns. However, our fear is also valid. We deserve to have a choice and a say for OUR children in schools we pay for. Please bring choice back to education.

Live Free or Die.

Thank you,
Amanda Shirland

Sent from my iPhone

Archived: Thursday, February 10, 2022 11:15:55 AM
From: [John A Jeskevicius](#)
Sent: Tuesday, January 25, 2022 5:13:44 PM
To: [~House Education Committee](#); [Andrew Manuse, chairman, RebuildNH](#)
Subject: HB 1131, HB 1371
Importance: Normal

Simple & succinct. Rgds

Everyone that does not support this legislation is, by definition, a
SATANIC GLOBALIST, PROGRESSIVE SOCIALIST, NAZI
SYMPATHIZING COMMIE PINKO BABY KILLING
MAGGOT INFESTED VERMIN.

--
By: John Albert Jeskevicius ©
c/o PO Box 204
Weare, New Hampshire 03281
603-529-4765
All rights reserved w/o prejudice

Archived: Thursday, February 10, 2022 11:15:53 AM

From: [Amanda](#)

Sent: Saturday, January 29, 2022 11:14:43 AM

To: ~House Education Committee

Subject: HB 1131

Importance: Normal

Good Morning,

I am emailing you as a resident of New Hampshire but also as a parent. It is said to become an expert in any one thing you must invest 10,000 hours in it. As parents if you spend 5 hours a day with your child by the time they reach Kindergarten you are a qualified expert on your child. YOU. Not the school board or well intended administrative staff. You daily provide risk assessment for them no matter if it's ski lessons, driving with a friend, or wearing a mask.

Please put choice back in the hands of parents who are their child's expert.

We all want to keep kids safe and schools open but at what cost are we doing this? America is about freedom of choice. 5 people on a school board making broad decisions for 100's is not choice or appropriate.

Thank you for your time.

Amanda Shirland
Sent from my iPhone

Archived: Thursday, February 10, 2022 11:15:55 AM
From: [Rebecca Jones](#)
Sent: Tuesday, January 25, 2022 6:54:53 AM
To: [~House Education Committee](#)
Subject: HB1131 & HB1371
Importance: Normal

HELLO EDUCATION COMMITTEE,

UNMASK OUR CHILDREN!!
STOP TESTING OUR CHILDREN!!

MASKS DO MUCH MORE DAMAGE THAN HARDLY PROTECTING PEOPLE FROM A
1MOLECULE VIRUS.

THE EDUCATION DEPARTMENT DOES NOT HAVE THE RIGHT TO MANDATE FACE
COVERINGS IE MEDICAL DEVICES FOR ALL ITS POPULATION.

MASKS AND VACCINE MANDATES ARE DROPPING ALL OVER THE WORLD IN THE
PAST WEEK.

HERE IN NH THE EDUCATION PROVIDED HAS MADE NEW HAMPSHIRE RESIDENTS
MENTALLY UNFIT TO DO THEIR JOBS OR TO THINK CLEARLY.

JUST LOOK AROUND AT ALL THOSE WHO BINDFULLY TRUST THE GOVERNMENT
OVER THEIR OWN FREE WILL TO DECIDE WHAT IS RIGHT/WRONG FOR THEIR
FAMILIES.

STOP FOLLOWING THE MONEY AND START DOING WHAT'S RIGHT FOR OUR
FUTURE GENERATIONS.

THANK YOU.
R.JONES
OSSIPPEE NH

Archived: Thursday, February 10, 2022 11:15:54 AM
From: [Gail Dell'Ova](#)
Sent: Wednesday, January 26, 2022 3:22:03 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Good Afternoon,

Please vote in favor of HB1131

The science shows that children are not at risk from dying of COVID: there were 883 deaths across ALL the US of children under 18 years old that died with COVID. (We don't know for certain, but probably the great majority of these children were immunocompromised or had other complications.)

The science ALSO has shown that children don't "infect" adults. The largest majority of adults that died over the last 24 months have been those over 70 years old and with co-morbidities. That is WELL over retirement age.

The science/data ALSO shows that depression and suicide are up.

When I drive from place to place to go to a drug store, grocery, Post office, bank, restaurant, the ONLY consistent place I see masks being worn are on school buses! This is a CRIME!!! Then, when I go into schools and I see kids wearing masks, it BLOWS MY MIND!

We need our children to be unmasked!

Please reply that you received my email.

Thank you,

Gail Dell'Ova

Archived: Thursday, February 10, 2022 11:15:54 AM
From: [Nancy Riccio](#)
Sent: Wednesday, January 26, 2022 2:16:21 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I am against this bill. Please vote NO.
Thank you,
Nancy Riccio, Exeter, NH

Archived: Thursday, February 10, 2022 11:15:54 AM

From: [Maggie Takes](#)

Sent: Wednesday, January 26, 2022 2:02:05 PM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

To Whom It May Concern;

I am in support of Bill # 1131 which prohibits school boards from adopting or enforcing a policy that requires students or members of the public to wear facial coverings.

Thank you,

Margaret Takes
Milford, NH

Archived: Friday, February 25, 2022 9:12:50 AM
From: [Mary F. Sullivan](#)
Sent: Wednesday, February 23, 2022 7:14:27 PM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

Hello
Please support HB 1131
Thanks!
Mary Sullivan
7 Byron Dr
Nashua 03062

Archived: Friday, February 25, 2022 9:12:58 AM
From: [Jessica Kellar](#)
Sent: Tuesday, February 22, 2022 7:27:57 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

To Whom it May Concern:

I am against HB1131, our local governments need to have the ability to implement changes, including face coverings, when faced with a public health crisis. Face coverings are basically an addition to the dress code, this is a far overreach by the state government. We saw that they are effective at curbing the spread of germs and viruses when they are worn by all members of a school facility. If we take away the tools that are available to keep our kids safe in school then we may be faced with remote learning again in the future and that is far more detrimental to the forward progress of our learners.

The fact that we are wasting time and money trying to micro-manage and limit local school jurisdictions is appalling. On a state level we should be working towards better supporting our districts in innovative ways to keep students engaged and recognizing that teaching for a test is ineffective. We should also be looking to see how we can retain teachers in NH as many other states are implementing unreasonable expectations on our public school teachers. I would urge you to vote this bill down and focus your attention on things that will make a difference in children's education, not their comfort level.

Regards,
Jessica Kellar
Hudson, NH

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Jessica Kellar

Archived: Friday, February 25, 2022 9:13:27 AM

From: [Kie Bynum](#)

Sent: Monday, February 21, 2022 9:23:11 AM

To: [~House Education Committee](#)

Subject: HB1131

Importance: Normal

Why would we continue to vote for or support masks for any person of any age.
I just watched the Super Bowl no mask no testing no vaccine card shown.
Why do you still do this for our children?
Show me the data ?
Show me the death rate?
Stop masking our child and let me the parent decide what is best for my children.
Thanks
Kie
Portsmouth NH

Sent from my iPhone

Archived: Friday, February 25, 2022 9:13:27 AM
From: [M. Rogers](#)
Sent: Monday, February 21, 2022 7:04:25 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

registering my objections to HB1131. No one should have any right to force anyone to wear an oxygen-depleting item.

Mary Rogers, Winchester, 603-392-0484

"If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny." - Thomas Jefferson

Archived: Friday, February 25, 2022 9:12:41 AM
From: [SHAUN THOMPSON](#)
Sent: Thursday, February 24, 2022 10:27:33 PM
To: [~House Education Committee](#)
Subject: HB1131,HB1371
Importance: Normal

Dear House Education Committee,
I email you today to please support bill HB1131 and HB1371. My son attends Winnacunnet High School. There needs to be laws on the books to protect the children in the Seacoast towns from the tyrannical Superintendents and school boards that were forced by the Governor of NH to end the mask mandates in schools. These schools should never again have the power to mandate masks on our children. I ask you to please support these bills and protect my son.

Sincerely
Amy Thompson

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:41 AM
From: kate.schade5@gmail.com
Sent: Thursday, February 24, 2022 10:29:09 PM
To: ~House Education Committee
Subject: HB1131 and HB1371
Importance: Normal

Please support HB1131 and HB1371. I strongly believe that the NH School Departments should not have the authority to mask children at their discretion.

Face masks should be a family choice no matter the situation. Each family should have the right to weigh their own risk/benefit and decide what is best for their children. This is a health decision and health decisions are personal and not one size fits all. If you believe a mask will help your child, you are still able to wear one. If you believe the mask will impede their learning, or mentally or physically harm your child, you can chose not to mask your child. Face masks should be a personal and family decision.

Thank you for taking the time to read this.

Much appreciated,
Kate Schade
Bedford Resident

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Jamie F](#)
Sent: Thursday, February 24, 2022 6:32:14 PM
To: [~House Education Committee](#)
Subject: HB1131 and HB1371
Importance: Normal

Hello,

I am writing, as your constituent, to share my support for HB1131 and HB1371, and I hope that you do as well.

Sincerely,
Jamie Ferrier
Nashua, NH

Archived: Friday, February 25, 2022 10:11:40 AM
From: [Catherine Donlevie](#)
Sent: Friday, February 25, 2022 9:44:39 AM
To: ~[House Education Committee](#)
Subject: HB1131 and HB1371
Importance: Normal

I urge you to SUPPORT HB1131 and HB1371.

Catherine Donlevie
Stratham, NH

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Deb Roux](#)
Sent: Thursday, February 24, 2022 10:11:41 PM
To: [~House Education Committee](#)
Subject: HB1131 and HB137 - Please support these bills
Importance: Normal

Dear Committee Members,

Please support HB1131 and HB1371 and unmask our children.

Our children need to breathe fresh air and see people's expressions. Please unmask our children.

Thank you and God bless,

Deb

Archived: Friday, February 25, 2022 9:12:42 AM

From: [alan pelissey](#)

Sent: Thursday, February 24, 2022 8:41:17 PM

To: [~House Education Committee](#)

Subject: Bills HB1131 and HB 1371

Importance: Normal

I'm a New Hampshire voter and I support HB1131 and HB 1371, and ask that you support these bills and vote in favor.

Sincerely,

Alan Pelissey

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:46 AM
From: Ann B
Sent: Thursday, February 24, 2022 5:32:10 PM
To: ~House Education Committee
Subject: Bills HB 1131 & HB 1371
Importance: Normal

To the House Education Committee,

I am writing to you to ask that you please support HB 1131 & HB 1371. I do have some articles down below that explains why I support these bills and why masks are not beneficial for them.

Thank you & warm regards,
Ann Bishop
Littleton NH

<https://principia-scientific.com/facemasks-caused-364-spike-in-children-with-speech-delays/>

<https://principia-scientific.com/65-studies-reveals-face-masks-do-cause-physical-harm/>

Article showing masks are useless and 15 scientific publications concluding masks are useless:
<https://visionlaunch.com/more-than-a-dozen-credible-medical-studies-prove-face-masks-do-not-work-even-in-hospitals/>

One study from the above link, from 1981, masks do not decrease infection rates:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>

Archived: Friday, February 25, 2022 9:12:49 AM
From: [beverly knapp](#)
Sent: Thursday, February 24, 2022 5:01:32 AM
To: [~House Education Committee](#)
Subject: HB1131
Importance: Normal

I am in support of this Bill and urge you to support it as well.

Archived: Monday, February 14, 2022 8:35:45 AM
From:
[Donna Marie](#)
Sent: Sunday, February 13, 2022 9:15:26
PM
To: ~House Education Committee
Subject:
HB1131
Importance: Normal
</p><div class=MsoNormal
align=center style='text-align:center'><span lang=EN-US style='mso-ansi-
language:EN-US'><hr size=2 width="100%" noshade color=black align=center
tabIndex=-1><DIV align=left>
<meta http-equiv="Content-Type"
content="text/html; charset=utf-8"><div dir="ltr">Dear
Esteemed Members,
<div>
</div><div><font color="#3a3a3a"
face="Roboto, Helvetica Neue, Helvetica, Arial, sans-serif"><span
style="font-size:18px">Please support this bill so that we are not forced
to cover up any part of our body ever
again.</div><div><font color="#3a3a3a" face="Roboto,
Helvetica Neue, Helvetica, Arial, sans-serif"><span style="font-
size:18px">
</div><div><font color="#3a3a3a"
face="Roboto, Helvetica Neue, Helvetica, Arial, sans-serif"><span
style="font-size:18px">Thank you!</div><div><font
color="#3a3a3a" face="Roboto, Helvetica Neue, Helvetica, Arial, sans-
serif">The Beatrice
Family</div></div>

Archived: Friday, February 25, 2022 9:12:59 AM
From: [Claudia Damon](#)
Sent: Monday, February 21, 2022 9:27:23 PM
To: [~House Education Committee](#)
Subject: HB1371 and HB1131-NH voter opposes for the record
Importance: Normal

Dear House Education Committee,

I urge you to oppose HB1371 and HB1131 and politely request that this email be introduced into the record.

My reasons for this request are as follow:

- Masks help slow the spread of covid; they help us keep schools open, which is what we all want;
- Sponsors of these bills are concerned about the "freedom" of parents who don't want their children masked and employees who don't want to wear them, but what about the "freedom" of other parents to protect their child by sending them to a safe environment and the freedom of employees to keep themselves and their families safe based on medically recommended measures? Certainly the safest way to proceed is to protect our children from COVID and in the interest of public safety, masking should prevail over not masking.
- In any event, the best course is to let local, elected school boards decide based on science and the conditions at the time.

Thank you for your service,
Claudia Damon
Concord, NH

Archived: Monday, February 7, 2022 3:03:48 PM
From: [Dave Cory](#)
Sent: Monday, February 7, 2022 2:06:11 PM
To: [~House Education Committee](#)
Subject: In strong support of HB-1131 and HB 1371
Importance: Normal

Dear [House Committee on Education](#),

Please SUPPORT — HB 1131, relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.

Please SUPPORT — HB 1371, relative to school district policies on facial masks of students in schools. This bill leaves the choice of whether to wear a mask up to parents and students and prohibits bullying that encourages mask wearing.

Thank you,
David Cory
Rye, NH

Archived: Monday, February 7, 2022 9:08:20 AM
From: [Johanna Lawrence](#)
Sent: Friday, February 4, 2022 4:35:19 PM
To: [~House Education Committee](#)
Subject: In strong support of HB-1131 and HB 1371
Importance: Normal

Dear [House Committee on Education](#),
Please SUPPORT — HB 1131, relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks.
Please SUPPORT — HB 1371, relative to school district policies on facial masks of students in schools. This bill leaves the choice of whether to wear a mask up to parents and students and prohibits bullying that encourages mask wearing.

Thank you,
Johanna Lawrence
Rye, NH

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Nicole Gallant](#)
Sent: Thursday, February 24, 2022 9:54:35 PM
To: [~House Education Committee](#)
Subject: Mask Hearings 2/25/22
Importance: Normal

I am a parent of a kindergartener who is not in her local public school due to the mandated mask requirement.

I also have another 5yr old who is due to start kindergarten this year.

I will not place him in our local school district if the mask mandate stays in place.

The mask mandate does not have anything to do with science, and should have always been left up to the parents to decide for themselves.

I write to you all tonight to request your support for HB1131 and HB1371.

Please support these bills. Give the parents back their rights to decide what is best for their students!

Thank you

Nicole Gallant

[Sent from Yahoo Mail on Android](#)

Do face masks work? Here are 49 scientific studies that explain why they do

by: [Russell Falcon](#)

Posted: Aug 7, 2021 / 01:48 PM CDT / Updated: Dec 23, 2021 / 10:08 AM CST

AUSTIN (KXAN) — Since the beginning of the historic COVID-19 pandemic, one of the most hotly debated subjects has been about masks and whether they actually help slow the spread of the disease. Now, as [omicron cuts its way across the globe](#), the question is back on people's minds.

At the onset of the pandemic, there was slim evidence to either prove or disprove the effectiveness of mask-wearing to slow the spread of this particular coronavirus because, obviously, COVID-19 was a new disease. Additionally, there was little research focusing on respiratory disease transmission during a global pandemic of COVID-19's magnitude — a once-in-a-lifetime worldwide disaster. Naturally, there was little data to go on about the efficacy of mask-wearing during these exact circumstances.

This lack of information was perhaps confusing for many but millions in the scientific community quickly jumped to help the world understand this disease better. They built upon years of existing data on coronaviruses and communicable diseases. While researchers of all 49 studies listed below acknowledge there's still much more data to be explored, they have all acknowledged the efficacy of mask-wearing *to some degree* at slowing the spread of COVID-19.

Busting mask myths: 3 false rumors debunked

Researchers of [one study](#) urge people not to infer when reading studies: *“Various authors have justified not wearing masks on four main grounds. Firstly, they claim that there is limited evidence that they are effective. The first argument can be challenged on the grounds that **absence of evidence is not evidence of absence.**”*

[Reasons for mask hesitancy and doubt](#) include [conflicting data from health officials](#), political biases and cultural unfamiliarity (studies showed mask-wearing was lower in countries where face masking to prevent disease was not as common as in others). While studies disputing masking claims *do* exist — as is the nature of scientific research — in researching this piece, the majority explored for this article appeared to conclude either in the affirmative or that more information was needed.

*Through the writing of this article, efforts were made to be transparent about publication dates, sources, data sets, and when findings that **were** critical of mask-wearing appeared. Where they arose, they were included and we worked to give them context.* Below, find 49 studies (some pending peer review) which show the effectiveness of masking. Peer-reviewed studies:

1. Researchers (including a CDC doctor) for a February 2021 article published by the [Journal of the American Medical Association](#) reviewed data from 10 previous studies conclude mask wearing substantially reduces spread. They write that

wearing a cloth mask can reduce transmission of exhaled droplets from infected wearers into the air by around 50% to 70%. Additionally, masks were shown to help prevent *uninfected* wearers from inhaling large respiratory droplets. Overall, the authors found mask wearing's main benefit is [source control](#), which protects *others* by reducing the number of respiratory droplets released, rather than [respiratory protection](#), which protects the wearer. **Peer reviewed.**

2. Universal mask adoption for people when in public is recommended by the authors of the "[An evidence review of face masks against COVID-19](#)," first published in January by Proceedings of the National **A**cademy of Sciences of the U.S. Researchers poured over at least 150 other studies, models and findings to draw their conclusion: "*The available evidence suggests that near-universal adoption of nonmedical masks when out in public, in combination with complementary public health measures, could successfully reduce virus reproduction levels to below 1, thereby reducing community spread if such measures are sustained.*" Additionally, they posit that mask wearing mandates could add \$1 trillion to the U.S. GDP by preventing business closures. **Peer reviewed.**
3. A [high-speed laser-light video](#) experiment in [The New England Journal of Medicine](#) caused oral fluid droplets to appear as flashes in the light. When observed, between 227 and 347 oral fluid droplets flashed when participants said the words "stay healthy" without a mask. When the same phrase was spoken *with* a mask, "the flash count remained close to background level." **Peer reviewed.**
4. A June 2020 University of Iowa study published in the [Health Affairs](#) medical journal estimated over 200,000 COVID-19 cases were prevented in May after masking was mandated in several states. For this experiment, researchers used data analysis and models to measure community spread before and after a mask mandate was enacted. Data found that within 1-5 days after a mandate was issued, daily case rates dropped nearly one percentage point. Within 21 or more days, they dropped two. **Peer reviewed.**
5. A symptomatic traveler with a dry cough traveled from Wuhan, China, to Toronto, Canada, while wearing a mask, [Canadian Medical Association Journal](#) researchers reported in an April 2020 response to a February 2020 study. None of the 25 passengers considered "close contacts" aboard the flight contracted the virus. This study indicated that droplet transmission was likely more prevalent than airborne transmission. **Peer reviewed.**
6. A June 2020 study in medical journal [The Lancet](#) reviewed 172 other studies from 16 countries and found that while different masks offer different effectiveness, masks overall result in a "large reduction in risk of infection." **Peer reviewed.**
7. Research in the journal [Science](#) addressed one key claim by mask opponents: that masks don't work because they can still let quite a bit of respiratory matter through. The study explains, however, that the amount of particles that can come through a mask are dependent on environment and how infected a certain area

is. For example, a highly infected group of individuals in a closed space will result in more particles being present *overall*, including through a mask. Nevertheless, face masks were found to effectively limit probability of COVID-19 transmission.

Peer reviewed.

8. A study published in the [International Journal of Nursing Studies](#) found that out of a total of 19 randomized controlled trials of communities, masks were effective — even without hand washing. **Peer reviewed.**
9. Authors of a [Science Advances](#) journal study found that **some** masks — particularly neck gaiters — **could** disperse large droplets into smaller, more airborne droplets. However, surgical masks, cotton masks and bandanas were found to cause a reduction in transmission and a significant delay between when they left one person’s mouth and when they were detected. **Peer reviewed.**
10. An article in the medical journal [Respirology](#) concluded (based on 10 previous studies and data) says while questions remain, there are “a range of reasons to advocate public mask wearing.” Authors noted that while masks protect wearers from droplets more than airborne particles, studies of influenza spread show masks are about 40-95% efficient. While they believe more information is still needed, they conclude that although cloth masks are inferior to medical masks, they’re “certainly better than no masks at all.” **Peer reviewed.**
11. Models created by the authors of a January 2021 study in the [Frontiers in Medicine](#) journal indicated wearing face masks showed favorable outcomes in reducing infection rates. Most importantly, mathematical models indicated a big decrease in mortality when population mask coverage was near-universal. This was true even if mask type were less effective types. **Peer reviewed.**
12. A November 2020 article published in the [Environmental Pollution](#) journal concluded mask wearing is effective at preventing contact, droplet and possibly airborne transmission of COVID-19. Based on their research — through review of existing data — they urged government officials to further emphasize the importance of masking. **Peer reviewed.**
13. An October 2020 study in [Extreme Mechanics Letters](#) found that cloth face coverings, particularly masks with multiple layers, have over 70% blocking efficiency. Multiple-layered fabric was found to stop droplets with more than 94% efficiency, which is equitable to that of medical masks. **Peer reviewed.**
14. A scenario in [Nature Medicine](#) projected what would happen if each U.S. state implemented and achieved 95% of public mask use — this resulted in the lowest projected cumulative death toll. Under this scenario, no states reached daily death rates of eight deaths per million. Other projections found that even if lockdowns/restrictions were not mandated, “*any additional coverage that can be achieved through mask use will save lives.*” **Peer reviewed.**
15. Authors of the “How effective is a mask in preventing COVID-19 infection?” study published in [Medical Devices & Sensors](#) examined transmission of droplets through various masks, ultimately finding that correctly wearing masks — despite the varying effectiveness of different types — can largely reduce overall risks of infection and boost protection. **Peer reviewed.**
16. Consumer-grade masks (cloth, bandana) with modifications can offer protection that’s almost the exact same or *even better* than non-N95 medical masks

professionals use. That's according to the researchers in a December 2020 study published in [JAMA Internal Medicine](#). Modifications in fit was the main contributor to increased effectiveness, researchers wrote. **Peer reviewed.**

17. [The Annals of Internal Medicine](#) published a study indicating that while researchers don't have enough data to rule that cloth masks stop transmission of respiratory droplets from coming *in* through a mask, there's "convincing" evidence to say that cloth masks *do* reduce particles from going out of a mask and contaminating air and surfaces. The researchers explain: "*Every virus-laden particle retained in a mask is not available to hang in the air as an aerosol or fall to a surface to be later picked up by touch.*" **Peer reviewed.**
18. While authors of a December 2020 [Eurosurveillance](#) infectious disease journal review of 74 sources decided more data and research is needed, they ultimately estimated face masks to offered up to 15% reduction in disease transmission in their sample pool. **Peer reviewed.**
19. The authors of this April 2020 study found that Taiwan recorded only 348 COVID-19 cases at that time, while Singapore recorded 1,114. Only Taiwan encouraged masking at the onset of the pandemic, according to the [Emerging Infectious Diseases](#)-published study. While researchers say the reduction was "marginal," they believe the reduction could still produce substantial results, especially if implemented early on. Researchers acknowledge limitations to the study, saying a small sample size was used and there was "suboptimal" adherence to mask wearing among participants. They write: "*Taiwan had the foresight to create a large stockpile of medical and surgical masks; other countries or regions might now consider doing so as part of future pandemic plans.*" **Peer reviewed.**
20. In a study in [Journal of Travel Medicine](#), published by Oxford University, researchers found that while mask effectiveness varies depending on type and fit, cloth masks were suitable for non-healthcare workers and could prevent transmission of infection, especially during early onset. The authors argue that a model showed that even if face masks are only 20% effective and only 25% of the population used them, infection would be reduced by 30%. **Peer reviewed.**
21. A March 2021 study looked at the impact of New York City's April 2020 executive order mandating mask wearing for all in public. At that time, NYC was the epicenter of infections in the U.S., the study published in [Journal of Urban Health](#) explains. Results showed that NYC's mask mandate prevented 99,517 infections and 7,978 COVID-19 deaths. Additionally, researchers say if the order had been implemented just one week earlier than that, 111,475 infections and 9,017 deaths would have been prevented. **Peer reviewed.**
22. This [Hong Kong study](#) published in The International Journal of Tuberculosis and Lung Disease laments the lack of support for masking in Western countries, as many Asian countries accept and have normalized mask wearing for decades. The researchers point to a previous study cited to dispute benefits of face masks — particularly cloth masks — because they're considered far less effective than surgical masks. The authors argue that while cloth masks are less effective than surgical masks, the difference is about 70% versus 90%, which they say is still a "very meaningful benefit." **Peer reviewed.**

23. Authors of a December 2020 study published in [Future Microbiology](#) felt strongly about their findings on mask fit, which found they significantly reduce particle transmission when worn properly. They write: *“Quantitative analysis of the most efficient and effective face masks (in terms of both fit and fabric) will undoubtedly help to stem the spread of not just SAR-CoV-2 but also any illness spread through respiratory particles.”* **Peer reviewed.**
24. Researchers in this study of efficacy of different materials used for homemade masks found, as expected, different materials have different capabilities in preventing transmission. The laboratory study was performed in [West China Hospital of Sichuan University](#) in Chengdu, China and published in October 2020 by the PLOS One scientific journal community. The lab tested various materials and layering for filtration. The study found that while homemade masks did not meet surgical mask standards, the filtration efficiency and pressure difference inside did. They write: *“...homemade masks using available materials, based on the results of this study, can minimize the chance of infection to the maximum extent.”* **Peer reviewed.**
25. This [BMJ](#)-published study from New South Wales, Australia, used simulation scenarios to deduce that when used together, masking, high community testing and contact tracing are effective at controlling COVID-19 transmission. The researchers predictions and models lined up pretty closely with how case numbers played out in New South Wales. **Peer reviewed.**
26. Mathematical models were generated based on huge swaths of data for this study published in [Nature Communications](#). These models found: 1) Even limited distribution of masks offering only 25% protection and containment would result in significant drop in death rates, 2) Even if only 10% of people used the masks offering 25% protection, the death rate would drop 5%, 3) If people used homemade masks that offered even 5% protection and containment, death rates would drop from 2.5 to 2.26 percentage points. Places requiring public masking could also expect a 3-5% reduction in deaths, researchers write. **Peer reviewed.**
27. In this study published in the [European Respiratory Journal](#), researchers examined information from several countries to determine the differences in spread among those who masked and those who largely didn't. They urge lawmakers and residents to heed mask guidelines, as it's a favorable alternative to shutdowns and prolonged social distancing. The authors write: *“... We strongly support the use of cloth masks as a simple, economic and sustainable alternative to surgical masks as a means of source control for general community use, so that disposable surgical masks and N95 respirators can be reserved for use in healthcare facilities.”* **Peer reviewed.**
28. A September 2020 study published by the [Association for Psychological Science](#) reviewed several previous studies to determine why many people refuse or resist doing so when, they believe, face masks and social distancing have been proven to help slow disease spread. Researchers of the study, which centered on empathy, reviewed many previous studies to come to the *what* before examining the *why*. **Peer reviewed.**

29. Using data from 15 previous studies, researchers in this [The Lancet](#)-published study write: *“This study supports universal face mask use, because masks were equally effective in both health-care and community settings when adjusted for type of mask use.”* While the authors acknowledge that surgical and N95 masks are more effective than cloth masks, data indicate universal mask wearing can reduce the rate of infection, even with moderately effective ones. Additionally, researchers cite data showing mask wearing in Beijing homes prevented secondary transmission, if worn before symptoms appear. **Peer reviewed.**
30. The Beijing study cited in #38 was published in May 2020 by [BMJ Global Health](#) — it followed 335 people in 124 families that had at least one family member with a confirmed COVID-19 case. Authors found that after nearly a month in the same household, face mask use by all parties before symptom development was 79% effective in transmission reduction. **Peer reviewed.**
31. This study published in the [Emerging Infectious Diseases](#) medical journal concluded that while cloth masks are inferior to surgical masks and shouldn’t be used by healthcare workers, they are a suitable option for community use. Fit and material are key, researchers write, indicating that fabrics with high thread count and fine weave should be used — in addition to several layers of the material. **Peer reviewed.**
32. These [New York University Abu Dhabi](#) researchers examined the resistance of mask wearing in Spain during the early stages of the pandemic. Here, while exploring how attitudes and biases affect decisions to wear masks, explain that many still resist *“despite growing evidence of the effectiveness of face mask use against transmission of respiratory viruses.”* Based on their research, the authors urged governments to create programs to improve mask-wearing compliance. **Peer reviewed.**
33. A Vietnamese study published in the [Journal of Community Health](#) this year took a look at mask use among university students. Researchers noted Vietnam’s strict mitigation policies during the pandemic, especially given its proximity to China, helped keep case numbers low (about 28 cases per 10 million people). Measures including mandatory masking in public places — and a monetary fine of about \$13 US — led to the successful containment of the coronavirus, researchers write. Again, while surgical masking is the preferred method, researchers urge mask use and community education on their importance. **Peer reviewed.**
34. This January 2021 study published in [Journal of Econometrics](#) used robust models, experiments and data sets to review how further masking during the pandemic’s onset may have prevented infections and deaths. They conclude that their analysis “robustly indicates” face mask mandates have reduced the spread of COVID-19. They explain that if all U.S. states had implemented mandatory masking policies on March 14, 2020, the cumulative death toll by the end of May would have been about 19% to 45% smaller — or about 19,000 to 47,000 saved lives. **Peer reviewed.**
35. Just last month, research published on scholarly site [PLOS One](#) examined the “substantial” decline in new COVID-19 cases when mask mandates began amid a surge in Melbourne, Australia. Using models and logarithm data analysis, it’s

estimated that mask usage in public spaces rose from around 43% to 97% — resulting in a plunge in virus reproduction and new cases. The authors say they strongly support mask usage in communities. **Peer reviewed.**

36. “Of Masks and Methods,” published in March in [Annals of Internal Medicine](#), explored how the way masks are worn and implemented affect how effective they are. Researchers examined observational studies and other experiments to conclude that community mask use, especially if widespread, correlates to reduced risk for COVID-19. They write: *“Across all analyses odds ratios were approximately 0.8, consistent with a 20% reduction in incident SARS-CoV-2 infection if masks are recommended... Multiple observational studies have documented an association between mask mandates and reduced COVID-19 incidence.”* **Peer reviewed.**
37. This Irish study appearing in scientific journal publisher [MDPI](#) observed the transmission of particles through various mask materials to determine filtration, how porous they were and how much they resist airflow (among other factors). Using mathematical models, statistical data and historical data, they found masks to be an overall effective and necessary tool for the foreseeable future. They explain that as advancements in material occur — including many existing antimicrobial fabrics — masks will prove even more effective. They write: *“Current materials used in production including non-woven fibrous substances have been in use since the beginning of the 20th century and have been shown to be still sufficiently viable in their use.”* **Peer reviewed.**
38. A February 2021 study from Ethiopia and published in [Risk Management and Healthcare Policy](#) medical journal combed through databases and other COVID-19 writings to conclude that universal face mask use can contribute to community containment if properly used and available as needed. **Peer reviewed.**
39. This February 2021 [JAMA](#)-published study examined several other studies and created a table of different populations around the globe and how their masking use affected spread. They found: *“When masks are worn and combined with other recommended mitigation measures, they protect not only the wearer but also the greater community.”* Further, they explain that as mutations emerge, masking will be even more important. **Peer reviewed.**
40. Echoing other findings, the doctor/researcher behind this December 2020 [Wisconsin Medical Journal](#) review used over 88 scholarly references to aggregate his ultimate conclusion that the bulk of mask wearing works to control community spread. The author notes that while a mask can only protect wearers from infection to a certain extent, they can help control the viral load they’re exposed to and thus, the severity of their infection. **Peer reviewed.**
41. This May 2021 [Medical Decision Making](#) analysis used models to test the ability of masks to slow the spread of COVID-19 during an initial outbreak and an insurgence. The authors used over 50 sources to determine that even with moderately effective masking *“it is evident that mask effectiveness significantly affects transmission.”* The researchers recommend masking until at least widespread vaccination occurs. **Peer reviewed.**

Peer-review pending

1. Researchers in this study carried out several simulations where one infected person was put into a population of other participants who were susceptible. Mask wearing among the uninfected was gradually increased and a “striking” decrease was seen in the overall number of COVID-19 cases. In addition to several other mask-affirming findings, authors of the study published in the Yale University-BMJ-affiliated health sciences site [MedRxiv](#), write: *“If all individuals move freely and randomly interact with others (i.e., 0% SD), the rate of daily infection through the population depends on the percentage of individuals wearing masks.”*
2. [University of North Texas Health Science Center](#) researchers found in this July 2020 study that “states with an early mask mandate have been able to protect against the June [2020] surge across the country. Here, researchers reviewed data — including number of daily case numbers and transmission rate — to determine if local mask mandates affected spread in that state. Observing the four counties in the Dallas-Forth Worth metroplex, researchers found Dallas and Tarrant counties (both had mask mandates) showed a dramatic drop in new cases, hospitalizations and ER visits. The other two counties, Collin and Denton, did not have mask mandates experienced either growth or marginal decrease.
3. A study from [the Population Research Institute at the Family Federation of Finland](#) found that if 80% of people in the U.K. masked, it would do more to squelch the pandemic than a full shutdown.
4. This [Malaysian observational study](#) tracked mask use among patients being admitted into hospitals. They concluded that extensive use of facemasks could help mitigate impact and more work is needed to make sure people are correctly wearing them.
5. The [U.S. Environmental Protection Agency](#) (EPA) performed testing of various face masks — while effectiveness varied, certain cloth masks were found to be even better than medical-grade masks. All masks were found to be effective at stopping transmission at some level.
6. A late 2020 study looking at COVID-19 transmission in Georgia school districts found that schools in the state that required masks to be worn had a 37% lower incidence of COVID-19 among teachers and staff than those that didn't. The study, published as part of the CDC's [Morbidity and Mortality Weekly Report](#), led researchers to recommend mask use for both adults and children during in-person learning.
7. Researchers at the [European Centre for Disease Prevention and Control](#) found that while mask types offer different degrees of protection and said they think more data is needed, they ultimately recommended mask wearing as a “non-pharmaceutical intervention.”
8. This March study included in the CDC's [Morbidity and Mortality Weekly Report](#) indicates that county-level COVID-19 cases and death rates dropped increasingly in the 20 days following a mask mandate in that county. Mandates were associated with 0.5 percentage rate drops in the first 1-20 days and 1.1-1.8 percentage point drops between 21-100 days. Researchers highly recommended mask mandates in addition to other mitigation efforts following their work.

Retracted/disputed claims

1. A “research letter” published by JAMA Pediatrics just one month ago has since been retracted due to claims that the authors couldn’t back up their findings. The letter, [“Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children: A Randomized Clinical Trial,”](#) claimed that toxic amounts of carbon dioxide were “measured” inside of face masks worn by children. The claim was touted by Fox News host Tucker Carlson in early July and proliferated online, however, the scientific community scrutinized the study before it was ultimately retracted.
2. A [Texas A&M study](#) took a look at how COVID-19 is transmitted found people who wore masks prevented a projected 66,000 people in New York City from getting infected in less than one month. Based on mathematical analysis, they explained that global statistics showed: “... *Wearing of face masks in public corresponds to the most effective means to prevent interhuman transmission,*” researchers wrote. This research has been [rejected for peer review](#) twice due to ambiguous data, assumptions made by researchers, and uncontrolled factors. [One peer](#) who did not approve the findings wrote that while there’s “growing evidence” to support masking recommendations, it’s still too early.
3. This April 2020 study published in the [Annals of Internal Medicine](#) was retracted in July 2020 after some data was found to be incorrect due to miscalculations, including data showing surgical masks were *less* effective than cloth masks and possibly led readers to believe surgical masks were ineffective. While researchers requested to correct the data, editors insisted the study be pulled.
4. One of the most famous and controversial mask studies is among the first that was performed during the pandemic. Dubbed [“The Danish Study,”](#) or [“DANMASK-19“](#), the findings were labeled on social media as proof that [cloth and surgical masks don’t work](#). However, the interpretation of its findings has been disputed by many who say it ultimately rules “more information needed” and is “inconclusive.” Overall, protection was deemed to be limited. Moreover, the study’s authors also wrote: *“[the study] should not be used to conclude that a recommendation for everyone to wear masks in the community would not be effective in reducing SARS-CoV-2 infections, because the trial did not test the role of masks in source control of SARS-CoV-2 infection.”*
5. Another often-cited study many say proves masks are inefficient was published in a January 2021 issue of Medical Hypotheses and called [“Facemasks in the COVID-19 era: A health hypothesis.”](#) The study concluded that masks — both cloth and medical — were “ineffective.” The study circulated on social media with some [claiming it originated from Stanford University](#) and/or the National Institutes of Health. Neither is true, with Stanford Medicine explaining it strongly supports mask usage.

To mask or not to mask? Here's what 2 years and hundreds of COVID-19 experts say. *By Daryl Austin Jan 12, 2022, 9:00pm MST*

In my work covering COVID-19, I've interviewed hundreds of doctors, infectious disease experts and epidemiologists from institutions like the CDC, Harvard, Stanford, Yale, Johns Hopkins and the FDA's Center for Biologics Evaluation and Research.

The subject of masks has arisen time and again, and while multiple doctors have acknowledged the missteps and bungled messaging regarding face masks, particularly during the early stages of the pandemic, those I've interviewed agree that masks remain a vital layer of protection in the fight against COVID-19.

Of course, some guidance regarding preventative measures *has* changed over time as studies have given added insight into what works and what doesn't. But some preventive measures have remained surprisingly consistent. Washing hands, steering clear of sick people, and eating healthy and exercising are all effective ways to stave off some illnesses and represent preventive health measures that predate the pandemic. Similarly, surgical face masks have been used in hospitals for decades and by the public at large, long before COVID-19. It's only in the age of social media misinformation and political polarization that masks have become so controversial. But setting politics aside, data on masks remains compelling with the preponderance of evidence supporting their efficacy in reducing transmission of airborne viruses like COVID-19.

Based on extensive interviews and research, below are answers to common questions about when and why masks make sense and the mechanics of how they protect against COVID-19.

How effective are masks, really?

While face masks aren't airtight (thank heavens!) and therefore cannot keep out *every* respiratory droplet that may contain disease and bacteria, they are effective at containing a high number of them.

Various studies report different degrees of protection depending on how they were conducted and how data was collected, but a recent meta-analysis of multiple global studies found that masks are linked to a commanding 53% decrease in COVID-19 transmission when worn properly. An Arizona epidemiologist recently told me how N95 masks or surgical masks have proven to be especially effective. "Several studies have found that surgical masks are between 66% and 70% effective," she said.

Anyone doubting whether masks work need only look at how airborne diseases decrease in areas with high mask compliance. For instance, Primary Children's Hospital in Utah "typically deals with 80 to 120 RSV hospitalizations and dozens of intensive care unit stays *per week* on top of hundreds of yearly influenza hospitalizations," as one article noted; however, in the winter of 2020/2021, when most Utahns were still wearing masks while shopping and at work, church, and school, the Salt Lake City hospital reported virtually *zero* flu or RSV hospitalizations. In fact, airborne illnesses were at an all-time low across hospitals throughout the state at the time.

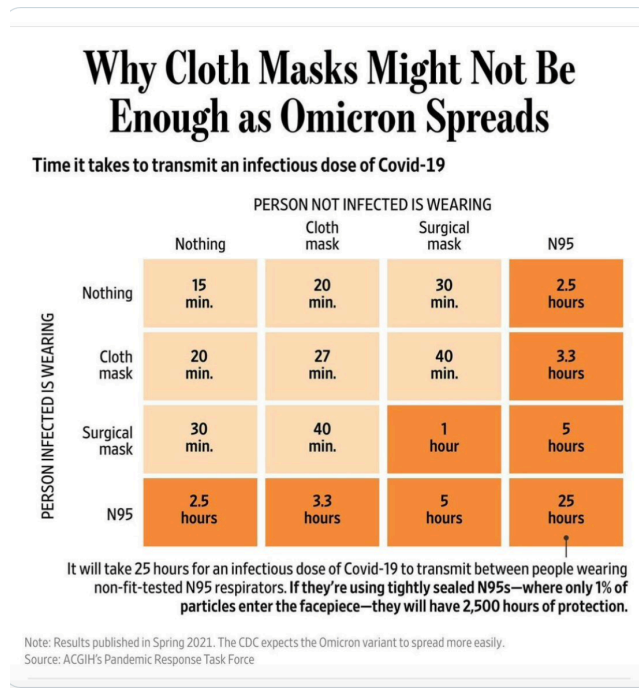
More recently, one study found that communities with mask mandates had lower hospitalization rates than areas where masks weren't required.

And even though masks are nowhere near 100% effective, experts consider some protection better than none. One pediatrician shared the following analogy last year: “You can’t tell me that every anti-masker we know wouldn’t change their tune about masks not providing ‘perfect protection’ if we showed the fallacy of that logic when applied to other things.”

He then suggested one considers the act of running across a field with people on both sides trying to pummel them with paintballs as they ran. “In that situation wouldn’t you rather have a shield in your hand that covered only part of your body, or would you honestly prefer no protection at all?” He then discussed how additional layers of protection such as a helmet or body armor could cause one to become even better protected to demonstrate how upgrading one’s mask can similarly provide increased levels of protection.

Are some masks better than others?

If increasing one’s level of protection against airborne viruses is the goal, then by now we all know that some masks are superior to others. Cloth masks are certainly better than no mask, but upgrading makes sense when better options are readily available. Surgical masks, for instance, are made up of more layers of protection than cloth masks. Researchers at Stanford and Yale contributed to a study last year that found that surgical masks are 95% effective at filtering out COVID-19 virus particles, compared to just 37% for cloth masks.



Unlike cloth masks, surgical masks are made from a non-woven plastic material called polypropylene that holds an electrostatic charge intended to contain air droplets

that prevent the wearer from inhaling them. N95 and KN95 masks have the same electrostatic advantage, but they're made up of even more layers of protection and have the advantage of also fitting more snugly to one's face.

Cloth and surgical masks tend to fit loosely, leaving gaps around the cheeks and nose which has been shown to make a big difference. A CDC study showed how a surgical mask could reduce risk of exposure to the wearer by nearly 65% by double-knotting the loops and tucking in the sides of the mask to close gaps. The CDC has excellent guidelines to help you make sure your mask fits properly.

Upgrading one's mask is especially important in the face of omicron. Early research suggests that omicron multiplies 70 times faster in the bronchial tract than previous iterations of the virus, and multiple early studies suggest that omicron may be able to render certain masks less effective by being able to infect individuals with a smaller viral load, a suggestion echoed by immunologist Wilfredo Garcia-Beltran.

How do face masks work?

Put simply, masks help prevent the transmission of airborne viruses by providing a barrier that traps or contains diseases and bacteria that commonly spread through small respiratory droplets. Airborne viruses include influenza (flu), whooping cough, tuberculosis, measles and respiratory syncytial virus.

Such droplets are expelled when someone with an airborne illness coughs, sneezes, shouts, laughs, talks or exhales in some other way. Each droplet (or floating air particle) becomes an infectious vehicle that can linger in the air, travel along air currents and adhere to surfaces, where they eventually may be inhaled by someone else.

COVID-19 is also known to be spread through airborne transmission, "so anything that gets in the way of the virus distributing through the air in high-enough concentrations to get nearby people sick is going to be key in preventing spread," a Colorado-based epidemiologist recently told me.

Why does it make sense to wear masks sometimes and not others?

Early in the pandemic, a Harvard epidemiologist had some helpful advice on this front: he told me to "think of where we are now like a budget," and suggested that if people want to avoid closures of schools and churches (or more recently, canceled flights) it "means allowing a certain amount of transmission and deciding where you're going to allow that transmission to take place and where you cannot."

Judiciously budgeting one's face mask use in crowded indoor settings may help prevent the spread of viruses in those places while allowing children or individuals with special needs to remain mask free in other settings. In other words, just because masks work doesn't mean we have to wear them every minute of every day. We can "budget" our face mask use in settings where masks make more sense. Going back to the aforementioned paintball analogy, there's no sense in donning a shield, helmet and body armor if no one is firing any paint balls.

OK, so when and where does it make sense to mask up?

The one piece of information that changed in 2021 regarding face masks was relaxed guidance about masking up outdoors. "Masks may not be necessary when you and the

person you are caring for are outside and away from others,” the CDC now recommends. Crowded sporting events and concerts are still the exception where higher risk individuals (and those nearby) should still consider wearing them. But experts remain unified in recommending mask use when using public transit and in indoor settings where social distancing isn’t practical and airflow may be stagnant. Most experts also recommend masking up in small groups indoors unless everyone present is known to be vaccinated and boosted. One should also exercise more caution if you live in an area that’s experiencing a surge of new cases. NPR has a handy tool to check transmission levels near you.

What if I’m the only one wearing a mask?

Masks work best when the majority of people in a room are wearing one because when an infected person wears a mask, a large percentage of their exhaled infectious particles are captured in the material immediately in front of their mouth and nose, which stops viral spread at the source.

But evidence suggests that masks protect the wearer even when others remain mask free. The degree of protection depends on the quality of one’s mask, how well a space is ventilated, and the length of time someone is exposed to an infected person. One study showed an individual wearer to be protected by 17% to 27% in a cloth mask, 47% to 50% in a surgical mask, and 79% to 90% in a well fitted N95 mask regardless of whether others were wearing a face covering.

Another study showed how when an infected person occupied the same space as an uninfected person where neither party wore a face covering, the uninfected person became infected within just 15 minutes. But the amount of time to become infected increased to 20 minutes when the uninfected person wore a cloth mask, to 30 minutes when wearing a surgical mask, and to 2.5 hours when wearing an N95 mask — *even if the uninfected person was the only one wearing a mask*. (It’s worth noting that the 2.5-hour time to become infected increases to a whopping 25 hours when *both* the uninfected person and the infected person wore an N95 mask.)

Should my child wear a face covering (in the classroom and beyond)?

While it’s logical to conclude that masks benefit *every* able-bodied wearer regardless of age, the aforementioned “budgeting” analogy demonstrates why it may make more sense for adults to bear the burden of masking more than young children. After all, children often have lower levels of tolerance and depend especially on facial expressions and other nonverbal forms of communication as part of their development and while learning in various settings. Some experts have also expressed concern that young children in particular may begin mouth breathing if they wear a face covering too often, the detriments thereof having been well-documented.

What’s more, the CDC published a study last May that casted doubt on whether requiring children to wear a face covering in the classroom has a statistically significant benefit. As David Zweig wrote in The Atlantic last month, “the precise extent of (mask) protection, particularly in schools, remains unknown—and it might be very small.” As such, masking young children in the classroom is a more complicated question. Indeed,

the World Health Organization specifically advises against masking children 5 and under.

That said, WHO does recommend children 12 and up to wear face coverings under the same circumstances as adults, and the CDC and the American Academy of Pediatric guidelines still encourage that “anyone over the age of 2, regardless of vaccination status, wear a well-fitting face mask when in public” — at least through the 2021-22 school year.

If masks are so effective, why did Dr. Fauci say they didn’t work early in the pandemic?

Nearly two years into the pandemic, the most common argument against masks is that Dr. Anthony Fauci once said they weren’t effective. While it’s true that he appeared on “60 Minutes” early in the pandemic and said that masks don’t provide “the perfect protection that people think (they do),” and that the U.S. Surgeon General at the time tweeted something similar, Fauci has since explained that he and other public health officials were actually just “concerned that it was at a time when personal protective equipment, including the N95 masks and the surgical masks, were in very short supply.” Indeed, by early April 2020, the Strategic National Stockpile had been depleted, a potentially devastating situation for front-line medical workers.

While one could certainly fault Fauci and other officials for not leveling with the American people, it’s worth noting that their actions at the time still demonstrated how important they considered masks to be. A physician last year told me, “nothing convinced me more that I needed to get my hands on some masks for my family then when I saw how panicked Dr. Fauci was when he thought there weren’t enough masks to go around for doctors and nurses early in the pandemic.”

I thought masks were supposed to be temporary?

While “pandemic fatigue” is understandable and masks are absolutely both inconvenient and uncomfortable, COVID-19 is far from over. Indeed, America reported 4 million new cases last week alone — a caseload it took the country a full 6 months to amass in 2020. States across the country are shattering previous records — Utah reported more than 10,000 new cases on Wednesday.

Omicron *may be* less deadly than earlier strains, but it is also more contagious. Former CDC director Dr. Tom Frieden recently posted to Twitter that in his 30 years of studying infectious disease outbreaks, “I’ve NEVER seen anything like the speed of Omicron.”

The variant is tearing through some communities with such ferocity that the National Guard has been deployed to assist in several overcrowded hospitals.

In other words, though most of us want to be done with this virus, it isn’t done with us, and Americans still need to do what we can to prevent its spread.

Thankfully, most experts believe there’s light at the end of the tunnel as more and more of the country becomes vaccinated (or infected) and new treatment options become available. It’s as CDC director Rochelle Walensky told ABC News last month, “masks are for now, not forever.”

Daryl Austin is a journalist based in Utah. His work has appeared in National Geographic, The Atlantic, The Wall Street Journal, Psychology Today and The New York Times.

My name is Maureen Hardy, MT, SM (ASCP), MSPH Epidemiology. I am in favor of bills HB1131 and HB 1371

SUMMARY:

Thank you, my name is Maureen Hardy, from Londonderry--- Testifying in favor of this bill. I have worked in the clinical microbiology lab for 26 years, participated in the infection control task group for my hospital including ambulatory care settings, I have worked in R and D for diagnostic devices and have worked in the pharma industry in Pharmacovigilance. I have taught Clinical Microbiology at the Community college level and Medical Ethics at the University level. I have a MSPH in Epidemiology.

When evaluating a mitigation strategy for a disease, whether from the perspective of a pharmaceutical product or a Public Health Policy, the Risk/Benefit analysis must be considered. Based on multiple studies, and population data, the Risk/benefit analysis does not support the use of facial masks for the prevention of COVID-19, especially for children.

1. The wearing of facial masks does not prevent the transmission of Respiratory viruses (i.e SARS-COV-2). Studies noted below^{1, 2, 3,4,5,6,7,8} and today's testimony. Children are at extremely low risk of bad outcomes from the infection with

SARS-COV-2 with a 0 percent death rate per the CDC since January 1, 2020.

<https://covid.cdc.gov/covid-data-tracker/#demographics> I pulled the chart yesterday (2/24/2022)

2. Wearing masks is not a benign intervention and causes serious and potentially long-term damage to children.
1. Mask wearing causes physical, psychological and social damage to children. We also know that masks encourage mouth breathing in children which leads to facial deformities. Masks interfere with children learning socially through facial expressions. Speech learning is lost in the very young. Learning deficits have been observed in all. An Israeli-Canadian study, published in **Cognitive Research** in February 2022, found that “face masks disrupt holistic processing and face perception in school-age children”.
Masks keep other pathogens trapped near the mouth and nose in the lungs of the children. These are larger pathogens and include bacteria, Mold and parasites.^{9,10,11,12, .} Finally, Children need to be free

to be exposed to the natural environment to keep their immune systems strong.

Therefore, the Risk/benefit analysis does not support the use of facial masks as a Public Health mitigation strategy, especially for school children. (Zero benefit/ High Risk). The mask recommendations were put into place by National and local public health agencies without evidence of benefit and without evaluation of risks and followed by School boards and administrators who had no other sources of guidance. We now have 20/20 Hindsight and understand that masking children is wrong. Let us correct this now and not put the School boards in the position of having to mandate bad policy ever again. There is fear of a more lethal COVID virus arriving around the world but the spread of another respiratory virus also would not be mitigated by mask wearing. I wish that it would work, but unfortunately, does not. Questions?

First to understand the actual transmission method of SARS-COV-2. Yes, it can be spread via droplets (which do not travel but fall directly to the ground) but is primarily spread in aerosols. Aerosols are much smaller than droplets and can go right through the mask. The SARS-COV-2 particle is one tenth of a micron. This is 1000 times smaller than the diameter of a human hair. But there is more...The best source for

information on the lack of effectiveness of masks is Dr. Stephen Petty, an Industrial engineer. Randomized controlled studies using people that have been done have shown that mask wearing is not effective in preventing the spread of respiratory viruses. Studies that claim to show effectiveness have tested flow of aerosols on dummies wearing a mask with all the edges sealed. In real life, we do not wear the masks with sealed edges. We would not be able to breath. There are generally wide gaps around the nose and cheek and sometimes at the side of the cheek where aerosols can enter. The mask mitigation strategy is poor at best and is not benign.

When looking at real world data and studying the curves between geographic areas that imposed mask mandates vs those that have not (towns, States, Countries), the data shows that there was no difference in transmission rates between the two groups.

Here is a quick podcast on the subject with the expert: Masks: Why They Cannot & Do Not Work - Overview - Ep. 20

[Petty Podcasts](#) Published January 4, 2022 2,813 Views

<https://rumble.com/vrx3yk-masks-why-they-cannot-and-do-not-work-overview-ep.-20.html> I urge you to watch this.

Here are some MASK studies:

1. The only major Randomized controlled macro mask clinical study from Denmark:

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers

A Randomized Controlled Trial

[Henning Bundgaard, DMSc](#)

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

Conclusion:

The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use. The data were compatible with lesser degrees of self-protection.

2. Are Face Masks Effective? The Evidence. SUMMARY OF ALL STUDIES

Updated: January 2022

Swiss Policy Research

<https://swprs.org/face-masks-and-covid-the-evidence/> THE GRAPHICS IN THIS ONE ARE COMPELLING. They show that mask mandates did nothing to slow the spread or modify the peaks of the Pandemic viral curve.

3. FROM THE NIH, National Library of Medicine---

A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

[C Raina MacIntyre](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

From the CDC:

4. *Policy Review*

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

Jingyi Xiao¹, Eunice Y. C. Shiu¹, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility”

More studies:

5. **Masking lack of evidence with politics**

July 23, 2020

Tom Jefferson, Carl Heneghan

<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

6. **Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?**

https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses

From this study:

“Medical or surgical masks

Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort.

N95/P2 respirators

Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people). Unwanted effects were not well reported; discomfort was mentioned.”

7. Mask mandate and use efficacy for COVID-19 containment in US States

Damian D. Guerra^{1,*}, Daniel J. Guerra²

<https://escipub.com/irjph-2021-08-1005/>

<https://aip.scitation.org/doi/10.1063/5.0057100> (Please note that in this study a manikin was used and the mask was sealed completely all over the face of the manikin)

8. Universal Masking in Hospitals in the Covid-19 Era, New England Journal of Medicine

List of authors.

- Michael Klompas, M.D., M.P.H.,
- Charles A. Morris, M.D., M.P.H.,
- Julia Sinclair, M.B.A.,
- Madelyn Pearson, D.N.P., R.N.,
- and Erica S. Shenoy, M.D., Ph.D.

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

FTA: “It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers’ perceived sense of safety, well-being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. Expanded masking protocols’ greatest contribution may be to reduce the transmission of anxiety, over and above

whatever role they may play in reducing transmission of Covid-19. The potential value of universal masking in giving health care workers the confidence to absorb and implement the more foundational infection-prevention practices described above may be its greatest contribution.”

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids. There is limited evidence for their effectiveness in preventing respiratory virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. They are not considered PPE (Respirator) by OSHA.

Dr. Petty’s discusses cloth masks vs N95 masks in his podcast series. I urge you to watch.

<https://rumble.com/c/PettyPodcasts>

When I wore N95 masks at work, I was using them to prevent infection with Mycobacteria and Mold which are significantly larger particles than SARS-COV-2. In order to use the N-95 mask as PPE, I had to be fit tested yearly and wear the appropriate size. I was trained in how to wear them. I also worked in a negative pressure room in a Level 3 biological safety cabinet. I was also only able to comfortably wear them for short periods of time. I suffer from no illusions that a cloth or surgical or even N95 mask worn out and about will protect me from a virus. N-95 Masks are not to be worn by children (from the package insert, link below) This is what the package insert for the 3M N95 mask package insert actually says:

Biological Particles

This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, Bacillus anthracis, Mycobacterium tuberculosis, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and

other government agencies have not established safe exposure limits for these contaminants.

<https://multimedia.3m.com/mws/media/921310/3m-8000-series-n95-particulate-respirator-user-instructions.pdf>

References for Damage caused by mask wearing:

9. The Damage of Masking Children Could be Irreparable
BY ERIC HUSSEY NOVEMBER 3, 2021
https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/?fbclid=IwAR2CQiDt5cpJfL1OoCja6_dbISW54_92nXfrmWSl1yCufIXpecwVele42E
10. **Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?** *International Journal of Environmental Research and Public Health* Kai Kisielinski ¹, Paul Giboni ², Andreas Prescher ³, Bernd Klosterhalfen ⁴, David Graessel ⁵, Stefan Funken ⁶, Oliver Kempfski ⁷ and Oliver Hirsch ^{8,*} *Int. J. Environ. Res. Public Health* **2021**, *18*, 4344. <https://doi.org/10.3390/ijerph18084344>
<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8072811/pdf/ijerph-18-04344.pdf#page37>
11. Jefferson Y. Mouth breathing: adverse effects on facial growth, health, academics, and behavior. *Gen Dent.* 2010 Jan-Feb;58(1):18-25; quiz 26-7, 79-80. PMID: 20129889.
<https://pubmed.ncbi.nlm.nih.gov/20129889/>
12. <https://cognitiveresearchjournal.springeropen.com/articles/10.1186/s41235-022-00360-2>

HOW THE CDC Abandoned Science:

<https://www.tabletmag.com/sections/science/articles/how-the-cdc-abandoned-science>

NOTES:

Bangladesh study, often cited in favor of masks did not find any benefit from the wearing of cloth masks which is mostly what children wear and also, for surgical masks they found a very low benefit (supposedly 11%) and this was only for people over the age of 50, so again, this does not apply to children in schools. surgical masks, but not cloth masks, reduced “symptomatic SARS-CoV-2 infections” by 0.08% (ARR), and only in people over 50. But a subsequent re-analysis of the study by statisticians [found that](#) there was in fact no benefit at all. According to one reviewer, the Bangladesh study was designed [so poorly](#) that it “ended before it even began”.

The Hairdresser study: The results sounded impressive but were meaningless. The salon may have had good ventilation (dilution). The salon workers may not have had a large inoculum at the point of contact. The salon workers faced the BACK of the customers heads with little to no face to face contact. Finally, not all 139 patients were ever tested for SARS-COV-2. Only 67 were tested (slightly less than half), so we really have no proof that the masks worked at all.

1. During the notorious **1918 influenza pandemic**, the use of face masks among the general population was widespread and in some places mandatory, but they [made no difference](#). (Washington Post)

My name is Maureen Hardy, MT, SM (ASCP), MSPH Epidemiology. I am in favor of bills HB1131 and HB 1371

SUMMARY:

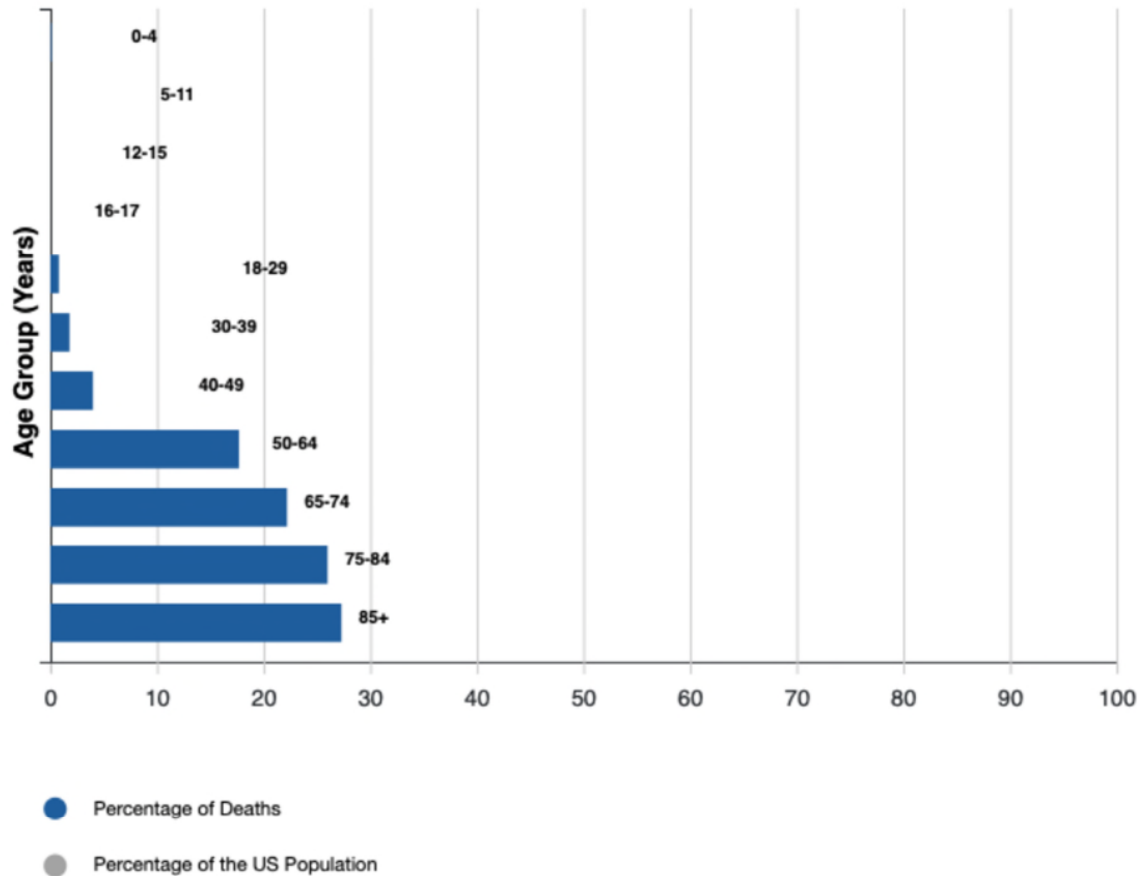
Thank you, my name is Maureen Hardy, from Londonderry--- Testifying in favor of this bill. I have worked in the clinical microbiology lab for 26 years, participated in the infection control task group for my hospital including ambulatory care settings, I have worked in R and D for diagnostic devices and have worked in the pharma industry in Pharmacovigilance. I have taught Clinical Microbiology at the Community college level and Medical Ethics at the University level. I have a MSPH in Epidemiology.

When evaluating a mitigation strategy for a disease, whether from the perspective of a pharmaceutical product or a Public Health Policy, the Risk/Benefit analysis must be considered. Based on multiple studies, and population data, the Risk/benefit analysis does not support the use of facial masks for the prevention of COVID-19, especially for children.

1. The wearing of facial masks does not prevent the transmission of Respiratory viruses (i.e SARS-COV-2). Studies noted below^{1, 2, 3,4,5,6,7,8} and today's testimony. Children are at extremely low risk of bad outcomes from the infection with

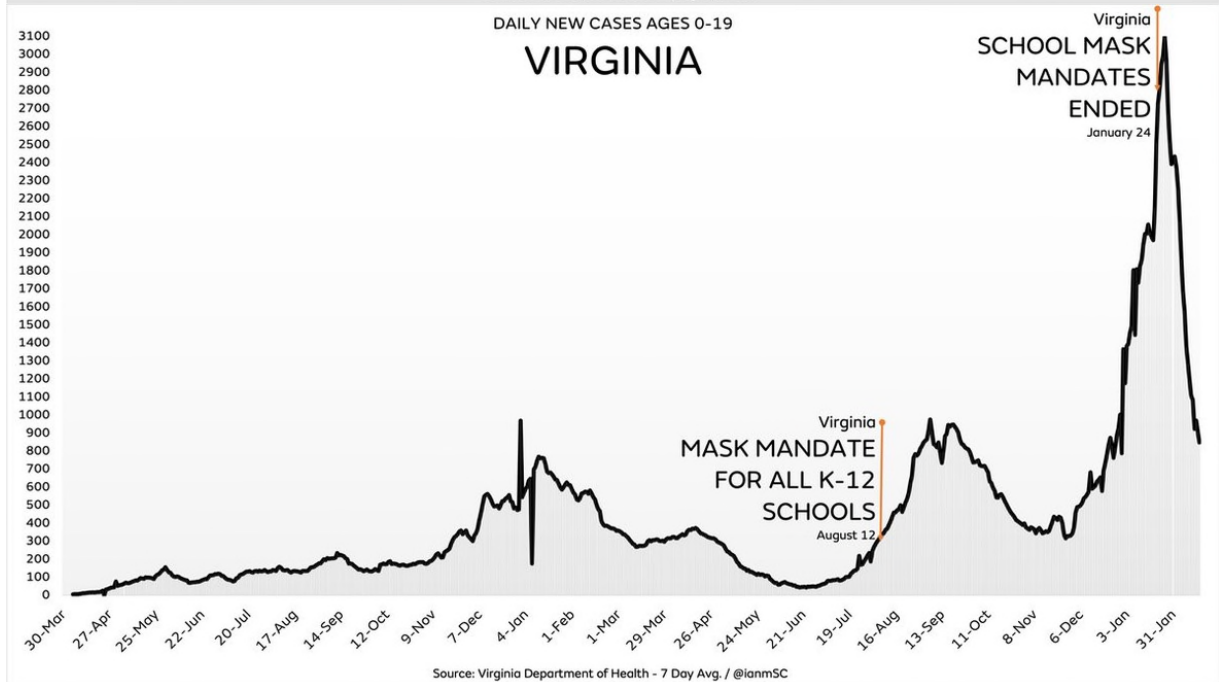
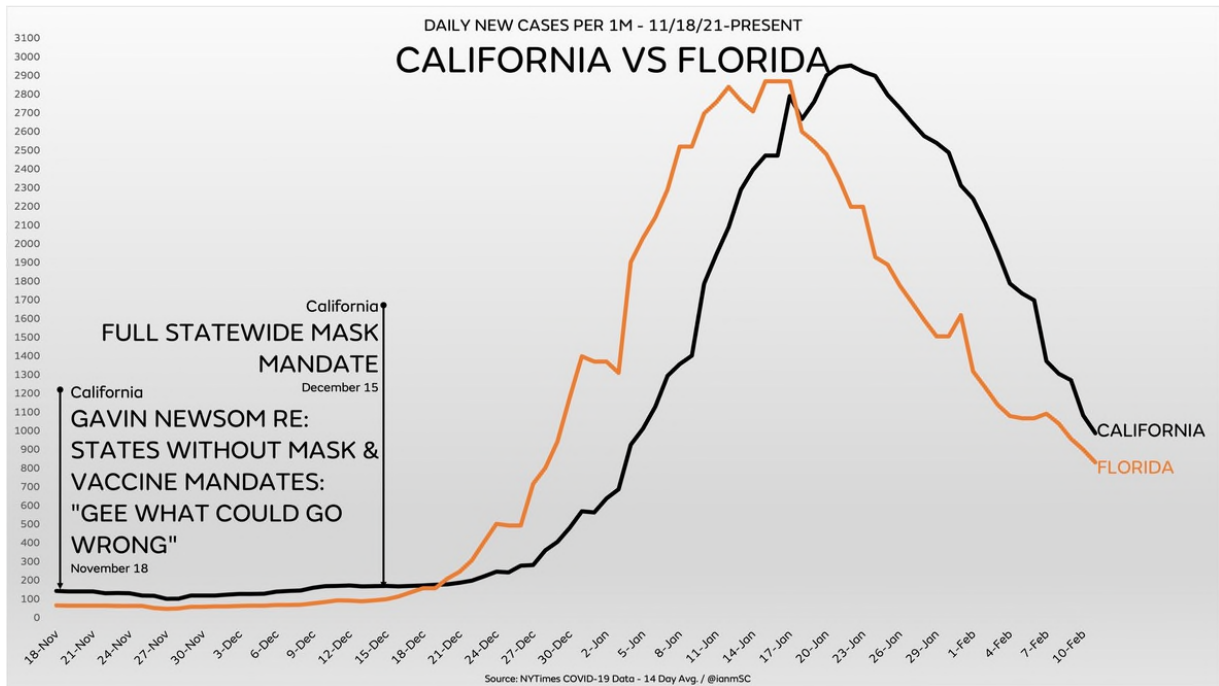
Deaths by Age Group:

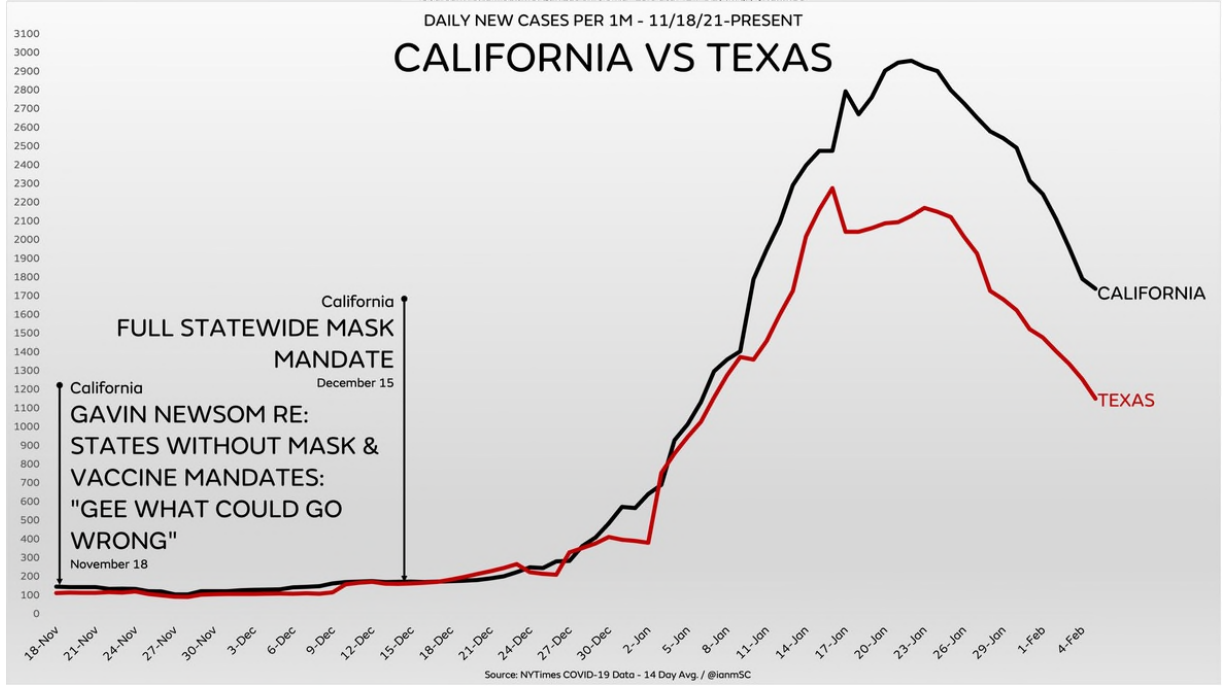
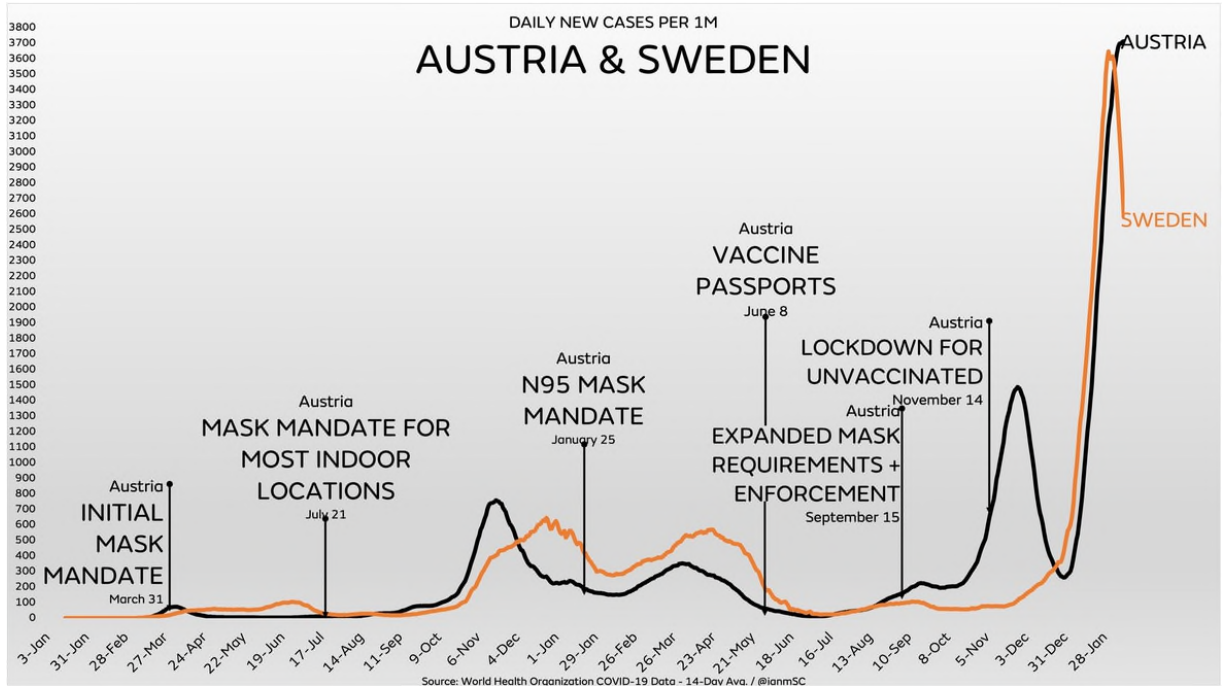
Data from 799,985 deaths. Age group was available for 799,677 (99%) deaths.



Show Percentage of the US Population that is in this demographic category

1. <https://swprs.org/studies-on-covid-19-lethality/#age>
2. <https://covid.cdc.gov/covid-data-tracker/#demographics>





Archived: Thursday, February 10, 2022 11:15:54 AM
From: [Kara Truong](#)
Sent: Wednesday, January 26, 2022 10:19:44 AM
To: [~House Education Committee](#)
Subject: New Hampshire House Bill 1131
Importance: Normal

Good Morning,

New Hampshire House Bill 1131 bill prohibits school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

I am writing to you because I support this bill. My three children are currently attending public school in New Hampshire. My children are required to wear masks all day, except when eating or drinking. The mask requirement has negatively impacted my children's love for school and education, especially for my younger two children, as they are uncomfortable and sweaty while wearing the mask at school.

Two years into the pandemic, it is now clear that it is unnecessary to require all children to wear cloth masks for 35 hours a week. The effectiveness of cloth masks is low and the virus risk to children is low.

In my opinion, it should be optional for parents to choose if they would like their children to wear or not wear a mask while at school.

Please pass this bill to help *restore our children's love for school and education*. Thank you for your time.

Sincerely,
Kara Truong

Archived: Friday, February 25, 2022 10:11:38 AM

From: [Megan Tuttle](#)

Sent: Friday, February 25, 2022 9:58:13 AM

To: [~House Education Committee](#)

Cc: [Brian Hawkins](#)

Subject: Opposition to HB 1131

Importance: Normal

Attachments:

[HB 1131 Testimony - mask prohibition.docx](#) 

Honorable House Education Committee – Please find attached written testimony in opposition to HB 1131 from NA-NH. I am free to discuss this testimony if you wish. Thank you -

Archived: Monday, February 7, 2022 9:08:18 AM

From: [Edwin Meszynski](#)

Sent: Monday, February 7, 2022 8:23:52 AM

To: [~House Education Committee](#)

Subject: Please support HB 1131

Importance: Normal

Representatives,
please support HB 1131.
Thank you,
Edwin Meszynski

Sent from my iPhone

Archived: Friday, February 25, 2022 9:13:28 AM
From: [Edwin Meszynski](#)
Sent: Sunday, February 20, 2022 8:49:36 PM
To: [~House Education Committee](#)
Subject: Please support HB 1131
Importance: Normal

Representatives,
please support HB 1131.
Thank you,
Edwin Meszynski

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:51 AM
From: [Elliot Axelman](#)
Sent: Wednesday, February 23, 2022 10:00:11 AM
To: ~House Education Committee; Michael Yakubovich; seboyd2020@gmail.com; Thomas Walsh; johnaleavitt@outlook.com
Subject: Please support HB1131
Importance: Normal

Dear Representatives,

My family and I would like you to please do everything you can to support [HB1131](#), a bill that seeks to prohibit school administrators from abusing children by forcing them to wear face masks. [Many large studies](#) demonstrate that masks (even N95 masks) have no effect on respiratory viruses.

We are all watching you legislators, and the 1.3 million people in New Hampshire do not view child abuse favorably. Anything less than a strong OTP vote (or an amendment to add strict punishments like prison time for teachers/staff who violate this law) could be seen as supporting child abuse and the rejection of scientific studies on mask efficacy.

Thank you very much!

--

Elliot Axelman, NRP, FP-C, NASM
Editor-in-chief, LibertyBlock.com
Author, Defiance Press & Publishing

Archived: Friday, March 11, 2022 12:50:07 PM
From: David Hudson
Sent: Friday, February 25, 2022 2:31:30 AM
To: ~House Education Committee
Cc: news@seacoastonline.com
Subject: Please Do Not Support HB1131 and HB1371
Importance: Normal

Dear Madams and Sirs,

Please do not support bills HB1131 and HB1371, just for the sake of political ideology. Sections II and III of HB1131 alone make it appear that political ideology and "right-ness" are more important than facts when the requirement of a mask for health reasons allows someone to bring civil suits and educator disciplinary action, which is only increasingly harmful, in the end, to students already poorly funded educations.

These bills are mandates in and of themselves and harmful to children like mine, who has a neurogenetic disorder (MECP2 duplication syndrome), that not only puts his lifespan at an average of 25 years, but does so due to pulmonary viruses or infections.

Children like mine deserve a safe school environment. Daily I see children wearing masks and the truth is they don't care. Let's not lie to ourselves that they do care about wearing masks because we want it to fit our adult political ideologies and need for "right-ness".

Here is a source of 49 scientific studies, mostly peer reviewed, proving that masks provide needed protection. The source has been checked on [mediabiasfactcheck](https://www.kxan.com/news/coronavirus/do-face-masks-work-here-are-49-scientific-studies-that-explain-why-they-do/) and demonstrated a high level of factual reporting and least biased reporting. <https://www.kxan.com/news/coronavirus/do-face-masks-work-here-are-49-scientific-studies-that-explain-why-they-do/>

The decision you make today needs to be based on fact, truth and whats good for everyone in the educational communities of New Hampshire.

Sincerely,
David Hudson
384 Lang Rd
Portsmouth, NH 03801
E: dlhudson@outlook.com
P: +1.617.633.8357

Archived: Friday, March 11, 2022 12:50:08 PM
From: [John Casey](#)
Sent: Thursday, February 24, 2022 8:52:03 PM
To: [~House Education Committee](#)
Subject: HB1131 and HB1371
Importance: Normal

Why run?
Why hide?
Why the deception?
Why the Corruption?
Why hurt the children?

Ask yourself this when/IF you can look yourselves in the mirror!

Tomorrow's Mask Hearings are now in LOB Room 205-207

Not only are you set on holding hearings on banning masks on children during a blizzard, you are also now changing the room from Representative's Hall to Room 205-207 in the Legislative Office building.

So, you've rescheduled the hearings on HB1131 and HB1371 (originally scheduled for three weeks ago) in order to be in a bigger room. And now you are **moving the rescheduled hearings to the same original (smaller) room.**

I wish I could say I don't understand it. But, it's plain as day.

YOU ARE ALL COWARDS !!!

Masks do not stop viruses. They are meant to prevent bacteria from entering open wounds. Bacteria are orders of magnitude bigger than viruses.

The psychological damage to our kids will likely be life-long. The physical damage must be stopped now. The schools have no right to force restricted breathing upon our children. The insults to injury to our children these past two years has been nothing short of criminal. There are no valid studies proving masks work. There are hundreds of studies that prove masks do not work. See link for studies.

[masks - AAPS | Association of American Physicians and Surgeons \(aapsonline.org\)](#)

Here's the real science on what happens to the human body when masks are worn.

Reactions inside the human body take place in the blood plasma. These reactions might fail to happen if the #pHchanges.

For a complete reaction to take place, the #pHblood should remain constant. #Biochemical reactions are quite #sensitive to the nature of blood.

If the blood pH remains in the either #alkaline or #acidic form then it could prove harmful to a human being. It may even lead to death.

#Buffer solutions prevent the body from permanent damage.

When #carbondioxide dissolves in the blood, it decreases the pH value, thereby increasing the #acidic content of the blood.

In this case, #alkaline buffers mix with the plasma of blood and then #neutralize its value.

The same happens in the plasma when the alkaline value of blood increase. #Acidic buffers in the blood plasma play their role.

If the #alkalinity or the #acidity of blood pertains for a #longer period, the body gets into a #hazardous state.

Without buffer solutions, our body may undergo a lot of changes. The #enzyme action is regulated by blood.

Therefore, the change of pH value also affects the enzymes indirectly.

The most important #buffer systems in the body include: (1) #bicarbonate buffer ($\text{HCO}_3^-/\text{CO}_2$), (2) #haemoglobin buffer (in erythrocytes), (3) #phosphate buffer, (4) #proteins, and (5) #ammonium buffer.

The cytoplasmic fluid which contains #dissolved proteins, organic substrates, and inorganic salts resist excessive changes in pH.

The #blood plasma is a highly effective buffer solution almost ideally designed to keep the range of #pH of the blood between 7.2 to 7.3.

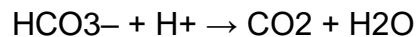
In animals, a complex and vital buffer system is found in the circulating #blood. The components of this system are #CO₂HCO₃⁻: #Na₂HPO₄; the oxygenated and mono-oxygenated forms of hemoglobin, and the plasma proteins.

#Bicarbonate buffer (HCO₃⁻/CO₂)

Bicarbonate buffer is the most important buffer system in blood #plasma (generally in the extracellular fluid). This buffer consists of weak acid #H₂CO₃ (pK₁ = 6,1) and conjugated base #HCO₃⁻ (bicarbonate).

HCO₃⁻/CO₂ is so called open buffer system. This means body is capable to actively #alter both #bicarbonate, and #carbondioxide. pCO₂ is regulated by respiratory tract (by means of #ventilation – #respiratoryrate and #depthofbreathing). HCO₃⁻ levels are altered by the kidneys and the liver.

In lungs #HCO₃⁻ is changed to #CO₂, using enzyme Carbonic Anhydrase. CO₂ is #exhaled. Reaction HCO₃⁻ → CO₂ + H₂O #demands #H⁺. Protons for this process are taken from #haemoglobin in which affinity to H⁺ has lowered just when it arrived to #lungs where is high pO₂ and haemoglobin become oxygenated. Reaction catalysed by #carboanhydrase has reverse course in lungs in comparison to other tissues:



As an example, #hypoventilation that leads not only to the #respiratoryacidosis because less CO₂ is exhaled but also to the #metabolicacidosis because less O₂ is delivered to the tissues.

-
-
-
-

My name is Jennifer Arredondo, and I am from Londonderry. I support the banning of mask mandates. It should be up to parents and students if masks are needed when attending school. By allowing this freedom students will be able to attend school and learn freely without a barrier that prevents natural, human communication needed to properly educate a child and for the child to learn properly.

Mask Mandates Need to Remain in Place

The US **has 4% of the world's population and 21% of the world's COVID cases.** Worldwide, 5.5 million people have died from Covid and 865,000 people have died from Covid in the US.

The United States has the highest rate of Covid deaths in the world.

Amid a global pandemic, House Bill 1131 (An Act relative to facial covering policies for schools) has been created to stop the school mask mandate.

This provision shall not prohibit any public-school board or governing person or body of a school from requiring participating students to wear athletic gear intended to protect against concussive or similar sports-related physical damage, or to wear protective equipment while handling chemicals, fire, or other similar hazardous elements for scientific or similar educational purposes.

Masks are among the easiest and least intrusive ways to keep children safe.

The children are used to wearing them and, according to many teachers and students (including three of my own), very few of the people working in the schools are complaining or bothered by wearing them.

The Omicron variant is more contagious than previous variants and masks do protect and/or slow the spread of Covid.

Since schools can permanently enforce protective gear for sports and goggles for science, enforcing masks for another 5 months during a pandemic should not be an issue.

To state that an educator shall be in violation of the educator code of conduct by the state board of education for violating this section shows a lack of respect and support for teachers and exemplifies vindictiveness by threatening the position of those entrusted to educate future generations.

As always, **parents can opt out of the public school system if they wish and pay to send their children to private schools.** But even there, and even in Charter schools, mask mandates remain subject to state regulation **and parental rights do not override these regulations.**

HB 1131 – I oppose this bill because the requirement of masks in schools is the best way to ensure students and staff remain healthy so they can engage in school, the best environment both academically and emotionally for the students.

I am in support of HB 1131 for the following reasons:

In the name of health and safety children have been forcibly muzzled of in schools, particularly when playing outside or participating in sports. This virus has never been significantly driven by spread between or from children, yet they are the ones seemingly being punished with overbearing restrictions that last from the time they step on the school bus early in the mornings until they step off in the afternoon. Many leading scientist have been saying from day 1 that cloth masks do almost nothing to stop respiratory droplets from passing through. Children are healthier when allowed to breath fresh oxygen and enjoy faces free from the moist, dirty, pathogenic pointless pieces of cloth

It's clearly time for mask mandates to end. The conventional wisdom on masks has gone from "don't wear them, they are useless" at the beginning of the pandemic, to "you are a terrible person if you don't wear them" for about a year and a half, to now, "cloth masks don't really protect anyone."

Respectfully submitted by NH Resident
Sheryl Porter, Derry NH

Opposition of HB 1131 (2022)

I oppose HB 1131 (2022)

I support allowing public and private schools in NH to set their own standards for public safety, especially during a pandemic. This proposed bill does not allow for that. Furthermore, people who prefer to not cover their face have the choice of education for their children in the form of private schools that support the concept of no mask mandates and in the form of homeschooling.

In addition, local government in the form of the school board for a public school, is best suited to react and mitigate what's happening locally rather than a state mandate that is not as customized for the local community.

Hello,

I am writing to express my support on bill HB1131 and HB1371. My extended family has always resided in New Hampshire though I grew up in Maine. I have two school aged children, 9 and 7 years old and I am a single mother. At the end of the 2021 school year, my 9 year old son suddenly developed panic attacks due to mask mandates where he would spend nights unable to catch his breath for hours at a time. He came home from school crying each day stating that he cannot breathe and that he tries to drink water constantly during his school day just so that he can pull his mask down and catch his breath. He was given an inhaler to help open his airways and calm his panic attacks. Not to my surprise, those panic attacks stopped during the summer months, when I was able to keep a mask off his face for extended periods. At the beginning of the current school year, they started again. I decided to quit my job, terminate an active house contract, and move my kids to New Hampshire in hopes that the mask mandates would be lifted. I researched schools and found a town where over 90% of the staff, students, and parents were surveyed and agreed that they would feel comfortable with optional masking in the schools. Unfortunately, the school board decided to enforce the mask mandate despite these survey results. I did not realize this until I suddenly moved, hoping to help my kids. Now, we are in New Hampshire and still stuck in a mask mandate. My son developed impetigo around his mouth about a month ago, which is a bacterial skin infection. I have to believe this is also due to masking for extended periods. About a week ago, he had a hard time keeping his mask over his nose during gym class. The gym teacher sent him to the office, where he was reprimanded and told how many covid cases exist in the town and in the schools. This weight does not belong on the shoulders of a nine year old child. I cannot continue to support public schools with these mandates and unproductive disciplines. If masks are not lifted by the end of the school year, I will figure out a way to pull my kids entirely and homeschool for the years to come. Masks are not stopping the spread, they are not effective on young children and they are causing an unnecessary amount of mental health issues. We are failing our children and it is going to be too late to correct if we do not take action NOW. I gave up everything that we had in Maine to help my children and I am prepared to do it again if needed.

Thank you for your time,

Briana Libby

brilibby@yahoo.com

207-205-5370

My kids dread going to school Lately I fight everyday. An I don't blame them. They won't receive a smile the entire day, everyone is faceless. They have to breathe through a mask without mask breaks. This year mask breaks are not being offered. I have a child in elementary and middle school. Hudson Middle schoolers are now getting punished if they are told too many times to pull up their mask. (when they are just trying to breath fresh air)

These children are coming home exhausted from having to breathe through a mask that lowers their oxygen level. It's been proven by doctors.

Then let's talk about the social side of it. They are no longer allowed to sit with their peers and chat for lunch. Especially sixth grade in middle school not being able to get to know the kids that you're in class with or at lunch with. They were told they were not allowed to use their lockers for Covid safety reasons. While they're carrying around their daily backpacks with at least six notebooks, a laptop and some textbooks. Then on top of that if they play sports or in a band carrying around their sports bags and band equipment all day.

How can they learn anything in this environment ? When they are just thinking when can I take this off.

These kids mental health is being sabotaged on the account but they have to wear a mask it is no longer their choice. As a parent I get to choose the choices for my children at a doctors office I choose if I wanna give them a vaccine or not. I choose if I want to treat them with medication or do a home care treatment. But currently as a parent I have no rights to choose if my child Has to put a mask on or not . And unfortunately I am not in the circumstance where I can homeschool them.

The 100% should be a parental decision.

As more and more facts come out by doctors, by institutions, by universities, by other countries, and much more the data shows that mass are not protective. And this virus is safe for children to contract. Half of our middle school if not more has already contracted Covid has the antibodies to protect them instead of a mask that is protecting them from nothing.

Hello,

My name is Erica Hiera. I live in Newmarket, SAU31. I have a son in 3rd grade and a daughter in 6th grade. I am writing in support of both HB1131 (2022) and HB1371 (2022).

Masking should have always been a family decision. How school superintendents, school boards, and administration were ever allowed to force this on our children is beyond me. While I understand the pandemic created uncharted territory, masking has always been questionable. There is “science” either way you lean, for or against masks. Because of that, it should absolutely be a personal decision.

Our kids have lost so much. They’ve lost months of learning, birthday parties, time with friends, years on their own playground, and more. They are finally back in school, yes, but at what cost? These schools are being run like prisons. The Jr/Sr High in Newmarket just sent the following via email to the parents this weekend:

“Beginning on Monday, January 24th, students who are not able to comply with mask requirements will receive one reminder before being sent to a counseling room for the remainder of the class period, followed by an after school detention. Here they will identify barriers to mask wearing and develop a plan for returning to class (parents will be notified). Any subsequent offenses will result in a one-day, in-house suspension.”

How on earth is this a thing? My 12-year-old 6th grade daughter has already been threatened with detention today, Monday 1/24, by 11am. Today is her first day back since Monday 1/10. She was made to quarantine beginning 1/11. What a welcome back for her to experience.

Teachers and administrators should be focusing on the kids’ education, not on policing mask wearing. If parents feel strongly that their child/children should be masked, they can send their kids to school in masks! Why is making masking optional such a tough idea for people to swallow? We’re not saying that masks must go away. We’re saying it should be a choice that families are allowed to make. It cannot be something that schools can force on us.

Here’s the deal. These teachers are not certified OSHA or EHS experts. They don’t even know what proper masking is. They are not trained. They have no business being involved in this in any way. Why we’ve continued to allow them this power is crazy. It must stop.

Please pass both HB1131 (2022) and HB1371 (2022) immediately and put an end to this child abuse and harassment happening in our schools.

Thank you,

Erica Hiera

Reasons why I support HB 1131

Stress is the highest related factor in death. Our children are at no risk of death from the virus. Viral molecules are smaller than space through masks used by children in school. Masks reduce one's sense of identity. Masks collect bacteria; in medical publication written on the "Spanish Influenza" more deaths were caused from bacterial pneumonia due to mask wearing than the virus itself. Covering points of inhalation and exhalation cause a fight or flight response in a person's brain, causing a halt in memory function and increasing cortisol, "the stress chemical" in a person's body which causes an onset of malaise effects on every organ system of the body. There are many victims of abuse that when covering their face suffer PTSD flashbacks and any person suffering from such a thing should not be forced to be masked teacher, student or visitor in any school..

School masks

My Name is Amber Hebert and I live in Bow. We moved to New Hampshire 2 years ago and our primary consideration when buying our home was the school district as Bow was a sought after area.

We have 4 1/2 year old twin preschoolers who were born prematurely at 35 weeks. Because of this, during their development there have been delays in their milestones. Currently my daughter has learning delays and significant eye sight issues requiring glasses to correct. For the past two years, they have been at a private preschool that has NOT required masks. Their preschool has continued normally and is safe. Now my husband and I are at a crossroads and have a difficult decision to make regarding their transition to kindergarten in the fall. I cannot in good conscience send them to school wearing masks for 7-8 hours a day. Living in the "Live Free or Die" state, we as parents should be able to make the best decision for our children as it relates to mask wearing. I'm asking for masks to become optional and let parents decide what's best for their child instead of bowing to hysterical teachers unions and school districts.

Masks substantially hinder children's development, ability to learn, socially interact and weighs on their mental health.

We will be dealing with the affects on our children for years to come. Children are the least at risk and yet have shouldered the most the last 700 days. Vaccines have been available to most for over a year, it's beyond time to allow us as parents and families to make our own decisions moving forward. Otherwise, we will be forced to start looking for other states that care about the well-being of children instead of treating them as viral vectors of disease.

Learning loss is real.

Dear sirs;

There are two matters to consider with this bill, which would prohibit local school boards from making any rules that would require students to wear masks in school: scientific facts and local attitudes. The scientific facts, as summarized by the Mayo Clinic as recently as January 19, is that if students wear masks in school, they will greatly reduce the spread of COVID-19. Study after study has shown that schools that require masking saw a far smaller spread of COVID-19 within their walls than their surrounding communities did: For example, Falk et al. published such a study of Wood County, Wisconsin in *Morbidity and Mortality Weekly Report* in January 2021. Rules requiring masks for children in school are observably, objectively good.

The local attitude in New Hampshire, the Live Free or Die state, tends to involve profound dislike in being told what to do. Here, it would be inappropriate for the state to tell individual communities what to do. Some towns in the North Country may have a very small rate of COVID-19 and may decide that masks in their schools are unnecessary. Other school districts closer to the Seacoast may see higher rates of infection and decide such rules are necessary.

At the absolute least, the state government should not forbid local governments and communities from implementing common-sense rules that are backed by solid, observable facts.

Sincerely,

D. Flynn

Newmarket, NH

1-24-2022

Im writing this to show my opinion on why I think that mask mandates enforced by school board members need to not be allowed and banned I'm a mother of a 6 & 3 daughters. My oldest is in kindergarten and my youngest is in PreK both in our district SAU 10 of Derry NH. This summer when our school board voted on lifting the mask mandate I was in tears that my daughters could go to school and be normal. I also was onboard with our family agreeing that if the cases were high I would ask my daughters to mask while at school (this was prior to the now data we know on masks and types of masks). Then right before school we were slapped with the mask mandate, it felt as it was thrown at us, doing it a week before school was to start again. I was in tears over this news, there was no schedule masked breaks and the thought of my then 5 year old in a classroom 8 hours a day with a mask broke my heart. My husband and myself discussed our options, I spoke to our superintendent as well as the principal at our school and we decided to send our daughter. Since then we have learned a lot, we have learned that cloth and surgical masks don't offer protection. That only N95 and K95 masks that are properly fitted and snug to the face offer some

protection and that those masks are not authorized nor are they FDA approved for children. I'm not comfortable sending my children in a N95 or K95 knowing that there is no scientific data on the effects that would have on children. I also know that if these masks aren't properly fitted and snug to the point that they are leaving marks then they are working, and I don't feel that is safe nor beneficial to our children.

I've always this entire time felt as a parent; myself and my husband should be the ones making medical decisions for our children and us alone. Our school board doesn't listen to our views, treats us as child when we show up and speak, as well as already having their minds made up on the matter before even listening to opposing side. The doctor our town had in on the school board meeting said that he thought people should be wearing masks 24/7 even in their homes with their own immediate family. We tried to get another option doctor to be able to speak and weren't allowed.

I feel as in this point of the pandemic we know so much more data, we know that masks aren't working to stop or even slow the spread. We have vaccines that anyone is welcome to get. We also have so many people in our community with natural immunity

(my family included). We also have the choice as parents if your comfortable sending your child to school with a mask then you can still continue to do that even if mask mandates are taken away.

We need to step back and look at what this is doing to our children. What is this doing to their social and emotional well-being. We need look at the data about masks and realize that they aren't doing anything and if so then why are we continuing to make our children suffer.

My 6 year old daughter comes home from school with painful pimples on her face where her mask sits and asks will there be a day she can go to school without a mask so her face doesn't hurt. She was so overjoyed the day she had a remote snow day because she could see the faces of her teacher and peers. My 3 year old cries and asks mama no when I put her mask on for school, and is overjoyed when she can play outside and take it off. We all know the current temperatures in NH the children can't have outside recess which means for weeks now they don't get those mask breaks, they get to take it off for lunch where they are places behind plastic barriers from their peers to eat.

I'm begging you to vote today to

allow parents to have the choices for their children, to allow us to have our rights and to make those decisions for our families.

Thank you for listening.

As a citizen of Brookline I believe approving HB1131 will benefit all children and adults of Brookline, NH. Wearing masks of any type for an extended period may cause long lasting respiratory deficiencies and health issues that will plague them with lifelong problems. The wearing of masks should not be mandated or required, regardless to vaccination status. Let our kids breathe freely!

January 25th, 2022

Dear House Education Committee,

I am a parent of two elementary and one high schooler in Windham, NH and a substitute teacher in the elementary school. When we make important decisions, whether that be as a parent or as an elected official, we weigh all the good with the bad. The pros with the cons. With masking our children, the cons significantly outweigh the pros. Every time I am in the building I witness almost NOT one child wearing their mask "properly" or they are constantly eating/drinking in order to pull their mask down. My point saying that is these masks are not preventing infection, as the officials claim. They are wet, dirty, and harbor a ton of germs themselves. The teachers spend a significant amount of time correcting his/her students mask wearing which means less time instructing. These students can not be heard (due to their small voices and them being covered) The teachers' voices are muffled. Smiles, frowns, or any mouth affect is hidden which experts say is how our children read and learn the people around them. The anxiety that my children start their days with knowing they have to cover their faces at school is prohibitive of a positive learning mind-set and it is unfair that these little people begin their day in such a state. If us adults dreaded the day ahead of us how productive would we be?

I implore you to remove any school board, school administration or town officials' ability to mandate masks. Give the choice of whether we mask our little ones back to their parents.

Thank you for your time,
Jessica Gabriel
Windham, NH

Union Pacific Railway Co. v. Botsford, 141 U.S. 250, 251, 11 S. Ct. 1000, 1001, 35 L. Ed. 734 (1891)

“No right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law.”

The coercion and threats and, in some documented cases, direct force of requiring children to wear masks in and at school, conflicts with their rights (or their parent’s rights) to make choices for what goes into or onto their bodies; bodily autonomy does not cease at the door of a public building or private business. Beyond the miniscule potential for a mask to have any benefit against sars-cov2 infections, they are, at the very core of their existence a direct and undeniable breach of an individual’s constitutional rights. School Boards across the state have continually and consistently preyed upon and abused a child’s right to an education by requiring compliance to a medical policy that is of no benefit to them. The CDC defines “close contact” as exposure of 15minutes or more, consecutive, or incremental. After that 15-minute mark a mask is no longer considered an effective mitigation measure and is at best a wearable tissue. Beyond 20 minutes of wearing time a mask is likely so moisture-laden it can no longer be considered effective against future contacts with viral particulate, and in contrast becomes a dangerous breeding ground for more serious bacteria that can cause secondary infections. The CDC advised replacing a mask every 20 minutes, once damp or after contamination was probably. That would be 24 mask changes for most children from the time they get on the school bus until they arrive home. It is from my vantage point, I conclude, at best, most children have washed the same mask they wore day in/day out through the course of the school week, over the weekend. Masks are not only ineffective in a school environment, but they’re also disgusting. If the intent of masking children is for a healthcare measure, then the school boards are now practicing medicine. Furthermore, medical services and interventions require informed consent per The Patients Bill of Rights (N.H. Rev. Stat. § 151:21). Since School Boards and municipalities are not doctors, they cannot prescribe medical care for an individual. If medical care is prescribed an individual has the legal right to decline the course of action or treatment.

In summary, a mask mandate is unconstitutional under the United States of America 14th Amendment for Due Process, and also under the New Hampshire Revised Statues Annotated Patient’s Bill or Rights. School Boards do not have the power to make masking requirements in order for a child to receive an education. It is time to make this crystal clear to them and to all. Wearing a facemask must remain a personal choice.

Science is one of humanity's greatest achievements. It is how we moved from the Dark Ages into a modern society. Today, New Hampshire is known for engineering, technology, medical, and research firms and organizations like Dartmouth-Hitchcock Medical Center, PC Connection, Standex, Wheelabrator, Allegro MicroSystems, Getinge, Erie Scientific, Ferrotec, DEKA, BAE Systems, and so many more.

These firms only function if they can attract highly educated and skilled employees. Those employees understand and believe in science. And science clearly shows that universal mask use in schools is highly effective:

New data from the University of Michigan and the state health department shows Michigan students who attended schools with mask requirements at the beginning of the school year, had lower rates of coronavirus transmission than those at schools without mandates... Virus spread was 62% higher in school districts without mask rules- where the infection rate averaged 73 cases per 100 thousand students by late September.

Ignoring science risks turning New Hampshire into a backwater republic that allows public policy to be influenced by conspiracy theories. This is going to drive away talent and future investments. In CNBC's latest report on "Top States for Business", New Hampshire has already dropped twelve spots to no. 37. How low are the supporters of HB 1131 willing to go in order to replace policy shaped by science with one shaped by ideologically motivated conspiracy theories?

Sources:

https://www.abc12.com/coronavirus/university-of-michigan-study-shows-mask-mandates-at-schools-show-lower-covid-transmission-rates/article_9dfcd525-94d5-50cb-9b00-ac1c2171d7fe.html

<https://www.nhbr.com/new-hampshires-ranking-plummets-on-top-states-for-business-list/>

January 25th, 2022

Dear Education Committee Members,

My name is Orsolya Gall I'm a resident of Windham NH and a parent of 2 young kids in the district. I'm writing in support of bill HB 1131.

The pandemic has put us through a lot and has caused us to compromise on many things we've never thought we'd compromise on. One of the things sacrificed in our pursuit of safety has been appropriate consideration for our kids. Many things became normalized that should not become part of our lives long term, due to the tremendous psychological pressure we've been under for 2 years now.

Without a rule at the state level, masking in schools has become a very contentious issue, as you're well aware. Leaving this decision to be made and enforced at the school level is causing conflict within communities and is extremely detrimental to the kids, who now have to cope with the conflict between what two authority figures are telling them they should do (and believe).

The parents are sharply divided on this topic and there is a significant number of them who consider masks on kids' faces for 9 hours a day harmful. Since we've never done this to our kids before there is no real expert who can predict the long-term damage this may cause. One thing is certain, the consequences will be handled by the parents of these kids and the kids themselves.

If a person has the obligation to care for another and is responsible for their care in case of harm, then the decision-making power cannot be stripped from this person. Only parents should be able to decide the right course of action for them.

Considering all this, in the name of many hundreds of parents in my community, I urge you to vote in favor of HB 1131.

Thank you for your consideration!

Dear members of the house education committee,

My name is Natalie Brankin and I am a lifelong resident of Manchester. I am writing today to ask you to support HB1131 relative to prohibiting mask mandates for both public and accredited non-public schools. I am also in support of HB 1371 which would require districts to adopt policies leaving face coverings to parental discretion.

Wearing a mask is historically something that has been reserved for medical facilities and typically only for those who are sick. As parents, we are the ultimate authority on making medical decisions for our children. However, when it comes to masks in a school setting, we find these rights are being stripped away. We ask that this committee act in support of parental rights.

The highest level of evidence in science is a randomized control trial. In every RCT (including the peer reviewed ones, which are of an even higher level of evidence) there has been no statistical difference between groups that wore masks and ones that did not. See a summary of the available evidence here: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence>

Even if there was some small hope that masks could slow the spread (remember when this was just supposed to be two weeks so as not to overwhelm hospitals? I haven't forgotten it and I hope you haven't either!) the time has long passed for this to be required of school children. I ask you to take some time and read this article by Vinay Prasad who as associate professor of epidemiology and biostatistics at the University of California regarding masks and school children: <https://www.tabletmag.com/sections/science/articles/cult-masked-schoolchildren>

The first point he makes is that in the two years that children have had to endure masking policies not one randomized control trial has been done to show how masking children in a school setting affects the spread of covid-19. Those that are still advocating for masks in children have failed to identify any clear evidence in favor of this practice.

Prasad also points out that there are downsides to face coverings for pupils, which my own children have experienced these past two years. It impairs face identification, as well as verbal and non-verbal communication between teacher and learner. Additionally, my own children have suffered headaches, dehydration, anxiety, and the irrational fear of walking down the hallway while breathing without a mask. Additionally, we are starting to hear more in the media about the psychological effects masking is having on children. Dr. Chloe Carmichael, a clinical psychologist, writes about how masks can be unhealthy for social development in children. (<http://www.drchloe.com/blog/psychologists-perspective-on-masks-and-children>) She writes, "I fear that masking children, whose social skills are less developed, could deprive them of an important and basic social connection.... The face." She additionally lists concerns about self-esteem and anxiety and depression, just to name a few.

Another important point to consider is the fact that the United States is one of the few countries that requires masks of children so young. The CDC recommends masking for children as young as 2 which is, to be frank, utterly ridiculous. My youngest is 2.5 and is speech delayed and there is no way we would consider placing him in an environment where he had to wear a mask and encounter people all day long who wore masks. Quite frankly, it seems psychologically abusive. As it is, we already have difficulty at doctor appointments where everyone we never encounter a smiling face anymore. Interestingly, the World Health Organization never recommended masks for children under age 6 and never recommended any masks for children who were running around and playing. Schools in the US and even here in NH have made these unreasonable requirements. It's truly maddening.

The time has come to get our children back to as normal of a childhood as possible. Many children in this state, the country and across the globe have has the privilege of a normal mask free childhood. Why can't the school children of NH enjoy those same freedoms? I support keeping sick children home. I do not support mask mandates as a disease mitigation tool in a school setting.

I thank you for your time and your service to the Granite State.

Take care,
Natalie Brankin

To Whom it may Concern,

I am writing to express my opposition to HB 1131, which would make it illegal for local school districts to make their own mask policies. Such a law takes control away from local school districts to establish their own health and safety guidelines based on an informed assessment of area risks. Such a change would be misguided, potentially dangerous, and is not designed to meet the needs of New Hampshire families who are looking for safe, high quality public schools.

Sincerely,

Melissa Dury
Hollis, NH

February 10th, 2022

Dear House Education Committee,

I am a parent of two elementary and one high schooler in Windham, NH and a substitute teacher in the elementary school. When we make important decisions, whether that be as a parent or as an elected official, we weigh all the good with the bad. The pros with the cons. With masking our children, the cons significantly outweigh the pros. Every time I am in the building I witness almost NOT one child wearing their mask “properly” or they are constantly eating/drinking in order to pull their mask down. My point saying that is these masks are not preventing infection, as the officials claim. They are wet, dirty, and harbor a ton of germs themselves. The teachers spend a significant amount of time correcting his/her students mask wearing which means less time instructing. These students can not be heard (due to their small voices and them being covered) The teachers’ voices are muffled. Smiles, frowns, or any mouth affect is hidden which experts say is how our children read and learn the people around them. The anxiety that my children start their days with knowing they have to cover their faces at school is prohibitive of a positive learning mind-set and it is unfair that these little people begin their day in such a state. If us adults dreaded the day ahead of us how productive would we be?

I implore you to remove any school board, school administration or town officials’ ability to mandate masks. Give the choice of whether we mask our little ones back to their parents.

Thank you for your time,
Jessica Gabriel
Windham, NH

My name is Maureen Hardy, MT, SM (ASCP), MSPH Epidemiology. I am in favor of bills **HB1131 and HB1371**

SUMMARY:

1. The wearing of facial masks does not prevent the transmission of Respiratory viruses (i.e SARS-COV-2)
2. Wearing masks is not a benign intervention and causes serious and potentially long-term damage to children.

First to understand the actual transmission method of SARS-COV-2. Yes, it can be spread via droplets (which do not travel but fall directly to the ground) but is primarily spread in aerosols. Aerosols are much smaller than droplets and can go right through the mask. The SARS-COV-2 particle is one tenth of a micron. This is 1000 times smaller than the diameter of a human hair. But there is more...The best source for information on the lack of effectiveness of masks is Dr. Stephen Petty, an Industrial engineer. Randomized controlled studies using people that have been done have shown that mask wearing is not effective in preventing the spread of respiratory viruses. Studies that claim to show effectiveness have tested flow of aerosols on dummies wearing a mask with all the edges sealed. In real life, we do not wear the masks with sealed edges. We would not be able to breath. There are generally wide gaps around the nose and cheek and sometimes at the side of the cheek where aerosols can enter.

The mask mitigation strategy is poor at best and is not benign. Mask wearing causes physical, psychological and social damage to children. We also know that masks encourage mouth breathing in children which leads to facial deformities. Masks interfere with children learning socially through facial expressions. Speech learning is lost in the very young. Masks keep other pathogens trapped near the mouth and nose

in the lungs of the children. These are larger pathogens and include bacteria, fungi and parasites.^{1,2,3,4,5.} Children need to be exposed to the natural environment to keep their immune systems strong.

When looking at real world data and studying the curves between geographic areas that imposed mask mandates vs those that have not (towns, States, Countries), the data shows that there was no difference in transmission rates between the two groups.

Here is a quick podcast on the subject with the expert: Masks: Why They Cannot & Do Not Work - Overview - Ep. 20

[Petty Podcasts](#) Published January 4, 2022 2,813 Views

<https://rumble.com/vrx3yk-masks-why-they-cannot-and-do-not-work-overview-ep.-20.html> I urge you to watch this.

Here are some studies:

The only major Randomized controlled macro mask clinical study from Denmark:

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers

A Randomized Controlled Trial

[Henning Bundgaard, DMSc](#)

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

Are Face Masks Effective? The Evidence.

Updated: January 2022

Swiss Policy Research

<https://swprs.org/face-masks-and-covid-the-evidence/> THE GRAPHICS IN THIS ONE ARE COMPELLING. They show that mask mandates did nothing to slow the spread or modify the peaks of the viral curve.

study from the NIH (where Dr. Fauci is stationed) and the CDC

FROM THE NIH, National Library of Medicine---

A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

[C Raina MacIntyre](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

From the CDC:

Policy Review

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

Jingyi Xiao¹, Eunice Y. C. Shiu¹, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

More studies:

Masking lack of evidence with politics

July 23, 2020

Tom Jefferson, Carl Heneghan

<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?

https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses

From this study:

“Medical or surgical masks

Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort.

N95/P2 respirators

Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people). Unwanted effects were not well reported; discomfort was mentioned.”

Mask mandate and use efficacy for COVID-19 containment in US States

Damian D. Guerra^{1,*}, Daniel J. Guerra²

<https://escipub.com/irjph-2021-08-1005/>

<https://aip.scitation.org/doi/10.1063/5.0057100> (Please note that in this study a manikin was used and the mask was sealed completely all over the face of the manikin)

Universal Masking in Hospitals in the Covid-19 Era, New England Journal of Medicine

List of authors.

- Michael Klompas, M.D., M.P.H.,
- Charles A. Morris, M.D., M.P.H.,
- Julia Sinclair, M.B.A.,

- Madelyn Pearson, D.N.P., R.N.,
- and Erica S. Shenoy, M.D., Ph.D.

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

FTA: “It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers’ perceived sense of safety, well-being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. Expanded masking protocols’ greatest contribution may be to reduce the transmission of anxiety, over and above whatever role they may play in reducing transmission of Covid-19. The potential value of universal masking in giving health care workers the confidence to absorb and implement the more foundational infection-prevention practices described above may be its greatest contribution.”

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids. There is limited evidence for their effectiveness in preventing respiratory virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. They are not considered PPE (Respirator) by OSHA.

Dr. Petty’s discusses cloth masks vs N95 masks in his podcast series. I urge you to watch.

When I wore N95 masks at work, I was using them to prevent infection with Mycobacteria and Mold which are significantly larger particles than SARS-COV-2. In order to use the N-95 mask as PPE, I had to be fit tested yearly and wear the appropriate size. I was trained in how to wear them. I also worked in a negative pressure room in a Level 3 biological safety cabinet. I was also only able to comfortably wear them for short periods of time. I suffer from no illusions that a cloth or surgical or even N95 mask worn out and about will protect me from a

virus. N-95 Masks are not to be worn by children (from the package insert, link below) This is what the package insert for the 3M N95 mask package insert actually says:

Biological Particles

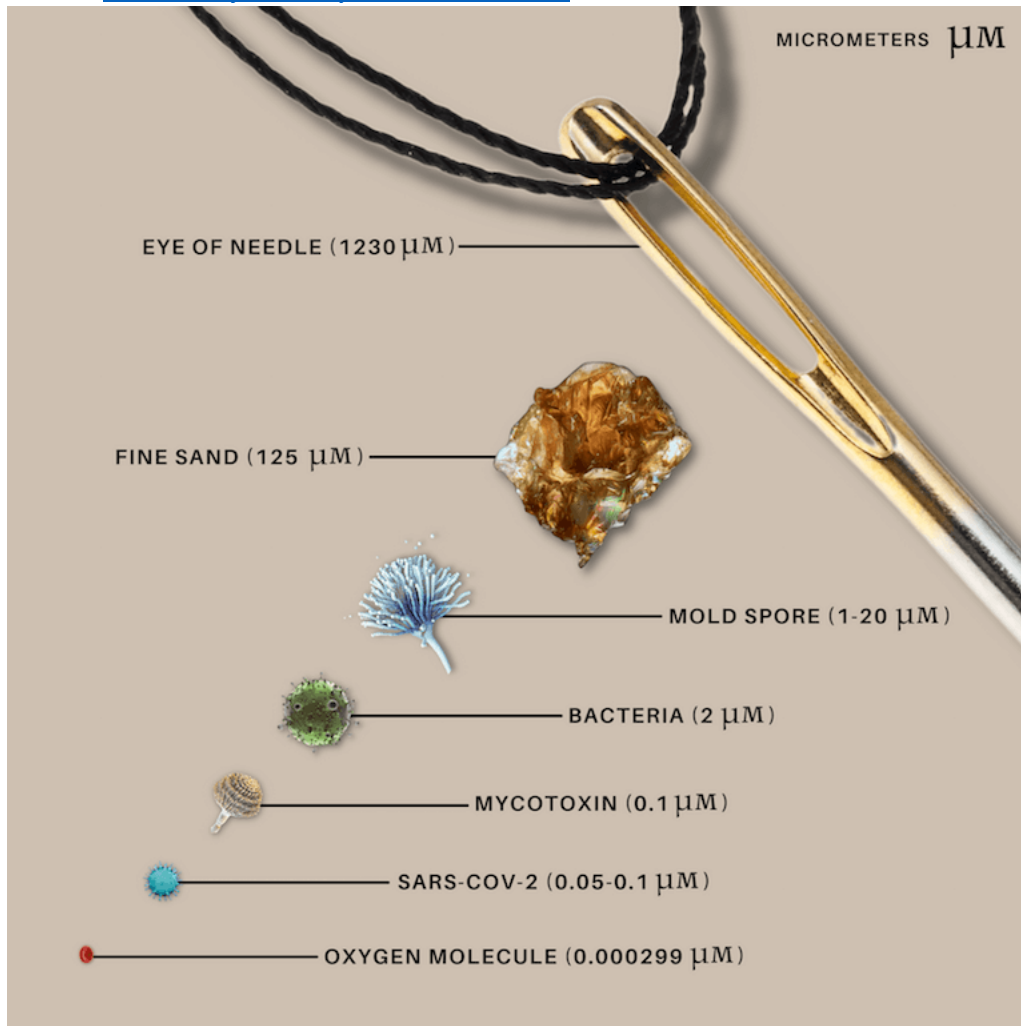
This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, Bacillus anthracis, Mycobacterium tuberculosis, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

<https://multimedia.3m.com/mws/media/921310/3m-8000-series-n95-particulate-respirator-user-instructions.pdf>

References for Damage caused by mask wearing:

1. <https://swprs.org/face-masks-and-covid-the-evidence/>
2. <https://swprs.org/studies-on-covid-19-lethality/#age>
3. **Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?** *International Journal of Environmental Research and Public Health* Kai Kisielinski ¹, Paul Giboni ², Andreas Prescher ³, Bernd Klosterhalfen ⁴, David Graessel ⁵, Stefan Funken ⁶, Oliver Kempfski ⁷ and Oliver Hirsch ^{8,*} *Int. J. Environ. Res. Public Health* **2021**, *18*, 4344. <https://doi.org/10.3390/ijerph18084344>
<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8072811/pdf/ijerph-18-04344.pdf#page37>
4. Jefferson Y. Mouth breathing: adverse effects on facial growth, health, academics, and behavior. *Gen Dent.* 2010 Jan-Feb;58(1):18-25; quiz 26-7, 79-80. PMID: 20129889.
<https://pubmed.ncbi.nlm.nih.gov/20129889/>
5. **The Damage of Masking Children Could be Irreparable**
BY ERIC HUSSEY NOVEMBER 3, 2021

https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/?fbclid=IwAR2CQiDt5cpJfL1OoCja6_dbISW54_92nXxfrmWSl1yCufIXpecwVele42E



To members of the Education Committee,

In a state where “local control” is considered to be of the utmost importance, I find it alarming that removing the ability to utilize various mitigation strategies from a school district’s tool box as they battle a virus is even part of the discussions happening in Concord. As you all well know, what is good for Bethlehem may not be good for Nashua, and what works best in Keene might not work well at all in Portsmouth.

Therefore, I am writing to oppose HB 11311 regarding the prevention of the use of mask mandates in schools. It is likely a moot point, as the pandemic is winding down and schools are already trying to come up with appropriate timetables to eliminate them based on local data and the desires of their own communities. I recommend that you mark this one “inexpedient to legislate”

Please continue to leave these decisions to the local governments.

Thank you for your time.

Sincerely,

Ursula Askins-Huber
Plymouth, NH

My Child ... My Choice In Support of HB1131

As a parent, your first call of duty is to protect your child – not light your child on fire to keep other children warm.

Any child who wants to wear a mask should be free to do so. But forcing them to make personal, health and developmental sacrifices for the sake of fear laden adults is abusive. It's not that masks don't work, it's that they're not perfect and they don't suppress the infection. And where we fail in our public health policy has been in what we do once people get infected.

https://www.heritage.org/public-health/report/mask-mandates-do-they-work-are-there-better-ways-control-covid-19-outbreaks?_gl=1*1b3i2a3*_ga*MTM3ODkyMDQ4NC4xNjQyNTMyODA5*_ga_W14BT6YQ87*MTY0MjUzMjgwOC4xLjAuMTY0MjUzMjgwOC42MA..&_ga=2.246484228.1083313284.1642532809-1378920484.1642532809

The CDC has carried out an extensive analysis of the impact of mask mandates in the US, looking at counties with mask mandates, and those without. The difference which the CDC (which has publicly supported mask mandates, so it has "skin in the game") was between 0.5% and 1.8% over time, or 1.32% on average.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm><<https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm>>

Given the extent to which statistical analysis is subject to assumptions and adjustments, there is a strong inference that there is no difference whatsoever ... as the CDC states ... 1.32%. Note also that the headline of this volume is titled "Masks Associated with a Reduction in Cases" but you have to read well down the executive summary to find the actual numbers ... which again is a 1.32% average.

People who choose to wear a mask ... do ... additionally everyone including ages 5 and up have now had the opportunity to get vaccinated if they so chose. We cannot continue this narrative that people are incapable of making their own choices without local, state or federal government intervention, it has and will only continue to wear thin. With this entire pandemic polarized and politicized the majority of people in our State and this country are aware of what we can do individually & collectively to deal with coronavirus. On November 28th Dr. Fauci himself said what many of us have known all along ... Learn to Live With COVID Because 'We're Not Going to Eradicate' It. (<https://www.msn.com/en-us/news/us/fauci-learn-to-live-with-covid-because-we-re-not-going-to-eradicate-it/ar-AARdZkQ><<https://www.msn.com/en-us/news/us/fauci-learn-to-live-with-covid-because-we-re-not-going-to-eradicate-it/ar-AARdZkQ>>)

There is a false choice between public health and individual freedom here, we have accepted this as binary, so that invited in the politicians to politicize it. Public health in other words is inconsistent with the right to be left alone. Of all the risk factors for disease or injury, it would seem now today that freedom is the most pernicious. Why the continued push for mask mandates for healthy people? Many scientific studies and analysis all arrive at the same conclusion: the wearing of masks by healthy people cannot stop the spread of a virus. People without any symptoms tested and a positive PCR test (due to the presence of a nonviable piece of RNA) ... rarely spread a virus. The most important magic rule is from ancestral wisdom: stay home, rest, hydrate, wash your hands frequently when experiencing Covid or flu-

like symptoms. Strengthening the immune system with a healthy food and lifestyle will decrease the risk for infections and chronic diseases.

Please review the attached studies below & restore our **Parental, NOT Political right to choose. My Child, My Choice.**

Research Studies

A cluster randomized trial of cloth masks compared with medical masks in healthcare workers

https://www.researchgate.net/publication/275360639_A_cluster_randomised_trial_of_cloth_masks_compared_with_medical_masks_in_healthcare_workers

The results caution against the use of cloth masks. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. As a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.

Corona children studies “Co-Ki”: First results of a Germany-wide registry on mouth and nose covering (mask) in children

<https://assets.researchsquare.com/files/rs-124394/v1/50eb83f9-5a10-44ee-80c4-4de6dd61c6f1.pdf>

German registry of parent-reported complaints in children and adolescents caused by wearing a mask, data on over 25k individuals. Average wearing time was 270mins. Impairments caused by mask-wearing were reported by 68% of the parents, including irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%). This suggests that the wearing of face masks does not allow children to be at their best to learn.

Impacts of face coverings on communication: an indirect impact of COVID-19

<https://www.tandfonline.com/doi/full/10.1080/14992027.2020.1851401>

Face coverings negatively impacted hearing, understanding, engagement, and feelings of connection with the speaker. Impacts were greatest when communicating in medical situations. People with hearing loss were significantly more impacted than those without hearing loss. Face coverings impacted communication content, interpersonal connectedness, and willingness to engage in conversation; they increased anxiety and stress, and made communication fatiguing, frustrating and embarrassing – both as a speaker wearing a face covering, and when listening to someone else who is wearing one.

Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability

https://pdmj.org/papers/masks_false_safety_and_real_dangers_part1/

If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards.

Facial protection for healthcare workers during pandemics: a scoping review

<https://pubmed.ncbi.nlm.nih.gov/32371574/>

The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection.

Effect of facemasks on empathy and relational continuity: a randomised controlled trial in primary care

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879648/>

Facemasks offer limited protection in preventing infection and aerosol transmission through mucous membranes (i.e. conjunctiva). Meanwhile, a negative impact on the patient’s perceived empathy and relational continuity can reduce potential therapeutic effects such as decreased depression, improved immune response, improved quality of life and improved health outcomes.

Preliminary report on surgical mask induced deoxygenation during major surgery

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

Considering our findings, pulse rates of the surgeon's increase and SpO₂ decrease after the first hour. This early change in SpO₂ may be either due to the facial mask or the operational stress. Since a very small decrease in saturation at this level, reflects a large decrease in PaO₂, our findings may have a clinical value for the health workers and the surgeons.

Universal Masking in Hospitals in the Covid-19 Era

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

We know that wearing a mask outside healthcare facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to CoVID-19 as face-to-face contact within 6 feet with a patient with symptomatic CoVID-19 that is sustained for at least a few minutes. The chance of catching CoVID-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7087880/>

It can be concluded that N95 and surgical facemasks can induce significantly different temperatures and humidity in the microclimates of facemasks, which have profound influences on heart rate and thermal stress and subjective perception of discomfort.

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

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

A comprehensive study analysing scientifically proven side effects of wearing masks, spanning psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES).

The authors conclude that "further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use."

Face Mask-Associated Ocular Irritation and Dryness

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7362770/>

This study is an analysis of what has become known as 'Mask Eye'. Air blowing upward from the mask into eyes likely accelerates the evaporation of the tear film which, with prolonged mask use, may result in ocular surface irritation or inflammation. This together with increasing eye rubbing and face touching due to discomfort from dry eyes create an increased concern for ocular infections secondary to prolonged mask wear. This risk is particularly worrisome during the current pandemic due to a well-documented probability of the novel coronavirus spreading through contact with the eye.

The authors conclude that "further research is particularly desirable in the gynecological (fetal and embryonic) and pediatric fields, as children are a vulnerable group that would face the longest and, thus, most profound consequences of a potentially risky mask use."

Surgical masks as source of bacterial contamination during operative procedures

<https://pubmed.ncbi.nlm.nih.gov/30035033/>

The contamination problems of wearing masks for extended periods of time have been known for some time. They were so well known that Chinese doctors in 2018 conducted a study of masks in hospital surgeries to try to come up with guidelines on how to minimize the problem.

Face masks in the general healthy population. Scientific and ethical issues

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7518226/>

At present, there is no evidence on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2. Mandatory use of masks in public open spaces, regardless of the risk of transmission or of whether or not the interpersonal

safety distance can be kept, is an intrusive measure that restricts individual freedoms, and would not appear to be justified on the basis of available scientific evidence.

Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766070>

These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic. N95 mask use by the general public may not translate into effective protection but instead provide false reassurance. Beyond N95 masks, proficiency among the general public in donning surgical masks needs to be assessed.

Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.

Inconveniences due to the use of face masks during the COVID-19 pandemic: a survey study of 876 young people

<https://onlinelibrary.wiley.com/doi/full/10.1111/dth.13567>

Out of 876 participants, only 27 people (3.1%) did not complain of any problems related to face mask-wearing. Out of all reported inconveniences, difficulty in breathing appeared to be the most common one (35.9%), followed by warming/sweating (21.3%), misting up of the glasses (21.3%), and slurred speech (12.3%). Interestingly, other skin bothersome reactions related to wearing of face masks were reported less often (itch—7.7%, skin irritation—0.9%).

Physical interventions to interrupt or reduce the spread of respiratory viruses

<https://pubmed.ncbi.nlm.nih.gov/33215698/>

There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask.

Downsides of face masks and possible mitigation strategies: a systematic review and meta-analysis

<https://bmjopen.bmj.com/content/bmjopen/11/2/e044364.full.pdf>

A systematic review and meta-analysis of randomised controlled trials and observational studies comparing face mask use to any active intervention or to control.

They concluded that “currently, existing research does not allow firm conclusions as there are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” They recommended that “any new research on face masks should assess and report the harms and downsides, including behavioural issues (ie, risk compensation behaviour) and the psychological impact of mandated face mask wear.”

Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302120/>

The use of surgical masks with ear loops in growing children for many hours a day not only leads to intolerance and decubitus of the retroauricular skin (as for adults), but can also influence the correct growth and angulation of the outer ear with the consequent increase in the incidence of protrusion of the outer auricle.

Disposable surgical face masks for preventing surgical wound infection in clean surgery

<https://pubmed.ncbi.nlm.nih.gov/27115326/>

We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.

Aerosol penetration through surgical masks

<https://pubmed.ncbi.nlm.nih.gov/1524265/>

Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens to which these health care workers are potentially exposed.

A case of goggle-mask-related impetigo at the time of the COVID-19 pandemic

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280724/pdf/DTH-9999-na.pdf>

Face coverings may also be associated with an increased risk of bacterial skin infections, including impetigo, around the mouth. This may be particularly distressing for children and teenagers, affecting their confidence and self-image.

Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds. A larger study is needed to definitively establish noninferiority of no mask use.

Face masks to prevent transmission of influenza virus: a systematic review

<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/facemasks-to-prevent-transmission-of-influenza-virus-a%20systematicreview/64D368496EBDE0AFCC6639CCC9D8BC05>

There remains a substantial gap in the scientific literature on the effectiveness of face masks to reduce transmission of influenza virus infection. While there is some experimental evidence that masks should be able to reduce infectiousness under controlled conditions, there is less evidence on whether this translates to effectiveness in natural settings. There is little evidence to support the effectiveness of face masks to reduce the risk of infection.

WHO: Mask use in the context of COVID-19

https://apps.who.int/iris/bitstream/handle/10665/337199/WHO-2019-nCov-IPC_Masks-2020.5-eng.pdf

The potential disadvantages of mask use by healthy people in the general public include:

- headache and/or breathing difficulties, depending on type of mask used;
- development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading;
- discomfort;
- a false sense of security leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene;
- poor compliance with mask wearing, in particular by young children;
- waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards;
- disadvantages for or difficulty wearing masks, especially for children, developmentally challenged persons, those with mental illness, persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery and those living in hot and humid environments.

The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>

There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.

Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis

<https://www.cmaj.ca/content/188/8/567>

We identified 6 clinical studies ... In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of a laboratory-confirmed respiratory infection or influenza-like illness.

Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis

<https://academic.oup.com/cid/article/65/11/1934/4068747>

The confirmed effectiveness of medical masks is crucially important for lower-resource and emergency settings lacking access to N95 respirators. In such cases, single-use medical masks are preferable to cloth masks, for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization.

Exercise with facemask; Are we handling a devil's sword? – A physiological hypothesis

<https://pubmed.ncbi.nlm.nih.gov/32590322/>

Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases.

Adolescents' face mask usage and contact transmission in novel Coronavirus

<https://pubmed.ncbi.nlm.nih.gov/32582579/>

Face masks surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc.

Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

<https://pubmed.ncbi.nlm.nih.gov/16490606/>

The N95 filtering face piece respirators may not provide the expected protection level against small virions. Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm. It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment.

Adolescents' face mask usage and contact transmission in novel Coronavirus

<https://pubmed.ncbi.nlm.nih.gov/32582579/>

This study used dye to show if masks were contaminated. "As a result, masks surface become a contamination source. In the contact experiment, ten adults were requested to don and doff a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis."

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

<https://pubmed.ncbi.nlm.nih.gov/33205991/>

The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use.

Respiratory consequences of N95-type Mask usage in pregnant healthcare workers-a controlled clinical study

<https://pubmed.ncbi.nlm.nih.gov/26579222/>

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use. The benefits of using N95 mask to prevent

serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.

Headaches and the N95 face-mask amongst healthcare providers

<https://pubmed.ncbi.nlm.nih.gov/16441251/>

Of 212 healthcare workers required to wear the medical-grade N95 face mask found that 37% said the mask gave them headaches, and 32% of those people had headaches more than six times a month.

Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

This study looked at health care workers using PPE and their experience of headaches. Whilst wearing PPE “most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders.”

There was a correlation between length of time in PPE and number of headaches and it was recommended to look at “reducing the exposure time by healthcare workers.”

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.

Respiratory consequences of N95-type Mask usage in pregnant healthcare workers—a controlled clinical study

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-015-0086-z>

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use.

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy Children

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743>

This leads in turn to impairments attributable to hypercapnia. A recent review concluded that there was ample evidence for adverse effects of wearing such masks. 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.

<https://www.reuters.com/world/africa/safrican-doctor-says-patients-with-omicron-variant-have-very-mild-symptoms-2021-11-28/><<https://www.reuters.com/world/africa/safrican-doctor-says-patients-with-omicron-variant-have-very-mild-symptoms-2021-11-28/>>

<https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

<https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/><<https://brownstone.org/articles/the-damage-of-masking-children-could-be-irreparable/>>

1. Surgical mask / cloth face mask studies

-Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020. The US Centre for Disease Control performed a study which showed that 85 percent of those who contracted Covid-19 during July 2020 were mask wearers. Just 3.9 percent of the study participants never wore a mask.

Original: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf><<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>>

Erratum. correction:

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm><<https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm>>

2. Facial protection for healthcare workers during pandemics: a scoping review

This study used 5462 peer-reviewed articles and 41 grey literature records.

–“Conclusion: The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection”

Study Article:

<https://pubmed.ncbi.nlm.nih.gov/32371574/><<https://pubmed.ncbi.nlm.nih.gov/32371574/>>

3. Physical interventions to interrupt or reduce the spread of respiratory viruses

“There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33215698/><<https://pubmed.ncbi.nlm.nih.gov/33215698/>>

4. Disposable surgical face masks for preventing surgical wound infection in clean surgery

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/27115326/><<https://pubmed.ncbi.nlm.nih.gov/27115326/>>

5. Disposable surgical face masks: a systematic review

Two randomized controlled trials were included involving a total of 1453 patients. In a small trial there was a trend towards masks being associated with fewer infections, whereas in a large trial there was no difference in infection rates between the masked and unmasked group.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16295987/><<https://pubmed.ncbi.nlm.nih.gov/16295987/>>

6. Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure

“Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <math><2.5 \mu\text{m}</math>”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/27531371/><<https://pubmed.ncbi.nlm.nih.gov/27531371/>>

7. Face seal leakage of half masks and surgical masks

“The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles. Coronavirus is 0.125 microns. therefore these masks wouldn’t protect you from the virus”

Study article: <https://pubmed.ncbi.nlm.nih.gov/4014006/><<https://pubmed.ncbi.nlm.nih.gov/4014006/>>

8. Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols

“The filter efficiencies against influenza virus particles were the lowest”

“We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/29910210/><<https://pubmed.ncbi.nlm.nih.gov/29910210/>>

9. Aerosol penetration through surgical masks

“Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens”

Study article: <https://pubmed.ncbi.nlm.nih.gov/1524265/><<https://pubmed.ncbi.nlm.nih.gov/1524265/>>

10. Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability
“We found that 60 GSM face mask had particle capture efficiency of 94% for total particles greater than 0.3 microns”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33052962/><<https://pubmed.ncbi.nlm.nih.gov/33052962/>>

11. A New Method for Testing Filtration Efficiency of Mask Materials Under Sneeze-like Pressure
This study states that “alternatives” like silk and gauze etc could possibly be good options in the pandemic. It’s done on starch particles.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32503823/><<https://pubmed.ncbi.nlm.nih.gov/32503823/>>

12. Protecting staff against airborne viral particles: in vivo efficiency of laser masks
“The laser mask provided significantly less protection than the FFP2 respirator (P=0.02), and only marginally more protection than the surgical mask. The continued use of laser masks for respiratory protection is questionable. Taping masks to the face only provided a small improvement in protection”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16920222/><<https://pubmed.ncbi.nlm.nih.gov/16920222/>>

13. Quantitative Method for Comparative Assessment of Particle Removal Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE

“Worn as designed, both commercial surgical masks and cloth masks had widely varying effectiveness (53 – 75 percent and 28 – 91 percent particle removal efficiency, respectively)”. Different brand, different results and only when they applied “nylon layers” did the “efficiency” improve.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32838296/><<https://pubmed.ncbi.nlm.nih.gov/32838296/>>

14. The efficacy of standard surgical face masks: an investigation using “tracer particles”
“Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound.”

Study article: <https://pubmed.ncbi.nlm.nih.gov/7379387/><<https://pubmed.ncbi.nlm.nih.gov/7379387/>>

15. Testing the efficacy of homemade masks: would they protect in an influenza pandemic?

“Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/24229526/><<https://pubmed.ncbi.nlm.nih.gov/24229526/>>

16. Using half-facepiece respirators for H1N1

“Increasing the filtration level of a particle respirator does not increase the respirator’s ability to reduce a user’s exposure to contaminants”

<https://pubmed.ncbi.nlm.nih.gov/19927872/><<https://pubmed.ncbi.nlm.nih.gov/19927872/>>

17. Face masks to prevent transmission of influenza virus: a systematic review

There is less data to support the use of face masks or respirators to prevent becoming infected.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20092668/><<https://pubmed.ncbi.nlm.nih.gov/20092668/>>

18. “Exercise with facemask; Are we handling a devil’s sword?” – A physiological hypothesis

No evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus.

“Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32590322/><<https://pubmed.ncbi.nlm.nih.gov/32590322/>>

19. Use of face masks by non-scrubbed operating room staff: a randomized controlled trial
Surgical site infection rates did not increase when non-scrubbed personnel did not wear face masks.
2010 Study article:

<https://pubmed.ncbi.nlm.nih.gov/20575920/><<https://pubmed.ncbi.nlm.nih.gov/20575920/>>

20. Surgical face masks in modern operating rooms – a costly and unnecessary ritual?

When the wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.

Study article: <https://pubmed.ncbi.nlm.nih.gov/1680906/><<https://pubmed.ncbi.nlm.nih.gov/1680906/>>

21. Masks: a ward investigation and review of the literature

Wearing multi layer operating room masks for every visit had no effect on nose and throat carriage rates.

Study article: <https://pubmed.ncbi.nlm.nih.gov/2873176/><<https://pubmed.ncbi.nlm.nih.gov/2873176/>>

22. Aerosol penetration and leakage characteristics of masks used in the health care industry

The protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols.

“Conclusion: We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols”

Study article: <https://pubmed.ncbi.nlm.nih.gov/8239046/><<https://pubmed.ncbi.nlm.nih.gov/8239046/>>

23. Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review

Meta analysis review that says there is limited evidence to suggest that the use of masks may reduce the risk of spreading viral respiratory infections.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32675098/><<https://pubmed.ncbi.nlm.nih.gov/32675098/>>

24. Modeling of the Transmission of Coronaviruses, Measles Virus, Influenza Virus, Mycobacterium tuberculosis, and Legionella pneumophila in Dental Clinics

Evidence to suggest that transmission probability is strongly driven by indoor air quality, followed by patient effectiveness and the least by respiratory protection via mask use.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32614681/><<https://pubmed.ncbi.nlm.nih.gov/32614681/>>

25. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings-Personal Protective and Environmental Measures. The use of face masks, either by infected or non infected persons, does not have a significant effect on influenza transmission.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32027586/><<https://pubmed.ncbi.nlm.nih.gov/32027586/>>

26. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis. Meta analyses suggest that regular hand hygiene provided a significant protective effect over face masks and their insignificant protection.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/28487207/><<https://pubmed.ncbi.nlm.nih.gov/28487207/>>

27. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32167245/><<https://pubmed.ncbi.nlm.nih.gov/32167245/>>

28. Adolescents' face mask usage and contact transmission in novel Coronavirus

Face mask surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc. This is why this study is relevant:

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32582579/><<https://pubmed.ncbi.nlm.nih.gov/32582579/>>

29. Visualizing the effectiveness of face masks in obstructing respiratory jets

Loosely folded face masks and “bandana style” face coverings provide minimum stopping capability for the smallest aerosolized droplets.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32624649/><<https://pubmed.ncbi.nlm.nih.gov/32624649/>>

30. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

31. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers

Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/25903751/><<https://pubmed.ncbi.nlm.nih.gov/25903751/>>

32. Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles. Cloth masks and other fabric materials tested in the study had 40-90 percent instantaneous penetration levels against polydisperse NaCl aerosols.

“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20584862/><<https://pubmed.ncbi.nlm.nih.gov/20584862/>>

34. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range.

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/18326870/><<https://pubmed.ncbi.nlm.nih.gov/18326870/>>

35. Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16490606/><<https://pubmed.ncbi.nlm.nih.gov/16490606/>>

36. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis

“N95 respirators made by different companies were found to have different filtration efficiencies for the most penetrating particle size (0.1 to 0.3 micron)”

“Above the most penetrating particle size the filtration efficiency increases with size; it reaches approximately 99.5% or higher at about 0.75 micron”

“Meta-analyses suggest that regular hand hygiene provided a significant protective effect (OR=0.62; 95% CI 0.52-0.73; I2=0%), and facemask use provided a non-significant protective effect (OR=0.53; 95% CI 0.16-1.71; I2=48%) against 2009 pandemic influenza infection”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/28487207/><<https://pubmed.ncbi.nlm.nih.gov/28487207/>>

37. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis

“The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory- confirmed influenza. It suggests that N95 respirators should not be recommended for the general public or non high-risk medical staff who are not in close contact with influenza patients or suspected patients”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32167245/><<https://pubmed.ncbi.nlm.nih.gov/32167245/>>

38. Adolescents’ face mask usage and contact transmission in novel Coronavirus

This study used dye to show if masks were contaminated. “As a result, masks surface becomes a contamination source. In the contact experiment, ten adults were requested to put on and off a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32582579/><<https://pubmed.ncbi.nlm.nih.gov/32582579/>>

39. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

“Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period”

“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

40. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

“The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50 percent in a community with modest infection rates, some degree of social distancing, and uncommon general mask use”

Study article:

<https://pubmed.ncbi.nlm.nih.gov/33205991/><<https://pubmed.ncbi.nlm.nih.gov/33205991/>>

41. Headaches and the N95 face-mask amongst healthcare providers

- Face mask side effects include headaches.

- These headaches can force you to use added or unnecessary medications like painkillers that carry their own side effects.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/16441251/><<https://pubmed.ncbi.nlm.nih.gov/16441251/>>

-Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32232837/><<https://pubmed.ncbi.nlm.nih.gov/32232837/>>

-How to Avoid Migraine Triggers While Wearing Your Mask

<https://www.withcove.com/learn/migraine-triggers-mask><<https://www.withcove.com/learn/migraine-triggers-mask>>

42. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

- "Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headaches during the study period"

- "Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/19216002/><<https://pubmed.ncbi.nlm.nih.gov/19216002/>>

43. Physiological impact of the N95 filtering facepiece respirator on healthcare workers

- "CONCLUSIONS: In healthy healthcare workers, FFR did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standards, and elevated P(CO₂) is a possibility"

Study article:

<https://pubmed.ncbi.nlm.nih.gov/20420727/><<https://pubmed.ncbi.nlm.nih.gov/20420727/>>

44. The adverse skin reactions of health care workers using personal protective equipment for COVID-19

- The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32541493/><<https://pubmed.ncbi.nlm.nih.gov/32541493/>>

45. An investigation into the efficiency of disposable face masks

- What are the dangers of bacterial and fungal growths on a used and loaded mask?

- This study tested all kinds of disposable masks.

Study article: <https://pubmed.ncbi.nlm.nih.gov/7440756/><<https://pubmed.ncbi.nlm.nih.gov/7440756/>>

46. Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

Study article:

<https://pubmed.ncbi.nlm.nih.gov/32556449/><<https://pubmed.ncbi.nlm.nih.gov/32556449/>>

47. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease.

Study article:

<https://pubmed.ncbi.nlm.nih.gov/15340662/><<https://pubmed.ncbi.nlm.nih.gov/15340662/>>

48. Gaps in asepsis due to surgical caps, face masks, external surfaces of infusion bottles and sterile wrappers of disposable articles.

- "It is obvious that the surfaces of the boxes of sterile packed disposable instruments and infusion bottles are not sterile. The disposable surgical masks and surgical caps used for sterile clothing are delivered by the producers not sterile, either." AND THIS IS HOSPITAL EQUIPMENT.

Study article: <https://pubmed.ncbi.nlm.nih.gov/6099666/><<https://pubmed.ncbi.nlm.nih.gov/6099666/>>

49. Allergies and the Immune System

- Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflammation to the wearer and lowering his or her immune system.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-the-immune-system><<https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-the-immune-system>>

50. Disabled People and Masks Contributing Toward Mental Health Issues

- Face mask side effects and mental health

<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/><<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>>
<https://www.aier.org/article/cost-of-us-lockdowns-a-preliminary-report/><<https://www.aier.org/article/cost-of-us-lockdowns-a-preliminary-report/>>
<https://www.dailymaverick.co.za/opinionista/2021-12-15-almost-two-years-later-its-our-children-suffering-the-most-collateral-damage-of-the-covid-19-pandemic/>
<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf>
<https://collateralglobal.org/article/report-the-impact-of-pandemic-restrictions-on-childhood-mental-health/>
<https://www.dovepress.com/mental-health-implications-of-the-covid-19-pandemic-among-children-and-peer-reviewed-fulltext-article-PHMT#cit0015>
<https://nypost.com/2021/11/24/nyc-kids-eating-school-lunch-outdoors-despite-dropping-temps/>
<https://www.whitehouse.gov/covidplan/#schools>
https://mb.ntd.com/lower-iq-brain-damage-anxiety-children-pay-high-price-for-pandemic-policies_719003.html
https://link.theepochtimes.com/mkt_app/lockdown-policies-and-mask-mandates-linked-with-lower-iq-in-children_4177711.htm
<https://reason.com/2021/12/27/the-cdc-directors-slippery-response-to-criticism-of-school-mask-mandates-further-undermines-her-agencys-credibility/?fbclid=IwAR2MkYXTVHizZ4hMtCckY6Czr8R3DeEkn1P5HobfpLEDeGb3GZcQZLsz920>
<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full>
doi: <https://doi.org/10.1101/2021.08.10.21261846>
https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a3.htm?s_cid=mmmm705152a3_w
<https://reason.com/2022/01/03/cdc-covid-19-children-hospitalization-obesity-teenagers/?fbclid=IwAR2TFW90jm2GsS2Q-2JbMLTdc1xUmK3KhsCcg5IYk6VR8rSjTv9vrq7buiE>
https://reason.com/2022/01/04/if-its-really-a-pandemic-of-the-unvaccinated-mr-president-why-is-my-vaccinated-6-year-old-wearing-a-mask/?fbclid=IwAR3I_uFjSzDMiRGmuRn45zDydQyEprPSNo3FkboTLO4UycybyXO_6WdfTBM

Thank you for your time,

Allison Dyer

Allison Dyer

Nashua NH

Allie_Scott@comcast.net

603-546-8124

Sent from [Mail](#) for Windows

I Oppose HB1131

Hon. Representatives,

I Oppose HB1131.

NH has a long and vested history of protecting its citizens.

Measles, Pertussis, and polio are only a few of the vaccinations require to keep our children safe in school and make sure they can open. They are based on science. And masks are also a scientific reason to allow or not allow masks for the public good.

Besides the misinformation and dog-whistles of people denying not only the efficacy of masks but even the virus itself, there is no reason why masks should not be required when science suggests they protect others.

Freedom is truly free when all are free of harm; not just the few that would use an unknown moral compass to declare their conscience.

Please return HB1131 as inexpedient to legislate so that “all government of right originates from the people, is founded in consent, and instituted for the general good.”

Respectfully,

Len

Leonard Campbell
Meredith, NH
603-455-1105

Dear Senator,

As a New Hampshire resident and parent I'm writing to urge you to support HB 1131, the bill to **prohibit school mask requirements students/public.**

This bill will save our children who are suffering as a result of the current mask requirements. We do not know the long term effects these masks can have on the children. There have been a number of studies that highlight the relationship between affection and children's happiness and success. Denying these children facial expressions and displays of emotion/affection with one another could have potentially devastating and long lasting consequences.

Facial expressions of emotion are probably the most important signal of the face because they **tell children about people's personalities, emotions, motivations, or intent.** They are not only signs of people's internal states; they are also signals to children to act in certain ways, providing messages for social coordination and interaction.

We **do know** children who do not have social interaction tend to **have lower self esteem and to feel more alienated, hostile, aggressive, and anti-social.**

HB 1131 will protect our future generations of our New Hampshire citizens from becoming unfriendly, uncaring, antagonistic criminals.

For the sake of our children I urge you to **vote for HB 1131 and end the ongoing pain and distress this is causing our children.**

Thank you for considering my opinion. And thank you for your service to New Hampshire in this challenging time..

Sincerely,

Emily Taylor

Nashua, NH

To the Plainfield School Board,

As I am unable to attend the meeting of the School Board on February 9th, I wanted to put my thoughts into writing as to why Plainfield must end its mandated masking of children.

When I spoke at a meeting in August and opposed the masking of children, I asked two questions for the board to address. I would like to ask them again.

1. How much risk is tolerable?

We are over two years into Covid and still not a single death of a child has occurred in New Hampshire. Not one. There is no pandemic for children. There never has been. The risks of the pandemic were never for children, and yet adults have forced them to carry the burden of it. The CDC reports that the child mortality rate for kids who get Covid remains less than 0.01%.¹ That number is likely much lower, as it only includes documented cases. And not a single child death has been reported from the Omicron variant, which now makes up nearly every new case of Covid in America. Among the vaccinated, which everyone now has the opportunity to become, hospitalizations and deaths are almost zero among those under 65.²

The bottom line is that there is virtually zero risk for our children right now and for any vaccinated adult in PES. Of course, there will never be zero risk, but it is riskier for our kids to ski at Whaleback or swim in a pool than it is for them to be harmed by Covid. There never was a pandemic for children, thankfully, and there never was a reason for them to be masked in the first place.

2. What are the psychological consequences of masking children?

The CDC reports a 51% increase in adolescent girl suicide attempts since the start of masking and lockdowns. 47 children in New Hampshire have taken their own lives since then, which is 47 more than have died of Covid³

As of this writing, there is not a single child hospitalized with Covid in New Hampshire but, according to a Concord Monitor article, there are more than 30 children on waiting lists for mental-health hospital beds, which was never the case prior to lockdowns and masking.⁴

¹ <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

² <https://www.nytimes.com/2022/01/11/briefing/omicron-deaths-vaccinated-vs-unvaccinated.html>

³ <https://nbcmontana.com/news/nation-world/cdc-saw-51-increase-in-suicide-attempts-by-adolescent-girls-during-pandemic>

⁴ <https://www.concordmonitor.com/ed-boarding-mental-health-41111514>

There are documented reports of mask-dependency among children, as a way to cover up for a lack of social skills and to cope with social anxiety. Some children are now so conditioned to wearing a mask that they refuse to take it off, even at home.⁵

Last week, an NBC News report uncovered that there has been more than a 300% increase in the number of children with delayed speech since masking began.⁶

A recent study in a European medical journal stated that face masks “diminish people’s ability to accurately categorize an emotion” and that seeing someone in a mask negatively affects “trustworthiness, likeability, and closeness” to the point that “alternatives to face masks are needed.”⁷

The American Academy of Pediatrics recently declared “a national emergency in child and adolescent mental health,” specifically noting an increase in suicide attempts, as well as “soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities.”⁸

My daughter has to play basketball while dripping sweat into a paper mask, which she, like every single player on the court for both teams, has to pull down below her mouth just to breathe properly after sprinting. Worse, I have witnessed referees pull their masks down in order to tell players to pull their masks up. That is not only hypocritical; it’s borderline abusive. The WHO recommends no masks during exercise.⁹

Mandated masking needs to end. Parents and students can still wear masks if they choose, as one-way masking works.¹⁰ But it is time to stop controlling other peoples’ children with Covid theater and selective masking. If we vote to continue mask mandates now, when there is zero risk, when will they end? We need to get our children back to normal before it is too late.

Thank you for your time and thought on this matter.

Sincerely,

Matt Underhill

⁵ <https://www.wsj.com/articles/when-wearing-a-mask-covers-up-a-social-anxiety-problem-11635678000>

⁶ <https://www.wpbfl.com/article/palm-beach-covid-therapist-speech-delays/38189805#>

⁷ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249792>

⁸ <https://publications.aap.org/aapnews/news/17718>

⁹ <https://www.businessinsider.com/who-dont-wear-masks-during-vigorous-intensity-physical-activity-2020-12>

¹⁰ <https://www.theatlantic.com/politics/archive/2022/01/does-it-help-wear-mask-if-no-one-else/621177/>

Supportive Testimony
HB 1131
Removal of Mask Mandate
HB 1371
Mask Choice

It is time and long over-due for masks to be removed from faces, that is, for all mask mandates in NH to end. This requirement has no reliable science behind it and is detrimental to overall health and well-being of citizens, particularly for those having to wear masks for long periods of time. This includes children in public schools.

As a Speech/Language Pathologist (SLP) for the past forty years and in the public schools in NH for the past twenty, I am in full support of prohibiting the mask requirement. I am at retirement age and have not been afraid to be with children unmasked during the last two years in order to do therapy; in fact, I have extended my retirement date to make sure I have the opportunity to work through this with my students. For my health, personally, I have simple protocols I researched and developed and share with colleagues, many of whom remain overly fearful due to the intimidation of extreme public health measures which caused more harm than good.

I have concluded as have many professionals in health-related fields that masking children in schools is unnecessary as a protection from COVID. In fact, it is demonstrably harmful for children to be masked in school. All children must listen and speak to succeed. It is difficult to hear teachers behind masks and difficult for children to speak and to be heard *by* teachers. For those with speech/language/communication deficits, that task is more difficult. As you must realize, all students need to listen and speak; language and communication are foundational for sustaining a productive, free society.

At this time, I am helping children with articulation, language, and social communication (pragmatic language) challenges whether or not they are identified with a disability, per se. (For more specific detailing of these challenges, please see the accompanying letter of testimony from my colleague, Sarah Kolakoski.) Many children have speech/language delays/differences due to mask wearing as it impedes all aspects of phonological awareness, the basis of learning to read. Students with significant disabilities in the area of speech/language and communication do not have the opportunity for daily practice needed throughout their day due to being masked. You may be unaware, but it is a requirement of Medicaid Reimbursement to Schools that a student's Rehabilitation Assistant is required to help the student carryover speech/language and communication skills throughout their school day. The SLP is the licensed Medicaid Supervisor for the majority of Rehab Assistants in schools and this is a revenue stream for districts. For the district to be reimbursed, the SLP must sign off vouching for the Rehab Assistant's work. I actually put my license on the line by complying with a mask mandate; I am asked to support a restriction for children with disabilities who are supposed to be improving their listening comprehension and oral expression, which are fundamental basic skill areas. My professional legal standing is being jeopardized as is my district's when ethics are compromised to this extent. My students are not getting a free and appropriate education.

The time has come to take preventive health measures to protect oneself and others without sacrificing the needs of children. The idea of showing solidarity with irrational fear which the mask mandate represents has been antithetical to what we model for children in schools. Children need to have a positive attitude toward their innate health. Their developing self-concept should be free from the burden of fear that their breathing and talking negatively impacts the health of others. This construct promotes a social/emotional imbalance in the dynamic of human development. It is important to model and endorse students' ability to problem-solve and make informed choices given individual circumstances. The fear of *not* masking causes stress that makes the problem worse. Children must be helped over their fear.

Childhood development should not be jeopardized by the continuation of masking. In Massachusetts Governor Baker's words, "Our kids have had to put up with a lot of disruption, and have suffered real learning loss over the past two years. There's no debating those points, no matter where you stand." In large part, the remaining clear restriction in education is masking.

Its time as the adults in the room to get beyond the fear and take a stand for our children's mental health, social/emotional development, and ability to achieve through gaining a good education. As Governor Baker goes on to say, "From free and convenient testing to highly effective vaccines and breakthrough treatments, everyone now has the tools and the knowledge to stay safe with respect to COVID.

Along with the family, it is school personnel who are entrusted to guide a young person's life so they may develop and reach their potential. We must prohibit restrictions to that development and potential by abolishing the mask mandate which inhibits progress for all students, particularly those with a disability.

Rachelle Hall, M.Ed., CCC-SLP; New Hampshire State License 0948

Dear Education Committee Members,

My name is Sarah Kolakoski. I am a speech pathologist and a parent of 7 year old child in the New Hampshire education system. I have been working in the school systems in New Hampshire for over 10 years. I am writing this letter to provide some insight into the masks we are having our children wear in the schools.

As a speech pathologist, I see first-hand the many negative effects of having children wear masks. I work with students in preschool through 6th grade. For the younger children who are trying to learn to talk and produce sounds correctly wearing a mask makes this much more difficult for them. How can we expect our children to learn to produce sounds correctly when all they hear is muffled speech all day long, and they are not able to see anyone's mouth? A child needs to see how a sound is made by viewing a speaker's mouth.

For my students with expressive language disorders; many of these students are hesitant to speak to begin with. Speaking for them is hard. With a mask on their face, and everyone always asking them to repeat what they said only makes these students more hesitant to speak. This can also apply to any child who is shy.

For my students with receptive language disorders; they have a difficult time understanding language. Now they have to listen to their teacher speak through a mask all day and they are probably only hearing a portion of what is said. These students are not going to raise their hand and ask the teacher to repeat. So these students are missing out on important academic instruction all day long.

For my students with Autism and social/pragmatic language difficulties; these students are missing out (as are all children) on very important facial cues and other non-verbal messages. It is so important for children to see facial cues. These cues add so much to verbal messages. If our children do not learn facial cues at a young age then as they grow older they will have a very difficult time understanding and demonstrating these concepts when they engage in conversations. We are setting up all children up for social/pragmatic difficulties because we are not allowing them to see very important facial expressions when engaging in conversations. I am working with more students than ever on social/pragmatic language difficulties this year. I directly relate this to the masks they are having to wear. Students who are already shy and have a harder time engaging with students in conversations and social interactions are having a much harder time this year. I find it hard to speak with another adult with a mask on their face. Now imagine how much harder it is for a child who already struggles with their social pragmatic language skills. We are setting these students up for failure.

What about children with hearing impairments? These children rely on lip reading. Now we have covered everyone's mouth. If you think the mask with the clear plastic over the mouth is a solution so a hearing impaired child can still see a person's mouth, I challenge you to try one on for 20 minutes. You will see that these masks get completely fogged and full of spit. It is very disgusting to even look at.

These are just a few of the areas that are directly impacting the students I work with as a speech pathologist as well as all the students.

From my own personal experience of working in school I see first-hand that throughout the day children are not wearing these masks correctly. The masks are below their noses, on the ground, on their head, used to transport toys across a room, spun on desks, stuffed in desks, used to hold an apple

in their mouth as they walk down the hallway, etc. But then the teachers will tell the students to put there mask back on correctly. I also see masks covered in spit, blood, dirt, food, etc. This is so unsanitary. I do not understand why children are continually being forced to put a mask on their face when the mask is unsanitary, and also the students will not be wearing the mask correctly for long.

If a student has Covid chances are they will spread it during a school day because there will be a time they are not wearing their mask correctly. So why force these children to wear masks to begin with? We are only risking possible long term speech, language, social, and emotional side effects. It makes no sense to me. We are just telling our children to do something because someone said to do it even though it makes no sense! The research has even indicated recently that cloth masks are not effective at keeping the omicron variant out. So again why are the students still wearing masks? It makes no sense. Why not think outside the box and use the money that has been given to schools for Covid to invest in better air filtration systems, cleaning/disinfectant products, and more custodians to help ensure that each school is as clean as possible. More teachers for smaller class sizes. We need to think about other ways to keep children from getting Covid then having them wear a mask on their face for 6-7 hours a day.

Now coming from a parent's perspective, my daughter is 7 years old and in the second grade. I see my daughters masks come home every single day covered in food and saliva. My daughter (as reported by her teacher) chews on her masks very frequently throughout the day. My daughter's masks are extremely unsanitary. I have asked for the schools help and all they could suggest is send in more masks. When I do they all the masks come home the same way. I do not know how anyone could believe that this is sanitary and appropriate to expect a child to keep a wet and dirty mask on their face. I do not believe any adult would agree to do this for even 10 minutes. However, my daughter is forced to wear a mask like this all throughout the school day.

Additionally, my daughter has asthma. Her PCP diagnosed her with a moderate form of asthma. I had a doctor's note saying that my daughter should not wear a mask all day at school. It is not safe for her given her health issues. The school rejected the letter and said that she did not really seem effected by the asthma at school. I questioned how a principal, teacher, school nurse, etc. could override a doctor's medical decision and no one could really answer me. I informed them that my daughter tells me "I can't breathe" with a mask on her face. My daughter pulls her mask down when she is having a harder time breathing. The only response I received from the school was all the students pull their masks down. I asked my daughter if the nurse had ever checked her oxygen levels or even sat next to her to make sure she was not wheezing and she said no. So how can schools now hold the power to make medical decisions for our children, given they are not medical doctors? It is scary to see what is happening in the schools. Principals, teachers, nurses, etc., are making decisions for our children that they are not qualified to make. We are heading down a very scary road when professionals are now making decisions in areas they are not trained or qualified to make.

Finally, my family has a unique situation. We adopted our daughter from the foster care system in New Hampshire. My husband and I do not feel safe with her walking around with a mask covering her face for obvious reasons. My daughter will never wear a mask out in public for this very reason. We have approached her school about this issue and again they did not appear to care or even try to work with us. There are many families with unique circumstances and surrounding their child and putting a mask on their face. That is why the decision for a child to wear a mask should be left up to the parents.

One more final thought, my daughter came home from school about a few months back and said that a student in her class who wears glasses had pulled their mask down. The teacher asked the student to pull the mask up and the student replied, "But I can't see my glasses fog up." The teacher insisted that the student pull their mask up. So the student pulled up the mask, but took off their glasses. My daughter said to me that night "Mommy that is not right." My seven year old daughter recognized that there was something very wrong with this situation. So how come the adults that are supposed to be looking out for the best interest of our children do not seem to understand just how wrong this is?

I have tried to provide you with insights from my view as a speech pathologist and a parent. We are two years into this and no one can provide studies to show that children who have no symptoms and are not sick should wear a mask. So why are we still having our children wear masks at school? Is it just because someone thought it was a good idea? Please think about this. If we do not make changes soon our children will most certainly have long term speech, language social, emotional difficulties. I do not want to see that happen to any of the students I work with or with any student in any school. The decision to wear a mask should be left up to each individual parent. They know their child best and the needs of their family. The principals, teachers, school nurses, and school board members do not know what is best for each individual child. If we let professionals start to make decisions outside of their scope of practice we will be headed in a very dangerous direction. I hope you will take this information into consideration as you vote on the bill to make masks optional. It should be left up to the parents. Every parent knows their child and their family's unique circumstances.

Thank you for taking the time to consider my request. If you have any questions or would like more information you can email me at skolakoski10@comcast.net.

Sincerely,

Sarah Kolakoski

Dan Marchibroda

84 Thaxter Road, Portsmouth NH 03801

End the mask mandates in our schools. They are ineffective at reducing spread of viruses and hurt our children's learning and development. They do more harm than good.

Dan Marchibroda



NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 MASKS

April 26, 2021

This serves as notice that the mandate for any individual to wear a mask against COVID-19 for employment or attendance at a university or other institution violates federal law. All [COVID-19 masks](#), whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely “may be effective.” Federal law states:

Title [21 U.S.C. § 360bbb-3\(e\)\(1\)\(A\)\(ii\)\(I-III\)](#) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

individuals to whom the product is administered are informed—

- (I)** that the Secretary has authorized the emergency use of the product;
- (II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
- (III) of the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is “absolutely essential.” A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a [letter](#) dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product’s intended use as “source control to help prevent the spread of SARS-CoV-2.” The letter specifies that the labeling “may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction.” Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children’s Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.



NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301

PHONE: (603) 225 -3783

EMAIL: office@nhnurses.org

WEBSITE: www.NHNurses.org

February 23, 2022

Dear Chairman Ladd and members of the House Education Committee,

I am submitting written testimony on behalf of the NH Nurses' Association in opposition of HB 1131 relative to facial covering policies for schools. Prohibiting school boards from adopting, enforcing, or implementing mask policies diminishes public health efforts to protect the health and safety of students, staff, and members of the public.

Masks are an evidence-based effective tool that helps to decrease the transmission of covid-19 and other droplet transmission diseases. Masks are non-invasive and requiring a person to wear one is truly no different than having a policy that shirts and shoes need to be worn in the building. As a Registered Nurse in NH who has worked on the frontlines of the pandemic, I find it disheartening that misinformation and political rhetoric are receiving greater attention than the values of good stewardship, altruism, and human dignity for vulnerable populations in our school settings.

I urge you to oppose HB1131 and allow schools to have the autonomy to utilize mask policies to mitigate risk. Further restricting the use of evidence based interventions to decrease the spread of Covid-19 will prolong the pandemic and result in continuing strain on healthcare resources and preventable illness and death.

Best Regards,
Carla Smith MSN, RN
28 Ann Lane
Fremont, NH 03044

HB 1131, in the name of some putative “freedom” applies a purely political standard to an issue that rightly belongs to public health professionals and those specifically entrusted with the health and welfare of students. It is a disaster waiting to happen. Vote NO.

HB1131

Dear House Education Committee,

I hope you all are doing well. I am writing in regards to HB1131 and its potential impact of civil rights violations for children with disabilities. I have great concern that this bill is NOT inclusive of all children, such as those with special needs/medical conditions who currently require to be in a masked classroom or otherwise cannot attend school safely.

There are many children in NH on IEPs who have in their IEP accommodations that they require a masked classroom during the pandemic due to their disability. I know in my town, Windham, there is an immune aware masked class in each grade to accommodate these kids. Parents had the option to opt out of the classroom if they didn't want their children to have to mask.

I'm not sure what would even happen if the bill is passed, since **districts are legally obligated to accommodate disabilities and to provide a fair and appropriate public education to all, under both federal and state law.** If this passes as written, and children needed to be placed out of district to Massachusetts, which wouldn't be their least restrictive environment, so may not even be legal, this would be a huge unexpected financial burden to school districts. In the range of 50-100k per student. In my small town of 3000 students, there are at least 10 kids who would require such, amounting to 500k-1mil for one district.

I urge you to consider ALL students' rights to a public education when reviewing this bill.

Thank you for your consideration,
Katelyn Kuttab

Testimony against HB 1131 and HB 1371

NH House Education Committee; February 25, 2022

Rep. Timothy Horrigan (Strafford 6)

I am Rep. Timothy Horrigan, representing the towns of Durham and Madbury. I wish I could attend your committee hearings in person today (Friday, February 25, 2022) but this is in my opinion simply not safe. I admit that I have been coming in almost every weekday this year to a rather poorly ventilated workplace where half my legislative colleagues are unmasked. I believe that a large percentage of those who are unmasked are also unvaccinated. I know that this is not 100% safe. But today, if I wanted to participate in today's hearings, I would also have to deal with driving to Concord during a blizzard which has shut down just about everything in our state except the House Education Committee. I find that unacceptable, so my emailed written testimony will have to suffice.

I urge the Education Committee to find both **HB 1131** (relative to facial covering policies for schools) and **HB 1371** (relative to school district policies on facial masks of students in schools) **Inexpedient to Legislate**.

I am opposed on principle to HB 1131, since schools should have the right to decide what safety precautions are required on their campuses. Even when there is no pandemic, respiratory diseases are a major concern for schools. Campuses function like a Petri dish: students come from all over the place (as do faculty and staff members) to exchange germs and viruses. Most of these diseases are relatively harmless, although the seasonal flu killed 28,000 people (according to the Centers for Disease Control) in the USA during the rather mediocre 2018-2019 flu season. 28,000 is about 1,500 more people than the population of the Granite State's eighth-largest municipality, the Town of Merrimack.

COVID-19 is an extraordinarily dangerous virus. It has caused about a million deaths in the USA, and about 6 million worldwide, and it's still going strong. The survivors have in many cases experienced some very strange and life-altering symptoms, such as losing their senses of taste and smell. Children are less susceptible to both COVID-19 and the seasonal flu, but children breathe the same air as older people.

There is by the way, no natural, constitutional or inherent right to spread respiratory viruses in an educational setting— or anywhere else.

This bill tries to forbid school districts and “accredited” private schools from implementing masking-up policies. An accredited private school is not the same thing as an approved school, so this bill would still allow approved but non-accredited schools to require masks. But, an even bigger problem with the wording of this bill is that accreditation is not a state function, although most public schools are accredited. Here in New Hampshire, schools are typically accredited by the New England Association of Schools and Colleges (NEASC), which is a private organization based in Burlington, Massachusetts.

NEASC's standards go beyond mere academic issues, and schools are specifically required to protect the health and safety of their students. No exceptions have been carved out in NEASC's rules for respiratory viruses: COVID-19 is treated the same as any other health hazard. A few New Hampshire schools are alternatively accredited by the Northern New England Conference of Seventh-day Adventists, Inc. (NNEC), which is a religious organization. Adventists are not at all opposed to vaccinations or mask-wearing: in fact the church actively encourages its members to get vaccinated for COVID-19 and to observe other health precautions.

The bill has a loophole in it, which doesn't bother me since I am opposed to the whole bill. Schools are still allowed to require masks if they are “necessary for a specific extracurricular or instructional purpose.” A school could argue that protecting children from a deadly respiratory virus serves an “extracurricular” purpose, and/or that teaching children about “masking-up” serves an “instructional” purpose.

I am also opposed to HB 1171. I agree that no student should be bullied or harassed in school but the general provisions in existing law are sufficient. This bill is not needed. It also looks at the mask vs no-mask issue from the wrong perspective. The COVID-19 virus is, as I said already, extraordinarily dangerous. I admit that the most recent “Omicron” variant led to relatively mild symptoms compared to earlier variants, but even Omicron was still very nasty. Even the most lurid stories about the supposed dangers of masks (and the various vaccines) amount to almost nothing compared to the dangers of the COVID-19 viruses.

Oppose HB 1131– Protect New Hampshire Students

HB 1131 would prohibit school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

Major medical associations recommend universal indoor masking in K-12 schools regardless of vaccination status. The CDC,ⁱ the American Academy of Pediatrics,ⁱⁱ and the American Medical Associationⁱⁱⁱ recommend universal indoor masking in K-12 schools. As the American Academy of Pediatrics noted on January 7, 2022: “The updated school guidance comes as the rate of children hospitalized with COVID has grown to two of every 100,000 children, the highest since the start of the pandemic. The latest spike occurred largely among those under 5 years, a group that has a hospitalization rate of four per 100,000 children and is too young to get vaccinated.”^{iv} The consensus is clear – universal masking in K-12 schools is vital to protecting our children from the spread of COVID.

COVID remains a threat in New Hampshire. Over 2,300 Granite Staters have died from COVID-19.^v Over 295,000 Granite Staters have had COVID-19.^{vi} At least 95 people are currently hospitalized in New Hampshire with COVID-19.^{vii} New Hampshire has 16 percent remaining capacity in their ICUs.^{viii} Nearly one in four New Hampshire hospitals are experiencing a critical staffing shortage.^{ix} New Hampshire lawmakers should be focused on protecting children from COVID, not increasing their risk.

COVID poses extreme risks to students with disabilities. Children with disabilities, including a range of underlying medical conditions, are at increased risk of contracting and becoming severely ill from COVID when compared with other children. As the CDC noted, “[c]urrent evidence suggests that children with medical complexity, with genetic, neurologic, or metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19.”^x In addition, people with intellectual disability are also at increased risk of contracting and dying from COVID. According to a study in the New England Journal of Medicine, using a data set of “64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality.”^{xi} Universal masking is a tool to mitigate the risk to these students.

Denying children with disabilities a safe learning environment violates federal law. Under the Americans with Disabilities Act^{xii} and Section 504 of the Rehabilitation Act,^{xiii} public schools cannot exclude students with disabilities, deny them equal access to their education, or segregate them unnecessarily, and they are obligated to provide reasonable modifications to policies, practices, and procedures in order to give students with disabilities an equal opportunity to benefit from their public education. Prohibiting schools from taking reasonable steps to protect the health of their students forces parents to make an impossible choice: their child’s education or their child’s health. This is a disability rights issue and schools who have children with these conditions have legal obligations under federal disability rights laws.

Multiple Federal Courts have ruled that federal law requires schools to impose universal masking rules where necessary to ensure students with disabilities have access to public school education. In January 2022, the 8th Circuit Court of Appeals found in a case challenging a state mask prohibition on disability rights grounds that “Plaintiffs’ injuries are the foreseeable result of Defendants’ threatened enforcement of Section 280.31: the schools and school districts have gone without mask mandates because of the law and the threat of enforcement, and Plaintiffs have been forced to choose

between their children's lives and the quality of their education."^{xiv} This decision followed a similar decision from the U.S. District Court for the District of South Carolina, which found that "[y]ears ago, ramps were added to schools to accommodate those with mobility-related disabilities so they could access a free public education. Today, a mask mandate works as a sort of ramp to allow children with disabilities access to their schools. Thus, the same legal authority requiring schools to have ramps requires that school districts have the option to compel people to wear masks at school."^{xv} Legislators should avoid the mistakes and costly litigation (at taxpayers' expense) in other states and oppose this dangerous and unlawful legislation.

Oppose HB 1131 – No Parent should be forced to choose between their child's health and education.

ⁱ Centers for Disease Control, Guidance for COVID-19 Prevention in K-12 Schools, Jan. 13, 2022, *available at* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> ("CDC recommends universal indoor masking by all* students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.").

ⁱⁱ American Academy of Pediatrics, COVID-19 Guidance for Safe Schools and Promotion of In-Person Learning, *available at* <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/> ("All students older than 2 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use), regardless of vaccination status.").

ⁱⁱⁱ American Medical Association, AMA statement on CDC's updated mask guidance to combat COVID-19 spread, July 27, 2021, *available at* <https://www.ama-assn.org/press-center/press-releases/ama-statement-cdc-s-updated-mask-guidance-combat-covid-19-spread> ("We strongly support the updated recommendations, which call for universal masking in areas of high or substantial COVID-19 transmission and in K-12 schools, to help reduce transmission of the virus. Wearing a mask is a small, but important protective measure that can help us all stay safer.").

^{iv} American Academy of Pediatrics, CDC releases updated school guidance; pediatric COVID hospitalizations hit record high, Jan. 7, 2022, *available at* <https://publications.aap.org/aapnews/news/19038>.

^v See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 there have been 2,370 deaths).

^{vi} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 there have been 296,870 cases).

^{vii} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 New Hampshire has 95 confirmed hospital cases and 8 suspected hospital cases).

^{viii} See, New Hampshire COVID-19 Response, Dashboard, *available at* <https://www.covid19.nh.gov/dashboard> (as of February 24, 2022 New Hampshire has a 7-day moving average of 16.5 percent).

^{ix} Todd Bookman & Casey McDermott, "A constant tsunami": N.H.'s health care workers at the epicenter of COVID surge, New Hampshire Public Radio, Dec. 14, 2021, *available at* <https://www.nhpr.org/nh-news/2021-12-13/nh-catholic-medical-center-manchester-covid>.

^x Centers for Disease Control, People with Certain Medical Conditions, Dec. 14, 2021, *available at* <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

^{xi} Jonathan Gleason, MD, et al., *The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States*, New England Journal of Medicine, Mar. 5, 2021, *available at* <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0051>.

^{xii} 42 U.S. Code § 12132 ("[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.").

^{xiii} See 29 U.S.C. § 705(9)(B) & 42 U.S.C. § 12102(1).

^{xiv} *The Arc of Iowa v. Kimberly Reynolds*, U.S. Court of Appeals, 8th Circuit, No. 21-3268, p. 9, *available at* <https://ecf.ca8.uscourts.gov/opndir/22/01/213268P.pdf>.

^{xv} *Disability Rights South Carolina v. Henry McMaster*, U.S. District Court, District of South Carolina, 3:21-cv-02728-MGL, p. 19, *available at* <https://www.aclu.org/legal-document/disability-rights-south-carolina-v-mcmaster-order-granting-temporary-restraining>.

Composure for your Space

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25 February 2022
New Hampshire House
Education Committee

Re HB 1311

Gentles:

Christ and I Love you and all people.

Please know that I support HB 1311 which is needed to stop the requirements of masking for children in schools. The amount of depression and suicide visualization that this has caused has been hidden, just like our kids faces. It is time to uncover the reality of these consequences and time to uncover all of our faces and time to take a very deep breath followed by many more. It is time to stop this sham of kindness, care, and contribution that masks falsely purport. Trying to protect oneself from a virus with a mask is like trying to protect oneself from mosquitos with a chain link fence as one health care friend shared with me. And of course there is all of that which is designed to be expelled from our bodies by exhaling being trapped and brought back in to our lungs that just sought to discharge these items. This is not health building either.

One size fits all does not work in any health care challenges. People are unique and we should allow for all citizens to freely navigate their way to optimal health.

Live free or die is our motto. What in the world is going on here with these massive infringements on our freedom to choose our best route to health care and our right to privacy for the same.

Thanks for your good service,

Anthony Dreux Fallon

A handwritten signature in black ink that reads "Tony Fallon". The signature is written in a cursive, flowing style with a long, sweeping underline that extends to the right.

Dear members of the house education committee,

My name is Natalie Brankin and I am a lifelong resident of Manchester. I am writing today to ask you to support HB1131 relative to prohibiting mask mandates for both public and accredited non-public schools. I am also in support of HB 1371 which would require districts to adopt policies leaving face coverings to parental discretion.

Wearing a mask is historically something that has been reserved for medical facilities and typically only for those who are sick. As parents, we are the ultimate authority on making medical decisions for our children. However, when it comes to masks in a school setting, we find these rights are being stripped away. We ask that this committee act in support of parental rights.

The highest level of evidence in science is a randomized control trial. In every RCT (including the peer reviewed ones, which are of an even higher level of evidence) there has been no statistical difference between groups that wore masks and ones that did not. See a summary of the available evidence here: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence>

Even if there was some small hope that masks could slow the spread (remember when this was just supposed to be two weeks so as not to overwhelm hospitals? I haven't forgotten it and I hope you haven't either!) the time has long passed for this to be required of school children. I ask you to take some time and read this article by Vinay Prasad who as associate professor of epidemiology and biostatistics at the University of California regarding masks and school children: <https://www.tabletmag.com/sections/science/articles/cult-masked-schoolchildren>

The first point he makes is that in the two years that children have had to endure masking policies not one randomized control trial has been done to show how masking children in a school setting affects the spread of covid-19. Those that are still advocating for masks in children have failed to identify any clear evidence in favor of this practice.

Prasad also points out that there are downsides to face coverings for pupils, which my own children have experienced these past two years. It impairs face identification, as well as verbal and non-verbal communication between teacher and learner. Additionally, my own children have suffered headaches, dehydration, anxiety, and the irrational fear of walking down the hallway while breathing without a mask. Additionally, we are starting to hear more in the media about the psychological effects masking is having on children. Dr. Chloe Carmichael, a clinical psychologist, writes about how masks can be unhealthy for social development in children. (<http://www.drchloe.com/blog/psychologists-perspective-on-masks-and-children>) She writes, "I fear that masking children, whose social skills are less developed, could deprive them of an important and basic social connection.... The face." She additionally lists concerns about self-esteem and anxiety and depression, just to name a few.

Another important point to consider is the fact that the United States is one of the few countries that requires masks of children so young. The CDC recommends masking for children as young as 2 which is, to be frank, utterly ridiculous. My youngest is 2.5 and is speech delayed and there is no way we would consider placing him in an environment where he had to wear a mask and encounter people all day long who wore masks. Quite frankly, it seems psychologically abusive. As it is, we already have difficulty at doctor appointments where everyone we never encounter a smiling face anymore. Interestingly, the World Health Organization never recommended masks for children under age 6 and never recommended any masks for children who were running around and playing. Schools in the US and even here in NH have made these unreasonable requirements. It's truly maddening.

The time has come to get our children back to as normal of a childhood as possible. Many children in this state, the country and across the globe have has the privilege of a normal mask free childhood. Why can't the school children of NH enjoy those same freedoms? I support keeping sick children home. I do not support mask mandates as a disease mitigation tool in a school setting.

I thank you for your time and your service to the Granite State.

Take care,
Natalie Brankin



Rep. Rick Ladd
Chair, House Education Committee

Re: Opposition to HB 1131

February 25, 2022

Chairman Ladd and Honorable members of the House Education Committee,

My name is Megan Tuttle, President of NEA-NH, and I have the honor of representing more than 17,000 educators across our state who have gone to extraordinary lengths over the last 2 years to meet the countless challenges this pandemic has presented them so they can deliver the best education possible to the people who matter most to them, our students.

When many of our New Hampshire public schools transitioned back to in-person learning in the fall of 2020, the CDC and New Hampshire Public Health Department recommended mask wearing as a central tool to mitigate the spread of COVID-19 in our schools so that we could return to the place that educators and students wanted to be most, back in our classrooms. As has been discussed numerous times in this committee, by the Commissioner and by the State Board, in-person learning is the most effective setting for learning for the vast majority of our students and masking policies helped to ensure this could happen with less risk of spread and disruption for students, parents and educators. Governor Sununu and State Epidemiologist Dr. Ben Chan have on several occasions during their COVID-19 press conferences over the past 2 years noted that the spread of COVID in our schools was relatively low and we believe that is in part due to mask policies adopted by school districts.

We are opposed to HB 1131 because this would indefinitely prohibit the use of a masking policy even if recommended by our state public health agencies again should a new variant from COVID arise next fall like it did with Omicron or some other highly infectious airborne pathogen. Why would we tie our own hands at keeping students, staff and our communities safe by enacting a blanket prohibition on the use of masks? None of us want to return to a remote instruction setting again, and if a masking policy is recommended by our public health officials to ensure we can stay in the classroom, we should do it. We should not be hamstrung by a piece of legislation that arrives at a conclusion, irrespective of science and facts.

We are also opposed to this bill because of the addition of the legal liabilities it places on schools and school staff, in particular, III of the HB 1131 states that a “Violation of this section by an educator shall be considered a violation of the educator code of conduct that justifies disciplinary

sanction by the state board of education.” The cavalier addition of this provision to a bill banning masks is insulting to educators and disregards the point of the educator code of conduct which was to establish a set of rules and standards around professional conduct. Under Ed 501.02 (t), Professional Conduct means “a set of established professional norms and behaviors” having to do with conducting oneself as a certified New Hampshire educator. Mask requirements, as have been implemented in our schools to keep students safe have been at the recommendation of public health officials and adopted as policies by our local school boards. Making it violation of the code for a teacher or a paraprofessional to help ensure students are following a school district policy is the exact opposite of what that code was intended to do. Therefore, regardless of your position on the first part of the bill, bringing the threat of civil liability or code of conduct violation is in our opinion, nonsensical and far too extreme.

In summary, we feel HB 1131 ties the hands of public health and school leaders toward keeping our students safe and in the classroom, is too unyielding in its proposed punishment, and therefore we respectfully ask that you find HB 1131 Inexpedient-to-Legislate.

Sincerely,



Megan Tuttle
President

February 25th 2022
New Hampshire

Hello, my name is Viviana Figueroa, I am a Manchester resident and mother of two small boys.

I support HB1131 and HB1371 because masks bring little benefit to the safety of children and do a lot of harm to their development and learning. Kids are not meant to protect us, we protect kids. Mask mandates are also not about science or safety but rather a political statement that should have zero bearings on the medical choices parents make for their kids.

Again, we must protect kids from political games and instead make the choices we think are best for our families. The choice is the parents, not the governments or the schools.

I have a special needs son who needs speech therapy and occupational therapy and he would benefit more if he could see his teachers' faces.

Please don't play a political game with our children's lives and futures.

Thank you for your time,

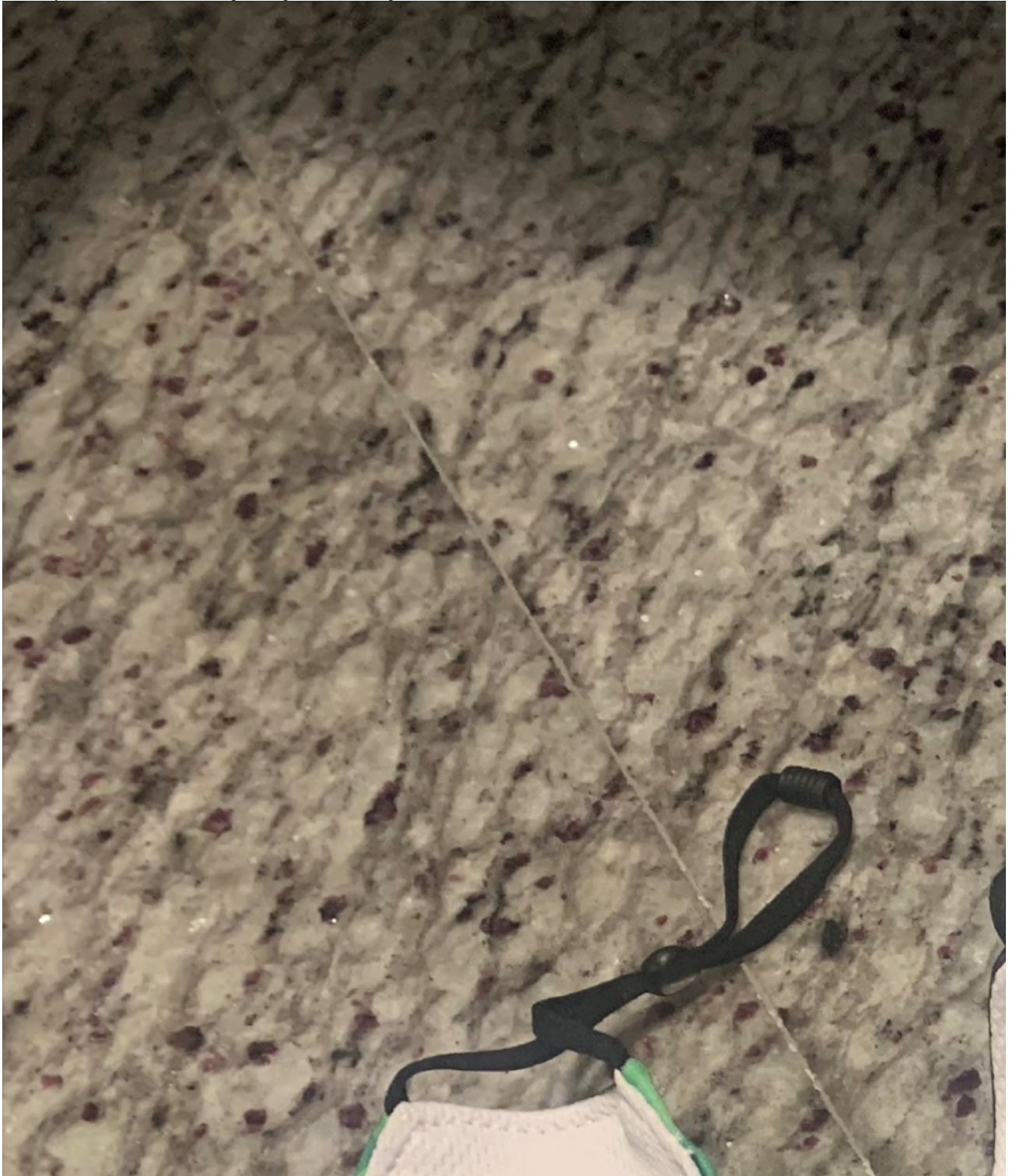
Viviana Figueroa

Archived: Friday, February 25, 2022 9:37:09 AM
From: Tasha Ball
Sent: Friday, February 25, 2022 9:35:51 AM
To: ~House Education Committee
Subject: Remove all Mask mandates
Importance: Normal

I am writing to you today to ask that you support any bill or legislation that restricts or bans a school districts ability require a mask or any other medical device or procedure to attend school, a basic right of every child. Mask mandates have severely impacted my children over the last two years. I have three children a 10th grader, 8th grader and 1st grader.

My oldest has not attended school since the pandemic shut the schools March 2020. My 8th grader has an IEP and masks cause a sensory distraction that make it very difficult for her to concentrate. We have opted for home school at our own expense after we were discriminated against and denied a waiver by Gilbert H Hood Middle School in Derry. We were told be an IEP coordinator that if she has a "real" disability we should have no trouble getting a waiver. Meanwhile our doctors office refused to issue exemptions to any one for any reason as a blanket policy.

My youngest began the school year at home school but the pandemic robbed him of an opportunity to make school friends since he had never attended in person so at his request we sent him to school. His masks came home filthy and often times wet. He was denied regular mask breaks when they were needed. He came home with a headache every day and finally after a few short months he began asking for homeschool again.









The social emotional impact of the mask mandates will take years to be fully realized. I urge you to do everything possible to prevent further damage to our children.

Tasha Ball
Derry, NH

Sent from iPhone

Archived: Friday, February 25, 2022 9:12:58 AM
From: [Doug Lovell](#)
Sent: Monday, February 21, 2022 11:08:45 PM
To: [~House Education Committee](#)
Subject: Schools
Importance: Normal

Please support HB 1131 and 1371.
Thank you,
Doug Lovell
Goffstown

Archived: Friday, February 25, 2022 9:13:28 AM

From: [Dianne](#)

Sent: Sunday, February 20, 2022 2:30:38 PM

To: [~House Education Committee](#)

Subject: SUPPORT — HB 1131

Importance: Normal

Please support this bill.

Thank you.
Dianne Vogt

Sent from my iPad

Archived: Friday, February 25, 2022 9:12:39 AM

From: [Jessica Kuncik](#)

Sent: Friday, February 25, 2022 8:17:16 AM

To: [~House Education Committee](#)

Subject: Support

Importance: Normal

To whom it may concern;

Please support HB1131 and HB1371. The parents have the right to choose and decide how protect their children as they see fit. Masks should be (always) optional, as we know there are very intellectual people on both sides of this debate. Leave the politics (and power grabs) out of public education and physically away from my child.

Thank you,

Jessica L Kuncik Mara - Dunbarton

Sent from iPhone

Archived: Friday, February 25, 2022 9:12:55 AM

From: [jay nash](#)

Sent: Tuesday, February 22, 2022 11:42:20 AM

To: [~House Education Committee](#)

Subject: Support for HB 1113 - Local School Boards are functional and capable

Importance: Normal

Members of the House Education Committee,

Please support HB 1113.

Local elected school boards guided by the local educators, the local community, and local circumstances can and do have the most appropriate vantage point to make decisions regarding the safe and effective education of their students.

Political appointees in Concord, are seizing and centralizing these responsibilities.

Please render their newly promulgated rule regarding "School Year and Distance Education" null by passing this bill.

Despite the lofty rhetoric from the SBOE Chair and the NDDOE Commissioner regarding "options" for local educators and students, the rule federalizes local LEA decision-making to the state and reduces the flexibility of schools to operate in a multitude of circumstances.

Local educators and school boards certainly care about the differences in remote and in-person learning.

Both are certainly more accessible and accountable to communities than the state DOE apparatus; their decisions can be made and changed faster, and elected positions can be "remedied" at the ballot box.

HB 1113 reaffirms the empowerment of LEA's to manage in the best interest of the local community and recognizes that NH is not a "one size fits all" state.

Please support HB 1113.

Thank you for your time and attention,

Jay Nash
Former School Board Member
Bedford, NH

Archived: Monday, February 7, 2022 3:03:48 PM
From: [Janis Anthes](#)
Sent: Monday, February 7, 2022 2:16:03 PM
To: [~House Education Committee](#)
Subject: Support for HB 1131 and 1371
Importance: Normal

We are in support of both of these bills that leave the decisions about wearing masks in public schools to the parents and the adult members of the public. We have never supported mask mandates and the latest scientific data shows that they are not effective in stopping the spread of COVID-19.

Thank you,
Gregory and Janis Anthes
103 Meaderboro Road
New Durham, NH 03855
603-859-1118

Sent from [Mail](#) for Windows

Archived: Thursday, February 10, 2022 11:15:52 AM
From: [Jan Starring](#)
Sent: Wednesday, February 9, 2022 10:29:16 AM
To: [~House Education Committee](#)
Subject: Support for HB 1131 and HB1371
Importance: Normal

Members of the house committee on Education,
Thank you for serving on this committee.

I urge you to **support HB 1131** and **HB 1371** because the science behind the use of masks has been changing and the damage it does to our children's development does not warrant the mandate. Let parents decide what is best for their child.

Respectfully, J. Starring

I

Sent from [Mail](#) for Windows

Archived: Thursday, February 10, 2022 11:15:54 AM
From: [Peter Lessels](#)
Sent: Tuesday, January 25, 2022 8:58:29 PM
To: [~House Education Committee](#)
Subject: Support for house bill HB1131
Importance: Normal

I want to express my complete support for HB1131

Thanks,
Peter Lessels
Stratham, NH

Archived: Tuesday, February 15, 2022 11:45:34 AM
From: [Jan Starring](#)
Sent: Tuesday, February 15, 2022 9:55:16 AM
To: [~House Education Committee](#)
Subject: Support HB 1131 and HB 1371
Importance: Normal

Thank you for serving our state.

I am writing to urge you to **support HB 1131 and HB 1371.**

In view of the controversies over the efficacy of masking, it is only appropriate that this should be an individual's choice. There is good science to support the inability of masks to change the spread of the present disease. There is a plethora of data proving the harm that has been done by masking our children. We must learn from our mistakes to protect our society and our freedom.

Respectfully submitted, Jan Starring

Sent from [Mail](#) for Windows

Archived: Friday, February 25, 2022 9:12:40 AM
From: [Rick & Toini Seppala](#)
Sent: Thursday, February 24, 2022 11:09:19 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Childrens' lives have been rudely interrupted for what. FEAR! Proper learning canNOT happen when kids are masked and separated. We are a SOCIAL needy people.
Please support HB 1131 and HB 1371
THANK YOU!!

Archived: Friday, February 25, 2022 9:12:38 AM

From: [Jennifer Girard](#)

Sent: Friday, February 25, 2022 8:43:42 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Masks are unnatural and do much harm to children. And, they don't work! And, kids are not high risk. Let them be kids!

Jennifer Girard
Manchester NH

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:38 AM

From: Amber

Sent: Friday, February 25, 2022 8:43:24 AM

To: ~House Education Committee

Subject: Support HB1131 and HB 1371

Importance: Normal

Hello committee,

First, I'd like to say I SUPPORT these bills.

Second, I don't understand why you would cancel 3 weeks ago for a bigger room, but then move the meeting back to the small room.

But unfortunately, I'm not available on Friday's and cannot make it today but I would've been there 3 weeks ago. I'd like my testimony of SUPPORT be read so that I know you are acknowledging my support. My name is Amber Dagata and I reside in Stratham NH.

Thank you
Amber Dagata

Archived: Friday, February 25, 2022 9:12:38 AM
From: [Michael Williamson](#)
Sent: Friday, February 25, 2022 8:38:08 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I support liberty. Less government more freedom, dignity of the individual

Archived: Friday, March 11, 2022 12:50:08 PM
From: [Diane Dube](#)
Sent: Thursday, February 24, 2022 5:21:45 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Just to let you know that I support Hb 1131 and HB1371. The fact that you changed the time and location 3 weeks ago and plan to hold them in a blizzard makes me very suspicious. Stinks as a matter of fact.

Diane Dube
alem, N.H.

Archived: Friday, February 25, 2022 9:12:38 AM

From: sean morrison

Sent: Friday, February 25, 2022 8:29:16 AM

To: ~House Education Committee

Subject: Support HB1131 and HB 1371

Importance: Normal

Hello

Please vote YES on HB's 1131 & 1371.

99.9% School Boards across NH have zero medical education and this was on full display over the last two years.

The disregard for the communicability of various bacterial and viral infections that masks carry among children as well as the facts of the actual numbers of children who became severely ill die to Covid allowed totally non-medically educated people to risk MY children's respiratory & cardiovascular health, and that's without considering the psychological damage done to children who now feel that the world is unsafe.

None of that was considered by politically charged school boards throughout our state.

I ask that you please pass both of these bills.

Thank you

Hon. Sean Morrison

Epping, NH

Sent from my iPhone

Archived: Friday, March 11, 2022 12:50:07 PM
From:
marysue10
Sent: Friday, February 25, 2022 2:44:52
PM
To: ~House Education Committee
Subject: Support
HB1131 and HB 1371
Importance: Normal
</p><div
class=MsoNormal align=center style='text-align:center'><span lang=EN-US
style='mso-ansi-language:EN-US'><hr size=2 width="100%" noshade
color=black align=center tabIndex=-1><DIV align=left>
<meta http-
equiv="Content-Type" content="text/html; charset=utf-8"><div style="font-
family: arial; font-size: 14px;">NO Masking of children! It's child
abuse.</div><div style="font-family: arial; font-size:
14px;">
</div><div style="font-family: arial; font-size: 14px;">Mary
Sue Sanderson</div><div style="font-family: arial; font-size:
14px;">
</div>
<div class="protonmail_signature_block" style="font-family: arial; font-
size: 14px;">
 <div class="protonmail_signature_block-user
protonmail_signature_block-empty">

 </div>

 <div class="protonmail_signature_block-proton">
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2.protection.sophos.com?d=protonmail.com&u=aHR0cHM6Ly9wcm90b25tYWlsLm
NvbS8=&i=NWViOWEzNmVkMDA3MzIxNzcxMzJhMTI1&t=S3pzYW9LVG4zbUgva2piL
zlvakFPOGVTa00xQlFLY25HZj1EMlp6MDBkdz0=&h=f12c4c41181b42fd861e447393f
75947" rel="noopener noreferrer">ProtonMail Secure Email.
 </div>
</div>

Archived: Friday, February 25, 2022 9:12:39 AM

From: [Alison Dear](#)

Sent: Friday, February 25, 2022 8:09:04 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Do what's right for the people you represent. Support these bills.

Alison Dear

Lyman

Archived: Friday, March 11, 2022 12:50:07 PM

From: [DSWILLIAMS](#)

Sent: Friday, February 25, 2022 7:52:33 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Hello!

It is vital we support and unmask our children and do away with these mandates. Optional if people feel better as individuals but no one should require anymore .

Sherrie W

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:39 AM
From: [Nathan Boothby](#)
Sent: Friday, February 25, 2022 8:01:27 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills!

Nathan

Archived: Friday, March 11, 2022 12:50:08 PM
From: Marina
Sent: Thursday, February 24, 2022 7:35:07 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Please, vote in support of HB1131 and HB 1371.

2 years of breathing through suffocating masks is enough.

Masks are wet "petri dishes" that spread all kinds of infections if kept on the face more than 2 hours, The study analyzed masks worn by children. At the end of the day scientists found many pathogens on them: Staphylococcus, Mycobacteria (cause tuberculosis), fungi, viruses, parasites. All these microbes are blown out on exhalation and can cause pneumonia and other diseases, which are then diagnosed as "covid".

No wonder people who order us to wear masks are photographed without them when they think they are off camera.

In fact, Bill Gates who said wearing masks is like wearing pants never wears a mask ;he knows how harmful are masks for lungs and brain. In fact as he was delivering this speech during a recent conference in Munich he did not wear a mask. For him, masks are symbol of obedience and low social status. New Hampshire is "live free or die" state. We should reject coercion for this reason alone!.

There were reports of contaminated masks and swabs *they are made in China, which is not a US ally, and intentional contamination can not be ruled out.

And then millions of those medical waste plastic masks end up in our landfills. They are not paper. They are plastic, not biodegradable . They will stay in our landfills, or strewn in our forests and waters forever.

Please vote in support of these bills.

Archived: Friday, February 25, 2022 9:12:39 AM
From: [Mary Lou Twomey](#)
Sent: Friday, February 25, 2022 8:01:15 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills. Mask Mandates are illegal/unconsttutional.
Regards,
Steve Twomey
55 River Rd, Manchester, NH

Archived: Friday, February 25, 2022 9:12:39 AM
From: [Julie Wasicsko](#)
Sent: Friday, February 25, 2022 7:57:22 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

The emergency is over, it's time to get rid of the masks and let kids be normal again.
I support HB 1131 and HB 1371

Julie Wasicsko
Manchester, Nh resident
603.782.6655

Archived: Friday, February 25, 2022 9:12:39 AM
From: Laurie Ortolano
Sent: Friday, February 25, 2022 7:33:20 AM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear Honorable members of the House Education Committee,

Please support both HB1131 and HB1371 to prevent masking of our New Hampshire school children. We must not make this an option ever again.

This pandemic took all of us through an emotional roller coaster with everyone's ride being an individual experience. The sources for pandemic information and safety measures that we all had to rely on were largely single sided messages. It was difficult to find properly vetted medical studies that presented mask data in an objective manner. Anyone can say and write anything.

A lot has changed in almost two years, much experiential data has been collected, and the public is hearing from more of these media-cancelled experts that were always challenging the messaging of big government. I think their voices should be heard.

In Nashua, we masked all children older than 2. This was absurd and ineffective. Had this country followed WHO (largely followed by European countries) rather than the CDC, we most likely would not have masked children under 12 and some states would have opted not to mask any school age children as was done in parts of Europe.

Four of our five sensory functions are part of the head and face. Masking has deprived children of sensory development that is critical to learning. We cannot let this continue.

This week, I had the opportunity to attend a Nashua School Board meeting and Board of Alderman meeting. At each meeting a student spoke about the need to keep masking in schools because of all the horrible, deadly, medical conditions that can happen to children who don't wear masks.

These kids are so traumatized; they lack the perspective to understand risk assessment. Their lives revolve around tic-tok and social media where the messages are hypnotic and fear based. We have a lot of therapeutic work ahead to undo this damage.

Children were never the risk population of this pandemic and we cannot make children responsible for protecting the elderly. New Hampshire's future generation must not carry this water.

Please ban masking of our children.

Sincerely,
Laurie Ortolano
41 Berkeley St
Nashua, NH 03064

Archived: Friday, February 25, 2022 9:12:39 AM
From: [Abby Severance Nelson](#)
Sent: Friday, February 25, 2022 7:27:39 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I am in support of these bills to ban masks on children in schools.

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:39 AM
From: [Corinna Middleton](#)
Sent: Friday, February 25, 2022 7:08:14 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I support HB1131 and 1371.

Why are you keeping these hearings during a blizzard?

As a motivated Derry Taxpayer I'm paying attention and talking to my neighbors, family and friends. We are ALL looking forward to the next election cycle. Have a great, great American Day!

Sent from my iPhone -Cori Middleton

Archived: Friday, February 25, 2022 9:12:40 AM
From: [J Fandozzi](#)
Sent: Friday, February 25, 2022 6:59:58 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

PLEASE save our children and vote to ban masks for children.

Voter Jeanne Fandozzi
Merrimack, NH

Archived: Friday, February 25, 2022 9:12:40 AM

From: Kie

Sent: Friday, February 25, 2022 6:13:45 AM

To: ~House Education Committee

Subject: Support HB1131 and HB 1371

Importance: Normal

I writing to share that my family and children are tired of the mandates.

We want to freedom to choose what is write for ourselves.

My children don't want to live in masks all day at school. Straining to hear and understand the teacher .

Crying at home that lunch and gym aren't the same with mask and social distance.

So I support not allowing the schools to make decisions that negatively affects my child. It should always be a choice.

Thanks

Kie

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:40 AM
From: [Kimberly Goodwin](#)
Sent: Thursday, February 24, 2022 11:56:54 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Archived: Friday, February 25, 2022 9:12:40 AM
From: [Christine Chai](#)
Sent: Thursday, February 24, 2022 11:44:44 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Stop the mandates. Stop all the mandates. They do more harm than good. If you like mandates then mandate 50% of your pay to go to a church for charity to help those in need. I bet your not happy with that mandate ...

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:40 AM
From: [Lisa Daniels](#)
Sent: Thursday, February 24, 2022 11:39:21 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I support no masks for children. The science does not support the use of masks.

Thank you
Lisa Daniels
186 Edgewater Drive
Gilford NH 03249

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:40 AM
From: [J. Wester](#)
Sent: Thursday, February 24, 2022 11:15:47 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills!!!

Children need to see complete faces and need to be able to breathe fresh air.

Sent with [ProtonMail](#) Secure Email.

Archived: Friday, February 25, 2022 9:12:40 AM
From: [Ken Goduti](#)
Sent: Thursday, February 24, 2022 11:08:41 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Remove the masks from all children they are becoming sick from there use.
Remove all mask mandates for all children and all people!!
This is child abuse in its sickest form !
We are going to file a class action lawsuit to all those that enforce this form of torture!!
We are coming for you !
You still haven't provided any peer reviewed studies that the masks work!
We have many studies showing they don't , as well as the damage the masks do to a humans immune system!
Sincerely Ken Goduti

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Pru](#)
Sent: Thursday, February 24, 2022 11:07:23 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:41 AM

From: [Keith](#)

Sent: Thursday, February 24, 2022 10:41:35 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Enough is enough. Our children are not in jeopardy by the virus. Stop hurting them with masks and using them a shields.

Thanks,

Keith

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Justin McClellan](#)
Sent: Thursday, February 24, 2022 10:40:26 PM
To: ~[House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Members of the Education Committee,

Thank you for your hard work representing the people of NH!

I want to reiterate my support for these two bills. I am a father living in Mont Vernon. Families should have the choice to mask or not mask their children.

Thank you,
Justin

--
Justin McClellan
Justin@JustinMcClellan.com

Archived: Friday, February 25, 2022 9:12:41 AM
From: Tom Luther
Sent: Thursday, February 24, 2022 10:22:57 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

I am embarrassed at the overpriced underperforming system of education in NH.

In Claremont, residents expect little more than daycare from the government school system.

They did not even get that last year.

A system too dumb to learn is doomed to failure.

End the mask up/lock down, while you still have folks willing to attend government school.

Free is the highest price you will ever pay.

tom luther

claremont

Archived: Friday, February 25, 2022 9:12:41 AM
From: [Maia Beh](#)
Sent: Thursday, February 24, 2022 10:21:02 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I am a parent of a 1st grader in NH and have been home schooling to spare her from having to wear a mask in schools. I support these bills and urge you to vote in favor of them.

Sincerely,
Maia Beh

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Carmelo & Rachel](#)
Sent: Thursday, February 24, 2022 8:44:25 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear Committee Members,

We are writing to ask that you please support the above referenced bills. It is time to let the children breath freely. Thank you.

Carmelo and Rachel Diaz
Pelham, NH

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Stephen Duquette](#)
Sent: Thursday, February 24, 2022 8:35:55 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

House Education Committee,

I'm writing you in support of the above two bills.

As a resident of Nashua and a parent of two children (10th & 7th grade) I've seen first hand the downside of forced masking.

Parents know what's best for their children....not superintendents, teachers unions, or school boards. This is not up for debate.

The phrase "Kids are Resilient" shouldn't be in our vernacular, they shouldn't have to be. Please do the right thing for children and leave the masking decision up to each individual family.

Thank you,

Stephen Duquette
7 Monias Drive
Nashua NH 03062
978-204-3123

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Kathe Levesque](#)
Sent: Thursday, February 24, 2022 8:29:06 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear Committee Members:

I am writing to add my support to both of these Bills. There is a chorus of voices from doctors and medical researchers, not the least of which is the new study by Johns Hopkins, highlighting the harm that has been done to children by ill-advised mask mandates. They have been harmed in speech development among other areas, so much so that the CDC has quietly pushed out the waypoint on their website for certain competencies.

One of the major mistakes here is that non-medical personnel have been empowered to set medical policy. Your support for these two bills will be a big step toward correcting that unbalanced situation.

Thank you for your time and work on behalf of New Hampshire's school children.

With kind regards,
Kathleen Levesque

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Marie LeBaron](#)
Sent: Thursday, February 24, 2022 8:14:49 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support HB1131 and HB 1371 tomorrow!

Thank you!

Marie LeBaron
Brookline NH

Archived: Friday, February 25, 2022 9:12:42 AM
From: [Danielle Pelletier](#)
Sent: Thursday, February 24, 2022 8:02:14 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I am writing to express my support for the above mentioned bills. Face masks do not belong on our children. Please help us free them from these unnecessary face coverings. Thank you very much.

Kindest Regards,

Danielle Pelletier, M.Ed
Hillsborough, NH

Archived: Friday, February 25, 2022 9:12:42 AM
From: [PAULLINE DAWSON](#)
Sent: Thursday, February 24, 2022 8:01:41 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I would like you to support these bills.
Pauline Dawson
Boscawen, NH

Archived: Friday, February 25, 2022 9:12:43 AM

From: [Leane Romano](#)

Sent: Thursday, February 24, 2022 7:51:45 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Holding the meeting during a blizzard? And moving the meeting back to the small room that you had to reschedule due to the possibility of an influx of people. Do the right thing. Support these two bills. We have voted. We have spoken. We are still speaking. The right thing is not to mandate a thing. If people are worried let THEM use the N95s. The rest of the people want to breathe fresh air and smile at the people they see.

Please do the right thing and all of you vote to support these bills. In this country you are still free to wear YOUR face mask if you choose.

Thank you have a nice day.

Leane Romano

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:43 AM
From: [bstonge1021](#)
Sent: Thursday, February 24, 2022 7:50:57 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Good evening, Congressmen:

I am asking you as a resident of Manchester, NH for over 18 years to please support HB1131 and HB 1371 bills.

I have two small children- a 3 soon to be 4 year old and a 2 year old. They both need facial recognition to understand unspoken cues. My son especially, who already has speech delays, needs to not only hear others words but to watch their mouths and facial expression to understand what's being said or expressed. Pease think of our children. The masks have already caused delays and harm to our children. We cannot afford any more. Our children should never be behind masks again.

Thank you for your time and service.

Bonnie St.Onge

Sent from my Verizon, Samsung Galaxy smartphone

Archived: Friday, February 25, 2022 9:12:43 AM
From: [Laura Tennis](#)
Sent: Thursday, February 24, 2022 7:47:40 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills. There should never again be masking of children. All the evidence shown for masks is how detrimental it has been for children.

Thank you,
Laura Tennis
Allentown

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:43 AM
From: [Brenda Joyce](#)
Sent: Thursday, February 24, 2022 7:38:26 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Good evening,
I am writing this email to ask you to please support HB1131 and HB 1371.

Thank you,
Brenda Joyce
Alexandria, NH 03222

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:43 AM
From: peterandroberta@comcast.net
Sent: Thursday, February 24, 2022 7:29:24 PM
To: ~House Education Committee
Cc: peterandroberta@comcast.net
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support HB1131 and HB1371. The continued forced masking of children, given all that we know now, is senseless and damaging to our children.

Peter Vincello
10 Manorview Drive
Raymond, NH 03077

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Marc Abear](#)
Sent: Thursday, February 24, 2022 6:47:34 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Got the message Support HB1131 and HB 1371. Thank you for your time and efforts... Now get the vote straight. Support HB1131 and HB 1371.
Very respectfully, Marc Abear

Archived: Friday, February 25, 2022 9:12:44 AM
From: kenstuff09@gmail.com
Sent: Thursday, February 24, 2022 6:44:36 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

To Whom it May Concern:

We have finally reached a point where doctors are waking up to the reality that they never could have controlled this pandemic.

SHAME ON ALL OF YOU FOR LISTENING TO THEM!

“Pandemic Experts” is a pathetic joke of any title if I have ever heard one. In New Hampshire, some of the oldest “experts” are reaching 80 sure, BUT 20 YEARS AWAY FROM THE WORLDS LAST VIRAL PANDEMIC!!!

You can't be an expert in anything unless you practiced it. For example since you have been incapable OF GIVING US OUR OWN GOD GIVING RIGHTS, I find that this analogy may be too advanced for you.

I have studied golf for almost thirty years... does that make me expert?! No it doesn't, because I may have never hit a golf ball.

This is how you have treated all the doctors and you are simply stupid for believing that they know something that they have never done. Just because they are a doctor and studied, it doesn't mean they have any experience at all ACTUALLY DOING ANYTHING. They are theoretical book worms!

Great for taking test and passing information, BUT CLEARLY PATHETIC AS ADVICE GIVERS AND SURE AS FUCK UNDESERVING OF PUBLIC TRUST “EXPERTS!!!!”

I'm not claiming to be anything I am not. The only thing I am an expert in is running my life.

It is pathetic that New Hampshire has reached a point where I now have ask for my freedom.

Look at how low we have sunk!!

FOR YOUR ENTIRE FUCKING LIFE YOU HAVE NEVER ONCE HAD THE GOVERNMENT MANDATE ANY MEDICINE TO YOU!

You all should be ashamed and frankly thrown in prison for saying that my child who's name you don't know IS MANDATED TO TAKE A MEDICINE FOR NOTHING OTHER THAN POLITICAL THEATER!

May you all find peace because your time in hell is coming if you vote against these bills.

Give my children their liberty back!!!

Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety - Ben Franklin

Now pass the damn bills!!!!

-Citizen

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Suzanne Cloutier](#)
Sent: Thursday, February 24, 2022 6:32:11 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Support these bills and stop government overreach. More damage had been done with masks than any virus could inflict . Putting a mask on to prevent/ protect from a virus is like putting a screen on a submarine to keep out the water. Enough! Let our children breathe and look upon their peers with all their faces.

Suzanne Cloutier
1 Sunsurf Ave
Hampton, NH

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Ryan Hart](#)
Sent: Thursday, February 24, 2022 6:31:55 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support HB1131 and HB 1371

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Nawnie23](#)
Sent: Thursday, February 24, 2022 6:26:22 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please, consider the true science and the numbers across the board.

Two weeks to flatten the curve? If someone asked to borrow your car for two weeks, and two years went by and they hadn't returned it... they stole it.

Our freedoms have been stolen, and our children should be allowed to go maskless if that is the wish of the child and parents!

Liana Chiaraluce

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Lillian Seitz](#)
Sent: Thursday, February 24, 2022 6:19:46 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Attention House Education Committee:

Please support HB 1131 and HB 1371. It is critical that you do!

Thank you,

Lillian Seitz

Portsmouth, NH 03801

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Juliet DiPietro](#)
Sent: Thursday, February 24, 2022 6:13:45 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills for our children.

Archived: Friday, February 25, 2022 9:12:44 AM
From: [Angelica](#)
Sent: Thursday, February 24, 2022 6:13:31 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear Committee members,

Please do the right thing, and postpone the meeting. How can we have a proper meeting, in the middle of a snowstorm?

If you keep it, there will be many people will force themselves to go because this is such an important topic, and it WILL be putting lives at risk. Not safe driving in a storm!

I'm happy to rearrange my schedule to accommodate the change.

Also, us citizens want mask choice. We are tired of the overreach and government telling us how to handle our health and the health of our children. If this was really about health, you would shut down liquor stores and prevent the sales of tobacco. Cigarettes and alcoholism destroy lives a lot faster than a flu.

Thank you so much for your consideration of the citizens of New Hampshire in the "Live Free or Die" state!

Angelica Kashulines
Auburn, NH

[Sent from Yahoo Mail on Android](#)

Archived: Friday, February 25, 2022 9:12:44 AM
From: [sandie brooks](#)
Sent: Thursday, February 24, 2022 6:13:24 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills thank You

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:45 AM
From: [Joanna Berardi Brown](#)
Sent: Thursday, February 24, 2022 6:12:03 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Respectfully,

I must state our intention our support these bills tomorrow. Masks don't work but they do hurt and our children are suffering!

Vaccines are available and masks are still possible for those with high risk, but they should never be mandated, especially not for a cold virus for which they have essentially zero risk. This is a parental decision, not a state or school board decision.

I am carefully watching how you vote.

Thank you,

Joanna Brown
NH resident

Archived: Friday, February 25, 2022 9:12:45 AM
From: J C
Sent: Thursday, February 24, 2022 6:09:29 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

So many parents support these bills. As a teacher in Manchester, it is past time to unmask our children. We ask you to do the right thing and pass HB1131 AND HB 1371.

Thank you.
Jane Cormier
Concord, NH

Archived: Friday, February 25, 2022 9:12:45 AM
From: [K](#)
Sent: Thursday, February 24, 2022 6:04:59 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Archived: Friday, February 25, 2022 9:12:45 AM
From: [K](#)
Sent: Thursday, February 24, 2022 6:04:46 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

SUPPORT THESE BILLS

BRYAN ROBERTS
GREENLAND, NH

Katherine Roberts
108 south rd, Rye, NH

Archived: Friday, February 25, 2022 9:12:45 AM

From: [C R](#)

Sent: Thursday, February 24, 2022 6:03:36 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Please support these bills.

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:45 AM
From: paulbabb@protonmail.com
Sent: Thursday, February 24, 2022 5:46:11 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear Committee Members,

Please support these bills tomorrow.

Sincerely,

Paul and Julie Babb
Antrim NH

Sent from ProtonMail mobile

Archived: Friday, February 25, 2022 9:12:45 AM
From: [Elle Rusher](#)
Sent: Thursday, February 24, 2022 5:44:24 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please please support these bills. Please consider the children over all else.

Archived: Friday, February 25, 2022 9:12:46 AM
From: David Lee
Sent: Thursday, February 24, 2022 5:30:26 PM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear committee,

Please support HB 1131 and HB 1371.

Next time you talk about how free New Hampshire is, or next time Governor Sununu touts the great job he's doing in the freest state in the nation, please remember, only the adults are free in New Hampshire. Have we forgotten that children are people too? They have the same rights as anyone else. Let's all be free, instead of only the adults in NH being free.

The schools will never stop until it's illegal for them not to do this to children. It has been shown many times over the course of the last 2 years that masking children does far more harm than it does good, and is ineffective against the spread of COVID-19 anyway. We must give parents control over how they choose to have their children mitigate disease in school, similarly to how we treat the flu. Children are not, and were never at risk of the disease, nor of spreading the disease. Unless you are intentionally ignoring scientific studies, you already know this. We all do.

What about the teachers?!?!? Well, all is not hopeless. N95s are (and always have been) effective, not as a protection of others, but for the wearers themselves. Teachers, faculty, students, etc. are welcome to use an N95 if they so choose. Maybe we can even fund a program to provide N95s for free. That would be great... but the truth of the matter is, we cannot just perpetually keep adhering to proven-ineffective methods of disease-control. When it comes down to it, ignoring the truth about the policies means these policies constitute child abuse. If we can't stop schools from knowingly ignoring common sense and science, and abusing children, what kind of free society do we really live in?

The vaccine + N95s is far more a reasonable solution for those at risk of the disease than continuing to perpetually enforce ineffective measures upon every single child.

We should have done this when we knew all of this 18 months ago. Let our children be children again. You must do this for the sake of an entire generation of our kids.

Thank you,

-David Lee, Bradford, NH

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Therese Byrne](#)
Sent: Thursday, February 24, 2022 5:23:06 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

To the people who have been voted in to represent the people of New Hampshire,
Please think about what you are voting for and why.

Please BAN all masking of children in school Because masks reduce the amount of oxygen they are breathing in.

Masks cause children to breathe back in a large percentage of **Carbon Dioxide** which over a long term, will cause deficiencies in

Brain development. These masks have already proven repeatedly in every state in the country to cause psychological and

Emotional problems in the children. The **Masks create Anxiety** in children. It is not natural for children to have to cover their face all day

and not be able to see other people's facial expressions. The masks are hurting our children.

Reduced Oxygen levels will stunt a child's physical development and Masks negatively impact the Immune system because of

Decreased Oxygen.

Thank you,

Therese Byrne, a very concerned Mom

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Mark](#)
Sent: Thursday, February 24, 2022 5:18:15 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Support bills HB1131 and HB1371

[Sent from Yahoo Mail on Android](#)

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Nyghtmyst](#)
Sent: Thursday, February 24, 2022 5:16:01 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Hello I whole heartedly support this banning of masks in our schools. And quiet frankly this should have been done way before now... This has damaged kids the proof is out here... I do not know what took so long for this to happen and I am glad that it is. But there needs to be an investigation into why this took so long to come to fruition... This has traumatized these kids, breathing all this co2 has actually retarded there learning in the youngest to me this was criminal WHY WAS THE IDEOLAGE OF THE LEFT WITH REAL DATA LEFT LIKE THIS TWO DAM YEARS LATER IS THE BIGGER QUESTION !!! Thank you for you consideration
Sincerely Larry Hurd

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Jessica Seeger](#)
Sent: Thursday, February 24, 2022 5:15:17 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support HB1131 and HB1371 - thank you!

Concerned parents of NH students,
Jessica and Matthew

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Megan Tepper](#)
Sent: Thursday, February 24, 2022 5:13:53 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I am in support of banning masks for children. I feel that the mask mandates have taken a toll on children's mental health that outways potentially being sick and with the data showing support that the mask does not prevent the spread of COVID this seems to be a foolish precaution to take.

Thank you
Megan

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Marilyn Page](#)
Sent: Thursday, February 24, 2022 5:10:42 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills!

Thank you,
Marilyn Page

Sent from [Mail](#) for Windows

Archived: Friday, February 25, 2022 9:12:46 AM
From: [Nancy Gingrich](#)
Sent: Thursday, February 24, 2022 5:10:38 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

[Sent from Yahoo Mail on Android](#)

Archived: Friday, February 25, 2022 9:12:47 AM
From: [Darsh](#)
Sent: Thursday, February 24, 2022 5:09:57 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Support these bills please - HB1131 and HB1371

Archived: Friday, February 25, 2022 9:12:47 AM
From: [Joe Famularo](#)
Sent: Thursday, February 24, 2022 5:08:54 PM
To: [~House Education Committee](#)
Cc: [Kathleen Mary Famularo](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

To Whom It May Concern,

As a New Hampshire citizen and taxpayer, I am writing in support of HB1131 and HB1371.

It is time to stop state sanctioned child abuse by masking our children for no reason other than politics and the power grab of the teachers union.

Sincerely,
Joe

--

Joe Famularo
Portsmouth, NH

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Archived: Friday, February 25, 2022 9:12:47 AM

From: [Craig dostie](#)

Sent: Thursday, February 24, 2022 5:06:11 PM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Please support both of these bills. I see first hand how some children suffer from masking. My kids are some of those that have issues with masking. My son has a hard time with learning and he gets very frustrated when the mask causes his glasses to fog and then can't see the board. My daughter has a medical condition that gets aggravated from wearing a mask. It is hard to be a parent and not be able to help them. Masks should be a choice decided between parent and child. Not school board.

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:47 AM
From: [Julie DiCarlo](#)
Sent: Thursday, February 24, 2022 5:03:09 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Hello,

I am writing to ask you to add my name to the pike of New Hampshire residents who support HB1131 and HB1371.

Please let's get this done as soon as possible.

Thank you,

Julie DiCarlo

Archived: Friday, February 25, 2022 9:12:47 AM
From: [James Anan](#)
Sent: Thursday, February 24, 2022 5:01:58 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please accept this email as my notice of support for HB1371 and HB1131. I respectfully ask for your support, also.

Thank You,
James Anan
Littleton, NH

Archived: Friday, February 25, 2022 9:37:09 AM
From: [Jonathan Connell](#)
Sent: Friday, February 25, 2022 9:19:09 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Support these House Bills.

--
Jonathan Connell
469-854-9913

Archived: Friday, February 25, 2022 10:11:40 AM
From: [Douglas Maily](#)
Sent: Friday, February 25, 2022 9:50:40 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

I am a NH resident and would like to express my support for HB 1311 and 1371.

Sent from my iPhone

Archived: Friday, February 25, 2022 10:11:40 AM
From: [Debra Blake](#)
Sent: Friday, February 25, 2022 9:48:32 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

Please support these bills. Thank you.

Debra Blake

Continental Press

www.continentalpress.com

debrablakesales@comcast.net

c: 603-370-0530

Archived: Friday, February 25, 2022 10:11:40 AM
From: PAIGE MCGUINNESS STURGEON
Sent: Friday, February 25, 2022 9:46:49 AM
To: ~House Education Committee
Subject: Support HB1131 and HB 1371
Importance: Normal

Dear House members,
I am in support of these two bills HB1131 and HB1371.

My children have been personally effected by the mandated masking in our schools. Many parents have voices their opposition to forced masking since summer 2021 to our SAU 45 School District in Moultonborough NH.

Many of us voiced our concerns of emotional and physical harms that were happening to our children. Increased depression, isolation, fearing them at school, not to mention the poor health conditions some have developed due to prolonged masking.

We just wanted a choice to wear or not, no judgement.
The SB would not change their minds even with all the issues it was causing our children.

My children had syncopla episodes and were given a medical exemption by their doctor by November 2021.

The school took until February to accept and I had to appeal as they were not given a 100% exemption.

They had numerous testing by the doctor and we presented it to the school.

Took us over 80 days to get a medical exemption accepted for issues regarding passing out with masks on.

When did a school have the authority to decide what health conditions to follow doctors orders and what gives them the right to not honor them?

I had many families that just give up because they made the process so brutal. Not to mention our SB and superintendent unwilling to change policy about masking making it a 504 process.

Any other health reasons are accepted with medical notes from doctors no problem. The mask is political in our school and unacceptable. I am still considering legal action against our board and superintendent because of this specific matter.

I urge you to please never again allow a school board or administration mandate masks on our children.

We all need the right as individuals to choose and medical exemptions cannot be questioned or families put through an 80 day process to let their child feel well at school.

Please support these bills to give back the parents and families rights for our choice on masking and covid vaccinations. Please help us keep health choices out of the hands of unqualified School boards and administrators in our schools and back to the parents.

Thank you, Paige Sturgeon
mom of two teens at Moultonborough Academy

Red Hill Photography
www.redhillphotography.com
redhillphoto@yahoo.com
603-387-6322
instagram @redhillphoto

Archived: Friday, February 25, 2022 10:11:40 AM

From: [Linda McGrath](#)

Sent: Friday, February 25, 2022 9:46:27 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

Masks are hurting our children...there are many reported unintended consequences medically, academically and socially.

They are not at risk!!!

Thank you,
Linda McGrath
Hampton, NH

Archived: Friday, February 25, 2022 10:11:40 AM
From: [Douglas Stephenson](#)
Sent: Friday, February 25, 2022 9:43:59 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

As a resident of this State, I would appreciate that you please support . these two bills, thankyou
Doug in Milan NH

Archived: Friday, February 25, 2022 10:11:41 AM
From: [Joanna Berardi Brown](#)
Sent: Friday, February 25, 2022 9:38:28 AM
To: [~House Education Committee](#)
Subject: Re: Support HB1131 and HB 1371
Importance: Normal

Below is a copy of the testimony I delivered today:

Masks don't work and there is a mountain of scientific studies to prove that. I have given this evidence to the Manchester School Board in September and they ignored it. They ignored us. There is no science behind masks stopping AIRBORNE VIRUSES, such as COVID. But there are numerous **dangers** to our kids from wearing a mask all day.

COVID is with us forever like the flu. Keep the physical distancing and improved ventilation; those don't cause side effects. But remove MASKS. **Mask don't help, but they do hurt.**

It is very hard to read emotions when someone covers their face. Facial cues and visual expressions are parts of body language that we learn at a very young age. Reading lips is an integral part of speech development for young children. Constant mask wearing is slowing their progress!

And constant mask wearing interrupts interpersonal relations for older children as well. Masks cause anxiety for teenagers because they can't tell whether someone is smiling or frowning at them. And there is anxiety stemming from the harsh reminders that they "could kill someone if they don't mask properly". Masks cause increased fear and sadness, especially in teens who are dealing with powerful emotions about life never returning to normal. A Nurse who spoke at the last Manchester School Board meeting told us that she saw a big spike in troubled teens coming into the ER with depression and suicide attempts. From speech delays to depression, these kids are suffering, some of them greatly, from the fearmongering mandates. It's time to make Masks OPTIONAL and RETURN TO NORMAL.

Vaccines and masking is still possible for anyone with high risk. This is a parental decision, not a state or city decision. Decisions to mask kids is not driven by SCIENCE. Masking kids is a psychological mechanism to scare our kids who will be easier to control as they grow up. And the hypocrisy is obvious, all year long we have seen teachers, politicians and entertainers pushing masks for all, but they go maskless when out in public. This adds to the confusion and frustration our children face.

Let's stop these health mandates before they divide us any further. Please vote to make masks optional in all schools. Our kids, who have no serious risk of COVID,

should never be mandated to wear one just to get an education. **Not ever again.**

On Feb 24, 2022 6:11 PM, Joanna Berardi Brown <jberardi2@hotmail.com> wrote:

Respectfully,

I must state our intention our support these bills tomorrow. Masks don't work but they do hurt and our children are suffering!

Vaccines are available and masks are still possible for those with high risk, but they should never be mandated, especially not for a cold virus for which they have essentially zero risk. This is a parental decision, not a state or school board decision.

I am carefully watching how you vote.

Thank you,

Joanna Brown
NH resident

Archived: Friday, February 25, 2022 10:11:41 AM

From: [ERIKA HAFEY](#)

Sent: Friday, February 25, 2022 9:37:25 AM

To: [~House Education Committee](#)

Subject: Support HB1131 and HB 1371

Importance: Normal

As I am unable to attend the meeting today due to the blizzard and having my children home, I'm writing to tell you that I support the HB1131 and HB1371 bills.

Fondly

Erika Hafey

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:38 AM
From: [Sheri Pappajohn](#)
Sent: Friday, February 25, 2022 9:00:12 AM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB 1371
Importance: Normal

To Whom It May Concern:

I, Sheri Ann Pappajohn, support bills HB1131 and HB1371. Thank you,

Sheri Ann Pappajohn
75 Meadowcrest Drive
Bedford, NH 03110

Archived: Friday, February 25, 2022 9:12:46 AM
From: hilalh@hushmail.com
Sent: Thursday, February 24, 2022 5:26:17 PM
To: ~House Education Committee
Subject: Support HB1131 and HB1371 !
Importance: Normal

Dear Education Committee,

I urge you to ban, at last, the abusive practice which was forced upon our children in the education system.

This practice of suffocating children, and limiting their development at an early stage in their life, is a crime against our children.

We are committed to protecting our children - we shall not use them to so-called protect the elderly, or anyone.

It is the other way around - the old protect the young. This is the natural and kind way.

After two years of continuous abuse, backed by lies, propaganda, and deceit - please do the moral thing. It's better late than never.

Sincerely,
Hila Lev-Hod

Hila Lev-Hod

Clinical Social Worker (CSW),

Holistic Counseling & Meditation

Adults & groups, children & youth

413-270-3919

Archived: Friday, February 25, 2022 9:12:45 AM
From: Carolyn McKinney
Sent: Thursday, February 24, 2022 6:13:13 PM
To: ~House Education Committee
Subject: Support HB1131 and HB1371
Importance: Normal

Honorable Representatives,

I urge you to support HB1131 and HB1371 to ban masks on New Hampshire school children. It is unconscionable that this abuse – which is physical in restricting breath, emotional in inculcating fear, and psychological in creating an atmosphere of control – was so widely adopted in our state and across our nation. I'm still in disbelief that our own government ignored decades of mask studies demonstrating masking does not stop respiratory viruses and made recommendations that were actually ANTI-SCIENCE. And that parents were convinced that it was not only OK to allow their children to be abused, but actually a PUBLIC GOOD.

But the worst part is **this madness is never ending**. This past week, if you listened to our governor, the Nashua Board of Aldermen, many school boards, and every other state and federal official who is backtracking their mask recommendations, you'll notice that **they have not actually corrected course**. They did not admit that their recommendations were contravening the science – they passed it off as if this is a reasonable change because cases are falling. Without the admission that they were wrong, we have every reason to believe that they will use these anti-science policies against our children in the future. Dr. Fauci is already talking about masking during every flu season, and whatever Dr. Fauci says, our NH epidemiologist and all other Fauci sycophants parrot.

It must end. You must codify protections for our children so that this abuse cannot happen in the future.

Thank you,
Carolyn McKinney
Amherst, NH

Archived: Friday, February 25, 2022 9:12:45 AM

From: [Kerri Cerrato](#)

Sent: Thursday, February 24, 2022 5:56:36 PM

To: [~House Education Committee](#)

Cc: [Ted Gorski](#); [Linda Gould](#); [John Graham](#); [Niki Kelsey](#); [Sue Mullen](#); [Catherine Rombeau](#); [Laurie Sanborn](#)

Subject: Support HB1131 and HB1371

Importance: Normal

I am writing you to please support HB1131 and HB1371. I firmly believe that NH School Departments should not have the authority to mask children at their discretion.

I humbly and respectfully request, that you weigh not only the physical, but mental and academic harm to students if we have to have another school year in mandatory masks that are forced by individual town school boards. Face masks should be a personal and family decision. Families deserve a choice in how they approach the school year. If any restrictions on children are reinstated, which I adamantly oppose, it is imperative that they be transparently tied to data, not politics or others interests.

Thank You
Kerri Cerrato
Bedford Resident

Archived: Friday, February 25, 2022 9:12:45 AM
From: [Becky Stuart](#)
Sent: Thursday, February 24, 2022 5:48:46 PM
To: [~House Education Committee](#)
Subject: Support HB1131 and HB1371
Importance: Normal

Hello,

Please support bills HB1131 and HB1371.

I am a mom in Rochester, NH. I have 1 child in public school, 1 at private school, 1 that I am homeschooling, and 1 who is attending college (University of Denver). I understand there are lots of challenges when it comes to keeping kids, and grandparents, safe. I have done my share of research and I am convinced the way to deal with corona is NOT one-size-fits-all. (Like educating my kids-different approaches work in different situations and with different people)

I have a dear friend who has been vaxxed and boosted, and wears her mask feeling that she is keeping herself and others safer because of it. I feel the unknowns of the vax outweigh any possible benefit, masks are basically useless against this airborne sickness and wearing one communicates fear. Still we are close friends and get together regularly. Communities with incredibly high mask compliance still get sick and spread it. Communities with low mask use still get sick and spread it.

We can not eliminate risk. I feel strongly that laws should not try to force people into one solution or another. People should be allowed to choose for themselves. I have not seen anyone who is against mask mandates insisting that everyone peel off their mask. Feel better wearing one? Great! Go ahead-we can still be friends. Just please don't force me to do something I can find no logical or medical justification for. Let me choose and let my kids attend school mask-free.

Sincerely,
Becky Stuart

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:45 AM
From: Cheryl Paddock
Sent: Thursday, February 24, 2022 5:46:04 PM
To: ~House Education Committee
Subject: Support HB1131 and HB1371
Importance: Normal

Dear Committee Members,

Please support HB1131 and HB 1371 and unmask the children in our NH schools.

Respectfully,
Cheryl Paddock
NH resident

--

Only By His Grace

Archived: Friday, February 25, 2022 9:13:28 AM
From: [Alan Graustein](#)
Sent: Sunday, February 20, 2022 5:57:57 PM
To: [~House Education Committee](#)
Subject: Support HB1131
Importance: Normal

Committee Members,

Please support HB1131 and prohibit schools from forcing masks upon students and members of the public.

Thank you,

**Alan Graustein
Sanbornton, NH**

Archived: Wednesday, February 16, 2022 10:21:13 AM

From: [Johanna Lawrence](#)

Sent: Tuesday, February 15, 2022 11:57:23 AM

To: [~House Education Committee](#)

Subject: Support HB1131

Importance: Normal

Dear House Committee on Education,

Please SUPPORT — [HB 1131](#), relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks!

Thank you for your support,

Johanna Lawrence

Rye, NH

Archived: Friday, February 25, 2022 9:12:50 AM
From: [Dave Cory](#)
Sent: Wednesday, February 23, 2022 6:18:07 PM
To: [~House Education Committee](#)
Subject: Support HB1131
Importance: Normal

Dear House Committee on Education,

Please SUPPORT — HB 1131, relative to facial covering policies for schools. This bill prohibits schools, whether public or private, from creating policies that force students or members of the public to wear masks!

Thank you for your support,

Dave Cory

Rye, NH

Archived: Wednesday, March 2, 2022 11:58:28 AM

From: [Maureen Hardy](#)

Sent: Friday, February 25, 2022 6:30:35 PM

To: ~House Education Committee

Subject: Testimony attached Maureen Hardy--For Bills HB1131 and HB1371

Importance: Normal

Attachments: [Maureen Hardy Testimony 1131-1371.docx](#) ;

Dear Chairman Ladd and the Education Committee,

Thank you so much for hearing my testimony today.

As promised, I have attached a word document so that you can review all the information and click on the links.

I highlighted a good source on Masking science and it includes a very interesting video.

Kind Regards,

Maureen Hardy MT,SM (ASCP) MSPH

Archived: Wednesday, March 2, 2022 11:58:28 AM

From: [Ann Marie Banfield](#)

Sent: Friday, February 25, 2022 5:13:20 PM

To: [~House Education Committee](#)

Subject: Testimony on facial coverings.

Importance: Normal

Dear Members of the House Education Committee,

My name is Ann Marie Banfield and I am a parental rights advocate focused on academic excellence in education. I was unable to make the hearings today on the two bills that address facial coverings for students.

I wanted to express my support for any legislation that puts parents in charge of the decisions to mask their children in school. Let me first start by saying, I fully support parents who want their children to wear a mask while attending school. But I've heard from enough parents in New Hampshire to know that this pandemic, and now these mask mandates, are having a serious impact on some of the children. Please vote OTP on [HB1371](#) and [HB1131](#).

I think we tend to look at these situations from our own lenses, and that can lead us to think that wearing a mask should be no big deal. For me, it's not a big deal. I too don't understand those who have issues wearing masks.

But I'm also not a 7 year old child whose parents cannot touch him because he has special needs and must wear the same clothing each day. Placing a mask on this New Hampshire boy is impossible. The contact with his skin sends him into a complete meltdown.

I'm not the little girl who has special needs, and cannot cope with wearing masks all day everyday according to her mother who talked about this at a New Hampshire school board meeting. There are many like her out there.

Or the senior in high school whose mother I talked to today, has been on an emotional downward spiral to the point where she is depressed and wanting to leave her public high school in her senior year. Her mother works in the ER at a hospital in Manchester, and everyday they are seeing children trying to commit suicide. When will someone listen?

Or the father I heard from a few weeks ago when his daughter tried to commit suicide. He let the Commissioner and school board members know how his daughter has struggled emotionally through all of this and yes, the mask has contributed to the deterioration of her mental health.

I don't understand it, and you may not either. But it is happening. Talk to any ER nurse or doctor and they will tell you what is concerning them right now.

It's not the pandemic, it's the suicide attempts. When will someone listen to these parents? They are desperate.

I have a choice to wear a mask if I feel I need to wear one. I can wear multiple masks if I am concerned about a virus. I can take care of myself. But it is not right to inflict real harm on children who have other issues that they cannot deal with.

The board members and administrators are not listening to medical advice. Some of these parents have presented letters from their pediatricians who have asked that these kids be exempted from this mandate in their school. If this is about their health, why are they ignoring their medical doctors?

This should never have been a decision made by anyone but the parents in conjunction with their doctors. For these reasons, I urge you to support the rights of parents.

Ann Marie Banfield
North Hampton, NH

Archived: Friday, February 25, 2022 9:12:38 AM

From: [Nancy Brennan](#)

Sent: Friday, February 25, 2022 8:31:58 AM

To: [~House Education Committee](#)

Subject: Vote ITL on HB1131

Importance: Normal

Attachments:

[masks work.pdf](#) 

I am disappointed that the Education Committee decided to meet today. I know there have been postponements and you have a deadline for hearing legislation, but many of us who travel to Concord (including some reps) have had to decide if coming to this hearing today is worth our safety. That's interesting because this bill has the potential to jeopardize the safety of our school communities and it was important to many of us to speak on it.

I urge the committee to take a look at some of the studies I have attached. One of the arguments against masking is that masks don't work. Studies show otherwise. The right kind of mask, worn correctly, and worn by everyone in a particular setting keeps everyone much safer from infection. While NH has lifted the mandate, for now, there may well be a time in the future when a new variant or a new pandemic or other infectious disease forces us to rethink conditions in public settings. A blanket "no masks ever" law is foolhardy. We don't know what is in our future. I hope you make your decision based on common sense, safety, and science, not on conspiracy theories or the demands of the so-called "freedom" movement which shows no regard for the health and safety of the general public. A law preventing future public health measures is a dangerous precedent.

Please vote ITL on HB1131.

Nancy Brennan, Weare

Archived: Friday, February 25, 2022 9:12:38 AM

From: [Frank Knaack](#)

Sent: Friday, February 25, 2022 8:22:37 AM

To: ~[House Education Committee](#)

Subject: ACLU of NH - Position on Bills in Committee Today

Importance: Normal

Attachments:

FINAL Fact Sheet - HB 1131 (Prohibiting Masks in Schools).pdf ;FINAL Fact Sheet - HB 1371 (Prohibiting Masks in Schools).pdf ;

Dear Members of the House Education Committee,

Please find attached our fact sheets in opposition to HB 1131 and HB 1371, which have hearings scheduled in your committee this morning.

Thank you for your time and for considering our concerns. I would be happy to discuss these concerns at your convenience.

Sincerely,
Frank

Frank Knaack

Pronouns: he, him, his

Policy Director

American Civil Liberties Union of New Hampshire

18 Low Avenue, Concord, NH 03301

603.545.0433 | fknaack@aclu-nh.org

aclu-nh.org  



This message may contain information that is confidential or legally privileged. If you are not the intended recipient, please immediately advise the sender by reply email that this message has been inadvertently transmitted to you and delete this email from your system.

This is a notice from the parents and citizens of this state, that we will no longer tolerate medical tyranny, and the child abuse being inflicted on our children by unlawful "mandates" and the enforcement of these "mandates". Town health officials and school boards have worked in tandem to continue the mandates, simply out of fear and for the sake of money. This is egregious and should be considered criminal.

This continued obsession with masking our children is stemming from bribes of federal Covid stimulus monies, NOT the safety and health of our children. Restricting their breathing is nothing short of child abuse. It is causing serious medical and mental health issues for our children, and we simply will not tolerate this anymore.

Are you aware that PROMOTION OF FACE MASKS AS A SAFE COUNTERMEASURE is unlawful under the F.T.C. Act, 15 U.S.C. § 41 et seq., as it is unlawful to advertise that a product or service can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made. As a result, every party promoting face masks is violating the F.T.C. Act. It is also a violation of federal law to require an unapproved, unlicensed medical product. Masks were granted EUA (Emergency Use Authorization) status only. These masks are experimental by definition of EUA status. Federal law 21 USC 360bbb-3(A)(ii)(III) requires that the person to whom an EUA mask is administered be advised, "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of the alternatives to the product that are available and of their benefits and risks." Currently, schools are conducting large clinical trial experiments on children without their informed consent. It is illegal to deny children entry into schools if they decide it is not in their best interest to wear a mask. Parents nor their children are aware of this fact, nor are they being informed of the risks of their children wearing masks for 6 to 8 hours a day.

For the first time since public health and safety professionals have relied on well established Hierarchy of Controls to control exposures, our government abandoned the reliance on scientifically-proven methodologies. We were told to do things in direct opposition to what the exposure scientists have known for many years is the only proven manner in which to control a pandemic and an infectious airborne virus. The government's response, which was totally contrary to the known science, actually increased rates of infection and transmission! It is important to note that facial coverings or masks are not PPE. They fall below PPE because they are not rated or tested for material makeup, protective factors, fit factors, etc. Facial coverings are not even on the Hierarchy of Safety and Controls, yet our governments skipped over every single known mitigation and control method, ignoring decades worth of proven science and existing OSHA standards (OSHA has requirements anytime you put someone in PPE), and irresponsibly mandated face masks on an entire society, as a blanket, one-size-fits-all approach with no medical questionnaire, no personal health history, no risk factors reviewed, no training on donning, doffing, changing out, cleaning, disinfecting, storing, work-rest cycles, etc.

Face coverings are not a control method for an aerosolized virus. Masks are not rated or capable of having a proper seal; literature actually states that masks cannot be sealed and do not meet any of the basic provisions of the Respiratory Protection Standard (29 CFR 1910.134). In addition, they actually create a greater hazard and increase rates of infection. This is something that OSHA is guilty of ignoring, but many professionals in the field are fighting these mandates in courts of law all over the country.

Kristen Meghan, Sr. Industrial Hygienist and Tammy Clark, OSHA Environmental Health & Safety Professional have personally helped end mandates in three states, because they are considered experts on Respiratory Protection, source control and PPE, and know the science that has existed since the 1970s. It is highly negligent to view face coverings as a control method, as it does not fall on the OSHA Hierarchy of Safety and Controls to mitigate risks of pathogens and toxins. Masks come in all types of materials and sizes and not one single real world randomized control trial with meta data analysis supports the data that a "mask" can stop the spread of Covid.

It is important to note that all mask studies to-date that claim masks work to slow or stop the spread of Covid-19, have been conducted in a laboratory under various conditions, but all place the mask on a mannequin or fixture that is perfectly sealed. In the real world, gaps always exist between the mask and the skin; masks that seal are called respirators. Literature shows that real masks with gap areas of 2% of the mask area, with low effectiveness to start with, have a 75% reduced effectiveness and at 3% gap area, that value drops to essentially no effectiveness (from Drewnick, 2021). A surgical mask worn on a typical person has a 9% gap area.

Given the fact that most masks are worn improperly, there is a variety of porous cloth fabrics that do nothing to stop the tiny SARS COV-2 virion, and people are not trained on how to properly don and doff, use, and wear them, creating an increased risk of infection through fomite and cross contamination, it is no wonder that masks have done nothing to slow or stop the spread of this virus, rather, they have actually increased infection rates and prolonged achieving herd immunity.

Professionals within our fields conducted extensive calculations and have determined, via Stoke's Law, that aerosols can stay suspended in air for several hours and days (Edwards et al.-2/23/2021). This is why engineering controls with increased air exchanges, under ASHRAE guidance, is recommended by IHS and Engineers. The first thing an IH must consider when implementing controls is whether or not the controls are safe, and will it work to control the hazard at hand. Masks are not safe for prolonged use and the improper use and handling can cause the small particulates and aerosols to be suspended in the ambient air. This science is presented on the Rumble Channel of Stephen Petty, P.E., C.I.H., C.S.P. How Much Protection Can a Mask Provide? Mask vs. PPE -Ep. 05 (Removed from YT) (rumble.com); real solutions, industrial hygiene solutions are noted in Episode 06. Both OSHA and the CDC know this information. The CDC cites a study to prove masks as source control with flawed studies that involved asking a female to close her mouth, not move her head and breathe through her nose. This does not represent real world use and no seal can exist with a mask, which is why respirators are rated through NIOSH. Not only were these parameters removed from the study, their equipment was out of calibration. This is information the general public should be made aware of. OSHA also knows this, which is why they created their PPE and Respiratory Protection Standards in the 1970s!

In reviewing over 50 studies supporting mask wearing by CDC, those with actual data suffer from one of two flaws: i.) no controls – i.e., similar group not wearing a mask or ii.) confounding factors that do not allow one to determine the effectiveness of wearing a mask – i.e., study has several factors evaluated at the same time (distancing, HVAC improvements, quarantines and masks). The only double-blind study listed was the Denmark study where ~ 3,000 people wearing masks and ~3,000 people not wearing masks were monitored for contracting COVID-19; data showed no differences in disease rates statistically. CDC panned this study by suggesting it was based on only 0.1% of the total country population and that a different study should have been completed. Epidemiology studies do not require

the study to include a fixed percentage of a country's population (e.g., in the U.S. this would require >35,000 people in the study for it to be valid – this is absurd).

OSHA appears to be an agency guilty of revisionism, as they are ignoring their own standards, they are creating overburdensome requirements on employers, and putting the American workforce at great risk of increased hazard by forcing them to do what their own standards say cannot legally be done because of these known health hazards! Moreover, they are doing great damage to the agency and their own scientists in the public's eye as it is increasingly viewed as an institution driven by a political agenda.

Facial coverings are of particular concern for children for a variety of reasons, much of which is already known through OSHA's PPE and Respiratory Protection standards. Covering anyone's mouth and nose, restricting proper gaseous exchanges, without following the strict protocols of the current standards, is absolutely illegal and dangerous. This is why the standards exist in the first place. When it comes to applying a blanket, one-size-fits-all face covering mandate on children, this should be considered criminal. It is nothing less than child abuse to restrict a child's normal breath, causing many well-known medical issues such as hypoxia, hypercapnia, headache, fatigue, irritability, difficulty focusing, increased infection rates due to perioral dermatitis (bacterial infection in the mouth and on the skin), increased infection rates due to trapped and rebreathing of waste gasses and increased viral load, increased infection rates due to fomite and cross-contamination (children are dirty and germey, and they constantly touch their masks, creating serious contamination issues), and many, many more known, documented health hazards of prolonged mask wearing.

The existing, settled science demonstrates that masks do not stop the spread of aerosolized infectious respiratory diseases, and in fact, they actually create a greater hazard, increasing infection rates and causing great lasting irreparable psychological harm and trauma. Being able to see facial expressions is not merely a luxury; it is a psychological necessity to establish healthy emotional growth, development, and communication. Indeed, non-verbal communication is a critical way in which children communicate and learn in school. Most communication is non-verbal. The most substantial part of a person's non-verbal communication is expressed through a person's face, including their mouth region. No segment of the population has suffered more than our youth. In particular, masks damage, inhibit and abridge a child's ability to learn how to effectively communicate. Masks have increased anxiety, stunted their intellectual and social growth, served to create a poor learning environment, caused isolation and lack of social connection leading to depression and suicide. Further, they have violated their most basic human rights of freedom of speech and association and their right to liberty.

Archived: Monday, February 7, 2022 9:08:19 AM
From: Julie Carbone
Sent: Sunday, February 6, 2022 3:14:45 PM
To: ~House Education Committee
Subject: Bill #HB 1131
Importance: Normal

To Whom It May Concern:

As a vaccinated and concerned citizen, mother and teacher in the state of NH, I would like to voice my support for this bill that would prohibit school boards from enforcing or adopting policies that require students or members of the public to wear facial coverings. I am a classroom teacher for grades K-6, and I see firsthand every day the difficulties and vast effects of mask-wearing that students and faculty members have had to manage over the past few years. Masks have not stopped the spread, and this virus will continue to spread whether we wear continue to wear them or not. The CDC has finally said that our cloth masks do not work, and Dr. Fauci has said that "everyone will get COVID." If this is the case, why are we continuing to put in the effort of mask wearing for little to no reward? A quick comparison of case numbers in similar NH districts will show that wearing masks has not contributed to lower case numbers. Districts like Hollis Brookline, Milford, Souhegan, and Pemi-Baker did not institute mask mandates until very recently, and until then, their cases were lower than that of Governor Wenworth Douglas, which has had a mask mandate in place since the onset of the school year. The worst of the pandemic is behind us. It's time to move forward. If students and teachers want to wear them, that is their choice, but it is unfair to force students and teachers to make a choice to wear a facial covering that they do not want to wear when it directly interferes with our students' education, well-being, and mental health.

From an educational standpoint, masks have contributed to language and social skill delays in young students and are an extra burden added to the already heavy plate that teachers are working so hard to carry. They are a distraction for both students and teachers in the classroom, and the management of them takes away from instruction time. They get incredibly dirty, wet, cause acne, are often worn incorrectly, and are to blame for an exceptional amount of excess waste our schools are now producing. They hinder instruction when they prevent students from correctly hearing and understanding their teachers and vice versa.

In addition to the educational hurdles, the more heartbreaking issues are the emotional and mental health problems masks have triggered. We know that students of all ages are experiencing high levels of stress, depression, and anxiety right now, and a huge reason for this can be attributed to masks hindering their connection with one another in school. As adults, it is easy for us to brush aside the emotional effects of mask-wearing because we are mature and we do not take them personally, but our students do not have the same level of self-assurance that we do. They are hurting, and it is difficult to see. School should be a place where they feel loved, can seek comfort from smiles and hugs, and yet they are subjected to a continuous piece of fabric on our faces that reads "stay away" and are constantly being told to keep their distance from one another. As a loving educator who wants to be nurturing and exude happiness for my students, it is nearly impossible to be the best teacher I can be at this moment in time. It is now time to put the mental health of our youth first and consider this experience from

their vantage point. Yes, kids are resilient, but it is cruel and unfair to push and test their resiliency any longer. It is time to focus on therapeutics and treatment rather than prevention.

I thank you so much for taking the time to read this letter. I want to respectfully impress upon you that mask-wearing is disrupting the education of our students for no statistically significant benefit or reason. It is time to do our part in beginning to move forward in this endemic and move on from mask mandates. Please allow us to keep our trust in you by trusting us to make our own decisions for our families and make masks optional for all NH students and staff.

Please pass this bill and allow our schools to begin to move on from the pandemic. Our students deserve it.

Thank you so much for your time. I would request that my name remain anonymous with regards to this letter.

Respectfully,

Julie A. F. Carbone, MS

Archived: Monday, February 7, 2022 9:08:18 AM

From: [luanna Archambault](#)

Sent: Sunday, February 6, 2022 10:53:53 PM

To: [~House Education Committee](#)

Subject: Bill 1131

Importance: Normal

I work in a school. I can't breath with a mask on. I've gotten dizzy on days due to lack of oxygen. Kids don't need these on either. Imagine what lack of oxygen will do to their brains.

Sent from my iPhone

Archived: Friday, February 25, 2022 9:12:46 AM

From: [Dan G.](#)

Sent: Thursday, February 24, 2022 5:11:43 PM

To: [~House Education Committee](#)

Subject: Concerning HB1131 and HB 1371



Importance: Normal

Hello,

Please support efforts to remove mandates requiring children to wear masks in public schools.

Whatever decisions private schools make concerning is between the parents and the school. The government should not be involved.

thanks,
Dan Groves
Merrimack, NH

Archived: Friday, February 25, 2022 9:12:42 AM
From: Rogers, Abigail
Sent: Thursday, February 24, 2022 8:51:37 PM
To: ~House Education Committee
Subject: DHHS Testimony on HB 1131 and HB1371 - facial coverings
Importance: Normal
Attachments:
DHHS Testimony on HB 1131.pdf  DHHS Testimony on HB 1371.pdf 

Dear Chairman Ladd and Members of the Committee:

Please find attached information provided by the Division of Public Health Services, Department of Public Health Services on:

HB1131 Relative to facial covering policies for schools.

HB1371 Relative to school district policies on facial masks of students in schools.

These bills are scheduled tomorrow for hearings in the Education Committee.

Best regards,

Abby Rogers

Abigail Rogers
Legislative Liaison

Division of Public Health Services
New Hampshire Department of Health and Human Services
29 Hazen Drive, Concord, NH 03301
603-333-6309 (cell)
603-271-4593 (O)
Abigail.Rogers@dhhs.nh.gov

ATTENTION: please visit the DHHS COVID-19 website for the latest COVID-19 information, resources and guidance: <https://www.nh.gov/covid19/>

CITIZEN'S PETITION
DEMANDING A BAN ON
MASKING STUDENTS

Whereas, we the undersigned support the idea of individual liberty, which aligns with our state and federal constitutions, which protect the idea that all people are created equal and are afforded equal rights, which government is instituted to protect,

Whereas, we the undersigned do not believe that the government of the State of New Hampshire or any of its political subdivisions have shown sufficient evidence to support facial covering mandates as an effective viral mitigation effort,

Whereas, we the undersigned know that only one child under the age of 19 years old has died in the State of New Hampshire from COVID-19 and they are at no statistical risk of COVID-19,

Whereas, we the undersigned believe there is sufficient data to conclude that children are not significant vectors of transmission of COVID-19,

Whereas, we the undersigned know that because children are not at risk of COVID-19, that any risk from facial covering wearing is therefore more significant than COVID-19,

Therefore, we the undersigned hereby ask that Speaker Packard and Senate President Morse pass legislation to ban facial covering mandates for students in all public schools in New Hampshire.

1	Carolyn M. Amherst	16	Angela T. Dover	31	Cedi R. Hudson
2	Charlie M. Amherst	17	Jessica R. Brentwood	32	Kathleen P. Warner
3	JR H. Dunbarton	18	james f. candia	33	Mike D. Northfield
4	Melissa B. Merrimack	19	Meaghan L. Londonderry	34	Mike B. Derry
5	Larisa T. Stoddard	20	Donald b. Nashua	35	Stephanie B. Concord
6	Amanda H. Manchester	21	Chad H. Manchester	36	Nancy D. Pembroke
7	Ryan T. Stoddard	22	Teresa S. Hudson	37	Stephanie T. Manchester
8	Nicole P. Tamworth	23	Candace N. Hinsdale	38	Donna P. Sandown
9	Mara W. Derry	24	Lisa L. Rochester	39	Joseph B. Danville
10	Allison P. Grafton	25	Davr M. Litchfield	40	Jacob B. Nottingham
11	Katelyn K. Concord	26	ChristieChris W. Colebrook	41	Marianne F. Loudon
12	Charles K. Concord	27	Sheryl G. Hudson	42	Jocelyn P. Pembroke
13	Carol L. New London	28	Sarah H. Pelham	43	Katherine B. Londonderry
14	Megan S. Concord	29	Jason Y. North conway	44	Michael G. North Hampton
15	Akex D. Concord	30	Grace M. Derry	45	Nate P. Pembroke

46	John H. Hampton	61	Julie T. Rye	76	emily k. Manchester
47	Nicole S. Lee	62	Stephanie D. Jaffrey	77	Kim P. Peterborough
48	Eleanor R. Manchester	63	Laura C. Windham	78	Tiana D. Londonderry
49	Gabrielle D. Francestown	64	Eric M. Hollis	79	Bethany D. Not Hispanic or Latino
50	Monika C. Nashua	65	Heather L. Nashua	80	Justin T. Seabrook
51	Amy M. Epsom	66	Kim R. Londonderry	81	Samantha T. Seabrook
52	Michael S. Candia	67	Pamela K. Londonderry	82	Jessica K. Rye
53	Pamela M. Nashua	68	Kaylan L. Penacook	83	Meagan R. Epsom
54	Marie S. Chester	69	Sary C. Nashua	84	Liz M. Derry
55	Angela M. Concord	70	Maria N. Hollis	85	Ellen P. Jaffrey
56	Gina B. Sullivan	71	Becky O. Franklin	86	Heather B. Auburn
57	Terri M. Wolfboro	72	Robert M. Franklin	87	AnnMarie B. Hampstead
58	Valerie M. Nashua	73	Sarah S. Concord	88	Ali v. Webster
59	Jeffry C. Swanzey	74	Marie D. Chester	89	Rochelle W. Hampton
60	Crystal M. Londonderry	75	Misty C. Rochester		

90	Deanna S. Alexandria	105	George D. Raymond	120	Lori M. Franklin
91	Sherwood W. Hampton	106	Michael V. Raymond	121	Jessica F. Wilmot
92	carolyn c. Salem	107	Nathan D. Epsom	122	Amanda B. Litchfield
93	Sabrina O. Nashua	108	Katie C. Nashua	123	Carla L. Nashua
94	Caley O. Nashua	109	Ardath B. Hollis	124	Carolanne W. Merrimack
95	Kimberly G. PORTSMOUTH	110	Kristen a. Durham	125	Kate R. Deerfield
96	Donna s. Bristol	111	Joshua H. Campton	126	Heather C. Londonderry
97	Ashley H. Londonderry	112	Ed W. Campton	127	Joseph R. Newmarket
98	Julie G. Boscawen	113	Larry B. Derry	128	Jamie S. Salem
99	Robert V. franklin	114	Sandra P. Thornton	129	Nancy C. Litchfield
100	krystal P. Londonderry	115	TYLER W. Merrimack	130	Paula P. Derry
101	Cheryl D. Raymond	116	Meredith P. New Boston	131	Tracy M. Oxford
102	Nadine M. North Hampton	117	Kina F. Loudon	132	Kimberly S. Epping
103	Kate H. Exeter	118	Krystin M. Derry	133	Carina C. Pelham
104	Kathleen C. Londonderry	119	Jeromy M. Derry	134	Ackson H. Newmarket

135	Patricia R. Nottingham	150	Keith M. Lyme	164	Loreal R. Goffstown
136	Angela H. Londonderry	151	Cali R. Manchester	165	Anna M. Goffstown
137	Andrea W. Ossipee	152	Catherine M. Brentwood	166	John L. Hooksett
138	Betsey W. Canterbury	153	April H. Derry	167	Amber B. Manchester
139	Jeff P. Derry	154	Joanne M. Rye Beach	168	Sierra N. New Ipswich
140	Andrea D. Pelham	155	Priscilla T. Alton	169	Melody M. Manchester
141	Jennifer T. Farmington	156	Erin-Dail P. Exeter	170	Carrie K. Pelham
142	Kelley P. Concord	157	Raelene O. Seabrook	171	A M. Amherst
143	Amber D. Concord	158	Sara C. Penacook	172	Emily R. Manchester
144	Ariela T. Hollis	159	Thomas P. Penacook	173	Kelly S. Derry
145	Liam H. Deering	160	Elizabeth K. Portsmouth	174	Timothy D. Peterborough
146	Christopher S. Pelham	161	Karen K. Fitzwilliam	175	Lisa D. Stratham
147	Jacqueline G. Meredith	161	Stacey P. Londonderry	176	Melanie C. Boscawen
148	Brian H. Londonderry	162	Casey W. Manchester	177	Eliza H. Nashua
149	Laurie W. Pelham	163	PAUL B. ANTRIM	178	Amanda P. Pelham

179	Tim M. Manchester	194	Charles D. Weare	209	Alex C. Epping
180	Jessicah S. Derry	195	Alex R. Milford	210	Tiffany c. Salem
181	Jaime C. Londonderry	196	Kristene S. Pelham	211	Justin W. Pelham
182	Kevin G. Salem	197	Savannah L. Manchester	212	Aliyah S. Center Barnstead
183	Allison D. Nashua	198	Samantha H. Alexandria	213	Sharon K. Loudon
184	David B. Manchester	199	Neil S. Pelham	214	Nichole N. Keene
185	Sean M. Bedford	200	Michael B. Rye	215	Rene M. Derry
186	Eric M. Manchester	201	Krystal C. Nashua	216	Jennifer G. Goffstown
187	Douglas P. Nashua	202	Adina B. Hampton	217	Kurt M. Windham
188	Johanne T. Groton	203	Donna C. Center Ossipee	218	madeline b. rochester
189	Lynn B. Derry	204	Caley W. Dover	219	Julie F. WOLFEBORO
190	Caren M. Loudon	205	Tracy P. Nashua	220	Courtney J. pelham
191	Angela Doherty D. Weare	206	Rachel C. Peterborough	221	Kailie K. Rye Beach
192	Robert H. Epping	207	Brian P. Manchester	222	Karina R. Exeter
193	Nicole M. Manchester	208	Terra Lyn J. North Sandwich	223	Lori S. Westmoreland

224	Melanie D. Raymond	239	William D. Manchester	254	Cary F. Seabrook
225	Chuck G. Brentwood	240	Melanie S. Loudon	255	Vincent A. Lancaster
226	Kelly C. Hancock	241	Blake M. Manchester	256	Joel S. Berlin
227	Davis K. Rye Beach	242	Kathryn S. Ctr BARNSTEAD	257	Danielle P. PETERBOROUGH
228	Constantinos S. Amherst	243	Beth H. Hampton	258	Pamela B. Atkinson
229	KEITH L. ANN ARBOR	244	Jenn B. Ossipee	259	Michelle M. Bedford
230	Laurie E. Portsmouth	245	Laurie C. Berlin	260	Justine Q. Raymond
231	Joel B. Raymond	246	Enid M. Goffstown	261	William M. Goffstown
232	Kelly S. Berlin	247	Erik S. Hudson	262	Richard B. Candia
233	Addison K. Rye Beach	248	Hayley W. Exeter	263	Stephen M. Manchester
234	Mary G. Salem	249	Tom A. Nashua	264	Peter S. Sanbornton
235	Dallas G. Rindge	250	John C. Gilford	265	David B. Stratham
236	Jeff L. Derry	251	Prudence L. Alstead	266	Richard A. Hooksett
237	David K. Rye Beach	252	Rob L. Mont Vernon	267	Brandon M. DERRY
238	John P. Derry	253	CHERYL A. Salem	268	Nick M. Manchester

269	Jenifer L. Deerfield	284	Eric G. Durham	299	Victoria G. Spofford
270	Mark M. Amherst	285	Rebecca J. Ossipee	300	Roberta C. Manchester
271	Debra C. Allenstown	286	Jordan M. Amherst	301	Kenneth J. Hollis
272	Jonathan A. Pike	287	Curtis M. East Hampstead	302	David C. Hancock
273	Paul B. Raymond	288	Rachel C. Deerfield	303	Annette T. Concord
274	Brenna F. Hooksett	289	paul A. Amherst	304	Laurie P. Contoocook
275	Clara C. Newton	290	Mike G. Meredith	305	Shane L. swanzey
276	Jon S. Merrimack	291	Denise F. Londonderry	306	Anthony T. Milford
277	Julie S. Guild	292	Courtney N. Manchester	307	Ryan S. Amherst
278	Andrea D. Alton	293	Elizabeth P. Gorham	308	Bret C. Epping
279	Steven C. Sandown	294	Nathan B. Weare	309	Elizabeth S. Deerfield
280	Peter F. Tewksbury	295	Leah W. Nashua	310	melissa d. Northfield
281	Heather M. Pelham	296	Cindy W. Mont Vernon	311	Sam G. Salem
282	Bill W. Gilford	297	Sunna F. Salem	312	Lisa S. Temple
283	yvonne a. Amherst	298	Janet M. Sutton	313	Harlyene G. Exeter

314	Megan H. Hampton	329	Nikki W. Hollis	344	Shay L. Greenland
315	Douglas E. Atkinson	330	David W. Manchester	345	Simon V. Moultonborough
316	Ann D. Hampton	331	Paul H. Gilmanton	346	Joshua D. Jaffrey
317	Michael W. Troy	332	Ryan M. Bedford	347	Marie W. Tamworth
318	Steven W. Derry	333	Kelly M. Amherst	348	Victor M. Nottintgham
319	Raeanna W. Concord	334	Kendall G. Salem	349	Melissa W. Manchester
320	Daniel M. Raymond	335	Whitney S. Center Harbor	350	Janine J. Litchfield
321	Diane P. NH - Londonderry	336	Kelly N. Nashua	351	Amy S. Deerfield
322	Leigh T. Londonderry	337	scott I. Raymond	352	Carolyn S. Hudson
323	David E. Lyndeborough	338	Connor G. Concord	353	Shauna P. Gilford
324	Christine S. Kingston	339	BEN E. WOLFEBORO	354	MELISSA M. Candia
325	Eileen V. Hampstead	340	Amand M. Pelham	355	Kara F. LONDONDERRY
326	Eric W. Salem	341	Jeff S. Dover	356	Lyndsay T. Amherst
327	Michael W. Newmarket	342	Tracey S. Greenland	357	Jane C. Concord
328	Jay C. Weare	343	Rhonda T. New Hampton	358	Paul L. Londonderry

359	Jacqueline G. Manchester	374	Ralph L. Allenstown	389	Isaiah P. Manchester
360	Heather G. New Boston	375	Brady O. Nashua	390	Jill C. Derry
361	Scott L. Auburn	376	Joseph L. Weare	391	Cynthia N. Nelson
362	Rachel L. Franklin	377	James S. Deerfield	392	Harold W. Bedford
363	Thomas B. Keene	378	Mathew A. Center Ossipee	393	Daniel W. Londonderry
364	Kimberly O. Nashua	379	Sara M. K. Belmont	394	John C. Nashua
365	Jason C. Center Barnstead	380	Lee B. Hollis	395	Michael O. Sunapee
366	Irene M. Harrisville	381	Ashley L. Londonderry	396	Melissa J. Londonderry
367	Nina T. Manchester	382	Jenna A. Brentwood	397	Barb M. Candia
368	Brettan M. New Ipswich	383	Aaron W. Bedford	398	Kevin S. Salem
369	Kristina M. Weare	384	Kelly S. Manchester	399	Denise P. Gilmanton
370	Adam C. Merrimack	385	Jaime . Derry	400	Lindsay C. Webster
371	Doug B. Warner	386	Joanne C. Salem	401	Marlena B. Nashua
372	Heather F. Franklin	387	Steve W. Winchester	402	Cynthia C. Laconia
373	Erin M. Somersworth	388	Jonathan R. Londonderry	403	Marcy C. Concord

404	Sharon L. Bristol	419	Lucy R. North Hampton	434	Scott S. Deerfield
405	Jeanne M. Merrimack	420	John D. Somersworth	435	Emily D. Chester
406	Shane G. New Boston	421	Kerry L. Nashua	436	Amanda A. Rindge
407	Cecil M. Barrington	422	Brittany C. Londonderry	437	Melissa S. Salem
408	Irene K. Londonderry	423	Katelyn M. Franklin	438	Sandra P. Plaistow
409	Emily S. Manchester	424	Robert S. Temple	439	Melissa R. Troy
410	Jillian S. Deerfield	425	Gale M. Manchester	440	Eric C. Salem
411	Edward E. Amherst	426	Beth K. Loudon	441	Brian B. Portsmouth
412	Don M. Candia	427	Moriah B. Walpole	442	Deborah G. Alexandria
413	Randy H. Franklin	428	Nicholas T. Manchester	443	Achilles S. Nashua
414	Racheal K. Londonderry	429	Jake S. Bristol	444	Lynn M. Goffstown
415	Diane M. Hampton Falls	430	Cathy . Windham	445	Brittany M. Londonderry
416	Angela F. Tuftonboro	431	maria c. Franklin	446	Louise A. Salisbury
417	Dan P. Bow	432	Norma T. North Hampton	447	Christiane G. New Hampton
418	Victor F. GREENFIELD	433	Kathy M. Schaumburg	448	Mellisa D. Londonderry

449	Noelle T. Merrimack	464	Karla H. PELHAM	479	Liz L. Greenland
450	Paul A. Sanbornville	465	Marikaye G. Hudson	480	Kathy M. NOTTINGHAM
451	Bryce M. Pelham	466	Tom L. Hampton	481	John G. Concord
452	Christina D. Londonderry	467	Taci G. Windham	482	Vincent P. Hampton
453	Nastassja H. Goffstown	468	Cynthia R. Portsmouth	483	Darcy R. Manchester
454	Mary Ann S. Middleton	469	Derek M. Sandwich	484	Roy D. Newport
455	Stephen M. East Hampstead	470	Cheryl D. Northwood	485	Emily V. Deering
456	Chris C. Durham	471	Kimberly J. Londonderry	486	Darlene F. CHICHESTER
457	Mary C. Londonderry	472	Whitney R. Rochester	487	Carla A. Hudson
458	Melissa B. Londonderry	473	Christine W. Durham	488	Joel V. Deering
459	Kyle E. Conway	474	Nadia C. Epping	489	Jared M. Nashua
460	Joni L. Portsmouth	475	Bill M. Nottingham	490	Michele W. Pelham
461	Dan S. Middleton	476	Tracey L. Windham	491	Ashley H. Strafford
462	David F. Nashua	477	Brenda M. Milford	492	Carole M. Manchester
463	Michele C. Chester	478	Alberta G. Merrimack	493	SHARON T. LITCHFIELD

494	Renee P. Hampton Falls	509	Kelly M. Wilton	524	Roy R. Mason
495	Phyllis B. Derry	510	Diane D. Goffstown	525	Richard B. Nottingham
496	Christa T. Nashua	511	Don G. Boscawen	526	Heather N. Hollis
497	Richard M. Nashua	512	John S. Keene	527	Bob G. Hudson
498	Ildiko A. Gilford	513	Sharon R. Weare	528	Tatiana T. Bedford
499	Marie M. Nashua	514	Stacey M. Campton	529	Joshua S. Barrington
500	Steve B. Derry	515	Jason W. Loudon	530	Frank N. Warner
501	Benny W. Fitzwilliam	516	Jennifer C. Manchester	531	Christina P. Nashua
502	Nick W. Gilmanton	517	Christopher Z. Seabrook	532	CLARENCE S. Brookline
503	Nicole V. Hampton Falls	518	Heather L. Merrimack	533	Christine F. Londonderry
504	Corine D. salem	519	Gail R. Mason	534	Ken D. Derry
505	Rich L. Nashua	520	Jason S. Manchester	535	Jason E. Windham
506	Karen K. Lyme	521	Kristina C. Londonderry	536	Veronica S. Center barnstead
507	Jessica S. Manchester	522	Donna B. Litchfield	537	Richard M. Boscawen
508	Dean S. Sandown	523	Dan S. Mont Vernon	538	Janelle S. Rindge

539	Karen M. Merrimack	554	Mary C. Kingston	569	Richard W. NORTH SUTTON
540	Kevin S. Pelham	555	Rick T. Pelham	570	Karen R. Epsom
541	Robert C. Bartlett	556	Kellie B. Chichester	571	L H. Lancaster
542	John W. HILLSBOROUGH	557	Shawna W. Rindge	572	Tammie F. Hopkinton
543	Alcide L. Littleton	558	Steven T. Manchester	573	Susan C. Raymond
544	Nathan B. Center Conway	559	Matthew C. New boston	574	Charlena M. Manchester
545	Shannon S. Pelham	560	Jill U. Windham	575	Erika B. Canterbury
546	Amy M. Dover	561	Jared W. Rindge	576	Meghan E. Londonderry
547	Eric A. Auburn	562	Dan P. Londonderry	577	Nicole G. Manchester
548	Sue M. Meredith	563	Stephen S. Bedford	578	Barbara G. NEW LONDON
549	Bob S. North Conway	564	Julie L. Hollis	579	Ruthellen D. Keene
550	Patricia A. Auburn	565	Katrina W. Weare	580	Elizabeth E. New Boston
551	John G. Rochester	566	Keith U. Windham	581	Janet H. Litchfield
552	David R. Hooksett	567	Robert L. Chester	582	Maureen d. Weare
553	Crystal W. BEDFORD	568	Kenneth S. Durham	583	Denise M. Manchester

584	Melissa R. Londonderry	599	Jonathan E. Londonderry	614	Lee M. Hampton
585	Kathi H. Canterbury	600	Michael D. NEWFIELDS	615	Bobbie Lynn T. Epsom
586	Kayla S. Stratham	601	Becky R. Dover	616	James W. Winchester
587	Robert B. Litchfield	602	Brenda L. Derry	617	Mike G. Epsom
588	Nina F. Raymond	603	Deanna B. Atkinson	618	Nicole M. Pelham
589	Naomi F. Cincord	604	Julieann H. Franklin	619	Bryan O. Londonderry
590	Ryan G. Manchester	605	Chris R. Hollis	620	Genevieve M. Center Barnstead
591	David C. Center Sandwich	606	Jennifer P. Manchester	621	Kathy W. Winchester
592	David K. Atkinson	607	Cutter N. Manchester	622	Jamie B. Strafford
593	Sarah C. Hooksett	608	steven s. 1 live st	623	Virginia F. Brentwood
594	Carrie C. Derry	609	Tammy W. Bedford	624	Michelle O. Peterborough
595	Jennifer J. Fremont	610	Jenna B. Rochester	625	Lisa M. Goffstown
596	Lynne R. Hampton	611	Demitra P. Deerfield	626	Linda C. Londonderry
597	Kathy L. Amherst	612	Heather P. Goffstown	627	Andrea N. New Boston
598	Michael C. Rye Beach	613	Hans K. New Boston	628	Patricia B. Hollis

629	Laurie R. Loudon	644	mallory i. nashua	659	David H. Dover
630	James B. Woodsville	645	Amanda R. Atkinson	660	Charles G. Belmont
631	Amanda P. Lee	646	Katherine R. Spofford	661	Jessica Z. Barrington
632	Kristin N. Bedford	647	Jessica W. Franklin	662	Cara M. Hampton
633	Hnannah L. Piermont	648	Anthony A. Hooksett	663	Suzanne C. Richmond
634	Patrick C. Lee	649	John K. Littleton	664	Austin T. Hudson
635	Margaret f. Candia	650	Jennifer S. Harrison	665	Alicia H. Nashua
636	Julie L. Concord	651	Kate F. Nashua	666	Judy S. New Durham
637	Sue R. Goffstown	652	Victor R. Atkinson	667	John M. Sanbronton
638	Layne T. Epsom	653	Erik F. MANCHESTER	668	Susan R. Hollis
639	Bambi T. Derry	654	Jody H. Milford	669	Erika M. Concord
640	Jennifer R. New Boston	655	Abigail B. Manchester	670	Robin R. Portsmouth
641	Cheryl B. Nashua	656	Maria B. Londonderry	671	Colton S. Mason
642	David B. Dover	657	Anthony C. Salem	672	Jen D. Swanzey
643	Susan h. Newington	658	Jami R. Brookline	673	David L. Bradford

674	Julie S. Nashua	689	Patrick G. Hampton Falls	704	Jim and Nina K. Auburn
675	MaryAnn P. Laconia	690	Brad L. Greenland	705	Chip R. Sandown
676	Jennifer R. Manchester	691	Orsolya G. Windham	706	Jennifer W. Weare
677	Michael S. Webster	692	Ward A. Goffstown	707	Katelyn L. Salem
678	Sarah P M. North Woodstock	693	Valerie T. Farmington	708	Nicole R. Auburn
679	Scott D. Pelham	694	Nathalie L. Derry	709	Tom C. Londonderry
680	Paige S. Moultonborough	695	Cheryl S. Derry	710	Juliana L. Londonderry
681	Brennan C. Alton Bay	696	Steven M. Newport	711	Roger B. Pelham
682	Faith N. Londonderry	697	Viola Marie L. Claremont	712	Kristen A. Wilton
683	Bobbi O. Raymond	698	Jennifer M. Loudon	713	Katie O. Bradford
684	Sandy H. Gilford	699	kevin c. marlborough	714	Heather R. Littleton
685	Knoelle P. Nashua	700	R A. Manchester	715	William M. LONDONDERRY
686	Linda L. Rumney	701	Jacqueline S. Bristol	716	M. H. Canaan
687	Valerie W. kensington	702	Kie B. Portsmouth	717	Gerhard B. Keene
688	John-Michael D. Keene	703	Julie D. Derry	718	Jennifer H. Manchester

719	Per G. Concord	734	E. d. Nelson	749	Brian O. Dublin
720	Bryan W. Monroe	735	Robert J. Derry	750	Michael P. Wolfeboro
721	Kelly E. Pembroke	736	Elizabeth F. New Hampton	751	Dan V. RUMNEY
722	Deb R. Bradford	737	Lisa F. Hampton Falls	752	Jill D. Derry
723	Barbara S. TILTON	738	Paul M. Litchfield	753	Christopher J. Nashua
724	Clayton W. Pittsfield	739	Brenda P. Penacook	754	Sherie C. Nashua
725	Brian S. Hampton	740	Dayal S. Merrimack	755	Wendy S. Charlestown
726	Donald P. Goffstown	741	Wayne E. Gilbert	756	Abby H. New Hampton
727	Jessica S. Manchester	742	Timothy J. Pelham	757	Lawrence H. Plaistow
728	Julie A. Rochester	743	Naomi A. Pelham	758	Katherine R. Surry
729	Jordan S. Manchester	744	Kristina E. Nashua	759	Ryan B. Nashua
730	Meghan B. Londonderry	745	Dianna K. NEW IPSWICH	760	Charlotte C. Nashua
731	Sarah N. Windham	746	Andrew K. New Ipswich	761	Theresa L. Nashua
732	Elizabeth L. Derry	747	Kristy O. Dublin	762	Angela P. New Durham
733	Cheryl B. Northwood	748	Paula W. Loudon	763	Kate M. Dunbarton

764	Corey L. Milton	779	Debra G. Manchester	794	Patricia A. West Ossipee
765	Susan F. Hollis	780	Missy V. Derry	795	Heather C. Merrimack
766	Kerri C. Bedford	781	Nathan R. Sharon	796	Janet J. Franklin
767	Deb S. Londonderry	782	Andrew M. Derry	797	michaela D. Dunbarton
768	Anna K. Claremont	783	Michael B. Weare	798	Arnold K. CANAAN
769	Rhonda P. Wolfeboro	784	Sharon W. Derry	799	Amanda C. Exeter
770	Lynn M. Intervale	785	eiric m. Nashua	800	Matthew O. Stratham
771	Michal S. Goffstown	786	Angelica K. Auburn	801	Timothy F. Laconia
772	Dana A. Franklin	787	Diane P. Brookline	802	Maureen A. Concord
773	Julie R. Exeter	788	Anne L. Claremont	803	Allyson B. Hooksett
774	Delina K. Weare	789	Erik G. Milton Mills	804	Karen P. Pelham
775	Colin C. Brookline	790	Kevin N. Litchfield	805	Kathleen A. Salem
776	Jessie M. Harrison	791	Damien M. North Hartland	806	Peg C. Manchester
777	Anne S. Exeter	792	Elaine C. Gilmanton Iron Works	807	Talia K. Exeter
778	Raymond H. Alton	793	Paul C. Manchester	808	Mairin M. Concord

809	Richard F. Londonderry	823	Larry C. Rindge	838	SHEANA D. Merrimack
810	Tracy S. Alton	824	Greg H. Exeter	839	Fred H. Hollis
811	Danielle J. Greenville	825	Gwenyth P. Candia	840	Rachel D. Pelham
812	Marybeth W. Wolfeboro	826	Shawn D. Salem	841	nicole B. Derry
813	William and Janet K. Alton Bay	827	Kim D. Bedford	842	Elizabeth K. Brookline
814	Bernie D. Pittsfield	828	Katie M. Bedford	843	Vincent B. South Hampton
815	Kevin O. Derry	829	Carol B. South Hampton	844	Randall H. New London
816	Maria R. Deerfield	830	Cheryl W. Bedford	845	Penny Y. Concord
817	Steven R. Keene	831	Janelle L. Merrimack	846	Shelly U. Merrimack
818	John &quot;Buzz&quot; S. Manchester	832	Kathy R. Franklin	847	Jen T. Concord
819	Joe M. Dunbarton	833	Alexandra G. Manchester	848	Linda B. Glen
820	Colleen G. Concord	834	Chris D. Bedford	849	Jasmine F. Nashua
821	Casey G. Nashua	835	Kenneth C. Bow	850	Nata L. Warner
822	Charles W. Wolfeboro	836	Robert D. Madison	851	Donna M. Kingston
		837	Scott B. Londonderry	852	Emily B. Bedford

853	Jeff T. Concord	868	Jeff C. Windham	883	Coral K. Derry
854	Mark A. Concord	869	Michelle M. Bedford	884	Judith L. Londonderry
855	Luna T. Concord	870	Erin S. Northfield	885	Lauren L. Derry
856	Holly B. Manchester	871	John C. Epping	886	Hila L. Goffstown
857	Beatrice L. MERRIMACK	872	Bianca W. GILMANTON	887	Terry C. webster
858	Valerie L. Farmington	873	Charissa G. Chester	888	Richard. R. Littleton
859	Ken K. Concord	874	Jamie S. Derry	889	James C. Weare
860	Sheila D. chester	875	Beverly K. Portsmouth	890	Samuel C. Goffstown
861	Kim C. Rochester	876	Michael C. Londonderry	891	David A. Windham
862	Laura P. Salem	877	Kimberlee K. New Durham	892	Kenny S. Sandown
863	John F. Westmoreland	878	Pamela G. Weare	893	Elias D. Concord
864	Kurt M. Franklin	879	Richard O. Bradford	894	Christine L. Atkinson
865	James S. Amherst	880	Denise B. Hampton	895	Brianna D. Pelham
866	Ryan B. Bedford	881	Lisa K. Weare	896	Justine C. Londonderry
867	Barbara S. Hollis	882	Cheri H. Goffstown	897	Maria M. New Ipswich

898	Patricia H. Northfield	913	Sierra E. Lebanon	928	Tiffany M. Bedford
899	S G. Salem	914	J M. Rye	929	Robin W. Stratham
900	Sylvia H. Nashua	915	Cynthia S. Danville	930	Tammy C. Nashua
901	Roniele H. Rindge	916	Chris F. Goshen	931	Jack S. Weare
902	Jesse M. Plainfield	917	Robert T. Strafford	932	Michelle J. Auburn
903	E. O. Plaistow	918	Noella T. Hooksett	933	Maryann S. Portsmouth
904	LINDA M. Derry	919	julie d. Salem	934	Donald S. Nashua
905	Lynn K. Londonderry	920	Malaise L. NELSON	935	Ryan F. Gilmanton
906	Mary-Elisabeth D. Lisbon	921	Elena C. Portsmouth	936	Marissa S. Atkinson
907	Jacqueline W. Candia	922	Anice B. Claremont	937	Barbara A. Gilford
908	Gail S. Rumney	923	Cathy M. Brookfield	938	Jennifer M. Kensington
909	Marc T. HAMPTON	924	Adam H. Londonderry	939	Janet D. Dunbarton
910	Rebecca G. Hooksett	925	Arlene Q. Atkinson	940	Donald C. Saugus
911	Jason B. Candia	926	Roger D. Alton Bay	941	Peter C. Bedford
912	Kate M. Plainfield	927	Jonny B. Bedford	942	T G. Nashua

943	Bill M. Wolfboro	957	Dane H. Salem	972	Heather H. Keene
944	Deborah W. Monroe	958	Lois H. Amherst	973	Steven A. Tilton
945	Michael D. Kensington	959	Kimberly Z. Windham	974	Louise T. Piermont
946	Renee W. Sharon	960	Leah W. Manchester	975	Timothy K. Amherst
947	Edward and Velinda J. Hudson	961	Christine M. Chesterfield	976	Kristi A. Nasuha
948	Stephen D. Nashua	962	Jashline V. Manchester	977	Ann Marie W. Sugar Hill
949	Kelli G. Laconia	963	Maciej S. Windham	978	rosemary I. meredith
950	Phyllis N. Plymouth	964	Jaime T. Salem	979	Janice J. Fremont
951	Christine E. Laconia	965	Tracey H. Salem	980	Sarah H. Brentwood
952	Tanya V. Bedford	966	Teshia O. Wolfboro	981	Linnea S. Hillsborough
953	Audrea L. Derry	967	Kristin T. Concord	982	Anthony J N. Amherst
954	Emily L. Dover	968	Stevie D. Greenfield	983	Heather O. Hollis
955	Katie S. Campton	969	Jorgen S. Concord	984	Macy D. Dunbarton
956	Michael H. Milford	970	Edward A. Gilford	985	Kenneth B. Chester
		971	Susan W. Shelburne	986	Kayla V. Ashland

987	Sandra M. Dover	1002	Jillian C. Auburn	1017	Sam L. Portsmouth
988	Sandra K. So Hampton	1003	Tim Y. Pembroke	1018	Alan G. Bedford
989	John O. Rindge	1004	Paige W. Lancaster	1019	Holly C. Jackson
990	Grant L. Bedford	1005	Christine P. Weare	1020	christopher s. Madison
991	Jennifer E. Hollis	1006	Sarah C. Sanbornton	1021	Joel E. Salisbury
992	Lisa G. Manchester	1007	Stephen F. Randolph	1022	cheri s. Madison
993	Nicole B. Gilford	1008	Beverly K. Gorham	1023	Kathleen S. Bedford
994	Debbie S. Wolfeboro	1009	Mike M. Northwood	1024	Nancy P. Amherst
995	Barbara F. Stratham	1010	Kimberly J. Londonderry	1025	Caroline S. Manchester
996	Jim P. Nashua	1011	Roxanne D. Claremont	1026	Kristen L. Manchester
997	Shaun T. Northwood	1012	Dorothy F. Bristol	1027	Michael B. Confirm
998	Lenwood K. Gorham	1013	Jessica M. Dunbarton	1028	Joan K. Wilton
999	Cindy S. Northfield	1014	Becky G. Bedford	1029	Lorie B. Hopkinton
1000	Trish D. Kensington	1015	Jeanette C. Hooksett	1030	Sheena S. Exeter
1001	Jeffrey H. Nashua	1016	Amy G. Loudon	1031	William C. Nashua

1032	Barbara H. North Hampton	1047	Karl M. Manchester	1062	Lillian S. Portsmouth
1033	Janine F. Loudon	1048	Christine K. Gilmanton Iron Works	1063	William S. Center Ossipee
1034	Holly S. Weare	1049	Jesse S. New Boston	1064	Karen R. Hampton
1035	JOHN A J. WEARE	1050	Carrie D. Derry	1065	Richard G. Franklin
1036	Desiree L. New London	1051	Jay R. Stark	1066	Ron S. Manchester
1037	Kevin C. Auburn	1052	Aaron C. Nashua	1067	Nichole W. Nashua
1038	Laura T. Salem	1053	Andrew G. Londonderry	1068	Julie W. Manchester
1039	Tim W. Wolfeboro	1054	Andy G. Manchester	1069	Daniel W. Nashua
1040	David H. Bedford	1055	Dave C. Franklin	1070	Tim P. Nashua
1041	Janice B. Bedford	1056	Renee W. Hollis	1071	Annabelle G. Derry
1042	Karen L. Bedford	1057	Meagan C. Franklin	1072	Leslie S. Ossipee
1043	Alyson F. Hooksett	1058	Robin D. Chester	1073	Cathy H. Manchester
1044	Jared E. Nashua	1059	Leslie L. Moultonborough	1074	Angela B. Manchester
1045	Bradley K. Concord	1060	Danielle S. Hillsborough	1075	Patrick D. Bethlehem
1046	Jon L. New London	1061	Rachel P. Alton	1076	Steve J. Boscawen

1077	Fabienne A. NEW HAMPTON	1092	James M. New Hampton	1107	Kathleen C. Meredith
1078	Shannon B. Fremont	1093	Reginald S. Nashua	1108	Eric T. Rindge
1079	Monique D. Londonderry	1094	Lisa L. Nashua	1109	Cristin F. Manchester
1080	James H A. NEW HAMPTON	1095	Terrence S. Nashua	1110	Jessica W. Loudon
1081	Monica H. Hudson	1096	Susan S. Pembroke	1111	Patricia B. Manchester
1082	Brett C. concord	1097	Hannah F. Nashua	1112	Anthony D. Manchester
1083	Eric C. Goffstown	1098	Joshua L. Spofford	1113	Michael R. Derry
1084	Erin N. Peterborough	1099	Patricia H. Meredith, NH	1114	Jeff W. Loudon
1085	Kayla S. Epping	1100	Dianne M. Bow	1115	Denise D. Weare
1086	Rod D. New Boston	1101	Natasha A. Keene	1116	Luanna A. Pembroke
1087	Brenda T. Stratham	1102	john o. rochester	1117	James L. Moultonborough
1088	Ellen S. Greenfield	1103	Elliot A. Hooksett	1118	Sue M. Hampton
1089	Timothy S. Allentown	1104	Carin L. Kingston	1119	Amy C. Loudon
1090	Kathleen C. Dover	1105	Matthew T. New Boston	1120	Paul B. Berlin
1091	Matthew F. Nashua	1106	Roy S. Concord	1121	Dawn L. Weare

1122	Liz G. Bedford	1137	Kirsten A. Walpole	1152	Marlo P. Concord
1123	Charity H. Rindge	1138	Katherine R. Greenland	1153	Andrew C. Freedom
1124	Edward G. Hooksett	1139	Haley T. Amherst	1154	Laura T. Allenstown
1125	Leigh S. Dunbarton	1140	Kate S. Bedford	1155	David C. Peterborough
1126	Brielle A. Goffstown	1141	Owen L. Dublin	1156	Jill D. Portsmouth
1127	Charles L. Meredith	1142	Liz E. Londonderry	1157	Adrian W. Manchester
1128	Martha L. Salem	1143	Liz L. Londonderry	1158	Melissa F. Londonderry
1129	Jessica T. New Ipswich	1144	Michelle G. Litchfield	1159	Frances E. Rye
1130	Robert B. Atkinson	1145	Tina T. North Conway	1160	Laura C. Nashua
1131	Jamie M. Concord	1146	Amanda L. Boscawen	1161	Michelle S. Hudson
1132	Terri H. Wolfeboro falls	1147	Ashley W. Londonderry	1162	Brenda F. Fitzwilliam 03447
1133	Jason T. Auburn	1148	Patricia S. Epping	1163	Jamie B. Nashua
1134	Joseph L. Salem	1149	Robert C. HUDSON	1164	Mary Ann T. Nashua
1135	Olivia M. Merrimack	1150	Brenda M. Thornton	1165	Danielle B. Atkinson
1136	Antoinette C. Richmond	1151	Russ P. Merrimack	1166	Mark H. Amherst

1167	Judson B. Bedford	1182	Mike B. Litchfield	1197	Teresa L. Jaffrey
1168	Karen P. Kensington	1183	Barbara S. North Sandwich	1198	William W. Londonderry
1169	Matt A. Norfolk	1184	Sandra P. Pelham	1199	Karen K. Hopkinton
1170	Jason S. Newmarket	1185	Chad M. Bedford	1200	William G. Merrimack
1171	Catherine G. Windham	1186	Paula B. Salisbury	1201	Donna C. Nashua
1172	Peter S. Litchfield	1187	Mary C. East Wakefield	1202	Nicole L. Silver lake
1173	Tricia L. HOPKINTON	1188	Shane B. Salisbury	1203	Alexis H. Hooksett
1174	Jason O. Auburn	1189	Walt M. Nashua	1204	Julie L. Hopkinton
1175	Danielle B. Acworth	1190	Elizabeth W. Wolfeboro	1205	Seouquia D. Penacook
1176	Maria S. Milford	1191	Thomas F. Raymond	1206	Tyler S. Antrim
1177	David L. Hopkinton	1192	Peter B. Salem	1207	Natalie B. Manchester
1178	Norbert B. NH - Keene	1193	Darlene C. Derry	1208	TARA K. Litchfield
1179	Rover S. Portsmouth	1194	Charlene H. Dunbarton	1209	Christine C. Newmarket
1180	Shea L. HOPKINTON	1195	Tanya Q. Hudson	1210	Mary F. Raymond
1181	Colleen G. Londonderry	1196	Johanne M. Nashua	1211	John T. Northwood

1212	Judith W. EPSOM	1227	Doreen S. Bedford	1242	John G. LITTLETON
1213	Leslie J. Center Sandwich	1228	Daniel M. Berlin	1243	Gary P. Hopkinton
1214	Susan K. Gilmanton Iron Works	1229	Renee L. Londonderry	1244	Donna L. Litchfield
1215	Daniel L. Walpole	1230	Nicholas R. Exeter	1245	Barb E. Derry
1216	Joella P. New Hampton	1231	Sherry B. Rochester	1246	Talia W. Epping
1217	Sarah L. Springfield	1232	Allison D. Epsom	1247	Jesse S. Concord
1218	David L. Nashua	1233	Greg K. Hopkinton	1248	Kimberly W. Manchester
1219	William Y. Alton	1234	Jessica B. Pleasant Hill	1249	Marc D. Salem
1220	louise I. Milton	1235	Emma S. New Durham	1250	Jenny K. Hopkinton
1221	Babette L. Dover	1236	James N. Walpole	1251	Bob N. Hudson
1222	Nicola M. Rochester	1237	Michel A. Hopkinton	1252	David P. Derry
1223	Clay K. Concord	1238	Jeff A. Hopkinton	1253	Alicia C. Weare
1224	Jana L. Greenfield	1239	Ryan D. Hopkinton	1254	Jacklynn L. Bedford
1225	Teresa R. Manchester	1240	Kimberly B. Merrimack	1255	Wright D. Hampton
1226	Ellen T. Windham	1241	Jared E. Belmont	1256	Bryan N. Acworth

1257	Leah G. Surry	1272	Jennifer S. Hopkinton	1287	Kristie D. Salem
1258	Claudia S. Waterville valley	1273	Nicole S. Pelham	1288	Hayley W. Exeter
1259	Kevin W. Wolfeboro	1274	Stephen R. Strafford	1289	Megan b. SANDOWN
1260	William G. Barrington	1275	Donna K. Wentworth	1290	Tami N. Candia
1261	John A. Chesterfield	1276	Paul Y. Plainfield	1291	Faith L. Goffstown
1262	Aaron F. Londonderry	1277	Mary V. C. Portsmouth	1292	Tim L. Portsmouth
1263	A H. merrimack	1278	Jim G. Northwood	1293	Tia T. Sandown
1264	Emily C. Hopkinton	1279	Rachel M. Weare	1294	Jonathan G. Laconia
1265	Kelly G. Hooksett	1280	Mari E. Portsmouth	1295	Susan O. BRISTOL
1266	Daniel M. Epsom	1281	Linda C. Hampton	1296	Amy J. Boscawen
1267	Sharon W. Derry NH	1282	Kenneth S. Portsmouth	1297	Dan R. Manchester
1268	Rebecca B. Piermont	1283	Matthew B. Portsmouth	1298	Jason H. Derry
1269	Laura R. PLAISTOW	1284	Elisa E. WOLFEBORO	1299	Patrick M. Kensington
1270	Samantha W. Enfield	1285	Donna B. ATKINSON	1300	Cynthia C. Derry
1271	Kimberly S. Hampton	1286	Jeffrey W. Manchester	1301	Sheryl K. Plaistow

1302	Donald D. MILTON	1317	Lydia C. FRANCONIA	1332	Kathy-Jean M. Manchester
1303	Christine D. Pelham	1318	Aaron N. Portsmouth	1333	Charles C. Alexandria
1304	M S. exeter	1319	Robin R. Hampstead	1334	Chas M. Merrimack
1305	Susan D. Deering	1320	Karen K. Rochester	1335	Grazyna M. Canterbury
1306	Debra S. Litchfield	1321	Robert B. Loudon	1336	Aaron S. Nashua
1307	Bethany L. Manchester	1322	Colleen R. Nashua	1337	Jennifer F. New Boston
1308	Ann B. Littleton	1323	Mary K K. Newport	1338	Leah H. Hillsborough
1309	Paul T. Nashua	1324	Lauren R. Littleton	1339	Nicole M. Bow
1310	Linda E. Laconia	1325	Jim B. Rumney	1340	Sandy B. Hopkinton
1311	Nicole D. Hampton	1326	Eleny L. Manchester	1341	Ronda C. Troy
1312	Heather Z. CONCORD	1327	Kevin C. Madison	1342	Heather H. Alexandria
1313	Kenneth M. New Ipswich	1328	Kimberly B. Nashua	1343	David F. New Boston
1314	steve t. plaistow	1329	Elena R. Madison	1344	Adam C. Manchester
1315	Robert C. Campton	1330	Hope K. Salem	1345	Lindsay G. Keene
1316	Robin H. Gilmanton Iron Works	1331	alan g. sanbornton	1346	Ada M. Claremont

1347	Brian T. Candia	1362	Christine F. Danville	1377	Tuyet M. Pelham
1348	Celina B. Hudson	1363	Carlene P. Gilford	1378	Rebecca N. Derry
1349	Rebecca M. Madison	1364	Angela C. Gilford	1379	Nicole N. Madison
1350	Debi L. Litchfield	1365	Megan S. New Boston	1380	Gwen S. Dunbarton
1351	William P. MERRIMACK	1366	Susan B. Chichester	1381	Jessica P. Plaistow
1352	Kristi G. Hudson	1367	Erin C. Hillsborough	1382	Michelle M. Sandown
1353	Jillian M. Danville	1368	Jean-Marc L. Hollis	1383	Maria C. Nashua
1354	Dana P. Sandown	1369	Scott D. Nashua	1384	Marjorie N. Seabrook
1355	Jennifer H. Danville	1370	Gayle D. New Boston	1385	Ryan D. Hudson
1356	Shannan T. Rochester	1371	Michael M. Rindge	1386	Kellie S. Londonderry
1357	Katherine D. Rumney	1372	Kerri S. CHESTER	1387	Kate F. Bedford
1358	Candice K. Sanbornton	1373	Joe F. Danville	1388	Anne L. 1301 Bodwell Road
1359	Elisabeth M. North Haverhill	1374	Chris H. Sunapee	1389	Kristen M. Sandown
1360	Nicholas C. Sanbornton	1375	Jayne S. New Ipswich	1390	Colleen M. Atkinson
1361	Jane B. Litchfield	1376	Brandi S. North Conway	1391	Elizabeth W. Litchfield

1392	Bonnie S. Manchester	1407	Bonnie T. N. Sandwich	1422	Corri E. Seabrook
1393	Doug L. Gilford	1408	Margaret D. Hampstead	1423	Matt S. New Ipswich
1394	Jason G. Belmont	1409	Tricia L. Candia	1424	Linda H. SANDOWN
1395	heather h. center conway	1410	Jessica H. New Ipswich	1425	Jeff G. Bedfellows
1396	Linda D. Ctr. Barnstead	1411	Chris F. Litchfield	1426	Andy M. Manchester
1397	Christy R. Manchester	1412	Cathy M. Freont	1427	Dyan G. Grafton
1398	Danielle C. Peterborough	1413	Jennifer D. Sandown	1428	Stefanie D. Danville
1399	Bob E. Amherst	1414	Michael M. Hollis	1429	Helen G. Litchfield
1400	Alice S. Greenville	1415	Joe H. New Ipswich	1430	Constance N. Bethlehem
1401	Katherine M. North Conway	1416	Jessica H. New Ipswich	1431	Rene C. Tuftonboro
1402	Cathryn M. Hudson	1417	Kathryn S. Exeter	1432	Mary M. Concord
1403	Laura M. Bow	1418	Jim R. Litchfield	1433	Laura Z. Rochester
1404	Michael S. Portsmouth	1419	Sharon S. New Ipswich	1434	Diana C. Pelham
1405	Caroline A. Bedford	1420	Jenna O. Greenville	1435	Kathleen S. Wolfeboro
1406	Susan L. EPPING	1421	Catherine A. Bedford	1436	David A. Bedford

1437	Tom H. Brookline	1452	Kyle O. Salem	1467	Julie C. Nashua
1438	Thomas L. Epsom	1453	Julia K. Rindge	1468	Danielle L. Newport
1439	Lauren A. Londonderry	1454	Lynda D. New Durham	1469	C C. Walpole
1440	Emily S. Fitzwilliam	1455	Steve B. Rochester	1470	Scott C. Nashua
1441	Joshua M. Danville	1456	Brittany S. New Ipswich	1471	David S. Marlborough
1442	Terry B. New Boston	1457	Barb B. Hooksett	1472	Melissa M. Hudson
1443	Dale S. Stratford	1458	Dawn M. Sandwich	1473	Heidi B. Goffstown
1444	Robyn G. Stratham	1459	Jim A. North Hampton	1474	Megan L. Bedford
1445	Susanne T. Nashua	1460	Brady A. Rindge	1475	Colette W. Meredith
1446	Susan B. New London	1461	Megan R. Dover	1476	David S. Deerfield
1447	Becky H. Loudon	1462	Pamela R. Concord	1477	David B. Manchester
1448	Angie C. Concord	1463	Farish L. Manchester	1478	Joanne S. Manchester
1449	Jacqueline W. New Ipswich	1464	Sarah M. Manchester	1479	Gabrielle B. Sandown
1450	John T. Hampstead	1465	Ren and Christine H. Epsom	1480	Suzanne D. Portsmouth
1451	Kate C. Epsom	1466	Deb Z. Wentworth	1481	Kimberly M. Manchester

1482	Jennifer P. Manchester	1497	Amy C. Londonderry	1512	Kariah D. Rindge
1483	Elizabeth C. Nashua	1498	Eva K. New Ipswich	1513	Elaine S. Nashua
1484	Rachel W. Newmarket	1499	Bernice R. Rindge	1514	Leanne M. Salem
1485	Stewart A. Bedford	1500	Lynn L. Epsom	1515	Melissa T. Francestown
1486	Terri S. Wolfeboro	1501	Jana S. Rindge	1516	Stephanie J. Londonderry
1487	James S. Keene	1502	Robin P. Newbury	1517	Danielle M. Nashua
1488	Michelle K. Lee	1503	Sandra N. Loudon	1518	Isabella A. Bedford
1489	Heidi M. Rochester	1504	KAREN G. Bow	1519	Keith M. Manchester
1490	Leslie R. Bedford	1505	BRIAN M. Goffstown	1520	James D. Belmont
1491	Glenn D. Moultonborough	1506	Danielle G. Fitzwilliam	1521	Marcia J. Portsmouth
1492	Ellinor O. Fitzwilliam	1507	Shaina T. New Ipswich	1522	Carl D. Chichester
1493	Katherine Keefe G. Brookfield	1508	Jane R. Bedford	1523	Sara Q. Chester
1494	Kevin K. Nashua	1509	Shawn C. Bow	1524	Chris M. Salem
1495	Maurine S. Nottingham	1510	Michael A. Salem	1525	Katie H. Danville
1496	Deborah W. Kingston	1511	Lloyd B. Hampton	1526	Juanita H. Melvin Village

1527	Jessica P. Pembroke	1542	Aaron L. Silver lake	1557	Jennifer M. Nashua
1528	Michelle M. Lebanon	1543	Jennifer G. Hampstead	1558	Bill W. Contoocook
1529	Brian M. Londonderry	1544	Elizabeth C. derry	1559	Tonda G. Farmington
1530	Catherine R. Gilmanton	1545	Paula G. Salem	1560	Myra C. Rindge
1531	Darlene D. Derry	1546	Jacqueline D. Londonderry	1561	Kathleen M. Salem
1532	Justine S. West Lebanon	1547	Taryn S. Merrimack	1562	Sue-Ellen H. Windham
1533	Kathleen S. Rindge	1548	Chris B. Nashua	1563	Meghan B. New Ipswich
1534	Creighton S. Rindge	1549	Tim S. Atkinson	1564	Tracy P. Northwood
1535	Elizabeth S. Hampton Falls	1550	Carolina A. Bedford	1565	Dustin C. Londonderry
1536	Colleen R. New Ipswich	1551	Susan C. East Hampstead	1566	Bonnie S. New Ipswich
1537	Curtis S. Rindge	1552	Heather M. Nashua	1567	Megan R. Boscawen
1538	Janelle S. Sandown	1553	Kayla W. Windham	1568	Michelle M. Concord
1539	April D. Whitefield	1554	Jade B. Henniker	1569	Kimberly C. Londonderry
1540	Christina D. Belmont	1555	Thomas D. Deerfield	1570	Richard D. Belmont
1541	Calvin M. Rindge	1556	Jennifer C. Contoocook	1571	Anita M. Peterborough

1572	Christopher O. Sandown	1587	Allyson B. Manchester	1602	Sabrina H. Amherst
1573	Holly P. Brookline	1588	Steven S. Bristol	1603	Jorge M. Hampstead
1574	Casey O. Sandown	1589	Dana B. Candia	1604	E S. Plaistow
1575	Anna T. Rindge	1590	Jim B. Dunbarton	1605	Lori M. Hudson
1576	Jacqueline S. Deerfield	1591	Arthur F. Bow	1606	Cheryl F. Nashua
1577	Shila S. Fitzwilliam	1592	Bryan R. Greenland	1607	Melanie S. Pembroke
1578	Richard B. Hampstead	1593	Sharon L. Wolfeboro	1608	Paul M. Hudson
1579	Heidi M. Bristol	1594	Lauren B. Londonderry	1609	Jodie C. Raymond
1580	Marc A. Meredith	1595	Jace M. Londonderry	1610	Joshua M. Epsom
1581	Jeri K. Laconia	1596	Caitlin C. Amherst	1611	Aaron V. NASHUA
1582	Jamien D. Rindge	1597	Cady P. Monroe	1612	Prescott A. Nottingham
1583	Lisa B. Bedford	1598	Clara C. Rochester	1613	Carl S. Rumney
1584	Stephanie D. Rindge	1599	Natasha R. Derry	1614	Melissa P. Hooksett
1585	Geoff M. Exeter	1600	Sean S. Deerfield	1615	Vicki C. Manchester
1586	Kurt M. Nashua	1601	Alexander J. Derry	1616	David W. Goffstown

1617	Carrie H. Strafford	1632	Linda S. Bedford	1647	Loralie O. Swanzy
1618	Shawn H. Hooksett	1633	Allison S. Derry	1648	Elizabeth F. Hampton
1619	Jolene M. Colebrook	1634	Margaret S. Campton	1649	Angel B. Manchester
1620	Ryan C. Warner	1635	Kimberly G. Concord	1650	Ava M. salem
1621	Sarah L. Kensington	1636	Nick C. Concord	1651	Diane C. Amherst
1622	Karoline L. Hampton	1637	cheryl f. pelham	1652	Linda G. New Ipswich
1623	Jessica M. Merrimack	1638	Carla F. Rindge	1653	Jason D. Derry
1624	Mandy C. Hancock	1639	Shannon D. Northfield	1654	Tim V. Hopkinton
1625	Michael F. Rindge	1640	John O. Raymond	1655	Michael R. North Hampton
1626	Jimmy A. Littleton	1641	Peter G. Portsmouth	1656	David B. Manchester
1627	Holly S. North Hampton	1642	Nichole O. Raymond	1657	Martha V. Hopkinton
1628	Kathleen M. Nashua	1643	Elizabeth S. Nashua	1658	Tamara P. Greenland
1629	Bradford B. New Boston	1644	Matthew S. Derry	1659	Lori R. Dunbarton
1630	esther b. Amherst	1645	Janis Z. Litchfield	1660	Tony L. Hudson
1631	Michelle D. Gilmanton	1646	Debra P. Berlin	1661	Debra W. Hooksett

1662	Maureen S. Manchester	1677	Amanda P. Rindge	1692	Catherine J. Amherst
1663	Marilyn P. Greenland	1678	Nathan P. Rindge	1693	James B. Gilford
1664	Sammantha R. Loudon	1679	William C. Pelham	1694	Alexis B. Portsmouth
1665	Kristen F. Webster	1680	LINDA B. New Hampton	1695	Hridaya S. Ashland
1666	Peter L. Weare	1681	Glenn L. York	1696	Sandy K. Pelham
1667	James G. Keene	1682	Adriana B. Kingston	1697	Lori R. Greenfield
1668	Kristine W. New London	1683	Phyllis E. Bristol	1698	Christopher D. Dover
1669	Leana W. Colorado Springs	1684	Rachel B. Atkinson	1699	Karen S. Weare
1670	Cree W. Sunapee	1685	Terese G. Loudon	1700	Jacob H. Manchester
1671	Terri L. Loudon	1686	Carol H. Bristol	1701	Sally P. MEREDITH
1672	Carol P. Rochester	1687	Suzanne W. Danville	1702	Nanette C. Merrimack
1673	Catherine R. ROCHESTER	1688	Coberly B. Amherst	1703	Audria G. Exeter
1674	Michele W. Merrimack	1689	William L. Hopkinton	1704	Lisa C. Concord
1675	Gerry L. Concord	1690	Danielle H. Concord	1705	Lorna G. Loudon
1676	Renee H. Amherst	1691	Jacqueline L. Manchester	1706	Matt N. Wilton

1707	Andrew D. Hampton Falls	1722	Alana B. Manchester	1737	Cheryl A. L. Durham
1708	Thomas H. Deering	1723	Michael T. Weare	1738	Nicole F. Exeter
1709	Samuel C. Hebron	1724	Jacqui C. Manchester	1739	Mich J. Windham
1710	James W. Merrimack	1725	Jeffrey J. Concord	1740	Nancy M. Nashua
1711	Daniel B. Salem	1726	kathie s. new ipswich	1741	Cynthia B. Sandown
1712	Sharon F. Grafton	1727	Julianne G. Hampton falls	1742	Jayne B. Rindge
1713	Lynn C. Hebron	1728	Erica A. Windham	1743	thomas m. kingston
1714	Nina D. Conway	1729	Chrystal P. Weare	1744	Kirsten W. Auburn
1715	Jayne T. Alton	1730	Laura M. Wilton	1745	Carl H. Allenstown
1716	Josephine M. Gilford	1731	William G. Hollis	1746	Tara G. Concord
1717	Benjamin K. Milford	1732	Britni B. Andover	1747	MaryLou R. Concord
1718	Dee H. Barrington	1733	Michelle S. New Ipswich	1748	Dan G. Concord
1719	Nicole M. Rye	1734	Daniel M. Enfield	1749	Selena S. New Ipswich
1720	Olga B. MANCHESTER	1735	Sharon G. Brisbane	1750	Travis G. Fitzwilliam
1721	Martha B. New Ipswich	1736	Matti S. New Ipswich	1751	Jacqueline B. Hooksett

1752	Rafaella D. Concord	1767	Rita B. Hopkinton	1782	Jason S. Nashua
1753	Amieke D. Manchester	1768	Nathan W. Nashua	1783	Diane W. Hollis
1754	Constance S. Manchester	1769	Hailey D. Manchester	1784	Margaret C. Manchester
1755	Hugh L. Jaffrey	1770	Megan C. Concord	1785	janie d. HUDSON
1756	Charlotte S. Hudson	1771	Cindy C. New Ipswich	1786	Nolan C. North Conway
1757	Alicia S. Hollis	1772	John M. Pelham	1787	Kathryn S. Chichester
1758	Jenny S. Manchester	1773	Amy J. Litchfield	1788	Don B. Epsom
1759	Amy V. Newmarket	1774	Lisa M. Franklin	1789	Christine P. Nashua
1760	Jes P. Meredith	1775	Adam H. Center Barnstead	1790	Maura D. Merrimack
1761	Cara D. Londonderry	1776	Rob C. Rindge	1791	Melissa R. Concord
1762	Erica I. Hooksett	1777	Kevin Brennan B. Windham	1792	Castine C. Keene
1763	David H. Holderness	1778	Amanda G. Hopkinton	1793	Katie L. Deering
1764	Robyn G. Concord	1779	Amalia P. Harrisville	1794	Emily H. Plaistow
1765	Danielle T. North Conway	1780	Bridget W. Franklin	1795	jon g. Hollis
1766	Katie C. Greenfield	1781	Lidice W. Deering	1796	Linnea S. Hillsboro

1797	Adriane N. Wilton	1811	Pete K. Merrimac	1826	Linda R. Litchfield
1798	Jenny C. Meredith	1812	Robert F. Londonderry	1827	Hannah H. Northwood
1799	Dawn J. Laconia	1813	Michelle J. Auburn	1828	Anne T. Bennington
1800	Malcolm L. Gorham	1814	Sarah P M. North Woodstock	1829	Robyn A. Londonderry
1801	Barbara J H. Manchester	1815	Ryan R. Concord	1830	Jim A. LITTLETON
1802	Susan R. Weare	1816	Angela D. Penacook	1831	Eric B. Lebanon
1803	Christy T. Manchester	1817	BRIANNA M. WILMOT	1832	Rylee G. Concord
1804	Isaiah G. Concord	1818	Lesley W. Belmont	1833	Nicole M. Belmont
1805	Bryan R. Alexandria	1819	Gregory M. Intervale	1834	WILLIAM J. R. C. BARRINGTON
1806	Lynn L. Nashua	1820	ALYX C. Deerfield	1835	Roy B. LITCHFIELD
1807	Miranda T. Concord	1821	Samantha F. Francestown	1836	Mary W. Mont Vernon
1808	Monica T. Weare	1822	Jessica K. Stratham	1837	Mitchell C. Concord
1809	Cheryl J. Bow	1823	Kelly H. Sandown	1838	Michele J. Bath
1810	KIMBERLI L. GILMANTON IRON WORKS	1824	Karen G. Dover	1839	Misty S. New Ipswich
		1825	Angel A. Littleton	1840	Emily V. Tamworth

1841	N H. Hooksett	1856	David L. Newmarket	1871	Christine R. Pembroke
1842	brian N. HANCOCK	1857	Mari F. Manchester	1872	Michael O. Derry
1843	Nancy G. Enfield	1858	Mackensie J. Hampton	1873	Mark B. Concord
1844	glen w. wentworth	1859	MATTHEW S. Effingham	1874	Lois S. Hancock
1845	Danielle S. Charlestown	1860	Amanda H. Hopkinton	1875	Christine T. Goffstown
1846	Melinda M. Pelham	1861	MaryJo D. Salem	1876	Cassandra R. Barrington
1847	Lori M. New Ipswich	1862	Britt P. Goffstown	1877	Traci L. Palm Coast
1848	Matthew S. Rindge	1863	Allison N. Mont Vernon	1878	Brandon R. Barrington
1849	Kimberly S. Greenland	1864	Kiera M. Atkinson	1879	Matt V. Bedford
1850	Vanessa F. Dover	1865	Linda C. South Tamworth	1880	Melise V. Bedford
1851	Patty S. NASHUA	1866	Robert S. Chester	1881	Richard G. Nashua
1852	Lori J. Loudon	1867	Ramona C. Portsmouth	1882	Chelsi C. North Hampton
1853	Deb D. Litchfield	1868	Katie H. Londonderry	1883	Regina D. Hampton
1854	Catherine O. Sugar Hill	1869	Karen G. Salem	1884	Kami E. Milford
1855	Alicia N. Londonderry	1870	Gwenna K. Rindge	1885	Jill F. Portsmouth

1886	Erica C. Somersworth	1901	Mark C. Farmington	1916	Mark S. Rindge
1887	Gabe D. Portsmouth	1902	Elizabeth M. Portsmouth	1917	Matthew B. Bristol
1888	Dario C. Antrim	1903	Lawa-Na M. Portsmouth	1918	Beth P. string:STRATHAM
1889	Donna D. Belmont	1904	Kevin W. Rochester	1919	Bob F. Bedford
1890	Sarah H. Bridgewater	1905	Kayley Q. Milton Mills	1920	Rachael D. Portsmouth
1891	Dean H. Spofford	1906	Marie H. Moultonborough	1921	Joe M. Epping
1892	Steven R. Pelham	1907	Jim c. Weare	1922	Kyle N. Pembroke
1893	Suzanne R. New Durham	1908	Kimberly D. Bedford	1923	Trent M. Rindge
1894	Julie D. Northfield	1909	Jay C. Barrington	1924	Kevin K. Bedford
1895	Jessica D. Londonderry	1910	Dawn C. Croydon	1925	Mike D. Londonderry
1896	Scott N. Londonderry	1911	Jason k. Weare	1926	Laurie A. Littleton
1897	Aaron M. Nashua	1912	Bob C. Derry	1927	Brenda P. Pelham
1898	Trista L. Allentown	1913	Katelyn c. Concord	1928	Dan C. Salem
1899	Kristine F. Merrimack	1914	Brian W. Sandown	1929	Dennis D. New Castle
1900	Melissa S. Meredith	1915	Richard B. SANDOWN	1930	Carla G. Manchester

1931	Laura P. Hooksett	1946	Megan W. Newton	1961	Frank A. Pelham
1932	Renee F. Sunapee	1947	Sarah R. Portsmouth	1962	Renee S. Troy
1933	Deborah O. Manchester	1948	Liz H. Derry	1963	Elsa R. West Lebanon
1934	Patricia C. Stewartstown	1949	Arthur B. Bedford	1964	Jen P. Epsom
1935	Staisha M. Rindge	1950	Eric R. Manchester	1965	Dana O. Merrimack
1936	Melanie P. TMworth	1951	Susan C. Portsmouth	1966	Greg B. Manchester
1937	Matt W. Concord	1952	Denise K. Stratham	1967	Wannetta C. Berlin
1938	Heidi M. Somersworth	1953	Monica P. Londonderry	1968	Ann B. Pelham
1939	Mellissa P. Manchester	1954	Nancy C. Exeter	1969	Michael B. Hollis
1940	Robert G. Claremont	1955	Robin T. Milford	1970	Rose L. Danville
1941	madison T. Concord	1956	Lindsey C. Concord	1971	Patrick E. Londonderry
1942	Meg P. Mont Vernon	1957	John G. Lancaster	1972	John s. Bristol
1943	Meagan G. Rollinsford	1958	Jaime G. Brookline	1973	Catherine G. Danville
1944	Bruce B. Sandown	1959	wayne s. Charlestown	1974	Katrina C. Danville
1945	Luiara A. Hampton Falls	1960	Carolyn C. Concord	1975	Debra B. Pelham

1976	Ric P. Rochester	1991	Melody B. Gorham	2005	Noah M. Atkinson
1977	April P. Pelham	1992	Amie V. Brentwood	2006	Charles L. Newport
1978	Anthony P. Manchester	1993	Derek S. Merrimack	2007	Bob P. Raymond
1979	Laura M. Danville	1994	Jason D. Newfields	2008	Julie P. Concord
1980	Paul G. Danville	1995	Colby V. Brentwood	2009	Louis C. Manchester
1981	Chester B. EPSOM	1996	Laura E. Londonderry	2010	Nicole P. Concord
1982	Joan D. Nashua	1997	LeRoy B. Tilton	2011	Shannon H. Newmarket
1983	Marilyn M. Windsor	1998	Dan M. Portsmouth, NH 03801	2012	Daniel H. Newmarket
1984	Fred B. Lee	1999	bonnie b. danville	2013	Christopher D. Alstead
1985	Charity S. Nashua	2000	mark c. nashua	2014	Chris W. Loudon
1986	Heidi H. Sanbornton	2001	Kandice M. Plymouth	2015	Susan M. Seabrook
1987	Jen T. Concord	2002	Nicole O. Haverhill	2016	Michael C. Pelham
1988	Jenae T. Rindge	2003	Chris R. Bedford	2017	Beth L. Concord
1989	Linda F. Deering	2004	John B. Derry^	2018	Nancy L. Manchester
1990	Gaston G. Berlin			2019	Gary B. Exeter

2020	Kristen J. Concord	2034	Paul S C. Croydon	2049	Leah S. Salem
2021	Vivian J. Hollis	2035	Joanne T. Plaistow	2050	Robert L. Plaistow
2022	Danielle B. Milford	2036	Karen A. Manchester	2051	Kelsey M. Salem
2023	Lynne G. Manchester	2037	Deb R. Manchester	2052	Heather L. WOODSVILLE
2024	Connor R. Nashua	2038	Stuart H. Bedford	2053	Joseph M. Keene
2025	Hayden D. Peterborough	2039	Sarah J. Concord	2054	David L. Woodsville
2026	Michelle H. Center Barnstead	2040	Ann L. Concord	2055	Daniel M. Berlin
2027	Shawna L. Amherst	2041	Alison A. Bedford	2056	Cynthia W. Woodsville
2028	Kelly R. Berlin	2042	Kristen A. Windham	2057	Amy T. Bath
2029	Joe T. Concord	2043	Robert R. Brentwood	2058	Susan M. Bow
2030	Maureen S. Boscawen	2044	Ron N. Hopkinton	2059	Desiree V. Center Ossipee
2031	Kim G. Concord	2045	Jennifer C. Bedford	2060	Lorraine E. Deerfield
2032	Rebecca C. Jaffrey	2046	chris c. Bedford	2061	Jane C. Peterborough
2033	Tammi D. 380 Hill Road Dummer	2047	Bobby-Ann D. Deerfield	2062	Todd F. North Haverhill
		2048	Debbie K. Salem	2063	Joseph F. Portsmouth

2064	Amy W. Londonderry	2079	Cheryl M. Contoocook	2094	Brenda J. Alexandria
2065	Michael R. Merrimack	2080	Robert M. Contoocook	2095	Theresa B. Goffstown
2066	Greg F. Amherst	2081	Deb G. Franklin	2096	Gunnar S. Center Barnstead
2067	Alli M. Whitefield	2082	Holly J. Concord	2097	Wendy B. Kensington
2068	April D. New Hampton	2083	Kim C. Danville	2098	terence f. rindge
2069	John C. Benton	2084	Marguerite D. Hebron	2099	Duane B. Sandown
2070	Mary P. Lebanon	2085	Ryan C. Concord	2100	Jacquelyn L. Plaistow
2071	Mellissa W. Portsmouth	2086	Potato H. Pelham	2101	Julie R. Keene
2072	asia m. manchester	2087	Vanessa S. Milford	2102	Betty G. Salem
2073	Jessica F. Haverhill	2088	Michael M. Bedford	2103	Lindsay C. Manchester
2074	Grant S. Greenwich	2089	Peter M. Bedford	2104	Bryan B. Peterborough
2075	Donna G. Gilsum	2090	Jaso I. Plaistow	2105	Ava L. Hopkinton
2076	Caitlin C. Loudon	2091	Catherine P. Hooksett	2106	Matthew D. Keene
2077	Hannah P. dublin	2092	Abbey K. Ossipee	2107	Ashley G. Sandown
2078	Noel G. Danville	2093	Denise M. Goffstown	2108	Lisa S. Epsom

2109	Frank C. East Hampstead	2124	PATTI C. GILMANTON	2139	Tiphany M. Pelham
2110	Jessica M. Auburn	2125	Ezra L. Dublin	2140	Samantha B. Goffstown
2111	Robert W. Merrimack	2126	Alexis R. Hudson	2141	Scott V. Derry
2112	Richard L. Hancock	2127	John G. Concord	2142	Patsy M. RAYMOND
2113	Kamie A. Gilmanton	2128	Laura S. Woodsville	2143	Erica M. Raymond
2114	Wayne bruce k. Northfield	2129	Suzanne L. Suncook	2144	Tyler M. Raymond
2115	Marie H. Freedom	2130	Amber F. Hudson	2145	Thomas M. RAYMOND
2116	Joshua G. Pelham	2131	Deanne S. Acworth	2146	Maureen C. Nottingham
2117	Mary C. Derry	2132	Dan M. Exeter	2147	Marcia D. Merrimack
2118	cris s. chichester	2133	Robyn S. North Hampton	2148	John D. Salem
2119	Christine T. Tilton	2134	Cheryl P. Concord	2149	Kristen C. Chester
2120	Peter T. Tilton	2135	Michael M. Plaistow	2150	Kim O. Sanbornville
2121	Richard W. Nashua	2136	Shannon R. Chester	2151	Kristin P. Salem
2122	Barbara W. Nashua	2137	Candace M. Belmont	2152	Jessica W. New Durham
2123	Brandy M. Hudson	2138	Ian D. Derry	2153	Deborah D. Concord

2154	Cristina M. Windham	2169	Glenn K. Dummer	2184	SHIRLEY C. Derry
2155	Jason M. Windham	2170	Kathy P. Kingston	2185	Kathleen C. Londonderry
2156	Kim S. Bow	2171	Marianne S. Keene	2186	Nikki P. Barrington
2157	margie D. Fremont	2172	Frank S. Keene	2187	William K. BOW
2158	Elizabeth L. Salem	2173	Janis K. Bow	2188	Joe T. Rye
2159	Caroline Q. Nashua	2174	Sarah L. Hooksett	2189	Meaghan C. Brookline
2160	Emily L. Merrimack	2175	Lisa C. Chichester	2190	Deborah K. Pelham
2161	Robert M. Salem	2176	Donna V. Plaistow	2191	Madysen M. Merrimack
2162	Samia M. Conway	2177	Elaine R. Derry	2192	karen S. candia
2163	Erik M. Goffstown	2178	Ed K. Pelham	2193	Jeanine B. Manchester
2164	Elena W. Derry	2179	Meghan D. Hopkinton	2194	Stephanie G. Durham
2165	Liz B. Hollis	2180	Rose P. Nashua	2195	Krista P. Hollis
2166	Dianne P. Litchfield	2181	Anne C. Derry	2196	Dennis G. Danville
2167	Joy S. Manchester	2182	Edward S. Loudon	2197	Susan G. Danville
2168	David C. Hampstead	2183	Lila Y. Merrimack	2198	Maureen K. Andover

2199	Anastasia M. Concord	2214	gail w. RAYMOND	2229	Melissa B. Loudon
2200	Kenneth N. Manchester	2215	Nicole K. New Boston	2230	Christine G. Hopkinton
2201	Rich C. Franklin	2216	Janice W. Northampton	2231	Susan Q. Temple
2202	Jayne M. Ctr conway	2217	Rhoni H. Wolfeboro	2232	Shannon K. Silver Lake
2203	Hannah I. Brookline	2218	Ken T. Manchester	2233	Cassandra C. Danville
2204	Shelly L. New Hampton	2219	Alissa A. Nashua	2234	Angela C. Amherst
2205	Diana S. Surry	2220	Carlton C. Rochester	2235	Andrea M. N. Sandwich
2206	Christine L. Center Conway	2221	Dan M. Tamworth	2236	Jennifer A. Greenland
2207	Scott U. Bedford	2222	Al R. Pelham	2237	Gail L. Hampton Falls
2208	Robert S. Surry	2223	Susan R. Pelham	2238	Kimberly T. Laconia
2209	Pamela M. Sunapee	2224	Pam S. Concord	2239	Priscilla M. Hampton
2210	Teresa S. Goshen	2225	John B. New Ipswich	2240	Kelsey H. Hollis
2211	Tracy G. Sanbornton	2226	Katherine M. Chocorua	2241	Dan T. Dunbarton
2212	COLLEEN C. Danville	2227	Melissa W. Farmington	2242	Victoria H. Rochester
2213	Kenneth D. Alstead	2228	B H. Hooksett	2243	Michele B. Derry

2244	Jonathan H. Weare	2259	Rhonda M. Wolfeboro	2274	Jeremy G. Madison
2245	Rick L. Salem	2260	Diana C. Springfield	2275	Cindy G. Salem
2246	Michelle G. Manchester	2261	Debra P. Derry	2276	Sarah L. Nashua
2247	Iorraine s. West Chesterfield	2262	Maryann L. Spofford	2277	Jim B. Pelham
2248	Barb C. Concord	2263	Joyce P. Amherst	2278	Erin S. Fryeburg
2249	Brian C. Webster	2264	Pamela P. Deerfield	2279	Jacob F. New Boston
2250	Mary F. Nashua	2265	Brooklenn M. North Conway	2280	Kim C. Nashua
2251	Kari C. Hopkinton	2266	Wendy R. Conway	2281	Kimberly F. New Boston
2252	Robin P. Grantham	2267	Linette S. Greenfield	2282	Angela R. Manchester
2253	Stacy G. Kingston	2268	Deborah T. Barrington	2283	Janis A. New Durham
2254	Pat A. Nashua	2269	Val C. Gilmanton	2284	Gregory A. New Durham
2255	Paula J. Nashua	2270	Benjamin H. Greenfield	2285	Kathy H. Sandown
2256	Haeyoon J. Danville	2271	Connie P. Sullivan	2286	Bruce M. Amherst
2257	Tara C. Derry	2272	Kendra V. Conway	2287	Karen M. Amherst
2258	Cathy M. Manchester	2273	Karen B. Sandown	2288	Lisa D. Bartlett

2289	PATRICIA D. Nottingham	2304	Tara P. Bristol	2319	Bev C. Salem
2290	Heidi W. Concord	2305	Sara S. Antrim	2320	Linnea S. Hillsborough
2291	T G. Spofford	2306	Darlene R. Alexandria	2321	Jocelyn R. Derry
2292	Brenda L. Merrimack	2307	Sarah P. Auburn	2322	Jocelyn W. Raymond
2293	PAUL B. ANTRIM	2308	Bonnie M. Hampstead	2323	Alison D. Littleton
2294	Cindy R. Epsom	2309	Cindy B. Raymond	2324	Lee T. string:PELHAM
2295	Holly J. Ossipee	2310	Andrea M. Nashua	2325	Luiza C. Durham
2296	Vicki J. Rochester	2311	Shara H. New Ipswich	2326	Ashley R. Milton
2297	Vanessa T. Belmont	2312	Katie G. Stoddard	2327	Jay C. Nashua
2298	Pamela B. Colebrook	2313	Jason V. Intervale	2328	Heather R. Bedforx
2299	Jenna C. DERRY	2314	Jessica K. Stratham	2329	Terri M. Wolfeboro
2300	Julie F. WINDHAM	2315	John K. Salem	2330	Beverly M. Rochester
2301	Alana B. Manchester	2316	Natalie B. Concord	2331	Jennifer D. Alexandria
2302	Wesley C. Derry	2317	Sarah C. Dover	2332	SARAH D. Weare
2303	John M. Rochester	2318	Philip B. 86	2333	Jimmy P. Windham

2334	Bebe B. Wolfeboro Falls	2349	Terese W. Greenland	2364	Allan M. Salem
2335	Peg C. Manchester	2350	Catherine H. Windham	2365	Kelly S. New Ipswich
2336	Tonya U. Bedford	2351	Morgan M. HOLLIS	2366	Denis T. New Durham
2337	Valerie F. Hill	2352	Brad V. Hudson	2367	Samantha A. New Ipswich
2338	CAMILLA F. HAMPTON	2353	Chad T. Allenstown	2368	Joann F. Hillsborough
2339	Jamie F. Nashua	2354	Judy W. Kingston	2369	Shawn B. Center Conway
2340	Kim F. Hudson	2355	Kristi C. Portsmouth	2370	Stacey P. LONDONDERRY
2341	Tara L. Holderness	2356	Jessica B. Contoocook	2371	Carol I. Weare
2342	Kathy P. Nashua	2357	Bruno S. Salem	2372	Scott B. Greenland
2343	jenna c. derry	2358	Elizabeth L. HUDSON	2373	Rebecca H. Auburn
2344	Kristen S. Greenland	2359	Jeff P. Barrington	2374	Ian R. Danville
2345	Samantha S. Hampstead	2360	Warren S. Hancock	2375	Edward L. Danville
2346	Richard S. Bedford	2361	Melissa W. Peterborough	2376	Wanda J. Auburn
2347	Robert V. Nashua	2362	Kevin H. strafford	2377	Jeanne B. Londonderry
2348	Kristin T. Auburn	2363	Jenaleigh F. Salem	2378	Stacey M. Weare

2379	Adaris P. Jaffrey	2394	Maranda W. Londonderry	2409	Anthony P. Nashua
2380	Edward D. EXETER	2395	Amy B. Stewartstown	2410	Misty P. Londonderry
2381	Tanya S. Danville	2396	Shauna M. New Ipswich	2411	Kristyn F. Gilmanton
2382	Kelly W. Northwood	2397	Suzanne C. Goffstown	2412	Mary B. Andover
2383	Andrea G. Hudson	2398	Sarrah G. Nashua	2413	Kurt H. Dalton
2384	Daniel K. Londonderry	2399	Hannah H. Candia	2414	LOUIS B. MANCHESTER
2385	Richard S. Stewartstown	2400	Lewis b. andover NH	2415	Thomas C. Pelham
2386	Jessica T. New Ipswich	2401	Joe L. Merrimack	2416	Holly R. Wilmington
2387	Lori A. Bedford	2402	Jessica A. DERRY	2417	Elizabeth F. Bedford
2388	Justin C. Greenfield	2403	Nicole C. Fremont	2418	Anita T. Atkinson
2389	Erin F. Loudon	2404	Sam H. Goffstown	2419	Alexandra Mennella M. Weare
2390	Dave F. Loudon	2405	Brenda H. Hooksett	2420	Sean B. Manchester
2391	Robin D. Barnstead	2406	Heath B. Dover	2421	Jason F. Wentworth
2392	Paul W. Nashua	2407	Stacey D. Manchester	2422	Deni O. New boston
2393	Kate S. Peterborough	2408	roger s. COLEBROOK		

2423	Karla P. Bedford	2438	Steve V. Londonderry	2453	Sarah F. Sanbornville
2424	Joe W. Manchester	2439	Vanessa S. Bedford	2454	Monica R. Wilton
2425	Derek P. Bristol	2440	Cathleen T. Londonderry	2455	Rose M. MEREDITH
2426	Hannah O. Nashua	2441	Brian C. Windham	2456	Thomas B. Manchester
2427	Richard L. Bedford	2442	Linda M. Dover	2457	Darlene P. Raymond
2428	Melissa M. Hampton	2443	Chris G. Exeter	2458	Marie L. Brookline
2429	Sheila M. Manchester	2444	Siobhan S. Rye	2459	Vicktoria M. Rindge
2430	Christiana S. Francestown	2445	Christine S. Concord	2460	John G. Twin Mountain
2431	Julia S. Francestown	2446	Jaime B. Thornton	2461	Emeko M. New Ipswich
2432	Robert P. Manchester	2447	Daniel M. Berlin	2462	david c. weare
2433	Conrad N. Manchester	2448	Shyann C. Appleton	2463	Renee M. Bedford
2434	Carmelina F. Bristol	2449	Monique M. Franklin	2464	Steven F. Fitzwilliam
2435	Alec C. New Ipswich	2450	Rosa M. Manchester	2465	Mark R. Durham
2436	Jared K. New Ipswich	2451	Erin D. Tuftonboro	2466	Julia L. Nashua
2437	Brittany C. Londonderry	2452	Lance S. Kingston	2467	Karen R. Moultonboro

2468	Lori A. Moultonborough	2483	Gary B. Rochester	2498	Amelia D. Bradford
2469	Eva M. Cortland	2484	Nick R. JAFFREY	2499	Robert H. Merrimack
2470	Paul L. Exeter	2485	Allyson R. Jaffrey	2500	James M. Manchester
2471	Susan S. Derry	2486	Jennifer R. Sandown	2501	Susette P. Amherst
2472	James T. New Ipswich	2487	Joseph R. Sandown	2502	Sarah C. Londonderry
2473	Hilary H. Salem	2488	Juan D. Derry	2503	Thomas S. Grafton
2474	Colleen B. Derry	2489	Eileene N. Dover	2504	Linda S. Barnstead
2475	Susan S. Whitefield	2490	Taina M. New Ipswich	2505	Sheri P. Bedford
2476	Julie S. Pelham	2491	Diana D. Sandown	2506	Michael F. Litchfield
2477	Mary B. Salem	2492	Julie H. Center harbor	2507	Kathy L. N Conway
2478	Robert M. Portsmouth	2493	Kelly L. Merrimack	2508	Lawrence Y. Chester
2479	Dennis M. Stratford	2494	Gayle M. Bedford	2509	Kara C. Nashua
2480	Nicole C. Keene	2495	Nancy C. Whitefield	2510	Peter S. North Hampton
2481	Laura H. Moultonborough	2496	Michael J. NASHUA	2511	Susan O. Litchfield
2482	Jeff A. Hopkinton	2497	Robin R. Litchfield	2512	Felicia C. Northfield

2513	Jennifer E. Croydon	2528	Claudine B. Milton	2543	Chrisandra B. Litchfield
2514	jeffrey f. Waterville Valley	2529	Kristin H. Manchester	2544	Michael H. Alton
2515	Kevin C. Litchfield	2530	Matthew M. Manchester	2545	Patrick L. Hooksett
2516	David M. Dover	2531	mark w. Center Conway	2546	Noella O. Hopkinton
2517	Sally H. East kingston	2532	Joseph R. Manchester	2547	Michael P. Bartlett
2518	Stacy A. Langdon	2533	Adam C. Hampstead	2548	Merry R. Alexandria
2519	Hayden M. Dover	2534	Stacy P. Manchester	2549	Mary S. Nashua
2520	Phil F. Nashua	2535	Casey F. Nashua	2550	Kristi M. Croydon
2521	Emily S. Croydon	2536	Susan M. Westmoreland	2551	Tracy S. Nashua
2522	Kelly D. Brentwood	2537	N C. Brookline	2552	Carrie M. Nashua
2523	Karen S. Atkinson	2538	Jessica F. Nashua	2553	Dan D. Harrisburg
2524	Helene C. Pittsburg	2539	Lisa L. Pelham	2554	Freda M. Atkinson
2525	Christine F. Roxbury	2540	Ron A. Stockton	2555	Catherine Ruth P. 102 Highland Road
2526	Margaret A. Portsmouth	2541	Kimberley K. Milford	2556	Matthew S. Concord
2527	Maureen R. Hudson	2542	Stephanie P. Kensington	2557	Jacqueline H. Center Barnstead

2558	Linda M. Candia	2573	Melissa L. Auburn	2588	Lauren M. Nelson
2559	Sandie B. Holderness	2574	Nicholas H. Stoddard	2589	Jeff P. Grantham
2560	Carrie M. Laconia	2575	Theresa S. Amherst	2590	Tuesday O. Hampton Falls
2561	Tina D. Bow	2576	July P. Dover	2591	Joseph T. Hampton
2562	Ralph L. Bow	2577	Zach W. Dover	2592	Miles P. Rochester
2563	Alan B. Bennington	2578	Stephanie B. Canonsburg	2593	Maryse P. Candia
2564	Michelle D. Pelham	2579	William S. Center Ossipee	2594	Jocelyn R. Derry
2565	Michael G. Pelham	2580	Margaret H. Freedom	2595	Jocelyn W. Raymond
2566	Richard J. Londonderry	2581	Sandra N. Manchester	2596	Charles P. Berwick
2567	Robert B. Bedford	2582	Amanda S. GEORGETOWN	2597	Jared C. Dover
2568	GaetanMarie L. Goffstown	2583	Roxanne L. Dover	2598	Aliyah S. Center Barnstead
2569	Moriah W. Manchester	2584	Christine K. Gilford	2599	Joanne F. Salem
2570	Manda B. Manchester	2585	Jesse K. Mont Vernon	2600	Marc M. Manchester
2571	Gloria H. Millville	2586	Nicole C. Temple	2601	Ellie M. Seabrook
2572	William H. Derry	2587	Brenda H. Auburn	2602	Jim R. Manchester

2603	Kayla R. Sanbornton	2618	Terri O. Sanbornville	2633	Karen S. Hampton
2604	Kimberly M. Plaistow	2619	Genie S. Berlin	2634	yancey d. Manchester
2605	Dorls G. Manchester	2620	Joseph G. Hollis	2635	Tammy K. Stoddard
2606	Wendy R. Alstead	2621	JASON H. Dover	2636	Amy V. Alton
2607	Gregory L. Concord	2622	Marc G. Dublin	2637	eric b. manchester
2608	Thomas M. Atkinson	2623	Gizelle G. Rindge	2638	Jen T. Concord
2609	Joyce M. NASHUA	2624	Phil Y. Ellenville	2639	Christine W. Richmond
2610	Paul Y. Dunbarton	2625	Jason C. Nashua	2640	Kristen M. Goffstown
2611	Mary G. NASHUA	2626	Eddie S. Manchester	2641	Patrick O. Hudson
2612	Jeffrey S. Sandown	2627	Maritza C. Dover	2642	Raymond H. Warren
2613	Timothy R. Pike	2628	Tracy R. Gilmanton IW	2643	Kevin M. Pittsfield
2614	Frank H. Pike	2629	Dennis S. Dover	2644	Matthew T. Newport
2615	David R. Derry	2630	Tonya B. Manchester	2645	DEBRA B. Hooksett
2616	Larry W. Lancaster	2631	Nancy W. Moultonborough	2646	Shane D. Nottingham
2617	Lill M. Hudson	2632	Jim S. Hampton	2647	Liz S. Charlestown

2648	Joseph M. Nashua	2663	Melanie F. Wolfeboro	2678	Catherine S. Dunbarton
2649	Rob M. Salem	2664	Frank B. Bedford	2679	Kelly F. Concord
2650	David S. Unity	2665	Shoshana B. Bedford	2680	Philip D. Sullivan
2651	Brenda M. Nashua	2666	Paul Reedy R. Nashua	2681	Janice D. Bristol
2652	Steven S. center Conway	2667	Joseph B. Milford	2682	Naomi O. Rindge
2653	Nancy B. Meredith	2668	Peter C. Harrisville	2683	Ken H. Weare
2654	James M. Hampton	2669	Donat R. Alton w	2684	Thomas L. Fremont
2655	Joan P P. Manchester	2670	Michael B. Goffstown	2685	Kathleen S. Seabrook
2656	Kathrun E. Atkinson	2671	Mikayla R. Seabrook	2686	John C. Chester
2657	Anita N. Auburn	2672	Julie V. Brentwood	2687	Jennifer M. Hudson
2658	Lydia S. Windham	2673	Kim K. Alton Bay	2688	Jeremy P. Litchfield
2659	Jennifer B. Nashua	2674	Gail A. east kingston	2689	Martha J. Franconia
2660	Sikt G. Nashua	2675	Melinda B. Derry	2690	Jennifer R. Nashua
2661	Tammy M. Brentwood	2676	Donna H. Hollis	2691	Mary R. Sunapee
2662	Colleen W. Amherst	2677	Maria S. Derry	2692	Steve C. Bedford

2693	James R. Nashua	2708	Jeanne . Rumney	2723	John I. Salem
2694	Adam H. Keene	2709	Jason C. Hancock	2724	Paula B. Sandown
2695	Cherry C. Manchester	2710	Chris H. Dover	2725	Dave D. Gilford
2696	Amy T. Somersworth	2711	Monika C. Nashua	2726	Megan T. Chichester
2697	KENNETH L. Tilton	2712	Bobby C. Londonderry	2727	Amy H. Hampton
2698	Matthew W. Gilford	2713	Laura B. Manchester	2728	Brendan G. Derry
2699	Yvonne F. Bedford	2714	Pollianne S. Swanzey	2729	Kim M. Manchester
2700	Veronica B. Brookline	2715	Daniel S. South Hampton	2730	Vanessa Joy P. Bethlehem
2701	Courtney T. Belmont	2716	Jason W. Auburn	2731	Lydia C. Manchester
2702	Joe L. Merrimacm	2717	Donald R. Manchester	2732	kim s. milford
2703	Dave G. Londonderry	2718	Erin M. Pelham	2733	James D. Pembroke
2704	Shawn L. Derry	2719	David R. Scappoose	2734	Dan W. Derry
2705	Justin D. Hampton	2720	Heather C. Freedom	2735	Steve S. Bedford
2706	Jose C. Loudon	2721	Eve D. Lemon Grove	2736	John M. Manchester
2707	Tracy P. Northwood	2722	Mike M. Seabrook	2737	Janette R. Amherst

2738	Chris F. Londonderry	2753	Amanda B. Antrim	2768	Kenneth L. New Ipswich
2739	Joseph D. Bedford	2754	Linda E. Seabrook	2769	Nick H. Bedford
2740	Linda B. Sandown	2755	Carl C. Manchester	2770	Susan F. Londonderry
2741	Samuel P. Bethlehem	2756	William P. NASHUA	2771	Jamie M. Epping
2742	Clifford J. Keene	2757	Denise B. Epsom	2772	Anita G. Twin Mountain
2743	Adam D. Barrington	2758	Maria S. Milford	2773	Brenda A. New Ipswich
2744	Jessica C. Nashua	2759	Kevin P. Merrimack	2774	Kelly d. Bedford
2745	CHARLES H. Wolfeboro	2760	Tony T. Hampton Falls	2775	Lex B. Grafton
2746	Jay S. Litchfield	2761	Mary G. Concord	2776	Paul M. Plaistow
2747	ROBERT W. Hopkinton	2762	Tyler T. EPPING	2777	Karen C. Bedford
2748	Michael A. Dunbarton	2763	Sandra L. New Ipswich	2778	Cathie S. Laconia
2749	Brooke S. Rindge	2764	Erin B. Manchester	2779	Jeff T. Bedford
2750	Joelee G. Dover	2765	Lauren F. Hollis	2780	Jackie B. Newbury
2751	Karla B. Chester	2766	Kenneth L. NEW IPSWICH	2781	Melanie C. Manchester
2752	Greg D. Plymouth	2767	Steve A. Pittsfield	2782	Denise T. Wolfeboro

2783	Chris B. Bedford	2798	Heidi D. New boston	2813	Donna Z. Londonderry
2784	Derek O. Bedford	2799	Nichole T. Troy	2814	Lisa C. Windham
2785	Scott T. Bedford	2800	Paul T. Bedford	2815	Vanessa L. Nashua
2786	Lisa W. Weare	2801	Danielle B. Manchester	2816	Jordan M. Nashua
2787	Caryn J. Concord	2802	Jessica W. Effingham	2817	Riitta O. Troy
2788	Jaime O. HOOKSETT	2803	Stephen M. Gilford	2818	Charlie B. Manchester
2789	Krista M. Plaistow	2804	Brad G. Richmond	2819	Greg W. Nashua
2790	Lenka S. Bedford	2805	Rodney D. New Boston	2820	Daniel I. Lee
2791	Kathy M. Salem	2806	Eric D. Hudson	2821	Riitta S. Rindge
2792	Rachel D. Pelham	2807	Dave H. Somersworth	2822	Tracie B. Rindge
2793	Margaret T. Bedford	2808	Val N. Bedford	2823	John C. Epping
2794	Tammy F. Hampton	2809	Christine F. Roxbury	2824	Ann A. Chocorua
2795	Jim K. Deerfield	2810	Mikayla H. Milford	2825	Melissa E. Newton
2796	Amanda G. New Ipswich	2811	Crissy K. Manchester	2826	Scott S. Bedford
2797	Kelly C. Hooksett	2812	William G. Pelham	2827	Caitlen H. Epsom

2828	marnie w. Salem	2843	Kim A. Bedford	2858	Elmi O. Rindge
2829	Laura M. Milford	2844	Chelsea B. Hampstead	2859	Justin P. Derry
2830	bronwyn S. Townshend	2845	Drew O. Stratham	2860	Ramona B. Rindge
2831	Jenna P. Rindge	2846	Bonnie O. Stratham	2861	Ina H. Rindge
2832	Gordon K. Alstead	2847	Jack K. Portsmouth	2862	Elizabeth H. Bedford
2833	Sara G. Manchester	2848	Chandra O. Rindge	2863	Caisey L. Sandown
2834	Jenn M. Kensington	2849	Rebecca N. New Boston	2864	Chas M. MERRIMACK
2835	Brittany M. Merrimack	2850	Amanda P. Derry	2865	Briana C. East Hampstead
2836	Shahla S. Litchfield	2851	Amanda S. Rindge	2866	Louise H. Wolfeboro
2837	Sandy C. Brookline	2852	Daniel A. Rindge	2867	Julia M. New Ipswich
2838	Barry P. Greenland	2853	Nikolaos R. Farmington	2868	Angeline H. Rindge
2839	Joe H. Bedford	2854	Daron B. MANCHESTER	2869	Sheila o. portsmouth
2840	Donna L. Hollis	2855	Robert H. Derry	2870	Mary Ann O. Nashua
2841	Tanya C. New Ipswich	2856	Leona T. Rindge	2871	Hanan W. Bedford
2842	Sheryl E. Windham	2857	Tasha K. Rindge	2872	Corinne W. Bedford

2873	Isabel G. Rindge	2888	Carrie K. Columbia	2903	Justin R. Nashu
2874	Meg P. Mont Vernon	2889	Rhonda M. Nashua	2904	Richard W. Bedford
2875	Jessica D. CONCORD	2890	Emmalie A. Salem	2905	Kacey K. Bedford
2876	Darryll D. Concord	2891	Lyn S. Manchester	2906	Amie L. Amherst
2877	Francis m. Somersworth	2892	Jonathan R. Contoocook	2907	Suzanne H. Concord
2878	Stephen H. BEDFORD	2893	Karen P. Manchester	2908	Sonja s. Rindge
2879	Danielle B. Manchester	2894	Darrell V. Milford	2909	Simone A. Rindge
2880	Maureen C. Nottingham	2895	Todd M. Bedford	2910	April N. Bedford
2881	Kim S. Concord	2896	Elizabeth M. Gilford	2911	Jim B. Concord
2882	Wayne W. Concord	2897	Greta P. Nashua	2912	Marie H. Moultonborough
2883	John H. Portsmouth	2898	dennis C. HUDSON	2913	Lisa C. Concord
2884	Linda C. Manchester	2899	Scott H. Rindge	2914	Lindsay H. Londonderry
2885	Anna T. Rindge	2900	Beverly H. Nashua	2915	Stephen F. Dunbarton
2886	David B. wilton	2901	Gary W. Goffstown	2916	Jaycee S. New Ipswich
2887	Amanda F. Hollis	2902	Isaac W. Goffstown	2917	Gary S. Chester

2918	Rebecca K. Jaffrey	2933	Jill S. Wolfeboro	2948	Marianne C. Brentwood
2919	Leigh S. Dunbarton	2934	Peter W. G. Barrington	2949	Harley V. Epping
2920	Michael M. Pelham	2935	Stephanie P. Rindge	2950	Peter S. Nashua
2921	Jessica B. New Ipswich	2936	Joshua H. Dover	2951	Rene' L. Hooksett, New Hampshire
2922	Ronald R. Berlin	2937	Theron R. newington	2952	brian b. berlin
2923	Stefanie T. Bedford	2938	Eric B. Exeter	2953	Heather H. Exeter
2924	Chuck S. Sunapee	2939	Colleen W. Nashua	2954	Amy R. Meredith
2925	Michele F. Dunbarton	2940	Sondra C. Pittsburg	2955	Shauna M. New Ipswich
2926	Marcie H. Gilmanton	2941	Nancy E. RAYMOND	2956	Maureen S. Atkinson
2927	Kimberly O. Rindge	2942	Wayne J. Raymond	2957	Nancy C. Lincoln
2928	DEREK K. BEDFORD	2943	Britni S. Bedford	2958	Jeff M. New ipswich
2929	Jill M. Bedford	2944	Kevin M. Hampton Falls	2959	Elizabeth F. Hancock
2930	Bianca S. Rindge	2945	Sharon M H. Hollis	2960	Richard A. Hopkinton
2931	Rachel M. Weare	2946	Chris E. Salem	2961	Melissa S. New Ipswich
2932	Ardelle A. Rindge	2947	Jonathan H. Center Harbor		

2962	Victor B. Nashua	2977	Lisa P. Stratham	2991	Caley O. Nashua
2963	Sheena K. Rindge	2978	Leah C. Weare	2992	Valerie P. Exeter
2964	Charles C. Lee	2978	Alexa G. Jaffrey	2993	Valeris C. New Ipswich
2965	Justin W. Sanbornville	2979	Courtney S. Jaffrey	2994	Max K. Charlestown
2966	Shawn M. Hooksett	2980	jacqueline s. bristol	2995	Meaghan P. Stratham
2967	RICHARD H. Nashua	2981	Terri O. Rindge	2996	Kevin K. Littleton
2968	Susan D. Bedford	2982	Troy F. Hampstead	2997	kenyon b. Rindge
2969	Katherine D. Hampton	2983	Michael S. Exeter	2998	Leah B. Bedford
2970	Tyler S. Rindge	2984	Loriann S. Pelham	2999	Brook W. Concord
2971	Peter R. G. Rye	2985	Jennifer P. Hollis	3000	Annie F. Nashua
2972	Thomas P. Nashua	2986	Scott F. Gilmanton	3001	Julie L. Stratham
2973	Chloe S. Rindge	2987	Greg P. Stratham	3002	Keryn M. New Ipswich
2974	Louis R. Bedford	2988	Jan S. Littleton	3003	Alan O. Raymond
2975	Patrick M. Bedford	2989	Helen S. Concord	3004	Errol F. Nashua
2976	Stacey Q. Bedford	2990	Shanna H. Rindge	3005	Denise F. Manchester

3006	Rachel S. Chichester	3021	Brenda L. Loudon	3036	Sally S. Dover
3007	Melanie R. Exeter	3022	Kris D. Easton	3037	Jay L. Newington
3008	Richard F. bedford	3023	Brigid H. Alstead	3038	Francis D. Silver Lake
3009	Shiloh H. New Ipswich	3024	Sara Z. Richmond	3039	Diane D. Goffstown
3010	Allison K. Weare	3025	Benjamin H. Alstead	3040	Douglas J. BEDFORD
3011	Shayla J. Farmington	3026	Dina D. Bedford	3041	Melody B. Weare
3012	Aly H. Alstead	3027	Mary Catherine H. Warner	3042	Glenn P. Greenland
3013	Kayla B. Hampton	3028	Pat L. Stratham	3043	Suzanne H. New Ipswich
3014	Mike H. Milford	3029	Kathy B. Nottingham	3044	Alyson G. Jaffrey
3015	Diane D. Salem	3030	Jennifer R. Hampton	3045	Cheri A. Spofford
3016	Christy H. Somersworth	3031	Jillian L. Dover	3046	Alyssa S. Exeter
3017	Mark H. Alstead	3032	Jelena M. Lyme	3047	Michael C. Greenland
3018	William B. Derry	3033	bob h. Rindge	3048	Carla L. NASHUA
3019	Christopher H. Alstead	3034	Joe T. Grantham	3049	Jeremy W. Concord
3020	Sean H. Alstead	3035	Tara H. Claremont	3050	Caroline L. Stratham

3051	Gary W. Grafton	3066	Amanda W. Derry	3081	Asia H. Loudon
3052	Elle R. Manchester	3067	Mary C. BOSCAWEN	3082	Virginia H. Hudson
3053	James S. Sanbornton	3068	Christopher H. Portsmouth	3083	Sadie S. Lisbon
3054	Shauna B. Goffstown	3069	Dorothy N. Salem, Nh 03079	3084	Cathy H. Hudson
3055	Karen C. Newmarket	3070	Al S. Bedford	3085	Carolyn O. Newfields
3056	Jamie P. Sandown	3071	Kelley A. Hooksett	3086	Josie A. Rindge
3057	Anthony B. Brentwood	3072	Joanna U. Manchester	3087	T B. Gilmanton
3058	Cedar L. Londonderry	3073	Rebecca S. Stratham	3088	Chelsea W. Goffstown
3059	KENNETH S. NH - Windham	3074	Mike U. Goffstown	3089	K F. Newton
3060	Jessica B. Hinsdale	3075	Vanessa L. Exeter	3090	Jim P. Bedford
3061	Daniel G. Concord	3076	Lindsey S. Litchfield	3091	Antonia S. Richmond
3062	Lise S. Berlin	3077	Katherine M. Exeter	3092	Kelly L. Bedford
3063	Peggy C. Derry	3078	Rebekah W. Merrimack	3093	Hannah B. New Durham
3064	Cristin F. Manchester	3079	Lynne W. Bedford	3094	Jason L. Bedford
3065	Jaye V. Bedford	3080	Heidi H. Loudon	3095	Nat C. Brookline

3096	Eva H. Bedford	3111	Suzanne U. nashua	3126	Mary Ann M. Tuftonboro
3097	Keith S. Derry	3112	Scott F. Portsmouth	3127	Rachel W. Pittsfield
3098	TARA K. Litchfield	3113	Susan E. Stratham	3128	Kent B. Hoosett
3099	Michael K. Salem	3114	Lori H. Rye	3129	Shawn R. Exeter
3100	Michelle B. Bedford	3115	Penny G. Londonderry	3130	Heather C. Hudson
3101	Vanessa S. Bedford	3116	Corey P. Gilmanton Iron Works	3131	Jeff M. Manchester
3102	Jamie C. Greenland	3117	Jonathan w. rindge	3132	Michael D. Barnstead
3103	Chris S. Auburn	3118	Barbara B. Dover	3133	Patti B. Nashua
3104	Mark D. Jacksonville	3119	ALYSSA W. Rindge	3134	Marie M. Bedford
3105	David A. Bedford	3120	Marcia D. Hollis	3135	Sarah S. Plymouth
3106	JOSHUA P. Hollis	3121	Brady O. Nashua	3136	kate h. Sunapee
3107	Arlene S. Berlin	3122	John B. Amherst	3137	Tecia A. Keemr
3108	Heather Z. CONCORD	3123	Tim G. Bedford	3138	Debra L. New London
3109	Kim L. DERRY	3124	Cliff M. Hollis	3139	Marise A. Amherst
3110	Mark A. Portsmouth	3125	Jaclynn S. Keene	3140	Carolanne W. Merrimack

3141	Andrew D. Hampton Falls	3156	Judith S. Sandwich	3171	Andrew S. Manchester
3142	Russell R. Hancock	3157	John P. Lebanon	3172	Rhonda B. Alexandria
3143	sharon n. alton	3158	Julie T. Hollis	3173	Kathleen B. Exeter
3144	Hannah B. Salem	3159	PAUL K. Londonderry	3173	Michael B. Alexandria
3145	Raymond L. Monroe	3160	Ivan M. Thornton	3174	Stephanie L. Newton
3146	Lacy L. Monroe	3161	Mark R. Piermont	3175	Michael G. New Ipswich
3147	Taryn C. Rindge	3162	Erik P. Windham	3176	Conor B. Bedford
3148	Nicole C. Greenland	3163	Ken P. Londonderry	3177	Ryan B. Bedford
3149	Michael F. Nashua	3164	Jodi H. Milford	3178	steven and vicki d. sandwich
3150	Torrie A. Rindge	3165	Sue A. Nashua	3179	Susan A. Alton Bay
3151	Caleb O. Rindge	3166	Caroline W. Stratham	3180	Deni S. Chocorua
3152	Anthony A. Rindge	3167	Kathleen S. Carroll	3181	Deborah M. North Hampton
3153	Liam B. Nashua	3168	Amanda N. Warner	3182	Kristen Y. Bedford
3154	Justin W. Hebron	3169	Barbara H. Bedford	3183	Kristen a. Durham
3155	Alan H. Hudson	3170	Tracy P. Newport	3184	Sue L. Bedford

3185	Elizabeth M. Brentwood	3200	Robin N. Shelburne	3215	Kathy W. Bristol
3186	Michelle C. Rochester	3201	Michelle J. Pelham	3216	Kim G. Epping
3187	Sondra B. Somersworth	3202	Meaghan Z. Hampstead	3217	Matthew H. Rye
3188	Keshia A. Bedford	3203	Declan A. Concord	3218	Karen G. Bedford
3189	Steven F. Laconia	3204	Alison R. Bedford	3219	Carmen R. Nashua
3190	Theresa F. Laconia	3205	Jim M. Salem	3220	Elizabeth M. Bedford
3191	Rob S. Londonderry	3206	Kristine L. Bedford	3221	Justin H. Nashua
3192	Susan D. New Durham	3207	Rhianna B. Deerfield	3222	Ashley F. Bedford
3193	Laurie W. Gilmanton	3208	Mary K. Fremont	3223	James M. Bedford
3194	Scott S. Greenland	3209	Linda F W. North Hampton	3224	Bob S. Nashua
3195	Nancy R. Littleton	3210	Nicole B. Windham	3225	Stephen K. Londonderry
3196	Barbara M. Amherst	3211	donna p. milford	3226	Amy A. Manchester
3197	jenny L. Windham	3212	Blakleigh F. BEDFORD	3227	Angelina S. Newbury
3198	James B. Bedford	3213	Anastasia s. Jaffrey	3228	Tarah C. Bradford
3199	Sandra M. Nashua	3214	Laurie A. C. Newmarket	3229	William M. Tilton

3230	Jonathan C. Alexandria	3245	Heather R. Sandown	3260	H. Vaughan M. Greenland
3231	Julia B. Hancock	3246	Alicha K. Loudon	3261	Diana D. Bradford
3232	Patricia G. Newton	3247	Rodney P. Loudon	3262	Rocio S. Bedford
3233	Kate S. Bedford	3248	Sara L. North Hampton	3263	Kelly L. Bradford
3234	Robert P. Londonderry	3249	Crystal H. Loudon	3264	Lena L. Alton
3235	Tanya R. Windham	3250	Roselee T. Concord	3265	Tenley W. Greenland
3236	Jay h. derry	3251	Jamie W. Moultonborough	3266	Lori S. Chatham
3237	Alyssa S. Nashua	3252	Tom B. Deerfield	3267	Kathleen L. Rochester
3238	Brandi S. Center Barnstead	3253	Lindsay B. Windham	3268	Duane O. Rindge
3239	Kirstwn W. Auburn	3254	Grace K. Danville	3269	Traci P. Bedford
3240	Sam L. Seabrook	3255	Brenda L. Loudon	3270	Therese B. Nashua
3241	Caroline L. NASHUA	3256	Adrea J. Warner	3271	Suzanne H. Dunbarton
3242	Janan A. Kensington	3257	Stephanie G. Concord	3272	Monique D. Brookfield
3243	Tracy C. Litchfield	3258	Alexa D. Hudson	3273	Martha J. Kingston
3244	Faith B. Milford	3259	Ashley G. Tilton	3274	Rose C. Manchester

3275	Craig M. Hinsdale	3290	Jessica T. Hollis	3305	Christine H. Goffstown
3276	Helene T. Littleton	3291	Jennifer G. Franklin	3306	Ashley K. Rindge
3277	Johnny M. Nashua	3292	Lynn C. Troy	3307	Sarah B. Greenfield
3278	Tristan K. Auburn	3293	jennifer I. newport	3308	Judith H. Bedford
3279	Kristen H. Deering	3294	Irene M. Warner	3309	Shauna H. South Hampton
3280	Meganne J. Newton	3295	Emily L. Concord	3310	Maureen B. Bedford
3281	Malini F. Hyannis	3296	olivia a. Jefferson	3311	Chi-Yang C. West Lebanon
3282	Natalie A. Manchester	3297	Ashley L. Croydon	3312	Valerie B. Manchester
3283	Winston (. Greenland	3298	Andrew J. Hopkinton	3313	Richard R. Lebanon
3284	Ashley C. Merrimack	3299	Camilla F. Hampton	3314	Melanie J. New Ipswich
3285	Katie B. concord	3300	Daniella T. Hampton	3315	Lea A. Rindge
3286	Alexis P. Bedford	3301	Maya T. Hampton	3316	Haleigh C. Allenstown
3287	Linda C. PETERBOROUGH	3302	Molly S. Rindge	3317	Scott G. Hampton
3288	Dan B. Ossipee	3303	Kerin S. Amherst	3318	Scott M. Bedford
3289	S COTT J. Pittsfield	3304	Amanda G. New Ipswich	3319	lucille n. hollis

3320	Sierra G. New Ipswich	3335	Laurianne M. Goffstown	3350	Chad L. Merrimack
3321	Christina W. Concord	3336	Nadine S. New Boston	3351	Kristin G. Hinsdale
3322	Kevin E. Hampton	3337	Anthony D. Nashua	3352	Carmen R. Canaan
3323	Gary D. Dummer	3338	Laura D. Enfield	3353	Jonathan P. Weare
3324	Leonard S. Nashua	3339	Karen D. Hollis	3354	Michael M. Mont Vernon
3325	Lisa M. Merrimack	3340	Renee G. Sanbornville	3355	Lucie C. Brentwood
3326	Melinda B. New Ipswich	3341	Jarod S. Sanbornville	3356	Kathy M. New Ipswich
3327	Rachel J. Pelham	3342	Chris C. Fryeburg	3357	Nancy L. Newington
3328	Michelle P. New Ipswich	3343	CHRISTOPHER H. Claremont	3358	Mark H. Dunbarton
3329	April P. Manchester	3344	Alicia H. Salem	3359	D. S. Dover
3330	Sheryl P. Manchester	3345	Samuel S. Rindge	3360	Leah K. Jaffrey
3331	wayne B. seabrook	3346	Mary Anne A. Campton	3361	Jeremy K. Jaffrey
3332	Lindsay S. Nashua	3347	Janet R. Strafford	3362	Scott C. Nashua
3333	Chris E. Plaistow	3348	PAULA S. Hudson	3363	Kylee C. Nashua
3334	Gregory W. Merrimack	3349	Audra W. Alstead	3364	Trudy H. Hollis

3365	James D. Manchester	3380	Susan R. Epping	3395	Anthony D. Nashua
3366	James C. Keene	3381	Beth S. Nashua	3396	Elaine P. Dover
3367	Amanda K. Rindge	3382	Emily B. Nashua	3397	Trish S. Windham
3368	Ann S. Holderness	3383	Kara D. Salem	3398	Kathleen Y. Meredith
3369	Daniel K. Milford	3384	Laurie O. Nashua	3399	Lily W. Weare
3370	Yvonne C. Londonderry	3385	Janice R. Nashua	3400	Johanna L. Rye
3371	Philip E. Londonderry	3386	Sheila C. Salem	3401	Mary C. LOUDON
3372	Rebecca M. Keene	3387	Nick L. Sanbornton	3402	Jenny B. Nashua
3373	Shelly J. Nashua	3388	Barry E. Alton Bay	3403	Christian G. Montague
3374	Kari E. Middleton	3389	Melanie M. Nashua	3404	Sarah A. Nashua
3375	Traci S. Tilton	3390	Cathy T. Berlin	3405	Marc A. Nashua
3376	Pam B. Newton	3391	Debra W. Fitzwilliam	3406	Timothy C. Swanzey
3377	Jennifer C. Contoocook	3392	Robert H. Salem	3407	Sarahrose S. Epping
3378	Danielle R. Nottingham	3393	Lynn K. Epping	3408	Wendy S. Amherst
3379	Claudia H. Hudson	3394	Jill J. Dover	3409	Drue T. Pelham

3410	Jennifer R. Sunapee	3425	Arica C. Belmont	3440	John R. Sanbornton
3411	Jodi B. Pelham	3426	Pamela A. RAYMOND	3441	JASON R. Gorham
3412	Josh L. Meredith	3427	Frank S. Manchester	3442	Renee A. Rindge
3413	Debra L. Unity	3428	Brian N. RAYMOND	3443	Heidi L. Loudon
3414	Cameron T. Pelham	3429	Traci O. Peterborough	3444	Janine Y. Farmington
3415	Jude A. Hampton Falls	3430	Lisa G. Merrimack	3445	Jodi M. Olyphant
3416	Brenda M. Portsmouth	3431	Matthew C. Nashua	3446	Brian M. Keene
3417	Ashley L. nashua	3432	Becky B. Lee	3447	Karen L. Salem
3418	Danielle p. Hillsborough	3433	Jacob C. Belmont	3448	christina t. Pelham
3419	Leslie T. Franconia	3434	Jamie C. Madbury	3449	Diane R. Pittsfield
3420	Sean A. Newington	3435	James B. Lee	3450	Sarah C. 3304
3421	Vanessa N. Derry	3436	Allison R. Gorham	3451	Darlana C. Woodstock
3422	George V. Wolfboro	3437	Therese G. Manchester	3452	Katie C. Concord
3423	Noella T. Hooksett	3438	Evelyn F. Nashua	3453	Trisha G. Piermont
3424	Deborah D. Dover	3439	Valli S. 3060	3454	Matt K. Moultonborough

3455	Michael B. Piermont	3470	Melanie S. Keene	3485	Amy D. Springfield
3456	Karen M. Pelham	3471	Michelle T. Somersworth	3486	Meredith A. Hampton Falls
3457	Perpetua F. HANOVER	3472	Pauline B. Nashua	3487	Patti A. North Conway, NH
3458	Linda M. Pelham	3473	Rich P. Amherst	3488	Krista A. Bedford
3459	Rachel M. Pelham	3474	Adele R. Salem	3489	Diana L. Meredith
3460	Scott M. Dover	3475	Michael M. Newfields	3490	Linda S. Litchfield
3461	John H. South Hampton	3476	Jeanne M. Goffstown	3491	Michael C. Durham
3462	Aric L. Marlborough	3477	Jennifer A. Auburn	3492	Erika W. Amherst
3463	Jim G. Hollis	3478	gary y. hopkinton	3493	Andrea B. Wolfeboro Falls
3464	Diane B. Bedford	3479	sarah w. Merrimack	3494	Derrick L. Manchester
3465	Mary F. Nashua	3480	Sarah H. Hooksett	3495	Robert S. Conway
3466	Chrissy W. Newport	3481	Sara S. Antrim	3496	Jennifer S. North Hampton
3467	Claude B. Berlin	3482	Lori M. Franklin	3497	Meghan C. Hampton
3468	Malgorzata R. Nashua	3483	Amanda M. Merrimack	3498	Katherine M. Seabrook
3469	Pam R. Bow	3484	Dana M. Merrimack	3499	Lynn R. Jaffrey

3500	Lauren J. Hampton	3515	Nicole S. Conway	3530	Kenneth T. Nashua
3501	David M. Allenstown	3516	Kristen M. Tamworth	3531	Andy R. Nottingham
3502	Robert G. Nashua	3517	Diane B. Berlin	3532	claude p. nashua
3503	Elena A. Hampton	3518	Debbie Y. Stratham	3533	Nancy S. Rochester
3504	Rita O. Chester	3519	Steve B. Rochester	3534	TANYA B. Amherst
3505	Mary Sue S. Hampton	3520	Victoria L. Loudon	3535	Tim A. Rye
3506	Bill H. Hollis	3521	Rachel M. Tamworth	3536	James R. Nashua
3507	Christine M. Peterborough	3522	Pamela M. Nashua	3537	Gary A. Rye
3508	Stephanie D. Hanover	3523	Diana L. Rochester	3538	karen c. Pembroke
3509	Mirka K. Amherst	3524	Karen A. Derry	3539	Jason H. Nashu
3510	Joyce M. Andover	3525	Jeff R. Newmarket	3540	Kimberly P. Hudson
3511	Morgan F. Dover	3526	Scott B. Brookline	3541	Candace M. Hudson
3512	Pauline S. Manchester	3527	Rhonda P. Nashua	3542	Caitlyn F. Nashua
3513	peter s. Nashua	3528	Deanna O. Derry	3543	T L B. New Hampton
3514	Eric C. New Ipswich	3529	Jannelle H. Grafton	3544	Amy C. New Ipswich

3545	Christina B. Nashua	3560	David W. Kingston	3575	Judy B. Manchester
3546	Dawn C. Bedford	3561	Sherry H. Manchester	3576	Emile T. Manchester
3547	Emily B. Nashua	3562	Natali S. Deerfield	3577	Peter B. New Boston
3548	James B. New boston	3563	B S. Gilford	3578	Christine B. Greenfield
3549	Peter H. Sandown	3564	Christie T. Nashua	3579	Linda S. Peterborough
3550	Deacon Bernard M. Concord	3565	Rob D. nashua	3580	Breandon S. Antrim
3551	Amanda N. NEW BOSTON	3566	Inga C. Hollis	3581	Lawrence V. Nashua
3552	Peter P. New Boston	3567	Martha M. Derry	3582	Seth E. Swanzey
3553	Deana F. Jaffrey	3568	Craig G. New London	3583	Caroline B. Windsor
3554	Nathan F. JAFFREY	3569	Stephanie P. Nashua	3584	Linda S. Salem
3555	Melanie D. Sandown	3570	Joan E. Londonderry	3585	Alexandra F. Windham
3556	Rosemarie W. Effingham	3571	Krystal M. Hudson	3586	Lisa G. Milton
3557	Holly Y. Franklin furnace	3572	Elizabeth S. Durham	3587	Dianne V. Dover
3558	Joseph C. Goffstown	3573	Brian J. Candia	3588	Jennifer D. Manchester
3559	Erica I. Antrim	3574	Natalie R. Milford	3589	Carla A. Henniker

3590	Maureen W. Cornish	3605	Gretchen L. Antrim	3620	Jeremy O. New Durham
3591	William P. Henniker	3606	Ali L. Bennington	3621	Charles B. New Boston
3592	Leah S. Peterborough	3607	Casey K. Milton Mills	3622	Tyler S. Atkinson
3593	Mark S. Whitefield	3608	Stephen R. Milton	3623	carol b. Amherst
3594	Ronald H. Hillsborough	3609	Brian W. Milton	3624	James P. Candia
3595	Jenny B. Milford	3610	Kristine S. Peterborough	3625	Timothy B. Sandwich
3596	Jessica S. Hancock	3611	ROBERT D. WOLFEBORO	3626	Julian P. Langdon
3597	Matthew S. Hancock	3612	Donal D. Portsmouth	3627	Margaret M. DOVER
3598	Tyler K. Auburn	3613	Kathryn G. Nashua	3628	Michelle H. Wilton
3599	Kara B. Manchester	3614	albert f. Gorham	3629	Stephen S. Marlborough
3600	Linda B. Manchester	3615	Michelle C. Salem	3630	Gaby A. Lake Hiawatha
3601	Arnie B. Manchester	3616	Karen P. Gorham	3631	Christine M. Lancaster
3602	David K. Auburn	3617	MJ R. Manchester	3632	Decon D. New Boston
3603	Naomi A. Pelham	3618	Melissa H. Bennington	3633	Sarah R. Nashua
3604	Natalie N. Boscawen	3619	Keith H. Hollis	3634	Jonathan M. NASHUA

3635	Courtney P. Concord	3650	Brian M. Nashua	3665	John G. Hillsborough
3636	Paul C. Glen	3651	Carrie A. Dunbarton	3666	Joshua B. Center Conway
3637	Adam P. Milford	3652	Dan D. Dunbarton	3667	Barbara V. Litchfield
3638	Andrea C. Glen	3653	Amanda T. Dunbarton	3668	walter k. Hopkinton
3639	Jessica F. Plaistow	3654	Ashley B. Dunbarton	3669	Michael K. Pelham
3640	LC A. Pelahm	3655	Allen G. Dunbarton	3670	Richard C. New Boston
3641	Linda M. Tilton	3656	Jared L. Dunbarton	3671	Eric B. Derry
3642	Ellen H. Hampton	3657	James M. Dunbarton	3672	Fumio T. Hudson
3643	Dianne H. Pelham	3658	Anne c. Francestown	3673	anna m. Nashua
3644	Dianne H. Pelham	3659	Christine N. Goffstown	3674	Linda A. Seabrook
3645	Madeline K R. Kingston	3660	Joan T. Strafford	3675	Eliza S. Hampton
3646	Danielle M. Rye	3661	David S. Lincoln	3676	Daniel S. Hampton
3647	Daniel M. Auburn	3662	Allison R. Rye	3677	Linda H. Hopkinton
3648	Kathryn G. Manchester	3663	Marie R. Concord	3678	Cheryl D. Northwood
3649	Larry L. Francestown	3664	Jennifer C. Dunbarton	3679	Krysie B. Northwood

3680	Allan F. Londonderry	3695	Ellen T. Fremont	3710	Gary P. Windham
3681	Devon D. New Boston	3696	Marjorie B. Laconia	3711	Amy L. Windham
3682	Caroline S. Littleton	3697	Dawn W. Windham	3712	Jennifer J. Derry
3683	Mara W. Derry	3698	Lee P. Rochester	3713	Robert G. Everett
3684	Andrea M. Windham	3699	Rebecca H. Warren	3714	Andrew D. Windham
3685	Nicole B. Windham	3700	Tracey H. Salem	3715	Alanna B. Salem
3686	Maranda W. Londonderry	3701	Donna B. Nashua	3716	Andrew K. Windham
3687	Dawn T. Windham	3702	Andrew B. Concord	3717	Jacquelyn W. Windham
3688	Kasie B. Salem	3703	Alexis T. Windham	3718	Courtney H. Penacook
3689	Jennifer C. Windham	3704	Gina E. Windham	3719	Corbin H. Penacook
3690	Barbara L. Hampton	3705	Celina P. Loudon	3720	Celeste S. Concord
3691	Dwight L. Hampton	3706	Sarah S. Loudon	3721	Lore B. Salem
3692	Jennifer M. Windham	3707	Barry G. Windham	3722	Michael S. Holderness
3693	Katelyn P. Windham	3708	Jacob M. Dover	3723	Stephanie C. Milford
3694	Linda M. Salem	3709	Stephanie P. Windham	3724	Diane D. Windham

3725	Meghin M. Hampstead	3741	Randy W. Dover	3756	Stacey W. Dover
3726	Janet F. Auburn	3742	George K. Manchester	3757	Dana B. DOVER
3727	Megan S. Sandown	3743	Jennifer C. Loudon	3758	Neal G. Litchfield
3728	Bronwyn S. Townshend	3744	Virginia L. ANDOVER	3759	David N. Manchester
3729	Florence G. Northwood	3745	Hannah C. Concord	3760	Marie C. Laconia
3730	Lori E. Salisbury	3746	Julie M. East Hampstead	3761	Helena D. Goffstown
3732	John M. Derry	3747	Robin R. Manchester	3762	Linda M. Concord
3733	David F. Penacook	3748	Laurie A. Candia	3763	Steven D. Bedford
3734	Isaac D. Danbury	3749	Ferngold M. Mont Vernon	3764	Rachel L. Walpole
3735	Sasha S. Moultonborough	3750	Thomas M. Mont Vernon	3765	Katelyn L. Spofford
3736	Tommy S. Rindge	3751	Missi F. Concord	3766	Bryan V. Swanzey
3737	Shanoah S. Rindge	3752	Kristy B. Manchester	3767	Adrianna w. Loudon
3738	Kaysha S. Ridge	3753	Peter B. Manchester	3768	William H. Alexandria
3739	Ashley S. Rindge	3754	Sam F. Bedford	3769	James S. Rochester
3740	Brenda M. Manchester	3755	Peter P. Concord	3770	David S. Rye

3771	Deborah B. North Conway	3786	Susan W. Londonderry	3801	Anne B. Windham
3772	Brenda D. North Swanzey	3787	Jessica K. New Ipswich	3802	Luree S. Bristol
3773	John B. Newbury	3788	Richard B. Franklin	3803	Maia B. Marlborough
3774	Shelly L. Dunbarton	3789	Debra B. Franklin	3804	Jennifer H. Deleting
3775	Christine C. Sunapee	3790	Carolyn S. Mason	3805	Jeremiah L. Deering
3776	Yvonne T. Nashua	3791	Kevin K. Claremont	3806	Debbi S. Hampton Falls
3777	Simon T. NASHUA	3792	Eve F. Auburn	3807	Bebe B. Wolfeboro Falls
3778	Dylan F. Windham	3793	Jaime E. Freedom	3808	Mark R. Contoocook
3779	Simon D. Pelham	3794	John N. Sanbornville	3809	Brandon R. Madison
3780	Joshua K. Loudon	3795	Diana R. New Ipswich	3810	Jonathan L. Loudon
3781	Alfred K. Hollis	3796	Robert L. Danville	3811	Josane C. Bedford
3782	Christine P. Hudson	3797	Michele H. Bow	3812	nikki w. lancaster
3783	John W. Rye	3798	Jeremy C. Ashland	3813	Elen K. Grafton
3784	Robert L. Salem	3799	Victor P. Charlestown	3814	Christine M. Alton
3785	Thomas J. Amherst	3800	Daniel F. Exeter	3815	Nate T. Manchester

3816	Robert603 F. Sandown	3831	Stephanie B. Jefferson	3846	JAMIE B. Strafford
3817	Jon M. Weare	3832	Scott W. Goffstown	3847	Fred B. Exeter
3818	Lori F. Portsmouth	3833	Dawn F. Atkinson	3848	Jennifer A. Auburn
3819	Joseph F. Portsmouth	3834	Ross C. Londonderry	3849	Olivoa L. Atkinson
3820	Lisa G. Manchester	3835	DAVID S. SALEM	3850	sean f. atkinson
3821	Janice D. Manchester	3836	Alice S. Salem	3851	Liam F. Windham
3822	Wayne W. Concord	3837	Ross C. Manchester	3852	Dawn L. Atkinson
3823	Keith C. Manchester	3838	Kendra S. Nashua	3853	Mary P. Seabrook
3824	Robert C. Allentown	3839	jeffrey I. DUNBARTON	3854	Sharon M. Hampton Falls
3825	deb g. ALEXANDRIA	3840	Jessica D. Hampton	3855	James S. Manchester
3826	Charles C. Alexandria	3841	Alan P. Benton	3856	David W. Hollis
3827	Tracy M. Albany	3842	Chris M. Salem	3857	Marie C. Whitefield
3828	mary g. Derry	3843	Kristine L. Exeter	3858	Shane M. Nashua
3829	Stephen C. Windham	3844	Marta S. Goffstown	3859	Jacalynn W. Hampton
3830	Laura J. Berlin	3845	Jennifer W. Hancock	3860	Annalise P. Amherst

3861	Kim S. Rochester	3876	Tim P. Londonderry	3891	Stephanie O. Bristol
3862	Eric S. Sandown	3877	Will H. Sutton	3892	William O. Bristol
3863	Walter W. Salem	3878	Ashley L. Enfield	3893	Jennifer C. Manchester
3864	Chris M. Manchester	3879	Karrie H. Candia	3894	Michael D. Claremont
3865	Colleen G. Orford	3880	John H. CANDIA	3895	Brittany O. Concord
3866	Rebecca S. Concord	3881	Tracey F. Mason	3896	Trisha G. New Boston
3867	Deanna B. Pelham	3882	Leland C. Bristol	3897	Glenn P. Hampton Falls
3868	Debbie M. Derry	3883	Kimberly B. Middleton	3898	Janice H. Warner
3869	nicole n. Goffstown	3884	Brina C. Rindge	3899	Joshua K. Epping
3870	Erica D. Concord	3885	Robert B. Brookline	3900	Joseph P. Nashua
3871	Joy A. Dublin	3886	Robert M. Lisbon	3901	Kelly P. Manchester
3872	Lisa J. Dover	3887	Ann E. Goffstown	3902	Patti C. Gilmanton
3873	Michael H. Canaan	3888	Susan P. Amherst	3903	James P. Northwood
3874	Cherie R. Nashua	3889	Amy S. Candia	3904	Steve E. Concord
3875	Michelle S. Manchester	3890	Roy T. Lyndeborough	3905	cecily s. dublin

3906	Nathan E. Exeter	3921	Jesse F. Manchester	3936	Chris M. Salem
3907	Sydney C. Dover	3922	Kitty A. Andover	3937	Andrzej K. LEE
3908	Jack B. Atkinson	3923	Kali R. Contoocook	3938	Agnieszka K. Lee
3909	mike b. woleboro	3924	Danielle T. Contoocook	3939	Daniel B. Nashua
3910	Chet A. Andover	3925	Jeffery S. Alstead	3940	Alexis Q. Hooksett
3911	Richard A. Litchfield	3926	Stacey G. Camarillo	3941	Sam b. Merrimack
3912	Jennifer F. Andover	3927	Sarah W. Andover	3942	Russ b. Merrimack
3913	Eric S. Hopkinton	3928	Joseph L. Raymond	3943	Politi L. Hopkinton
3914	DeLana A. Hopkinton	3929	Sandra C. Chichester	3944	Carole M. Pembroke
3915	Nicole S. Camarillo	3930	Douglas C. Plaistow	3945	Sean C. Kingston
3916	Antonietta M. Andover	3931	Stephen C. Nashua	3946	Susan G. Londonderry
3917	Mark T. Hopkinton	3932	Cheryl S. Londonderry	3947	Justin M. Mont Vernon
3918	James B. Lewiston	3933	Timothy H. Hopkinton	3948	Jeannine P. Mason
3919	Lesley M. Newbury	3934	Dana C. Derry	3949	Kathleen B. Newport
3920	Mandie G. Franklin	3935	Jillian S. Andover	3950	Walter M. Moultonborough

3951	Jason S. Portsmouth	3966	Stevie B. Conway	3981	Janice J. Derry
3952	Sonia V. Deerfield	3967	Candace A. Glen	3982	Karla H. PELHAM
3953	Christine C. Somersworth	3968	Kathy P. Lebanon	3983	Leona S. Center Ossipee
3954	rebecca h. ROCHESTER	3969	Tammy G. Derry	3984	Susanna C. Malden
3955	Harry C. Center Ossipee	3970	Elisha R. Enfield	3985	Allan P. Portsmouth
3956	Linda L. Campton	3971	Leslie J. Sandwich	3986	Norman S. Portsmouth
3957	Elena A. Bedford	3972	Cheryl P. West Lebanon	3987	ALAN T. Bow
3958	Michael A. Bedford	3973	Ryan R. Pittsfield	3988	sarah t. barrington
3959	Eric E. Goffstown	3974	Richelle R. Pittsfield	3989	Kristin S. Salem
3960	Patricia S. Merrimack	3975	Karen C. Claremont	3990	Kristi S. Salem
3961	Roger C. Wolfeboro Falls	3976	John G. Lancaster	3991	Kelly W. Northwood
3962	Carole W. Newport	3977	Michael F. Hampton	3992	Ann H. Nashua
3963	Amber E. AMHERST	3978	Daniel P. nashua	3993	Chet A. Andover
3964	Janet B. Manchester	3979	Teresa P. Hampstead	3994	Christine T. Dover
3965	pamela g. Atkinson	3980	Eric C. Center Harbor	3995	Jim M. Windham

3996	Natasha B. Milford	4011	Robert R. Salem	4026	Rosina L. STODDARD
3997	Alexander F. Salem	4012	Ryan M. Colebrook	4027	Thomas H. Richmond
3998	Scott M. Derry	4013	Tina H. New Ipswich	4028	Chris F. Rollinsford
3999	Michael L. Hampstead	4014	Amy J. Concord	4029	Bill G. Durham
4000	Zeli B. Manchester	4015	George K. Manchester	4030	Luke L. Bedford
4001	Matthew B. Nottingham	4016	Jordan C. Northwood	4031	Kevin C. Bedford
4002	Joseph M. Laconia, NH	4017	Luann M. Milton	4032	Michael S. Manchester
4003	Bryan B. Albany	4018	Elaine R. Franklin	4033	David L. Manchester
4004	Bobby S. Piermont	4019	Grace M. Derry	4034	Elizabeth N. Brookline
4005	Jayne B. Rindge	4020	Cheryl F. Pelham	4035	Joshua C. Manchester
4006	Anne S. New London	4021	J L. Keene	4036	Andrew M Z. Nashua
4007	Jean L. Exeter	4022	Wayne G. Concord	4037	Marilyn R. Strafford
4008	Bette P. Swanzy	4023	Daniele S. Milford	4038	Marina Z. Portsmouth
4009	Wendell P. Swanzy	4024	Sarah D. Dover	4039	William B. Andover
4010	Donna R. Salem	4025	Isabella P. Weare	4040	Julie B. Andover

4041	Taylor D. Salisbury	4056	Daryl B. Bedford	4071	Diane P. Manchester
4042	Deborah P. New London	4057	Eric L. Bedford	4072	Linda H. Springfield
4043	Jenn G. Northfield	4058	India T. Andover	4073	Jen B. Pike
4044	Candyce T. Andover	4059	Charles L. CONCORD	4074	Marni W. Piermont
4045	Taylor S. Andover	4060	Edward S. Grantham	4075	Bobby S. Piermont
4046	Todd M. Salisbury	4061	Aaron N. Raymond	4076	Christopher G. Charlestown
4047	Meagan M. Salisbury	4062	Douglas C. Plaistow	4077	Alen A. Milford
4048	Britany C. Franklin	4063	Russell G. Albany	4078	Jason E. Alton
4049	Jennifer F. Andover	4064	Shane L. Canterbury	4079	Trish C. Farmington
4050	Brian S. Bath	4065	Peter D. Enfield	4080	Pamela B. Keene
4051	Rachel C. Laconia	4066	BRYCE M. PELHAM	4081	JESSICA W. Unity
4052	John R. Manchester	4067	Kaelin C. Salem	4082	Serena H. Bethlehem
4053	June B. Concord	4068	Jeffrey C. Dover	4083	Christy L. Somersworth
4054	Russan C. Bedford	4069	Rachel S. Seabrook	4084	Gary J. Newmarket
4055	Michael S. Bedford	4070	Greg G. Peterborough	4085	Wes B. Blandwesley@gmail.

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4088	Laura L. Manchester	4103	Daniel F. Hampton	4118	Roscoe R. Concord
4089	Christopher T. Nashua	4104	Aaron H. ALTON	4119	Lisa W. Kingston
4090	Sandra L. Hooksett	4105	David B. Sunapee	4120	Rebecca S. Concord
4091	Lisa C. Milan	4106	Keith M. Manchester	4121	Denise S. Salem
4092	Riitta O. Troy	4107	Steve E. Canandaigua	4122	Stephen R. Dover
4093	Zephan W. Pembroke	4108	Richard B. Greenville	4123	Ashley M. Pembroke
4094	Valerie M. Danville	4109	Lisa L. Hancock	4124	Barbara C. Auburn
4095	Theresa T. Derry	4110	Aislinn F. Washington	4125	Tina C. Dover
4096	Jennifer M. Peterborough	4111	Angelica K. Auburn	4126	Daniel T. Bethlehem
4097	roger s. Iaconia	4112	Justin G. New London	4127	Becky D. Rumford
4098	Bryan W. Alton	4113	Kathy K. Goffstown	4128	Susan M. Holderness
4099	Maricar S. Grantham	4114	Ashley A. Amherst	4129	Jenna K. Manchester

4130	Karen C. Deerfield	4145	Mary R. Goffstown	4160	Stephen M. Goffstown
4131	Julie S. Londonderry	4146	Desiree L. Sutton	4161	Joseph H. Concord
4132	Robin O. Moultonborough	4147	Emily P. Fremont	4162	Janet H. Sandpoint
4133	Emily L. Salem	4148	Paul T. Alton	4163	Brenda B. Fremont
4134	Diane S. Goffstown	4149	Daniel F. Hampton	4164	Jane J. Newbury
4135	Crystal K. Sunapee	4150	Sue G. Rochester	4165	Jolene B. Hudson
4136	Emerald L. Nashua	4151	Samantha T. Seabrook	4166	Gregory J. Moultonborough
4137	Alan E. Keene	4152	Wendy C. Ashland	4167	Melissa H. New Boston
4138	Adriana A. Loudon	4153	annie a. New Boston	4168	Cecelia K. Center Ossipee
4139	Ross L. Epsom	4154	Jill J. Dover	4169	Drew M. Hollis
4140	Karen K. Helotes	4155	Rhonda M. Wolfeboro	4170	Julie N. North Hampton
4141	Mary H. wilmot	4156	Tara A. Hill	4171	John C. Dover
4142	Melodie F. Laconia	4157	Denise C. Rindge	4172	Tiffany C. Dover
4143	Cheryl M. Bedford	4158	Bruce C. Rindge	4173	Tiffany Z. Amherst
4144	Maria C. Franklin	4159	Eric H. New ipswich	4174	Kate Y. Hampton

4175	Sara Y. Milford	4190	Alison L. Londonderry	4205	Cassie H. Bedford
4176	Guy Z. Amherst	4191	Charles B. EXETER	4206	Nicholas P. Manchester
4177	John C. Derry	4192	Joan C. Windham	4207	Kathleen L. Ashland
4178	Jeannine K. Newmarket	4193	Ric D. Hudson	4208	Lindsay M. Manchester
4179	N D. New Hampton	4194	Rebecca W. Woodsville	4209	Jennifer L. New Hampshire
4180	Gina C. Auburn	4195	Donna R. Salem	4210	Nicole S. Newmarket
4181	Daniel C. AUBURN	4196	Bill M. LEATHERHEAD	4211	Lana S. Manchester
4182	Tyler B. Belmont	4197	Kristy N. Dover	4212	MARIE L. MERRIMACK
4183	Bruce R. New Ipswich	4198	Alexis K. Manchester	4213	Chelsea P. New Durham
4184	Gene B. Manchester	4199	Donna L. Loudon	4214	Jennifer M. Chester
4185	Brittany L. Loudon	4200	Maegan P. Manchester	4215	Lisa E. Pittsfield
4186	Sarah L. Londonderry	4201	Emma S. Manchester	4216	Rachel V. Concord
4187	Pamela S. Auburn	4202	Frank . Auburn	4217	Lisa G. New Durham
4188	Jeanette G. Chichester	4203	Elizabeth M. Raymond	4218	Eva H. Moultonborough
4189	Mark G. Chichester	4204	Laurie S. Auburn	4219	Erica H. Deering

4220	Paul B. Antrim	4235	David B. Billerica	4250	Karen F. NORTH SALEM
4221	Ken S. Salem	4236	Sheila K. Deerfield	4251	Erin-Dail P. Hampstead
4222	Alex m. Salem	4237	Vuong T. Manchester	4252	Jeffrey M. Bow
4223	Kelsey M. Salem	4238	Joseph V. Newmarket	4253	Suzanne D. Portsmouth
4224	Samantha J. MANCHESTER	4239	Stacy D. Epsom	4254	Catherine D. Stratham
4225	Elizabeth F. Gilford	4240	Jay S. Londonderry	4255	Annemarie H. Rochester
4226	Heath E. Gilford	4241	Carolyn C. New Castle	4256	James P. Candia
4227	Megan W. Nashua	4242	Marlene K. Dunbarton	4257	Christine C. Milford
4228	Meagan T. Franklin	4243	Charles D. Merrimack	4258	Linette S. Greenfield
4229	Audrey B. Keene	4244	Elizabeth C. Milford	4259	Theresa L. Nashua
4230	Steven D. Wentworth	4245	Edward R. Goffstown	4260	Allyson H. Nashua
4231	Sandra K. Newfields	4246	David S. Windham	4261	Joanne R. Hudson
4232	Jessica C. Newmarket	4247	Roy W. Franklin	4262	Lynne S. Franklin
4233	Joni L. Portsmouth	4248	Shannon B. Gilford	4263	Melissa S. Bennington
4234	Dianne M. Pembroke	4249	Marissa K. Henniker	4264	John D. Ayer

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4266	Bo G. Sanbornton	4281	dorothy s. Boscawen	4296	Julie B. Brentwood
4267	Michael M. Belmont	4282	Carla A. Henniker	4297	Amber D. Stratham
4268	Ashley B. Antrim	4283	Malcolm T. CHESTER	4298	Kristen S. Salem
4269	Peter D. Enfield	4284	Denise E. Pelham	4299	Debra H. Raymond
4270	Susan C. Epsom	4285	Jackie M. Salem	4300	Tim S. Deerfield
4271	Bill Z. Brookfield	4286	Gina T. Manchester	4301	Lisa B. Dublin
4272	Catriona F. Hollis	4287	Michelle M. Milford	4302	Snow B. Derry
4273	Chris V. Barrington	4288	Heather L. Pelham	4303	Mariah M. Derry
4274	Michael C. Seabrook	4289	Andrew G. Nashua	4304	Richard M. Derry
4275	Elizabeth P. Bradford	4290	Tammy M. Brentwood	4305	Michelle T. Belmont
4276	Doug A. Webster	4291	Kerri R. Stratham	4306	Rachael A. Derry
4277	Courtney H. Enfield	4292	Erin C. Auburn	4307	Daniele C. DERRY
4278	Jenn M. Manchester	4293	Julie V. Bréntwood	4308	Carolyn G. Boscawen
4279	Dan C. MILFORD	4294	Jeff M. Brentwood	4309	Dennis T. Exeter

4310	Christine C. Sandown	4325	Chris S. Hampstead	4340	Marion S. Atkinson
4311	Leah H. Manchester	4326	Michael L. Seabrook	4341	Matthew K. Exeter
4312	Megan M. Manchester	4327	Linda R. Atkinson	4342	Martha T. Kingston
4313	Bonnie B. Londonderry	4328	Lorraine F. East Hampstead	4343	Deborah H. Atkinson
4314	Penny C. Raymond	4329	Amy W. Salem	4344	Rebecca w. Sandown
4315	Diane C. Wolfboro	4330	Barbara P. Danville	4345	Kimberly L. Hillsborough
4316	Jenna A. Brentwood	4331	Judith G. Manchester	4346	Michael S. Derry
4317	Angie H. Greenfield	4332	Charlene L. Loudon	4347	cris s. Chichester
4318	Joe T. Hampton	4333	Krista M. Raymond	4348	Loreen W. Brentwood
4319	Emily R. Hampstead	4334	Jennifer M. Merrimack	4349	David S. Northwood
4320	Roberta D. East Hamosteas	4335	Mark M. Merrimack	4350	Marleen R. Rochester
4321	Amy T. Stratham	4336	Jeanne D. Derry	4351	S Elane S. Nottingham
4322	Scott H. Peterborough	4337	Traci A. Atkinson	4352	Rita L. Mont Vernon
4323	Michael S. Auburn	4338	Dorothy S. Manchester	4353	John L. Danbury
4324	Diane C. Belmont	4339	Maria R. Sandown	4354	JoAnn M. Mont Vernon

4355	Colleen D. Newfields	4370	Katie O. Merrimack	4385	Jennifer A. Londonderry
4356	Jennifer C. Lee	4371	David S. Deerfield	4386	Julie D. Danville
4357	Angie H. Greenfield	4372	Chet W. Hollis	4387	Stephen B. Londonderry
4358	Curtis S. Rindge	4373	Craig D. Deerfield	4388	Walter M. Newmarket
4359	Dominique M. Keene	4374	Jennifer R. Manchester	4389	Janice M. New Hampton
4360	Breanna H. temple	4375	Jennifer G. Merrimack	4390	Colleen G. Londonderry
4361	Breanna H. temple	4376	Jeffrey O. Londonderry	4391	Elyane D. Somersworth
4362	Patricia J. Northfield	4377	Matt N. Warner	4392	Lisa T. Campton
4363	Robert J. Northfield	4378	krystal P. Londonderry	4393	Danielle H. Londonderry
4364	david I. wolfeboro	4379	TIMOTHY S. ATKINSON	4394	Ann S. Londonderry
4365	Cassie P. Nashua	4380	Eric W. Hollis	4395	R S. Hollis
4366	Candice C. Brookline	4381	Jonathan L. Loudon	4396	Deidra P. Penacook
4367	Linda Rea C. Bedford	4382	Monica H. Salem	4397	Sharon B. Londonderry
4368	Mark V. Manchester	4383	Melissa O. Deerfield	4398	John S. Londonderry
4369	Kathy K. Merrimack	4384	Timothy O. Deerfield	4399	Brenda V. Meredith

4400	Jessica R. Londonderry	4415	Maureen H. Londonderry	4430	Curtis J. Deerfield
4401	Erik W. Woodsville	4416	Nina R. Londonderry	4431	Kate P. Winchester
4402	Ryan T. Londonderry	4417	Erika R. Londonderry	4432	Alicia N. Londonderry
4403	Melanie K. Pelham	4418	Kimberly B. Deerfield	4433	Lois B. Londonderry
4404	KRISTINE P. londonderry	4419	Kevin B. Londonderry	4434	Miranda L. Londonderry
4405	Kate C. Dover	4420	Stepfani C. Deerfield	4435	Brenda A. Derry
4406	Jason A. Hinsdale	4421	Alicia K. Alstead	4436	Danielle T. Deerfield
4407	Sabrina B. Merrimack	4422	Tim M. Portsmouth	4437	Angelina M. Penacook
4408	Theresa C. Fremont	4423	Cheri B. Antrim	4438	Heather M. Rindge
4409	Michael C. Dover	4424	Mary S. Dover	4439	Robyn S. Windham
4410	Patricia E. Hooksett	4425	Marilyn S. Monroe	4440	Linda Z. Moultonboro
4411	Ashley R. Milton	4426	Joseph M. Derry	4441	Steve G. Rochester
4412	Jason G. Pelham	4427	Sherrie W. Union	4442	Michelle T. Candia
4413	Jeremy M. Loudon	4428	Tom A. Windham	4443	Kate R. Deerfield
4414	Jaime B. Dover	4429	Jean H. Groveton	4444	Wynn K. Allenstown

4445	Joseph L. Raymond	4460	Anthony P. Loudon	4475	Joseph D. Nashua
4446	David F. Tilton	4461	Mike D. Northfield	4476	deborah m. epsom
4447	Dana D. Manchester	4462	Mariana O. Londonderry	4477	Tatiana F. Lyndeborough
4448	William G. Meredith	4463	Roxanne W. Auburn	4478	Holly E. Londony
4449	Robert P. Alexandria	4464	Dawn P. Allenstown	4479	Caryn P. Derry
4450	Linda W. Bedfird	4465	Dan P. Londonderry	4480	Lloyd L. Fitzwilliam
4451	Vanessa R. Penacook	4466	Richard M. Loudon	4481	Shawn M. Amherst
4452	Mary B. New York	4467	Linda M. Loudon	4482	JOANNE M. Amherst
4453	Nate R. Penacook	4468	Elisa E. Wolfeboro	4483	Elaina M. Derry
4454	Hannah A. Derry	4469	Scott S. Merrimack	4484	Diane L. Fitzwilliam
4455	Paula J. Canterbury	4470	Stephanie L. Peterborough	4485	Christine M. Bow
4456	Janet R. Strafford	4471	Daniel P. Charlestown	4486	Samantha B. Merrimack
4457	Celina P. Loudon	4472	Anne M. Rindge	4487	Martin P. Concord
4458	Testing T. Tester	4473	Dougherty C. Webster	4488	Marie L. New Dürham
4459	Denise I. Penacook	4474	Amy W. Deerfield	4489	Mary Beth M. Rochester

4490	Mackenzie B. Middleton	4505	Tara C. Derry	4520	Karen A. Pelham
4491	James A. Sandown	4506	Sean D. Manchester	4521	Myra S. New Ipswich
4492	Mary Beth T. Atkinson	4507	Matthew C. Windham	4522	Antonio G. MERRIMACK
4493	Jessica R. Pike	4508	Adam L. Windham	4523	Michael M. Derry
4494	Sonya M. Londonderry	4509	Amy P. Manchester	4524	William S. Manchester
4495	Liz A. Sandown	4510	Stephen M. Dunbarton	4525	David F. Manchester
4496	Peter M. Meredith	4511	Bonnie S. Manchester	4526	Briana W. Shelburne
4497	Kristopher D. Merrimack	4512	Joshua C. Deerfield	4527	Selena S. New Ipswich
4498	Karen B. Londonderry	4513	Tammy B. Plaistow	4528	Julius S. Windham
4499	Lyubov Z. Nashua	4514	Heather B. Penacook	4529	Amber H. Bow
4500	Bryans E. Marlborough	4515	David B. Salem	4530	Danielle p. Hillsborough
4501	Diane T. Windham	4516	Tony P. Manchester	4531	Roger P. NH - Londonderry
4502	Melanie M. West Chesterfield	4517	Leah H. Pembroke	4532	Mary G. Manchester
4503	Jason M. Londonderry	4518	Amanda L. Manchester	4533	Kevin G. Manchester
4504	Jenna C. Derry	4519	Jared A. Londonderry	4534	Donald W. Hampton

4535	Douglas C. Bridgewater	4550	Sponsel T. Raymond	4565	Mary-Jo H. Deerfield
4536	Kylie M. Shelburne	4551	Howe I. Manchester	4566	Alexis M. Bedford
4537	Stephen K. HUDSON	4552	Laurie P. Fremont	4567	Jeanette K. Merrimack
4538	Jennifer K. Wentworth	4553	Yeaton S. Bristol	4568	Krystle C. Hillsborough
4539	Katlin S. Groton	4554	Stephanie P. Derry	4569	David L. Milan
4540	David D. Deerfield	4555	Tiffany D. Deerfield	4570	Erin F. Merrimack
4541	Allen L. Rochester	4556	Scott L. Salisbury	4571	Katie S. Manchester
4542	Crystal M. Deerfield	4557	Lawrence D. RAYMOND	4572	Tracy D. New Ipswich
4543	Kelcie G. Raymond	4558	Mike D. Deerfield	4573	Azaria D. Londonderry
4544	Leah M. Deerfield	4559	Bethany D. Barrington	4574	David S. Ashland
4545	Casey B. Deerfield	4560	Audrey W. Loudon	4575	Mark F. Newport
4546	Michelle T. Tilton	4561	Karen S. Greenfield	4576	Keith N. Chester
4547	Jennifer D. Concord	4562	Jason A. Manchester	4577	Jeff P. Grantham
4548	Kellie L. Tilton	4563	Cathleen B. Belmont	4578	Dan K. Salem
4549	Kalley C. Deerfield	4564	Danielle C. Deerfield	4579	Ashlynn X. Portsmouth

4580	Cynthia S. Wolfeboro	4594	Katelyn V. Keene	4609	Brian O. Manchester
4581	Tricia T. Concord	4595	Cassandra D. Fremont	4610	KEITH W. auburn
4582	Jessica J. Belmont	4596	AnneMarie . Chester	4611	Gregory T. Keene
4583	Nathan R. Concord	4597	William W. Hampstead	4612	Renee P. Canterbury
4584	Julie P. Concord	4598	Patrick Q. Hudson	4613	Tiffany R. New Hampton
4585	Terrie R. Meredith	4599	Eric V. Penacook	4614	Josh R. New Hampton
4586	erika b. berlin	4600	Jenna F. Lebanon	4615	Laura C. Nashua
4587	Abigail C. Dover	4601	Viviana F. Manchester	4616	Megan W. Deerfield
4588	Seth C. Dover	4602	Melanie G. Lebanon	4617	Michael M. Windham
4589	emily f. epsom	4603	Claire L. Nashua	4618	Mandy B. New Ipswich
4590	Scott C. CENTER TUFTON- BORO	4604	Jane P. Nashua	4619	Karen S. New Ipswich
4591	Kara D. Moultonborough	4605	Tara K. Meredith	4620	Susan D. Londonderry
4592	Janine B. Hollis	4606	Michelle F. New Ipswich	4621	Shane S. New Ipswich
4593	Nina S. Manchester	4607	Carrie T. New Ipswich	4622	SHANE C. AUBURN
		4608	Elizabeth X. Portsmouth	4623	Kristen C. Nashua

4624	Sarah H. Bridgewater	4639	Mikaela A. Rindge	4654	Dottie L. North Conway
4625	Fred L. Meredith	4640	Jade P. Weare	4655	Seth B. Stratham
4626	Kenneth L. New Ipswich	4641	Cassandra D. Litchfield	4656	William J. Groton
4627	Cynthia E. Grantham	4642	Betsy H. Deering	4657	Domenic D. Mont Vernon
4628	Jason M. Plymouth	4643	Kimberly G. Windham	4658	Steven R. Northwood
4629	Heidi W. Exeter	4644	Kathryn C. Fremont	4659	Valerie P. Exeter
4630	Jessica H. Hollis	4645	Laura T. Litchfield	4660	Kathleen B. Newton
4631	Joanna B. Manchester	4646	Rebecca G. Barrington	4661	Greg T. Intervale
4632	David H. Holderness	4647	Althea B. Milton	4662	David B. BATH
4633	Jill C. Rye	4648	Sarah S. Concord	4663	Steve K. Bedford
4634	Keith G. Manchester	4649	Gary C. Portsmouth	4664	Chris M. Pelham
4635	Shana S. Deerfield	4650	Laurie F. East Kingston	4665	Amber R. Hooksett
4636	KRISTEN M. Manchester	4651	Anne G. Exeter	4666	Jim M. Manchester
4637	Kathleen K. Hampton	4652	Sandy L. Nashua	4667	Terri C. Londonderry
4638	Mary A. Rindge	4653	rylie d. rochester	4668	Wendy G. Nashua

4669	Darlene F. Loudon	4684	Ken S. Salem	4699	Lily P. Troy
4670	Tom M. Ocala	4685	Julie P. Dover	4700	Allison O. Hampton
4671	Beth W. Newfields	4686	Karen R. Northwood	4701	Sheryl L. Bedford
4672	Les S. Loudon	4687	Cody S. Salem	4702	Alexander T. Conway
4673	Erin H. Nottingham	4688	Ryan S. Salem	4703	Nathan C. Milan
4674	Rachel N. Walpole	4689	Misty P. Londonderry	4704	Michelle Z. Hampton
4675	Diane W. Amherst	4690	Nadine M. North Hampton	4705	Steven B. Acworth
4676	Ed S. CONTOOCOOK	4691	Lissa M. Strafford	4706	Karla d. Hampton Falls
4677	Stephanie T. Manchester	4692	Bow R. Bow	4707	Shani G. North Hampton
4678	Kristi M. Croydon	4693	Rick J. Exeter	4708	Nancy D. Brentwood
4679	Jennifer O. Chester	4694	Kathleen M. Walpole	4709	Mary Sue S. Hampton
4680	Daryl B. Bedford	4695	Harlyene G. Sanbornville	4710	richard R. Winchester
4681	Jennifer P. Manchester	4696	Kristen F. Webster	4711	Connie L. Hampton
4682	Marybeth W. Wokfeboro	4697	Rebecca K. Wilton	4712	Justin G. Newton
4683	Jillian B. Brentwood	4698	Julie R. Brentwood	4713	Laurie G. Hudson

4714	ROGER K. PLYMOUTH	4729	Pam C. Exeter	4744	Robert S. Brookline
4715	David R. Keene	4730	Mike W. Chocorua	4745	Ingrid N. Exeter
4716	Makenna G. Loudon	4731	Luis C. Nashua	4746	Steph G. Exeter
4717	Shaun T. Hampton	4732	Kim A. Bedford	4747	Adam T. Litchfield
4718	Nancy G. Portsmouth	4733	Cassandra C. Center Conway	4748	Megan O. Stratham
4719	Nicole R. Nashua	4734	Dana M. Hooksett	4749	Tony D. Derry
4720	Cathleen G. Dover	4735	Audra W. Alstead	4750	Bill M. nottingham
4721	Crystal K. Sunapee	4736	Vicki R. TROY	4751	Corrie P. Chocorua
4722	Maria S. Exeter	4737	Marissa K. Manchester	4752	Susan H. Madison
4723	John B. Derry	4738	Steven W. Milford	4753	Bo G. Sanbornton
4724	Michael G. Exeter	4739	Lisa C. Bedford	4754	Jason R. TROY
4725	Briana L. Newmarket	4740	Patrick L. Loudon	4755	Rocco C. New Boston
4726	Mike O. Brentwood	4741	Page B. Wolfeboro	4756	Maritza C. Dover
4727	Amber B. Portsmouth	4742	Mary B. Epping	4757	Martin P. Concord
4728	Lauren G. Milford	4743	Whitehouse S. Gorham	4758	annie a. New Boston

4759	Ericka R. Greenland	4774	Tamera P. Rochester	4789	Jenna B. Rochester
4760	Lisa L. Hancock	4775	Mark P. Rochester	4790	Melina E. Wilton
4761	Douglas R. Troy	4776	Danielle B. Hampton	4791	Deanna B. Silver Lake
4762	Samantha G. Winchester	4777	Rebecca R. Hudson	4792	Emily S. Greenland
4763	Robert M. Strafford	4778	Pedro B A. Concord	4793	John E. Wilton
4764	Deborah O. Hollis	4779	John H. Litchfield	4794	Stephen M. Newmarket
4765	Carrie W. Somersworth	4780	Mary J. Litchfield	4795	Carmella P. Rochester
4766	Heidi H. Pembroke	4781	Nancy P. Conway	4796	Francesca P. Rochester
4767	James G. Salem	4782	Cynthia T. Candia	4797	Paul H. Hampton Falls
4768	Juliann W. Milford	4783	Colette O. Derry	4798	Bergstrom S. Albany
4769	Noelle A. Wilton	4784	Bernadette M. Hampton	4799	shawn g. Manchester
4770	Maureen A. New Durham	4785	Gina R. Milton	4800	Ken c. Brentwood
4771	Christopher O. BARRINGTON	4786	Rodney S. Charleston	4801	Cleopatra W. Haverhill
4772	Catherine J. Hancock	4787	Kim B. Concord	4802	Mary C. Rochester
4773	Jay H. Hancock	4788	John H. South Hampton	4803	Kendra V. Center Conway

4804	Eleanor R. Manchester	4819	Matt B. Litchfield	4834	Tara M. Stratham
4805	Azariah R. Manchester	4820	Ashley B. Manchester	4835	Carla F. Thomaston
4806	Ed R. Manchester	4821	Michael Y. Farmington	4836	Rebecca H. Keene
4807	Alltson H. Nashua	4822	Heather F. Exeter	4837	Michelle C. Merrimack
4808	Farrah S. Amherst	4823	Jan W. Dover	4838	David M. Pembroke
4809	Jason S. Nashua	4824	Kevin C. Hollis	4839	Linda H. SPRINGFIELD
4810	Danielle H. Concord	4825	Andrew H. Center Barnstead	4840	Ed H. SPRINGFIELD
4811	Sarah B. Peterborough	4826	Chris B. Rochester	4841	Jeffrey H. Keene
4812	Mark M. New London	4827	Sean S. Concord	4842	Jim M. Keene
4813	Susan P. Seabrook	4828	Stace H. Laconia	4843	Haley E. Raymond
4814	Nicole L. Kingston	4829	Stacey S. Rochester	4844	Danielle K. Fremont
4815	Nancy B. Gilford	4830	Seth B. Stratham	4845	Krzysztof K. FREMONT
4816	Cindy M. Raymond	4831	Christine M. Portsmouth	4846	Stephen s. Manchester
4817	Bailey D. Salem	4832	Andrea D. Pelham	4847	Patrick L. Claremont
4818	Ann P. North Conway	4833	Jennifer M. LONDONDERRY	4848	Susan C. Litchfield

4849	Katherine G. Temple	4864	Ashley E. Goffstown	4879	Lorraine L. Gorham
4850	robert d. Keene	4865	Matthew G. Barrington	4880	Valerie P. Swanzey
4851	Tracy B. Milford	4866	Ben B. Walpole	4881	Marsha M. Hollis
4852	Jeff O. Plaistow	4867	Joseph B. MILFORD	4882	George N. Nashua
4853	Robert K. Temple	4868	Taylor S. Salem	4883	Christopher S. Nashua
4854	Katie G. Stoddard	4869	Erol G. Windham	4884	Erin A. Milford
4855	Julie M. Springfield	4870	Marisa R. Rochester	4885	Kathy H. Chichester
4856	Theresa L. Nashua	4871	Marilyn V. Nashua	4886	Lori B. Hollis
4857	Jeffrey F. Waterville valley	4872	Kathleen S. Greenfield	4887	Edward M. Manchester
4858	Demos R. Dover	4873	Richard P. Amherst	4888	Eric P. Brookline
4859	Linda C. Manchester	4874	Kenan G. Windham	4889	Sabrina L. Milford
4860	Grayson M. Manchester	4875	Kevin G. Windham	4890	Kristal T. Derry
4861	Brian B. Milford	4876	Catherine N. Nashua	4891	Jessica R. Swanzey
4862	Clara C. Hollis	4877	James A. Jefferson	4892	Maureen L. New Boston
4863	Maureen L. Nottingham	4878	David F. Mason	4893	Robert A. Portsmouth

4894	Mason P. Greenfield	4909	Edwin M. Mason	4924	Khadijah C. Portsmouth
4895	Shannon B. Fremont	4910	Angela S. Rindge	4925	Nicole B. Derry
4896	Raenee L. Croydon	4911	Ed K. Dublin	4926	David E. Lyndeborough
4897	Brianna S. Plaistow	4912	John L. Hollis	4927	Melissa L. Londonderry
4898	John M. Bedford	4913	Jason S. New Ipswich	4928	Jeremy A. Wolfeboro
4899	Rebecca V. Nashua	4914	Annalie L. Hampton Falls	4929	Rebecca S. Merrimack
4900	Alex F. Windham	4915	Suzanne T. Portsmouth	4930	Kevin S. Merrimack
4901	Claire R. Berlin	4916	Stacey M. Portsmouth	4931	Andre M. Hampton
4902	Carol M. Hampton	4917	Mike S. Auburn	4932	GaetanMarie L. Goffstown
4903	Lidice S. Hollis	4918	John L. Exeter	4933	Kathleen S. Carroll
4904	Doug L. Nashua	4919	Michele A. Portsmouth	4934	Ayva P. Nashua
4905	Michael H. Hillsborough	4920	Kate B. Portsmouth	4935	Nate M. Peterborough
4906	Shaza H. Hillsborough	4921	William M. DOVER	4936	Jessica D. concord
4907	Paula P. Derry	4922	Angelina S. Newbury	4937	Jared E. Nashua
4908	Bobby S. Piermont	4923	Keith L. Springfield	4938	Richard L. Hampstead

4939	Daniel M. Temple	4954	Kate L. Greenland	4969	Roberta D. East Hampstead
4940	Dario C. Antrim	4955	Ashley M. Pembroke	4970	Suzanne M. Concord
4941	Ellen K. Hollis	4956	Jeffrey W. Derry	4971	Denise L. Sun City
4942	Emily R. East Hampstead	4957	Keith M. Lyme	4972	Toini S. Fitzwilliam
4943	Marcey M. Milford	4958	Erin F. Wolfeboro Falls	4973	Mary C. Atkinson
4944	Aaron P. Hollis	4959	Erin K. Bedford	4974	David S. Gilmanton
4945	Francine A. Lancaster	4960	James B. Milford	4975	Darryl G. Temple
4946	David S. Northwood	4961	Daniel B. Nashua	4976	Colleen G. Orford
4947	Mary G. Portsmouth	4962	Marianne E. U	4977	Megan L. Manchester
4948	Trudy H. Hollis	4963	Kelly W. Northwood	4978	Joanne L. Portsmouth
4949	Mary B. Windham	4964	Randy M. Nashua	4979	Deborah R. North Hampton
4950	Lisa J. Dover	4965	Gregory B. Somersworth	4980	Wayne M. Plaistow
4951	Ann N. Kensington	4966	Paul J. New London	4981	Anastasia M. Concord
4952	Julie N. Gilford	4967	Catherine P. Wolfeboro	4982	Eleanor R. manchester
4953	Dan R. Amherst	4968	Frank D. North Swanzey	4983	Vance C. North Hampton

4984	Erika M. Concord	4999	Betina G. Henniker	5014	Corinna M. Derry
4985	Samantha A. Raymond	5000	Douglas K. Hopkinton	5015	Darlene P. Dover
4986	Jan T. Hollis	5001	Wendy T. Concord	5016	Carla A. Hudson
4987	Sarah B. Nashua	5002	Dave B. Manchester	5017	Selena G. Westmoreland
4988	Roy S. Spofford	5003	George B. Ossining	5018	Jennifer L. Bedford
4989	Gesualdo, M. Milford	5004	Howard and Patty C. EPSOM	5019	Tatiana S. Bedford
4990	Shayla A. Merrimack	5005	Tamara C. Loudon	5020	Lisa C. Chichester
4991	Maria S. Milford	5006	Daniel I. Manchester	5021	Anne C. Alton
4992	William M. Londonderry	5007	Barbara G. Springfield	5022	Naomi J. Rindge
4993	Caitlyn B. Barrington	5008	Shana T. Fitzwilliam	5023	Craig P. Hudson
4994	Jennifer D. Hollis	5009	Steph L. Greenville	5024	Jeffrey W. Loudon
4995	Khrys F. Nashua	5010	Susan P. Amherst	5025	Cheryl H. Hollis
4996	Harold C. Hollis	5011	Kim H. Salem	5026	Susan C. Concord
4997	Deidre D. Contoocook	5012	Erika H. Hampton	5027	Lindsay S. Concord
4998	Erin S. Northfield	5013	Gretchen W. Moultonborough	5028	daniel p. Henniker

5029	Abby N. Bow	5044	Cheryl R. Newmarket	5059	Melanie G. Candia
5030	Kathryn F. Hollis	5045	Sarah L. Portsmouth	5060	Bibbs D. Madison
5031	Robert M. Somersworth	5046	Liz P. Candia	5061	Debra H. Keene
5032	Christine B. Hampstead	5047	Suzanne C. Hampton	5062	Lisa S. Francestown
5033	Noelle T. Merrimack	5048	c w. Hancock	5063	Jessica W. Wolfeboro
5034	Denise D. Hollis	5049	Renee T. Manchester	5064	Wayne J. Raymond
5035	Jane C. CONCORD	5050	Mark B. Auburn	5065	Janel S. Londonderry
5036	Robin T. Exeter	5051	Brian O. Keene	5066	Chad F. Fitzwilliam
5037	Luke T. Exeter	5052	Helena D. Goffstown	5067	Nicole T. Milford
5038	Jasper T. Exeter	5053	Sharon D. Loudon	5068	Kevan F. Hudson
5039	Jon B. Nottingham	5054	Heather L. Tamworth	5069	Lisa B. Nottingham
5040	Denise C. Rindge	5055	Anthony F. Keene	5070	Michael R. Hollis
5041	Francis M. Greenfield	5056	Mitchell P. Dover	5071	Hillary R. Hollis
5042	Doris B. Laconia	5057	Lori L. Bridgewater	5072	Richard B. Wolfeboro
5043	Derek G. Westmoreland	5058	Joel P. North Haverhill	5073	Virginia M. Manchester

5074	Donna B. Harrisville	5089	Tonya P. DEERING	5104	Scott B. Greenland
5075	Alysha D. Merrimack	5090	Samantha P. Derry	5105	Colette W. Meredith
5076	Enid M. Goffstown	5091	Kellie D. Windham	5106	Mike H. Wolfeboro
5077	Laurynn C. Loudon	5092	Eric K. Manchester	5107	Heather G. Rye
5078	Lisa B. Danville	5093	Mark S. Manchester	5108	Jelena M. Lyme
5079	Jennifer P. Exeter	5094	Janet H. WALPOLE, NH	5109	Judith H. Bedford
5080	Lynn M. Goffstown	5095	Doug S. Hampton	5110	richard C. Brookline
5081	Tatiana F. Lyndeborough	5096	Nicolas M. Tuftonboro	5111	Jillian D. North Hampton
5082	Debra B. Hudson	5097	Clyde F. Pembroke	5112	Stephanie M. Meredith
5083	Karen W. Hopkinton	5098	Sharon S. Keene	5113	Rick J. Exeter
5084	Ken C. Loudon	5099	Scott B. Londonderry	5114	Celeste L. Alstead
5085	Joe N. Rochester	5100	Peter S. Hollis	5115	Lorin P. Portsmouth
5086	Tamara K. Glen	5101	Jane K. Auburn	5116	PETER V. RAYMOND
5087	Pete S. Milford	5102	James H. Hollis	5117	Joe P. Portsmouth
5088	Joshua P. Hollis	5103	Virginia H. Lebanon	5118	Melody M. Wolfeboro

5119	Laura P. Hollis	5134	Amanda H. Manchester	5149	Roy S. West Chesterfield
5120	Philip P. Hampton	5135	Nausheen O. Pelham	5150	Amanda A. Rochester
5121	Tecia A. Nelson	5136	Kathy M. New Ipswich	5151	Angeline H. Rindge
5122	Al S. Sandown	5137	Susan P. Stratham	5152	Cory G. Chichester
5123	Erika B. Bow	5138	Aly H. Alstead	5153	Dwight M. Hudson
5124	David Anthony W. Exetet	5139	Jeffrey T. Hampstead	5154	Molly M. New London
5125	Lisa E. Acworth	5140	Edward S. Moultonborough	5155	JAMES M. New Hampton
5126	Michael M. New Ipswich	5141	Marlene M. Holliston	5156	Mimi A. Candia
5127	Ryan H. Loudon	5142	Mike S. Merrimack	5157	David K. Newmarket
5128	Meredith J. Portsmouth	5143	Chris A. Hancock	5158	Melissa E. Newton
5129	Mark C. Hollis	5144	Jason D. Ctr. Barnstead	5159	John M. Derry
5130	Claudia H. Hudson	5145	David C. Rye	5160	Doris S. Andover
5131	Andrew W. Amherst	5146	Clara C. Rochester	5161	Emily D. Hampton
5132	LeAnna H. Milford	5147	Eric H. Bedford		
5133	Kathleen E. Bedford	5148	Gerald D. New Boston		

Concepts of Industrial Hygiene

Exposure / Exposure Control / PPE / Masks

Why Masks Do Not and Can Not Work

What Works &

Damage to Adults/Children



Stephen E. Petty, P.E., C.I.H., C.S.P. - EES Group, Inc.

January 27, 2022

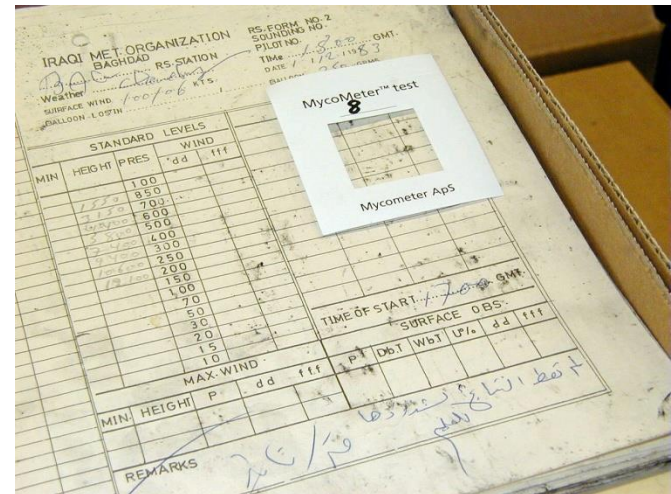
BACKGROUND



- **President and Owner of EES Group, Inc. (Forensic Engineering Company – Since 1996 – 25 years).**
- **Section Manager and Sr. Research Engineer, Columbia Gas (10 years).**
- **Sr. Research Engineer, Battelle (10 years).**

PETTY QUALIFICATIONS

- Education: B.S. Ch. E., M.S. Ch. E. (honors at both levels) and M.B.A. (1st in Class).
- Sr. Research Scientist – Battelle.
- Sr. Research Engineer/Section Manager - R&D – Columbia Gas.
- President, EES Group – Engineering EHS Company, Columbus, OH. – 100s of projects.
- C.I.H. (National Certification), C.S.P. & Professional Engineer (OH, FL, PA, WV, KY, and TX).
- National Exposure/PPE Expert (e.g., Monsanto Roundup, DuPont C-8); ~400 Cases.
- Selected to determine general causation outside of litigation on dozens of projects (e.g., Iraqi Docs – Allegany Ballistics Lab – Columbus Blue Jackets; Prof. Hockey locker room – Columbus College of Art & Design, CMH Airport RA).
- Adjunct Professor – Franklin University (Teach Environmental and Earth Sciences).
- Nine U.S. Patents – mostly with regard to Heat Pumps.



PETTY QUALIFICATIONS


➤ Memberships:

- American Industrial Hygiene Association (AIHA).
- American Board of Industrial Hygiene (ABIH).
- American Conference of Governmental Ind. Hygienists (ACGIH).
- American Institute of Chemical Engineers (AIChE).
- American Society of Refrigeration, Air Conditioning and Refrigeration Engineers (ASHRAE); Member ASHRAE 40 Std. and TC 8.3.
- American IAQ Council.
- Sigma Xi.




PETTY PODCASTS

All this information detailed in Video's at Petty Podcasts




Masks - The Truth is Leaking Out - Slowly

994 views • 61 rumbles • Jan 17




CDC Statement on ASTM Mask Standard – Part 2

218 views • 31 rumbles • Jan 12




Our New Book – My Other Life

71 views • 9 rumbles • Jan 12



CDC and the ASTM Mask Standard - Part 1

692 views • 67 rumbles • Jan 8



Masks: Why They Cannot & Do Not Work - Overview



rumble Videos Search

Petty Podcasts 2,471 Rumbles

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PETTY PODCAST
By Stephen Petty, PE, CIH, CSP

Find us at Rumble:

<https://rumble.com/c/PettyPodcasts> – see #5-6 and #11-14, #17-18, #20-21, #23-25.

Long form Interview (Jeff Davis Films):

<https://rumble.com/vrfoox-covid-revealed-episode-8b-bonus-video-stephen-petty.html>

SCHOOL DISTRICT SUPPORT

**Oakstone Academy (Special Needs School) – Westerville, OH
– Dr. Becky Morrison – Two Podcasts – No Masks/
Engineering Controls – Implemented August 2020:**



Dr Becky and Stephen Petty Pt 1

YouTube · Dr Douglas G Frank

Mar 22, 2021

3 key moments in this video



Dr Becky and Stephen Petty Pt 2

YouTube · Dr Douglas G Frank

Mar 22, 2021

Part 1 Video Link (Dr. Morrison): <https://rumble.com/vkhlrn-dr-becky-oakstone-academy> – and:

Part 2 Video Link (Stephen Petty): <https://youtu.be/oYEo4T6V25w>

School and Students Doing Well without Masks for 2020-2021 & 2021 School Years

LITIGATION SUPPORT

1. Boone County, Kentucky – Testified on May 17, 2021 against the Governor’s Mask Mandate.



Filing # 125367129 E-Filed 04/21/2021 04:23:35 PM

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

JUSTIN GREEN,

Case No. 2020-CA-1249

Plaintiff,

v.

ALACHUA COUNTY,

Defendant.

PLAINTIFF'S EXPERT WITNESS DISCLOSURE

COMES NOW JUSTIN GREEN ("Plaintiff"), notifying all interested parties of the retention of Plaintiff's Expert Witness, Stephen E. Petty, P.E., C.I.H., C.S.P., and saying:

Attached hereto are the following exhibits:

Exhibit A – *Curriculum Vitae* of Stephen E. Petty, P.E., C.I.H., C.S.P.

Exhibit B – List of Prior Cases Wherein Expert Testified

Exhibit C – Expert Witness Report of Stephen E. Petty, P.E., C.I.H., C.S.P.

2. US District Court for Western District of Michigan – County Mask Mandate – Testified on 9/28/2021 in Restraining Order Hearing.

3. Filed Affidavits and Declarations in Over 30 Cases in State and Federal Courts in September (e.g., CA, FL, and NY).

DEFINITION OF INDUSTRIAL HYGIENE (AIHA)

“That science and art devoted to the anticipation, recognition, evaluation, and control of those environmental factors or stressors arising in or from the workplace, which may cause sickness, impaired health and well-being, or significant discomfort among workers or among the citizens of the community.”

Key Tenets of the Field of Industrial Hygiene (to stop or limit exposures):

- 1. Anticipation**
- 2. Recognition**
- 3. Evaluation**
- 4. Control.**

INDUSTRIAL HYGIENE (IH)

- **Field Associated with Exposure, PPE, and Warnings.**
- **Not Recognized by Much of the Public, Media, & Governmental Officials – Thus Media often rely on M.D.s and not Industrial Hygienists for Information on Controlling Exposures.**
- **Not Associated with Dentistry!**

MASKING – DOES NOT WORK AT 3 LEVELS

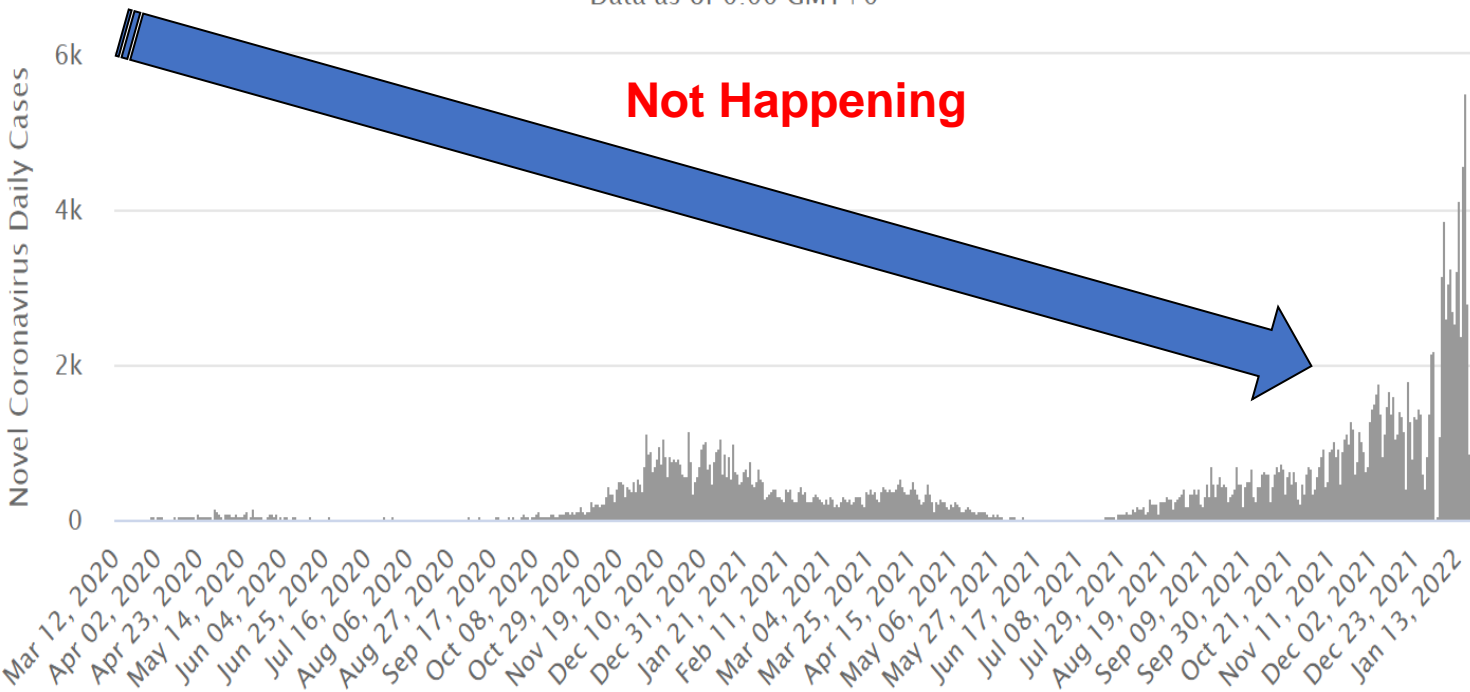
- **100,000 feet**
- **Epidemiology – ground level**
- **Micro-scale.**

MACRO VIEW REGARDING MASKS

New Hampshire – Cases (can be done for any state!)

Daily New Cases

Cases per Day
Data as of 0:00 GMT+0



If Masks Worked One Would Expect Curve to Drop with Time!

Looks More Like Winter (More Time Indoors & More Get Sick).

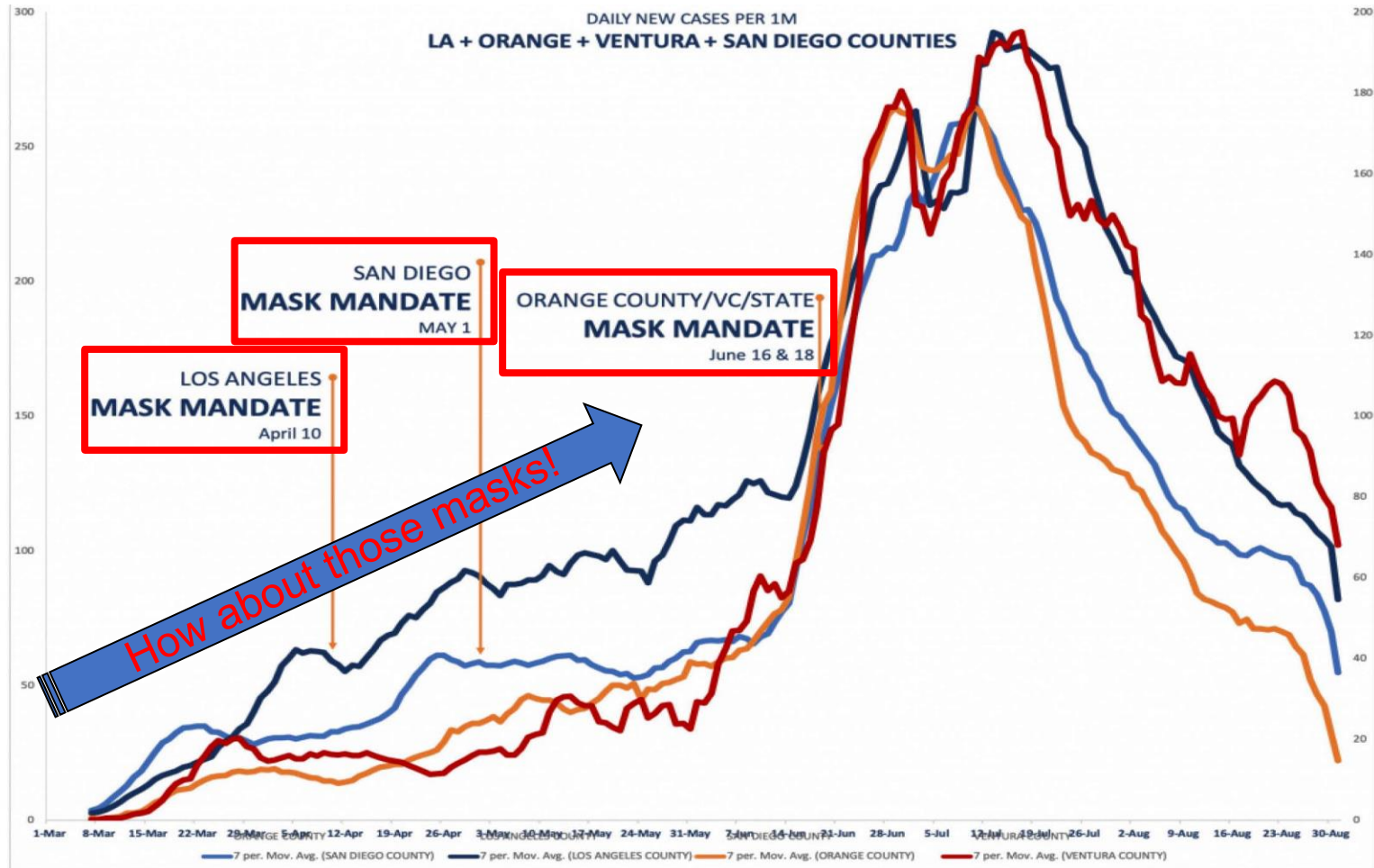
From: <https://www.worldometers.info/coronavirus/usa/new-hampshire/>

Downloaded January 22, 2022

Go to: <https://www.worldometers.info/coronavirus/country/us/> for any state's data

MACRO VIEW REGARDING MASKS

After Masks Mandates Cases Rise Dramatically!



From: <https://rationalground.com/mask-charts/>

Downloaded: January 2, 2022

EPIDEMIOLOGICAL (EPI) ARGUMENT

Ground Level

ONLY MAJOR RCT MASK STUDY - DENMARK

Annals of Internal Medicine™

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers FREE

A Randomized Controlled Trial

Henning Bundgaard, DMSc , Johan Skov Bundgaard, BSc ,
Daniel Emil Tadeusz Raaschou-Pedersen, BSc , Christian von Buchwald, DMSc ,
Tobias Todsen, MD , Jakob Boesgaard Norsk, MD , Mia M. Pries-Heje, MD,
Christoffer Rasmus Vissing, MD , Pernille B. Nielsen, MD, Ulrik C. Winsløw, MD, Kamille Fogh, MD,
Rasmus Hasselbalch, MD , Jonas H. Kristensen, MD , Anna Ringgaard, PhD,
Mikkel Porsborg Andersen, PhD , Nicole Bakkegård Goecke, PhD , Ramona Trebbien, PhD ,
Kerstin Skovgaard, PhD , Thomas Benfield, DMSc , Henrik Ullum, PhD ,
Christian Torp-Pedersen, DMSc , Kasper Iversen, DMSc [View fewer authors](#) 

Author, Article and Disclosure Information

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

Eligible for CME Point-of-Care

Wearing masks, statistically, did not affect rates of COVID-19 infection.

Took a long time to get study published – wrong answer. CDC does not like this study; only used 0.1% of Country's Population.

Bundgaard et al. Study - Denmark

~6,000 participants; split ~3,000 w/ and 3,000 w/o surgical masks – measured how many got COVID

Results:

A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was $\times 0.3$ percentage point (95% CI, $\times 0.2$ to 0.4 percentage point; $P=0.38$) (odds ratio, 0.82 [CI, 0.54 to 1.23]; $P=0.33$). Multiple imputation accounting for loss to follow-up yielded similar results. Although the difference observed was not statistically significant, the 95% CIs are compatible with a 46% reduction to a 23% increase in infection.

Masking in Schools – Do They Work?

Oster, E., R. Jack, C. Halloran, J. School, and D. McLeod, COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York, and Massachusetts, COVID-19 School Response Dashboard - <https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1>

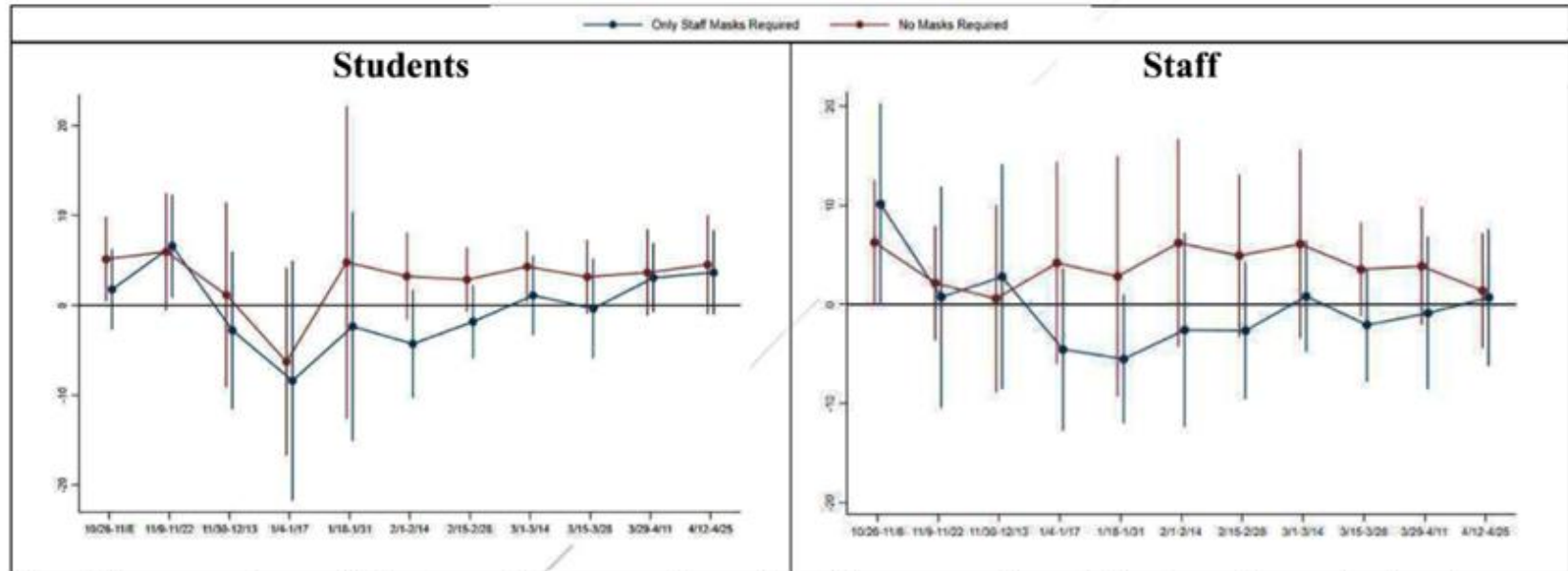
Conclusion With Regard To Florida Schools – Masks vs. No Masks:

“We do not find any correlations with mask mandate!” (RE: Infection rate and mask wearing)

Masking in Schools – Do They Work?

Data on Wearing of Masks vs. No Masks – continued:

Figure 4b. Regression Coefficients of Student and Staff Case Rates on Masking Requirements in Florida



Note. The regression coefficients are from regressions of masking groups (i.e. staff-only masks required and no masks required) interacted with each biweekly wave group on student and staff case rates. The comparison is masks required for both students and staff. Regressions control for community case rates, time fixed effects, racial demographics, density groups, ventilation upgrades, and school level. Regressions are weighted by total student enrollment and standard errors are clustered by school districts.

Data adjusted for community case rates and demographics!

Essentially no differences between wearing/not wearing masks & disease.

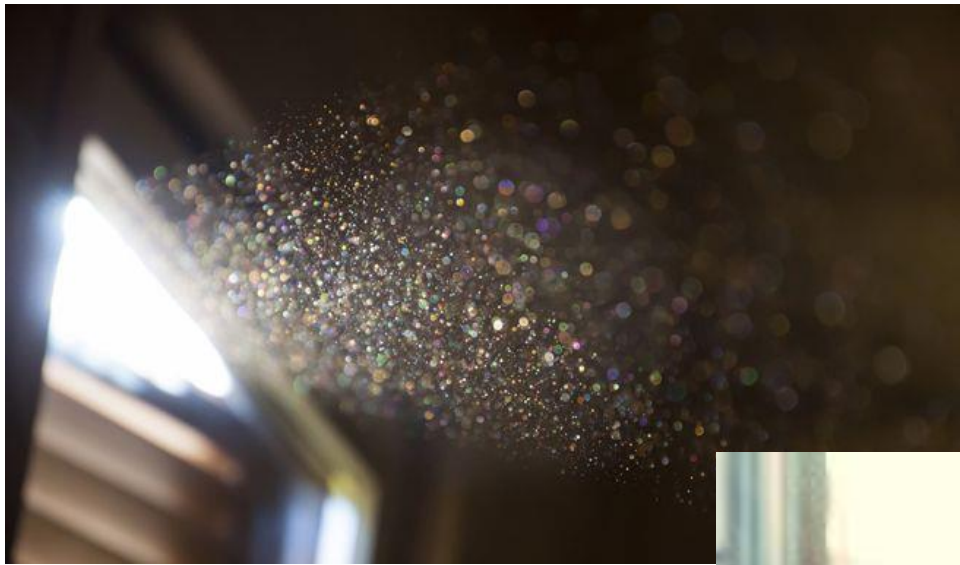
FLAWS WITH MOST CDC CITED MASK STUDIES

Almost all of cited CDC studies are flawed because they:

1. Are not Randomized Control Trial studies (RCT).
2. Have no control group (group not wearing masks to compare to with group wearing masks).
3. Have confounding factors in a single study (include masks along with other factors (distancing, quarantine, HVAC changes) and conclude masks had an impact).

MICRO-LEVEL ARGUMENT

RECALL SEEING DUST IN THE AIR

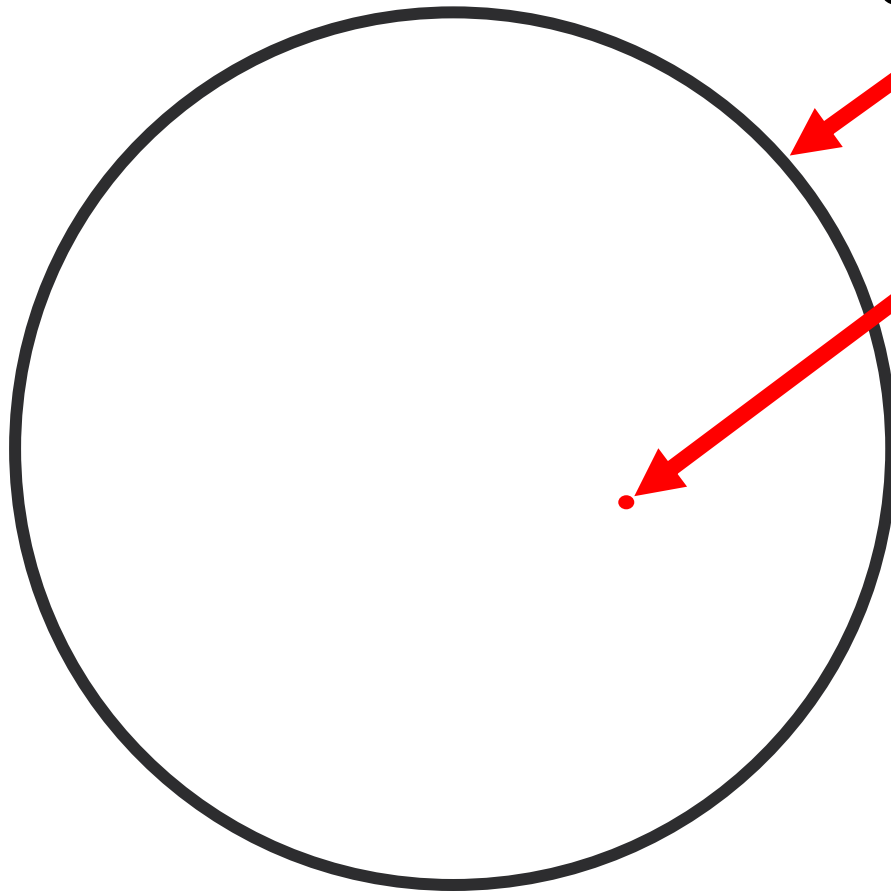


**Visible Dust in Sunlight: $>50 \mu\text{m}$;
~500 times larger than COVID-19**



Recall How Small a Micron Is vs. a Human Hair

**Black Ring is Cross Section
of Human Hair**



**1 Micron – Small Red Dot
COVID – 1/10 Micron**

~40,000 times smaller in area

& ~1,000 times smaller in diameter

than the cross-section of human hair.

Can you get a human hair past the side of your mask?

Edwards et al. – Data Simplified

>99.9% Particles were Aerosols (small guys)

	Aerosols	Droplets	% Aerosols
Day After Infection	$\sim \leq 5 \mu\text{m}$	$\sim 10 \mu\text{m}$	% Small
-1	10,898	1.5	99.99%
1	10,900	9	99.92%
3	22,847	7	99.97%
7	20,847	3	99.99%
14	10,870	6	99.94%

COVID-19 is about aerosols, not droplets – CDC misleads here.

SMALL PARTICLES TAKE A LONG TIME TO FALL FIVE FEET IN STILL AIR

Droplets fall fast – 0.1 to 10 minutes

Particle Size (μm)	Time to Fall 5' (minutes)
10	9.6
25	1.5
100	0.1

Stokes' Law - assumes still air; in moving air times would be even longer.

SMALL PARTICLES TAKE A LONG TIME TO FALL FIVE FEET IN STILL AIR

Aerosols Fall Slowly: 0.03 to 59 days

Particle Size (μm)	Time to Fall 5' (days)	Type of Particle
0.09	58.9	Aerosol
0.12	46.4	
0.2	16.7	
1	0.67	
5	0.027	

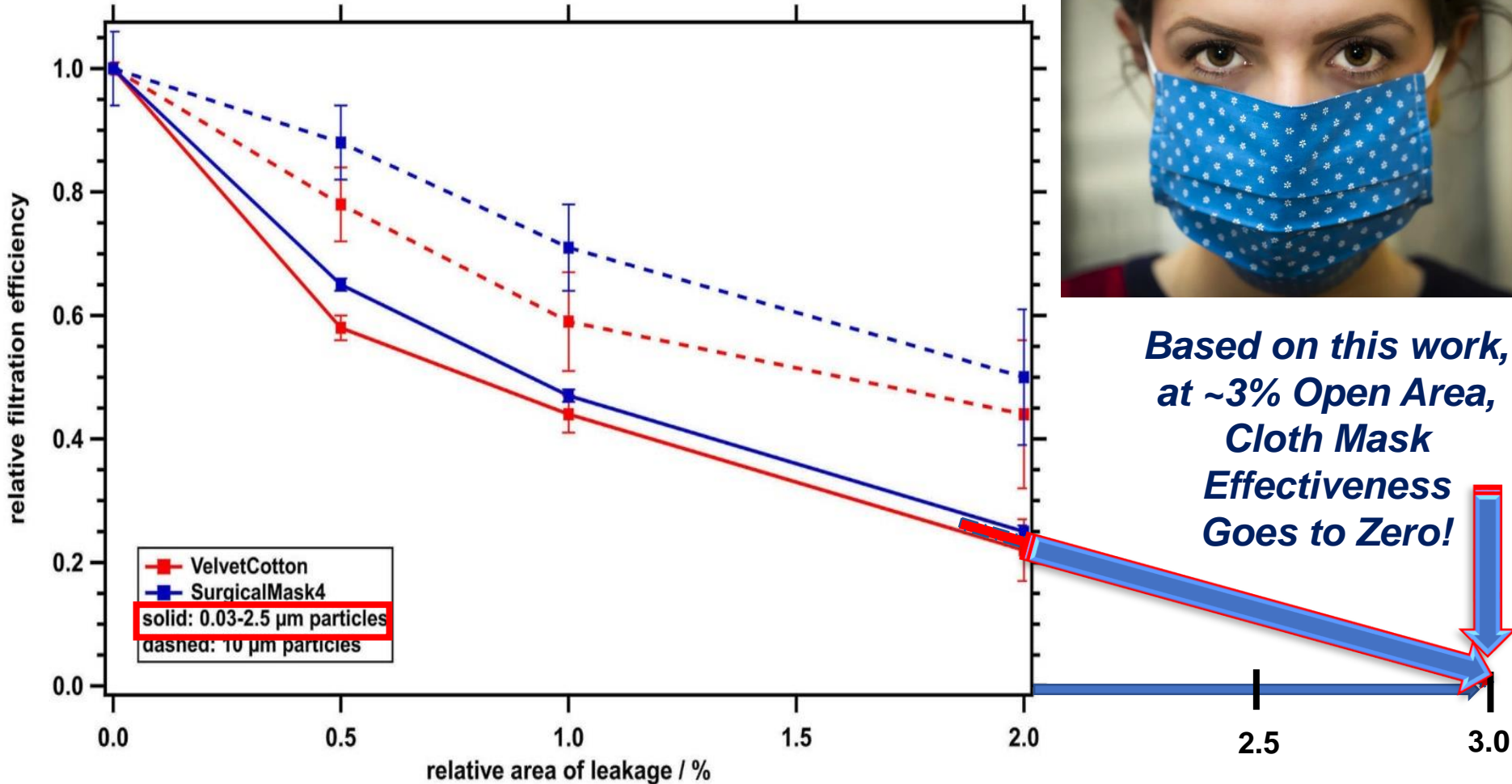
COVID-19 Fall Very Slowly: Up to 46.4 to 58.9 days

Stokes' Law - assumes still air; in moving air times would be even longer.

What About Gaps Around Masks? – Real World Results in Zero Mask Effectiveness



*Based on this work,
at ~3% Open Area,
Cloth Mask
Effectiveness
Goes to Zero!*



WHAT DOES THIS MEAN?

Issue has always been about the little guys (aerosols), not the big guys (droplets)!

Why:

- 1. Vast majority of particles are the little guys (aerosols).**
- 2. Little guys stay in the air for hours to days.**
- 3. Little guys reach the deep lung and are associated with disease.**

Real Misinformation: CDC – masks stop droplets – but aerosols are the issue, not droplets.

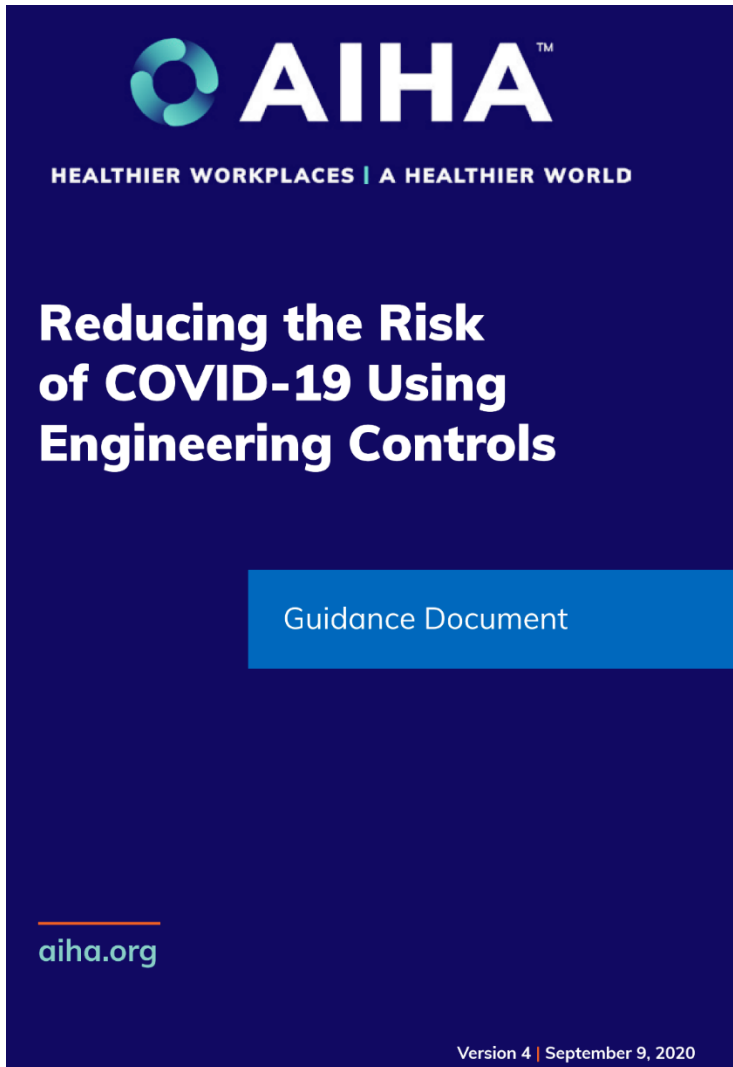
NEED TO PROVIDE SOLUTIONS WITH 90% RELATIVE RISK

In IH, our solutions must greatly minimize the risk, not help just a little bit.

(e.g., would we IH's provide solutions to asbestos workers that only resulted in relative risk of getting asbestos by 10% to 15%? – No! Asbestos is 50x larger than covid!)

AIHA GUIDANCE DOCUMENT

American Industrial Hygiene Association (AIHA)



**September 9, 2020 Guidance
on COVID-19 from AIHA**

AIHA – Relative Risk Reductions - $\geq 90\%$

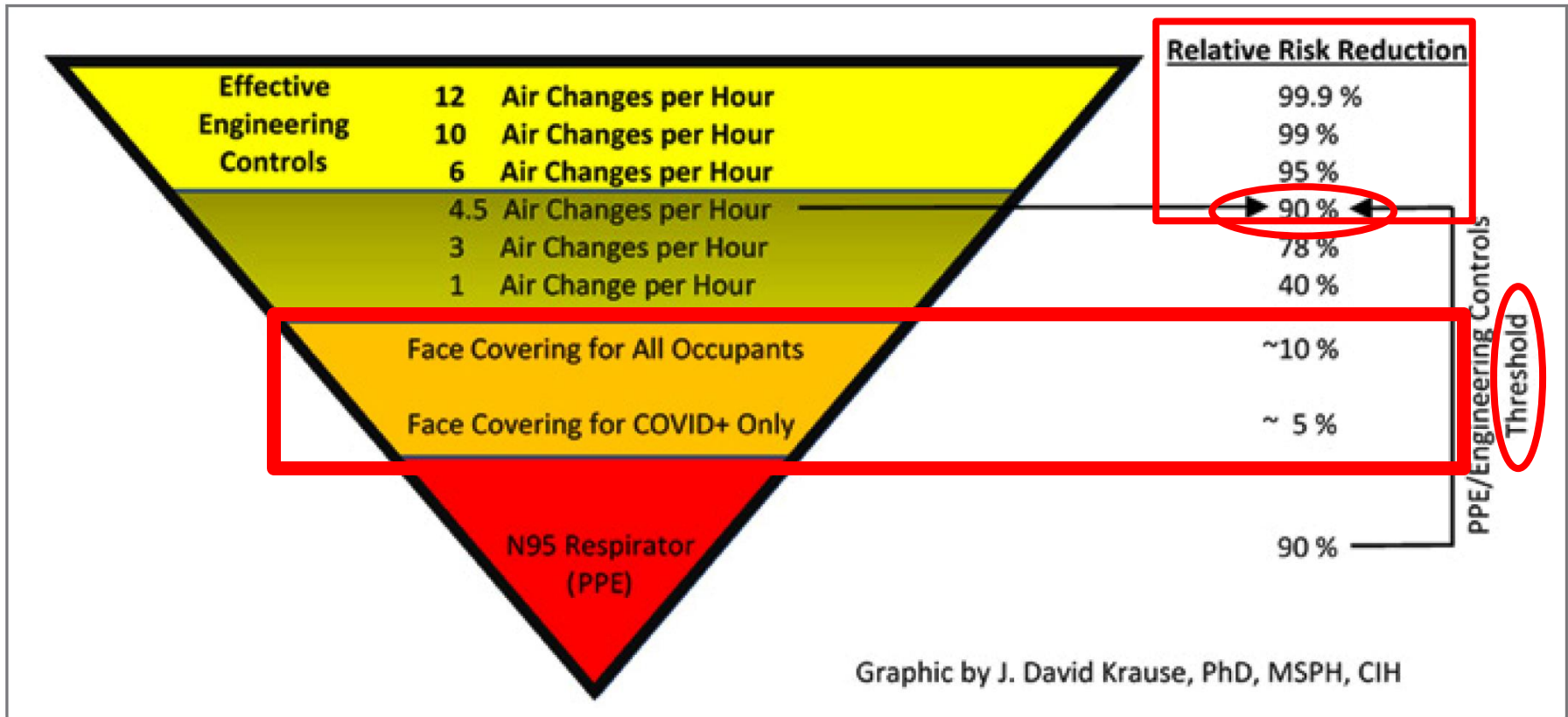


Figure 2*

*To learn how the relative risk reduction estimates were derived for Figure 2, download the [SUPPLEMENT for Reducing the Risk of COVID-19 using Engineering Controls](#).



Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation

Cite as: Phys. Fluids **33**, 073315 (2021); doi: [10.1063/5.0057100](https://doi.org/10.1063/5.0057100)

Submitted: 17 May 2021 · Accepted: 2 July 2021 ·

Published Online: 21 July 2021






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[Export Citation](#)



[CrossMark](#)

Yash Shah,  John W. Kurelek,  Sean D. Peterson,  and Serhiy Yarusevych^{a)} 

Shah et al., 2021 – Masks & N95s Do Not Appear to Work in the Real World

(Filtration Efficiencies with no Edge Gaps & 1 μ m particles (COVID ~0.1 μ m))

➤ High-efficiency masks

- **R95 (60.2%)**
- **KN95 (46.3%)**
- **KN95 w gap (3.4%).**

➤ Cloth Masks (9.8%).

➤ Surgical masks (12.4%).



From ASTM F3502-21 – Mask Standard

Even FDA and CDC Now Saying Masks DO NOT Work

Masks – Do they Work? - NO!

On January 2, 2022, Scott Gottlieb, former FDA Commissioner, on CBS's "Face the Nation," spilled the beans regarding the Government's knowledge on masks:

1/8/22, 10:43 AM

Dr. Scott Gottlieb Gives Unbelievable Confession: 'A Cloth Mask is Not Going to Protect You' from an Airborne Virus | The Paradis...



Menu

The Paradise



NEWS

Dr. Scott Gottlieb Gives Unbelievable Confession: 'A Cloth Mask is Not Going to Protect You' from an Airborne Virus



by Admin

January 2, 2022, 10:45 pm



Dr. Scott Gottlieb, the former FDA chief who quickly transitioned after leaving office to become a Pfizer board member, has made an admission about cloth masks that should make Americans question the "science" they have been told was unquestionable all along.

Gottlieb appeared on CBS's "Face the Nation" with host Margaret Brennan and punctured the widespread belief that cloth masks provide any significant protection from airborne respiratory viruses, such as Covid-19.

Masks – Do they Work? – Gottlieb - NO

Gottlieb replied:

“Cloth masks aren’t going to provide a lot of protection, that’s the bottom line,” he said. “This is an airborne illness. We now understand that. And a cloth mask is not going to protect you from a virus that spreads through airborne transmission. It could protect better through droplet transmission, something like the flu, but not this coronavirus.”

NEWS
Dr. Scott Gottlieb Gives Unbelievable Confession: 'A Cloth Mask is Not Going to Protect You' from an Airborne Virus



Dr. Scott Gottlieb, the former FDA chief who quickly transitioned after leaving office to become a Pfizer board member, has made an admission about cloth masks that should make Americans question the "science" they have been told was unquestionable all along.

Gottlieb appeared on CBS's "Face the Nation" with host Margaret Brennan and punctured the widespread belief that cloth masks provide any significant protection from airborne respiratory viruses, such as Covid-19.

Now Even CDC Effectively Saying Masks DO NOT Work

Health

CDC says N95 masks offer far better protection than cloth masks against omicron variant

But the updated guidance stops short of saying everyone should wear them.



MOST READ HEALTH >



Read The Post's coronavirus coverage for free

[Sign Up](#)

January 14, 2022 – New CDC Mask Guidance

TOLD TO FOLLOW CDC GUIDANCE

CDC Guidance with time:

- No-masks needed – early 2020 (Fauci).
- Masks needed – mid-2020.
- Masks not needed – summer 2021.
- Masks needed – fall and school year of 2021 – help prodding from WH and Teacher's Union.
- January 14, 2022 - now masks not so good – need to move on to respirators (not just N-95s).

WHAT CDC GUIDANCE DO WE FOLLOW?

None of the Above – Follow Engineering Controls

Masks – CDC – 1/14/22 - Do they Work? - Not really!

Choosing a Mask or Respirator for Different Situations

Masks and respirators (i.e., specialized filtering masks such as "N95s") can provide different levels of protection depending on the type of mask and how they are used. **Loosely woven cloth products provide the least protection**, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and **well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection**.

On January 14, 2022, CDC's new mask guidance backed away from masks – now they say NIOSH respirators are the best protection – *lump N95 (bottom of the barrel) in there.*

**NOTE WORDING – “NIOSH RESPIRATORS
(Not just N95) BEST PROTECTION”
Yet everyone rushing to N95s –
bottom of the barrel respirators**



The screenshot shows the CDC website interface for COVID-19. The top navigation bar includes 'Your Health', 'Vaccines', 'Cases & Data', 'Work & School', and 'Healthcare Workers'. The main content area is titled 'Types of Masks and Respirators' and includes a sub-header 'Summary of Recent Changes' with a note 'Updates as of January 14, 2022'. The CDC logo and tagline 'Centers for Disease Control and Prevention' are visible at the top left.

WHAT? CDC DUMPS ON KN95s – Does Public Know This Distinction?

Respirators that Meet International Standards

Some respirators are designed and tested to meet international standards. The most widely available respirators that meet an international standard are **KN95 respirators**. Other examples include 1st, DL2, DL3, DS2, DS3, FFP2, FFP3, KN100, KP95, KP100, P2, P3, PFF2, PFF3, R95, and Special.

Poor quality KN95 respirators

- About 60% of KN95 respirators NIOSH evaluated during the COVID-19 pandemic in 2020 and 2021 did not meet the requirements that they intended to meet.
 - Using a poor-quality product may not provide the level of protection indicated.

So, the KN95s from China fail NIOSH requirements 60% of the time....

Also recall: N95s are rated to stop 95% of the particles 0.3 microns or larger – COVID, a virus, is at ~0.1 microns – much smaller!

SO WHERE ARE THE BOUNDARIES?

Not PPE – Cannot be Sealed



No OSHA Requirements

Masks are not Respirators: Terms often Conflated

PPE – Can be Sealed



**N-95
(dust)**



**PAPR –
Powered Air
Purifying
Respirator**

**(Asbestos
workers)**

OSHA 29 CFR 1910.134 Requirements

OSHA 29 CFR 1910.134 – Respiratory Protection Standard (RPS)

<u>OSHA 1910.134 RPS Parameters</u>	<u>Mask</u>	<u>Respirator</u>
Medical Clearance to Wear	No	Yes
Ability to Wear Facial Hair – Beard	Yes	No
Initial Fit Test Requirement	No	Yes
Annual Requirement to Fit Test	No	Yes
Change-out Criteria for Filter/Cartridge	No	Yes
Training on Use of Mask/Respirator	No	Yes
Training on Storage of Mask/Resp.	No	Yes
Audit of Effectiveness of Program	No	Yes

CONCLUSIONS: Masks do not meet key OSHA RPS Requirements!

Movement to the N95 means one has to follow RPS!

EVEN SUPPLIER (3M) OF N95s WARN AGAINST USE FOR AEROSOLS & INFECTIOUS DISEASE

IMPORT
Before use, in
Use For
Particles such
metal, wood,
aerosols or v.
class of respi
www.3M.com
Do Not U
Do not use fo
times the oc
when the Oc
cadmium, le
This respirat
Biologic
This respirat
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4. Leave it
5. Store th
6. Inspect
for signs
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prior to i
no dam
consider
7. Conduct
seal, do
8. Dispose
Use Limi
1. This respi
2. Do not use
concentrations
exceed 10 times
the permissible
exposure limit
(PEL) or accord
ing to specific
OSHA standards
or applicabl
government r
egulations, wh
ichever is low
er.
3. Do not alt
er, wash, abu
se or misuse t
his respirator.
4. Do not use
with beards
or other facial
hair or other
conditions th
at prevent a
good seal bet
ween the face
and the seal
ing surface of
the respirator.
5. Respirator
s can help pr
otect your lu
ngs against c
ertain airbor
ne contaminan
ts. They will
not prevent e
ntry through
other routes
such as the s
kin, which wo
uld require a
dditional per
sonal protect
ive equipment
(PPE).
6. This respi
rator is desi
gned for occu
pational/pro
fessional use
by adults wh
o are properl
y trained in
their use an
d limitation
s. This respi
rator is not
designed to
be used by
children.
7. Individua
ls with a co
mpromised
respiratory
system, suc
h as asthma
or emphysem
a, should co
nsult a phy
sician and
must complet
e a medical
evaluation
prior to use.
8. When sto
red in accord
ance with t
emperature
and humidit
y conditions
specified on
the product
may be used
until the "u
se by" date
specified on
packaging.

Use For

Particles such as those from grinding, sanding, sweeping, sawing, bagging, or processing minerals, coal, iron ore, flour, metal, wood, pollen, and certain other substances. Liquid or non-oil based particles from sprays that do not also emit oil aerosols or vapors. Follow all applicable local regulations. For additional information on 3M use recommendations for this class of respirator please consult the 3M Respirator Selection Guide found on the 3M Personal Safety Division website at www.3M.com/respiratorselector or call 1-800-243-4630 in U.S.A. In Canada call 1-800-267-4414.

Do Not Use For

Do not use for gases and vapors, oil aerosols, asbestos, or sandblasting; particulate concentrations that exceed either 10 times the occupational exposure limit or applicable government regulations, whichever is lower. In the U.S., do not use when the Occupational Safety and Health Administration (OSHA) substance specific standards, such as those for, arsenic, cadmium, lead in the construction industry, or 4,4'-methylene dianiline (MDA), specify other types of respiratory protection. This respirator does not supply oxygen.

Biological Particles

This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, *Bacillus anthracis*, *Mycobacterium tuberculosis*, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

Even an N95 Respirator is not recommended for larger asbestos particles, aerosols, or to stop illness or disease.

Does not Look Like N-95s are the solution; see also AIHA and Shah et al. work.

Storage Conditions and Shelf Life

Before use, store respirators in the original packaging, away from contaminated areas, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. When stored in accordance with temperature and humidity conditions specified the product may be used until the "use by" date specified on packaging. Always inspect product and conduct a user seal check before use as specified in these *User Instructions*. If you cannot achieve a proper seal, do not use the respirator.



End of Shelf Life
Use respirators before the "use by" date specified on packaging



Storage Temperature Range
-20°C (-4°F) to +30°C (+86°F)

WHAT ELSE DOES 3M WARN ABOUT USING N95s?

Biological Particles

This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, *Bacillus anthracis*, *Mycobacterium tuberculosis*, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

Biological Particles:

- Can reduce, but not eliminate infection etc., for larger biological particles such as mold, bacteria, and TB tuberculosis) – key: *viruses not mentioned*.
- Virus particles are the little guys when it comes to biological particles.

BIOLOGICAL PARTICLES – VIRUSES THE SMALLEST (ASHRAE FUNDAMENTALS HB – 2001 CHAPTER. 12)

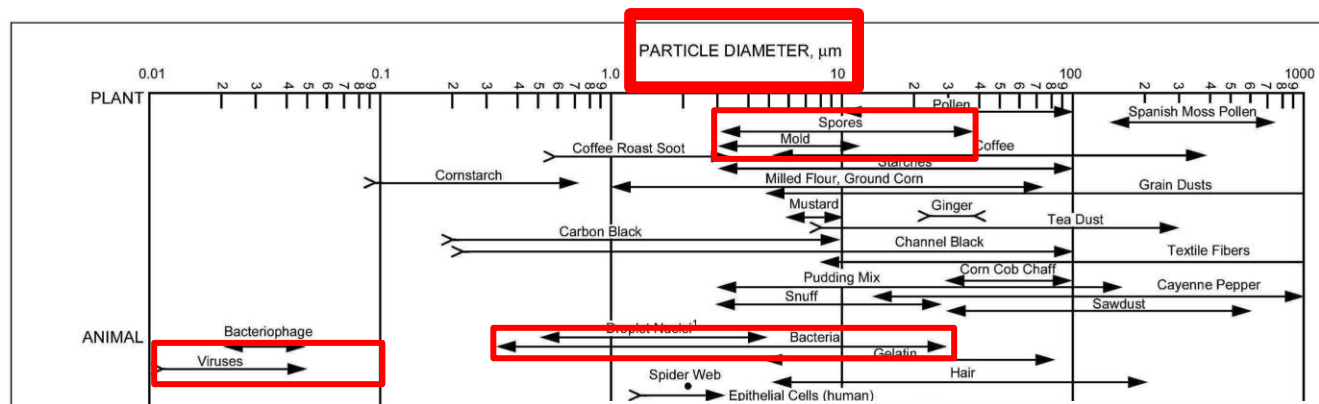


Table 1 Approximate Particle Sizes and Their Times to Settle One Metre

	Type of Particle	Diameter, μm	Settling Time
MINERAL	Carbon Dust from Graphite		
	Clay		
	Lead, Bromine		
COMBUSTION	Human hair	100 to 150	5 s
	Skin flakes	20 to 40	
	Common pollens	15 to 25	
	Mite allergens	10 to 20	5 min
HOME/ PERSONAL CARE	Common spores	2 to 10	
	Bacteria	1 to 5	
	Cat dander	1±0.5	10 h
	Tobacco smoke	0.1 to 1	
	Metal and organic fumes	<0.1 to 1	
	Cell debris	0.01 to 1	
RADIOACTIVE	Viruses	<0.1	10 days

Viruses are the smallest of biological particles & toughest to filter out & 10x to 100x smaller than others!

Source: J.D. Spengler, Harvard School of Public Health.

Fig. 3 Sizes of Indoor Particles
(Owen et al. 1992)

WHAT ELSE DOES 3M WARN ABOUT USE OF N95s?

Use Limitations

1. This respirator does not supply oxygen. Do not use in atmospheres containing less than 19.5% oxygen.
2. Do not use when concentrations of contaminants are immediately dangerous to life or health, are unknown or when concentrations exceed 10 times the permissible exposure limit (PEL) or according to specific OSHA standards or applicable government regulations, whichever is lower.
3. Do not alter, wash, abuse or misuse this respirator.
4. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the sealing surface of the respirator.
5. Respirators can help protect your lungs against certain airborne contaminants. They will not prevent entry through other routes such as the skin, which would require additional personal protective equipment (PPE).
6. This respirator is designed for occupational/professional use by adults who are properly trained in their use and limitations. This respirator is not designed to be used by children.
7. Individuals with a compromised respiratory system, such as asthma or emphysema, should consult a physician and must complete a medical evaluation prior to use.

Use Limitations:

- **“Not designed to be used by children!”**
- Only designed for adults in occupational settings and trained – Code: follow 29 CFR 1910.134.
- Adults must be medically cleared to use 3M’s N95 respirator.

WHAT ELSE DOES 3M WARN ABOUT USE OF N95s?

IMPORTANT

Before use, wearer must read and understand these *User Instructions*. Keep these instructions for reference.

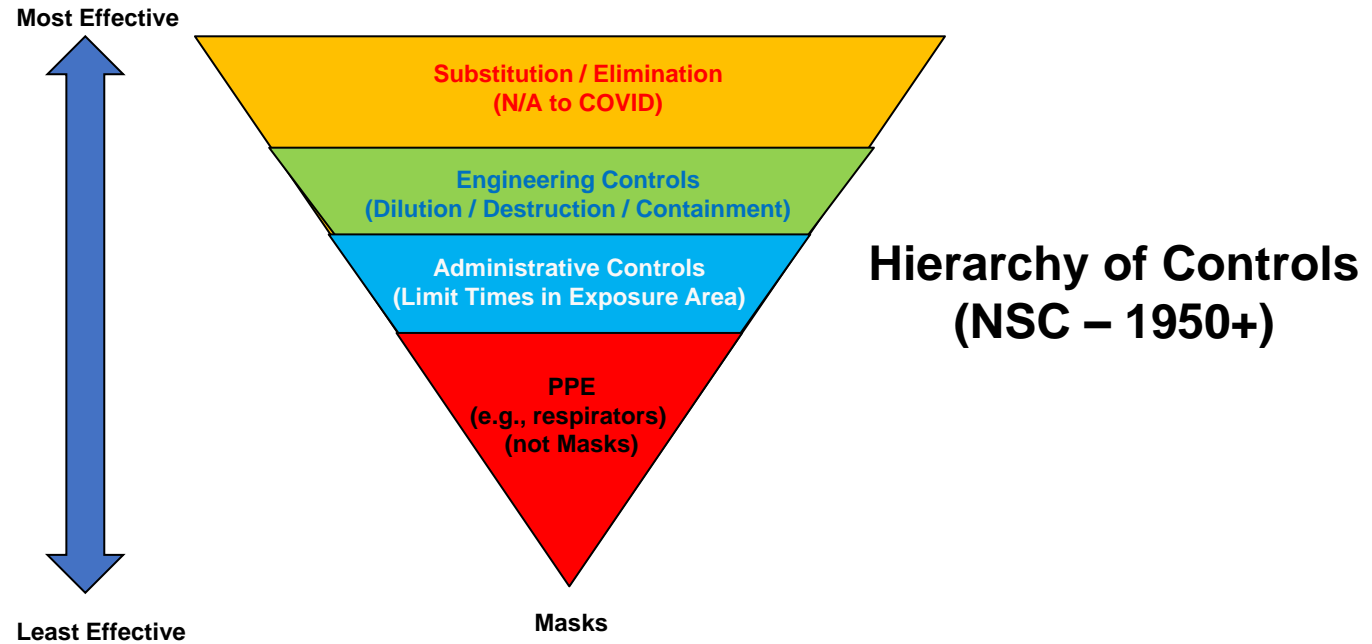
Use Instructions

1. Failure to follow all instructions and limitations on the use of this respirator and/or failure to wear this respirator during all times of exposure can reduce respirator effectiveness and **may result in sickness or death.**
2. In the U.S., before occupational use of this respirator, a written respiratory protection program must be implemented meeting all the requirements of OSHA 29 CFR 1910.134 such as training, fit testing, medical evaluation, and applicable OSHA substance specific standards. In Canada, CSA standard Z94.4 requirements must be met and/or requirements of the applicable jurisdiction, as appropriate. Follow all applicable local regulations.
7. Conduct a user seal check before use as specified in the Fitting Instructions section. **If you cannot achieve a proper seal, do not use the respirator.**

Use Instructions:

- Failure to follow instructions may result in sickness or death.
- Must follow OSHA 29 CFR 1910.134 – Respiratory Protection Standard – to use in occupational setting.
- Must be able to be sealed or do not use.

CDC vs. IH Approach to Control Exposure



CDC Approach



2020-2021 – Masks



2022 – Masks/N95s

vs.

Petty IH Approach



2020-2022+ – Engineering Controls

DAMAGE AND HARM TO CHILDREN

(and adults)

January 2022 England Dept. of Education Study

123 schools in England used masks and compared that to others that did not use masks during the Delta wave of Covid.

Evidence Summary

Coronavirus (COVID-19) and the use of face coverings in education settings



January 2022 England Dept. of Education Study – Masks Negatively Affected Learning

The review acknowledged the use of face coverings are harmful:

“A survey conducted by the Department for Education in April 2021 found that almost all secondary leaders and teachers (94%) thought that wearing face coverings has made communication between teachers and students more difficult, with 59% saying it has made it a lot more difficult”

“Wearing face coverings may have physical side effects and impair face identification, verbal and non-verbal communication between teacher and learner.”

January 2022 England Dept. of Education Study – Masks Negatively Affected Health

English Guidance on Masks in Schools Differs from USA:

“[English] Government guidance continues to be that children aged under 11 years old should be exempt from requirements to wear face coverings in all settings including education. UKHSA does not recommend face coverings for children under the age of 3 years for health and safety reasons!”



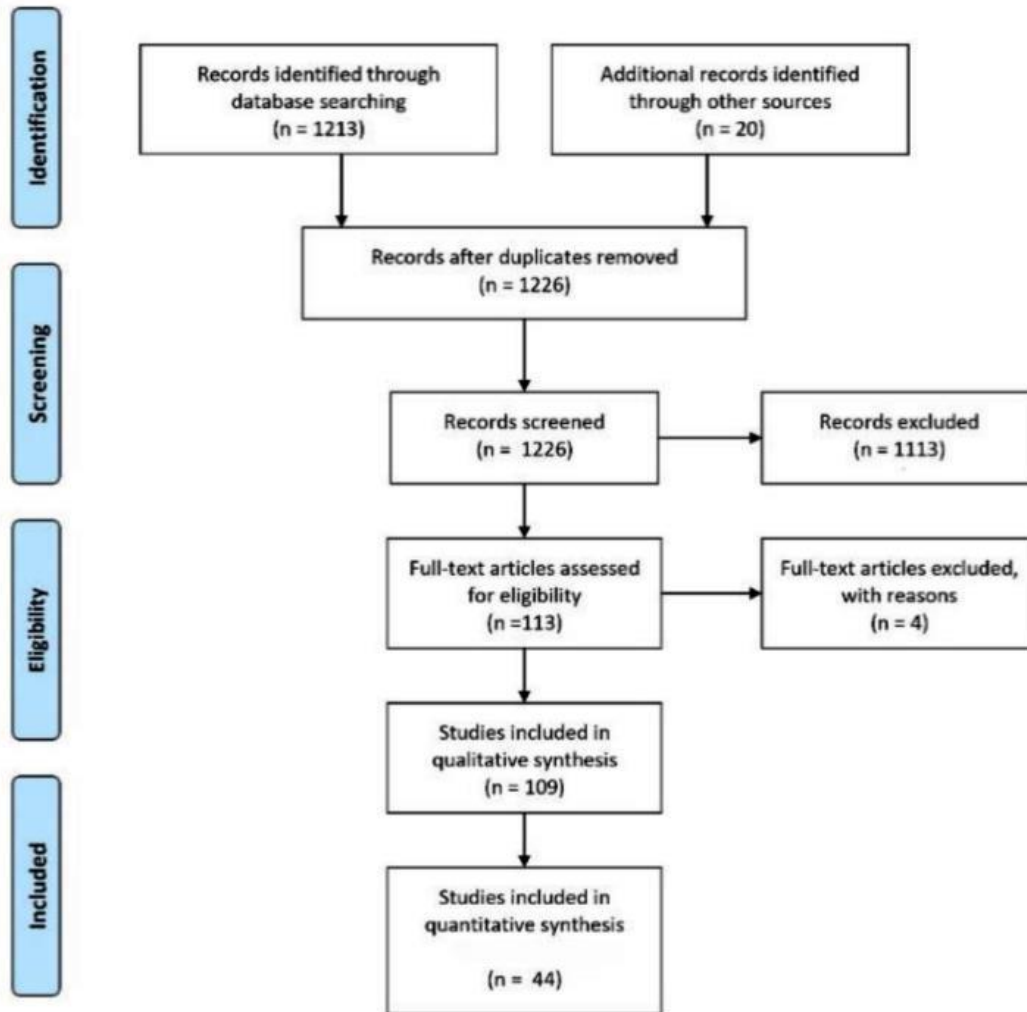
OTHER NEGATIVE EFFECTS OF WEARING MASKS

Review

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

Kai Kisielinski ¹, Paul Giboni ², Andreas Prescher ³, Bernd Klosterhalfen ⁴, David Graessel ⁵, Stefan Funken ⁶, Oliver Kempfski ⁷ and Oliver Hirsch ^{8,*}

KISIELINSKI et al., 2021 NEGATIVE EFFECTS OF WEARING MASKS



OTHER NEGATIVE EFFECTS OF WEARING MASKS

Increased risk of adverse effects when using masks:

Internal diseases

COPD
Sleep Apnea Syndrome
advanced renal Failure
Obesity
Cardiopulmonary Dysfunction
Asthma

Psychiatric illness

Claustrophobia
Panic Disorder
Personality Disorders
Dementia
Schizophrenia
helpless Patients
fixed and sedated Patients

Neurological Diseases

Migraines and Headache Sufferers
Patients with intracranial Masses
Epilepsy

Pediatric Diseases

Asthma
Respiratory diseases
Cardiopulmonary Diseases
Neuromuscular Diseases
Epilepsy

ENT Diseases

Vocal Cord Disorders
Rhinitis and obstructive Diseases

Dermatological Diseases

Acne
Atopic

Occupational Health Restrictions

moderate / heavy physical Work

Gynecological restrictions

Pregnant Women

Figure 5. Diseases/predispositions with significant risks, according to the literature found, when using masks. Indications for weighing up medical mask exemption certificates.

DO WE REALLY WANT TO PUT MASKS & N95s ON CHILDREN AND ADULTS?

Simple Answer: No!

- **Using N95s will likely increase harms and health effects and could incur liability on those requiring them if RPS and manufacturers' instructions are not followed.**
- **In the real world they are also ineffective.**
- **Engineering Controls are, and always have been, the solution.**

ENGINEERING CONTROLS

EXPOSURE CONTROL – DILUTION BY VENTILATION OR MAXIMUM FRESH AIR

Dilution of Virus by Dilution and/or Ventilation – More Fresh Air!

- *Spend More Time or Meet Outdoors* – condition of maximum fresh air and dilution of virus – avoid indoors.
- *Ventilation* – Residential and Commercial – Crack open windows or doors – especially with company.



EXPOSURE CONTROL – DILUTION BY VENTILATION OR MAXIMUM FRESH AIR

Dilution of Virus by Dilution and/or Ventilation – More Fresh Air!

- Ventilation – Commercial and Industrial – Increase fresh air – set fresh air dampers to maximum openings on HVAC systems to maximize fresh air intake – over-ride energy controls – will increase energy costs.



EXPOSURE CONTROL – DESTRUCTION

➤ Needle Point Ionization Technology (e.g., Nu-Calgon I-Wave & REM HALO-LED™ Whole Home In-Duct Air Purifier)

- Unit magnetized and sticks to indoor unit fan.
- Nu-Calgon will treat up to 6-RT area or ~6,000 ft².
- Efficiency reported to 64.3%, 89.1%, and 96.4% for times of 15, 30, and 45 minutes respectively.
- Nu-Calgon Cost: ~\$400 plus installation (\$800; HALO: ~\$1,180 installed. – Tube replacement at ~4.5 yrs.

Bipolar ionization has received a lot of attention since the start of the current pandemic. Ionization is typically classified as either needlepoint ionizers or corona discharge ionizers (dielectric barrier). Ionizers produce positively charged ions, negatively charged ions, or both. A study by Hyun, et al., looked at the effect of corona discharge-generated air ions on aerosolized bacteriophage MS2.¹³ The test separated the antiviral efficiency of the ozone produced in the ion creation process (30 ppb at 4.52%). The results showed that the antiviral efficiency for bipolar ions was greater than either positive or negative ions individually, and the antiviral efficiency of the bipolar air ions at 10^7 ions/cm³ concentration was 64.3%, 89.1% and 96.4% with exposure times of 15, 30 and 45 minutes.¹³

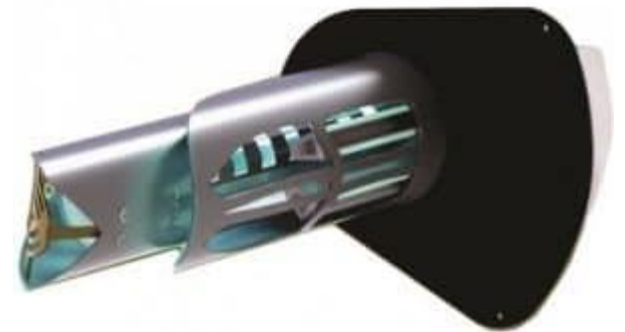


EXPOSURE CONTROL – DESTRUCTION

➤ ***Ionized Hydrogen Peroxide Systems*** (e.g., RGF's Reme Halo in-duct air purifier - <https://www.rgf.com/products/air/remehalo/#undefined>).

- **REME® Cell technology with UV-C light to create low level, airborne hydrogen peroxide throughout the air-conditioned space reducing airborne and surface bacteria, viruses, odors, and mold.**
- **Cost: \$450 to \$650 for residential unit; \$780 installed. Cell replacement ~every 2 years**
- **Must control H₂O₂ concentration.**
- **Reduces virus concentrations on surfaces by 4-log or a factor of 10,000.**

Chemical disinfectants like hypochlorite, peroxy-monosulfate, alcohols, quaternary ammonium compounds and hydrogen peroxide are typical for surface disinfection of viruses.³¹ Vaporized hydrogen peroxide (VHP) has also been used in engineered disinfection systems for control of viruses.³¹ A study by Goyal, et al., has showed a 4-log reduction or greater for viruses dried on surfaces.³² VHP requires spaces to be sealed to prevent the vapor from escaping. Also, the space must be unoccupied since high concentrations of VHP can be hazardous.¹



Other products being considered are hypochlorite, peroxy-monosulfate, alcohols, and quaternary ammonium compounds

EXPOSURE CONTROL – DESTRUCTION

➤ *Novaerus Air Purifier Technology*

3 sizes; treat 120 ft², 900 ft² and 3,000 ft².

- **“NanoStrike patented technology destroys viruses, microorganisms, and bacteria at the DNA level:**
 - **Plasma coils create energy field that kills ALL germs and pathogens in sub-second time.**
 - **99.9+% effective at eliminating Influenza pathogens, SARS-Cov-2 (Covid-19), and MRSA.**
 - **Kills ALL airborne microorganisms at the DNA level as small as 1 nanometer!”**

Hays Consolidated Independent School District in Texas considering spending ~\$4 million on technology

<https://bellmedical.com/novaerus-portable-air-purifier>



EXPOSURE CONTROL – DESTRUCTION

➤ Ultraviolet-C (UVC):

1.2 mJ/cm² to 2 mJ/cm² inactivated 95% to 99.9% of virus.

- At reg. limit of 23 mJ/cm² 90%, 95%, and 99% of virus destroyed in 8, 11, and 25 minutes respectively.
- Dangerous to eyes.
- Maint. - must ensure bulbs not burned out.



Far-UV-C refers to devices that operate in the 207 nm to 222 nm wavelength range.²⁴ UV-C light in this range is strongly absorbed by biological materials and doesn't penetrate through the outer dead-cell layers (stratum corneum) on the surface of human skin or the outer tear layer of the eye.²⁴ Since far-UV-C can only penetrate a few micrometers, it cannot reach living human cells in the skin or eyes.²⁵ However, this light can still inactivate bacteria and viruses with efficiencies comparable to UV-C in the 254 nm wavelength due to the virus's smaller cell size.²⁴ Buonanno, et al., found that low doses (1.2 mJ/cm² to 1.7 mJ/cm²) of 222 nm light inactivated 99.9% of the airborne human coronavirus tested.²⁵ Welch, et al., also found that 2 mJ/cm² of 222 nm light could inactivate 95% or more of aerosolized H1N1 influenza virus.²⁴ The threshold limit value (TLV) for 222 nm light to which the public can be exposed is 23 mJ/cm² per eight-hour exposure.²⁵ Based on far-UV-C exposure set at the regulatory limit, continuous exposure could result in 90% viral inactivation of airborne viruses in about eight minutes, 95% in 11 minutes, 99% in 16 minutes and 99.9% in 25 minutes.²⁵

EXPOSURE CONTROL – REMOVAL

Destruction or Removal:

- **Very High Efficiency Filters (at least MERV-13 to 17 filters depending on particle size).**

(<https://www.ashrae.org/file%20library/technical%20resources/covid-19/guidance-for-the-re-opening-of-schools.pdf>).



Burkett - ASHRAE J., 9/2021

TABLE 3 Minimum efficiency reporting value (MERV) performance.²⁰

MERV	COMPOSITE AVERAGE PARTICLE SIZE EFFICIENCY, % IN SIZE RANGE		
	Range 1 (0.3 μm to 1.0 μm)	Range 2 (1.0 μm to 3.0 μm)	Range 3 (3.0 μm to 10.0 μm)
8	N/A	20 ≤ E ₂	70 ≤ E ₃
9	N/A	35 ≤ E ₂	75 ≤ E ₃
10	N/A	50 ≤ E ₂	80 ≤ E ₃
11	20 ≤ E ₁	65 ≤ E ₂	85 ≤ E ₃
12	35 ≤ E ₁	80 ≤ E ₂	90 ≤ E ₃
13	50 ≤ E ₁	85 ≤ E ₂	90 ≤ E ₃
14	75 ≤ E ₁	90 ≤ E ₂	95 ≤ E ₃
15	85 ≤ E ₁	90 ≤ E ₂	95 ≤ E ₃
16	95 ≤ E ₁	95 ≤ E ₂	95 ≤ E ₃

Note: Data taken from ASHRAE Standard 52.2-2017 Table 12-1.

MERV (Minimum Efficiency Reporting Value)

Filter MERV of 16+ for 0.1 μm particles

EXPOSURE CONTROL – OZONE - NO

Ozone (O₃) Generators Alone:

- Health Effects on Respiratory Tract.
- Control of Levels in Space
Difficult – produce fixed amount of ozone over time & spaces will have different volumes and ventilation rates – Will not know concentration.

Burkett - ASHRAE J., 9/2021

Ozone, even at low levels, can produce respiratory issues in humans and actually cause other health risks through the formation of formaldehydes and aldehydes.²⁰ ASHRAE states that based on current science there is “no consensus on the safe level of ozone.”²⁰

ASHRAE Standard 62.1-2019, Table D-1²⁰ lists the eight-hour limit at 0.07 ppm, and the EPA and other agencies suggest avoiding the use of air cleaners that use ozone.^{20,40}



EXPOSURE CONTROL – DESTRUCTION

➤ Photocatalytic Oxidation (PCO)

- Used UV light to activate a catalyst such as TiO₂).
- 90% to 99.8% of virus inactivated after 30 minutes. ~80% reduction from PCO alone and essentially all eliminated accounting for the UV.
- Potential to create formaldehyde.
- Catalyst performance drops with time.
- Developing technology.

Photocatalytic oxidation (PCO) uses a UV light to enable chemical change (oxidation or reduction) by photon activated catalysis.¹⁹ The most common catalyst is titanium dioxide (TiO₂), but others are also used.²⁰ A study by Guillard, et al., showed that photocatalysis provided an 80% reduction in the avian influenza virus (A/H5N2), not counting the UV light.²¹ When the UV light was added, the virus was completely eliminated in a single pass.²¹

Studies have shown inactivation of viruses by photocatalysis is initiated by their adsorption onto the catalyst's nanoparticles followed by an attack on the protein capsid.²² Other studies suggest the inactivation is due to free hydroxyl radicals.²² Another study by Kozlova, et al., found that the vaccinia virus and influenza A virus (H3N2) were inactivated 90% to 99.8% after 30 minutes of exposure.²³ However, despite the promising results, PCO has the potential for production of by-products like formaldehyde due to incomplete oxidization.^{19,20} Also, there is a potential reduction in catalyst efficiency over time.^{19,20} These limitations should be evaluated when implementing this technology.

EXPOSURE CONTROL – DESTRUCTION

➤ Silver Nano Particles:

- Small silver particles, and silver in general, is a biocide.
- Use of 1 to 10 ppm concentrations were found to inhibit COVID-19; degree unknown.
- NIOSH REL for metal dust is 10 $\mu\text{g}/\text{m}^3$; regs. under development.
- Developing technology.

Silver nanoparticles (AgNP) have been used in commercial virus sprays for surface disinfection of viruses. Silver has broad spectrum antimicrobial action against

various bacteria, fungi and viruses.³³ Studies have shown that AgNP concentrations between 10 ppm and 100 ppm have antiviral effect.³³ Jeremiah, et al., found that concentrations between 1 ppm and 10 ppm were able to inhibit SARS-CoV-2.³³ Regulations for AgNP are still in development with the current NIOSH recommended exposure limit for silver metal dust and soluble compounds at 10 $\mu\text{g}/\text{m}^3$ as an eight-hour time-weighted average airborne concentration.^{34,35} This limit was developed to protect against argyria and argyrosis.³⁴

THANK YOU!

Questions Please

spetty@eesgroup.us

THE ONLY THING NECESSARY FOR THE TRIUMPH OF EVIL IS FOR GOOD MEN TO DO NOTHING
EDMUND BURKE

February 22, 2022

Rochelle P. Walensky, MD, MPH
Director, Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30329

Anthony S. Fauci, MD
Director, National Institute of Allergy and Infectious Diseases
National Institutes of Health
31 Center Dr # 7A03
Bethesda, MD 20892

Honorable Senator Ronald H. Johnson
328 Hart Senate Office Building
Washington DC 20510

Douglas L. Parker,
Assistant Secretary of Labor for Occupational Safety and Health
Occupational Safety & Health Administration
200 Constitution Ave NW
Washington, DC 20210

Mr. Jeffrey Zients
Coordinator and Counselor to the President
COVID-19 Pandemic Response
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Sent via US Mail Certified Return Receipt and e-mail

Re: Request for Immediate Corrections to the CDC Guidance on Masks and Respirators

Dear Dr. Walensky, Dr. Fauci, Senator Johnson, Mr. Parker, and Mr. Zients:

We the undersigned, professional experts in the field of industrial hygiene, with combined experience of nearly 150 years, are highly concerned with the inaccurate and misleading guidance being promoted by the CDC on its website regarding efficacy of masking to prevent COVID-19 and now similar guidance regarding respirators and request for immediate correction to said guidance. The guidance is overly broad, inaccurate, and especially inappropriate for children and the general public.

For reference, the field of industrial hygiene is defined as:

“That science and art devoted to the anticipation, recognition, evaluation, and control of those environmental factors or stressors arising in or from the workplace, which may cause sickness, impaired health and well-being, or significant discomfort among workers or among of the citizens of the community”
(<https://www.aiha.org/about-ih/Pages/default.aspx>).

The AIHA defines an Industrial Hygienist (<https://www.aiha.org/ih-careers/discover-industrial-hygiene>) as:

“Scientists and engineers committed to protecting the health and safety of people in the workplace and the community.”

Thus, our profession is dedicated, in part, to providing controls to exposures and rely upon what is known as the hierarchy of controls. The hierarchy of controls was first developed by the National Safety Council (NSC) in 1950. This guides us as to the most effective to least effective exposure controls (see Figure 1):

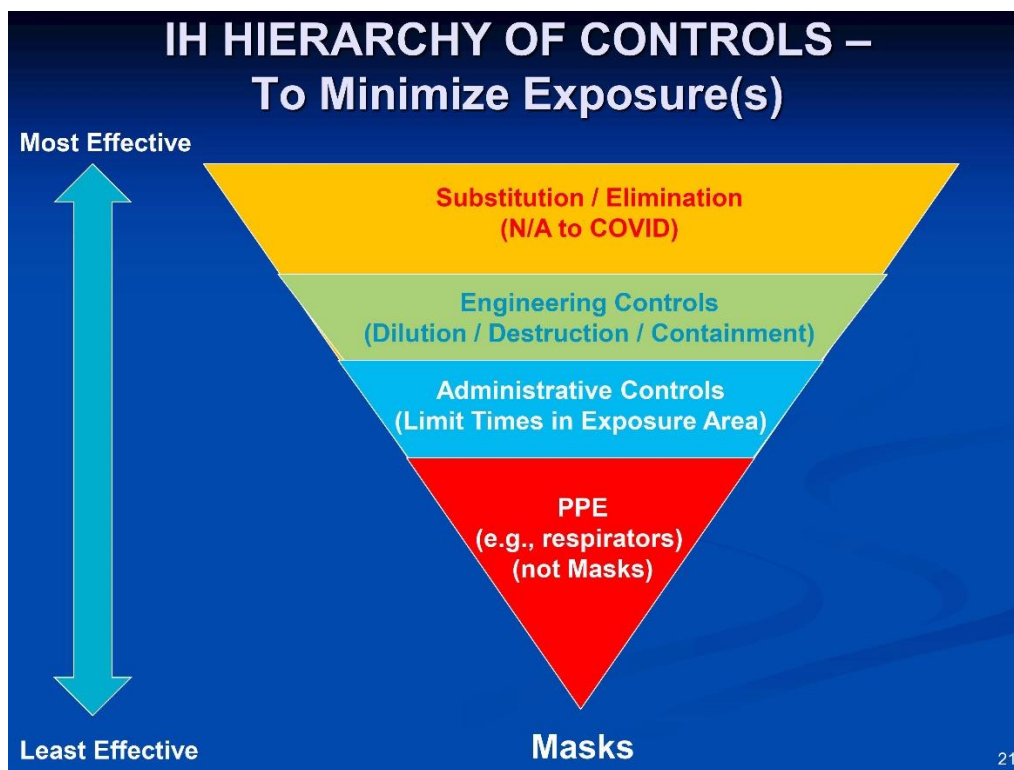


Figure 1: Hierarchy of Controls

Note that masks do not fit into the hierarchy of controls simply because they are not even personal protective equipment. This is recognized in the recent ASTM Face Covering (mask) Standard [ASTM F3502-21 – Standard Specification for Barrier Face Coverings (BFCs)] illustrated in Figure 2:

3.1.8 *respirator, n*—personal protective equipment (PPE) designed to protect the wearer from inhalation of hazardous contaminants.

3.1.8.1 *Discussion*—Barrier face coverings are not designed to meet the performance requirements of NIOSH-approved respirators. For the purpose of this specification, healthcare

Figure 2: ASTM 2021 BFC Standard – Masks Not PPE (Respirators)

The best industrial hygiene solution has for decades been engineering controls of dilution with fresh air, filtration, and/or destruction – all of which are readily available technologies.

Given this background, we the undersigned have been increasingly concerned about the mis-information provided by the CDC to the public; often reflected by inappropriately conclusive language that *omits technical limitations and documented negative effects associated with masks and face coverings*. Examples of our concerns follow:

Issue #1: Recommending N-95 type masks is inappropriate for the general population and children:

The CDC’s January 14, 2021 and January 28, 2021 webpage language have instructed people to move away from masks and toward N95-type respirators (see for example <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>), including KN95 respirators (Figure 3):

Respirators

When choosing a respirator, look at how well it fits and read the manufacturer instructions. These instructions should include information on how to wear, store, and clean or properly dispose of the respirator. Respirators have markings printed on the product to indicate they are authentic, [see appropriate N95 markings](#) and [KN95 markings](#).

COVID-19

4/8

in and out around the edges of the respirator. Gaps can be caused by choosing the wrong size or type of respirator or when a respirator is worn with facial hair. **For information about how to use your N95 correctly, see [How to Use Your N95 Respirator](#)**. The information on this page is about N95 respirators but also applies to international respirators, like KN95 respirators.

Most publicly available respirators are disposable and should be discarded when they are dirty, damaged, or difficult to breathe through.

More information on these two types of respirators is provided below.

Figure 3: CDC January 14 & January 28, 2022 Guidance on Respirators – pgs. 4-5

Under the topic of respirators, the CDC lists both N95 and KN95 respirators.

Moreover, as the CDC knows, persons or entities providing respirators in the workplace (unlike masks) must follow OSHA's Personal Protective Equipment Standard (OSHA 29 CFR 1910.132) to establish the nature of the hazard (Hazards Assessment) and the Respiratory Protection Standard (RPS) requirements (29 CFR 1910.134). Non-employees must also follow the RPS under the manufacturers' instructions (as we shall show later). These RPS requirements are substantial and include factors such as:

- Written RPS Plan
- Medical Clearance
- Initial Fit Test
- Annual Fit Test
- Training by a professional such as an IH on fit testing, cleaning, storage, and changeout.

As the CDC knows, or should know, movement from masks to respirators comes with significant requirements or as the manufacturers such as 3M state on their instructions, improper usage "may result in sickness or death".

In this context, we have recently been provided by the following request, and rejection by OSHA, to investigate improper usage of KN respirators by an employer (Figure 4):

U.S. Department of Labor

Occupational Safety and Health Administration
Toledo Area Office
420 Madison Ave, Suite 600
Toledo, OH 43604



February 9, 2022

[Redacted]

RE: OSHA Complaint No. 1864651

Dear [Redacted]:

The Occupational Safety and Health Administration (OSHA) has received your notice of alleged workplace hazard(s) against notified Gun Lake Casino. After careful review we have decided not to conduct an inspection because:

On the basis of the information provided to our office during our phone conversation the employer has provided and is requiring employees to wear KN95 masks which are not NIOSH certified respirators and would not be covered by OSHA's respiratory protection standard.

If you do not agree with this decision, you may contact me for a clarification of the matter at (419) 259-7542.

Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, since OSHA normally can accept only those complaints filed within 30 days of the alleged discriminatory action.

Thank you for your concern for a safe and healthful workplace.

Respectfully,

Todd Jensen
Area Director

Figure 4: OSHA February 9, 2022 Response Letter to Gun Lake Casino Complaint

OSHA rejected the employee complaint on a technicality that the employer was not following the OSHA RPS because the respirator was a KN95 rather than an N95. And, as shown in Figure 5, NIOSH does not approve KN95's:

NIOSH-approved N95 Particulate Filtering Facepiece Respirators

This list is reviewed and updated weekly.

Manufacturers Listed from A to Z – L

The N95 respirator is the most common of the seven types of particulate filtering facepiece respirators. This product filters at least 95% of airborne particles but is not resistant to oil-based particles.

This web page provides a table of NIOSH-approved N95 respirators listed by manufacturer from A-Z. You can find a specific manufacturer by clicking on the first letter of their name on the index below. Web links in the table go to the NIOSH Approval Holder's website. See the [Notes](#) section for information about private labels.

NIOSH entered a [Memorandum of Understanding](#) (MOU) in 2018 with the Food and Drug Administration (FDA). This MOU granted NIOSH the authority to approve surgical N95 filtering facepiece respirators. Prior to this MOU, both NIOSH and FDA approved and cleared surgical N95s. The **Model Number/Product Line in bold text followed by (FDA)** indicates these surgical N95 respirators in the table below. NIOSH also provides a [table of the surgical N95 respirators](#) approved prior to the MOU. Surgical N95 respirators approved under the MOU do not require FDA's 510(k) clearance. These NIOSH-approved surgical N95 respirators are only on the [Certified Equipment List \(CEL\)](#).

A respirator labeled as a KN95 respirator is expected to conform to China's GB2626 standard. NIOSH does not approve KN95 products or any other respiratory protective devices certified to international standards. For more information, view [Factors to Consider When Planning to Purchase Respirators from Another Country](#).

Figure 5: NIOSH Language Regarding Approval of KN95 Respirators

So, in an obvious case of deception, the CDC recommends the usage of N95 and KN95 respirators (see Figure 3) yet must know they are not approved by NIOSH and that OSHA will not enforce the RPS. The irony here is that NIOSH is part of the CDC (see Figure 5 letterhead), so the CDC clearly knows this. Note that it is known that KN95 respirators from China are known to be less expensive than those made with the N95 designation and find widespread usage; this too was known, or should have been known, by the CDC.

Thus, the CDC pushes KN95 respirators as part of the move toward respirators, knowing they are not approved by their sub-agency NIOSH, which allows employers to make employees wear respirators without the protections of OSHA's Respiratory Protection Standard (RPS). This is an unconscionable breach of the public health function and should be corrected immediately.

Issue #2: CDC has issued harmful guidance for masking children that contradicts manufacturers' recommendations, world-wide standard practice and CDC's own guidance, and without appropriate risk-benefit analysis:

The CDC's January 28, 2021 webpage language misleadingly implies respirators are acceptable for children yet knows that this is not the case simply based on manufacturer instructions, they link the reader to <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html> – see Figure 6:

Considerations for Children

Masks

Anyone ages 2 years or older who is not vaccinated or not up to date on vaccines should wear masks in indoor public spaces. This recommendation also applies to people who are up to date on their vaccines when they are in an area of substantial or high transmission. CDC also currently recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of their vaccination status or the area's transmission rates. The benefits of mask-wearing are well-established.

Respirators

Parents and caregivers may have questions about NIOSH-approved respirators (such as N95s) for children. Although respirators may be available in smaller sizes, they are typically designed to be used by adults in workplaces, and therefore have not been tested for broad use in children.

Selecting Masks

- Masks and respirators should not be worn by children younger than 2 years.
- Choose a well-fitting and comfortable mask or respirator that your child can wear properly. A poorly fitting or uncomfortable mask or respirator might be worn incorrectly or removed often, and that would reduce its intended benefits.
 - Choose a size that fits over the child's nose and under the chin but does not impair vision.
- Follow the user instructions for the mask or respirator. These instructions may show how to make sure the product fits properly.
- Some types of masks and respirators may feel different if your child is used to wearing a regular cloth or disposable procedure masks.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>

6/8

Figure 6: Misleading CDC Language Regarding Children Wearing Masks and Respirators

As illustrated in detail below, the CDC provided language in its January 28, 2022 guidance for children that is particularly misleading by obfuscating and omitting information readily known, or likely to have been known by the CDC.

“The benefits of mask-wearing are well-established:”

First, the benefits of children, or anyone for that matter, of wearing masks being well

established is simply false. A Brownstone paper by Paul Elias Alexander published December 21, 2021 (<https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/>) shows both the effectiveness of masks and their harms, citing 150 studies. One of these author's testified in the Western District Court of Michigan on September 28, 2021, in a half-dozen interviews (e.g., Jeff Hayes Films: <https://rumble.com/vrfoox-covid-revealed-episode-8b-bonus-video-stephen-petty.html>), in his own podcasts (<https://rumble.com/c/PettyPodcasts>) and in the Liberty Dispatch in Canada (<https://podcasts.apple.com/us/podcast/episode-99-masks-dont-work-an-interview-with-ppe/id1559570986?i=1000550149187>). During this testimony it was shown that the nearly 50 studies cited by the CDC purportedly showing masks are effective did not support statements made by the CDC and most suffered from a lack of a control group (group similar to the mask study group not wearing masks) or cofounding factors (multiple factors such as changes in HVAC systems, distancing, quarantining, and masks) wherein one cannot determine the specific contribution by masking.

But the most egregious part of this statement is that it only addresses supposed benefits, not liabilities. Even the WHO - UNICEF (https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1) understands that risk-rewards analysis should be done before recommending unproven, unscientifically-supported policies before masking them. Remember – do no harm – is the overarching principle (Figures 7 & 8):

Advice to decision makers on the use of masks for children in the community

Overarching guiding principles

Given the limited evidence on the use of masks in children for COVID-19 or other respiratory diseases, including limited evidence about transmission of SARS-CoV-2 in children at specific ages, the formulation of policies by national authorities should be guided by the following overarching public health and social principles:

- Do no harm: the best interest, health and well-being of the child should be prioritized.
- The guidance should not negatively impact development and learning outcomes.
- The guidance should consider the feasibility of implementing recommendations in different social, cultural and geographic contexts, including settings with limited resources, humanitarian settings and among children with disabilities or specific health conditions.

Figure 7: WHO UNICEF Recommendations for Children and Masks

From Figure 7, the overarching guiding principle is to do no harm.

Advice on the use of masks in children

WHO and UNICEF advise decision makers to apply the following criteria for use of masks in children when developing national policies, in countries or areas where there is known or suspected community transmission^a of SARS-CoV-2 and in settings where physical distancing cannot be achieved.

1. Based on the expert opinion gathered through online meetings and consultative processes, children aged up to five years should not wear masks for source control. This advice is motivated by a “do no harm” approach and considers:
 - childhood developmental milestones^{b 41}
 - compliance challenges and
 - autonomy required to use a mask properly.

The experts (following the methods described above) recognized that the evidence supporting the choice of the age cut-off is limited (see above, section related to transmission of COVID-19 in children), and they reached this decision mainly by consensus. The rationale included consideration of the fact that by the age of five years, children usually achieve significant developmental milestones, including the manual dexterity and fine motor coordination movements needed to appropriately use a mask with minimal assistance.

In some countries, guidance and policies recommend a different and lower age cut-off for mask use⁴²⁻⁴⁵. It is recognized that children may reach developmental milestones at different ages and children five years of age and under may have the dexterity needed to manage a mask. Based on the do no harm approach, if the lower age cut-off of two or three years of age is to be used for recommending mask use for children, appropriate and consistent supervision, including direct line of sight supervision by a competent adult and compliance need to be ensured, especially if mask wearing is expected for an extended period of time. This is both to ensure correct use of the mask and to prevent any potential harm associated with mask wearing to the child.

Children with severe cognitive or respiratory impairments who have difficulties tolerating a mask should, under no circumstances, be required to wear masks.

Other IPC, public health and social measures should be prioritized to minimize the risk of SARS-CoV-2 transmission for children five years of age and under; specifically maintaining physical distance of at least 1 meter where feasible, educating children to perform frequent hand hygiene and limiting the size of school classes. It is also noted that there may be other specific considerations, such as the presence of vulnerable persons or other local medical and public health advice that should be considered when determining if children five years of age and under need to wear a mask.

2. For children between six and 11 years of age, a risk-based approach should be applied to the decision to use of a mask. This approach should take into consideration:
 - intensity of transmission in the area where the child is and updated data/available evidence on the risk of infection and transmission in this age group;
 - social and cultural environment such as beliefs, customs, behaviour or social norms that influence the community and population’s social interactions, especially with and among children;
 - the child’s capacity to comply with the appropriate use of masks and availability of appropriate adult supervision;
 - potential impact of mask wearing on learning and psychosocial development; and
 - additional specific considerations and adaptations for specific settings such as households with elderly relatives, schools, during sport activities or for children with disabilities or with underlying diseases.
3. Advice on mask use in children and adolescents 12 years or older should follow the WHO guidance for mask use in adults¹ and/or the national mask guidelines for adults.

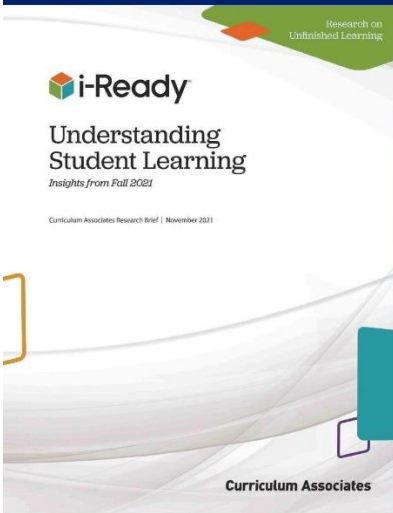
Even where national guidelines apply, additional specific considerations (see below) and adaptations for special settings such as schools, during sport, or for children with disabilities or with underlying diseases will need to be specified.

Figure 8: WHO UNICEF Recommendations for Children and Masks by Age

Note that from Figure 8, WHO recommends against masking below age 6 and that children ages 6 to 11 may be masked upon completion of a risk assessment. England has similar guidance. But the CDC requires masks for children down to age 2 against WHO guidance and based on extensive reviews, has yet to perform any risk assessment on the net benefits of children wearing masks.

Specifically, it is well established that significant harms (i.e., reduced learning and development and physical, emotional, and social harms) have been reported in the literature (Figures 9-18):

CURRICULUM ASSOCIATES – NOV. 2021*



Key Findings

- In reading, the percentage of students who are on grade level in the upper-elementary and middle school grades is close to pre-pandemic levels, whereas in the early grades the percentage of students who are on grade level is lower than before the pandemic.
- In mathematics, the percentage of students who are on grade level is lower in nearly all grades than what we saw prior to the pandemic.
- Fewer students attending schools serving mostly Black and Latino students are on grade level this fall than students attending schools serving mostly White students, and these inequities pre-date the pandemic.

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

Figure 9: Curriculum Associates – Nov. 2021 – Title Page

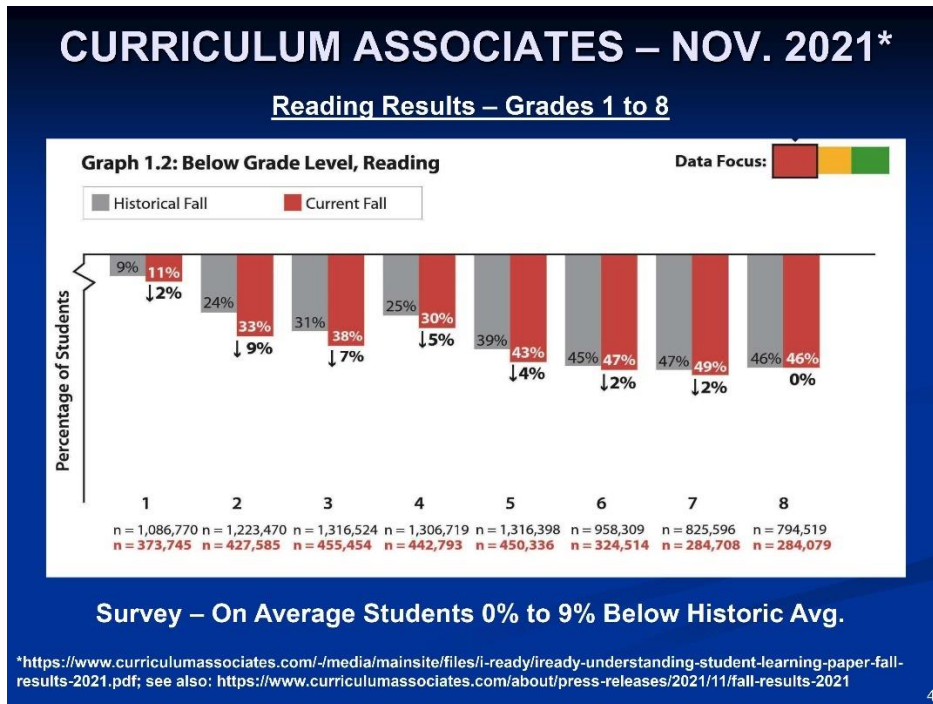
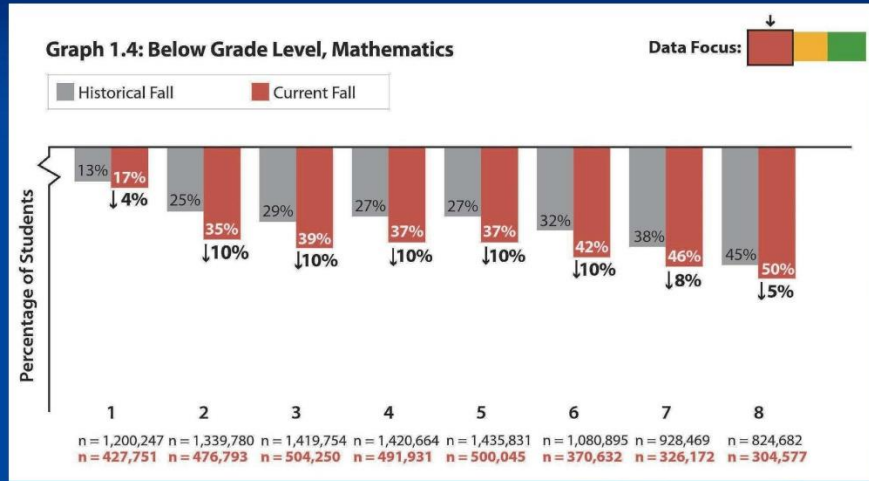


Figure 10: Curriculum Associates – Reading Deficits in 2021 vs. Prior Years

CURRICULUM ASSOCIATES – NOV. 2021*

Math Results – Grades 1 to 8



Survey – On Average Students 4% to 10% Below Historic Avg.

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

5

Figure 11: Curriculum Associates – Math Deficits in 2021 vs. Prior Years

BROWN UNIVERSITY STUDY*

ABSTRACT

Since the first reports of novel coronavirus in the 2020, public health organizations have advocated preventative policies to limit virus, including stay-at-home orders that closed businesses, daycares, schools, playgrounds, and limited child learning and typical activities. Fear of infection and possible employment loss has placed stress on parents; while parents who could work from home faced challenges in both working and providing full-time attentive childcare. For pregnant individuals, fear of attending prenatal visits also increased maternal stress, anxiety, and depression. Not surprising, there has been concern over how these factors, as well as missed educational opportunities and reduced interaction, stimulation, and creative play with other children might impact child neurodevelopment. Leveraging a large on-going longitudinal study of child neurodevelopment, we examined general childhood cognitive scores in 2020 and 2021 vs. the preceding decade, 2011-2019. We find that children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic. Moreover, we find that males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated COVID-19 pandemic is significantly and negatively affecting infant and child development.

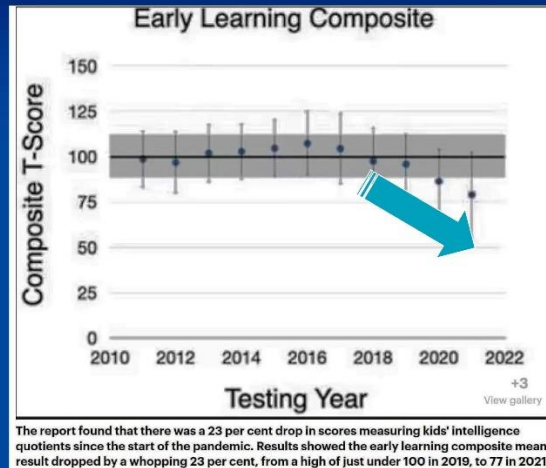
Drop in Children Born Post Pandemic Performance

*<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf>

10

Figure 12: Brown University – Cognitive Deficits

BROWN UNIVERSITY STUDY*

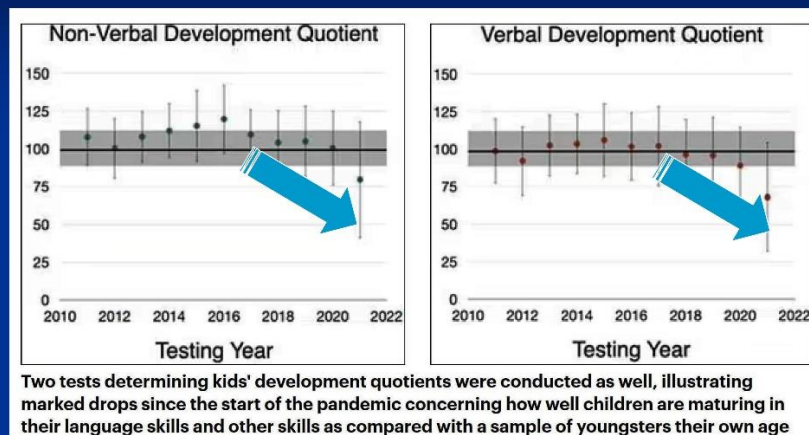


Survey – Learning Composite Has Dropped 23%

*<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf> & <https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

Figure 13: Brown University Study – Learning Loss of 23% for Children Born Since Pandemic

BROWN UNIVERSITY STUDY*



Survey – Verbal and Non-Verbal Development Falling

*<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf> & <https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

Figure 14: Brown University Study – Non-Verbal and Verbal Development Losses

ENGLAND DEPARTMENT OF EDUCATION STUDY – January 2022



123 schools in England used masks and compared that to others that did not use masks during the Delta wave of Covid.

Evidence Summary

Coronavirus (COVID-19) and the use of face coverings in education settings



January 2022

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Figure 15: England Department of Education

January 2022 England Dept. of Education Study – Masks Negatively Affected Learning

The review acknowledged the use of face coverings are harmful:

“A survey conducted by the Department for Education in April 2021 found that almost all secondary leaders and teachers (94%) thought that wearing face coverings has made communication between teachers and students more difficult, with 59% saying it has made it a lot more difficult”

“Wearing face coverings may have physical side effects and impair face identification, verbal and non-verbal communication between teacher and learner.”



Figure 16: England Department of Education – Loss of Communication and Physical Effects



Figure 17: Kisielinski et al. – Mask Meta Study – Reviewed 1,226 Studies

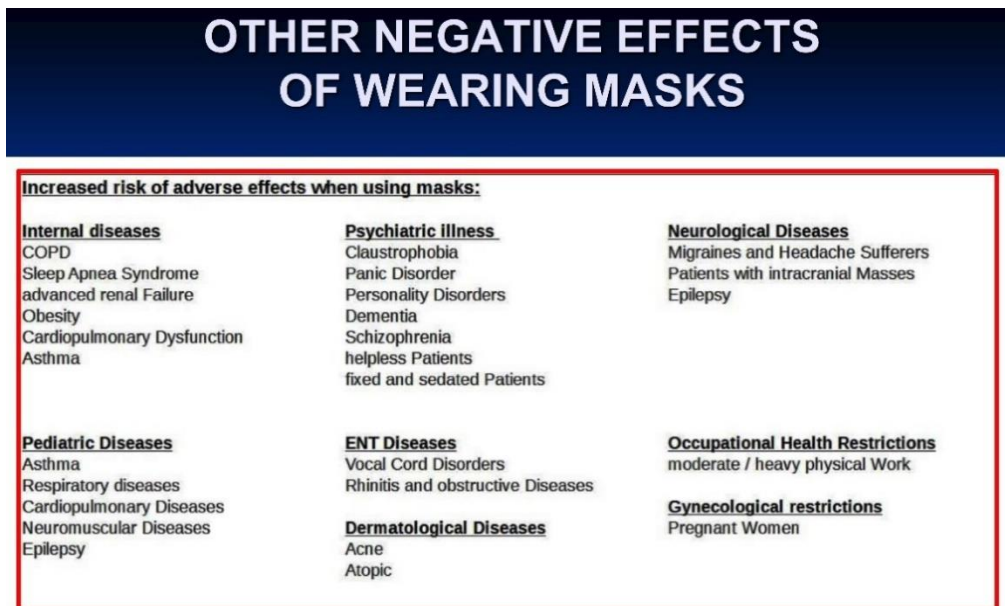


Figure 5. Diseases/predispositions with significant risks, according to the literature found, when using masks. Indications for weighing up medical mask exemption certificates.



Figure 18: Kisielinski et al., – Areas of Quantitated Adverse Effects on Children and Adults

Clearly, the CDC has not conducted a net risk assessment and should have, and must do so to avoid continuing harms to children.

Even more disturbing, in their innocent looking, new Guidance for Children (Learn the Signs, Act Early) the CDC has in part, extended the timeframes for children to achieve learning outcomes (<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>). Regarding these changes – Figure 19, CDC refers the reader to an American Academy of Pediatrics (AAP) webpage (<https://publications.aap.org/pediatrics/article-abstract/doi/10.1542/peds.2021-052138/184748/Evidence-Informed-Milestones-for-Developmental?redirectedFrom=fulltext>):



CDC's Developmental Milestones

CDC's milestones and parent tips have been updated and new checklist ages have been added (15 and 30 months). Due to COVID-19, updated photos and videos have been delayed but will be added back to this page in the future. For more information about the recent updates to CDC's developmental milestones, please view the [Pediatrics journal article](#) describing the updates.

Figure 19: CDC Learn the Signs, Act Early New Webpage – Reference to AAP

The headlines for the reference paper are reproduced as Figure 20:

Evidence-Informed Milestones for Developmental Surveillance Tools | Pediatrics | American Academy of Pediatrics

SPECIAL ARTICLE | FEBRUARY 08 2022

Evidence-Informed Milestones for Developmental Surveillance Tools 🛒

Jennifer M. Zubler, MD ✉; Lisa D. Wiggins, PhD; Michelle M. Macias, MD; Toni M. Whitaker, MD; Judith S. Shaw, EdD, MPH, RN; Jane K. Squires, PhD; Julie A. Pajek, PhD; Rebecca B. Wolf, MA; Karnesha S. Slaughter, MPH; Amber S. Broughton, MPH; Krysta L. Gerndt, MPH; Bethany J. Mlodoich; Paul H. Lipkin, MD

* Contributed equally as co-senior authors.

Address correspondence to Jennifer M. Zubler, MD, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 4770 Buford Hwy NE, MS S106-4, Atlanta, GA 30341. E-mail: wv4@cdc.gov

Figure 20: CDC Referenced AAP Paper by Zubler (CDC) et al. Dated February 8, 2022

Zubler et al., write in part:

*“The Centers for Disease Control and Prevention’s (CDC) Learn the Signs. Act Early. program, funded the American Academy of Pediatrics (AAP) to convene an expert working group to revise its developmental surveillance checklists. The goals of the group were to identify evidence-informed milestones to include in CDC checklists, clarify when most children can be expected to reach a milestone (to discourage a wait-and-see approach), and support clinical judgment regarding screening between recommended ages. Subject matter experts identified by the AAP established 11 criteria for CDC milestone checklists, including using milestones most children ($\geq 75\%$) would be expected to achieve by specific health supervision visit ages and those that are easily observed in natural settings. A database of normative data for individual milestones, common screening and evaluation tools, and published clinical opinion was created to inform revisions. **Application of the criteria established by the AAP working group and adding milestones for the 15- and 30-month health supervision visits resulted in a 26.4% reduction and 40.9% replacement of previous CDC milestones. One third of the retained milestones were transferred to different ages; 67.7% of those transferred were moved to older ages.** Approximately 80% of the final milestones had normative data from ≥ 1 sources. Social-emotional and cognitive milestones had the least normative data. These criteria and revised checklists can be used to support developmental surveillance, clinical judgment regarding additional developmental screening, and research in developmental surveillance processes. Gaps in developmental data were identified particularly for social-emotional and cognitive milestones.*

Thus, at least 22.3% [67.7% of 33%] of the CDC child developmental milestones in place for ~18 years, were moved from a younger age to an older age in February 2022.

One must conclude the CDC, rather than acknowledging the harms being done to children’s development by their COVID policies, including masking, is simply moving the goalposts for what constitutes normal child development rather than admitting and moving away from failed policies.

Statements under “Respirators” and “Selecting Masks”:

- Parents and caregivers may have questions about NIOSH-approved respirators (such as N95s) for children. *Although respirators may be available in smaller sizes, **they are typically designed to be used by adults in workplaces**, and therefore have not been tested for broad use in children.*
- **Masks and respirators should not be worn by children younger than 2 years.**
- Choose a size that fits over the child’s nose and under the chin but does not impair vision. **Follow the user instructions for the mask or respirator.** *These instructions may show how to make sure the product fits properly.*

This language may be the most misleading and egregious given that the links CDC provides to manufacturers’ instruction state that their N95s are not for use with children – the CDC has to know this.

The links to manufacturers’ instructions from the January 28, 2022 mask and January 25, 2022 How to Use Your N95 Respirator are shown in Figures 21 and 22 respectively:

Related Pages

- › Your Guide to Masks
- › Improve How Your Mask Protects You
- › **How to Use Your N95 Respirator**

Last Updated Jan. 28, 2022

Figure 21: CDC January 28, 2022 Link – Bottom of Page and CDC January 25, 2022 Link to Manufacturers’ Guidance and Warnings

The “How to Use Your N95 Respirator” is at the bottom of the CDC January 28, 2022 webpage.

COVID-19

How to Use Your N95 Respirator

Updated Jan. 25, 2022

Wear Your N95 Properly So It Is Effective

- N95s must form a seal to the face to work properly. This is especially important for people at increased risk for severe disease. Wearing an N95 can make it harder to breathe. If you have heart or lung problems, talk to your doctor before using an N95.
- Some N95s may contain latex in the straps. If you have natural rubber latex allergies, see the manufacturers’ website for information about your specific model.

For specific manufacturer’s instructions for your N95 model, see [Free N95 Respirator Manufacturers](#).

Figure 22: CDC January 15, 2022 Link to How to Use Your N-95 Respirator – Link to Manufacturers

The link in turn takes one to the following page (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/free-n95-manufacturers.html>) (Figure 23):



COVID-19

Free N95 Respirator Manufacturers

Distributed from the Strategic National Stockpile

Updated Jan. 25, 2022

What You Need to Know

- The Strategic National Stockpile has distributed N95 respirators to pharmacy distribution centers throughout the country.
- You can find specific manufacturer's instructions for your N95 model below.

For information about how to use your N95 correctly, see [How to Use Your N95 Respirator](#).

3M



MODEL
3M Model 8210+

NIOSH APPROVAL
TC-84A-0007

[General and Occupational/Workplace 8210, 8110S, 8210Plus N95 Particulate Respirator User Instructions \(3m.com\)](#)



MODEL
3M Model 8110S

NIOSH APPROVAL
TC-84A-0007

[General and Occupational/Workplace 8210, 8110S, 8210Plus N95 Particulate Respirator User Instructions \(3m.com\)](#)

MODEL

Figure 23: CDC January 15, 2022 Link to How to Use Your N-95 Respirator – Link to Manufacturers – pg. 1

From this webpage, four manufacturers are listed representing 12 respirators:

- 3M (6 models)
- Drager (1 model)
- Honeywell (2 models)
- Moldex (3 models).

For each model, the link can be clicked to get directly to the manufacturers' instructions for each respirator. For 3M and Moldex, major suppliers, only one set of instructions is used for each of their individually listed respirators. In other words, the same instructions were provided for each of the manufacturers' listed products.

Both 3M and Moldex explicitly state that their masks are not to be use by children (Figure 24).

Occupational/Workplace Use: 3M™ 8210, 8110S, 8210Plus N95 User Instructions

Use Instructions

- 1) Failure to follow all instructions and limitations on the use of this respirator and/or failure to wear this respirator during all times of exposure can reduce respirator effectiveness and **may result in sickness or death.**
- 2) In the U.S., before occupational use of this respirator, a written respiratory protection program must be implemented meeting all the requirements of OSHA 29 CFR 1910.134, such as training, fit testing, medical evaluation, and applicable OSHA substance specific standards. In Canada, CSA standard Z94.4 requirements must be met and/or requirements of the applicable jurisdiction, as appropriate. Follow all applicable local regulations.
- 3) The particles which can be dangerous to your health include those so small that you cannot see them.
- 4) Leave the contaminated area immediately and contact supervisor if dizziness, irritation, or other distress occurs.
- 5) Store the respirator away from contaminated areas when not in use.
- 6) Inspect respirator before each use to ensure that it is in good operating condition. Examine all the respirator parts for signs of damage including the two headbands, attachment points, nose foam, and noseclip. The respirator should be disposed of immediately upon observation of damaged or missing parts. Filtering facepieces are to be inspected prior to each use to assure there are no holes in the breathing zone other than the punctures around staples and no damage has occurred. Enlarged holes resulting from ripped or torn filter material around staple punctures are considered damage. Immediately replace respirator if damaged. Staple perforations do not affect NIOSH approval (For 8110S only).
- 7) Conduct a user seal check before each use as specified in the Fitting Instructions section. **If you cannot achieve a proper seal, do not use the respirator.**
- 8) Dispose of used product in accordance with applicable regulations.

Use Limitations

- 1) This respirator does not supply oxygen. Do not use in atmospheres containing less than 19.5% oxygen.
- 2) Do not use when concentrations of contaminants are immediately dangerous to life and health, are unknown or when concentrations exceed 10 times the permissible exposure limit (PEL) or according to specific OSHA standards or applicable government regulations, whichever is lower.
- 3) Do not alter, wash, abuse or misuse this respirator.
- 4) Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the sealing surface of the respirator.
- 5) Respirators can help protect your lungs against certain airborne contaminants. They will not prevent entry through other routes such as the skin, which would require additional personal protective equipment (PPE).
- 6) This respirator is designed for occupational/professional use by adults who are properly trained in its use and limitations. **This respirator is not designed to be used by children.**
- 7) Individuals with a compromised respiratory system, such as asthma or emphysema, should consult a physician and must complete a medical evaluation prior to use.

Figure 24: 3M Instructions for CDC Listed 3M N95 Respirators – Not Designed to be Used by Children

Note the following observations from Figure 24:

- ***This respirator is not designed to be used by children!***
- The respirator is only intended to be used for occupational or professional adults properly trained (e.g., under the RPS).
- Failure to follow instructions may result in sickness or death.
- A written respiratory protection plan, under the requirements of 29 CFR 1910.134 (RPS) must be in place prior to use of this respirator.

The Moldex instructions are essentially the same.

Moreover, 3M warns it is not protective against infectious diseases (Figure 25):

Biological Particles

This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, *Bacillus anthracis*, *Mycobacterium tuberculosis*, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

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Figure 25: 3M Instructions for CDC Listed 3M N95 Respirators – Not Protective Against Infection, Illness, or Disease

Note that anthrax and TB are much larger particles than virus particles like the COVID-19 virus.

In light of this discussion, the CDC should immediately correct their webpage stating explicitly that respirators, according to manufacturers' instructions, "Are not designed to be used by Children" and that anyone using a respirator must be doing so under a written respiratory protection plan that follows the OSHA RPS.

Issue #3: The CDC continues to ignore the fact that COVID-19 is primarily spread by aerosols (not droplets) making mask use mostly ineffective:

The CDC continues to make the misleading argument that masks stop COVID droplets. This is misleading because while masks do stop some droplets (> 50 to 10 micron), the vast majority of COVID particles are smaller aerosols (≤ 5 microns) – see Figure 26:

Types of Masks and Respirators

Masks are made to contain droplets and particles you breathe, cough, or sneeze out. If they fit closely to the face, they can also provide you some protection from particles spread by others, including the virus that causes COVID-19.

Respirators are made to protect you by filtering the air and fitting closely on the face to filter out particles, including the virus that causes COVID-19. They can also contain droplets and particles you breathe, cough, or sneeze out so you do not spread them to others.

Figure 26: CDC – Misleading Guidance on Masks and Droplets

We are not the only ones who have written you regarding this issue. On February 15, 2021, the following scientists wrote a lengthy memo to you regarding your misleading language in this area and asked you to correct it:

- Rick Bright, PhD, Former Director of BARDA, Dept of Health and Human Services
- Lisa M. Brosseau, ScD, CIH, University of Minnesota CIDRAP
- Lynn R. Goldman, MD, MS, MPH, George Washington University
- Céline Gounder, MD, ScM, NYU Grossman School of Medicine & Bellevue Hospital Center
- Jose Jimenez, PhD, University of Colorado at Boulder
- Yoshihiro Kawaoka, DVM, PhD, University of Wisconsin-Madison and University of Tokyo
- Linsey Marr, PhD, Virginia Tech
- David Michaels, PhD, MPH, George Washington University
- Donald K. Milton, MD, DrPH, University of Maryland
- Michael Osterholm, PhD, MPH, University of Minnesota CIDRAP
- Kimberly Prather, PhD, University of California San Diego
- Robert T. Schooley, MD, University of California San Diego
- Peg Seminario, MS, AFL-CIO (retired)

They wrote in part:

“To address and limit transmission via inhalation exposure and prevent COVID infections and deaths, we urge the Biden administration to take the following immediate actions:

- Update and strengthen CDC guidelines to fully address transmission via inhalation exposure to small inhalable particles from infectious sources at close, mid and longer range. Updated guidelines should be informed by a risk assessment model that focuses on source and pathway (ventilation) controls first, followed by respiratory protection...

- Issue an OSHA emergency standard on COVID-19 that recognizes the importance of aerosol inhalation, includes requirements to assess risks of exposure, and requires implementation of control measures following a hierarchy of controls...

Edwards et al. (<https://www.pnas.org/content/118/8/e2021830118>) demonstrated that the vast majority of COVID particles emitted during illness are aerosols not droplets (see Figure 27):

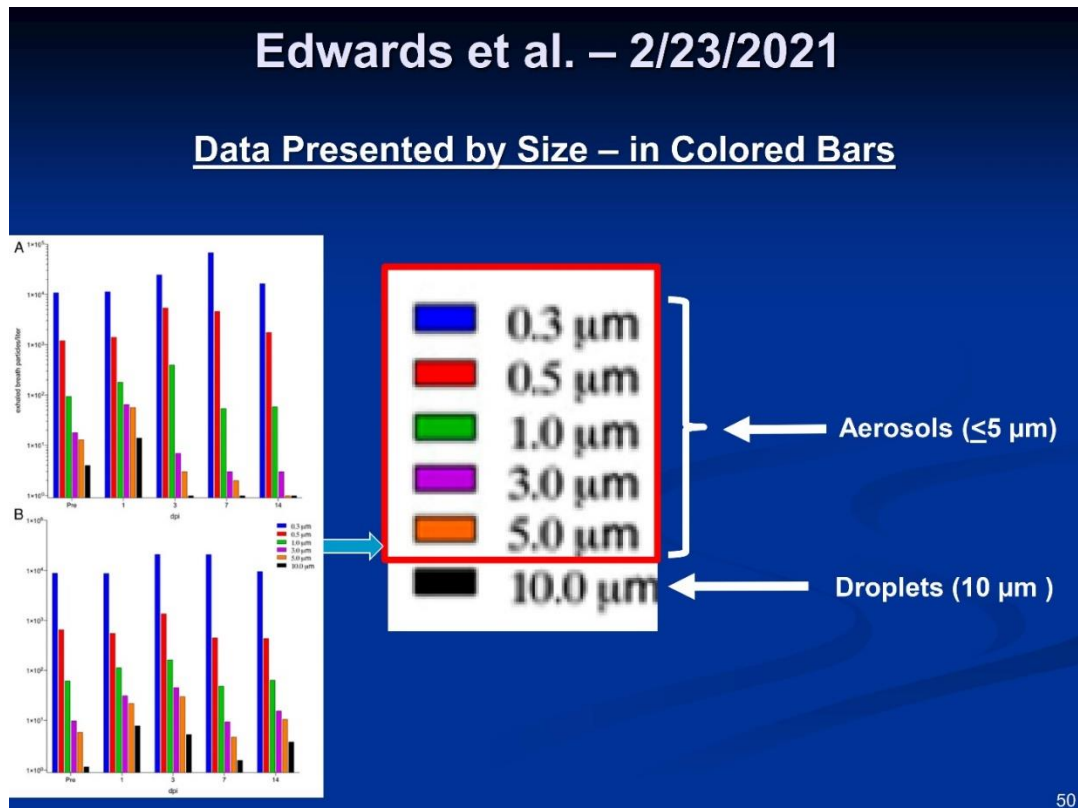


Figure 27: Edwards et al., 2021 – Particle Size Emissions by Size and Time

Edwards et al. concluded their paper with the following statements:

- Our finding that the proportion of small respiratory droplets (i.e., aerosols) were the majority of particles exhaled in all subjects.
- There may be an elevated risk of the airborne transmission of SARS CoV 2 by way of the very small droplets (aerosols) that transmit through conventional masks and *traverse distances far exceeding the conventional social distance of 2 m (~7')*.
- Exhaled aerosol numbers appear to be not only an indicator of disease progression, *but a marker of disease risk in non-infected individuals.*

While the mask may contain droplets, they only do so for a period. As the masks are exposed to heat and moisture they suffer from degradation within a few hours.

We ask that the CDC immediately suspend misleading statements in all their public information that masks stop droplets when the vast majority of particles are smaller aerosols that stay suspended for days to weeks (vs. minutes for droplets), readily pass through gaps around the masks, and can reach deep into the lungs (see for example Fennelly, Kevin, P., 2020, Particle sizes of infectious aerosols: implications for infection control, Lancet Respir Med 2020; 8: 914–24).

Issue #4: CDC’s position for masks used by the general public lacks proper scientific justification and creates potential harm based on a false sense of security:

Statements that a mask can provide protection are false and mislead the public into a false sense of security. Industrial Hygiene solutions seek a more than 90% relative risk reduction, and this publication continues to focus on the lowest form of non-protection that does not meet the least desirable mode of protection (PPE) in the Hierarchy of Controls with PPE. The September 9, 2020 guidance from AIHA illustrated this concept of the need for a super reduction in relative risk, not a minor one (<https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reducing-the-Risk-of-COVID-19-using-Engineering-Controls-Guidance-Document.pdf> - pg. 4).

Moreover, the CDC continues to provide guidance that gaps in masks can be eliminated; in the real world that never happens (Figure 28):

Choosing a Mask or Respirator for Different Situations

Masks and respirators (i.e., specialized filtering masks such as “N95s”) can provide different levels of protection depending on the type of mask and how they are used. Loosely woven cloth products provide the least protection, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection.

Whatever product you choose, it should provide a good fit (i.e., fitting closely on the face without any gaps along the edges or around the nose) and be comfortable enough when worn properly (covering your nose and mouth) so that you can keep it on when you need to. Learn how to improve how well your mask protects you by visiting CDC’s [Improve How Your Mask Protects You](#) page.

A respirator has better filtration, and if worn properly the whole time it is in use, can provide a higher level of protection than a cloth or procedural mask. A mask or respirator will be less effective if it fits poorly or if you wear it improperly or take it off frequently. Individuals may consider the situation and other factors when choosing a mask or respirator that offers greater protection.

Do NOT wear cloth masks with

- Gaps around the sides of the face or nose
- Exhalation valves, vents, or other openings (see example)
- Single-layer fabric or those made of thin fabric that don’t block light
- Wet or dirty material

Figure 28: CDC Guidance Suggesting Gaps in Masks Can be Eliminated

The CDC statement that masks should not be worn if gaps cannot be eliminated is meaningless because this cannot occur; only properly selected and fitted respirators can accomplish this.

Masks cannot ever obtain a perfect fit to the face and efficiencies of masks when worn in real world scenarios (day-long usage). When the mask has more than a 3% gap, it offers effectively zero protection (Figure 29):

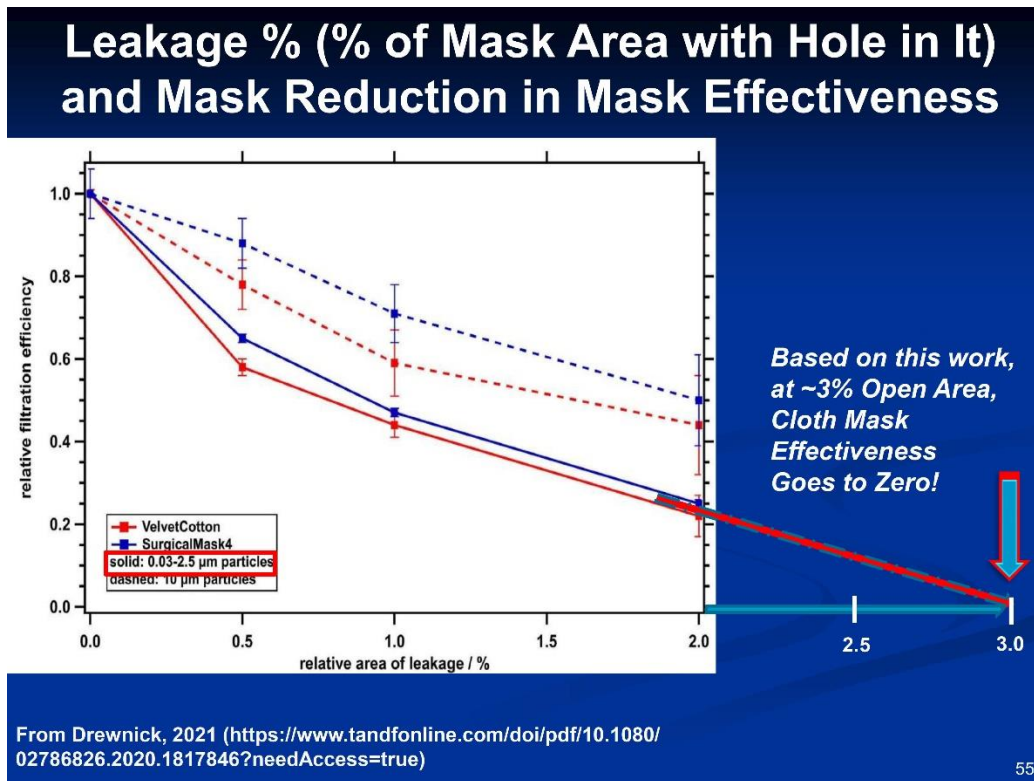


Figure 29: Loss of Mask Effectiveness in the Real World

Thus, the core issue with masks, and even respirators, is the seal – small gap areas effectively render these devices ineffective.

The American Society for Testing and Materials (ASTM) Standard Specification for Barrier Face Coverings F3502-21 Note 2 states, “There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addressed or implied a quantitative assessment of outward leakage and no claims can be made about the degree to which a barrier face covering reduces emission of human-generated particles.”

As well as, importantly, Note 5, “There are currently no specific accepted techniques that are available to measure outward leakage from a barrier face covering or other products. Thus, no claims may be made with respect to the degree of source control offered by the barrier face covering based on the leakage assessment.”

Every breath increases atmospheric viral load, or the amount of viral matter held aloft in an enclosed space. In instances when it does not take very much of an airborne pathogen for vulnerable individuals to get sick, a contagious individual should not wear a mask or respirator that creates a concentrated plume of aerosols, thinking they are protecting others from their respiratory emissions.

Explosive force-generating events, such as coughs and sneezes, increase the pressure behind exhaled matter. Masks can exacerbate the spread of airborne pathogens by creating focused plumes of fine particulates, in turn increasing emission trajectory, with the added concern of aerosolization of droplets through the mask membrane.

Finally, what is now most concerning, is that public entities are taking CDC guidance and making respirators available for free (Figure 30):



Figure 30: “Free” Open Contaminated N95s Being Given Away to the Public at Grocery Stores

These entities, based on CDC guidance, likely and/or unknowingly, do not address the requirements of the Respiratory Protection Standard and causing additional harm to the public by such a lack of understanding. Inevitably, this practice will result in harm and liability to their employees and customers for improper distribution and storage of respirators under the RPS.

Conclusion:

The CDC has built a series of recommendations for masking that are inconsistent with the technical and medical literature. The policy and procedural recommendations exaggerate the benefits, while ignoring the limitations and harms, especially for children and the general population. In addition, the CDC has taken a policy position of “it might work” and “it can’t hurt” and use selective and weak observational data in the place of actual controlled scientific study to justify inappropriate recommendations for masks and face coverings.

Recently, the CDC has deployed a respiratory protection policy (i.e., masks to N95s) that dismisses the key principles in any Safety and Health program regarding the use of respirators – namely the Respiratory Protection Program. There is no mention of potential risks if the respirator is not properly used or fitted correctly. Moreover, it is clear that respirators are not intended for use with children. In our profession, if PPE and respiratory protection guidance was to ever be delivered without risk identification, fit testing, and training, we would be liable for putting personnel in a high-risk scenario, which is what the CDC is doing with their policy.

We would ask the CDC to accept these basic industrial hygiene facts that we have presented, update their public guidance accordingly regarding the issue of droplets vs. aerosols, stop confusing the public regarding the effectiveness of masks, and stop implying respirators are acceptable for children, and to be given generally to the public. In addition, it is clear the CDC knows, or should know, that gaps between the face and mask are a major problem for real mask effectiveness and could never have met our industry’s requirement of 90% relative risk reduction.

The CDC is doing enormous damage to science and scientists by allowing politics to dictate public health policy rather than actual science. Increasingly, and for good reason as we have illustrated, the public does not trust the CDC and its science; this must change.

We recognize that it is easy to judge from afar and know that you and your team are under tremendous stress during this period. Our desire is to see the CDC and our country succeed in these efforts. As such, instead of just being critical, we want to offer our time to your organization to find solutions together. We would be willing to collaborate in the creation of a competent plan that will be based on the Hierarchy of Controls and will be tailored to various work and living environments. We will also help develop data points we can use to monitor and measure this program to enable proper adjustments as needed.

We look forward to your responses to our concerns as we continue to work to protect the public.

Sincerely:



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HB 1131

Testimony of Rep. Ken Weyler

February 25, 2022 Education Committee

1. Much has happened since we filed this last September. Mask requirements are being canceled everywhere. We need to protect the students so that the mandates cannot be declared in some future panic.
2. I have two letters from speech pathologists about the harm that is done to young children from making them wear masks while a part of learning correct speech relies on seeing the face, especially the mouth and expression of the person teaching speech.
3. I also have the 29 pages of slides from Dr. Petty of the harm that is done to children by forcing mask wearing. The effects are not only to health, but also to learning. You will find the data there to prove the point.
4. The most important point I would like to make, is the population that was subjected to this unnecessary burden, is the least likely to incur infection, due to immunity systems at their maximum. The statistics also show zero mortality among this young group.
5. Whoever made the mask mandate did not pay attention to the infection statistics.
6. We will likely have future panic pandemics. Please pass this bill so that those who make decisions on the management of our schools will not be allowed to impose this harm on our students again.

Dear Education Committee Members,

My name is Sarah Kolakoski. I am a speech pathologist and a parent of 7 year old child in the New Hampshire education system. I have been working in the school systems in New Hampshire for over 10 years. I am writing this letter to provide some insight into the masks we are having our children wear in the schools.

As a speech pathologist, I see first-hand the many negative effects of having children wear masks. I work with students in preschool through 6th grade. For the younger children who are trying to learn to talk and produce sounds correctly wearing a mask makes this much more difficult for them. How can we expect our children to learn to produce sounds correctly when all they hear is muffled speech all day long, and they are not able to see anyone's mouth? A child needs to see how a sound is made by viewing a speaker's mouth.

For my students with expressive language disorders; many of these students are hesitant to speak to begin with. Speaking for them is hard. With a mask on their face, and everyone always asking them to repeat what they said only makes these students more hesitant to speak. This can also apply to any child who is shy.

For my students with receptive language disorders; they have a difficult time understanding language. Now they have to listen to their teacher speak through a mask all day and they are probably only hearing a portion of what is said. These students are not going to raise their hand and ask the teacher to repeat. So these students are missing out on important academic instruction all day long.

For my students with Autism and social/pragmatic language difficulties; these students are missing out (as are all children) on very important facial cues and other non-verbal messages. It is so important for children to see facial cues. These cues add so much to verbal messages. If our children do not learn facial cues at a young age then as they grow older they will have a very difficult time understanding and demonstrating these concepts when they engage in conversations. We are setting up all children up for social/pragmatic difficulties because we are not allowing them to see very important facial expressions when engaging in conversations. I am working with more students than ever on social/pragmatic language difficulties this year. I directly relate this to the masks they are having to wear. Students who are already shy and have a harder time engaging with students in conversations and social interactions are having a much harder time this year. I find it hard to speak with another adult with a mask on their face. Now imagine how much harder it is for a child who already struggles with their social pragmatic language skills. We are setting these students up for failure.

What about children with hearing impairments? These children rely on lip reading. Now we have covered everyone's mouth. If you think the mask with the clear plastic over the mouth is a solution so a hearing impaired child can still see a person's mouth, I challenge you to try one on for 20 minutes. You will see that these masks get completely fogged and full of spit. It is very disgusting to even look at.

These are just a few of the areas that are directly impacting the students I work with as a speech pathologist as well as all the students.

From my own personal experience of working in school I see first-hand that throughout the day children are not wearing these masks correctly. The masks are below their noses, on the ground, on their head, used to transport toys across a room, spun on desks, stuffed in desks, used to hold an apple

in their mouth as they walk down the hallway, etc. But then the teachers will tell the students to put their mask back on correctly. I also see masks covered in spit, blood, dirt, food, etc. This is so unsanitary. I do not understand why children are continually being forced to put a mask on their face when the mask is unsanitary, and also the students will not be wearing the mask correctly for long.

If a student has Covid chances are they will spread it during a school day because there will be a time they are not wearing their mask correctly. So why force these children to wear masks to begin with? We are only risking possible long term speech, language, social, and emotional side effects. It makes no sense to me. We are just telling our children to do something because someone said to do it even though it makes no sense! The research has even indicated recently that cloth masks are not effective at keeping the omicron variant out. So again why are the students still wearing masks? It makes no sense. Why not think outside the box and use the money that has been given to schools for Covid to invest in better air filtration systems, cleaning/disinfectant products, and more custodians to help ensure that each school is as clean as possible. More teachers for smaller class sizes. We need to think about other ways to keep children from getting Covid then having them wear a mask on their face for 6-7 hours a day.

Now coming from a parent's perspective, my daughter is 7 years old and in the second grade. I see my daughter's masks come home every single day covered in food and saliva. My daughter (as reported by her teacher) chews on her masks very frequently throughout the day. My daughter's masks are extremely unsanitary. I have asked for the schools help and all they could suggest is send in more masks. When I do they all the masks come home the same way. I do not know how anyone could believe that this is sanitary and appropriate to expect a child to keep a wet and dirty mask on their face. I do not believe any adult would agree to do this for even 10 minutes. However, my daughter is forced to wear a mask like this all throughout the school day.

Additionally, my daughter has asthma. Her PCP diagnosed her with a moderate form of asthma. I had a doctor's note saying that my daughter should not wear a mask all day at school. It is not safe for her given her health issues. The school rejected the letter and said that she did not really seem effected by the asthma at school. I questioned how a principal, teacher, school nurse, etc. could override a doctor's medical decision and no one could really answer me. I informed them that my daughter tells me "I can't breathe" with a mask on her face. My daughter pulls her mask down when she is having a harder time breathing. The only response I received from the school was all the students pull their masks down. I asked my daughter if the nurse had ever checked her oxygen levels or even sat next to her to make sure she was not wheezing and she said no. So how can schools now hold the power to make medical decisions for our children, given they are not medical doctors? It is scary to see what is happening in the schools. Principals, teachers, nurses, etc., are making decisions for our children that they are not qualified to make. We are heading down a very scary road when professionals are now making decisions in areas they are not trained or qualified to make.

Finally, my family has a unique situation. We adopted our daughter from the foster care system in New Hampshire. My husband and I do not feel safe with her walking around with a mask covering her face for obvious reasons. My daughter will never wear a mask out in public for this very reason. We have approached her school about this issue and again they did not appear to care or even try to work with us. There are many families with unique circumstances and surrounding their child and putting a mask on their face. That is why the decision for a child to wear a mask should be left up to the parents.

One more final thought, my daughter came home from school about a few months back and said that a student in her class who wears glasses had pulled their mask down. The teacher asked the student to pull the mask up and the student replied, "But I can't see my glasses fog up." The teacher insisted that the student pull their mask up. So the student pulled up the mask, but took off their glasses. My daughter said to me that night "Mommy that is not right." My seven year old daughter recognized that there was something very wrong with this situation. So how come the adults that are supposed to be looking out for the best interest of our children do not seem to understand just how wrong this is?

I have tried to provide you with insights from my view as a speech pathologist and a parent. We are two years into this and no one can provide studies to show that children who have no symptoms and are not sick should wear a mask. So why are we still having our children wear masks at school? Is it just because someone thought it was a good idea? Please think about this. If we do not make changes soon our children will most certainly have long term speech, language social, emotional difficulties. I do not want to see that happen to any of the students I work with or with any student in any school. The decision to wear a mask should be left up to each individual parent. They know their child best and the needs of their family. The principals, teachers, school nurses, and school board members do not know what is best for each individual child. If we let professionals start to make decisions outside of their scope of practice we will be headed in a very dangerous direction. I hope you will take this information into consideration as you vote on the bill to make masks optional. It should be left up to the parents. Every parent knows their child and their family's unique circumstances.

Thank you for taking the time to consider my request. If you have any questions or would like more information you can email me at skolakoski10@comcast.net.

Sincerely,

Sarah Kolakoski MS, CCC-SLP

Supportive Testimony
HB 1131
Removal of Mask Mandate
HB 1371
Mask Choice

It is time and long over-due for masks to be removed from faces, that is, for all mask mandates in NH to end. This requirement has no reliable science behind it and is detrimental to overall health and well-being of citizens, particularly for those having to wear masks for long periods of time. This includes children in public schools.

As a Speech/Language Pathologist (SLP) for the past forty years and in the public schools in NH for the past twenty, I am in full support of prohibiting the mask requirement. I am at retirement age and have not been afraid to be with children unmasked during the last two years in order to do therapy; in fact, I have extended my retirement date to make sure I have the opportunity to work through this with my students. For my health, personally, I have simple protocols I researched and developed and share with colleagues, many of whom remain overly fearful due to the intimidation of extreme public health measures which caused more harm than good.

I have concluded as have many professionals in health-related fields that masking children in schools is unnecessary as a protection from COVID. In fact, it is demonstrably harmful for children to be masked in school. All children must listen and speak to succeed. It is difficult to hear teachers behind masks and difficult for children to speak and to be heard *by* teachers. For those with speech/language/communication deficits, that task is more difficult. As you must realize, all students need to listen and speak; language and communication are foundational for sustaining a productive, free society.

At this time, I am helping children with articulation, language, and social communication (pragmatic language) challenges whether or not they are identified with a disability, per se. (For more specific detailing of these challenges, please see the accompanying letter of testimony from my colleague, Sarah Kolakoski.) Many children have speech/language delays/differences due to mask wearing as it impedes all aspects of phonological awareness, the basis of learning to read. Students with significant disabilities in the area of speech/language and communication do not have the opportunity for daily practice needed throughout their day due to being masked. You may be unaware, but it is a requirement of Medicaid Reimbursement to Schools that a student's Rehabilitation Assistant is required to help the student carryover speech/language and communication skills throughout their school day. The SLP is the licensed Medicaid Supervisor for the majority of Rehab Assistants in schools and this is a revenue stream for districts. For the district to be reimbursed, the SLP must sign off vouching for the Rehab Assistant's work. I actually put my license on the line by complying with a mask mandate; I am asked to support a restriction for children with disabilities who are supposed to be improving their listening comprehension and oral expression, which are fundamental basic skill areas. My professional legal standing is being jeopardized as is my district's when ethics are compromised to this extent. My students are not getting a free and appropriate education.

The time has come to take preventive health measures to protect oneself and others without sacrificing the needs of children. The idea of showing solidarity with irrational fear which the mask mandate represents has been antithetical to what we model for children in schools. Children need to have a positive attitude toward their innate health. Their developing self-concept should be free from the burden of fear that their breathing and talking negatively impacts the health of others. This construct promotes a social/emotional imbalance in the dynamic of human development. It is important to model and endorse students' ability to problem-solve and make informed choices given individual circumstances. The fear of *not* masking causes stress that makes the problem worse. Children must be helped over their fear.

Childhood development should not be jeopardized by the continuation of masking. In Massachusetts Governor Baker's words, "Our kids have had to put up with a lot of disruption, and have suffered real learning loss over the past two years. There's no debating those points, no matter where you stand." In large part, the remaining clear restriction in education is masking.

It's time as the adults in the room to get beyond the fear and take a stand for our children's mental health, social/emotional development, and ability to achieve through gaining a good education. As Governor Baker goes on to say, "From free and convenient testing to highly effective vaccines and breakthrough treatments, everyone now has the tools and the knowledge to stay safe with respect to COVID."

Along with the family, it is school personnel who are entrusted to guide a young person's life so they may develop and reach their potential. We must prohibit restrictions to that development and potential by abolishing the mask mandate which inhibits progress for all students, particularly those with a disability.

Rachelle Hall, M.Ed., CCC-SLP; New Hampshire State License 0948

Topic for Petty Podcast

Masks and Harm to Children

**Developmental
Deficits**

CURRICULUM ASSOCIATES – NOV. 2021*

Key Findings



Understanding Student Learning

Insights from Fall 2021

Curriculum Associates Research Brief | November 2021

Curriculum Associates

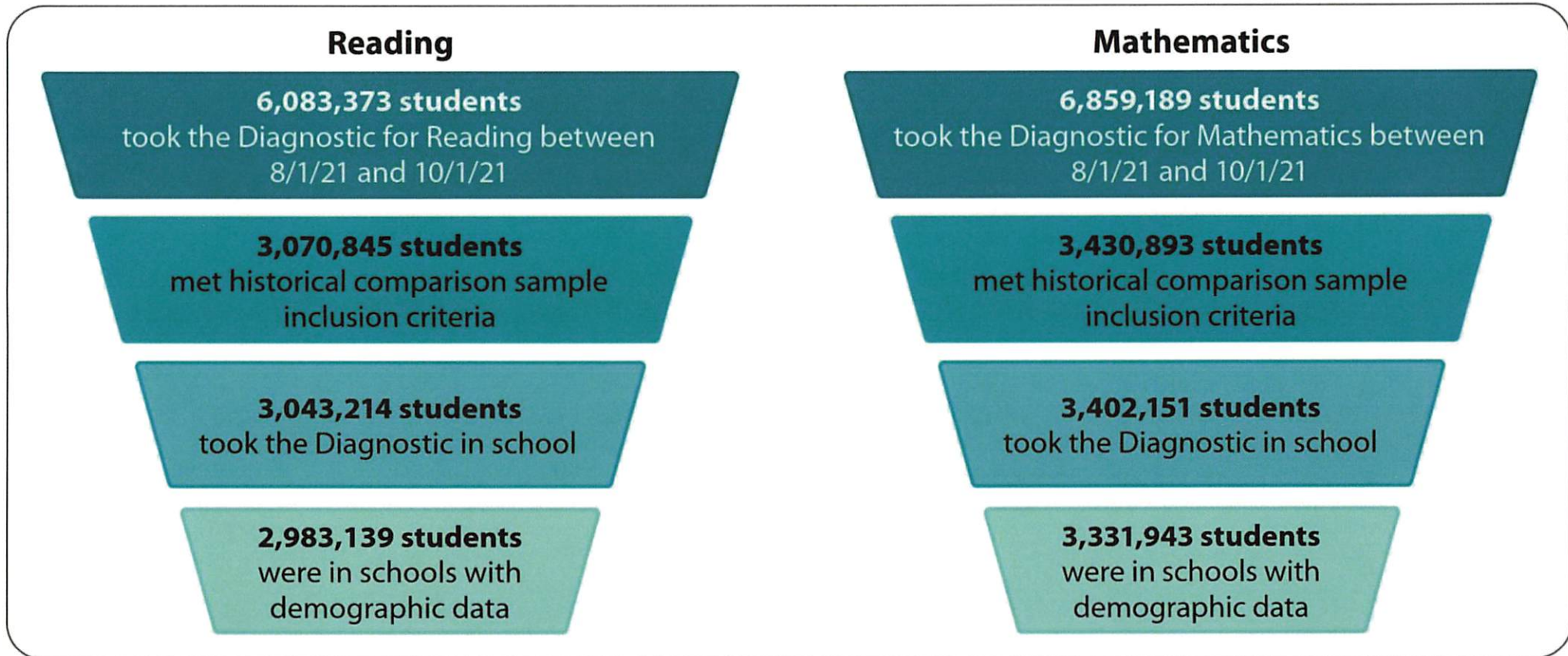
- In reading, the percentage of students who are on grade level in the upper-elementary and middle school grades is close to pre-pandemic levels, whereas in the early grades the percentage of students who are on grade level is lower than before the pandemic.
- In mathematics, the percentage of students who are on grade level is lower in nearly all grades than what we saw prior to the pandemic.
- Fewer students attending schools serving mostly Black and Latino students are on grade level this fall than students attending schools serving mostly White students, and these inequities pre-date the pandemic.

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

CURRICULUM ASSOCIATES – NOV. 2021*

Students Surveyed

Figure 1: How Was the Fall Assessment Sample Selected?



Survey – 6+ million students

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

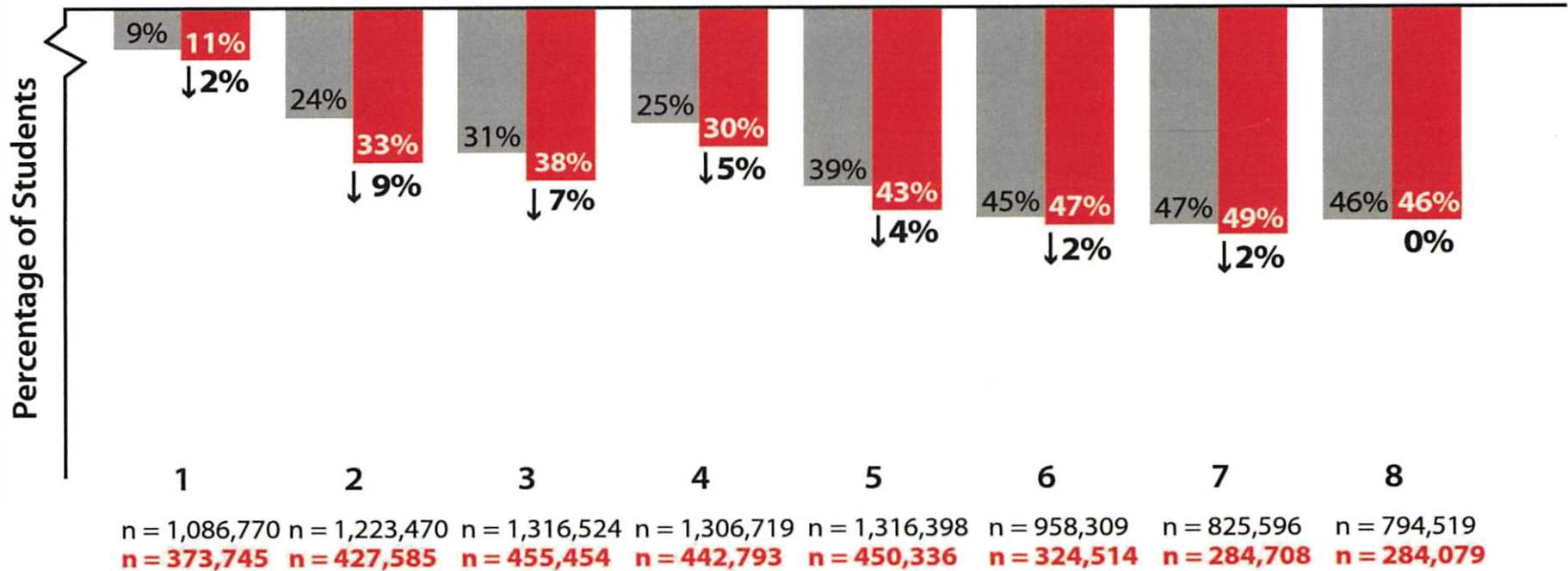
CURRICULUM ASSOCIATES – NOV. 2021*

Reading Results – Grades 1 to 8

Graph 1.2: Below Grade Level, Reading

Data Focus: ■ ■ ■

■ Historical Fall ■ Current Fall

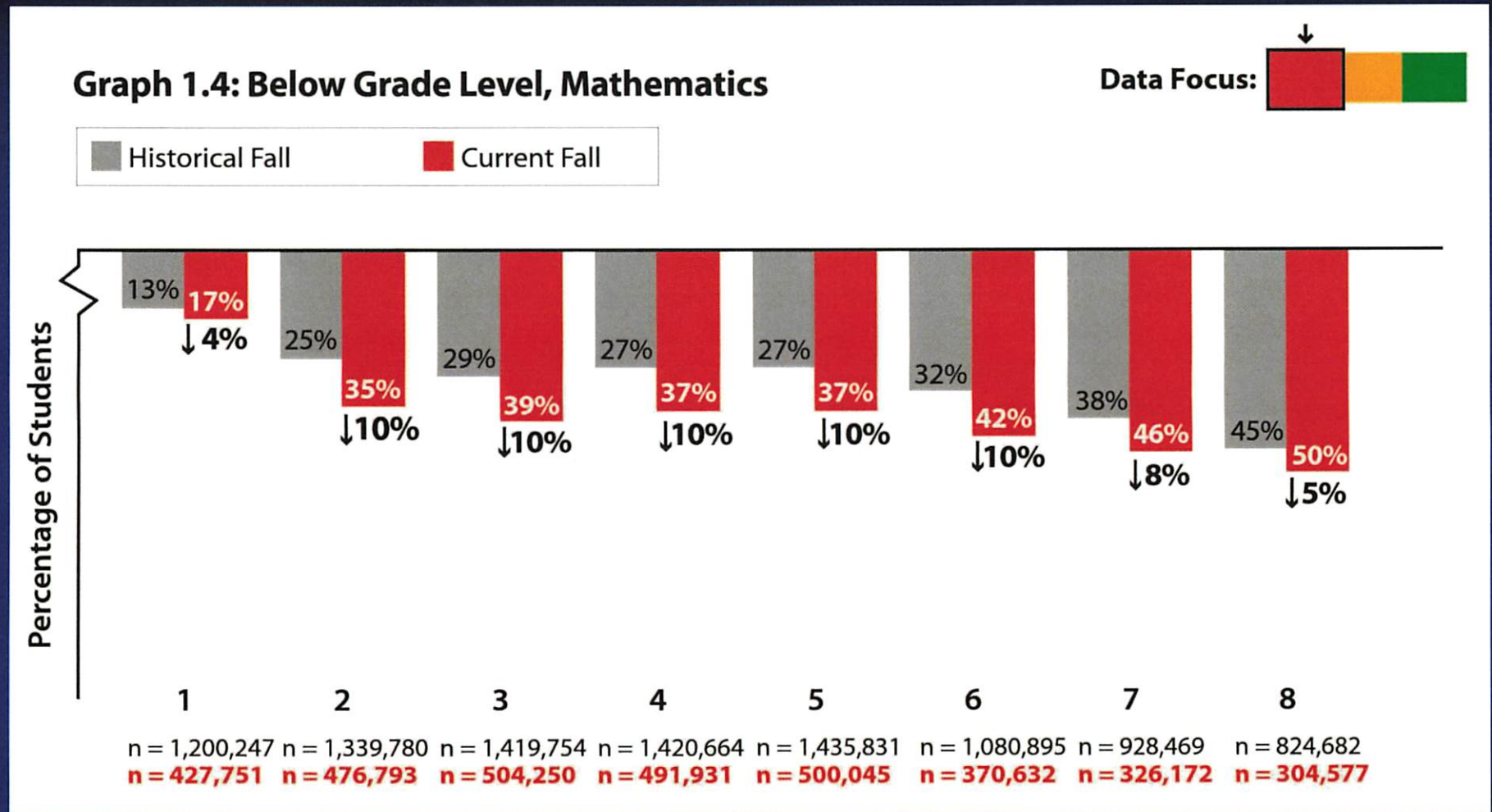


Survey – On Average Students 0% to 9% Below Historic Avg.

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

CURRICULUM ASSOCIATES – NOV. 2021*

Math Results – Grades 1 to 8




Survey – On Average Students 4% to 10% Below Historic Avg.

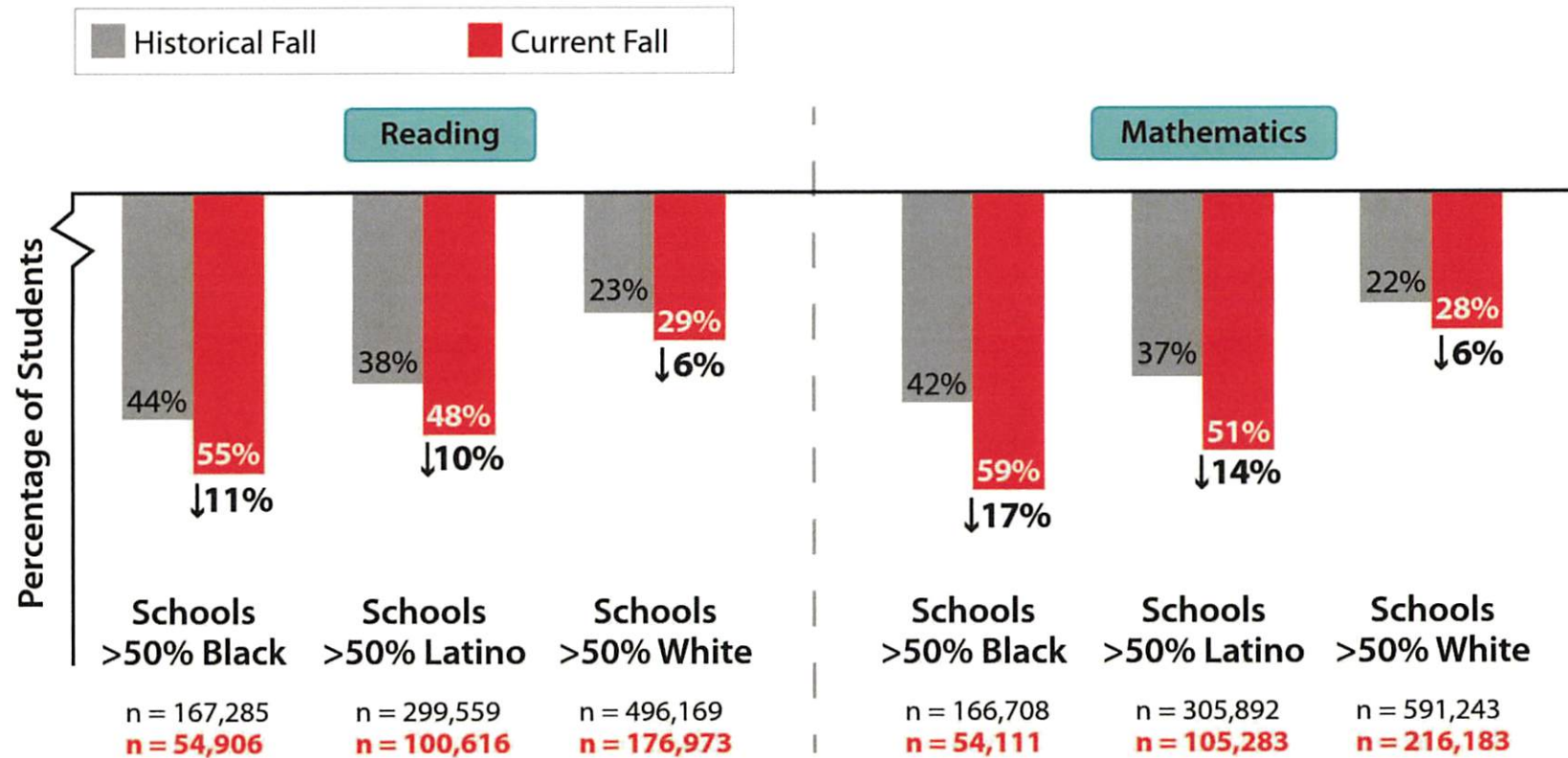
*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

CURRICULUM ASSOCIATES – NOV. 2021*

Impact on Minorities – Grades 1 to 8

**Graph 2.2: Below Grade Level by Demographic Group:
Grade 3, Reading and Mathematics**

Data Focus: 



Survey – Minorities Affected Even More

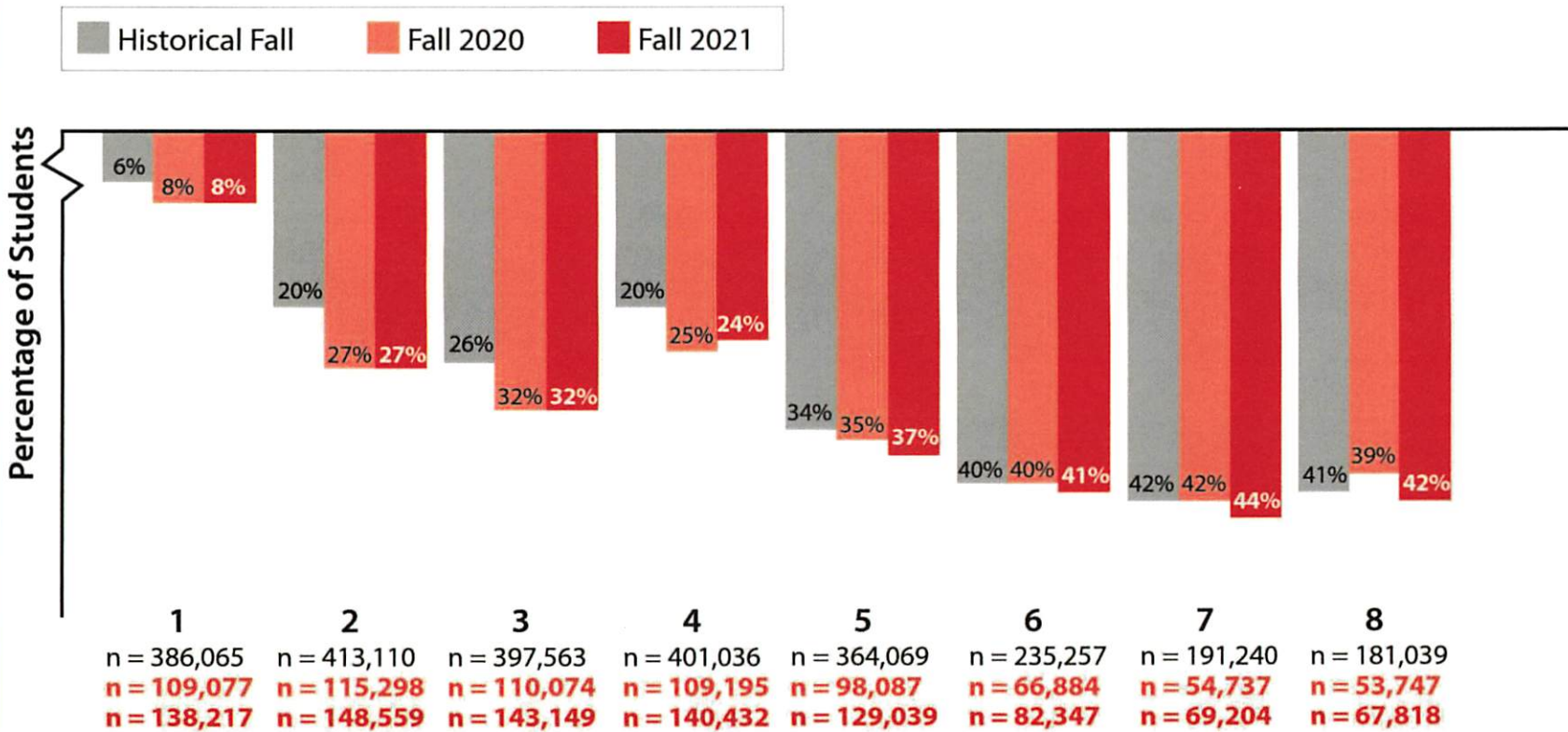
*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

CURRICULUM ASSOCIATES – NOV. 2021*

Reading Results – Grades 1 to 8 – 2 Yr. Data

Graph 4.3: Below Grade Level in Fall 2020 and Fall 2021, Reading

Data Focus: 

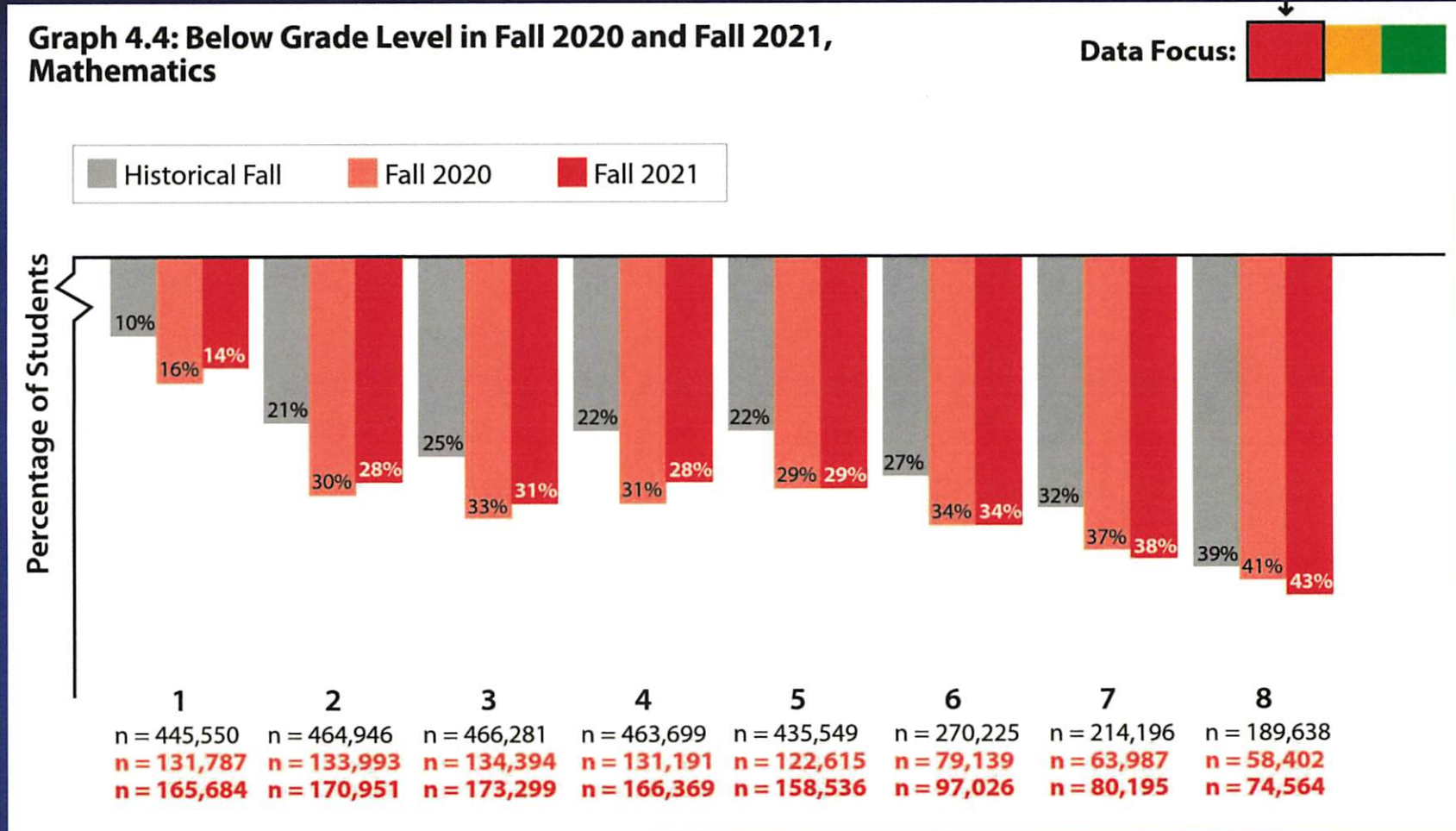


Survey – On Average – Situation Getting Worse

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

CURRICULUM ASSOCIATES – NOV. 2021*

Math Results – Grades 1 to 8 – 2 Yr. Data



Survey – On Average – Situation Much Worse Than Historic Averages

*<https://www.curriculumassociates.com/-/media/mainsite/files/i-ready/i-ready-understanding-student-learning-paper-fall-results-2021.pdf>; see also: <https://www.curriculumassociates.com/about/press-releases/2021/11/fall-results-2021>

DAILY MAIL – FEBRUARY 3, 2022 – CITING BROWN UNIVERSITY STUDY

COVID rules are blamed for 23% dive in young children's development: Disturbing study shows scores in three key cognitive tests slumped between 2018 and 2021, with face mask rules among possible culprits

- Face masks and other social distancing measures may in fact impede on children's development, a new study executed by Brown University has found
- The probe analyzed the cognitive development of the youngsters through infancy, childhood and adolescence
- In the study, researchers first analyzed 1,070 assessments administered on 605 kids prior to March 2020, when COVID lockdowns and masking began
- A further 154 assessments from 118 kids administered between March 2020 and June 2021, during the height of the pandemic, were then carried out
- Thirty-nine children born in 2018 and 2019 were analyzed over the course of the pandemic, into 2021.
- The report found that there was a 23 per cent drop in scores measuring kids' intelligence quotients since the start of the pandemic

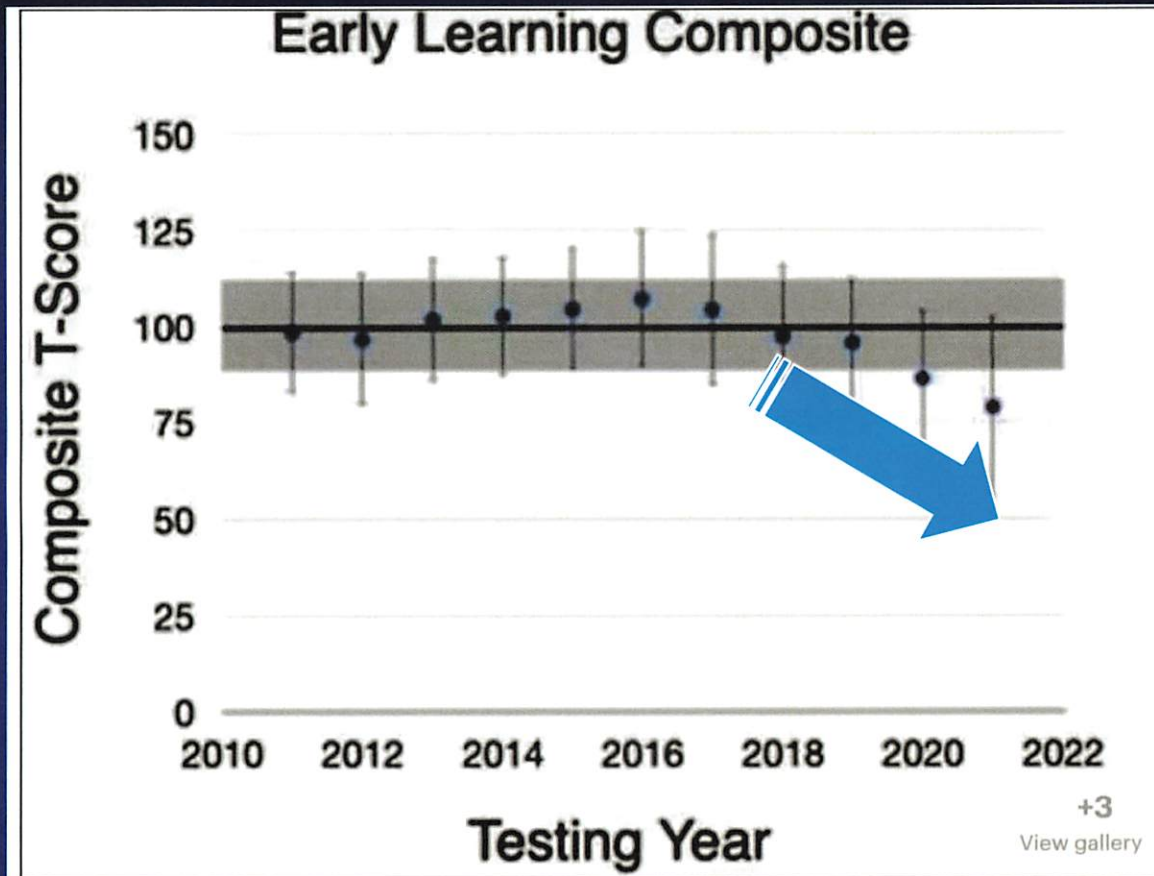
BROWN UNIVERSITY STUDY*

ABSTRACT

Since the first reports of novel coronavirus in the 2020, public health organizations have advocated preventative policies to limit virus, including stay-at-home orders that closed businesses, daycares, schools, playgrounds, and limited child learning and typical activities. Fear of infection and possible employment loss has placed stress on parents; while parents who could work from home faced challenges in both working and providing full-time attentive childcare. For pregnant individuals, fear of attending prenatal visits also increased maternal stress, anxiety, and depression. Not surprising, there has been concern over how these factors, as well as missed educational opportunities and reduced interaction, stimulation, and creative play with other children might impact child neurodevelopment. Leveraging a large on-going longitudinal study of child neurodevelopment, we examined general childhood cognitive scores in 2020 and 2021 vs. the preceding decade, 2011-2019. We find that children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic. Moreover, we find that males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated COVID-19 pandemic is significantly and negatively affecting infant and child development.

Drop in Children Born Post Pandemic Performance

BROWN UNIVERSITY STUDY*

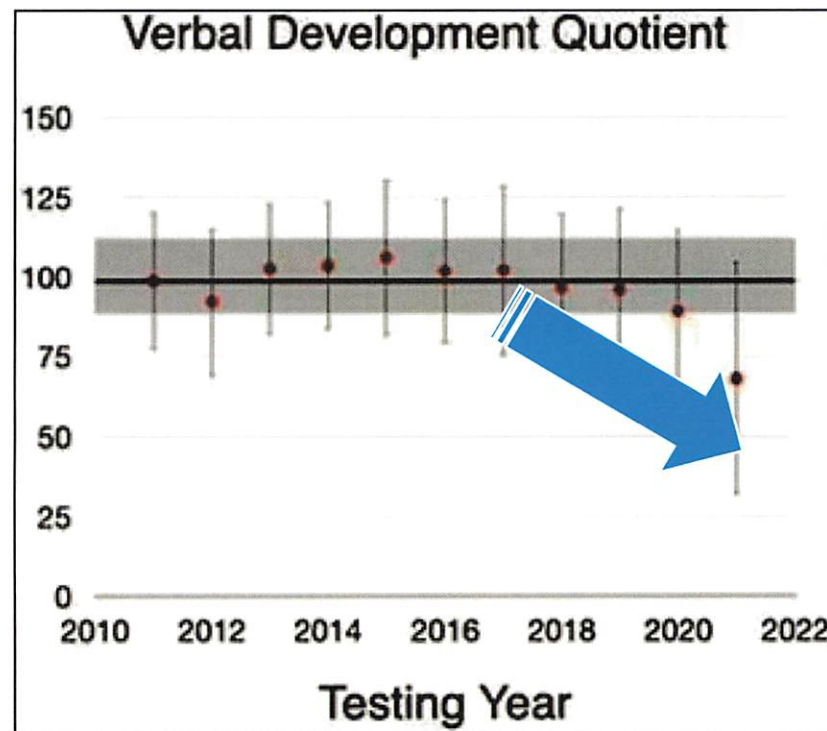
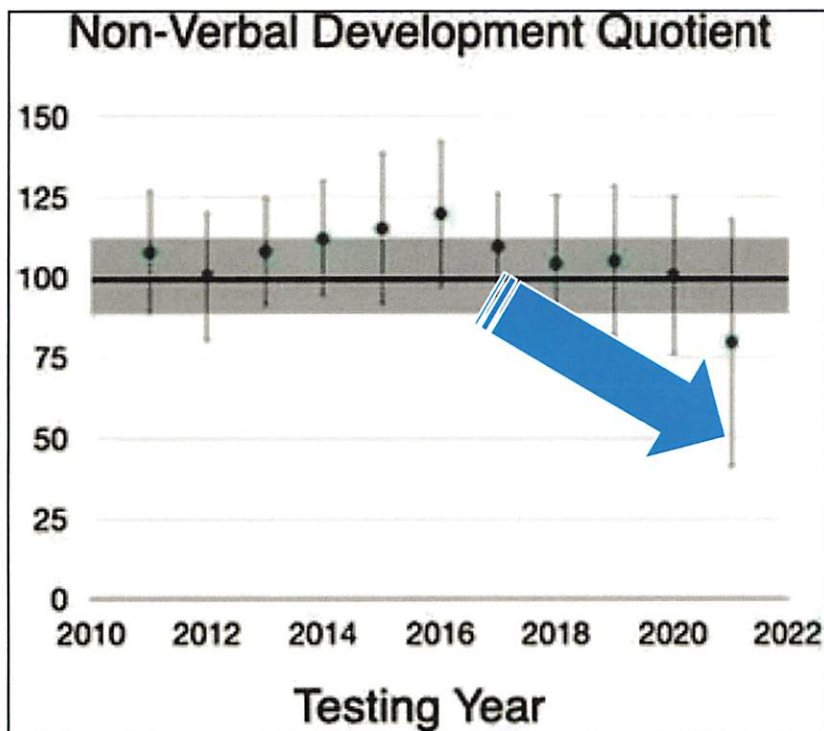


The report found that there was a 23 per cent drop in scores measuring kids' intelligence quotients since the start of the pandemic. Results showed the early learning composite mean result dropped by a whopping 23 per cent, from a high of just under 100 in 2019, to 77 in 2021

Survey – Learning Composite Has Dropped 23%

*<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf> & <https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

BROWN UNIVERSITY STUDY*



Two tests determining kids' development quotients were conducted as well, illustrating marked drops since the start of the pandemic concerning how well children are maturing in their language skills and other skills as compared with a sample of youngsters their own age

Survey – Verbal and Non-Verbal Development Falling

*<https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf> & <https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html>

ENGLAND DEPARTMENT OF EDUCATION STUDY – January 2022



Department
for Education

Evidence Summary

Coronavirus (COVID-19) and the use of
face coverings in education settings

January 2022

123 schools in England used
masks and compared that to
others that did not use masks
during the Delta wave of
Covid.



January 2022 England Dept. of Education Study – Masks Negatively Affected Learning

The review acknowledged the use of face coverings are harmful:

“A survey conducted by the Department for Education in April 2021 found that almost all secondary leaders and teachers (94%) thought that wearing face coverings has made communication between teachers and students more difficult, with 59% saying it has made it a lot more difficult”

“Wearing face coverings may have physical side effects and impair face identification, verbal and non-verbal communication between teacher and learner.”

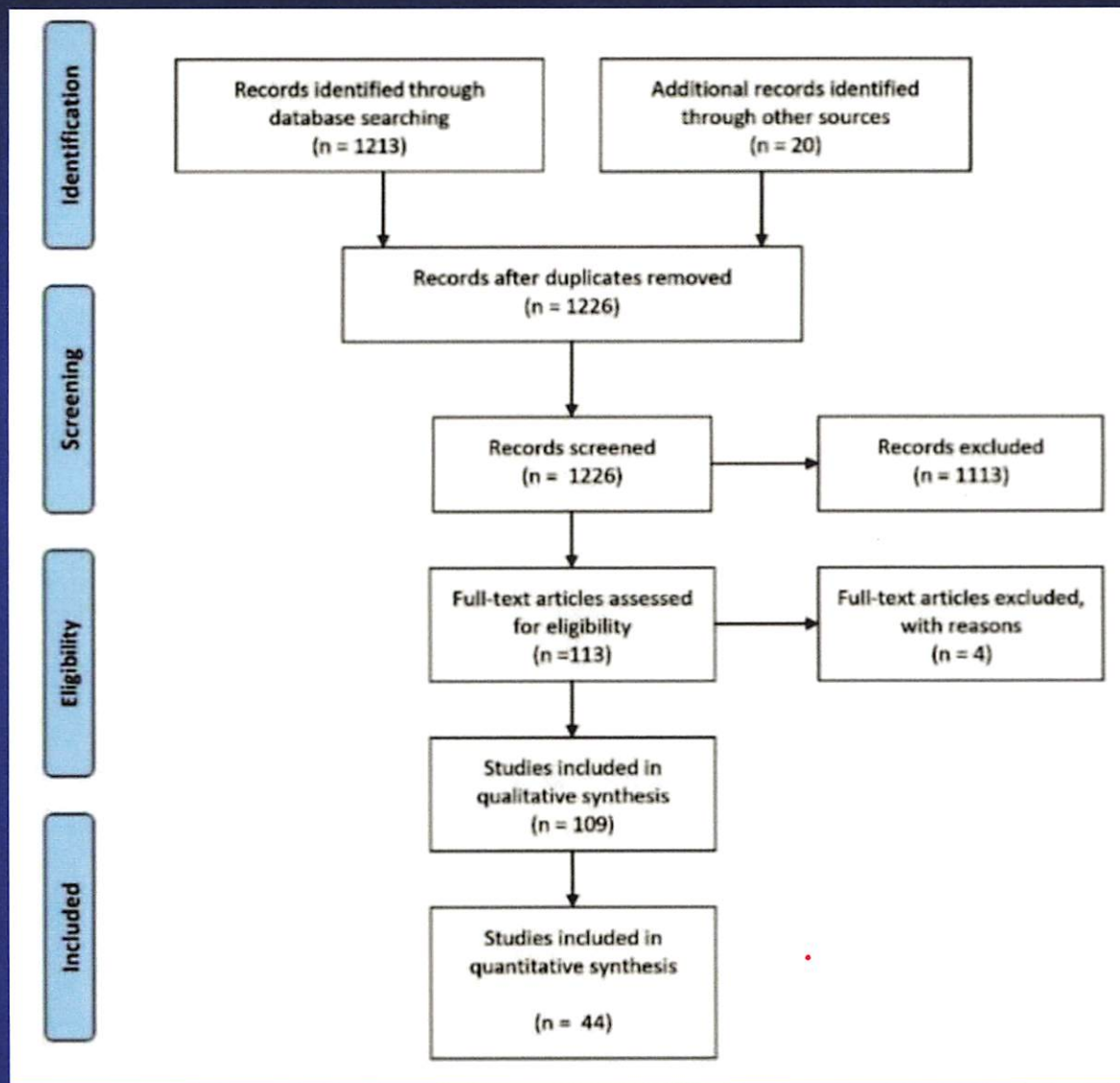
OTHER NEGATIVE EFFECTS OF WEARING MASKS

Review

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

Kai Kisielinski ¹, Paul Giboni ², Andreas Prescher ³, Bernd Klosterhalfen ⁴, David Graessel ⁵, Stefan Funken ⁶, Oliver Kempfski ⁷ and Oliver Hirsch ^{8,*}

KISIELINSKI ET AL, 2021 NEGATIVE EFFECTS OF WEARING MASKS



1,226 Studies Considered;

Reduced to:

109 Qualitative &

44 Quantitative Studies

OTHER NEGATIVE EFFECTS OF WEARING MASKS

Increased risk of adverse effects when using masks:

Internal diseases

COPD
Sleep Apnea Syndrome
advanced renal Failure
Obesity
Cardiopulmonary Dysfunction
Asthma

Psychiatric illness

Claustrophobia
Panic Disorder
Personality Disorders
Dementia
Schizophrenia
helpless Patients
fixed and sedated Patients

Neurological Diseases

Migraines and Headache Sufferers
Patients with intracranial Masses
Epilepsy

Pediatric Diseases

Asthma
Respiratory diseases
Cardiopulmonary Diseases
Neuromuscular Diseases
Epilepsy

ENT Diseases

Vocal Cord Disorders
Rhinitis and obstructive Diseases

Occupational Health Restrictions

moderate / heavy physical Work

Dermatological Diseases

Acne
Atopic

Gynecological restrictions

Pregnant Women

Figure 5. Diseases/predispositions with significant risks, according to the literature found, when using masks. Indications for weighing up medical mask exemption certificates.

MORE TO COME – LOOK AT THIS*

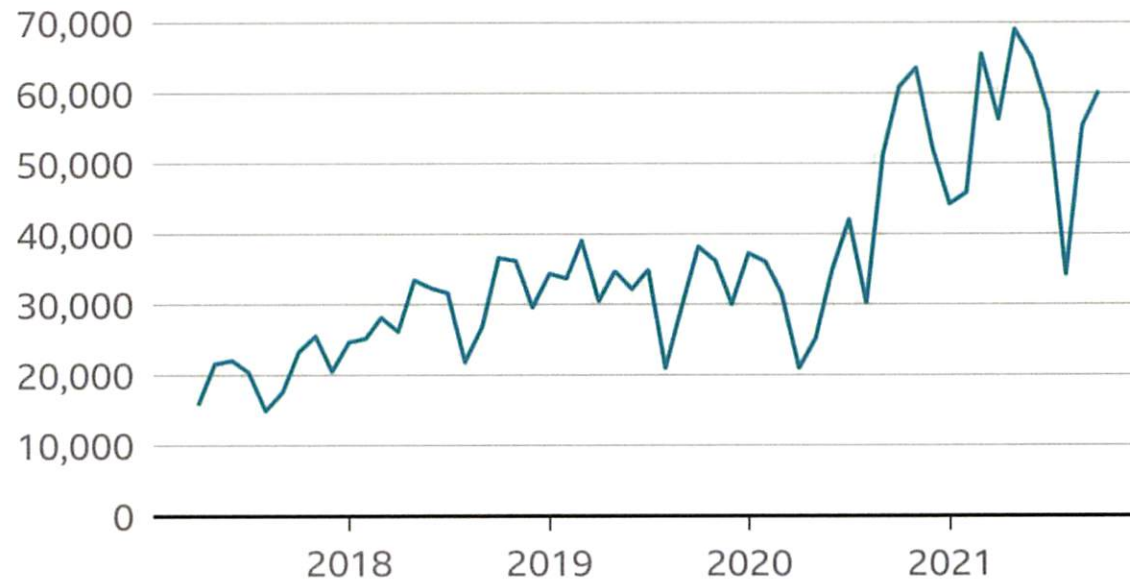
Mental Health

Children's mental health: Huge rise in severe cases, BBC analysis reveals

By Branwen Jeffreys
Education Editor

Referrals to children and young people's mental health services on the rise

April 2017 to October 2021, England



Source: NHS Digital

BBC

**DO WE REALLY WANT TO PUT MASKS &
N95s ON CHILDREN?**

No!

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<https://digital.nhs.uk/news/2021/rate-of-mental-disorders-among-children-remained-stable-in-2021-after-previous-rise-report-shows>

https://urldefense.proofpoint.com/v2/url?u=https-3A_digital.nhs.uk_news_2021_rate-2Dof-2Dmental-2Ddisorders-2Damong-2Dchildren-2Dremained-2Dstable-2Din-2D2021-2Dafter-2Dprevious-2Drise-2Dreport-2Dshows&d=DwlFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpqnVfiiMM&r=Nunf125vklW0RJs_gsUPIsXeUNkX6ZNQBFQumDhWF4&m=DQUXT-ywBQ7M_gBLr17EZjUOrsehQqKfVWUZEuJ_u4&s=HYc8iddpvqqmRGwHcM7_2cTiCWH-a6uSqFPhJxYOTU&e=

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Osea Giuntellaa, Kelly Hydea, Silvia Saccardob, and Sally Sadoff, 2021, Lifestyle and mental health disruptions during Covid 19

<https://www.pnas.org/content/pnas/118/9/e2016632118.full.pdf>

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http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_Closures_COVID-19.pdf

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Provision of speech-language pathology services for the treatment of speech and language disorders in children during the COVID-19 pandemic: Problems, concerns, and solutions, 2020, Seyed Abolfazl Tohidast et al.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361043/pdf/main.pdf>

THANK YOU

Questions Please

spetty@eesgroup.us

THE ONLY THING NECESSARY FOR THE TRIUMPH OF EVIL IS FOR GOOD MEN TO DO NOTHING

EDMUND BURKE

Thank you for listening to my concerns over the decision of masking, which I believe should be left to no one but the parents.

This is my personal disclaimer: For God hath not given us the spirit of fear, but of power, and of love and of a sound mind.

I've lost a lot of sleep over this and it has been on my mind non-stop, as there is so much information and so many ways to address this; scientifically, statistically, politically, socially – the list goes on.

The one that gnaws at me the most is spiritually. We are all spiritual beings with souls. Our children are precious, innocent and deserve to be protected, not compromised by poor decisions. Especially ones that have no merit. I have yet to find one randomized control study supporting the effectiveness of masks; they are authorized, not approved or licensed, by the federal government; they are [Emergency Use Authorization](#) (EUA) only. Federal Law Title [21 U.S.C. § 360bbb-3\(e\)\(1\)\(A\)\(ii\)\(I-III\)](#) of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

I have a couple of pictures to show. What is this saying about us and what message are we giving to our children? Is it ok for adults to be clumped together in a large gathering without masks, but children have to be masked and walk single file, arms stretched out so they don't touch another child! Do you think they don't see this? You have to be honest about the hypocrisy! And don't for a minute think they aren't noticing or watching. Children are sponges and make more observations than any adult ever could – it's a huge part of how they learn and they've been created that way for a reason! And just because the teachers wear the masks while in school too, don't you think this causes even more confusion for them. Why only in school and not out? Why have I seen my teacher out of school without a mask on? I know the parents are getting these questions all the time. How do you answer these questions? Hmmmm, "just because" or what about opening that can of worms....."they choose not to"

Why not confuse these little minds even more!!

This next picture should break your heart too! This child was asked to draw their face and hair to make a self-portrait. Just like the other picture, do you see any joy in this face? Of course you don't because it is being covered up by a mask, and not even a pretty colored or decorated one! Just a plain old BLACK mask! The saying over this drawing says: After a year and a half of daily mask wearing in schools, the face covering has become part of the children's identity. Just HORRIFYING! We are not only stripping them of their identity, dignity, humanity & self-esteem, but we are robbing them of seeing the joy on another child's face or an adult's face. Correct me if I am wrong, but I believe seeing another person's facial expressions plays a critical role in childhood development!

There is a day of reckoning coming for these injustices and I cannot wait when that happens. But what I am not looking forward to is witnessing the damage left in its wake. We have only seen the beginnings and if we don't stop this now, the impact and atrocities are going to be monumental-guaranteed.

I have an article here from the Texas Tribune dated Feb 1, 2022. It is titled: "In pandemic's isolation, an alarming number of teenage girls are attempting suicide" Hospital admissions for teenage girls who may have attempted suicide have increased 50% nationwide.

CAES PRIVATE

From SGT Report dated February 1, 2022 - per Jaclyn Theek of WPBF News reported to Great Game India: **Mask Wearing Caused 364% Increase In Patient Referrals Of Babies And Toddlers Says Speech Therapist** Parents are characterizing their children's communication issues as "COVID delayed," with face coverings being its main reason of their severely hampered speaking abilities.

From Chiro Fort Smith.COM - Dr. Bill Smith's website. A Corona children study "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children dated December 2020.

"Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)."

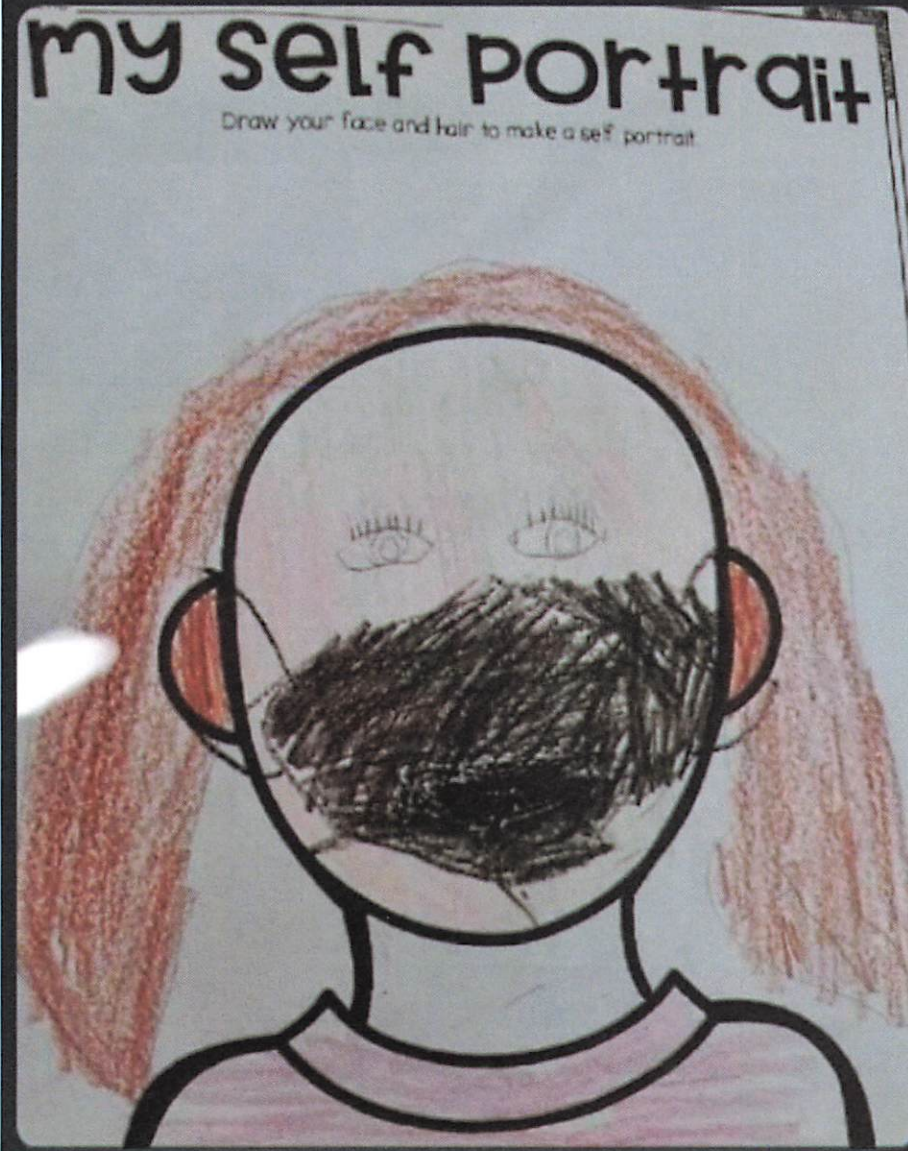
pass this bill immediately
Again, I am asking that you ~~permanently change your "policy"~~ regarding masks in our schools or while at school activities/events to make it the parent's responsibility and decision, not the School Board or Administration of the School System. *OR any legislative body.*

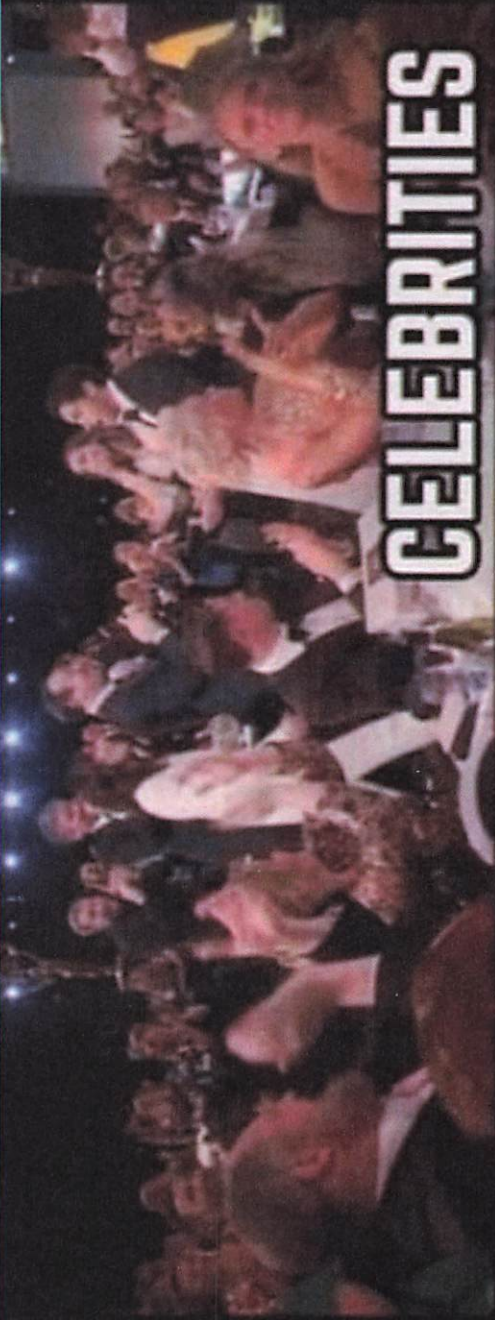


The Vigilant Fox
@VigilantFox

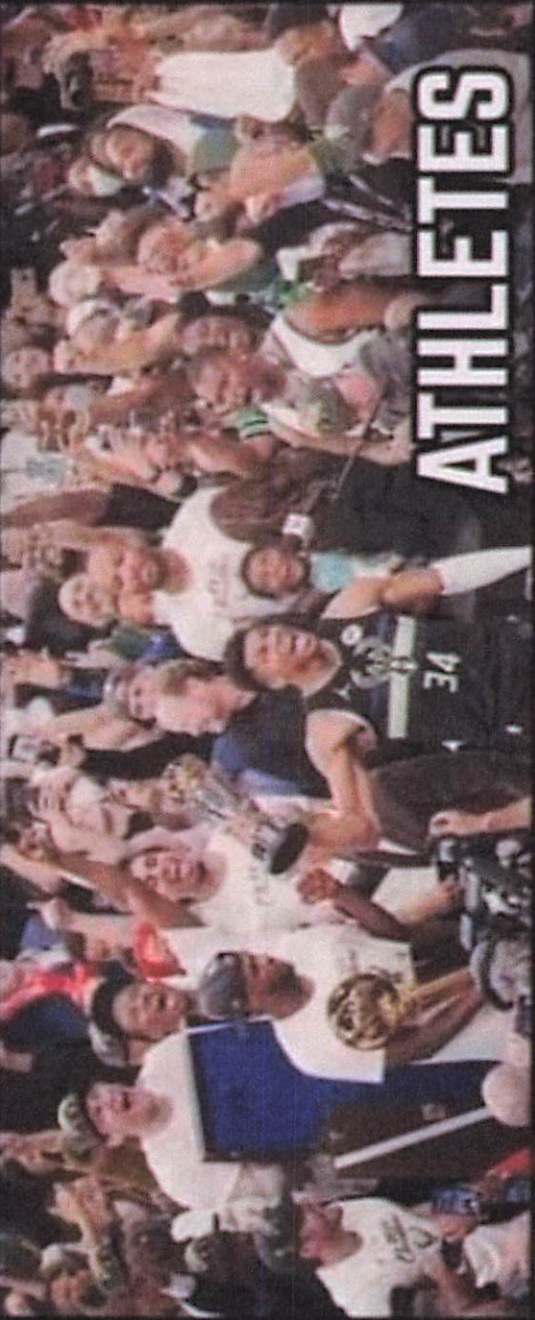
Sad

After a year and a half of daily mask wearing in schools, the face covering has become part of children's identity





CELEBRITIES



ATHLETES

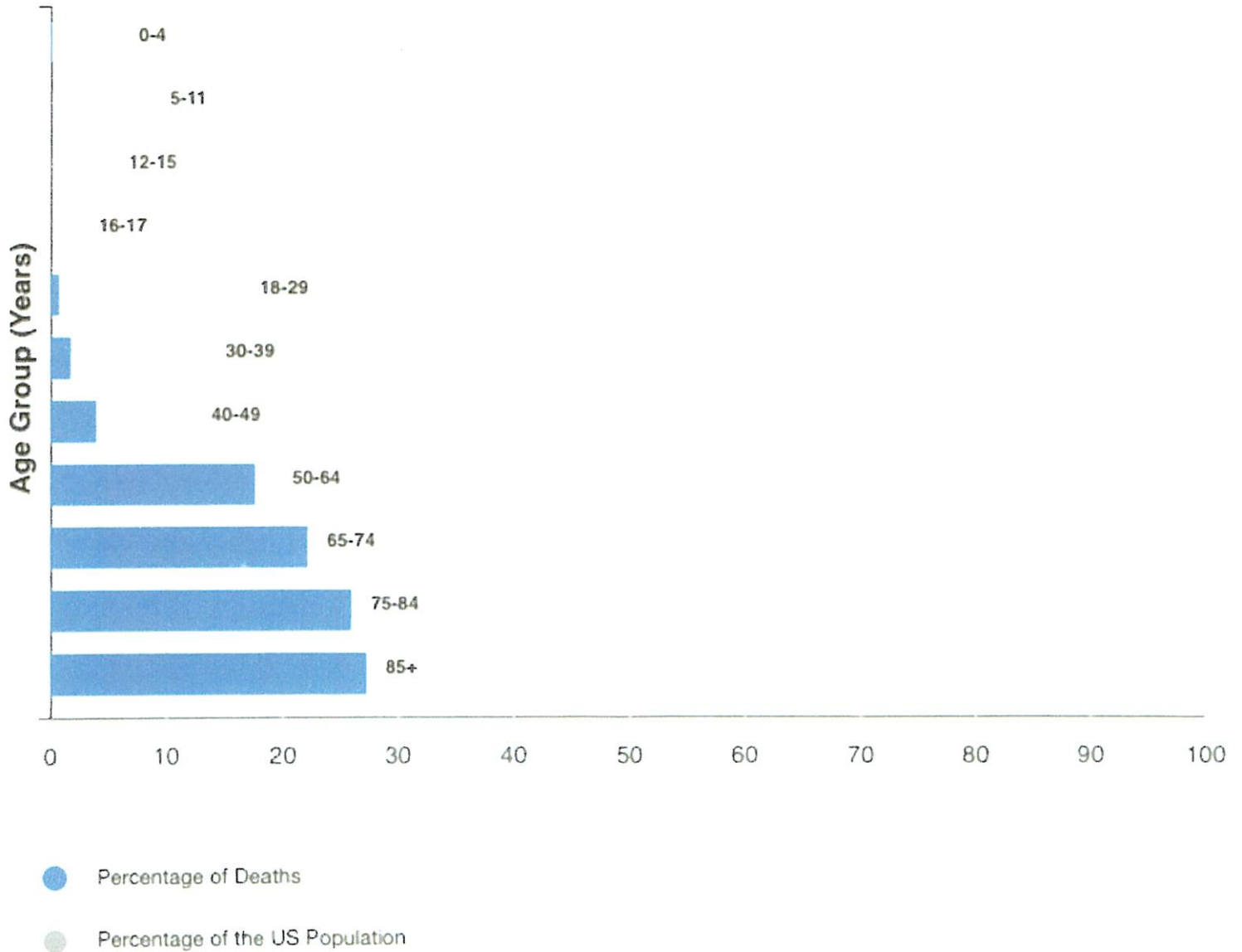


THE LION'S ROAR

OUR CHILDREN

Deaths by Age Group:

Data from 799,985 deaths. Age group was available for 799,677 (99%) deaths.

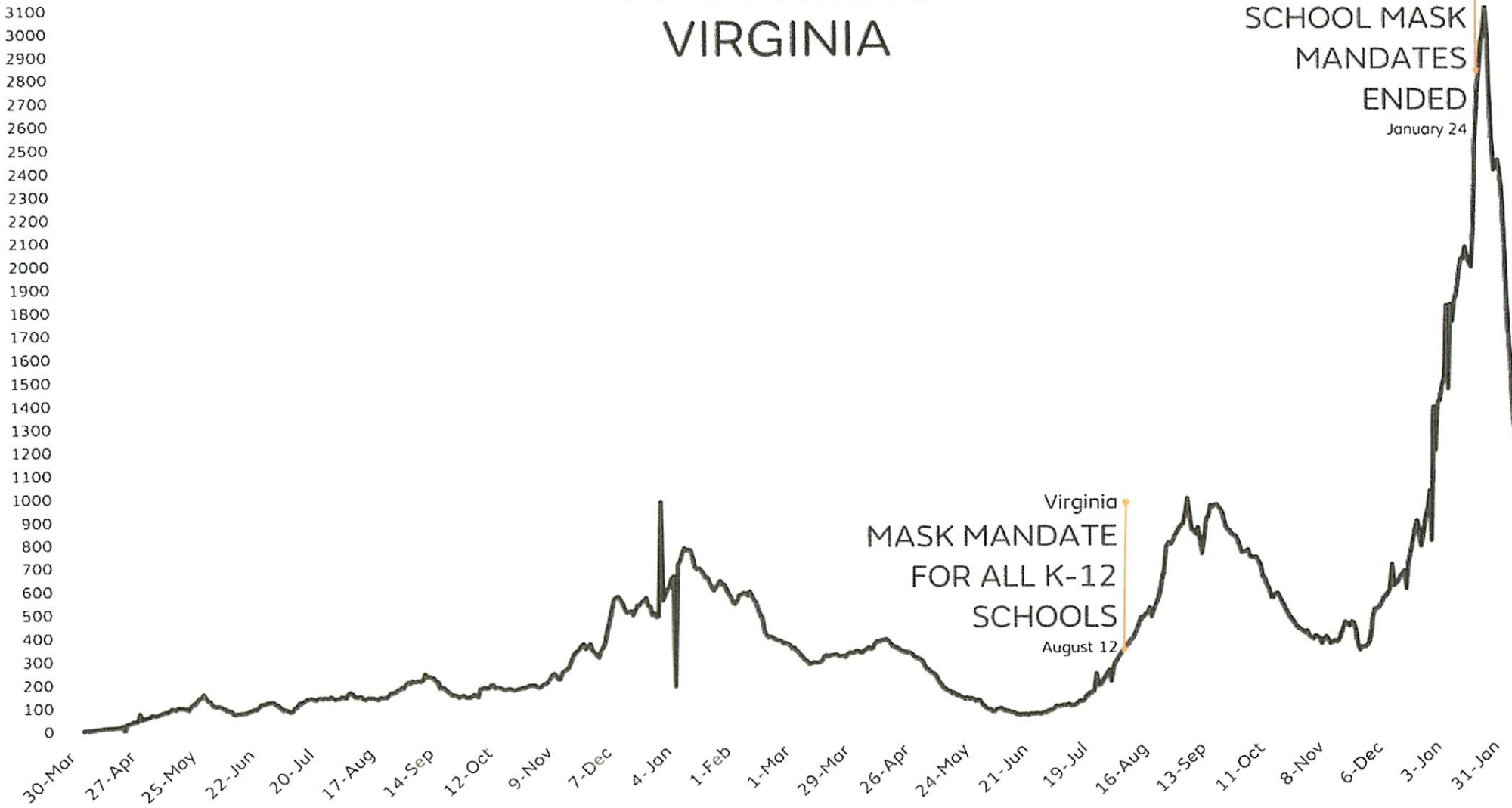


Show Percentage of the US Population that is in this demographic category

DAILY NEW CASES AGES 0-19

VIRGINIA

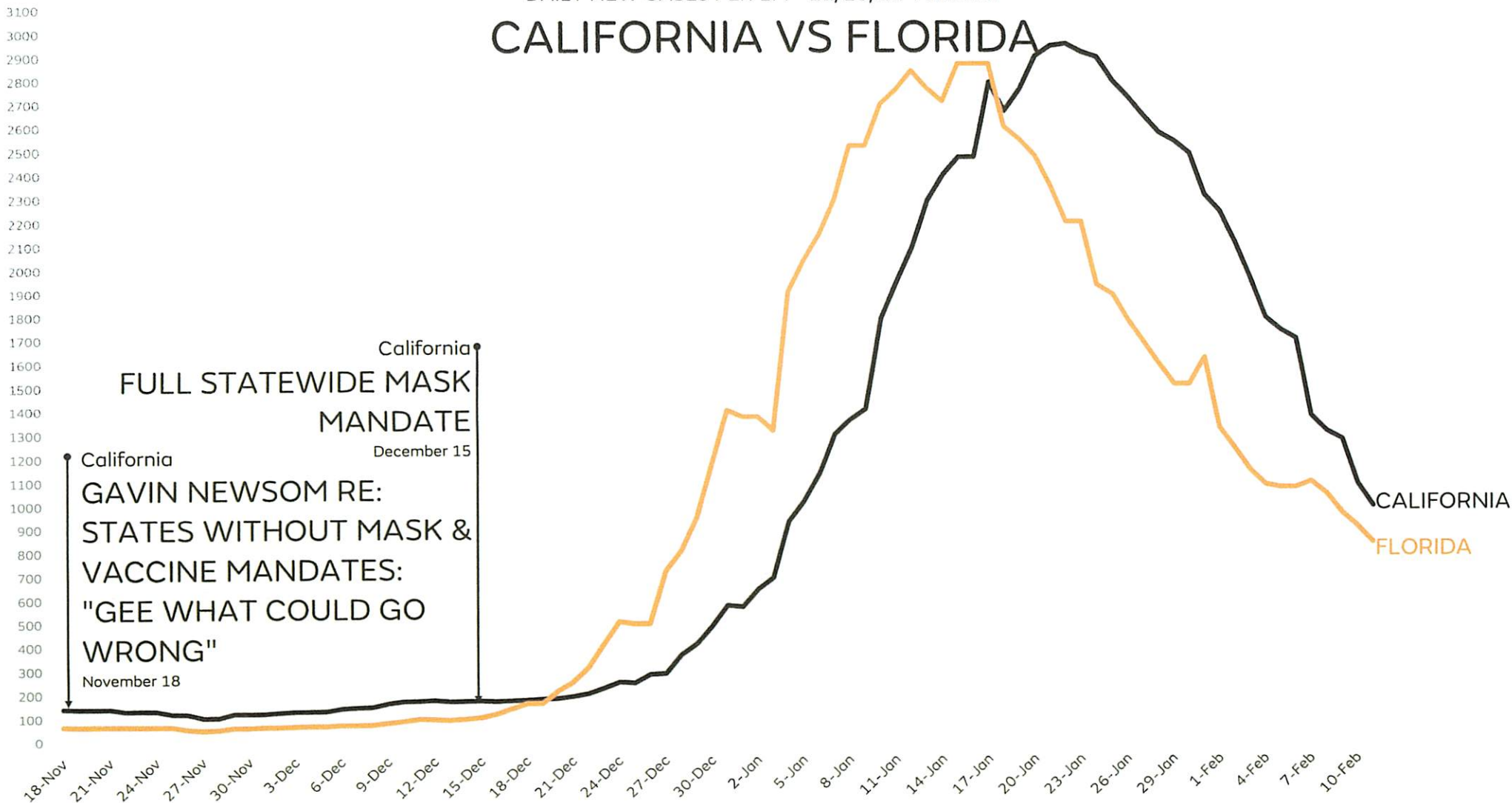
Virginia
SCHOOL MASK
MANDATES
ENDED
January 24



Source: Virginia Department of Health - 7 Day Avg. / @ianmSC

DAILY NEW CASES PER 1M - 11/18/21-PRESENT

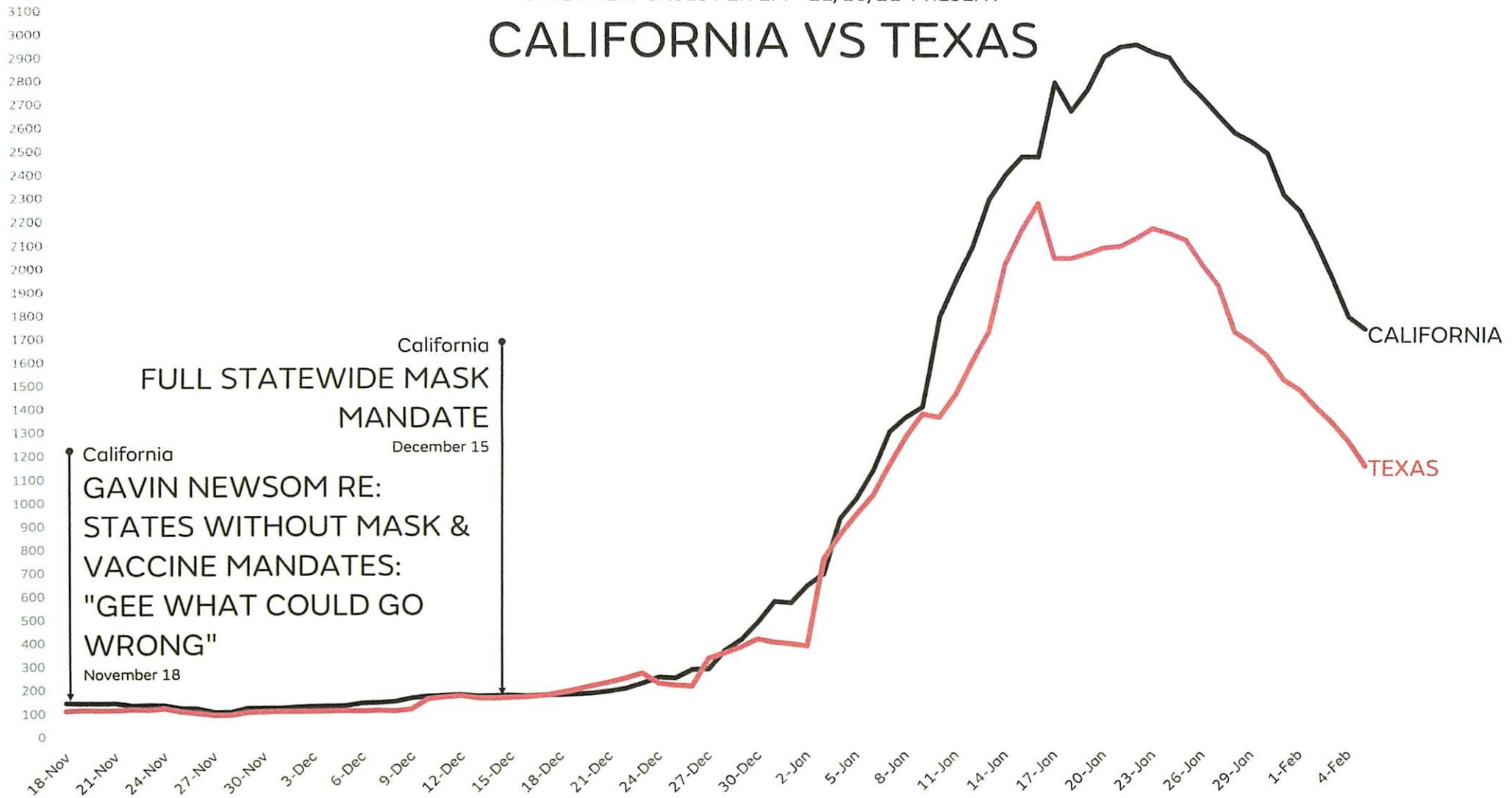
CALIFORNIA VS FLORIDA



Source: NYTimes COVID-19 Data - 14 Day Avg. / @ianmSC

DAILY NEW CASES PER 1M - 11/18/21-PRESENT

CALIFORNIA VS TEXAS



Source: NYTimes COVID-19 Data - 14 Day Avg. / @ianmSC



Particulate Respirator N95

User Instructions

8210Plus/8210PlusMX/ 8210/8210MX/07048/8110S

*Bradford Hill
center for causality*



WARNING

This respirator helps protect against certain particles. **Misuse may result in sickness or death.** For correct use, consult supervisor and these *User Instructions*, or call 3M in U.S.A., 1-800-247-3941. In Canada, call Technical Service at 1-800-267-4414. In Mexico, call 01-800-712-0646.

IMPORTANT

Before use, wearer must read and understand these *User Instructions*. Keep these instructions for reference.

Use For

Particles such as those from grinding, sanding, sweeping, sawing, bagging, or processing minerals, coal, iron ore, flour, metal, wood, pollen, and certain other substances. Liquid or non-oil based particles from sprays that do not also emit oil aerosols or vapors. Follow all applicable local regulations. For additional information on 3M use recommendations for this class of respirator please consult the 3M Respirator Selection Guide found on the Personal Safety web site at www.3M.com/respiratorselector or call 1-800-243-4630 in U.S.A. In Canada, call 1-800 267-4414.

Do Not Use For

Do not use for gases and vapors, oil aerosols, asbestos, or sandblasting; particulate concentrations that exceed either 10 times the occupational exposure limit or applicable government regulations, whichever is lower. In the United States, do not use when the U.S. Occupational Safety and Health Administration (OSHA) substance specific standards, such as those for arsenic, cadmium, lead in the construction industry, or 4,4'-methylene dianiline (MDA), specify other types of respiratory protection. This respirator does not supply oxygen.

Biological Particles

This respirator can help reduce inhalation exposures to certain airborne biological particles (e.g. mold, *Bacillus anthracis*, *Mycobacterium tuberculosis*, etc.) but cannot eliminate the risk of contracting infection, illness or disease. OSHA and other government agencies have not established safe exposure limits for these contaminants.

Use Instructions

1. Failure to follow all instructions and limitations on the use of this respirator and/or failure to wear this respirator during all times of exposure can reduce respirator effectiveness and **may result in sickness or death.**
2. In the U.S., before occupational use of this respirator, a written respiratory protection program must be implemented meeting all the requirements of OSHA 29 CFR 1910.134, such as training, fit testing, medical evaluation, and applicable OSHA substance specific standards. In Canada, CSA standard Z94.4 requirements must be met and/or requirements of the applicable jurisdiction, as appropriate. Follow all applicable local regulations.
3. The particles which can be dangerous to your health include those so small that you cannot see them.
4. Leave the contaminated area immediately and contact supervisor if dizziness, irritation, or other distress occurs.
5. Store the respirator away from contaminated areas when not in use.
6. Inspect respirator before each use to ensure that it is in good operating condition. Examine all the respirator parts for signs of damage including the two headbands, attachment points, nose foam, and noseclip. The respirator should be disposed of immediately upon observation of damaged or missing parts. Filtering facepieces are to be inspected prior to each use to assure there are no holes in the breathing zone other than the punctures around staples and no damage has occurred. Enlarged holes resulting from ripped or torn filter material around staple punctures are considered damage. Immediately replace respirator if damaged. Staple perforations do not affect NIOSH approval (For 8110S only).
7. Conduct a user seal check before each use as specified in the Fitting Instructions section. **If you cannot achieve a proper seal, do not use the respirator.**
8. Dispose of used product in accordance with applicable regulations.

Use Limitations

1. This respirator does not supply oxygen. Do not use in atmospheres containing less than 19.5% oxygen.
2. Do not use when concentrations of contaminants are immediately dangerous to life and health, are unknown or when concentrations exceed 10 times the permissible exposure limit (PEL) or according to specific OSHA standards or applicable government regulations, whichever is lower.
3. Do not alter, wash, abuse or misuse this respirator.
4. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the sealing surface of the respirator.
5. Respirators can help protect your lungs against certain airborne contaminants. They will not prevent entry through other routes such as the skin, which would require additional personal protective equipment (PPE).
6. This respirator is designed for occupational/professional use by adults who are properly trained in its use and limitations. This respirator is not designed to be used by children.

Dr. Steven Wang

20-10 microns
0.2 - 0.4 mic
Mycobacterium
Bacillus anthracis = 3-5 microns long 1-2 mic wide

2/25/22

Dear Education Committee:

I write this as a retired teacher, widow, mother, and concerned grandmother:

I OPPOSE MASK MANDATES.

I watched in horror as the ‘two weeks to flatten the curve’ became a long two-year struggle for truth, and I truly mean it was a struggle. The censorship of media increased my skepticism and spurred me to dig even deeper. I cannot imagine working and still having the time for this pursuit.

As I had plenty of time to read and investigate, I spent hours and hours of reading, listening and watching scientific talks I quickly discovered scientists and researchers who questioned the government’s response to the Sars-2 virus.

When my local school system decreed a mask mandate, I was quite shocked at how quickly a small local government could follow flawed guidance from government public health agencies. There seemed to be no discussion, debate, or recourse. Five humans decided, and that was that.

Where were the studies? Where was the proof that masks undeniably prevented Sars-2? I could not find them. I did, however, find many papers stating the opposite view. Mask science is not settled, but I did learn that surgical masks are worn as basic drip-guards, and certainly not to prevent virus spread. As I investigated, I stopped making cloth mask for my family and friends, and started a quest to find an effective mask for my family. Regardless of effective masks, a mandate is unacceptable.

Some masks are a bit more effective. I found approved KN95 masks, and masks made of a fabric that claims to kill Sars-2 (Claros Technologies). Gas masks are even more effective, but really, are they practical? Can you imagine a public school mandating those types of masks?

Still, what is the solution in the “Live free or Die” state?

The solution is to allow citizens to make their own health decisions for their children, AND for themselves. Mandates are not the way to solve a problem. It breeds a Jim Crow-type society, based on fear and misinformation. Fear and ignorance have no place in the decisions of government ‘official’.

If I had believed the great leaders at the FDA, the CDC, Johns Hopkins, etc. I may have succumbed to this virus. I took action and protected myself and my family. I was lucky enough to be retired, with time to investigate unsupported claims. I learned about aerosol-spread viruses and ventilation. I read about furrin cleavage sites. I gathered much information on early treatments. I investigated information on the best & safest vaccine. I also worried about spike proteins, and what they do to blood vessels.

What is to prevent local school boards from mandating a mask during every flu season?

Where are the studies on the safety of wearing masks for six hours per day, five days per week?

Please consider the unintended consequences of these types of government mandates.

I suspect, just as with all hasty decisions, the long-term health consequences will be paid by the citizenry; and especially by the children.

Sincerely, Amy C. Weedman Deerfield

Committee members,

Hi, my name is Melissa Economakis and I am in support of HB 1131 to prohibit schools whether public or private from creating policies that force students or members of the public to wear masks.

Some people may believe in the Terrian theory and some may believe in the Germ theory. I will speak on the premises that viruses are what makes people sick, and present to you that masks do more harm than good and that they don't work.

First of all when people speak, sing, or laugh they eject saliva from their mouth, which I know you might be thinking well all the more reason to wear a mask, but I'll get to that argument later. According to Dr. Robert Palmer, an NIH expert on oral microbes, in our mouth we have about 700 species of microbes including germs like bacteria, fungus, and more. Exhaled droplets become trapped in the masks and the damp mask cause the bacteria to proliferate which in turn is being inhaled into the lungs. Whereas without a mask, exhaled droplets and aerosols are known to dry quickly. I have with me documented studies of contaminations having been found on the inside of masks. (staphylococcus, streptococcus, and bacillus to name a few) Please see the articles "Dangerous pathogens found on children's face masks", "Cotton and surgical face masks in community settings: Bacterial contamination and face mask hygiene", "Masks, false security and real dangers, microbial challenges from masks", and "Medical doctor warns that bacterial pneumonias are on the rise from mask wearing"

Second many masks are made of polyester which contain microplastics. Even if a small portion of synthetic fibers break off from the mask, then there is a possibility of not only entry of foreign material into the airways, but also entry into deep lung tissue causing potential pathological consequences due to the foreign bodies in our lungs. Please see the article "The Dangers of Masks"

Third people are inhibiting their oxygen intake, which lowers their oxygen levels in the blood, and they are rebreathing in their CO₂, which raises CO₂ levels in their blood causing their bodies to become more acidic. Please see the articles "Masks are harmful: 17 ways that masks can cause harm", "Effect of wearing face masks on the CO₂ concentration in breathing", "An Evidence Based Scientific Analysis of why Masks are Ineffective, Unnecessary, and Harmful", and "Wearing a Mask can Expose Children to Dangerous Levels of CO₂ in just 3 Minutes".

Moreover, Scientists have found toxic chemicals in face masks such as formaldehyde, and cobalt which gives it the pretty blue color. There are over 70,000 new companies now registered to manufacture and sell face masks in China, and according to General Product Safety Regulations, as face coverings are not medical devices they do not regulate these products. Please see the articles "Scientists find evidence of toxic chemicals in your face mask", and "The Dangers of Masks".

There have been numerous studies that have been performed by doctors and scientists which show masks are ineffective. And I'm not even going to get into the size of a virus vs the pore sizes of the mask only because once people have a mask on for long periods of time the filtration mechanism, which involves both mechanical and electrostatic filtration, of the mask that catches particles decreases due to wetting from saliva. The damp mask causes less air permeability so it will limit how much viral particles it is able to hold. It has been said it only takes 20 minutes before a mask becomes damp from saliva. Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney stated "As soon as masks become saturated with the moisture in your breath, they stop doing their job and

pass on the droplets" Multiple studies have been performed proving masks don't work. Please see "Are Face Masks Effective? The Evidence", "Masks Do Not Work Even in Hospitals", and "Masking Children: Tragic, Unscientific, and Damaging".

Back in March 2020 epidemiologists and infectious disease experts were at pains to emphasize against an unwarranted scramble for face masks, particularly because such hoarding behavior elevated the prospect of a mask shortage for medical workers. The US Surgeon General Jerome Adams said via twitter "Seriously people- STOP BUYING MASKS!" "They are Not effective in preventing the general public from catching coronavirus, but if healthcare providers can't get them to take care of sick patients, it puts them and our communities at risk" Instead Adams quoted "The best way to protect yourself and your community is with every day prevention actions, like staying home when you are sick and washing your hands with soap and water, to help slow the spread of the respiratory illness" The warning from America's top doctor is consistent with the medical advice from the U.S. Centers for Disease Control and Prevention, which has said there is no evidence to support wearing face masks. David Heymann, who led WHO's infectious disease unit at the time of the SARS "One of the most important ways of stopping respiratory outbreaks such as this is washing hands" Emily Landon, medical director for infection control at the University of Chicago Medical Center, told CNBC "That face masks were not a great choice for everyday use. Please see the attached article "Do face masks work? Medical experts explain how to protect yourself from coronavirus"

Of course we can all cherry pick our research. However, this information is backed up through scientific evidence and is just plain common sense. With all due respect I am concerned about our children's health and everyone else that wears a mask at work or in the public. There could even be long term affects that we are unaware of from wearing masks for so long. This has gone on way too long, and we've had enough!! Please take the time to look over the documents I provided. Thank you

Sincerely,
Melissa Economakis

I urge you all to watch attorney Reiner Fuellmich regarding what is really going on. You can watch "Grand Jury" Day 1, Day 2, + Day 3 on YouTube

Masks are Harmful: 17 Ways That Masks Can Cause Harm

As a physician and former medical journal editor, I've carefully read the scientific literature regarding the use of face masks to mitigate viral transmission. I believe the public health experts have community wearing of masks all wrong. Here are a few of the mechanisms by which medical masks can be harmful to their wearers and community wearing of face masks is a very bad idea:

Wearing masks for extended periods increased incidences of headaches and negatively affected work performance.

See Jonathan J.Y. Ong, et al., *Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19*, *Headache, the Journal of Head and Face Pain* (May 2020).

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

1. Medical masks adversely affect respiratory physiology and function.

a. Masks inhibit air flow into and out of the lungs.

- i. For people with asthma, chronic obstructive pulmonary disease (COPD), and many other chronic lung diseases, face masks are intolerable to wear as they worsen breathlessness.[R]

b. Medical masks lower blood oxygen and raise carbon dioxide such that respiratory rate and depth of breaths are increased.[R]

- i. Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths.
- ii. As masks increase both the frequency and depth of respirations (breaths), they increase the likelihood that each respiration will contain a larger amount of infectious viral particles. This may worsen the community transmission of CoVID-19 as infected people wearing masks exhale respiratory plumes loaded with greater levels of infectious viral particles. These infectious plumes readily move around the sides, bottom, and top of masks.
- iii. This may also increase the severity of CoVID-19 as the increased tidal

volume delivers the viral particles deeper into the lungs.

- iv. These effects are amplified if face masks are contaminated with the viruses, bacteria, or fungi that find their way or opportunistically grow in the warm, moist environment that medical masks quickly become.

2. Medical masks lower oxygen levels in the blood. [R]

Wearing a mask for more than a few minutes causes a significant reduction in a person's blood oxygen level.

- a. Beder, A., U. Büyükkoçak, H. Sabuncuoğlu, Z. A. Keskil, and S. Keskil. 2008. "Preliminary Report on Surgical Mask Induced Deoxygenation during Major Surgery." *Neurocirugia* 19 (2): 121–26. DOI: [10.1016/s1130-1473\(08\)70235-5](https://doi.org/10.1016/s1130-1473(08)70235-5)
 - i. This study of 53 surgeons evaluated the effect of surgical masks on oxygen saturation of hemoglobin in surgeons performing surgery.
 - ii. The study revealed the surgeons experienced a significant decrease in the oxygen saturation of arterial pulsations (SpO₂) and a slight increase in pulse rates after one hour. The decrease was more prominent in the surgeons over the age of 35.
 - iii. Given that a **small decrease in SpO₂ reflects a large decrease in partial pressure of oxygen in the arterial blood (PaO₂)** [R], the findings of this study suggests that surgical masks worn more than one hour may lower arterial oxygen enough to induce physiologically detrimental effects.
- b. Here are two cases of the tragic consequences of forcing children to wear masks: **Two Chinese boys drop dead while wearing face masks during physical exercise classes.** [R][R]

Two boys from two Chinese cities died of sudden cardiac arrest within a week. The first boy, 15, collapsed after jogging in PE class while wearing a face mask on April 24. The other boy, 14, reportedly died during a running exam while wearing a mask.

Why would healthy boys drop dead while wearing masks and running in gym class?! To answer this question, we must consider how mask induced deoxygenation and increased oxygen demands of heart muscle during exercise could have precipitated heart attacks in otherwise healthy teenagers:

- i. **Point #1: Heart muscle needs oxygen to survive. And the harder the heart works, the more oxygen it requires.** The American Heart Association says

this about heart attacks:

1. "Your heart muscle needs oxygen to survive. A heart attack occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely." [R]

ii. **Point #2: Masks block air intake and decrease arterial oxygen.**

Studies of masked individuals have shown that mask wear decreases arterial oxygen. For example, the effects of surgical masks worn by surgeons in the operating room (an environment in which the oxygen blocking effects of masks are minimized by the high air flow, increased oxygen levels, and cool temperature of the operating suite) during major surgery showed a significant decrease in arterial oxygen. [R]

The lesson here is that medical masks should not be worn during intense exercise. As described above and shown in the study of surgeons wearing surgical masks, medical masks block oxygen intake. Depriving the heart of oxygen while exercising, especially intense exercise, could precipitate an acute heart attack.

iii. Any questions? Wait...there's more...

c. **Jogger's lung collapses after he ran for 2.5 miles while wearing a face mask** [R]

Mr Zhang's left lung was punctured due to high pressure caused by running. The 26-year-old became breathless while jogging with a mask on in China. Doctors said his punctured lung was caused by jogging with a face covering. He is now in stable condition after undergoing an operation, the hospital said.

d. **Hypoxia increases the risk of blood clot formation.** [R]

e. **Lowering arterial oxygen suppresses the immune system, thus increasing the susceptibility of mask wearers to infectious disease.**

3. **Medical masks raise carbon dioxide levels in the blood.**

Although the body has robust mechanisms for mitigating transient and minor elevations of CO₂ in the air we breathe, these mechanisms can easily be overwhelmed by chronic exposure to significant elevations in CO₂, such as occurs with prolonged wearing of a medical mask.

a. **The science clearly demonstrates that face masks cause carbon dioxide rebreathing and hypercapnia** [R]

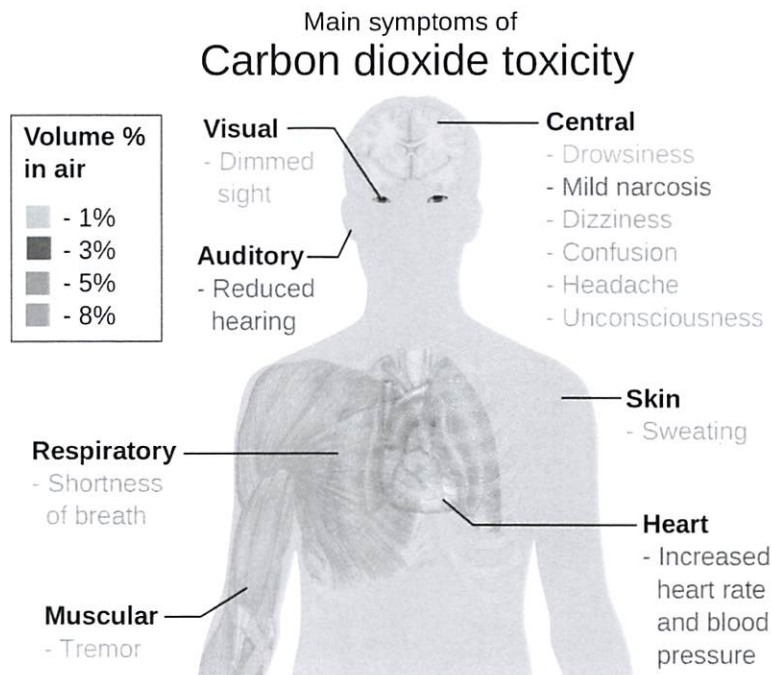
- i. Fletcher, S. J., M. Clark, and P. J. Stanley. 2006. "Carbon Dioxide

Re-Breathing with Close Fitting Face Respirator Masks." *Anaesthesia* 61 (9): 910.

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2044.2006.04767>.

x

- b. Exhaled air is rich in carbon dioxide, a waste product of cellular respiration.
- c. A portion of carbon dioxide previously exhaled is inspired (breathed) at each respiratory cycle.
- d. Masks trap CO₂ rich respiratory exhalations at the mask-mouth interface, force re-breathing of CO₂ rich exhalations, raise carbon dioxide blood (CO₂) levels. [R]



- e. Objective evidence demonstrating how masks increase blood carbon dioxide levels and negatively impact health and function.
 - i. **Transcranial Ultrasound Doppler (TCUD)** is a noninvasive means of assessing blood flow in the cerebral vasculature. The increase in carbon dioxide partial pressures (PCO₂) caused by medical masks can be assessed by TCUD.[R]
 - 1. Elevation of PCO₂ causes vasodilation of the arteriolar channels leading to a decrease in peripheral vascular resistance. The decrease in peripheral vascular resistance is responsible for the changes in cerebrovascular circulation time, CBF, and the velocity of flow (V) in cerebral arteries.

2. Medical masks force the wearer to inspire (re-breathe) air that is a mix of air from the local environment and the respiratory waste products from the mask wearer's previous exhalations.
 - a. Respiratory exhalations contain significantly higher levels of carbon dioxide (CO₂), one of the waste products of respiration.
 - b. The pulmonary system is designed to collect oxygen and remove CO₂ from the body. Masks trap CO₂ rich exhalations at the mask-mouth interface.
 - c. Changes in arterial PCO₂ considerably influence cranial blood flow (CBF).^[R]
- ii. Transcranial Ultrasound Doppler (TCUD) studies on masked and unmasked individuals demonstrate the changes in blood flow in the brain the result from the arterial CO₂ elevation that occurs within seconds of donning a mask.

This video demonstrates the use of TCUD and heart rate variability to measure the adverse effects of masking a healthy nine year old child:

<https://bit.ly/2GGQWiZ>

4. SARS CoV-2 is armed with a "furin cleavage site" that makes it more pathogenic.

- a. The furin cleavage site makes the virus more capable of invading human cells.
- b. The furin cleavage site makes the virus even more capable of invading cells when arterial oxygen levels decline.^[R]
- c. Therefore, wearing a medical mask may increase the severity of CoVID-19.

5. Medical masks trap exhaled viral (and other) pathogens in the mouth/mask interspace, increase viral/infectious load, and increase the severity of disease.

- a. Face masks trap exhaled viral particles in the mouth/mask interspace. The trapped viral particles are prevented from removal from the airways. The mask wearer is then forced to re-breathe the viral particles, thus increasing infectious viral particles in the airways and lungs.
- b. In this way, surgical masks cause self-inoculation, increase viral load, and

increase the severity of disease.

c. Neurosurgeon, Russell Blaylock, MD, raises additional concerns:

“By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the lungs, olfactory nerves, and travel into the brain.”^[R]

d. Face masks trap exhaled viral particles in the mouth/mask interspace.^[R] The trapped viral particles are prevented from removal from the airways. The mask wearer is thus forced to re-breathe the viral particles, increasing infectious viral particles in the airways and lungs. In this way, Medical masks cause self-inoculation, increase viral load, and increase the severity of disease.

e. Asymptomatic or mild cases of CoVID-19 become more severe when the infected is masked, oxygen lowers, viral load increases from particle re-breathing, and the disease overwhelms the innate immune system.

i. The main purpose of the innate immune response is to immediately prevent the spread and movement of foreign pathogens throughout the body.^[R]

ii. The innate immune system plays a crucial role in destroying the virus, preventing infection, or decreasing the viral load to decrease the severity of infection.

iii. The innate immunity's effectiveness is highly dependent on the viral load. If face masks increase viral particle re-breathing at the same time they create a humid habitat where SARS-CoV-2 remains actively infectious, the mask increases the viral load and can overwhelm the innate immune system.

f. This trapping, re-breathing, and increasing pathogen load delivered to the lungs becomes dramatically more dangerous when the medical mask becomes contaminated with the opportunistic viruses, bacteria, and fungi that can grow in the warm, moist environment of the mask.

g. “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.” - Russell Blaylock, MD

6. SARS CoV-2 Becomes More Dangerous When Blood Oxygen Levels Decline

- a. Arterial oxygen desaturation is a critical issue in CoVID-19. The virus' ability to infect cells is markedly enhanced by oxygen desaturation, which has been shown to occur even in the ideal operating room environment in which surgeons operate: high air flow/exchange systems, cool temperature, and higher room oxygen levels. when wearing a surgical mask.[R]
- b. One of the features that make SARS CoV-2 uniquely infectious is the "furin" sequence in the virus that activates increased ACE2 receptor attack and cellular invasion in low oxygen environments.[R]

7. The furin cleavage site of SARS CoV-2 increases cellular invasion, especially during hypoxia (low blood oxygen levels)[R]

- a. The furin cleavage site found in SARS CoV-2 is the likely result of the bioengineering "gain of function" (which means increasing the virulence of a pathogen) research conducted at the Wuhan Institute of Virology. This unethical, dangerous, and illegal-in-most-countries research is alleged to have been funded by Dr. Anthony Fauci (with \$7.4 million taxpayer dollars) and Bill Gates.
- b. Furin cleavage sites are found in some of the most pathogenic forms of influenza, which can be acted upon by furin and other cellular proteases. The ubiquitous expression of cellular proteases across cell types increases the potential for the virus to successfully infiltrate the host.
- c. Furin is a membrane-bound protease that is expressed in multiple tissues throughout the human body. Furin is expressed in significant concentrations in the lungs. Thus, viruses in the respiratory tract can make use of this enzyme to convert and activate their own surface glycoproteins. This makes their role in viral protein processing noteworthy.[R]
- d. Some of the most pathogenic forms of influenza and HIV have similar furin cleavage sites. It is not present in other bat beta coronaviruses. (By the way, Fauci built his career researching and failing to create a vaccine for HIV). The furin cleavage site is NOT present in SARS CoV-1 or MERS, or any of the other known "bat coronaviruses."
- e. Let me say it again, the SARS-CoV (aka, SARS-CoV-1), which is closely related to the newest SARS-CoV-2 strain, does not bear the furin cleavage site.

So, the question we should all be asking is how did the genetic sequence that codes for this serious *gain of function* that increases the potential for the virus to successfully infiltrate the host find its way into SARS-CoV-2?

That's the trillion dollar question; it demands a real and honest answer.

8. Cloth masks may increase the risk of contracting Covid-19 and other respiratory infections.

See MacIntyre CR, Seale H, Dung TC, et al., *A cluster randomised trial of cloth masks compared with medical masks in healthcare workers*, BMJ Open 2015; 5: e006577, US National Library of Medicine, National Institutes of Health, doi: 10.1136/bmjopen-2014-006577, April 22, 2015.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/pdf/bmjopen-2014-006577.pdf>

- “This study is the first [Randomly Controlled Trial] of cloth masks, and the results caution against the use of cloth masks.
- This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”

9. Wearing a face mask may give a false sense of security

- a. People adopt a reduction in compliance with other infection control measures, including social distancing and hands washing.[R]

10. Masks compromise communications and reduce social distancing

- a. The quality and volume of speech between two people wearing masks is considerably compromised and they may unconsciously move closer to improve communications
- b. This increases the likelihood of becoming exposed to the infectious viral particles in the respiratory plumes of aerosolized droplet nuclei that escape the top, bottom, and sides of the masks.

11. Untrained and inappropriate management of face masks:

- a. The public is untrained and inadequately educated in the proper selection of masks (most are wrongly wearing cloth masks), proper wear, sterility management, and importance of not reusing single use masks.
- b. People must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose of them correctly and adopt other management measures, otherwise their risks and those of others may increase.[R][R]

- c. We can all observe the countless ways in which people in communities are mis-wearing, mishandling, and increasing their own and the communities risk of contracting infectious disease, including CoVID-19.

12. Masks Worn Imperfectly Are Dangerous

To fully appreciate the danger of improper wear and handling of face masks, all you have to do is observe how the public is managing them. Take a trip to Walmart or your local school and observe how mask wearers pull masks from their pocket or purse, drop the masks on the floor, cough and sneeze in them, move them below the nose, on their heads, or under their chin. I see it every day. I also see their soiled and stained surgical face masks and know that these people are dangerously reusing a mask that should never be reused.

You don't need a clinical trial to determine that even when mask-wearers manage to don a fresh, sterile mask properly, keep them on for more than a few minutes at a time, they very quickly contaminate the mask, their environment, and increase their risk of infection as the mask induces them to compulsively touch their faces and their masks.

- The World Health Organization, which has repeatedly changed its position on universal masking, is adamant that **if face masks are not worn carefully, correctly, and kept sanitary, they are worse than ineffective.**
- In other words, masks worn imperfectly are dangerous.
 - See Linda Lacina, *WHO updates guidance on masks for health workers and the public - here's what you need to know*, World Economic Forum (June 5, 2020).
<https://www.weforum.org/agenda/2020/06/who-updates-guidance-on-masks-heres-what-to-know-now/>

People can infect themselves if they use contaminated hands to adjust a mask or repeatedly take it on or off," explained WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "I cannot say this clearly enough. Masks alone will not protect you from COVID-19."

Failing to follow strict medical standards for wearing protective equipment and specification of sterilizing and cleaning often leads to "skin and mucous membrane injury, which may cause acute and chronic dermatitis, secondary infection and aggravation of underlying skin diseases."

- Yan, et al., *Consensus of Chinese Experts on Protection of Skin and Mucous Membrane Barrier for Health-Care Workers Fighting against Coronavirus Disease*

2019. *Dermatologic Therapy*, March 2020, e13310.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7228211/pdf/DTH-9999-e13310.pdf>

13. Masks collect and colonize viruses, bacteria, and mold.

In Germany, where schools are open and masks are mostly optional, the association of "Kinder f. Weltfrieden eV" commissioned a laboratory analysis to investigate the level of microbial contamination that results after a fresh mask is worn by a child for 6-8 hours in school. What they found was alarming to all those recommending we mask our children for several hours every day. The masks were found to be contaminated with **82 bacterial colonies and 4 mold colonies**. Where do you think the bacteria, molds, and viruses progressively colonizing and growing on the warm moist mask-mouth interface end up?

Many of the microbes get transferred to surfaces the child (or adult) touches after they touch, fiddle, and mishandle their mask. This is one of the many reasons that masks are almost certainly INCREASING the transmission of infectious disease. More dangerously, these microbes are being inhaled and delivered deep into the lungs where respiratory disease far worse than CoVID-19 can result.

The oxygen lowering effects of masks forces the body to compensate by increasing heart rate and deepening inspirations (increasing tidal volumes). Increased tidal volumes drives the mask pathogens deep into the lungs where they can cause serious pneumonia, inflammation, and tissue damage.

Furthermore, these risks are compounded by the immune suppression (CD4+ T-cell suppression) that results from diminished arterial oxygenation. Thus, **the mask-wearing child is at imminent risk for harm caused by lung infections that are far more dangerous than a CoVID-19 infection.**

In fact, based on reports from my colleagues in emergency medicine, pulmonology, and infectious disease, an **alarming explosion in bacterial pneumonias** is being reported at ERs and urgent care centers across the country.

Evidence that supports the points above:

- Zhiqing, Liu, Chang Yongyun, Chu Wenxiang, Yan Mengning, Mao Yuanqing, Zhu Zhenan, Wu Haishan, et al. 2018. "Surgical Masks as Source of Bacterial Contamination during Operative Procedures." *Journal of Orthopaedic Translation* 14 (July): 57–62.
 - This study investigated whether surgical masks (SMs) could be a potential source of bacterial shedding leading to an increased risk of surgical site

infection.

- Results: **The longer the operating time the more bacterial colonization occurred.** A significant increase [in bacterial counts] was noted in the 2-hour group.
- Colleen Huber, NMD, "Masks Are Neither Effective nor Safe," PrimaryDoctor.Org, July 6, 2020. <https://www.primarydoctor.org/masks-not-effect>
 - "The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings."
 - Dr. Huber's article cites 42 supporting scientific studies.
- "Dr. Jenny Harries, England's deputy chief medical officer, has warned that it was not a good idea for the public to wear face masks as **the virus can get trapped in the material and causes infection when the wearer breathes in.**"
 - Angela Betsaida B. Laguipo, BSN, "Reusing Masks May Increase Your Risk of Coronavirus Infection, Expert Says," News, Medical, Life Sciences, March 15, 2020.
<https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx>
- See also, Melkorka Licea, "Mask Mouth" Is a Seriously Stinky Side Effect of Wearing Masks. New York Post, August 5, 2020.
<https://nypost.com/2020/08/05/mask-mouth-is-a-seriously-stinky-side-effect-of-wearing-masks/>
- Consider this: [Health department investigating after high number of strep throat cases reported at Shepherd schools.](#)

The Central Michigan District Health Department is investigating after more than **a dozen cases of strep throat** were reported within Shepherd Public Schools **despite COVID-19 protocols.**

14. Wearing a face mask makes the exhaled air (respiratory plumes) go into the eyes.

- a. Masks may capture respiratory jets and large respiratory droplets, but they cannot prevent the respiratory plumes composed of aerosolizable respiratory

droplet nuclei to escape the top, bottom, and sides of the masks.

- b. The respiratory plume wafts into the eyes and generates an uncomfortable feeling and compulsion to touch and rub the eyes. If your hands are contaminated and you touch or rub your eyes, you are transmitting and infecting yourself through the ocular mucosa.[R]

15. Contact tracing studies show that asymptomatic carrier transmission is very rare.

- a. Asymptomatic carriers are not a major driver of the disease.[R]
- b. Therefore, one of the key reasons the public was told to wear masks, asymptomatic spreaders, should not be used as a reason for community wearing of masks.

16. Face masks and stay at home orders prevent the development of herd immunity.

- a. Only herd immunity can prevent pandemics; it is the only thing that ever has.
- b. Only herd immunity will protect the vulnerable members of society.
- c. Sweden's example continues to prove this point.

17. Face masks are dangerous and contraindicated for a large number of people with pre-existing medical conditions and disabilities.

- a. Large percentages of the population have medical conditions that make wearing a mask dangerous. Individuals should be examined by a medical professional to ensure that mask wear will not further compromise their medical condition.
 - i. Children with asthma (7.5% of American children) and other respiratory disabilities are being harmed by mask mandates, they are being discriminated against by businesses, schools, and public spaces that require masks.
 - ii. Children with autism and other neurodevelopmental disorders are extremely prone to agitation and severe anxiety that results from the adverse effects, e.g., oxygen lowering effects, of masks.
 - iii. An ever increasing number of children and young adults with autism are sensitive to touch and texture.[R] Covering the nose and mouth with fabric can cause sensory overload, feelings of panic, and extreme anxiety.
- b. If a person with a disability is not able to wear a face mask, state and local

- government agencies and private businesses must consider reasonable modifications to a face mask policy so that the person with the disability can participate in, or benefit from, the programs offered or goods and services that are provided. A reasonable modification means changing policies, practices, and procedures, if needed, to provide goods, services, facilities, privileges, advantages, or accommodations to an individual with a disability.
- c. Examples of a person with a disability who might not be able to wear a face mask include individuals with asthma, chronic obstructive pulmonary disease (COPD), or other respiratory disabilities may not be able to wear a face mask because of difficulty in or impaired breathing. People with respiratory disabilities should consult their own medical professional for advice about using face masks.
 - d. The CDC also states that anyone who has trouble breathing should not wear a face mask.^[R]
 - e. People with post-traumatic stress disorder (PTSD), severe anxiety, or claustrophobia (an abnormal fear of being in enclosed or narrow places), may feel afraid or terrified when wearing a face mask. These individuals may not be able to stay calm or function when wearing a face mask.
 - f. A person who has cerebral palsy may have difficulty moving the small muscles in the hands, wrists, or fingers. Due to their limited mobility, they may not be able to tie the strings or put the elastic loops of a face mask over the ears. This means that the individual may not be able to put on or remove a face mask without assistance.
 - g. A person who uses mouth control devices such as a sip and puff to operate a wheelchair or assistive technology, or uses their mouth or tongue to use assistive ventilators will be unable to wear a mask.

Masking School Children is Ineffective, Unnecessary, and Harmful

Face masks are not only ineffective, they are more dangerous than parents are being told. Scientific study after scientific study over the course of many years have concluded that wearing face masks for extended periods of time puts the wearer, especially children, in imminent risk of physical and psychological harms.

If the previous section (“Masks are Harmful”) did not serve to make you question much of what you have heard about the risks of medical masks, let us now examine what the science

and experts say about masking children.

Mandatory masks in school are a 'major threat' to children's development, doctors warn

Wednesday, 09 September 2020

The face mask requirement at school is bad for children's general well-being and should be abolished, 70 doctors wrote in an open letter to Flemish Education Minister Ben Weyts.

The doctors want [Flemish Education Minister] Weyts to immediately reverse his approach: no face mask requirement at school, only protect the at-risk group and only advise people with a possible risk profile to consult their doctor.

"In recent months, the general well-being of children and young people has come under severe pressure," the letter's authors said. "We see in our practices an increasing number of children and young people with complaints due to the rules of conduct that have been imposed on them."

The doctors mentioned anxiety and sleep problems as well as behavioural disorders and germaphobia, which is a pathological fear of germs. They are also seeing an increase in domestic violence, isolation and deprivation.

"Mandatory face masks in schools are a major threat to their development. It ignores the essential needs of the growing child. The well-being of children and young people is highly dependent on emotional attachment to others," they wrote.

According to them, "the face mask requirement makes school a threatening and unsafe environment, where emotional closeness becomes difficult."

Moreover, "there is no large-scale evidence that wearing face masks in a non-professional environment has any positive effect on the spread of viruses, let alone on general health. Nor is there any legal basis for implementing this requirement."

"Meanwhile, it is clear that healthy children living through Covid-19 heal without complications as standard and that they subsequently contribute to the protection of their fellow human beings by increasing group immunity".

"The only sensible measure to prevent serious illness and mortality caused by Covid-19 is to isolate individual teachers and individual children at increased risk," they said.

"This risk assessment is not the task of the Ministry of Education," the doctors underlined, "but the task of the treating physicians in consultation with their patients."

- From The Brussels Times

The Great Barrington Declaration

A letter authored by 3 top epidemiologists and professors on October 4 th, 2020, has, as of 6:00 pm, October 9th, 2020, been signed by 4,051 Medical & Public Health Scientists and 7,247 Medical Practitioners. This is a portion of their consensus declaration:

"As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection."

Thus, "The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection."

Read the letter in full: <https://gbdeclaration.org/>

Forcing Children to Wear Face Masks is Unnecessary

Forcing children to wear face masks in school is ineffective, harmful, and unnecessary. The risk of CoVID-19 in children is so low (see, "Masks are Unnecessary" above) that any imagined benefits cannot possibly outweigh the risks. Based on CDC data, the risk of children between the ages of zero and 19 years of age dying from CoVID-19 is an incredibly low risk of 0.00195%. This rate is much lower than the risk of children dying from influenza.

In fact, there is a large and growing body of physicians, pediatricians, scientists, epidemiologists, and researchers around the world that are speaking out against the anti-scientific public health recommendations that have been forced upon the public and our children.^[R] Those of us that have read the science have concluded that it is senseless and dangerous to force children to wear face masks in school:

- See e.g., Michelle Science MD, MSc, FRCPC, et. al., *COVID-19: Guidance for School Reopening, Division of Infectious Diseases, The Hospital for Sick Children ("Sick Kids")*, University of Toronto, Canada.
<https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>
 - The use of [Non-Medical Masks ("NMMs")] in the school setting should be driven by local epidemiology with age-specific considerations.
 - When transmission in the community is low, the use of NMMs throughout the entire school day should not be mandatory for elementary, middle or high school

students returning to school.

- Safe masking practices (e.g. proper wearing/storage/removal) should be reinforced with educational materials provided to parents, students and teachers.
- Given the current epidemiology, the use of NMMs is not recommended for elementary school students.
- A Covid-19 cross-country study by the University of East Anglia in England found that a mask requirement was of no benefit and could even increase the risk of infection.
 - Hunter, et al., *Impact of non-pharmaceutical interventions against COVID- 9 in Europe: a quasi-experimental study*, May 6, 2020.
<https://doi.org/10.1101/2020.05.01.20088260>
 - “We found that closure of education facilities, prohibiting mass gatherings and closure of some non-essential businesses were associated with reduced incidence whereas stay at home orders, closure of all non-businesses and **requiring the wearing of face masks or coverings in public was not associated with any independent additional impact.**”

Forcing Children to Wear Face Masks for Long Periods Risks Causing Them Physical Injuries.

The topic of the physical harms caused by masks was covered previously, but it is worth repeating a few of the key points:

Wearing a mask for more than a few minutes causes a significant reduction in a person's blood oxygen level.

- See A. Beder, et al., *Preliminary report on surgical mask induced deoxygenation during major surgery*, Neurocirugía (2008). <http://scielo.isciii.es/pdf/neuro/v19n2/3.pdf>
- Transcranial Ultrasound Doppler (TCUD) studies on masked and unmasked individuals demonstrate the changes in blood flow in the brain the result from the arterial CO₂ elevation that occurs within seconds of donning a mask.

This video demonstrates the use of TCUD and heart rate variability to measure the adverse effects of masking a healthy nine year old child: <https://bit.ly/2GGQWiZ>

Wearing masks for extended periods increased incidences of headaches and negatively affected work performance.

- See Jonathan J.Y. Ong, et al., *Headaches Associated With Personal Protective*

Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19, Headache, the Journal of Head and Face Pain (May 2020).

<https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

Most children wear cloth masks.

- See Brittany Dionne, *How hard is it to find a medical grade face mask?* WBRC News, April 18, 2020.

<https://www.wbrc.com/2020/04/18/how-hard-is-it-find-medical-grade-face-mask/>

But wearing a cloth mask may increase the risk of contracting Covid-19 and other respiratory infections.

- See MacIntyre CR, Seale H, Dung TC, et al., *A cluster randomised trial of cloth masks compared with medical masks in healthcare workers*, BMJ Open 2015; 5: e006577, US National Library of Medicine, National Institutes of Health, doi: 10.1136/bmjopen-2014-006577, April 22, 2015.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/pdf/bmjopen-2014-006577.pdf>

- “This study is the first [Randomly Controlled Trial] of cloth masks, and the results caution against the use of cloth masks.
- This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”

Forcing Children to Wear Face Masks for Long Periods Risks Causing Them Mental and Psychological Injuries

Children are at risk for psychological trauma in multiple ways by being forced to wear face masks all day long at school. Doctors from around the country warn of the dangers to children of wearing face masks all day.

- See e.g., Jeffrey I. Barke, M.D., *Open the schools without politics*, American Thinker, June 10, 2020.

https://www.americanthinker.com/blog/2020/06/open_the_schools_without_politics.html

Mandatory face coverings on children is very harmful to the child: learning is inhibited; critical interactions among students and between student and teacher are fractured; and the face covering is counterproductive, as kids will naturally touch their faces, thereby contaminating their covering. This new normal that many are advocating may well lead to a spike in childhood

behavior problems such as learning disabilities, anxiety disorders, and depression, to name a few.

- See also Kathleen M. Pike, PhD, *Why a Mask is Not Just a Mask*, Global Mental Health Programs, Columbia University, April 17, 2020.
<https://www.cugmhp.org/five-on-friday/why-a-mask-is-not-just-a-mask>

Many young children burst into tears or recoil when someone wearing a mask approaches. It's so common that some elementary schools prohibit masks at the school Halloween parade. One reason for this is that the development of facial recognition is relatively weak in young children. According to University of Toronto psychologist, Dr. Kang Lee, it is not until kids are about 14 years old that they reach adult skill levels in recognizing faces. Before then, kids tend to see individual facial features, rather than recognizing the person as a whole. By putting on masks, we take away information that makes it especially difficult for children to recognize others and read emotional signals, which is unsettling and disconcerting. These issues may be especially true for children with autism spectrum disorder, including Asperger's syndrome, who tend to have particular difficulties reading non-verbal cues.

Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics issued a statement criticizing Los Angeles County school reopening guidelines that require children wear masks as "not realistic or even developmentally appropriate for children." She explained that, "wearing masks throughout the day can hinder language and socio-emotional development, particularly for younger children."

- *Local Pediatricians Urge Collaborative Decision-Making About Reopening Schools*, Southern California chapter of the American Academy of Pediatrics, June 2, 2020.
<http://aapca2.org/wp-content/uploads/2020/06/AAP-CA2-press-release-on-schools-re-opening-6-2-20-Rev.pdf>

Some of the serious psychological harms to children caused by extended mask wearing are tied to lack of facial and emotional recognition.

- See Christiane Bormann-Kischkel, *Face Recognition in Children*, *Eur Arch Psychiatr Neurol Sci* (1986) 236: 17-20. <https://link.springer.com/article/10.1007/BF00641052>

The use of salient visual speech cues is hidden by masks making learning difficult for young children.

- Kaylah Lalondea and Rachael Frush Holta, *Preschoolers Benefit From Visually Salient Speech Cues*, *Journal of Speech, Language, and Hearing Research*, Vol. 58, 135–150, February 2015.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4712850/pdf/JSLHR-58-135.pdf>
- see also Martin Wegrzyn , et al., *Mapping the emotional face. How individual face parts*

contribute to successful emotion recognition, PLoS ONE 12(5): e0177239, May 11, 2017.
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177239>

- Lawrence Brancazio et al., *Use of visual information in speech perception: Evidence for a visual rate effect both with and without a McGurk effect*, Perception & Psychophysics 2005, 67 (5), 759-769. <https://pubmed.ncbi.nlm.nih.gov/16334050/>
- Mustapha Skhiri, *Visual Cues in Speech Perception*, Department of Computer and Information Science, Linköping University, GSLT, LiTH 20001/3/02.
http://www.speech.kth.se/~rolf/gslt_papers/MustaphaSkiri.pdf

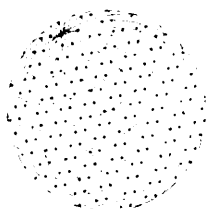
Voices of teachers and other students muffled through face masks makes learning more difficult, especially for any child with a diagnosed or undiagnosed hearing impairment.

- See Amanda B. Silberer, PhD, et al., *Importance of High Frequency Audibility on Speech Recognition With and Without Visual Cues in Listeners with Normal Hearing*, Department of Communication Sciences and Disorders The University of Iowa, March 2014.
https://haar.lab.uiowa.edu/sites/haar.lab.uiowa.edu/files/wysiwyg_uploads/silberer_bentler_wu_aas_2014.pdf

The Center for Disease Control (“CDC”) has made clear that “Schools are an important part of the infrastructure of communities and play a critical role in supporting the whole child, not just their academic achievement.”

- See *Preparing K-12 School Administrators for a Safe Return to School in Fall 2020*. Guidance from the CDC to school Districts.
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>
- Nowhere in the guidance provided to local schools by the CDC is any information about compelling students to wear face masks. In fact, the CDC acknowledges that “[m]ore research and evaluation is needed on the implementation of mitigation strategies (e.g., social distancing, masks, hand hygiene, and use of cohorting) used in schools to determine which strategies are the most effective.” Id. at 5.

The lack of any such recommendation is understandable given that the great weight of scientific evidence shows unmistakably that wearing face masks for extended periods is harmful to people’s health, safety and emotional well-being, especially to young children.



Effect of Wearing Face Masks on the Carbon Dioxide Concentration in the Breathing Zone

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ABSTRACT

The use of face masks is among the measures taken to prevent person-to-person transmission of the virus (SARS-CoV-2) responsible for the coronavirus disease (COVID-19). Lately, concern was expressed about the possibility that carbon dioxide could build up in the mask over time, causing medical issues related to the respiratory system. In this study, the carbon dioxide concentration in the breathing zone was measured while wearing a surgical mask, a KN95 and a cloth mask. For the surgical mask, the concentration was determined under different conditions (office work, slow walking, and fast walking). Measurements were made using a modified indoor air quality meter equipped with a nondispersive infrared (NDIR) CO₂ sensor. Detected carbon dioxide concentrations ranged from 2150 ± 192 to 2875 ± 323 ppm. The concentrations of carbon dioxide while not wearing a face mask varied from 500–900 ppm. Doing office work and standing still on the treadmill each resulted in carbon dioxide concentrations of around 2200 ppm. A small increase could be observed when walking at a speed of 3 km h⁻¹ (leisurely walking pace). Walking at a speed of 5 km h⁻¹, which corresponds to medium activity with breathing through the mouth, resulted in an average carbon dioxide concentration of 2875 ppm. No differences were observed among the three types of face masks tested. According to the literature, these concentrations have no toxicological effect. However, concentrations in the detected range can cause undesirable symptoms, such as fatigue, headache, and loss of concentration.


Keywords: Face masks, Carbon dioxide, SARS-CoV-2, COVID-19 pandemic, COVID-19

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1 INTRODUCTION

Physical distancing, good hand hygiene and the wearing of gloves and face masks are among the most frequent measures taken to prevent person-to-person transmission of the virus (SARS-CoV-2) responsible for the coronavirus disease (COVID-19) since the outbreak of the COVID-19 pandemic in early 2020 (Chu *et al.*, 2020; Howard *et al.*, 2020). Especially, the use of face masks in public reduces the spread of the virus by minimizing the excretion of respiratory droplets from asymptomatic infected individuals or individuals who have not yet developed symptoms (Bourouiba, 2020). The human body utilizes oxygen and generates carbon dioxide, which is then exhaled in the expiration air. An adult with healthy lungs produces approximately 5.6% by volume of CO₂. When wearing a face mask, a fraction of carbon dioxide previously exhaled is inhaled again with each respiratory cycle. Some media have been claiming that carbon dioxide may slowly build up in the mask over time, causing medical issues related to the respiratory system such as hypercapnia (a condition arising from too much carbon dioxide in the blood).

Only a few studies have been conducted so far in this field. In a study conducted by Sinkule *et al.* (2013), the breathing air quality when using N95 filtering facepiece respirators was assessed. The concentration of carbon dioxide increased to approximately 1.2–3% in a short period of light work. The participants did not show any obvious changes in physical functions. The average carbon dioxide concentration inhaled was, however, far higher than the limit of 0.1% of indoor carbon dioxide concentration in many countries. The study of Li *et al.* (2005) investigated the effects of wearing N95 and surgical face masks with and without nano-functional treatments on thermo-physiological responses and the subjective perception of discomfort in five healthy

participants (men and women). They found that surgical face masks were rated significantly lower for perceptions of humidity, heat, breath resistance and overall discomfort than N95 face masks. Carbon dioxide was not among the investigated parameters. The aim of the study conducted by Lim *et al.* (2006) was to determine the prevalence of headaches from the use of N95 face masks amongst healthcare workers. Approximately 40% of the participants reported face-mask-associated headaches. The study conducted by Roberge *et al.* (2010) assessed the physiological impact of N95 filtering face-piece respirators on healthcare workers. The parameters assessed included the concentration of carbon dioxide and oxygen in the mask's dead space. The detected carbon dioxide concentrations were around 3% (30000 ppm). Such high concentrations are typically associated with detrimental physiological effects such as headache, anxiety and confusion. In the study, the sampling was done via a sampling line attached to a port in the mask that was equidistant between the nose and the mouth and therefore probably measured the slightly diluted carbon dioxide concentration in the exhaled air rather than in the breathing zone. Another study explored the effects of face masks (cloth mask and paper face masks) on CO₂, heart rate, respiration rate and oxygen saturation on instructor pilots (Dattel *et al.*, 2020). Also in this study relatively high carbon dioxide concentrations (around 45000 ppm) were detected. The methodological description however does not allow the unequivocal identification of the exact sampling point, making it impossible to assess whether the measured concentrations refer to the exhaled air or to the breathing zone.

This study aimed to determine the concentration of carbon dioxide in the breathing zone while wearing a face mask. Three types of face masks were tested under different conditions (office work, slow walking and fast walking). The measured concentrations were compared against existing threshold values for critical levels of carbon dioxide.

2 MATERIALS AND METHODS

2.1 Tested Face Masks

Three different types of face masks were tested:

- a) A medical face mask (also known as a surgical mask) conform with the European Union's health and safety standards (CE mark): This type of face mask is typically used by health care workers, ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. During the COVID-19 pandemic, surgical face masks have been recommended as a means of source control for persons who are either symptomatic or asymptomatic to prevent the spread of respiratory droplets produced by coughing or sneezing. The application of medical masks as source control has been shown to decrease the release of respiratory droplets carrying respiratory viruses (Leung *et al.*, 2020) and they are recommended for the reduction of transmission of influenza (Cheng *et al.*, 2010; MacIntyre and Chughtai, 2015; MacIntyre *et al.*, 2015). Medical masks comply with requirements defined in European Standard EN 14683:2019 (European Committee for Standardization, 2019).
- b) KN95 with a one-way valve: N95 is an American standard managed by NIOSH, which is part of the Centers for Disease Control (CDC). KN95 masks are the equivalent Chinese standard for masks. Both N95 and KN95 correspond to the FFP2 code used in the European Union (European Committee for Standardization, 2001) and protect against solid and liquid irritating aerosols with a minimum filter efficiency of 92%. The mask tested in this work included a one-way exhalation valve that makes it easier to breathe through. This type of mask is not recommended as an effective barrier against the SARS-CoV-2 virus because the valve releases unfiltered air when the wearer breathes out and therefore does not prevent the wearer from spreading the virus. It was included in the study to assess the potential impact of the exhalation valve on the concentration of accumulated carbon dioxide.
- c) Cloth masks: Since surgical and FFP2 masks were sometimes difficult to find at the beginning of the pandemic and, especially the FFP2 masks should be reserved for health care providers, cloth masks have become popular during the pandemic as they are cheap, easy to find or to make and can be washed and reused. Cloth masks can be made from common materials, such as sheets made of tightly woven cotton, and should include multiple layers of fabric. There are no standards or regulations for self-made cloth face masks. The mask used in this study was

manufactured by a northern Italian company that converted its production from sportswear to face masks during the pandemic. It was made of three layers: the internal and external layers were primarily made of polyamide, and the interior filter was made out of polyester.

2.2 Instrumentation

Carbon dioxide concentrations were measured with a TSI 7545 IAQ Meter (TSI Incorporated, Shoreview MN, USA) equipped with a low-drift dual-wavelength NDIR CO₂ sensor. This instrument has a declared measurement concentration range of 0–5000 ppm and an accuracy of $\pm 3.0\%$ of reading or ± 50 ppm (whichever is greater). Its resolution is 1 ppm. The instrument was calibrated against a secondary carbon dioxide standard (470 ppm). All measurements were performed on the same day the instrument was calibrated.

2.3 Experimental Setup

The concentration of carbon dioxide in the breathing zone was determined by aspirating air through a silicon tube from the breathing zone behind the face mask. The sampling point was just above the nose tip on the bridge of the nose. In this way, the point of sampling was not located directly in the exhaled air stream while at the same time being completely covered by the face masks. Shifting of the silicon tube was prevented by fixing the tube to the bridge of the nose with some tape. It was then inserted through a perforated face shield holder. From there, the tube was directed over the head, where it was further fixed with a cap (Fig. 1).

The aspirated air was then conducted to the CO₂ sensor. The sensor-containing probe is usually directly exposed to the surrounding air in which the carbon dioxide concentration is measured. In this study, a collar that provides a closed area around the gas probe and that is normally used for calibration purposes was hermetically sealed with some tape to the lower part. A sampling point made of Teflon was integrated into the sealing tape. In this way, the air flow passed undiluted over the CO₂-sensor. A pump was connected to the end of the sampling train (Fig. 1(c)).

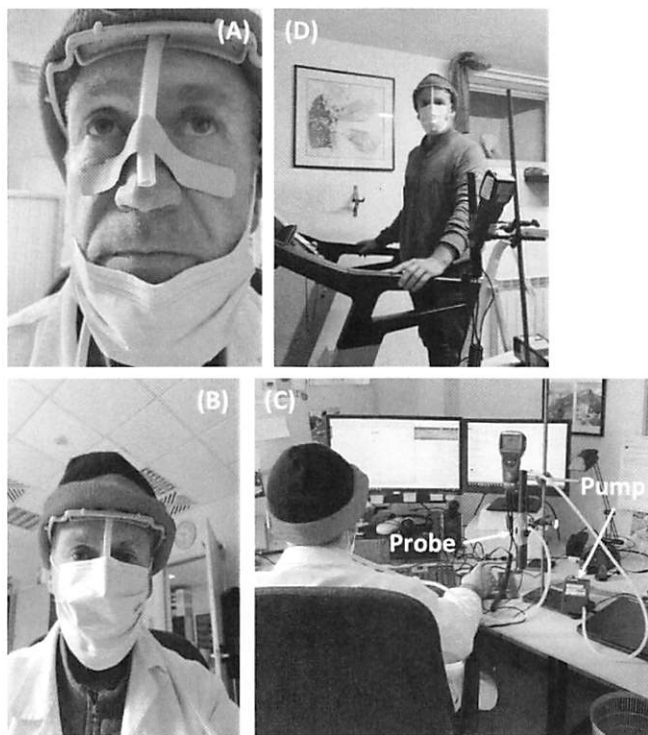


Fig. 1. Experimental setup. (A) Sampling point close to the nose tip; (B) Position of the sampling point while the face mask was worn; (C) Activity pattern 'Office work'; (D) Activity pattern slow and medium speed walking on a treadmill.



The concentration of carbon dioxide was measured for two activity patterns: in the first scenario the male, 50 year old volunteer was working on a computer, breathing through the nose and remaining seated for the duration of the measurements. Under these conditions, all three types of face masks were tested. In the second scenario, the volunteer was walking on a treadmill at 0, 3 and 5 km h⁻¹. While at 0 and 3 km h⁻¹, the volunteer was breathing through his nose, at 5 km h⁻¹ he was breathing through his mouth. Each new condition was preceded by the registration of a baseline (the same condition but without the masks being worn). The sampling duration for each activity pattern was 5 minutes. The data collection frequency (sampling rate) was set at 1 s⁻¹.

3 RESULTS AND DISCUSSION

Fig. 2 shows the concentrations of carbon dioxide measured for all three types of face masks while working on the computer, remaining seated all the time and breathing through the nose. The concentrations were 2107 ± 168 ppm, 2293 ± 169 ppm and 2051 ± 238 ppm for the surgical, the KN95 and the cloth mask, respectively. No relevant difference in the detected carbon dioxide concentration could be observed among the three mask models. Even with the one-way exhalation valve on the KN95 face mask, under these conditions, the type of mask had no significant impact on the carbon dioxide concentration in the breathing zone. The baseline concentration, corresponding to those periods of time when no mask was worn, was 501 ± 42 ppm. The concentration of carbon dioxide in the breathing zone while wearing the face mask did therefore increase in average by approximately 1650 ppm.

Since no difference was observed among the types of face masks worn, in the second scenario (walking on a treadmill at different speeds), the measurements were made while wearing only the surgical mask. Fig. 3 depicts how the baseline concentration of CO₂ in this setting, compared to the office-activity setting, is slightly higher and how it slowly increases over time (737 ± 27 ppm

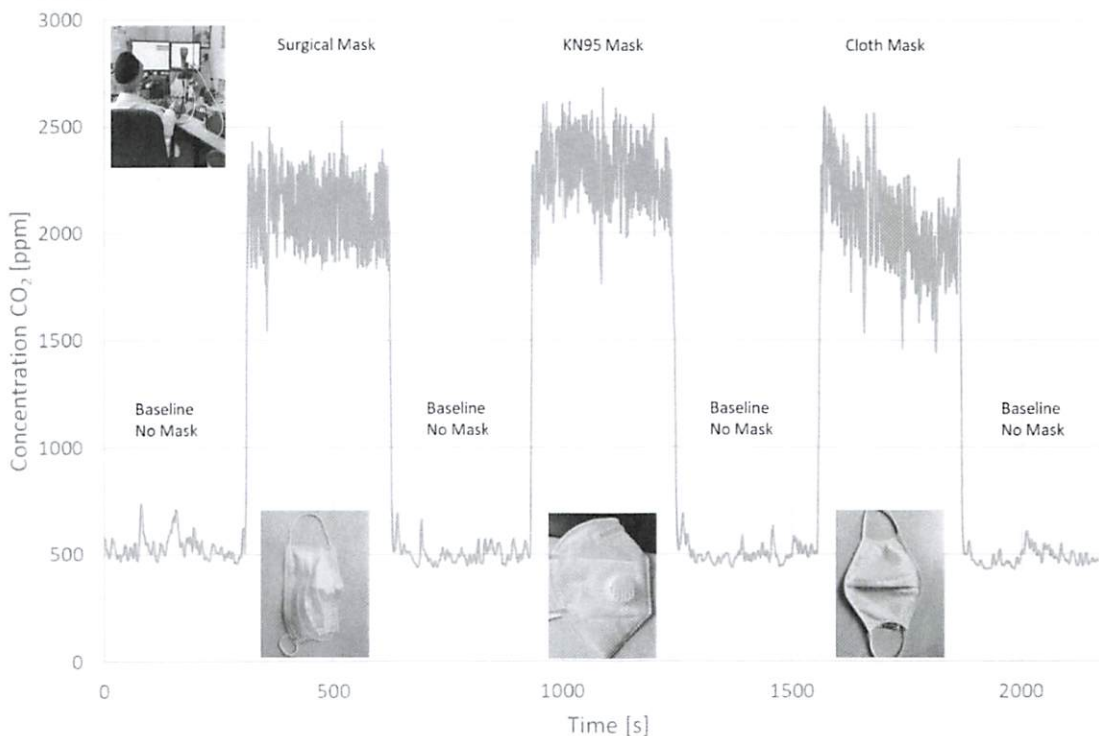


Fig. 2. Concentrations of carbon dioxide measured for all three types of face masks while working on the computer, remaining seated all of the time and breathing through the nose

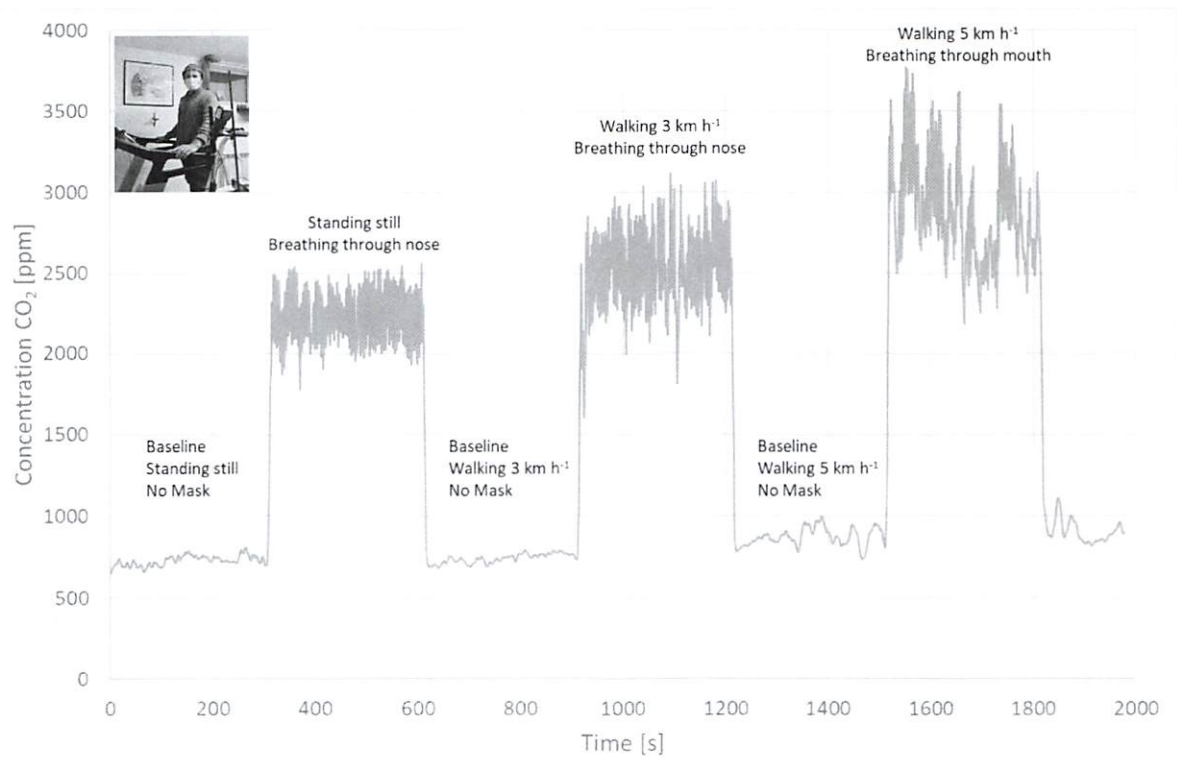


Fig. 3. Concentrations of carbon dioxide measured while walking on a treadmill at 3 and 5 km h⁻¹.

before 'standing still' measurements, 744 ± 24 ppm before 'walking at 3 km h⁻¹ measurement and 890 ± 51 ppm before 'walking at 5 km h⁻¹ measurement). This can be explained by the relatively small room in which the treadmill was located, which led to an enrichment of carbon dioxide from exhalation in the room. The average concentration of 2226 ± 165 ppm while standing still was, as expected, in the same range as the concentrations measured while doing office work. A small increase in concentration (2536 ± 245 ppm) could be observed while walking at a speed of 3 km h⁻¹. This speed corresponds to a leisurely walking pace (low activity). A further increase in the detected carbon dioxide concentration was observed while walking at 5 km h⁻¹ (2875 ± 323 ppm), which corresponds to a higher walking pace (medium activity) with breathing through the mouth and an augmented breathing rate.

Inhaled carbon dioxide at lower concentrations (< 10000 ppm) has little or no toxicological effects. At higher concentrations (> 50000 ppm), it causes the development of hypercapnia and respiratory acidosis (Permentier *et al.*, 2017). A concentration of 5000 ppm is the workplace exposure limit (as 8-hour TWA) in most jurisdictions. Exposures to increased inhaled CO₂ concentrations between 2–3% (20000–30000 ppm) are known to produce sweating, headache and dyspnoea (Schneider and Truesdell, 1922). Inhaled concentrations between 4 and 5% (40000–50000 ppm) are associated with dyspnoea, increased blood pressure, dizziness, and headache (Schneider and Truesdale 1922; Schulte 1964). If inhaled CO₂ concentrations are at 5% (50000 ppm), mental depression may occur within several hours (Schulte, 1964).

The concentrations measured in this study are all far below these threshold values and range between 2150 ppm (office work) and 2875 ppm (walking at 5 km h⁻¹). Concentrations of CO₂ in this range and their association with health symptoms are frequently discussed in the context of the "sick building syndrome" (Apte *et al.*, 2000; Seppanen *et al.*, 1999; Wargocki *et al.*, 2000). In a building, the carbon dioxide emissions are approximately proportional to the rise in odorous substances given off by human beings by perspiration. In rooms in which no combustion processes are taking place, the carbon dioxide concentration can therefore be regarded as an indicator of the indoor air quality. Carbon dioxide-related health-symptoms have been observed



at concentrations above 1000 ppm and include drowsiness and loss of attention (Guais *et al.*, 2011). A portion of the human population has been described as being sensitive to fluctuating CO₂ concentrations. As a vasodilator, the effect on people prone to headache has also been discussed. For example, Lim *et al.* (2006) administered a survey to healthcare workers to determine risk factors associated with the development of headaches. Approximately 40% of the respondents reported wearing face masks was associated with headaches. This study did not, however, report the inhaled CO₂ concentrations. Satish *et al.* (2012) suggested in their study that even moderately elevated CO₂ concentrations (approximately 2500 ppm) have the potential to affect decision-making.

4 CONCLUSIONS

The concentrations of carbon dioxide measured in the breathing zone while wearing a face mask ranged between 2150 and 2875 ppm depending on the type of activity. The concentrations of carbon dioxide without wearing a face mask varied from 500–900 ppm, corresponding to normal carbon dioxide concentrations in indoor environments. Doing office work and standing still on the treadmill each resulted in carbon dioxide concentrations of around 2200 ppm. A small increase of approximately 300 ppm could be observed when walking at a speed of 3 km h⁻¹ (leisurely walking pace). Walking at a speed of 5 km h⁻¹, which corresponds to medium activity with breathing through the mouth, resulted in an average carbon dioxide concentration of 2875 ppm. No differences were observed among the three types of tested face masks. According to the literature, these concentrations have no toxicological effect when inhaled. However, concentrations between 1,000 ppm and 10,000 ppm can cause undesirable symptoms such as fatigue, headache and loss of concentration. This may be relevant for those segments of the population required to wear face masks over prolonged periods of time such as students, bus drivers or cashiers as well as persons with respiratory diseases. Wearing face masks only when strictly necessary may reduce these undesired side effects.

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Wearing a mask can expose children to dangerous levels of carbon dioxide in just THREE MINUTES, study finds

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- European study found that children wearing masks for only minutes could be exposed to dangerous carbon dioxide levels
- Forty-five children were exposed to carbon dioxide levels between three to twelve times healthy levels
- Younger children were exposed to more dangerous levels of carbon dioxide than older ones
- The study was funded by a German public charity and led by Harald Walach, PhD, from the Poznan University of the Medical Sciences, Pediatric Clinic

By MANSUR SHAHEEN FOR DAILYMAIL.COM

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Young children may have been hurt by wearing masks over the past year as they may have been exposed to unsafe carbon dioxide levels in minutes, a new study found.

A study led by researchers Poland, Germany and Austria wanted to test whether making young children wear masks at schools and other public areas could have done more harm than good.

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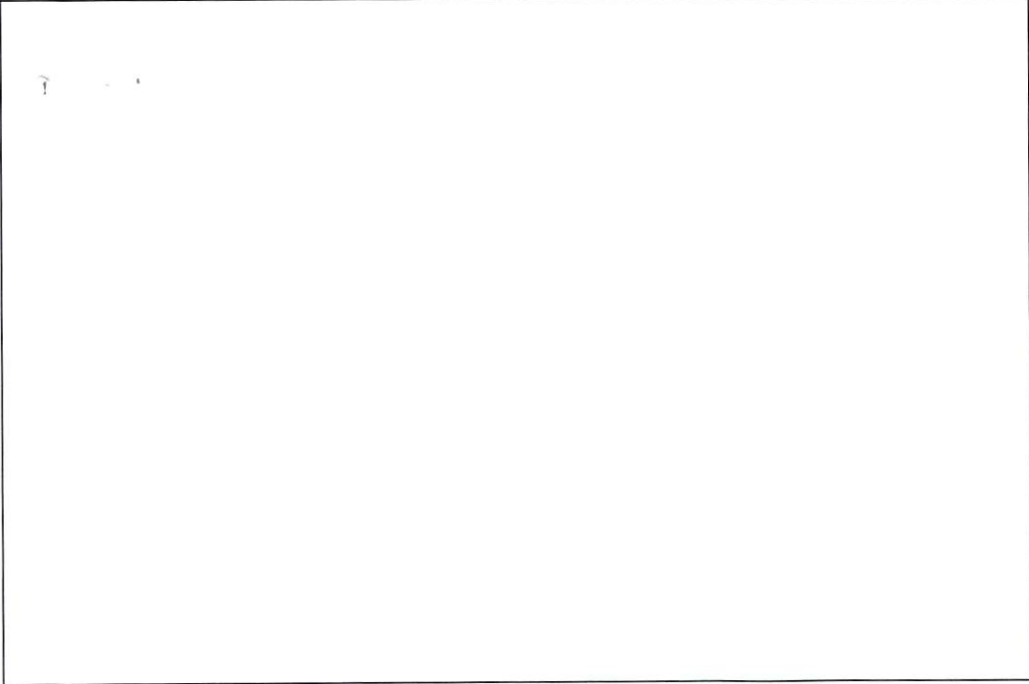
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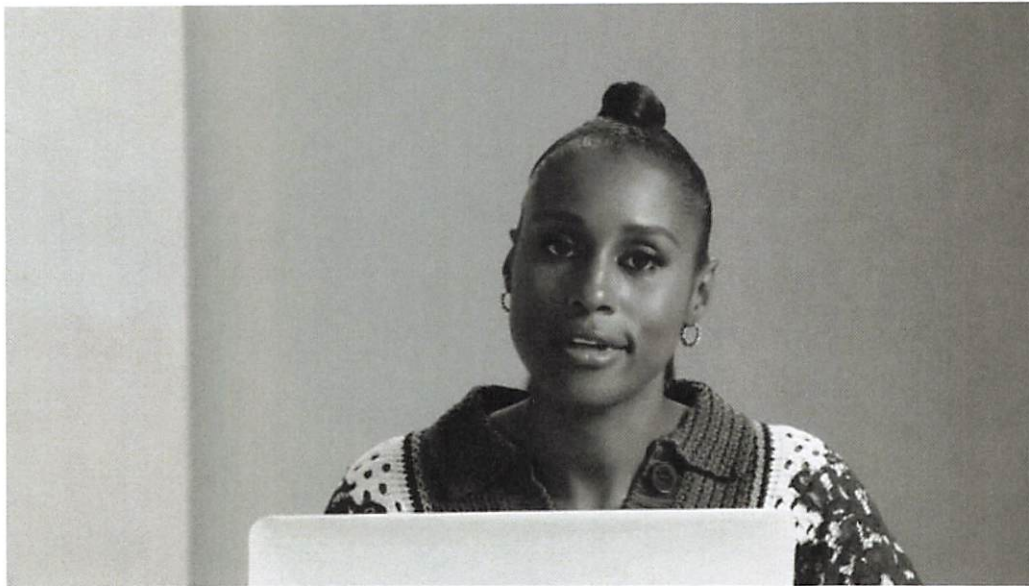
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They found that some children were reaching twelve-times the acceptable limit within only three minutes of wearing the mask, according to the study funded by German charity Mediziner und Wissenschaftler für Gesundheit, Freiheit und Demokratie eV.



The data was released as schools across the US prepare for the 2021-22 school year, where many younger children will arrive unvaccinated, and may have to wear masks.

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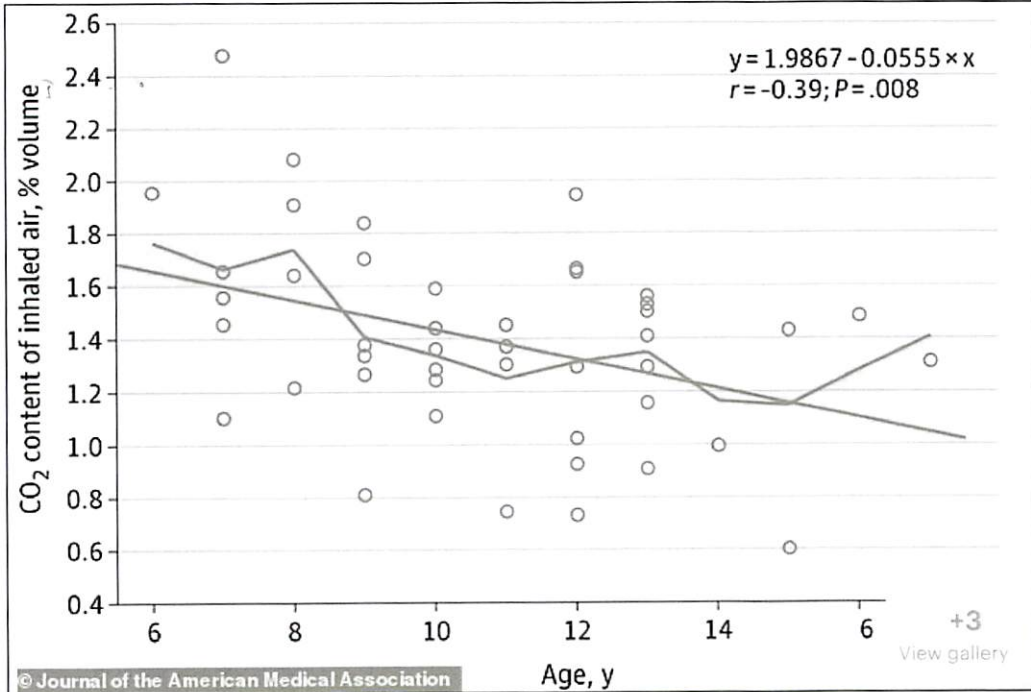


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Every single child in the study recorded at least three times the appropriate healthy levels of carbon dioxide. Younger children recorded higher levels on average

Researchers, who published their study in JAMA, included 45 children in the study.

Each child was tested for two three-minute time periods.

For each kid, one three minute period was used to count carbon dioxide inhaled, the other was used to detect how much was exhaled.

An average carbon dioxide volume in a child's breath is 0.04 percent, and the maximum healthy level is 0.2 percent.

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Researchers found that carbon dioxide levels among children of all age groups was far exceeding healthy levels.

There was also a trend of younger children having much higher carbon dioxide levels than older children.

The youngest children in the study - aged six - were recording around 1.7 percent carbon levels.

The oldest ages included in the study, aged 15 to 18, were recording around 1.4 percent.

Children with the lowest carbon levels recorded three times above the maximum healthy level.

The highest level recorded was more than 12 times the healthy level.

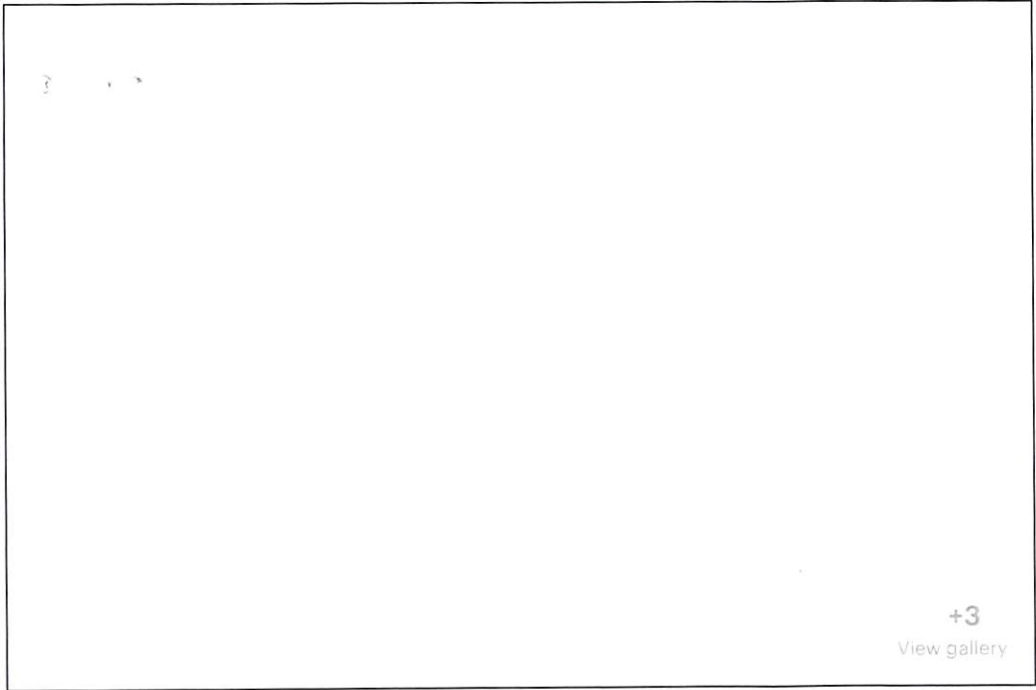
Researchers noted that some complaints the children made during the study were often side effects of an increased carbon dioxide level.

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► 'It's so lovely feeling so proud of yourself': Charlotte Dawson continues to show off her three stone weight loss in red cutout bikini on Dubai getaway



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Children were largely required to wear face masks in schools that reopened last year, though there is little evidence young kids spread COVID-19 at schools

They did note that the study was limited, though.

With only 45 children in the study, it can not be used to represent all populations, but with every child recording at least three times healthy levels of carbon dioxide, researchers believe they did find a worthy trend.

They also noted that since the research was done in a laboratory setting, some of the children may have been apprehensive and not breathing in a normal way.

This could potentially explain why younger children in particular were recording higher carbon levels.

Many children were required to wear masks as schools when they reopened last year.

This was despite data that showed younger children were unlikely to spread COVID-19 at school.

While the rules regarding masks were in good faith, and put in place out of an abundance of caution, they could have potentially caused some harm to children with little benefit.

Govt to encourage shift to 'personal choice' over face masks



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He contracted the virus on Saturday

▶ Bleary-eyed Irina Shayk grabs her ample assets as she larks around in the back of a taxi - while dazzling for a night out with close friend Riccardo Tisci

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▶ FKA twigs wows in a quirky voluminous dress and pearl headpiece at Simone Rocha's LFW show
FKA twigs kicked off London Fashion Week

▶ Paris Jackson performs new song in Aspen about ex who broke up with her on Valentine's Day 2020: 'I hope you like it, I know he won't'

▶ Olivia Munn shares heart-warming footage of John Mulaney doting on their son Malcolm: 'Did someone order a marshmallow?'

(<https://www.aier.org>)

Masking Children: Tragic, Unscientific, and Damaging



Paul E. Alexander (<https://www.aier.org/staffs/paul-e-alexander/>) - March

10, 2021 (/custom-search-results/?post_date=03102021)

Reading Time: 9 minutes



Summary: Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children - as it can to some adults. But the cost benefit analysis is entirely different for adults and children - particularly younger children. Whatever arguments there may be for consenting adults - children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable - with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose.

How did this blue surgical mask and white cloth mask come to dominate our daily lives? Well, indeed, the surgical masks and white cloth (often homemade) masks have become the most contentious and quarrelsome symbol and reminder of our battle with SARS-CoV-2 and the disease it causes, Covid-19. The mask has become so politicized (https://www.bloomberg.com/graphics/2020-opinion-coronavirus-global-face-mask-adoption/?utm_medium=email&utm_source=newsletter&utm_term=200717&utm_campaign=sharetheview) that it prevents rational consideration of the evidence (<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>) (even across political lines (<https://www.pewresearch.org/fact-tank/2020/10/29/both-republicans-and-democrats-cite-masks-as-a-negative-effect-of-covid-19-but-for-very-different-reasons/>)) and drives levels of acrimony, invidious actions, disdain, and villainy among wearers to each other who feel threatened by the individual who will not or cannot wear a mask.

But how dangerous is this virus? Based on studies done by Professor John PA Ioannidis of Stanford University, we know that we are dealing with a virus that has an infection fatality rate (IFR) of 0.05 in persons 70 years old and under (<https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3>) (range: 0.00% to 0.57% with a median of 0.05% across the different global locations; with a corrected median of 0.04%). This compares quite well to the IFR of most influenza viruses (and even lower), and yet the draconian and massive reactions to SARS-CoV-2 have never been employed during influenza season.

Given this knowledge it is more than perplexing as to why our governments, at the behest of their public health advisors, have accepted as a fait accompli what we refer to as a 'great deception' or lie, convincing us of inevitable and severe consequences if anyone is infected with SARS-CoV-2.

Yes, the public was lied to and deceived from day one by governments and their medical advisors and the media medical cabal with its incessant messaging that we were all at equal risk of severe illness or death if infected, young and old. They subverted science. This caused irrational fear and hysteria and it has held on. This type of deception and the resulting unfounded fear has been driven by the media despite "a thousandfold difference (<https://www.wsj.com/articles/the-universal-vaccination-chimera-11612466130>) in risk between old and young."

We suggest that this has always been known, and yet this disinformation and related falsehoods were spread seemingly both willfully and knowingly by our leaders and the media. Such conflation of the risks between the young and the elderly population with comorbidities and at risk is wrong-headed and creates unnecessary fear for all. It is well known that there is a distinct stratified risk (strongly associated with increasing age and comorbidities).

Additionally, data now suggests (even though still nascent) that children not only have extremely low risk as mentioned above but also that they naturally have the capability of evading the SARS-CoV-2 virus (<https://www.nature.com/articles/d41586-020-03496-7>) due to the lack of the ACE-2 receptors in their nostrils

(<https://jamanetwork.com/journals/jama/fullarticle/2766522>).

It escapes us as to why this deceit continues to be served to the public and has not been stopped forthwith.

What does the evidence show? Well, evidence is accumulating about the potential harms of mask use (references 1

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The scientific evidence (<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>) in total also suggests masks (surgical and cloth masks) as currently used are ineffective in reducing transmission (references 1 (<https://www.acpjournals.org/doi/10.7326/M20-6817>), 2 (<https://www.nejm.org/doi/full/10.1056/NEJMoa2029717>), 3 (https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article), 4 (<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>), 5 (<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>), 6 (<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>), 7 (<https://www.medrxiv.org/content/10.1101/2020.05.01.20088260v1.full.pdf>), 8 (<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>), 9 (

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<https://www.nejm.org/doi/full/10.1056/NEJMc2026670>), 17
<https://www.bloomberg.com/news/articles/2021-03-05/double-masking-benefits-are-limited-japan-supercomputer-finds>), 18
<https://www.medrxiv.org/content/10.1101/2020.03.30.20047217v2>), 19 (<https://www.cadth.ca/use-surgical-masks-operating-room-review-clinical-effectiveness-and-guidelines?fbclid=IwAR150K2M4JzhhPAsZcXA1-BFTn7ucA9RRXYfVLmFlQwxQIEKz4GzgaOHOV8>), 20
<https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/should-individuals-in-the-community-without-respiratory-symptoms-wear-facemasks-to-reduce-the-spread-of-covid-19-report-2020.pdf>), 21
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>), 22 (<https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/public-health-measures.html#a51>), 23
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868614/>),
24 (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3349234), 25
<https://pubmed.ncbi.nlm.nih.gov/22188875/>). Even if we tried to tease out ‘minimal help’ and say ‘they may help a little,’ these Covid-19 masks are largely ineffective. In many reports, conclusively so. As an example, a very recent publication stated

that face masks become nonconsequential and do not function after 20 minutes due to saturation

(<https://www.smh.com.au/national/farce-mask-its-safe-for-only-20-minutes-20030427-gdgnyo.html>). “Those masks are only effective so long as they are dry,” said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.” As soon as they become saturated with the moisture in your breath, they stop doing their job and pass on the droplets.”

In a similar light, there are indications that wearing a mask that has already been used

(<https://thefederalist.com/2020/12/17/study-wearing-a-used-mask-is-potentially-riskier-than-no-mask-at-all/>), which is very common, is riskier than if one wore no mask

(<https://aip.scitation.org/doi/10.1063/5.0034580>) at all. The evidence on mask mandates is also clear in that they are ineffective and do not work (references 1

(<https://thefederalist.com/2020/10/29/these-12-graphs-show-mask-mandates-do-nothing-to-stop-covid/>), 2

(https://www.theepochtimes.com/face-mask-mandates-seem-to-make-ccp-virus-infection-rates-climb-says-study_3629627.html?utm_source=morningbrief&utm_medium=email&utm_campaign=mb-2020-12-23&fbclid=IwAR1OlncsLOdYRg-vt2afCphIGj3z6Curfcp3G-U9_EEjQi-MXId5IzwZRBw), 3

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(<https://www.aier.org/article/the-cdcs-mask-mandate-study-debunked/>), 6 (about:blank)) to prevent the spread of respiratory viruses like SARS-CoV-2.

We don't have a wealth of scientific evidence on exactly when it is safe or not safe for children to be masked, but here's a good rule of thumb. If you wouldn't put a child in the front seat of your

Prius without disabling the airbag – think twice before requiring an otherwise healthy child to wear a mask – or even forcing them to social distance in school.

On the dangers of masks generally, a recent mini-review (<https://pubmed.ncbi.nlm.nih.gov/33619199/>) reported “There are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” We agree that the adequate primary type comparative effectiveness research is still not available but we do have strong anecdotal, reported, and real-world information as indicated above, along with some primary evidence, which we have judged appropriate to inform the discussion sufficiently.

During April to October 2020 in the US (<https://www.aier.org/article/cost-of-us-lockdowns-a-preliminary-report/>), emergency room visits linked to mental health problems (e.g. anxiety) for children aged 5-11 increased by nearly 25% and increased by 31% for those aged 12-17 years old as compared to the same period in 2019. During the month of June 2020, 25% of persons aged 18 to 24 in the US reported suicidal ideation. While some of this may be related to the pandemic, we suspect that it is largely a function of our response to the pandemic.

One of the most starkly revealing and troubling observations come from Dr. Margarite Griesz-Brisson MD, PhD, who is one of Europe’s leading neurologists and neurophysiologists focused on neurotoxicology, environmental medicine, neuro-regeneration and neuroplasticity. She has gone on record stating: “The rebreathing of our exhaled air will without a doubt create oxygen deficiency (<https://perma.cc/Q568-Y2H2>) and a flooding of carbon dioxide (<https://www.collective-evolution.com/2020/10/07/one-of-europes-leading-neurologists-claims-masks-are-dangerous-explains-why/>). We know that the human brain is very sensitive to oxygen deprivation.” There are neurons, for example in the hippocampus that cannot survive

more than 3 minutes without an adequate supply of oxygen. Given that such cells are so sensitive to oxygen deprivation, their functionality must be affected (<https://pubmed.ncbi.nlm.nih.gov/25206597/>) by low oxygen (<https://pubmed.ncbi.nlm.nih.gov/29988368/>) levels.

Oxygen deprivation can cause metabolic changes and the metabolic changes that happen in neuronal cells are vitally important for cognitive functioning and brain plasticity and it is known that when drastic metabolic shifts occur in the brain, there are consequent changes of oxidative stress (cellular oxidative state) (<https://pubmed.ncbi.nlm.nih.gov/29988368/>) and these have a significant role in managing neuron functioning (we do not claim that masking would produce complete absence of oxygen of course).

The acute warning symptoms are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Given that the development of neurodegenerative diseases can take years to develop, then what are the potentially deleterious effects of the use of masks, especially in children, when masks are used over the majority of their day? We and particularly parents, must consider this and weigh the benefits versus the harms. Are there benefits enough to warrant use relative to the potential harms? If the harms outweigh the benefits, then we cannot in good conscience advocate for mask use. Moreover, the continual and stressful impacts of masking (and school closures (<https://www.aier.org/article/school-closure-a-careful-review-of-the-evidence/>)) will also have a known and deleterious impact on the immune (<https://pubmed.ncbi.nlm.nih.gov/15250815/>) systems in children (and adults).

Other medical harms relate to the notion that children and adolescents have an extremely active and adaptive immune system, a system that must be challenged in order to retain functionality. Yet by severely restricting children's activities

because of lockdowns and masking (physical activity/fitness exercises are almost impossible whilst wearing a mask), we are probably hobbling their immune systems. Evidence indicates that regular physical activity and frequent exercise enhance immune competency and regulation

[\(https://pubmed.ncbi.nlm.nih.gov/29713319/\)](https://pubmed.ncbi.nlm.nih.gov/29713319/).

A child unexposed to nature has little defense against a minor illness, which can become overwhelming due to the lack of a primed 'tuned-up' and 'taxed' immune system. A robust immune system shortens an illness as a consequence of the presence of preprogrammed anamnestic immunity. Preventing children from such interactions with nature and germs

[\(https://www.nature.com/news/early-exposure-to-germs-has-lasting-benefits-1.10294\)](https://www.nature.com/news/early-exposure-to-germs-has-lasting-benefits-1.10294) can and does lead to overwhelming infections and serious consequences to the health and life of a

child. We might be setting up our children for future disaster when they emerge from societal restrictions fully and with no masks, to then be at the mercy of normally benign opportunistic infections with a now weakened immune system. This cannot be disregarded as we consider the consequences of our actions today in this pandemic and the questionable lockdowns

[\(https://www.aier.org/article/the-catastrophic-impact-of-covid-forced-societal-lockdowns/\)](https://www.aier.org/article/the-catastrophic-impact-of-covid-forced-societal-lockdowns/), school closures

[\(https://www.aier.org/article/school-closure-a-careful-review-of-the-evidence/\)](https://www.aier.org/article/school-closure-a-careful-review-of-the-evidence/), and mask

[\(https://www.aier.org/article/masking-a-careful-review-of-the-evidence/\)](https://www.aier.org/article/masking-a-careful-review-of-the-evidence/) policies.

A German-wide registry

[\(https://www.researchsquare.com/article/rs-124394/v2\)](https://www.researchsquare.com/article/rs-124394/v2) (not the optimal highest-quality study) used by 20,353 parents who reported on data from almost 26,000 children, found that the "average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache

(53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).”

Concerns are being raised regarding psychological damage (<https://www.cugmhp.org/five-on-friday-posts/why-a-mask-is-not-just-a-mask/>) and why a mask is not ‘just a mask.’ There is tremendous psychological damage to infants (<https://www.wpr.org/psychologist-calls-clear-masks-caregivers-aid-child-development>) and children, with potential catastrophic impacts on the cognitive development of children (<https://www.nytimes.com/2020/09/14/well/family/Masks-child-development.html>). This is even more critical in relation to children with special needs or those within the autism spectrum who need to be able to recognize facial expressions (<https://pubmed.ncbi.nlm.nih.gov/20646129/>) as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms (<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>), so much so that Dr. Blaylock (<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>) states “the bottom line is that [if] you are not sick, you should not wear a mask.” Furthermore, Dr. Blaylock (<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>) writes, “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”

In sum, as mentioned, the optimal comparative research on harms has not sufficiently accumulated but what has been reported is sufficient to inform and guide us in our debate on the potential harms of mask use (surgical and cloth), especially in children. But we do have real-world evidence. While additional evidence will help clarify the extent of risk, the existing details are sobering

enough and of tremendous utility as we consider the benefits versus the harms of mask use. Even the potential of minimal harm is enough to prevent justification of such use.

Remember, even Dr. Fauci (https://www.youtube.com/watch?v=PRa6t_e7dgl) told us in 2020 that masks are not needed and not effective as you may think it is (March 2020 with Jon LaPook, *60 Minutes*). Para 'no need to walk around with one.' Dr. Fauci was indeed telling you the science then, and the science has not changed. His statement "it is not providing the perfect protection that people think..." may have changed, but the science remains crystal clear on effectiveness, or lack of.

We call on parents to consider this and to carefully weigh the benefits versus the downsides/harms of masks to their children. This really is not an issue of the 'science' as kids do not spread the virus readily to kids, to adults, to teachers, or to the home. They do not get severely ill or die from this. Moreover, teachers are at very low risk of severe illness or death and the school setting (<https://www.aier.org/article/school-closure-a-careful-review-of-the-evidence/>) remains one of the safest, lowest risk environments.

The science is clear and thus the question becomes, what is the benefit of masks for children? Is masking of children really more about seeming to be doing something even if it is ineffective or possibly harmful? If the possible harms outweigh the negligible and questionable benefit in such a low-risk group, then why must they wear masks indoors and outdoors at school? Masks in children with such near zero risk of transmission and illness from Covid is not necessary and illogical and irrational. This is similar to the need for vaccination of children, especially young children. Children were not part of the vaccine research and also the very low risk to children raises very troubling questions of why. A move to vaccinate children based on the existing risk evidence has no basis in science and there is no net benefit.

Why then did Dr. Fauci

(<https://www.webmd.com/vaccines/covid-19->

[vaccine/news/20210301/fauci-says-children-likely-to-get-](https://www.webmd.com/vaccines/covid-19-vaccine/news/20210301/fauci-says-children-likely-to-get-)

[vaccinated-early-2022](https://www.webmd.com/vaccines/covid-19-vaccine/news/20210301/fauci-says-children-likely-to-get-vaccinated-early-2022)) call for this? What is the benefit? Is this

similar to when Dr. Fauci initially called for double masking

([https://www.cnn.com/2021/01/25/dr-fauci-double-mask-](https://www.cnn.com/2021/01/25/dr-fauci-double-mask-during-covid-makes-common-sense-more-effective.html)

[during-covid-makes-common-sense-more-effective.html](https://www.cnn.com/2021/01/25/dr-fauci-double-mask-during-covid-makes-common-sense-more-effective.html)), only to

then retract

([https://www.washingtonexaminer.com/news/anthony-fauci-](https://www.washingtonexaminer.com/news/anthony-fauci-masks-double)

[masks-double](https://www.washingtonexaminer.com/news/anthony-fauci-masks-double)) the statement? An 'assumption' or 'speculation' or

'supposition' it may work is not science! Is a 'children vaccine'

retraction coming from Dr. Fauci? Absolutely, children need

vaccinations for measles, mumps, rubella etc. but not for Covid.

Similar for masks, there is no benefit we can see.

To close, masking children is as absurd, illogical, nonsensical, and

potentially dangerous as trying to stop 'every case of Covid' or

'stopping Covid at all costs.' Masks are not needed for children

based on near zero risk in children. The risk of dying from Covid-

19 is "almost zero ([https://stanfordreview.org/scott-atlas-the-](https://stanfordreview.org/scott-atlas-the-last-word/)

[last-word/](https://stanfordreview.org/scott-atlas-the-last-word/))" for young people. The issue of masks in children is

really a risk management question for parents and any decision-

maker. The science is settled.

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The Dangers of Masks

Paul E. Alexander (<https://www.aier.org/staffs/paul-e-alexander/>) - April 9,2021 (/custom-search-results/?post_date=04092021)

Reading Time: 7 minutes



This is a public health warning to the US population and elsewhere, as it appears that our public health agencies and television medical experts seem unable to address key health messages that could have a dramatic effect in reducing risk of severe sequelae in higher-risk populations such as the minority and African-American population to the scourge of SARS-CoV-2. This is now clear. They have squandered many an opportunity to inform the public on simple yet very effective messaging that could reduce morbidity and save lives. Not just for Covid-19, but our focus here is on Covid-19.

For example, obesity

(<https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm>

) has emerged as a potent human target for the SARS-CoV-2 in most studies, in addition to being elderly, frail and having

comorbid conditions. It would behoove our agencies to address these risks in a large-scale education program for the populace and especially by calling for a reduction in body weight (<https://chicago.suntimes.com/2021/2/15/22280292/covid-19-obesity-coronavirus-diabetes-lent-heart-disease-trinity-united-church-christ>) and particularly for the minority sub-groups (African-Americans). In a similar light, studies have shown that vitamin D supplementation (<https://www.nature.com/articles/s41371-020-00398-z>) for African-Americans (<https://jamanetwork.com/journals/jama/fullarticle/2764789>) has been associated with a lowered risk of severe disease and mortality from the SARS-CoV-2.

Early ambulatory outpatient treatment

(<https://pubmed.ncbi.nlm.nih.gov/33387997/>) with successful combination and sequenced antiviral agents, corticosteroids, and anti-clotting therapeutics should be used widely to help the people at risk. The African-American community is aware that, “Covid (is) a killer for the obese: like pouring gasoline on top of a fire (<https://chicago.suntimes.com/2021/2/15/22280292/covid-19-obesity-coronavirus-diabetes-lent-heart-disease-trinity-united-church-christ>).” Unfortunately, more than a year into the pandemic, the manifest issue of public health education and sound policy decisions remain aloof, given the erratic and confusing responses from the health and governing officials. We are calling for an aggressive focus on our minority populations (and all of our population), as they are usually overlooked and disregarded by public health leaders and agencies. We plead for effective and needed public health messaging.

With that clarion call, we pivot and refer here to another looming concern and this is the potential danger of the chlorine, polyester, and microplastic components of the face masks (surgical principally but any of the mass-produced masks) that have become part of our daily lives due to the Covid-19 pandemic. We

hope those with persuasive power in the government will listen to this plea. We hope that the necessary decisions will be made to reduce the risk to our populations.

Emergent reports, albeit nascent and anecdotal but nevertheless vitally important (and will be clarified and defined in time) regarding the manufacture of masks, where, “many of them (face masks) are made of polyester, so you have a microplastic problem...many of the face masks would contain polyester with chlorine compounds...if I have the mask in front of my face, then of course I inhale the microplastic directly and these substances are much more toxic than if you swallow them, as they get directly into the nervous system (<https://corona-transition.org/maskentragen-noch-ungesunder-als-gedacht>).”

There are also reports of toxic mould (<https://corona-transition.org/schweizer-behorden-liessen-die-menschen-giftige-schimmelpilze-einatmen>), fungi, and bacteria (<https://corona-transition.org/masken-gefahren-die-gesundheit-und-schwachen-das-immunsystem>) that can pose a significant threat to the immune system by potentially weakening it. Of particular concern to us is the recent report of breathing in synthetic fibers in the face masks. This is of serious concern. “Loose particulate was seen on each type of mask. Also, tight and loose fibers were seen on each type of mask. If every foreign particle and every fiber in every facemask is always secure and not detachable by airflow, then there should be no risk of inhalation of such particles and fibers. However, if even a small portion of mask fibers is detachable by inspiratory airflow, or if there is debris in mask manufacture or packaging or handling, then there is the possibility of not only entry of foreign material to the airways, but also entry to deep lung tissue, and potential pathological consequences of foreign bodies in the lungs (<https://childrenshealthdefense.org/wp-content/uploads/Masks-false-safety-and-real-dangers-Part-1-Friable-mask-particulate-and-lung-vulnerability.pdf>).”

Reports are that "Graphene (<https://www.investmentwatchblog.com/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs/>) is a strong, very thin material that is used in fabrication, but it can be harmful to lungs when inhaled and can cause long-term health problems." We argue that there is a risk of potential 'future' inflammatory/fibrotic lung diseases because we are inhaling these materials in the masks now for over one year with more duration to come and no end in sight. These substances might also be highly carcinogenic. Not just for us as adults but we must be very concerned about the risks especially to our children since they depend on us as mentors and guides for their decision-making. It is our children that we are very concerned for.

These blue surgical masks pervade our lives. "Health Canada (<https://www.cbc.ca/news/canada/montreal/masks-early-pulmonary-toxicity-quebec-schools-daycares-1.5966387>) has issued a warning (<https://www.cbc.ca/news/canada/montreal/masks-early-pulmonary-toxicity-quebec-schools-daycares-1.5966387>) about blue and gray disposable face masks (<https://www.investmentwatchblog.com/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs/>), which contain an asbestos-like substance associated with "early pulmonary toxicity." The warning is specific to potentially toxic masks distributed within schools and daycares across Quebec. Health Canada (<https://www.investmentwatchblog.com/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs/>) (and full praise to them)..." discovered during a preliminary risk assessment that the masks contain microscopic graphene particles that, when inhaled, could cause severe lung damage."

Reports (<https://www.investmentwatchblog.com/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs/>) are that “for a while now, some daycare educators had expressed suspicion about the masks, which were causing children to feel as though they were swallowing cat hair while wearing them. We now know that instead of cat hair, children were inhaling the equivalent of asbestos all day long.” It appears to be a substance known as graphene. What is indeed alarming is that “the SNN200642 (<https://www.investmentwatchblog.com/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs/>) masks that were being used all across Canada in school classrooms had never been tested for safety or effectiveness.” This is indeed a catastrophic failure by the regulators as these surgical face masks are linked to early pulmonary toxicity.

What is indeed frightening is that all of these blue and similar surgical face masks cause plastic fiber inhalation (<https://www.msn.com/en-xl/news/other/covid-19-masks-cause-plastic-fibre-inhalation-but-we-should-still-use-them/ar-BB1cpFr9>) and the outcomes could be devastating, especially to our children. These plastics will degrade very slowly over time and as such, in the lungs it may remain and just build up to dangerous levels. We do not even know what is an ‘acceptable’ level, for there should be none, zero! There is debate that the immune system can attack such foreign objects, thus driving prolonged inflammation which may lead to diseases such as cancer. And reused masks which pervade our daily lives, and based on our personal experiences, do produce more loosened fibers. Dr. Richard Urso (<https://twitter.com/richardursomd/status/1344246982848749570?s=20>) showed us just how dangerous these are by putting them under a microscope, revealing the melt-blown polypropylene plastic. Some masks even contain fiberglass (<https://www.pepcomed.com/do-surgical-masks-have->

fiberglass-in-them-and-is-it-safe/) and this is very dangerous as we know to inhale. We as parents make these decisions, we have to step back and question many of these decisions we are making that seem suboptimal. If it does not seem right, then you have to push back and question and demand the science, demand the data from these seemingly untethered experts.

We certainly are not getting the due diligence and protection from public health experts, the relevant health agencies, and policy makers that we need. They are failing us! Covid-19 has crystallized this. The government leaders are quick to tell us that they are relying on the advice of these experts in their advisory groups who seem incapable of reading the science or are just blinded to it. It is an academic sloppiness and cognitive dissonance that is terrifying by these experts should they come upon anything that differs from their beliefs or views, even when they are clearly wrong!

Moreover, the mass media seems incapable of doing the investigative type of journalism to fully inform the populace on what the public needs to know. We close by reiterating the warning in the JAMA publication (<https://jamanetwork.com/journals/jama/fullarticle/2762694>) that "Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill." We raise this issue of potential harm due to synthetic fibres, chlorine, and chemicals from Covid masks as a public health warning and call on the public to make its own relevant risk-management decisions, weighing the benefits versus the harms (downsides) of such a course of action. Especially with the surgical masks (blue) or similar that quickly get moisture laden with use, fibers tend to get loose and may enter the mouth and nose.

Every act has a consequence, and there is always risk. It is therefore imperative to weigh the consequences before embarking on a specific course of action. These are risk management decisions especially for parents and not because a Dr. Fauci type tells you to do something means that it is accurate or necessary. Just consider the nonsense we heard about double (<https://www.cnbc.com/2021/01/25/dr-fauci-double-mask-during-covid-makes-common-sense-more-effective.html>) masking where he said use them one day only to then retract on another day (<https://www.breitbart.com/politics/2021/02/01/dr-anthony-fauci-no-data-showing-double-masking-works/>).

We just saw the bizarre and troubling change by the CDC that social distancing for kids no longer required 6 feet (<https://www.nbcnews.com/health/health-news/cdc-relaxes-distance-requirements-schools-6-3-feet-n1261527>) and now can be 3 feet but not when in the company of teachers. Outrageous is the fact that the 6-foot rule was arbitrary and based on no underpinning science in the first place. It's as if the virus floats around and makes these distance adjustments.

What about when one day the CDC Director says vaccinated persons (<https://nymag.com/intelligencer/2021/04/cdc-data-suggests-vaccinated-dont-carry-cant-spread-virus.html>) do not carry the virus to then reverse the next day? Even Dr. Fauci (<https://www.msn.com/en-us/health/medical/dr-fauci-says-you-might-still-carry-covid-after-getting-vaccine/ar-BB1cMHJe>) went against the CDC. So who is telling the nation the truth on any given matter? What are we to believe? We are told you should vaccinate with a vaccine that does not have the requisite safety assessment (another serious matter that is being swept aside), and then you still must wear a mask and socially distance. It makes no sense.

It is all nonsensical, illogical, specious, and patently absurd some of what these agencies and experts spew to us all day long. Many of it is just plain wrong. We urge you to think this through carefully. Any available evidence must be considered when the health of the citizenry is at stake. Minor risks can turn into major disasters, like cracks in a dam.

We caution you on the safety of these face masks especially since the science also has revealed the ineffectiveness of mask mandates (<https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>) and the masks themselves, as currently used (<https://www.aier.org/article/masking-a-careful-review-of-the-evidence/>). We are parents and citizens alike, and you and we only seek to inform, share, prognosticate. You must be informed fully for informed decision-making. We also cannot discount the possible harms on our immune systems and general health from such constant and prolonged use of masks, given that we have never done this before.

We are in uncharted territory and especially so with the possible implications for our children. Their immune systems are still being developed and we are forcing lockdowns, school closures, and masking on a developing child and we have no prior experience on the subsequent outcomes pertaining to children's development, health, and well-being. These are matters too important to nonchalantly disregard. The consequences could be catastrophic and lifelong, especially for our children.

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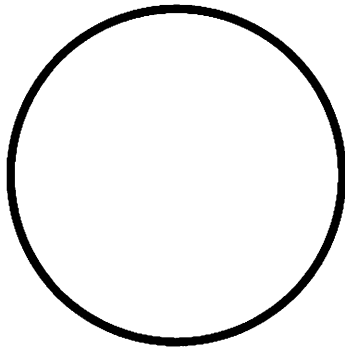
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An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful

By Jim Meehan, MD

About Dr. Meehan

Jim Meehan, MD is an ophthalmologist and preventive medicine specialist with over 20 years of experience and advanced training in immunology, inflammation, and infectious disease. He has performed well over 10,000 surgical procedures. His research experience includes investigating associations between military vaccinations and Gulf War Syndrome. Dr. Meehan is also trained in internal medicine, addiction medicine, endocrinology, integrative medicine, functional medicine, and nutrition.

Dr. Meehan is a former editor of the medical journal, "Ocular Immunology and Inflammation." Dr. Meehan has peer-reviewed thousands of medical research studies. With this experience and expertise, Dr. Meehan has dedicated his career to protecting his patients and the public from the fraud, corruption, and pseudoscience so often used by agents and agencies whose motives and interests have resulted in American medicine and pharmaceutical drugs becoming the third leading cause of death in the United States.

Key Points

- Decades of the highest-level scientific evidence (meta-analyses of multiple randomized controlled trials) overwhelmingly conclude that medical masks are ineffective at preventing the transmission of respiratory viruses, including SAR-CoV-2.
- Those arguing for masks are relying on low-level evidence (observational retrospective trials and mechanistic theories), none of which are powered to counter the evidence, arguments, and risks of mask mandates.
- The majority of the population is at very low to almost no risk of severe or lethal disease from CoVID-19. Children are at an extraordinarily low risk of dying from CoVID-19. Based on CDC published data, 99.99815% of children that contract CoVID-19 survive.
- Transmission of SARS-CoV-2 among children in schools and daycares is very rare.
- Masks worn properly are well documented to cause harm to their wearers. Masks worn

improperly, re-used, or contaminated are dangerous.

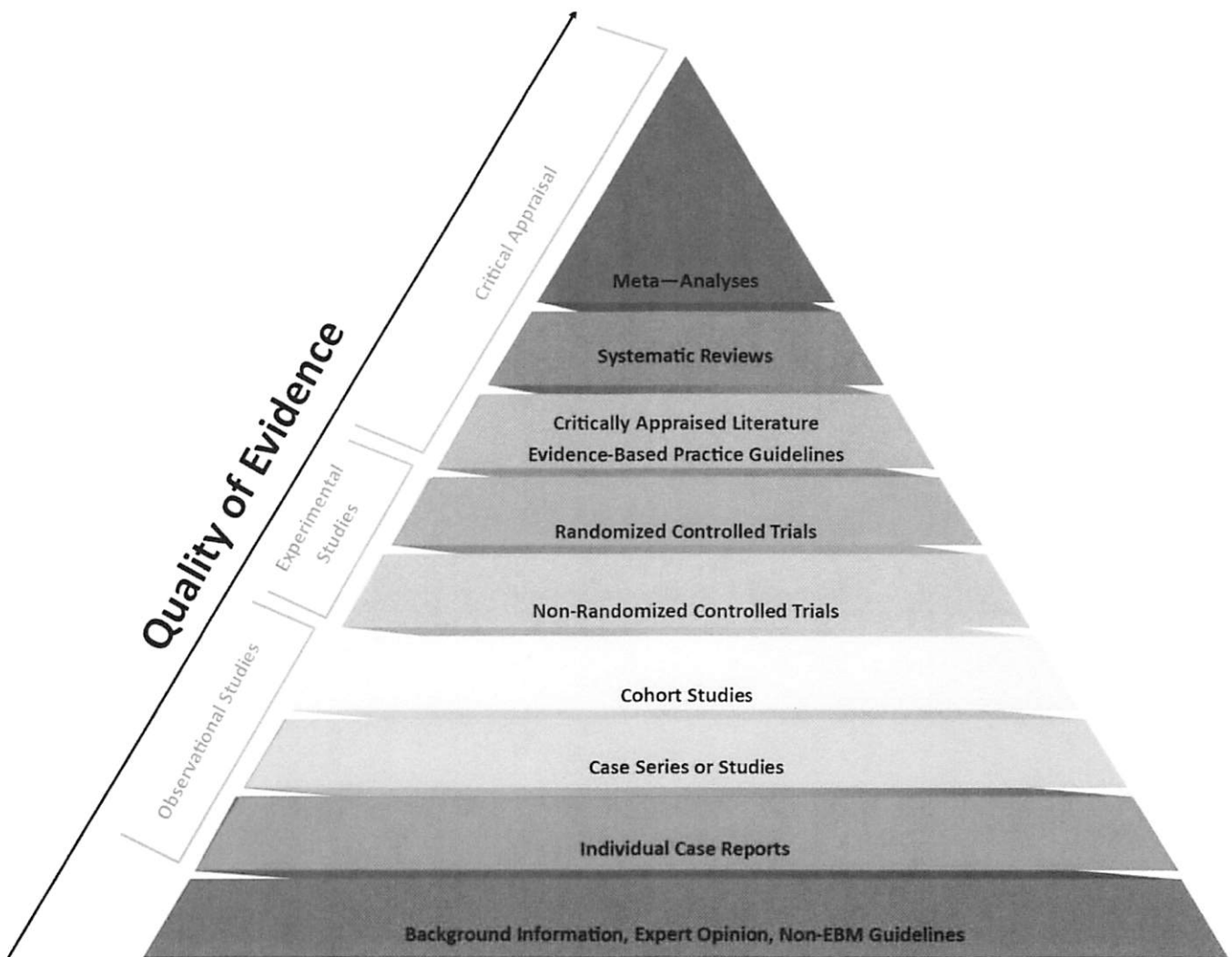
- Any reasonable risk to benefit analysis of medical masks concludes that the risks overwhelmingly outweigh the benefits.
- Children are at imminent risk of harm from mask mandates.

Outline

1. Evidence Based Medicine: How we (should) make decisions in science and medicine
2. Masks are Ineffective
 - a. Mixed Messages from the Experts
 - b. The Evidence Against Masks
 - c. The Evidence For Masks
3. Masks are Unnecessary
 - a. Fear and Politics are Subverting Science and Reason
 - b. Masking Children in Schools is Unnecessary - So Says The Science
4. Masks are Harmful: 17 Ways that Masks Can Cause Harm
5. Masking School Children is Ineffective, Unnecessary, and Harmful
 - a. Mandatory masks in school are a 'major threat' to childrens' health, doctors warn
 - b. Forcing Children to Wear Masks in Schools is Unnecessary
 - c. Forcing Children to Wear Masks for Long Periods Risks Causing Them Physical Harm
 - d. Forcing Children to Wear Masks for Long Periods Risks Causing Them Mental and Psychological Harm

Evidence Based Medicine: How we (should) make decisions in science and medicine

High-level versus Low-level Evidence - the Hierarchy of Medical Evidence



Advocates for mask mandates simply don't have the highest-levels of scientific evidence to support their arguments. They can only cite low-level science - retrospective observational studies.

Evidence hierarchies are often applied in evidence-based practices and are integral to decision making in medicine and the practice of evidence-based medicine (EBM). The following is from the [Wikipedia definition and description of this issue](#):

A hierarchy of evidence (or levels of evidence) is a heuristic used to rank the relative strength

of results obtained from scientific research. There is broad agreement on the relative strength of large-scale, epidemiological studies. More than 80 different hierarchies have been proposed for assessing medical evidence.^[1] The design of the study (such as a case report for an individual patient or a blinded randomized controlled trial) and the endpoints measured (such as survival or quality of life) affect the strength of the evidence. In clinical research, the best evidence for treatment efficacy is mainly from meta-analyses of randomized controlled trials (RCTs).^{[2][3]} Typically, systematic reviews of completed, high-quality randomized controlled trials – such as those published by the [Cochrane Collaboration](#) – rank as the highest quality of evidence above observational studies, while expert opinion and anecdotal experience are at the bottom level of evidence quality.^{[2][4]}

1. Siegfried T (2017-11-13). "[Philosophical critique exposes flaws in medical evidence hierarchies](#)". Science News. Retrieved 2018-05-16.
2. Shafee, Thomas; Masukume, Gwinyai; Kipersztok, Lisa; Das, Diptanshu; Häggström, Mikael; Heilman, James (28 August 2017). "[Evolution of Wikipedia's medical content: past, present and future](#)". *Journal of Epidemiology and Community Health*. 71 (11): jech-2016-208601. doi:10.1136/jech-2016-208601. ISSN 0143-005X. PMC 5847101. PMID 28847845.
3. Straus SE, Richardson WS, Glasziou P, Haynes RB (2005). Evidence-based Medicine: How to Practice and Teach EBM (3rd ed.). Edinburgh: Churchill Livingstone. pp. 102–05. ISBN 978-0443074448.
4. Kim Hugel (16 May 2013). "[The Journey of Research - Levels of Evidence](#)". Canadian Association of Pharmacy in Oncology. Retrieved 8 December 2019.

Masks are Ineffective

We are all confused by the mixed messages we have received on mask wearing in the community, businesses, and schools. The issue has become tribal, divisive, and for most, confusing. However, I am not confused. I am fully informed on the scientific research related to masks. After reading this, you will be too. Then, you can make the best decisions for you and your family.

As you will learn from the material that follows, the evidence for and against masks should not be confusing. The evidence is clear, masks are ineffective, unnecessary, and harmful.

What's happening in the world today, including the misinformation surrounding community mask wearing, is about political agendas, symbolism, and fear, not science.

Mixed Messages from the Experts:

The CoVID-19 pandemic is about viral transmission. Surgical and cloth masks have repeatedly been shown to offer no benefit in the mitigation of transmission and infection caused by

viruses like influenza and SARS-CoV-2. Which is exactly why they have never been recommended for use during the seasonal flu outbreak, epidemics, or previous pandemics.

The failure of the scientific literature to support medical masks for influenza and all other viruses, is also why Fauci, the US Surgeon General, the CDC, WHO, and pretty much every infectious disease expert stated that wearing masks won't prevent transmission of SARS CoV-2. Although the public health "authorities" flipped, flopped, and later changed their recommendations, the science did not change, nor did new science appear that supported the wearing of masks in public. In fact, the most recent systemic analysis once again confirms that masks are ineffective in preventing the transmission of viruses like CoVID-19:

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

If the scientific literature demonstrated that masks were effective, then why, early in the pandemic, did public health experts tell the public not to wear them?

I have heard multiple answers to this question and none of them are reasonable. Here are a couple of the explanations that fail to withstand reasonable scrutiny:

- Early in the pandemic, Fauci, the CDC, the U.S. Surgeon General, and CDC Director Redfield, all said that masks were ineffective and would not protect the wearer or other members of the public from SARS-CoV-2, the virus that causes CoVID-19. lied to the public and congress about masks being because they were trying to protect the supply of masks for health care workers.
 - Early in the pandemic, Fauci, et al, actually told the truth about what years of scientific research overwhelmingly concluded: medical masks don't work to prevent the transmission or infection of viral respiratory pathogens.
 - About a month later, for reasons that appear to have more to do with being lobbied by unnamed interest groups, they all began back-pedaling and claiming that what they said previously was actually a lie, but they lied because they were trying to protect the PPE supply for health care workers.
- Absolutely NO NEW research appeared to counter the forty years of meta-analyses and systemic reviews of many randomized controlled trials that concluded that masks don't work to prevent the transmission of upper respiratory viruses.
 - Several low-level evidence, retrospective observational, mechanistic studies, and ridiculous "masked hamster cage" studies appeared in the scientific literature.
 - The opinions and theories these studies offered were interesting and worthy of consideration, but they failed to explain or counter the large body of prior high-level evidence. In this paper, I will show that none of these observational

studies or mechanistic theories countered the large body of high-level evidence built on years of meta-analyzed and systemically reviewed multiple randomized controlled trials

Redfield, Fauci, Birx, the U.S. Surgeon General, the CDC, and the WHO have been terribly inconsistent, confusing, and flip-flopping on masks throughout the pandemic

We were frequently confused by the mixed messages coming from public health agencies. Early in the pandemic Dr. Fauci, the U.S. Surgeon General, and the WHO all told the public, in no uncertain terms, not to wear masks. Then, over the course of the next several weeks and months, the CDC twice changed their recommendations, as did the WHO, and the two agencies' recommendations consistently contradicted each other!

CDC: On June 4, 2020, the CDC published guidance indicating that masks do not deter the spread of Covid-19 after as little as fifteen minutes of exposure to someone with symptoms. CDC, Public Health Guidance for Community-Related Exposure, updated July 31, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

WHO: While recommending the wearing of masks for health professionals, the World Health Organization acknowledged that there is no evidence that mask wearing prevents the spread of Covid-19 and that the science simply does not support requiring otherwise healthy people to wear face masks all day.

"At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19." World Health Organization (WHO), Advice on the use of masks in the context of COVID-19, Interim Guidance (June 5, 2020) at 6.

[https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

WHO also acknowledged some of the risks long-term mask use poses to health workers and others:

- self-contamination due to the manipulation of the mask by contaminated hands;
- potential self-contamination that can occur if medical masks are not changed when wet, soiled or damaged;

- possible development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours
- masks may be uncomfortable to wear;
- false sense of security, leading to potentially less adherence to well recognized preventive measures such as physical distancing and hand hygiene;
- risk of droplet transmission and of splashes to the eyes, if mask wearing is not combined with eye protection;
- disadvantages for or difficulty wearing them by specific vulnerable populations such as those with mental health disorders, developmental disabilities, the deaf and hard of hearing community, and children;
- difficulty wearing them in hot and humid environments.

Public Health Authorities changed their minds, but the science did not change. So, what changed their minds?

More than 40 years of science has consistently concluded that masks don't work. No new science emerged to counter this conclusion. So, what is the basis for the change in direction that emerged from our public health experts?

The following is the Twitter post from Deborah Cohen, UK correspondent for BBC Newsnight and 2019 British Journalism Award winner, indicates that her investigation of the WHO change from not recommending masks to recommending masks had everything to do with politics and lobbying:

[Deborah Cohen @deb_cohen](#)

Medically qualified, UK Correspondent [@BBCNewsnight](#) | 2019 British Journalism Award winner

"We had been told by various sources WHO committee reviewing the evidence had not backed masks but they recommended them due to political lobbying. This point was put to WHO who did not deny. We said some people think we should not wait for RCTs before putting policies in place"

4:25 AM · Jul 12, 2020

The ineffectiveness of face masks in stemming the spread of viral respiratory diseases, including Covid-19, is widely known and acknowledged in the scientific and medical literature and scientific communities. Therefore, it seems that the transition in public health

recommendations to promote widespread mask mandates was based on a combination of low-level observational studies, speculative mechanistic studies, fear, and, most of all, POLITICS, NOT SCIENCE.

To clear up the confusion, I will argue that the scientific evidence not only does not support the community wearing of face masks, but the evidence shows that **healthy people wearing face masks pose serious health risks to wearers.**

The Evidence AGAINST Masks

Big Data Analysis of 25 U.S. States and 23 Countries Concludes, “Neither Lockdowns nor Mask Mandates Lead to Reduced COVID Transmission Rates or Deaths”

A new National Bureau of Economic Research (NBER) working paper by Andrew Atkeson, Karen Kopecky, and Tao Zha focused on countries and U.S. states with more than 1,000 COVID deaths as of late July. **This analysis is the largest and most comprehensive analysis of the largest datasets to date.** In all, the study included **25 U.S. states and 23 countries.**

The paper’s conclusion is that the data trends indicate that **nonpharmaceutical interventions (NPIs) – such as lockdowns, closures, travel restrictions, stay-home orders, event bans, quarantines, curfews, and mask mandates – do not seem to affect virus transmission rates overall.**

Systemic Reviews and Meta-Analysis of Multiple Randomized Controlled Trials Concludes that Face Masks Fail to Prevent Transmission of Viral Respiratory Pathogens

One of the largest and highest level of evidence studies on the effectiveness of face masks on the transmission of respiratory viruses, which was recently released by the CDC, is Jingyi Xiao, et al., *Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings— Personal Protective and Environmental Measures*, Emerging Infectious Diseases, Vol. 26, No. 5, (May 2020). https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

- This CDC meta-analysis found that face masks failed to provide a significant reduction to virus transmission.
- “In our systematic review, we identified 10 [Randomly Controlled Trials] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks.”
- **There is limited evidence for their effectiveness in preventing influenza virus**

transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure.

- **Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.**

Mandates for children to wear face masks fails even a rational basis test, and is clearly not in a child's best interest, when assessed through a factual, evidence-based analysis, rather than a fear-based lens. It is simply not rational to believe that face masks will be properly and studiously worn by young children for up to ten hours in a school day.

In fact, the overwhelming weight of scientific literature to date establishes that face masks do not prevent the spread of COVID-19 by, to, or from, children.

- Radonovich, L.J. et al., *N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial*, JAMA. 2019; 322(9): 824–833. doi:10.1001/jama.2019.11645, 2019.
<https://jamanetwork.com/journals/jama/fullarticle/2749214>
 - “Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”;
- Long, Y. et al., *Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis*, J Evid Based Med. 2020; 1- 9.
<https://doi.org/10.1111/jebm.12381>
 - A total of six [Randomized Controlled Trials] involving 9171 participants were included.
 - There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection and influenza-like illness using N95 respirators and surgical masks.
 - Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization.
 - The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.
- See e.g., Patrick Saunders-Hastings, et al., *Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and*

meta-analysis, *Epidemics*, v. 20 (September 2017)

- This systemic review found “face mask use provided a non significant protective effect . . . against 2009 pandemic influenza infection.”
<https://www.sciencedirect.com/science/article/pii/S1755436516300858>
- An April 2020 review by the Norwich School of Medicine found that “the evidence is not sufficiently strong to support widespread use of face masks”, but supports the use of masks by “particularly vulnerable individuals when in transient higher risk situations.”
 - Brainard, et al., *face masks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review*, April 6, 2020.
<https://www.medrxiv.org/content/10.1101/2020.04.01.20049528v1>
- Dr. Russell Blaylock, a nationally recognized board-certified neurosurgeon, health practitioner, author, and lecturer warns that not only do face masks fail to protect the healthy from getting sick, but they also create serious health risks to the wearer.
 - Dr. Russell Blaylock, *Blaylock: Face Masks Pose Serious Risks To The Healthy*, Technocracy News & Trends, (posted May 11, 2020).
<https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>
 - [Recent studies] found that about a third of the [healthcare] workers developed headaches with use of the mask, most had preexisting headaches that were worsened by the mask wearing, and 60% required pain medications for relief. As to the cause of the headaches, while straps and pressure from the mask could be causative, the bulk of the evidence points toward hypoxia and/or hypercapnia as the cause. That is, a reduction in blood oxygenation (hypoxia) or an elevation in blood CO₂ (hypercapnia).
 - It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20%, which can lead to a loss of consciousness.
 - The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte.
 - This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs.
 - This sets the stage for contracting any infection, including COVID-19 and making

the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome. Id.

- See also Denis G. Rancourt, PhD, *Masks Don't Work: A review of science relevant to COVID-19 social policy*, Ontario Civil Liberties Association, April 11, 2020.
<https://www.researchgate.net/publication/340570735>
 - There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.
 - Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long residence-time aerosol particles (< 2.5 µm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle.
- Jacobs, J. L. et al. (2009) *Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial*, *American Journal of Infection Control*, Volume 37, Issue 5, 417 – 419
<https://www.ncbi.nlm.nih.gov/pubmed/19216002>
 - “N95-masked health-care workers (HCW) were significantly more likely to experience headaches.”
 - “Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.”
- Cowling, B. et al., *Face masks to prevent transmission of influenza virus: A systematic review*, *Epidemiology and Infection*, 138(4), 449-456. doi:10.1017/S0950268809991658 2010.
<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic>
 - “None of the studies reviewed showed a benefit from wearing a mask, in either [Health Care Workers] or community members in households”
- bin-Reza et al., *The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence*, *Influenza and Other Respiratory Viruses* 6(4), 257–267, 2012.
<https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1750-2659.2011.00307.x>

- “There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask / respirator use and protection against influenza infection.”
- Offeddu, V. et al., *Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis*, *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942.
<https://doi.org/10.1093/cid/cix681>
 - “Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant”

In fact, many physicians and researchers now believe that, because the ineffectiveness of face masks in stemming the spread of Covid-19 is so widely known and acknowledged in the scientific and medical communities, the goal of widespread mask mandates is based entirely on low-level observational studies, speculative mechanistic studies, fear, and politics, not science.

- See Michael Klompas, M.D., M.P.H., et. al., *Universal Masking in Hospitals in the Covid-19 Era*, *New England Journal of Medicine*, *N Engl J Med* 2020; 382:e63 (May 21, 2020).
<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>
 - We know that wearing a mask outside health care facilities offers little, if any, protection from infection. . . It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers’ perceived sense of safety, well being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask.
- See also Lisa M Brosseau, ScD, Margaret Sietsema, PhD, *COMMENTARY: Masks-for-all for COVID-19 not based on sound data*, Center for Infectious Disease Research and Policy, University of Minnesota, April 1, 2020.
<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>
 - *Dr. Brosseau is a national expert on respiratory protection and infectious diseases and professor (retired), University of Illinois at Chicago. Dr. Sietsema is also an expert on respiratory protection and an assistant professor at the University of Illinois at Chicago. They made the following key points in their commentary:*

“We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because:

- There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission.
- Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection.
- We need to preserve the supply of surgical masks for at-risk healthcare workers.

Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year.

Our review of relevant studies indicates that cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE.

Masks as means of “Source Control” - No, My Mask Does Not Protect You From Me

The public is being repeatedly misinformed by catchy (guilt and fear based) marketing messages designed to promote the social responsibility (or guilt) to wear masks as a form of source control: “I wear my mask for you and you wear your mask for me.”

Where is the evidence for these claims? On the websites where these unscientific marketing messages are found, there are never references to science that supports the claims. In fact, despite almost everything that has been drilled into the public psyche regarding masks, has little to know basis in science and absolutely no robust support from the highest-level evidence based research. Masks have never been proven to protect either the wearer or the community from the transmission of respiratory pathogens. Mask mandates during a pandemic are opposed by decades of high level science.

Simply put, the public is being misled by fraudulent claims supported with weak pseudoscience.

The fallacious argument: “Well, if masks don't work, then why do surgeons wear them?”

I'm an ophthalmic surgeon. I specialize in ocular immunology, inflammation, and infectious disease. I've performed over 10,000 surgical procedures wearing a surgical mask. I have suffered the detrimental effects that masks caused to my mental and physical function during long surgeries. Because most of the surgeries I performed were microscopic procedures that

required fine motor skills, I changed my mask frequently to prevent the detrimental effects of arterial deoxygenation.

However, these facts alone don't qualify me as an expert on the matter. What qualifies me is my experience as an editor of a medical journal, the fact that I've peer-reviewed thousands of pre-print research articles, that I am an expert at reading medical research, distinguishing good science from bad, and separating fact from fiction.

Believe me, the medical literature is filled with bad fiction masquerading as medical science. It is very easy to be deceived by bad science.

Since the beginning of the pandemic I've read hundreds of studies on the science of medical masks. Based on extensive review and analysis, there is no question in my mind that healthy people should not be wearing surgical or cloth masks. Nor should we be recommending universal masking of all members of the population. That recommendation is not supported by the highest level of scientific evidence.

First, the premise that surgeons wearing masks serves as evidence that "masks must work to prevent viral transmission" is a logical fallacy. I would classify this claim as an argument of false equivalence, or comparing "apples to oranges." Surgical masks offer no benefit in protecting patients from the surgeon's respiratory droplets contaminating the surgical field and the exposed tissues of surgical patients.

Surgeons well-versed in the scientific research regarding medical masks, especially the systemic reviews published by the *Cochrane Collaboration Wound Group*, know that **surgical face masks provide no benefit in the prevention of surgical wound infections.**^{[R][R]} Surgeons with experience wearing surgical masks during long surgeries have undoubtedly experienced and understand the **detrimental effects masks have on respiration, blood oxygenation, mental, and physical performance.** For these science-based reasons, there is a worldwide trend towards surgeons and operating room staff no longer wearing surgical masks during "clean surgery" cases.

Nevertheless, many surgeons continue to wear face masks during clean surgery cases and outpatient minor procedures. We do so more for symbolic purposes, habit, tradition, or, not infrequently, because of institutional ignorance. That is, we are forced to wear masks because it is the ignorant, anti-science policy of the hospital or surgery center where we perform our surgeries.

Although wearing a mask during a clean surgery is unnecessary, there are other surgical cases in which surgical masks, eye protection, and face shields are still a good idea. For example, cases in which bone saws, drills, and other surgical power tools can expose the surgical team to splashes and splatters from the patient's bodily fluids.

If a surgeon were sick, especially with a viral infection, they would not perform surgery as they know the virus would NOT be stopped by their surgical mask.

Another area of "false equivalence" has to do with the environment in which the masks are worn. The environments in which surgeons wear masks minimize the adverse effects surgical masks have on their wearers.

Unlike the public wearing masks in the community, surgeons work in sterile surgical suites equipped with heavy duty air exchange systems that maintain positive pressures, exchange and filter the room air at a very high level, and increase the oxygen content of the room air. These conditions limit the negative effects of masks on the surgeon and operating room staff. And yet despite these extreme climate control conditions, clinical studies demonstrate the negative effects (lowering arterial oxygen and carbon dioxide rebreathing) of surgical masks on surgeon physiology and performance.

Surgeons and operating room personnel are well trained, experienced, and meticulous about maintaining sterility. We only wear fresh sterile masks. We don the mask in a sterile fashion. We wear the mask for short periods of time and change it out at the first signs of the excessive moisture build up that we know degrades mask effectiveness and increases their negative effects. Surgeons NEVER reuse surgical masks, nor do we ever wear cloth masks.

The public is being told to wear masks for which they have not been trained in the proper techniques. As a result, they are mishandling, frequently touching, and constantly reusing masks in a way that increases contamination and are more likely than not to increase transmission of disease.

Just go watch people at the grocery store or Walmart and tell me what you think about the effectiveness of masks in the community.

If you can't help but believe and trust the weak retrospective observational studies and confused public health "authorities" lying to you about the benefits and completely ignoring the risks of medical masks, then you should at least reject the illogical anti-science recommendation to block only 2 of the 3 ports of entry for viral diseases. Masks only cover the mouth and nose. They do not protect the eyes.

Surgeons and Surgical Masks: Little to No Benefit of Surgical Masks During Surgery

While it may go against "conventional wisdom," and may seem counterintuitive to those who are not involved in scientific research, the actual scientific evidence does not support the proposition that wearing a mask is an effective method of source control to prevent the spread of infection.

Many surgeons are surprised to learn that when surgical masks are put to the test in

randomized controlled trials, they fail to demonstrate benefit. In fact, surgical masks have repeatedly failed to provide evidence of effectiveness as a means of “source control,” even in the one environment where they are so steadfastly adhered to: the operating room. **Simply put, based on the actual science face masks have repeatedly been found to be ineffective as a means of source control.** Face masks do not protect against the very risk for which the Defendants are forcing small children to wear face masks all day: source control.

- In 2014, the Cochrane Collaboration “Wounds Group” reviewed all research related to the topic of effectiveness of face masks for preventing surgical wound infections.
 - Lipp, A. and Edwards, P., *Disposable surgical face masks for preventing surgical wound infection in clean surgery (Review)*, Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD002929.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002929.pub2/epdf/full>
 - “Three [randomized controlled] trials were included, involving a total of 2113 [surgical team] participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.”
- In 2016, the Cochrane Collaboration “Wounds Group” revisited the topic of effectiveness of face masks for preventing surgical wound infections again in 2016. In this updated review they added any new studies on the topic that entered the literature since their 2014 review (above).
 - Vincent, M. & Edwards, P., *Disposable surgical face masks for preventing surgical wound infection in clean surgery*, Cochrane Database of Systematic Reviews 2016, Issue 4, Art. No.: CD002929.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002929.pub3/epdf/full>
 - “Overall, we found very few studies and identified no new trials for this latest update. We analysed a total of 2106 participants from the three studies we found.”
 - “All three [randomized controlled trials] showed that wearing a face mask during surgery neither increases nor decreases the number of wound infections occurring after surgery. We conclude that there is no clear evidence that wearing disposable face masks affects the likelihood of wound infections developing after surgery.”
- See, e.g., Neil W. M. Orr, M.D., Mchir, FRCS, *Is a mask necessary in the operating theatre?*, Annals of the Royal College of Surgeons of England, vol. 63, 1981.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>

- This six month long study **showed a significant decrease in the rate of patient infections when masks were NOT worn** in an operating theater.
- Ritter, MA, et al., *The operating room environment as affected by people and the surgical face mask*. Clinical Orthopaedics and Related Research: September 1975 - Volume 111 - Issue - p 147-150.
https://journals.lww.com/clinorthop/Citation/1975/09000/The_Operating_Room_Environment_as_Affected_by.20.aspx
 - “The wearing of a surgical face mask had no effect upon the overall operating room environmental contamination...”
- Da Zhou et al., *Unmasking the surgeons: the evidence base behind the use of face masks in surgery*, Journal of the Royal Society of Medicine; 2015, Vol. 108(6) 223–228.
<https://journals.sagepub.com/doi/pdf/10.1177/0141076815583167>
 - The paper analyzed numerous studies.
 - The use of surgical face masks is ubiquitous in surgical practice. Face Masks have long been thought to confer protection to the patient from wound infection and contamination from the operating surgeon and other members of the surgical staff... **However, overall there is a lack of substantial evidence to support claims that face masks protect either patient or surgeon from infectious contamination.** (emphasis added)
- Zahid Mehmood Bahli, *Does evidence based medicine support the effectiveness of surgical face masks in preventing postoperative wound infections in elective surgery?*, J Ayub Med Coll Abbottabad 2009; 21(2).
<http://www.ayubmed.edu.pk/JAMC/PAST/21-2/Zahid.pdf>
 - “No significant difference in the incidence of postoperative wound infection was observed between masks group and groups operated with no masks. There was no increase in infection rate in 1980 when masks were discarded. **In fact there was a significant decrease in infection rate.**” (emphasis added)
- Ana E. Figueiredo, et. al., *Bag Exchange in Continuous Ambulatory Peritoneal Dialysis Without Use of a Face Mask: Experience of Five Years*, Renal Unit, Hospital São Lucas, Porto Alegre, Brazil. <http://www.advancesinpd.com/adv01/21Figueiredo.htm>
 - “Peritonitis rates reported during our observation period are compatible with those seen in other centers and support the hypothesis that routine use of a face

mask during CAPD bag exchange may be unnecessary.”

- M.W. Skinner, B.A Sutton, *Do Anaesthetists Need to Wear Surgical Masks in the Operating Theatre? A Literature Review with Evidence-Based Recommendations*, *Anaesthesia and Intensive Care*, Vol. 29, No. 4, August 2001.
<https://journals.sagepub.com/doi/pdf/10.1177/0310057X0102900402>
 - **The evidence for discontinuing the use of surgical face masks would appear to be stronger than the evidence available to support their continued use. . . .**
 - **There is little evidence to suggest that the wearing of surgical face masks by staff in the operating theatre decreases postoperative wound infections.**
 - Published evidence indicates that postoperative wound infection rates are not significantly different in unmasked versus masked theatre staff.
 - However, **there is evidence indicating a significant reduction in postoperative wound infection rates when theatre staff are unmasked.**
 - Currently there is no evidence that removing masks presents any additional hazard to the patient. (emphasis added).
- See Eva Sellden, M.D., Ph.D., *Is Routine Use of a Face Mask Necessary in the Operating Room?*, *Anesthesiology* 2010; 113:1447, the American Society of Anesthesiologists, Inc.
<https://pubs.asahq.org/anesthesiology/article/113/6/1447/9572/Is-Routine-Use-of-a-Face-Mask-Necessary-in-the>
 - “Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist”

Cloth Masks are Ineffective and May Increase the Risk of Transmission

Cloth masks are absolutely ineffective. Worst yet, they may increase the incidence of disease in wearers and the population.

Despite the high-level scientific evidence against cloth masks, the CDC made the inexcusable mistake of telling us cloth masks worked. They even provided directions on their website for making homemade cloth masks.

A July 2020 review by the University of Oxford, Centre for Evidence-Based Medicine **found that there is no evidence that cloth masks are at all effective against virus infection or transmission.**

- Jefferson, Tom & Heneghan, Carl, *Masking lack of evidence with politics*, Centre for

Evidence-Based Medicine, July 23, 2020.

<https://www.cebm.net/covid-19/masking-lack-of-evidence-with-politics/>

A July 2020 study by Japanese researchers found that cloth masks “offer zero protection against coronavirus.”

- Naoya Kon, *Cloth face masks offer zero shield against virus, a study shows*, The Asahi Shimbun, study by Kazunari Onishi. <http://www.asahi.com/ajw/articles/13523664>
 - “This experiment reconfirmed that wearing cloth and gauze masks can’t prevent virus infection.”

In an August 2020 article, Denis G. Rancourt, PhD, a Researcher, Ontario Civil Liberties Association, debunks supposed “studies” purporting to support compelled face mask use for the general population.

- See Rancourt, *Face masks, lies, damn lies, and public health officials: “A growing body of evidence”* August 2020.
https://www.researchgate.net/publication/343399832_Face_masks_lies_damn_lies_and_public_health_officials_A_growing_body_of_evidence
 - “[T]here is no policy-grade evidence to support forced masking on the general population, . . . all the latest-decade’s policy-grade evidence points to the opposite: NOT recommending forced masking of the general population.”);
 - No [randomized controlled trial] study with verified outcome shows a benefit for [health-care workers] or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below).
 - Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.
 - **Masks and respirators do not work.** (emphasis added);
- Denis G. Rancourt, PhD, *Masks Don’t Work: A Review of Science Relevant to COVID-19 Social Policy*, River Cities Reader, June 11, 2020.
<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covid-19-social-policy>
- see also, Todd McGreevy, *Still No Conclusive Evidence Justifying Mandatory Masks*,

River Cities Reader, August 12, 2020.

<https://www.rcreader.com/commentary/still-no-conclusive-evidence-justifying-mandatory-masks>

I presented a partial list of the various meta-analyses and systemic reviews of multiple randomized controlled trials (RCTs). The studies represent the highest level of evidence that masks don't work.

This WHO commissioned study is the best counter to my arguments. To any trained researcher, this study falls far short of countering decades of the science previously presented.

Advocates for mask mandates simply don't have the highest-levels of scientific evidence to support their arguments. They can only cite low-level science - retrospective observational studies. The WHO study is a cleverly disguised example of low-level garbage dressed up to appear better than what it is. You have to examine the details to detect the weak deception.

The Evidence FOR Masks

The best evidence for masks was commissioned by the WHO and published in the Lancet in June 2020. The title, "*Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta-Analysis*," sounds like high-level scientific evidence. After all, systemic reviews and meta-analyses are typically considered the epitome of evidence based medicine. However, don't be deceived by the authors' deceptive attempts to elevate the relevancy of this study. **This systemic review/meta-analysis was entirely comprised of low-level observational studies. No high-level randomized controlled trials were included.**

No matter how much the authors attempt to deceive or embellish the study's relevance with its "dressed up" title, the fact remains, **this study still amounts to nothing more than a steaming pile of weak evidence.** No matter how much the authors and the WHO want this study to represent high-level evidence for masking world populations, it simply cannot be considered to be more than the sum of its low level parts.

Furthermore, the study is seriously flawed with serious misrepresentations and misinterpretations of the data. The flaws, errors, and mistakes in this analysis of 29 observational studies should lead to its retraction from the Lancet. The flaws are buried in the data tables, therefore, it is missed by those that do little more than read titles and conclusions. Which is exactly why studies like this should be subjected to thorough and independent peer-review before publication.

Scientists all over the world are raising concerns and speaking against the study and demanding its retraction. For example, University of Toronto epidemiology professor Peter

Jueni called the WHO study “methodologically flawed” and “essentially useless”.

Garbage-in-garbage out: the June 2020 WHO commissioned study of masks published in The Lancet.

- Source: Chu, Derek K., Elie A. Akl, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger J. Schünemann, and COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors. 2020. “Physical Distancing, Face Masks, and Eye Protection to Prevent Person-to-Person Transmission of SARS-CoV-2 and COVID-19: A Systematic Review and Meta-Analysis.” *The Lancet* 395 (10242): 1973–87.

Summary: the WHO-commissioned meta-study on the effectiveness of facemasks and social distancing, published in The Lancet, is seriously flawed and should be retracted.

This study is nothing more than a seriously flawed meta-analysis of 29 weak observational studies. None of the trials were randomized controlled trials. No matter how thoroughly you sift through the weak, low-level of evidence, observational studies, in the end, all you end up with is weak, easily biased, and essentially unusable evidence.

For a more comprehensive analysis of the flaws and a thorough debunking of the relevance of this study, read this: [WHO Mask Study Seriously Flawed, Swiss Policy Research \(Sept. 9, 2020\)](#), copied here:

Update: A US analyst has reviewed all 29 studies and found numerous additional mistakes.

A. General flaws

1. Of the 29 studies analyzed by the Lancet meta-study, seven studies are unpublished and non-peer-reviewed observational studies. Non-peer reviewed studies should not be used to guide clinical practice according to the medRxiv disclaimer. [3] [4] [31] [36] [37] [40] [70]
2. Of the 29 studies considered by the meta-study, only four are about the SARS-CoV-2 virus; the other 25 studies are about the SARS-1 virus or the MERS virus, both of which have very different transmission characteristics: they were transmitted almost exclusively by severely ill hospitalized patients and not by community transmission.
3. Of the four studies relating to the SARS-CoV-2 virus, two were misinterpreted by the Lancet meta-study authors [44] [70], one is inconclusive [37], and one is about N95 (FFP2) respirators and not about medical masks or cloth masks (see detailed analysis below).
4. Despite the weakness, misinterpretations, and inapplicability, the Lancet meta-study is used to guide global facemask policy for the general population. However, of the 29

studies considered by the meta-study, only three are classified as relating to a non-health-care (i.e. community) setting. Of these three studies, one is misclassified [50] (relating to masks in a hospital environment), one showed no benefit of facemasks [69], and one is a poorly designed retrospective study about SARS-1 in Beijing based on telephone interviews [74]. None of these studies pertained to SARS-CoV-2.

5. The authors of the Lancet meta-study acknowledge that the certainty of the evidence regarding facemasks is “low” as all of the studies are observational and none is a randomized controlled trial (RCT).
6. The WHO itself admitted that its updated facemask policy guidelines were based not on new evidence but on “political lobbying”.

B. Study misinterpretations

As mentioned above, several studies have been misinterpreted by the authors of the meta-study. All of the **misinterpretations resulted in falsely claiming or exaggerating a benefit of facemasks**. In the following, only the four studies relating to SARS-CoV-2 are reviewed. (HCW: health care worker)

1. Heinzerling et al. [44]: The meta-study claims that 0 of 31 HCW wearing a facemask and 3 of 6 HCW not wearing a facemask got infected. **This is not correct.**

The study showed that 0 of 3 HCW wearing a facemask and 3 of 34 HCW not wearing a facemask got infected. This result was not statistically significant ($p=0.73$). Moreover, of the 3 HCW who got infected, one reported wearing a facemask “most of the time”, but the meta-study classified this HCW as “not wearing a facemask”.

2. Wang et al. [41]: This study, which did show a benefit of facemasks, was about N95 (FFP2) respirators in a health-care setting, not about medical masks or cloth masks.

3. Wang et al. [70]: The meta-study claims that 1 of 1286 HCW wearing a facemask and 119 of 4036 wearing “no facemask” got infected. **This is not correct.**

According to the study, 78.3% (94/120) of infected HCWs were in fact wearing a surgical mask, and only 20.8% (25/120) did not wear any mask when exposed to the source of infection. The “1 of 1286 HCW” mentioned in the meta-study refers to HCW wearing an N95 (FFP2) respirator, not a medical or cloth mask.

4. Burke et al. [37]: This study had **no results relating to the use of facemasks**.

Non-Covid studies were also misinterpreted or misrepresented by the Lancet meta-study authors. For instance, in the case of the non-Covid study with the allegedly biggest impact of masks (Kim et al. [49] about N95 respirators in a hospital with MERS patients), the meta-study

authors incorrectly mixed serological and PCR results, again exaggerating the benefit of (N95) masks. The actual results of the Kim et al. study were not statistically significant (p=0.159).

C. Studies relating to “social distancing”

In an additional section, the WHO meta-study evaluated studies on the benefit of “social distancing” measures. However, several independent experts have shown that this section is seriously flawed. The authors again misinterpreted several studies and made several statistical errors.

As with the studies on facemasks, all of these mistakes resulted in falsely claiming or exaggerating a benefit of “social distancing” measures.

For more information on this section, see [PubPeer \(and links therein\)](#) and the [CEBM review](#).

Conclusion

As shown in this analysis, the WHO-commissioned meta-study on the effectiveness of facemasks and social distancing, published in The Lancet, is seriously flawed and should be retracted. Health authorities may want to reconsider their Covid-19 policy guidelines.

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Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00818>

- [Wei Lyu](#) and [George L. Wehby](#)

Limitations of the Studies Typically Used to Support Masks

- They are all low-level evidence, retrospective observational studies. At the time of my analysis and writing of this paper, none of the studies purporting to support community wearing of masks used high-level randomized clinical trial methodology.
- Cannot distinguish correlation from causation.
- Does not measure face cover use in the community or any measure of compliance.
 - Estimates represent the intent-to-treat effects of these mandates, not the individual-level effect of wearing a face mask in public on one’s own COVID-19 risk.
- Did not measure types of masks worn.

- Did not assess adverse effects of masks.
- Did not control for other community-wide and hospital-specific interventions that may have contributed to or confounded their observations, including:
 - Declarations of emergency (March 10),
 - New hospital policies to restrict visitors (March 12) and elective procedures (March 14),
 - School closures
 - Hospital restrictions on business travel and on-site working (March 16),
 - Local public transportation reductions (March 17),
 - Issuance of statewide stay-at-home orders (March 24), and
 - Automation of screening and testing (March 30).

Masks are Unnecessary

Fear and Politics are Subverting Science and Reason

Public health officials and the media have been warning us that coronavirus kills not just old or immunocompromised people but young people too. While this is true, it remains extremely rare.

A Pandemic of Fraud and Fear is More Dangerous than the COVID-19 Pandemic

Death rate data from the CDC: [COVID-19 Pandemic Planning Scenarios](#)

Table 1. Parameter Values that vary among the five COVID-19 Pandemic Planning Scenarios.

• Age Group	sCFR	iCFR	"Survival"
• 0-19 years: 0.00003 = 3 per 100,000 =	0.003%	0.00195%	99.99815%
• 20-49 years: 0.0002 = 2 per 10,000 =	0.02%	0.012%	99.988%
• 50-69 years: 0.005 = 5 per 1,000 =	0.5%	0.3%	99.7%
• 70+ years: 0.054 = 54 per 1,000 =	5.4%	3.24%	96.76%

Parameters:

- Scenario 5: Current Best Estimate, $R_0 = 2.5$, 40% asymptomatic
- For a definition of R_0 , see HealthKnowledge-UK (2020): R_0 is "the average number of

secondary infections produced by a typical case of an infection in a population where everyone is susceptible." The average R_0 for influenza is said to be 1.28 (1.19–1.37); see the comprehensive review by Biggerstaff et al. (2014).

- According to the CDC's *latest best estimate*, 40% of COVID-19 infections are asymptomatic.
- Parameter values are based on data received by CDC through August 8, 2020.
- These estimates are based on age-specific estimates of infection fatality ratios from Hauser, A., Counotte, M.J., Margossian, C.C., Konstantinoudis, G., Low, N., Althaus, C.L. and Riou, J., 2020

Masking Children in Schools is Unnecessary - So Says The Science

School and daycare transmission studies show that transmission of Covid-19 among unmasked children is remarkably low.

German study finds low Covid-19 infection rate in schools. Tests of pupils and teachers in Saxony suggest children may act as brake on infection.

The study by the University hospital in Dresden analysed blood samples from almost 1,500 children and 500 teachers from 13 schools in Saxony, Germany suggests schools may not play as big a role in spreading the virus as some had feared.

"Of the almost 2,000 samples, only 12 had antibodies," said Reinhard Berner, a professor of paediatrics at the hospital. In other words, in Saxony's open and unmasked schools **0.6% of school children demonstrated SARS-CoV-2 antibodies.**

All cases were asymptomatic. There were no fatalities.

"Children may even act as a brake on infection," Berner told a news conference, saying "infections in schools had not led to an outbreak, while the spread of the virus within households was also less dynamic than previously thought."

"For other states with low infection rates, the study suggests schools could be reopened without fear of causing widespread outbreaks of the virus," Berner said.

Sweden and Finland: 0.05% of children infected by Covid-19

Sweden kept schools open and unmasked during the pandemic, yet their decision to adhere to the science and do what has always been done before, did not lead to a higher rate of infection among their children compared to neighboring Finland, where schools were closed temporarily.

Based on Covid-19 case data collected from each country during the time period, Feb. 24 to June 14, the percentage of children between the ages of 1-19 infected by Covid-19 was the

same:

- Sweden: 1,124 cases 0.05%
- Finland: 584 cases 0.05%

Separate studies by Sweden's Karolinska Institutet (KI), an independent medical research institute, and the European Network of Ombudspersons for Children and Unicef, showed that Swedish children fared better than children in other countries during the pandemic, both in terms of education and mental health.

COVID-19 transmission rate 0.3% among children in schools and nurseries in New South Wales, Australia

The Lancet Child & Adolescent Health: *Effective testing and contact tracing is essential for schools to safely open during COVID-19 pandemic, two studies show*. The Lancet; August 3, 2020. https://www.eurekalert.org/pub_releases/2020-08/tl-pss080320.php

Real world data from schools where masks were not required or worn demonstrates a remarkably low rate of transmission of SARS-CoV-2. Analysis of COVID-19 case data from **3103 schools** and approximately **4600 nurseries** in New South Wales demonstrate that schools and nurseries do not pose a high risk for COVID-19 transmission.

Subset analysis found that only 27 children or teachers went to school while they were infectious, with an additional 18 people later becoming infected. Out of 1448 contacts in total, the **rate of secondary transmission was found to be 1.2%**.

A subset analysis of 7 schools and nurseries that underwent additional investigations including antibody testing, symptom surveys, and extra RT-PCR testing for the virus showed that the transmission rates among children and staff were extremely low:

- child-to-child rate was 0.3%,
- child-to-staff rate was 1.0%
- staff-to-child rate was 1.5%
- staff-to-staff rate was 4.4%.

The researchers noted that this finding suggests that **children are less likely to transmit the virus than adults**.

While coronavirus is obviously concerning and a very real threat to some people (namely, the elderly and immunocompromised), these data also show that the risk for the rest of the population is extraordinarily low.

Masks, false safety and real dangers, Part 2: Microbial challenges from masks

Boris Borovoy, Colleen Huber, Maria Crisler

Abstract

Face masks have come into common use in many countries since mid-2020, for all age groups. Some aspect of this may be voluntary, but certainly much of this use is either accompanied by force, threats, subtle coercion, or a continuum of subtle to fierce societal pressures on the individual to conform to mask-wearing. From widespread fear of COVID-19, associated with the virus named SARS-CoV2, mask-wearing is recently assumed by many to be a prudent measure against contagion. In this paper, the second in our series, we continue our examination of the potential hazards of masks, in which we now turn attention to microbial contamination from masks and mask use, changes in oral and nasal microbiota, and potential risks to the lungs and other organ systems from microbial factors. Because widespread masking is a very new society-wide experiment, the impact of this experiment, the obstruction of airways from free breathing and a typical air exchange interplay with oral microbiota is not yet known. Furthermore, the effects of such changes in the lungs and beyond are not yet known. This paper will explore some considerations of these changes, by examining mask effectiveness against transmission, historical evidence of epidemiology from the 1918-1919 pandemic, microbial contamination, respiratory disease and the role of oral bacteria in systemic disease; and infections involving fungi, yeast, and molds. Compiling statistical and scientific evidence from these subjects alone should help equip any individual with adequate information on risks and benefits when choosing whether to wear a mask.

Are masks effective in preventing transmission of infection and are there unintended consequences when wearing them?

Face masks have been adopted by the public of several countries in 2020, with astonishing speed. Conflicting instructions from public health authorities left individual citizens unsure of whether to wear a mask, such that relying on gathered commentary from media and acquaintances in order to make such a decision has become standard. When an individual's preferences are not well formed, merely observing another person makes the option chosen by the other person a social default, that is more likely to be chosen by the observer also.¹

Concerns regarding use of masks among the public have been voiced by many medical professionals. Over 2,000 Belgian medical professionals, including hundreds of medical doctors, have urged prevention of COVID-19 by means of strengthening natural immunity. Their recommendations, among other measures, include specifically to exercise in fresh air *without a mask*.² A number of reasons for this concern have been raised. In this paper, we will examine specifically microbial concerns with regard to mask-wearing.

Masks have been shown through overwhelming clinical evidence to have no effect against transmission of viral pathogens.³ Penetration of cloth masks by viral particles was almost 97% and of surgical masks was 44%.⁴ Even bacteria, approximately ten times the volume of coronaviruses, have been poorly impeded by both cloth masks and disposable surgical masks. Face masks became almost ineffective after two hours of use, and after 150 minutes of use, more bacteria was emitted through the disposable mask than from the same subject unmasked.⁵ One must wonder, if new masks worn by healthcare workers, that are soiled by wear during a work shift, transmit more bacteria to patients than from an unmasked healthcare worker, then what is happening to the lungs of the mask-wearer?

Use of personal protective equipment (PPE) has long been debated for healthcare workers regarding their interactions with patients who are carrying highly pathogenic organisms, and this study found about half of even trained healthcare workers in clinical settings make at least one protocol deviation in donning and doffing PPE.⁶ Certainly the general public without such training is likely to have a higher rate of similar or more egregious errors in PPE protocol. Masks have been determined to be unnecessary even in surgical settings, and of no benefit in preventing infections.⁷ In fact, "The rate of wound infections [while unmasked] was less than half what it was when everyone wore masks." Oral microbial flora dispersed by unmasked healthcare workers standing one meter from the workspace failed to contaminate exposed plates on that surface.⁸

Let us also examine the entire surface area of the masked person when considering that person's potential for transmitting pathogens. Facemasks generally only cover the lower half of the face, which we know from studying burn victims is less than 2% of the entire body surface area.⁹ We know that numbers of airborne bacteria expelled from the upper airway are insignificantly small compared with the volume of bacteria shed from the skin.¹⁰ The bacteria shed from the skin of mask wearers was found to create more contamination than from non-mask wearers, presumably due to shifting, wiggling and increased rubbing and exfoliation.^{11 12}

The challenge to the masked person is that the lungs normally expel bacteria with freely exhaled breath, a necessary exhaust system not previously challenged throughout human or even vertebrate history with deliberate obstruction. In this paper we also explore both the effect of masks on microbial transmission as well as the risks and demonstrated problems of re-directed and re-inhaled bacteria and other microbes into the airways.

Are masks effective in preventing transmission of COVID-19 in particular?

COVID-19 is a remarkably low transmissibility disease. This paper shows patterns of transmission to close contacts from those who tested positive for SARS CoV2 in New South Wales high schools and primary schools. From 18 initial positive tests, only 2 out of 863 close contacts tested positive as a secondary case.¹³

In July 2020, the Council of Foreign Relations conducted a survey of 25 countries, with the following question to their citizens:

“Have you always worn a face mask outside the home in the last seven days?” The “Yes” responses ranged from 1% in Finland and Denmark, to 93% in Singapore.¹⁴

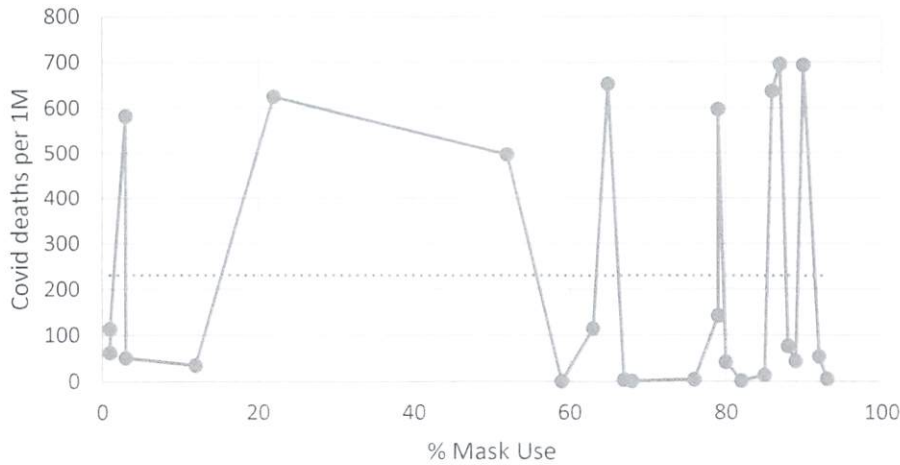
We then examined each of the same 25 countries for prevalence of mask use versus Covid-19 deaths per 1 million population. This data was gathered from Worldometers statistics.¹⁵ That data is shown in Table 1, also represented in Graph 1.

Table 1

	% mask use over Jul 6-12, 2020 from CFR survey	Covid deaths per 1M pop, at 10/7/2020 from Worldometers
Singapore	93	5
Philippines	92	54
Brazil	90	694
UAE	89	44
India	88	76
Spain	87	696
Mexico	86	637
Hong Kong	85	14
Thailand	82	0.8
Indonesia	80	42
Italy	79	597
Saudi Arabia	79	142
Malaysia	76	4
Vietnam	68	0.4
China	67	3
United States	65	653
Germany	63	115
Taiwan	59	0.3
France	52	497
United Kingdom	22	625
Australia	12	35
Norway	3	51
Sweden	3	582
Denmark	1	114
Finland	1	62

Graph 1

Covid deaths per 1M pop, at 10/7/2020 from Worldometers



As we see from the above data, there was no significant correlation with mask use and either increase or reduction of deaths from COVID-19; thus masking could not have caused a significant reduction in deaths. In fact, two of the countries with the highest COVID-19 deaths also had high rates of mask use: Spain at 87% mask use and Brazil at 90% mask use. Again, masking could not have caused a significant reduction in deaths.

Another table presented from Worldometers data also demonstrates the rate of positive COVID-19 PCR tests per one million population in the same 25 countries surveyed. This data is reported in Table 2 and Graph 2.

Table 2

	% mask use over Jul 6-12, 2020 from CFR survey	Total + PCR tests per 1M pop, at 10/7/2020 from Worldometers
Singapore	93	9866
Philippines	92	2998
Brazil	90	23378
UAE	89	10264
India	88	4938
Spain	87	18654
Mexico	86	6146
Hong Kong	85	385
Thailand	82	52
Indonesia	80	1151

reducing the number of positive PCR tests, but rather seems to be correlated with an increased number of positive PCR tests for COVID-19.

The historical role of bacteria in a viral pandemic

It is not at all an anomaly for fatal pneumonia to follow coronavirus infections.¹⁶ Indeed, historical data support a correlation between pandemic and bacterial pneumonia. It is thought that the majority of deaths in the 1918-1919 pandemic “likely resulted directly from secondary bacterial pneumonia caused by common upper respiratory-tract bacteria.”¹⁷ Histopathology of lung tissue sections from that time reveal, “in virtually all cases, compelling histologic evidence of severe acute bacterial pneumonia, either as the predominant pathology or in conjunction [with influenza].” Histological evidence revealed presence of bacterial pneumonia, including bronchopneumonia. Lobar consolidation characteristic of pneumococcal pneumonia, as well as pathognomonic characteristics of streptococcal and staphylococcal pneumonias were found. In fact, there were no negative lung culture results in any of the specimens. “Bacteria were commonly observed in the sections, often in massive numbers.” In fact the bacterial damage was extensive. Vasculitis, capillary thrombosis and necrosis surrounding areas of bronchiolar damage were found. And “without this secondary bacterial pneumonia, experts generally believed that most patients would have recovered.”¹⁸

Interestingly the above-cited paper that found a majority of 1918-1919 pandemic deaths to be from bacterial pneumonia was co-authored by Anthony Fauci, MD who has been tasked with advising the US on proper response to the 2020 COVID-19 pandemic, yet he has not publicly discussed this precedented risk of bacterial pneumonia in 2020, even having performed extensive research himself. It is also known that the 1918-1919 pandemic was the last time that human societies experimented with widespread long-term masking. As now, healthy people were made to wear masks, and it is thought by some that there would have been no pandemic in 1918 without masking. Are we repeating known mistakes from our history and what are the consequences?

The cities of Stockton CA and Boston MA were compared as follows during that pandemic.¹⁹

“**Masks:** The wearing of proper masks in a proper manner should be made compulsory in hospitals and for all who are directly exposed to infection. It should be made compulsory for barbers, dentists, etc. The evidence before the committee as to beneficial results consequent upon the enforced wearing of masks by the entire population at all times was contradictory, and it has not encouraged the committee to suggest the general adoption of the practice. Persons who desire to wear masks, however, in their own interests, should be instructed as to how to make and wear proper masks, and encouraged to do so.

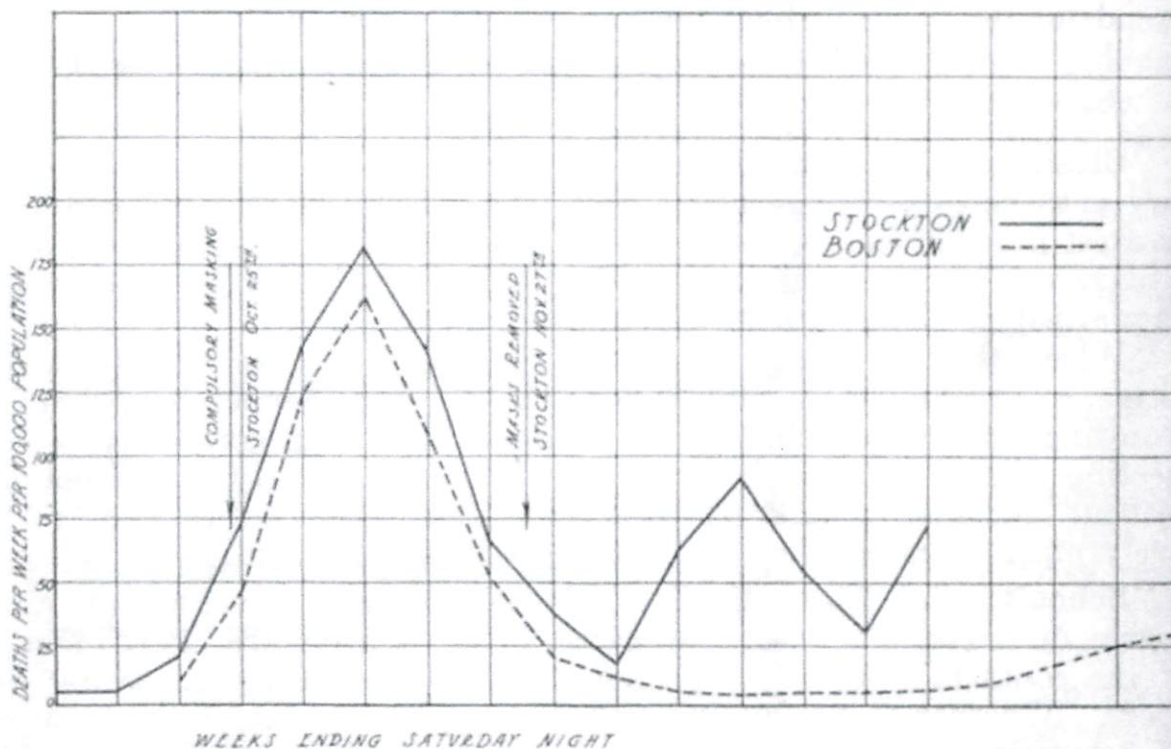


FIG. 17. Stockton, California, and Boston, Massachusetts. Comparative death rates per 100,000 population, by weeks. The use of masks was made compulsory in Stockton, but not in Boston.

One historian writes, “The quarantine, isolation and mask-wearing failed to diminish the spread of the influenza. Instead the practices likely increased fatality and had disastrous economic consequences. The medical policy of 1918 was contrary to the medical science of 1918, and the destructive practices of quarantine, isolation and mask-wearing were largely abandoned.”²⁰

The harm extended to the next generation. Subsequent health outcomes included increased prevalence of heart disease in infants born in 1919.²¹

Microbial contamination of and from masks

Bacteria are on average ten times the size of viruses, particularly coronaviruses, and have less penetration through masks.²² Therefore, at least part of the re-circulated flow of bacteria in aerosolized and droplet exhalation does not escape the vicinity of the oral and nasal environment. Bacteria and other microbes are not only retained in this space, but masks themselves are warm, moist repositories of these microbes.

Laboratory testing of used masks from 20 train commuters revealed that 11 of the 20 masks tested contained over 100,000 bacterial colonies. Molds and yeasts were also found. Three of the masks contained more than one million bacterial colonies.²³ Because such particles have been cultured from masks, they are expected to remain fully available to the airways while a mask is worn.

The outside surfaces of surgical masks were found to have high levels of the following microbes, even in hospitals, more concentrated on the outside of masks than in the environment.²⁴ *Staphylococcus* species (57%) and *Pseudomonas* spp (38%) were predominant among bacteria, and *Penicillium* spp (39%) and *Aspergillus* spp. (31%) were the predominant fungi. These correlated with the same bacteria and fungi found in samples of the ambient air where the masks were worn.²⁵

Evidence is still not abundant of injury from mask-carried microbes due to the experimental and newly adopted practice of widespread masking. Even in Asia, where public use of masks had been more common than in the west, masks were generally only worn by those who had to travel in public while suffering a respiratory illness or those suffering from seasonal pollen allergies. Without regard to the 1918-1919 epidemic, widespread masking is new again in 2020.

We further demonstrate absence of evidence is not evidence of absence. Decades of clinical evidence have attributed a variety of moderate and severe pathologies to microbes that originate in the mouth and nose, as we discuss in this paper.

The mechanism of pathology originating from masks is likely as follows: Microbe-carrying droplets, trapped in masks, stay damp while the mask is worn, whereas without a mask, exhaled droplets and aerosol are known to dry quickly. In the continually damp environment of the mask, bacteria start to proliferate, are re-inhaled and then transferred throughout the body, as discussed below.

Bacteria are exhaled through masks at an increasing rate over the time of use.²⁶ Outward penetration of masks by bacteria is made worse by the plosive force of coughing, sneezing and talking loudly. Scatter mechanics from the mesh of the mask and resulting chaotic collisions of aerosolized droplets in turn produce a wider contaminated airspace outside the masked mouth than outside the unmasked mouth, in the same way that a screen placed under a faucet disperses the water falling through it.

Cloth mask wearers had significantly higher influenza-like illness when compared to unmasked.²⁷ This meta-analysis found no benefit of masks against transmission of laboratory-confirmed influenza, in analysis of 14 randomized controlled trials.²⁸

James Meehan MD reports seeing patients clinically that have facial rashes, fungal infections, bacterial infections. "Reports coming from my colleagues from all over the world, are suggesting that the bacterial pneumonias are on the rise." Dr. Meehan reports that this is "because untrained members of the public are wearing medical masks repeatedly . . . in a non-sterile fashion."²⁹

Recently, a group A strep throat outbreak of unusual size in Michigan public schools where masks are mandatory was reported during the week before this writing.³⁰ A number of factors may be involved in this outbreak. Not only are students being forced to wear masks, but also schools were closed during lockdown long enough to possibly allow buildup of microbes in their ventilation systems. The problem may be compounded by masks damaging immunity, not being properly washed, poor training of PPE use, or even trapping Streptococcus while forcibly trying to inhale and exhale. After all, deeper inhalation, as we know happens with mask wearing, could have produced a concerning health hazard.

What may be an even more intractable health hazard is the vast range of possibilities where normally colonized strains of oral and nasal bacteria interact with newer virulent strains in the favorable incubating environment of face masks. The possibility of superstrains and their consequences in the population will likely eclipse the effects and the incidence of the relatively mild COVID-19 virus (estimated IFR 0.015³¹), as we have seen from the autopsies discussed above of the 1918-1919 pandemic victims.

Respiratory diseases from oral bacteria

CPAP has been used for decades, but universal masking is very new. We know that wearing the CPAP mask has led to life-threatening Legionella pneumonia as well as Streptococcus infections.³² This disproves the hypothesis that microbial growth on masks is always benign.

Aspiration pneumonia is a consequence of oral bacteria aspirated into the lungs. The teeth and gums are reservoirs for respiratory pathogens.^{33 34} Oral dysbiosis is a disordered ecosystem of commensal as well as pathogenic bacteria in the mouth. Dental caries and periodontal disease are common results of such dysbiosis. One dental practice estimates that 50% of their patients are suffering from mask-induced dental problems, including decaying teeth, receding gum lines and "seriously sour breath."³⁵ The dentists theorize that these new oral infections are mostly caused by the tendency for people to mouth-breathe while wearing a mask, which is not consistent with the evolution of the form and functionality of the airways of humans or any other species.

The oral flora is known to comprise over 700 bacterial species, inhabiting the epithelial debris, nutrients and oral secretions in the oral environment. Streptococci, lactobacilli and staphylococci are among the most common of these bacteria. Together, they comprise the biofilm that coats the surfaces of the oral cavity. Clearly, the bacteria benefit from the host, but the host may also benefit from the bacteria and contribute to our immunity by the production of secretory antibodies against new pathogens. The commensal relationship of oral flora with the host is generally benign and stable, unless the same bacteria achieve access to deeper tissues and blood. A number of serious and life-threatening diseases result when this happens.

Bacteria that live in the mouth and upper respiratory tract may be aspirated and cause infection in the lungs. We know that mask-wearers have greater inspiratory flow than non-mask wearers.³⁶ This is presumably due to the hypoxic condition of mask obstruction to the airways. As a result, microbes may be more likely to be aspirated while wearing a mask than not wearing one.

Damage to the airways results from bacterial colonization. When bacteria localize to the site(s) of infections in the respiratory tract and induce local airway inflammation, epithelial damage results. Such damage only requires bacterial colonization of the airways to begin this process, and to progress to bacterial-induced chronic airway inflammation.³⁷ This process begins with resident bacteria in oral secretions being aspirated and then adhering to the respiratory epithelium. These stimulate cytokine production and inflammation.³⁸

In fact, the very same periodontopathic bacteria are involved in the pathogenesis of respiratory diseases. These may be some of the diseases implicated in COVID-19.³⁹ Conversely, oral hygiene measures have correlated with improved outcomes in pneumonia patients⁴⁰ and those generally with respiratory tract infections,⁴¹ as well as other lung diseases, such as COPD.⁴²

Infections don't only take hold from one species of pathogenic microbes. A pathogenic synergy can result in the flourishing of a particular pathogen. This was found to be the case with *Aggregatibacter actinomycetemcomitans* together with *Streptococcus gordonii*, both of which are commonly found in the mouth and in its abscesses.⁴³ With the concentration and culturing of microbes on the surface of a mask, is this pathogenic synergy made more likely while wearing a mask?

Systemic diseases from oral and nasal bacteria

When oral bacteria gain access to blood and deep tissues, they may cause pneumonia, abscesses in lung tissue, subacute bacterial endocarditis, sepsis and meningitis.⁴⁴ It is important to consider that endocarditis can be a lifelong infection. *Strep pyogenes* bacteria has been observed for decades to cause irreversible fibrosis in heart tissue long after the bacteria were no longer found.⁴⁵ This bacteria is known by many as "flesh eating strep". Former *Streptococcus* infections that had seemingly resolved a long time ago may still be positive in an

Antistreptolysin O test. For years afterward, flares of toxins can be released in the body at times of stress or secondary infection and cause debilitating symptoms.

Additionally Type 2 diabetes, hypertension, and cardiovascular diseases have been the result of oral bacteria gaining access to deeper tissue.⁴⁶ These are among the diseases reported as comorbidities associated with an increased risk of death attributed to COVID-19. COPD⁴⁷ and in this enormous study, cancer can also result simply from the access of oral bacteria to deeper tissue.⁴⁸

Immune-mediated inflammatory disorders, commonly known as auto-immune diseases are correlated with oral dysbiosis. We know that transient bacteria from an oral infection or a dental procedure can gain access to the blood for systemic circulation. Those bacteria can produce toxins that trigger tissue damage or other pathological changes. These molecules may react with antibodies that produce large complexes, which are associated with acute and chronic inflammatory changes.^{49 50} Such auto-immune diseases as rheumatoid arthritis, systemic lupus erythematosus and Sjogren's syndrome all have features of oral dysbiosis.⁵¹

Autoimmune encephalitis occurs when microbes access brain tissue, triggering neurological or psychiatric symptoms. This complex of diseases include basal ganglia encephalitis, and can be triggered by bacterial, viral and fungal infections. Some of the most pernicious of this group of diseases is pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS). Group A Streptococcus (GAS) is a very common illness, and the most common bacterial infectious agent of sore throat, "strep throat," and is one of the microbial agents involved in PANDAS. GAS causes one million to 2.6 million cases of strep throat each year.⁵²

Repeated infections in the nasal cavity can lead to Th1 and Th17 lymphocytes in the surrounding nasal tissue. These are pro-inflammatory and target host cells in a misdirected immune response. The Th17 cells travel into the brain along the olfactory nerves, through the cribriform plate from the nose or throat or palate and into the brain. These in turn stimulate cytokines, which then stimulate microglia. The endothelial cells in the blood brain barrier are broken down by damaging both the tight junctions in the endothelium, and by increasing transcytosis of auto-antibodies that are circulating in the blood to access the brain. This mechanism has been shown to lead to the abrupt onset of neurological and psychiatric symptoms associated with the PANDAS diagnosis.⁵³

Our nasal passages are colonized by Staphylococcus bacteria, among other organisms. Under typical circumstances, these pose no threat to the individual; however, Mayo Clinic has warned, (although this statement has now been erased from their site):

"A growing number of otherwise healthy people are developing life-threatening staph infections because of mask wearing."⁵⁴

One of the risks of mask wearing is that masks maintain bacteria in greater numbers and for a longer period of time. This increases the risk of those bacteria entering the respiratory system and/or blood stream through micro wounds.

The following are some of the diseases and conditions that may result. Bacteremia is a condition in which bacteria can travel to internal organs, muscle, bone and prosthetic devices. Toxic shock syndrome is a condition in which some strains of Staphylococcus produce toxins that create high fever, nausea, vomiting and other symptoms. Septic arthritis occurs when staph bacteria infect the joints, which may result in pain, swelling and fever.

The risk of pericarditis caused by staphylococcus has been known since at least 1945.⁵⁵ This life-threatening disease has been treated with prolonged antibiotic therapy and aggressive drainage of the pericardium,⁵⁶ and, in severe cases, surgical resection of the pericardium.⁵⁷ Purulent pericarditis is the most serious consequence of bacterial pericarditis, and is always fatal if untreated. Even in treated patients the mortality rate is 40%.⁵⁸

Streptococcus is a commensal organism of the oral mucosa, and is the most common infective agent causing endocarditis.⁵⁹ It is not so unusual for oral Streptococci to gain access to the bloodstream, and oral Streptococci comprise more than half of colonies cultured from blood following dental procedures. "Oral streptococcal bacteremia is frequently associated with the development of septic shock and death."⁶⁰

Cardiovascular and rheumatological outcomes from mask-wearing are unlikely to be realized in the United States for at least several months due to the recentness of mask wearing; although we can learn from the history of prevalence of cardiovascular disease many years after the 1918-1919 forced masking pandemic described previously. These are enormous concerns on the horizon for future public health considerations.

Oral bacteria, with added color, under scanning electron microscope.
<https://www.dailymail.co.uk/sciencetech/article-3549713>



Infections involving fungi, yeast and molds

Aspergillosis is an infection of the lungs by the spores of the *Aspergillus fumigatus* fungus. These spores are ubiquitous in the environment, indoors and outdoors, and are usually harmless. There are many environmental sources of *Aspergillus*. Decaying leaves and compost in the outdoors around trees and plants, as well as indoors in bathrooms are common locations of *Aspergillus*. These spores may be inhaled by those with weakened immune systems and can be a cause or a result of bronchiectasis.⁶¹ This is a chronic airway infection syndrome, and as indicated above, a risk from inhaled fibers. Fungal fibers may be inhaled and accumulate as fungal balls known as aspergillomas. At its worst, Aspergillosis can proceed to systemic infection, with consequences to the brain, heart and kidneys. Invasive aspergillosis spreads rapidly and may be fatal.

Aspergillus as well as *Candida* also produce gliotoxins, which are immunosuppressive toxins that in turn enable proliferation of *Candida*. The mechanism of immunosuppression appears to be by alteration of the structure and function of PMN neutrophils.⁶²

It is possible that a warm moist environment, such as a mask worn outdoors or in bathrooms may pick up and harbor fungal spores as well as particulate and/or loose fibers. This is normally not a concern for a healthy person or an unmasked person. When mold spores are inhaled by a healthy person, immune system cells surround and destroy them. Masks provide an alternative environment whereby mold and fungi are held and trapped beyond typical airborne levels. When maintained over the airways, this can create a risk for the mask-wearer. Simply, if the masks retain fungal spores, these may be dislodged with inhalation.

Conclusion

Masks have been shown consistently over time and throughout the world to have no significant preventative impact against any known pathogenic microbes. Specifically, regarding COVID-19, we have shown in this paper that mask use is not correlated with lower death rates nor with lower positive PCR tests.

Masks have also been demonstrated historically to contribute to increased infections within the respiratory tract. We have examined the common occurrence of oral and nasal pathogens accessing deeper tissues and blood, and potential consequences of such events. We have demonstrated from the clinical and historical data cited herein, we conclude the use of face masks will contribute to far more morbidity and mortality than has occurred due to COVID-19.

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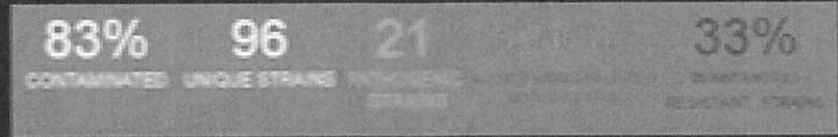
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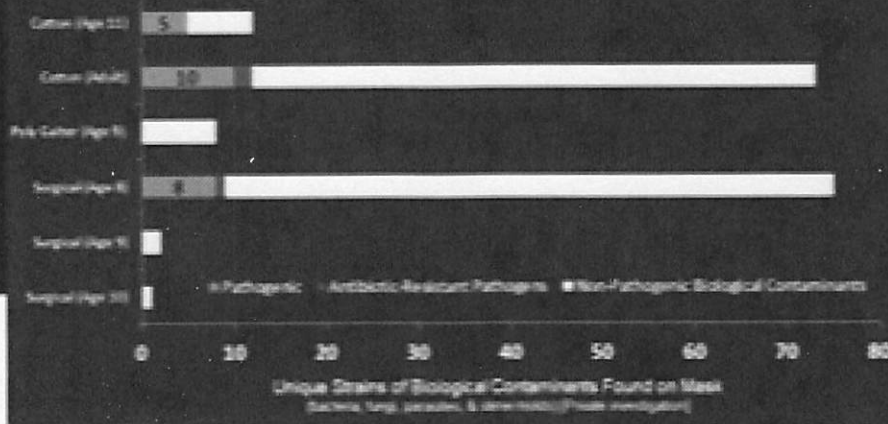
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6 MASKS, WORN FOR AN AVERAGE OF 5.7 HOURS/DAY



INCLUDING PNEUMONIA & MENINGITIS

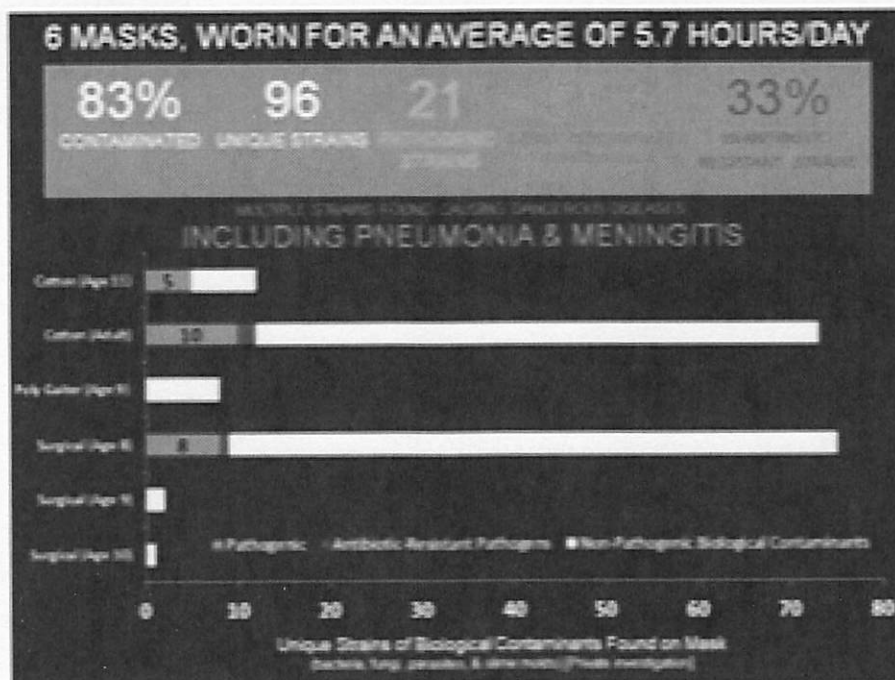


Dangerous pathogens found on children's face masks

in COVID-19

06/16/2021





BY JENNIFER CABRERA

A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (*alcelaphine herpesvirus 1*).

The analysis detected the following 11 dangerous pathogens on the masks:

- *Streptococcus pneumoniae* (pneumonia)
- *Mycobacterium tuberculosis* (tuberculosis)
- *Neisseria meningitidis* (meningitis, sepsis)
- *Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis)
- *Acinetobacter baumannii* (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)
- *Escherichia coli* (food poisoning)
- *Borrelia burgdorferi* (causes Lyme disease)
- *Corynebacterium diphtheriae* (diphtheria)
- *Legionella pneumophila* (Legionnaires' disease)
- *Staphylococcus pyogenes serotype M3* (severe infections—high morbidity rates)
- *Staphylococcus aureus* (meningitis, sepsis)

Here is an image of the infection *francisella tularensis*, which causes tularemia, fever, skin ulcers, sore throat, and pneumonia:



The face masks studied were new or freshly-laundered before wearing and had been worn for 5 to 8 hours, most during in-person schooling by children aged 6 through 11. One was worn by an adult. A t-shirt worn by one of the children to school and unworn masks were tested as controls. No pathogens were found on the controls; samples from the front top and bottom of the t-shirt found proteins that are commonly found in skin and hair, along with some commonly found in soil.

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.

PATHOGEN	TYPE	DESCRIPTION
<i>acinetobacter baumannii</i>	Bacteria	pneumonia, blood stream infections, meningitis, wound and surgical site infections and urinary tract infections. Resistant to penicillins and very difficult to treat
alcalaphine herpesvirus 1	Virus	Natural host: primarily cows, but is fatal
<i>Borrelia burgdorferi</i>	Bacteria	Causes Lyme disease
<i>corynebacterium jeikeium</i>	Bacteria	infection in bone marrow transplant patients
<i>corynebacterium kroppenstedtii</i>	Bacteria	antibiotic resistant pathogen
<i>cutibacterium acnes</i>	Bacteria	Causes acne, abscesses and endocarditis
<i>encephalitozoon cuniculi</i>	Bacteria	Pathogenic to immunocompromised people
<i>Escherichia coli</i>	Bacteria	found in lower intestine and can cause food poisoning
<i>Francisella tularensis</i>	Bacteria	Causes tularemia: fever, skin ulcers, eye, throat and pneumonia
<i>mycobacterium tuberculosis</i>	Bacteria	Causes Tuberculosis
<i>neisseria meningitidis</i> Serogroup A	Bacteria	Commonly pathogenic. Causes meningitis and life-threatening sepsis
<i>neisseria meningitidis</i> Serogroup B	Bacteria	Commonly pathogenic. Causes meningitis and life-threatening sepsis
<i>neisseria meningitidis</i> Serogroup C	Bacteria	Commonly pathogenic. Causes meningitis and life-threatening sepsis
<i>parabacteroides distasonis</i>	Bacteria	Causes infections
<i>porphyromonas gingivalis</i>	Bacteria	found in the oral cavity causing periodontal disease as well as upper gastrointestinal tract, respiratory infections
<i>Rickettsia rickettsii</i>	Bacteria	Rocky Mountain Spotted Fever
<i>staphylococcus aureus</i>	Bacteria	range of illnesses from minor skin infections to life-threatening pneumonia, meningitis and sepsis
<i>streptococcus pneumoniae</i>	Bacteria	Major cause pneumonia
<i>streptococcus pneumoniae</i> serotype 23F	Bacteria	Major cause of pneumonia
<i>streptococcus pyogenes</i>	Bacteria	Causes strep throat
<i>streptococcus pyogenes</i> serotype M3	Bacteria	Causes strep throat

Here is an image of the infection *francisella tularensis*, which causes tularemia, fever, skin

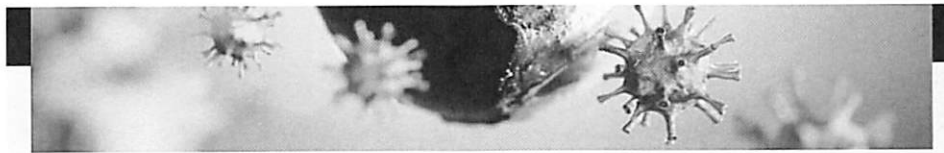
A parent who participated in the study, Ms. Amanda Donoho, commented that this small sample points to a need for more research: “We need to know what we are putting on the faces of our children each day. Masks provide a warm, moist environment for bacteria to grow.”

The parents contracted with the lab because they were concerned about the potential of contaminants on masks that their children were forced to wear all day at school, taking them on and off, setting them on various surfaces, wearing them in the bathroom, etc. This prompted them to send the masks to the University of Florida’s Mass Spectrometry Research and Education Center for analysis.

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Mask reports from lab

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Samples Submitted for Log in 32165

1 pink tie-dye surgical mask (#8)
2 blue tie-dye surgical masks (#9 – third grade, #10 – fourth grade)
A blank mask (fresh and not worn) was provided as a control sample.

Methods

Protein Extraction

A 1 cm square was cut from the center region of the mask and placed in an Eppendorf tube. From that 1 cm square, the sample was cut into smaller pieces to increase the surface area. Roughly 5 mm square of each sample was used for further experiments. Each piece of mask was soaked in 100 mL of 0.2% Surfactant Enhancer (Promega, Madison, WI) at 4°C overnight to extract protein.

In Solution Digestion

Total protein was determined on a Qubit and the appropriate volume of each sample was taken to equal 20 µg total protein for digestion. The samples were digested with sequencing grade trypsin/lys C rapid digestion kit from Promega (Madison WI) using manufacture recommended protocol. Three times the sample volume of rapid digestion buffer (provided with the kit) was added to the samples. The sample was incubated at 56°C with 1 µl of dithiothreitol (DTT) solution (0.1 M in 100 mM ammonium bicarbonate) for 30 minutes prior to the addition of 0.54 µL of 55 mM Iodoacetamide in 100 mM ammonium bicarbonate. Iodoacetamide was incubated at room temperature in dark for 30 min. The trypsin/lys C was prepared fresh as 1 µg/µl in the rapid digestion buffer. 1 µl of enzyme was added and the samples were incubated at 70°C for 1 hour. The digestion was stopped with addition of 0.5% TFA. The MS analysis is immediately performed to ensure high quality tryptic peptides with minimal non-specific cleavage.

Q Exactive HF Orbitrap

Nano-liquid chromatography tandem mass spectrometry (Nano-LC/MS/MS) was performed on a Thermo Scientific Q Exactive HF Orbitrap mass spectrometer equipped with a EASY Spray nanospray source (Thermo Scientific) operated in positive ion mode. The LC system was an UltiMate™ 3000 RSLCnano system from Thermo Scientific. The mobile phase A was water containing 0.1% formic acid and the mobile phase B was acetonitrile with 0.1% formic acid. The mobile phase A for the loading pump was water containing 0.1% trifluoroacetic acid. 5 µL of sample is injected on to a PharmaFluidics µPAC™ C18 trapping column (C18, 5 µm pillar diameter, 10 mm length, 2.5 µm inter-pillar distance). at 10 µL/ml flow rate. This was held for 3 minutes and washed with 1%B to desalt and concentrate the peptides. The injector port was switched to inject and the peptides were eluted off of the trap onto the column. PharmaFluidics 50 cm µPAC™ was used for chromatographic separations (C18, 5 µm pillar diameter, 50 cm length, 2.5 µm inter-pillar distance). The column temperature was maintained 40°C. A flowrate of 750 nL/min was used for the first 15 minutes and then the flow was reduced to

Samples Submitted for Log in 32165

1 cotton-based mask

1 "gaiter"

1 t-shirt.

A blank mask (fresh and not worn) was provided as a control sample.

Methods**Protein Extraction**

A 1 cm square was cut from the center region of the mask and placed in an Eppendorf tube. From that 1 cm square, the sample was cut into smaller pieces to increase the surface area. Roughly 5 mm square of each sample was used for further experiments. Each piece of mask was soaked in 100 mL of 0.2% Surfactant Enhancer (Promega, Madison, WI) at 4°C overnight to extract protein. For the t-shirt samples, a 1 cm square was cut from the front bottom and from the front top (near the collar bone) and processed identical to the mask samples.

In Solution Digestion

Total protein was determined on a Qubit and the appropriate volume of each sample was taken to equal 20 µg total protein for digestion. The samples were digested with sequencing grade trypsin/lys C rapid digestion kit from Promega (Madison WI) using manufacture recommended protocol. Three times the sample volume of rapid digestion buffer (provided with the kit) was added to the samples. The sample was incubated at 56°C with 1 µl of dithiothreitol (DTT) solution (0.1 M in 100 mM ammonium bicarbonate) for 30 minutes prior to the addition of 0.54 µL of 55 mM Iodoacetamide in 100 mM ammonium bicarbonate. Iodoacetamide was incubated at room temperature in dark for 30 min. The trypsin/lys C was prepared fresh as 1 µg/µl in the rapid digestion buffer. 1 µl of enzyme was added and the samples were incubated at 70°C for 1 hour. The digestion was stopped with addition of 0.5% TFA. The MS analysis is immediately performed to ensure high quality tryptic peptides with minimal non-specific cleavage.

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Front Med (Lausanne). 2021 Sep 3;8:732047. doi: 10.3389/fmed.2021.732047. eCollection 2021.

Cotton and Surgical Face Masks in Community Settings: Bacterial Contamination and Face Mask Hygiene

Lize Delanghe ¹, Eline Cauwenberghs ¹, Irina Spacova ¹, Ilke De Boeck ¹, Wannes Van Beeck ¹, Koen Pepermans ², Ingmar Claes ¹, Dieter Vandenheuvel ¹, Veronique Verhoeven ³, Sarah Lebeer ¹

Affiliations

PMID: 34540873 PMID: PMC8446422 DOI: 10.3389/fmed.2021.732047

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Abstract

During the current COVID-19 pandemic, the use of face masks has become increasingly recommended and even mandatory in community settings. To evaluate the risk of bacterial cross-contamination, this study analyzed the bacterial bioburden of disposable surgical masks and homemade cotton masks, and surveyed the habits and face mask preferences of the Flemish population. Using culture approaches and 16S rRNA gene amplicon sequencing, we analyzed the microbial community on surgical and/or cotton face masks of 13 healthy volunteers after 4 h of wearing. Cotton and surgical masks contained on average 1.46×10^5 CFU/mask and 1.32×10^4 CFU/mask, respectively. *Bacillus*, *Staphylococcus*, and *Acinetobacter* spp. were mostly cultured from the masks and 43% of these isolates were resistant to ampicillin or erythromycin. Microbial profiling demonstrated a consistent difference between mask types. Cotton masks mainly contained *Roseomonas*, *Paracoccus*, and *Enhydrobacter* taxa and surgical masks *Streptococcus* and *Staphylococcus*. After 4 h of mask wearing, the microbiome of the anterior nares and the cheek showed a trend toward an altered beta-diversity. According to dedicated questions in the large-scale Corona survey of the University of Antwerp with almost 25,000 participants, only 21% of responders reported to clean their cotton face mask daily. Laboratory results indicated that the best mask cleaning methods were boiling at 100°C, washing at 60°C with detergent or ironing with a steam iron. Taken together, this study suggests that a considerable number of bacteria, including pathobionts and antibiotic resistant bacteria, accumulate on surgical and even more on cotton face masks after use. Based on our results, face masks should be properly disposed of or sterilized after intensive use. Clear guidelines for the general population are crucial to reduce the bacteria-related biosafety risk of face masks, and measures such as physical distancing and increased ventilation should not be neglected when promoting face mask use.

Keywords: 16S rRNA gene amplicon sequencing; COVID-19; SARS-CoV-2; bacterial load; face masks; nasal and skin microbiome.

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Figures



Figure 1 Graphical abstract of the study....



Figure 2 Analysis of the bacterial composition...



Figure 3 Evaluation of different cleaning methods...



Figure 4 Analysis of the bacterial composition...

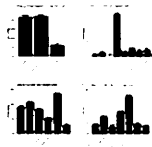


Figure 5 Results of a large-scale survey...

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STUDY: Long term mask use breeds microbes that infiltrate the lungs and contribute to advanced stage lung cancer

STUDY: Long term mask use breeds microbes that infiltrate the lungs and contribute to advanced stage lung cancer

NaturalNews.com / Lance D Johnson



(Natural News) A new study finds that cultivation and enrichment of microbes on the face can infiltrate the lungs through unconscious aspirations and cause inflammatory responses and advanced stage lung cancer. The nose and the mouth were designed to take in oxygen without strain, uninhibited. The oxygen travels down the trachea and splits off into two tubes called the bronchi. From there, the oxygen travels down a series of bronchioles until it reaches the alveoli, which are tiny air sacs covered with blood vessels. These air sacs take the oxygen directly to the heart, where it is dispersed throughout the body.

When a person exhales, the process is put in reverse and the lungs exhale carbon dioxide. This carbon dioxide gas is the vehicle that allows the organ systems to rid the body of wastes. When this process is obstructed or restrained for prolonged periods of time, the lungs and the heart struggle to nourish the rest of the body. Long term mask wearing also hinders the body's natural ability to detoxify wastes, creates an acidic environment, and slowly strains the organ systems throughout the body.

Masks are priming the lungs for inflammation and lung cancer pathology

A study published in the journal *Cancer Discovery* finds that lung cancer progresses when the lungs are forced to regurgitate microbes. Prolonged mask use creates a moist environment that cultivates microbes. This toxic environment not only forces the person to regurgitate their own wastes, but also inundates the lungs with microbes that cause a toxic environment that feeds lung cancer.

The researchers found that the lungs are not just a sterile environment. When microbes inundate the lungs, they can active an immune response. This causes inflammatory proteins such as the cytokine IL-17 to appear.

Microbes that are normally found in the mouth can make their way into the lungs. "Given the known impact of IL-17 and inflammation on lung cancer, we were interested in determining if the enrichment of oral commensals in the lungs could drive an IL-17-type inflammation and influence lung cancer progression and prognosis," said Leopoldo Segal, Director of the Lung Microbiome Program and Associate Professor of Medicine, New York

University Grossman School of Medicine. (Related: Masked schoolchildren are harmed physically, psychologically, behaviorally and suffer from 24 distinct health issues.)

Masks cultivate and enrich microbes that infiltrate the lungs and cause immune suppression

The research team used diagnostic clinical bronchoscopies to analyze the lung microbiomes of 83 untreated adult patients who were diagnosed with lung cancer. They identified the composition of each microbial environment and documented which genes were expressed as a result. They found that lung tissue from patients with advanced stage lung cancer (stages 3b-4) was more enriched with microbes than lung tissue of patients who had early stage disease. This increased enrichment of oral bacteria in the lungs was also associated with decreased chance of survival, no matter the stage of tumors. The bacteria colonies that caused the most damage was Veillonella, Prevotella, and Streptococcus bacteria, all of which are more readily cultivated in a mask. Tumor progression was associated with the enrichment of Veillonella, Prevotella, Streptococcus, and Rothia bacteria. The cultivated microbes infiltrate the lungs and affect genetic expression, namely the p53, PI3K/PTEN, ERK, and IL-6/IL-8 signaling pathways.

In further evaluation, the cultivation of Veillonella parvula in the lungs of mice led to expression of inflammatory proteins, increased expression of IL-17, and the presence of immune suppressing cells. "Given the results of our study, it is possible that changes to the lung microbiome could be used as a biomarker to predict prognosis or to stratify patients for treatment," said Segal. Prolonged mask wearing not only puts strain on the heart and lungs but also cultivates a microbial environment that is more likely to infiltrate the lungs and create an environment of cancer.

For more on cancer research, check out [Cancer.news](#).

Sources include:

[AzoLifeSciences.com](#)

[NaturalNews.com](#)

[HopkinsMedicine.org](#)

Original Article: <https://www.naturalnews.com/2021-01-15-long-term-mask-use-breeds-microbes-lung-cancer.html>

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Twenty Reasons Mandatory Face Masks are Unsafe, Ineffective and Immoral

By [John C. A. Manley](#)

Global Research, January 15, 2022

Theme: Science and Medicine



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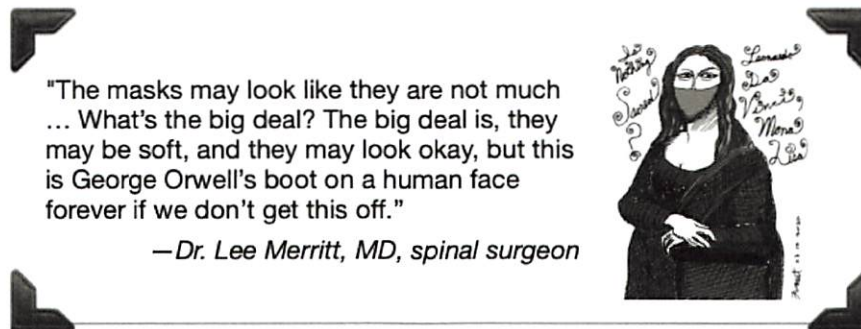
First published by Global Research on January 23, 2021

Nine Potential and Proven Dangers to Muzzling Yourself

1. Cavities: New York dentists are reporting that half their patients are suffering decaying teeth, receding gum lines and seriously sour breath from wearing masks. "We're seeing inflammation in people's gums that have been healthy forever, and cavities in people who have never had them before," Dr. Rob Ramondi told *FOX News*.

2. Facial Deformities: Masking children triggers mouth breathing which as been shown to cause "long, narrow faces, narrow mouths, high palatal vaults, dental malocclusion, gummy smiles, and many other unattractive facial features," according to the *Journal of General Dentistry*.

3. Acne Vulgaris: Moisture and germs collecting in the mask cause "facial skin lesions, irritant dermatitis... or worsening acne" (according to Public Health Ontario) which stresses the immune system, can lead to permanent scarring and has been linked to depression and suicidal thoughts (according to the *Journal of Dermatologic Clinics*). Children also develop impetigo, a bacterial infection that produces red sores and can lead to kidney damage (according to the *Mayo Clinic*).



4. Increased Risk of COVID-19: "Mask use by the general public could be associated with a theoretical elevated risk of COVID-19 through... self-contamination," states Public Health Ontario in *Wearing Masks in Public and COVID-19*. "By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain," theorizes nationally recognized board-certified neurosurgeon, Dr. Russell Blaylock, MD (in an article at *The Centre for Research on Globalization*).

5. Bacterial Pneumonia: At an Oklahoma Press Conference, Dr. James Meehan, MD testified: "Reports coming from my colleagues all over the world are suggesting that the bacterial pneumonias are on the rise" as a result of moisture collecting in face masks.

6. Immune Suppressing: Masks are often worn by criminals trying to hide their identity while perpetuating an offence (theft, violence, rape, murder, etc.). They produce subconscious anxiety and fear. Fear and anxiety activate the fight-or-flight nervous system which down-regulates the immune system, as shown in a study by the *American Psychological Association*.

7. Germophobia: Masks create an irrational fear of germs and a false sense of protection from disease, leading to antisocial (or even hostile) behaviour towards those not wearing a mask. (See the paper in the *Journal of Obsessive-Compulsive and Related Disorders* titled "COVID-19, obsessive-compulsive disorder and invisible life forms that threaten the self").

READ MORE: Medical Doctor Warns that "Bacterial Pneumonias Are on the Rise" from Mask Wearing

8. Toxic: Many (if not most) masks and face coverings (including cloth) are made with toxic and carcinogenic chemicals including fire retardant, fibreglass, lead, NFE, phthalates, polyfluorinated chemicals and formaldehyde that will outgas and be inhaled by the wearer. (See "5 main hazardous chemicals in clothing from China named" by *Fashion United*).

Mercola.com. "Between mask wearing and social distancing, I fear the impact on children in particular may be long-term, if not permanent."

Six Proofs Masks Do Not Reduce Infections

1. Insubstantial: A CDC-funded review on masking in May 2020 came to the conclusion: "Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza... None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group." If masks can't stop the regular flu, how can they stop SAR-CoV-2?

2. Unreasonable: "Evidence that masking as a source [of] control results in any material reduction in transmission was scant, anecdotal, and, in the overall, lacking... [and mandatory masking] is the exact opposite of being reasonable," ruled a hospital arbitrator in a dispute between The Ontario Nurses' Association and the Toronto Academic Health Science Network.

3. Ineffective: "Oral masks in healthy individuals are ineffective against the spread of viral infections," write Belgian medical doctors in an open letter published in *The American Institute of Stress*, September 24, 2020.

4. Unsanitary: "It has never been shown that wearing surgical face masks decreases postoperative wound infections," writes Göran Tunevall, M.D. in the *World Journal of Surgery*. "On the contrary, a 50% decrease [in bacterial infection] has been reported after omitting face masks."

5. No Protection: "There were 17 eligible studies.... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection," concludes a research review in the journal *Influenza and Other Respiratory Viruses*.

6. Unproven: Dutch Minister for Medical Care, Tamara van Ark, asserted that "from a medical perspective there is no proven effectiveness of masks" after a review by the National Institute for Health on July 29, 2020 (according to *Reuters*).

Five Ways Forced Masking is Immoral

1. Reckless: "By making mask-wearing recommendations and policies for the general public, or by expressly condoning the practice, governments have both ignored the scientific evidence and done the opposite of following the precautionary principle," writes Denis Rancourt, PhD in his 2020 paper *Masks Don't Work*.

2. Manipulative: Dr. Andreas Voss, member of the World Health Organization expert team and head of microbiology at a Dutch hospital in Nijmegen, on July 24, 2020, told *I Am Expat* that masks were made mandatory "not because of scientific evidence, but because of political pressure and public opinion."

3. Fear-Mongering: "In fact, there is no study to even suggest that it makes any sense for healthy individuals to wear masks in public," write Drs. Karina Reiss, PhD and Dr. Sucharit Bakdi, MD in *Corona, False Alarm?* "One might suspect that the only political reason for enforcing the measure is to foster fear in the population."

4. Totalitarian: "If you look at the history of totalitarian regimes... they all do the same thing, which is they try to crush culture, and crush any evidence of self-expression..." explains Robert F. Kennedy, Jr. in an interview regarding face masks. "And what is the ultimate vector for self-expression? It's your facial expressions.... [Yet] we've all been told to put on the burqa and be obedient."

5. Virtue-Signalling: "Masks are utterly useless," testified Dr. Roger Hodgkinson, a pathologist, certified with the Royal College of Physicians and Surgeons of Canada, at a city council meeting. "...masks are simply virtue-signalling... It's utterly ridiculous seeing these unfortunate, uneducated people — I'm not saying that in a pejorative sense — walking around like lemmings, obeying without any knowledge base, to put the mask on their face."

You can download, print and distribute a two-page printable handout of this article here.

Special thanks to artist Allen Forest for use of his Masked Mona Lisa cartoon.


John C. A. Manley has spent over a decade ghostwriting for medical doctors, naturopaths and chiropractors. Since March 2020, he has been writing articles that question and expose the contradictions in the COVID-19 narrative and control measures. He is also completing a novel, *Much Ado About Corona: A Dystopian Love Story*. You can visit his website at MuchAdoAboutCorona.ca.

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Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing

By [John C. A. Manley](#)

Global Research, November 13, 2021
Global Research 6 October 2020

Region: USA
Theme: Science and Medicine



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Important article by John C. A. Manley. First published in October 2020

“A group is suing Tulsa Mayor G.T. Bynum and Tulsa Health Department Executive Director Bruce Dart, saying the city’s mask mandate is harmful to healthy people,” reports *Activist Post*. [October 2020] The group includes business owners and two doctors who “are asking the city to immediately repeal the mask mandate which was passed by city council last month.”

At a press conference, optometrist **Robert Zoellner** said:

“...the fear factor has got to step back. This idea that I don’t want to give you something that I don’t even know that I have is almost at the point of ridiculous. Let’s use some common sense.”

Dr. James Meehan, MD followed by warning that mask wearing has “well-known risks that have been well-studied and they’re not being discussed in the risk analysis.”

“I’m seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise.”

“Why might that be? Because untrained members of the public are wearing medical masks, repeatedly... in a non-sterile fashion... They’re becoming contaminated. They’re pulling them off of their car seat, off the rearview mirror, out of their pocket, from their countertop, and they’re reapplying a mask that should be worn fresh and sterile every single time.”

Dr. Meehan adds:

“New research is showing that cloth masks may be increasing the aerosolization of the SARS-COV-2 virus into the environment causing an increased transmission of the disease...”

In conclusion, Dr. Meehan states:

“In February and March we were told not to wear masks. What changed? The science didn’t change. The politics did. This is about compliance. It’s not about science... Our opposition is using low-level retrospective observational studies that should not be the basis for making a medical decision of this nature.”

*

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John C. A. Manley has spent over a decade ghostwriting for medical doctors, as well as naturopaths, chiropractors and Ayurvedic physicians. He publishes the COVID-19(84) Red Pill Briefs – an email-based newsletter dedicated to preventing the governments of the world from using an exaggerated pandemic as an excuse to violate our freedom, health, privacy, livelihood and humanity. He is also writing a novel, *Brave New Normal: A Dystopian Love Story*. Visit his website at: [MuchAdoAboutCorona.ca](#). He is a frequent contributor to *Global Research*.

Featured image is by Engin Akyurt from Pixabay


READ MORE: Is the Face Mask Epidemic “Bringing on the Dumbing Down of Society?”

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COVID-19 Masks Are a Crime Against Humanity and Child Abuse

Testimony of a virologist

By [Dr. Margarite Griesz-Brisson](#) and [Henna Maria](#)

Theme: Science and Medicine

Global Research, October 28, 2020
[The Wall Will Fall](#) 5 October 2020



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The following is a transcript of the highlights (by Henna Maria) from **Dr. Margarite Griesz-Brisson's** recent extremely pressing video message, that was translated on-air from German into English by Claudia Stauber. Video at the end of the transcript.

Dr. Margarite Griesz-Brisson MD, PhD is a Consultant Neurologist and Neurophysiologist with a PhD in Pharmacology, with special interest in neurotoxicology, environmental medicine, neuroregeneration and neuroplasticity. This is what she has to say about masks and their effects on our brains:

"The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation. There are nerve cells for example in the hippocampus, that can't be longer than 3 minutes without oxygen – they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of the reaction time – reactions of the cognitive system.

However, when you have chronic oxygen deprivation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the undersupply of oxygen in your brain continues to progress.

We know that **neurodegenerative diseases take years to decades to develop**. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago.

While you're thinking, that you have gotten used to wearing your mask and rebreathing your own exhaled air, the degenerative processes in your brain are getting amplified as your oxygen deprivation continues.

The second problem is that the nerve cells in your brain are unable to divide themselves normally. So in case our governments will generously allow as to get rid of the masks and go back to breathing oxygen freely again in a few months, the lost nerve cells will no longer be regenerated. What is gone is gone.

[..]I do not wear a mask, I need my brain to think. I want to have a clear head when I deal with my patients, and not be in a carbon dioxide induced anaesthesia.

[..]There is no unfounded medical exemption from **face masks because oxygen deprivation is dangerous for every single brain**. It must be the free decision of every human being whether they want to wear a mask that is absolutely ineffective to protect themselves from a virus.

For children and adolescents, masks are an absolute no-no. Children and adolescents have an extremely active and adaptive immune system and they need a constant interaction with the microbiome of the Earth. Their brain is also incredibly active, as it is has so much to learn. The child's brain, or the youth's brain is thirsting for oxygen. The more metabolically active the organ is, the more oxygen it requires. In children and adolescents every organ is metabolically active.

To deprive a child's or an adolescent's brain from oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal. Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result **CANNOT** be reversed.

The child needs the brain to learn, and the brain needs oxygen to function. We don't need a clinical study for that. This is simple, indisputable physiology. Conscious and purposely induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication.


An absolute medical contraindication in medicine means that this drug, this therapy, this method or measure should not be used – is not allowed to be used. To coerce an entire population to use an absolute medical contraindication by force, there must be definite and serious reasons for this, and the reasons must be presented to competent interdisciplinary and independent bodies to be verified and authorised.

When in ten years, dementia is going to increase exponentially, and the younger generations couldn't reach their god-given potential, it won't help to say "we didn't need the masks".

[..]How can a veterinarian, a software distributor, a business man, an electrical car manufacturer and a physicist decided on matters regarding the health of the entire population? Please dear colleagues, we all have to wake up.

I know how damaging oxygen deprivation is for the brain, cardiologist knows it for the heart, the pulmonologist knows it for the lungs. Oxygen deprivation damages every single organ.

Where are our health departments, our health insurance, our medical associations? It would have been their duty to be vehemently against the lockdown and to stop it and stop it from the very beginning.

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COVID-19 Masks Are a Crime Against Humanity and Child Abuse

Testimony of a virologist

By [Dr. Margarite Griesz-Brisson](#) and [Henna Maria](#)

Theme: Science and Medicine

Global Research, October 28, 2020
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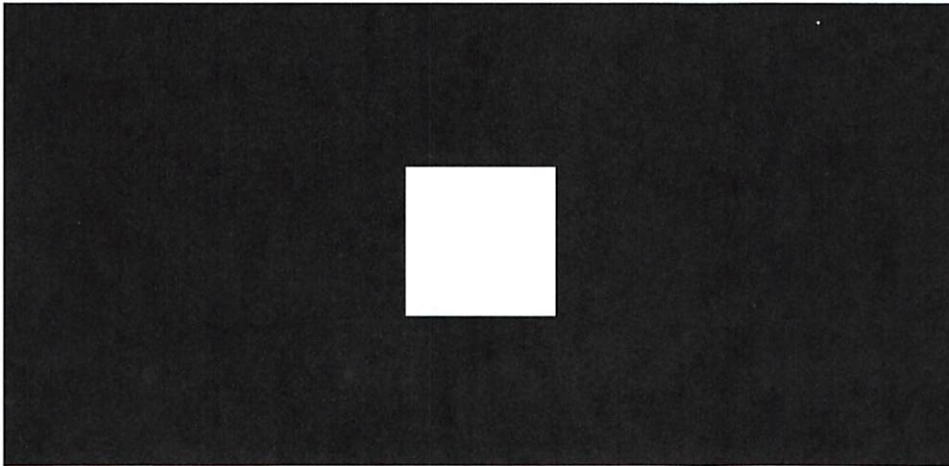
Where are our health departments, our health insurance, our medical associations? It would have been their duty to be vehemently against the lockdown and to stop it and stop it from the very beginning.

Who is responsible for this crime? The ones who want to enforce it? The ones who let it happen and play along, or the ones who don't prevent it? [...]It's not about masks, it's not about viruses, it's certainly not about your health. It is about much much more. I am not participating. I am not afraid.

[..]You can notice, they are already taking our air to breathe.

The imperative of the hour is personal responsibility.

We are responsible for what we think, not the media. We are responsible for what we do, not our superiors. We are responsible for our health, not the World Health Organisation. And we are responsible for what happens in our country, not the government."



00:00

00:00

*

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Featured image: A woman wearing a face mask is seen in the subway in Milan, Italy, March 2, 2020.(Photo by Daniele Mascolo/Xinhua)

READ MORE: ODMS: "Oxygen Deprivation Mask Syndrome" Now Sweeping Across the Globe

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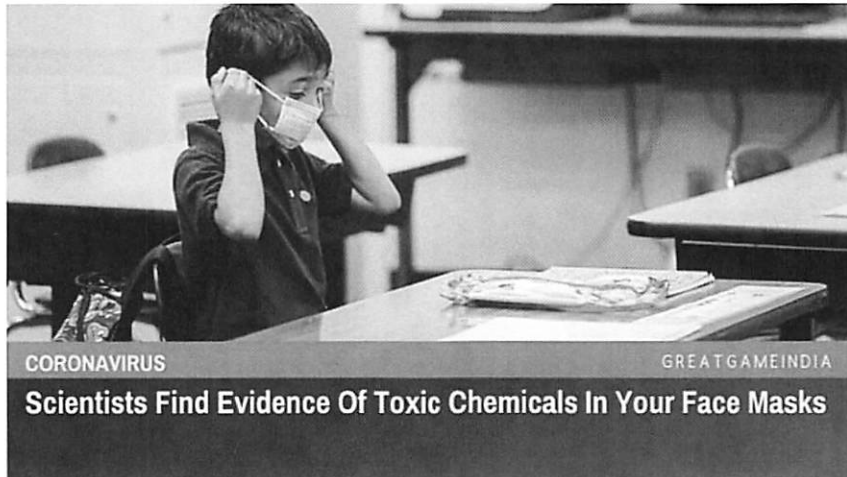
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Scientists Find Evidence Of Toxic Chemicals In Your Face Masks

April 6, 2021

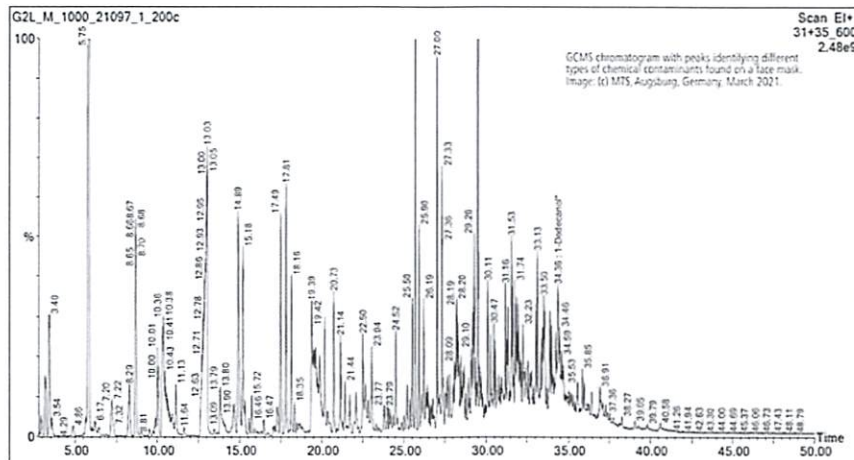
Scientists have found toxic chemicals in preliminary analysis of face masks. These toxic substances found on face masks also involve carcinogens, allergens and controlled substances. Masks are used by general public these days mandated by governments in order to prevent Covid-19 infection. However, experts are concerned that toxic chemicals in face masks can cause unintended health issues.



Before pandemic, China was the leading mask manufacturer of the world and solidified this position amid the outbreak of pandemic. It makes 85% of all masks.

Over 70,000 new companies registered to manufacture and sell face masks in China in 2020. High demand of masks lead concerns that masks are being made recklessly.

Preliminary analysis revealed that these masks are laced with toxic chemicals which are restricted for both environmental and health reasons.



Pictured, a GCMS chromatogram of the chemicals and compounds found on a face mask. The data comes from the unique analytical technique developed by Dr Dieter Sedlak

These substances include formaldehyde that causes a burning sensation in eyes and nose, watery eyes, nausea, wheezing and coughing.

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Director at the Hamburg Environmental Institute, Michael Braungart, conducted tests on masks that caused people to have rashes.

'What we are breathing through our mouth and nose is actually hazardous waste,' Professor Braungart said.

These used masks were found to contain formaldehyde and other chemicals.

Formaldehyde is the chemical which gives the 'clean' smell when a new pack of masks is opened. He also found aniline, a known carcinogen.

'We found formaldehyde and even aniline and noticed that unknown artificial fragrances were being applied to cover any unpleasant chemical smells from the mask, "he said."



"In the case of the blue-coloured surgical masks, we found cobalt – which can be used as a blue dye."

'All in all, we have a chemical cocktail in front of our nose and mouth that has never been tested for either toxicity or any long-term effects on health,' he said.

Dr Dieter Sedlak, managing director and co-founder of Modern Testing Services in Augsburg, also found formaldehyde, hazardous fluorocarbons (toxic) and other chemicals with his own unique testing method.



'Honestly, I had not expected PFCs would be found in a surgical mask, but we have special routine methods in our labs to detect these chemicals easily and can immediately identify them. This is a big issue,' said Dr Sedlak.

'It seems this had been deliberately applied as a fluid repellent – it would work to repel the virus in an aerosol droplet format – but PFC on your face, on your nose, on the mucus membranes or on the eyes is not good.'

PFCs are used in textiles to add a coating in items like jackets and rucksacks and this protective coating is not intended to be inhaled.



coating is not intended to be inhaled.

'Based on my practical experience there is certainly an elevated unreasonable risk,' says Dr Sedlak.

Masks designed to be used by public are not categorized as PPE, so they are not subjected to meet the standards to design masks used by doctors.

Though, the accountability for ensuring masks meet the standards lies with the manufacturer and their local authorities.

But, these masks only have to meet general safety laws instead of having to meet medical grade standards and pass regular quality checks.



'The General Product Safety Regulations 2005 (GPSR) sets out the responsibilities of the producers and distributors of these products,' the UK government website states.

'As face coverings are not medical devices, we do not regulate these products.'

Dr Julian Tang, a clinical virologist at the University of Leicester, repeated the sentiment of Professor Braungart and Dr Sedlak that more strong research is required.

'Further studies on specific mask designs need to be performed if there is a perceived possible risk for any particular mask – and masks made by different manufacturers may not pose the same risks – if any exist,' he said.



He says if people are concerned about their masks, one option is to use professional surgical masks which do have to meet stricter standards.

'Southeast Asian countries have been using millions of surgical masks since the first SARS-COV-1 outbreaks in 2003 – with no reported ill effects,' he adds.

'But even before this, globally, surgical masks have been used in surgery by teams around the world – for decades – with no reported ill effects.'

Liz Cole, co-founder of the Us For Them organisation that advocates for children's rights, says the findings are particularly concerning for youngsters.

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Liz Cole, co-founder of the Us For Them organisation that advocates for children's rights, says the findings are particularly concerning for youngsters.

'Us for Them are concerned that the recommendations for children to wear face coverings in classrooms seems to be informed by no new scientific evidence nor does any harm assessment appear to have been conducted,' she said.

'Given the potential issues of child health and welfare at stake it is imperative that potential harms of face coverings in classrooms be considered and weighed against benefits'.

For latest updates on the outbreak check out our [Coronavirus Coverage](#).

National Health

This was published 18 years ago

Farce mask: it's safe for only 20 minutes

April 27, 2003 – 10.00am

Retailers who cash in on community fears about SARS by exaggerating the health benefits of surgical masks could face fines of up to \$110,000.

NSW Fair Trading Minister Reba Meagher yesterday warned that distributors and traders could be prosecuted if it was suggested the masks offered unrealistic levels of protection from the disease.

"I'm sure everyone would agree that it is un-Australian to profiteer from people's fears and anxieties," Ms Meagher said.

"There appears to be some debate about whether surgical masks are able to minimise the effects of SARS."

Ms Meagher said her department would investigate any complaints about false mask claims which concerned the public.

"Penalties can range from fines of up to \$22,000 for an individual or \$110,000 for a corporation," she said.

Health authorities have warned that surgical masks may not be an effective protection against the virus.

"Those masks are only effective so long as they are dry," said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.

"As soon as they become saturated with the moisture in your breath they stop doing their job and pass on the droplets."

Professor Cossart said that could take as little as 15 or 20 minutes, after which the mask would need to be changed. But those warnings haven't stopped people snapping up the masks, with retailers reporting they are having trouble keeping up with demand.

John Bell from the Pharmaceutical Society of Australia, who owns a pharmacy in Woollahra, Sydney, said mask supplies were running low.

"At the moment we don't have any because we haven't been able to get any in the last few days," Mr Bell said. "In the early stages it was unbelievable; we'd get people coming in all the time."

Mr Bell agreed with Professor Cossart's assessment regarding the effectiveness of the masks.

"I think they're of marginal benefit," he said. "In a way they give some comfort to people who think they're doing as much as they can do to prevent the infection."

That seems to be the mentality of travellers to Asian destinations, who are buying and wearing the masks while overseas.

Rosemary Taylor, of Kirribilli, arrived in Sydney from Shanghai last week after a two-week holiday in China. Ms Taylor and travelling companion Joan Switzer had worn the masks during the trip home, even though they had been warned they were of little value.

"We were told you need 16 layers on your mask for it to offer 95per cent protection," Ms Taylor said.



Editor's Note: This letter was published on January 6, 2021, at NEJM.org.

CORRESPONDENCE

Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden

February 18, 2021

N Engl J Med 2021; 384:669-671

DOI: 10.1056/NEJMc2026670

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TO THE EDITOR:

In mid-March 2020, many countries decided to close schools in an attempt to limit the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus causing coronavirus disease 2019 (Covid-19).^{1,2} Sweden was one of the few countries that decided to keep preschools (generally caring for children 1 to 6 years of age) and schools (with children 7 to 16 years of age) open. Here, we present data from Sweden on Covid-19 among children 1 to 16 years of age and their teachers. In Sweden, Covid-19 was prevalent in the community during the spring of 2020.³ Social distancing was encouraged in Sweden, but wearing face masks was not.³

Data on severe Covid-19, as defined by intensive care unit (ICU) admission, were prospectively recorded in the nationwide Swedish intensive care registry. We followed all children who were admitted to an ICU between March 1 and June 30, 2020 (school ended around June 10) with laboratory-verified or clinically verified Covid-19, including patients who were admitted for multisystem inflammatory syndrome in children (MIS-C, which is likely to be related to Covid-19)⁴ according to the Swedish Pediatric Rheumatology Quality Register. (More information on the registry and a link to the World Health Organization scientific brief on MIS-C are provided in the Supplementary Appendix, available with the full text of this letter at NEJM.org.) The Stockholm Ethics Review Board approved the study. Informed consent was waived by the review board.

Table 1.

New Danish Study Finds Masks Don't Protect Wearers From COVID Infection

A newly released study in the academic journal *Annals of Internal Medicine* casts more doubt on policies that force healthy individuals to wear face coverings.

Wednesday, November 18, 2020



Image Credit: www.vperemen.com, CC BY-SA 4.0, via Wikimedia Commons



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Few issues are more contentious in modern American life than mandatory mask orders. And the debate is about to get even more heated.

A newly released [study](#) in the academic journal *Annals of Internal Medicine* casts more doubt on policies that force healthy individuals to wear face coverings in hopes of limiting the spread of COVID-19.

“Researchers in Denmark reported on Wednesday that surgical masks did not protect the wearers against infection with the coronavirus in a large randomized clinical trial,” the *New York Times* [reports](#).

“Researchers in Denmark reported on Wednesday that surgical masks did not protect the wearers against infection with the coronavirus in a large randomized clinical trial.” <https://t.co/bKOENjCKVq>

— J.B. Handley (@GenRescue) [November 18, 2020](#)

The study is perhaps the best scientific evidence to date on the efficacy of masks.

To conduct the study, which ran from early April to early June, scientists at the [University of Copenhagen](#) recruited more than 6,000 participants who had tested negative for COVID-19 immediately prior to the experiment.

Half the participants were given surgical masks and instructed to wear them outside the home; the other half were instructed to not wear a mask outside the home.

Roughly 4,860 participants finished the experiment, the *Times* reports. The results were not encouraging.

“The researchers had hoped that masks would cut the infection rate by half among wearers. Instead, 42 people in the mask group, or 1.8 percent, got infected, compared with 53 in the unmasked group, or 2.1 percent. The difference was not statistically significant,” the *Times* reports.

Dr. Henning Bundgaard, lead author of the experiment and a physician at the University of Copenhagen, told the newspaper the results of his research are clear.

“Our study gives an indication of how much you gain from wearing a mask,” Bundgaard said. “Not a lot.”

The *Times* notes that the research “did not contradict growing evidence that masks can prevent transmission of the virus from wearer to others”—but adds that the study’s findings are at odds with the Centers for Disease Control and Prevention (CDC), which just last week endorsed the view that face coverings protect individuals from contracting the virus.

Two important things should be noted here, however.

The *Times* is correct that the study “did not contradict” evidence that suggests masks can prevent sick people from transmitting the virus to others. But the Danish study didn’t test for this; as the paper notes, only healthy people were tested in the experiment.

Second, there was never much dispute on whether sick people should wear a mask. From the beginning of the pandemic, public health officials agreed that infected people should wear a mask to reduce the likelihood of transmitting the virus to others.

“The masks are important for someone who is infected to prevent them from infecting someone else,” Dr. Anthony Fauci noted back in March on *60 Minutes*. “When you’re in the middle of an outbreak, wearing a mask might make people feel a little bit better, and it might even block a droplet. But it is not providing the perfect protection that people think that it is, and often there are unintended consequences; people keep fiddling with the mask and touching their face.”

Fauci would later modify his position, saying he discouraged masks out of concern of a supply shortage. But he was not wrong that mask wearing comes with unintended consequences, such as people touching their faces a lot. (Watch the video below if you doubt this.)

CDC chief Robert Ray Redfield Jr. has gone further than Fauci, declaring in public testimony that “this face mask is more guaranteed to protect me against COVID than when I take a COVID vaccine.”

However, Redfield's assertion is not backed up with scientific evidence. As the authors of the Danish study point out, the World Health Organization "acknowledges that we lack evidence that wearing a mask protects healthy persons from SARS-CoV-2."

CSPAN 
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.@CDCDirector Dr. Robert Redfield: "These face masks are the most important, powerful public health tool we have...I might even go so far as to say that this face mask is more guaranteed to protect me against COVID than when I take a COVID vaccine."

[Watch on Twitter](#)

12:53 PM · Sep 16, 2020



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The results of the Danish study undermine the assertion from public health officials that wearing a surgical mask can protect individuals from COVID-19 infection, but that's unlikely to end the mask debate, which has become one of the most vitriolic issues in America today.

It's worth pointing out, however, that masks were not a divisive issue until governments began mandating their use.

As I've said before, reasonable and persuasive cases can be made both for and against the use of masks in the healthy population. But by replacing individual choice with collective mandates, public officials have politicized the issue and polluted the science. For example, scientists have faced retraction demands on research that concluded mask-for-all policies were not based on sound data. Additionally, the Danish study appears to have been delayed because medical journals were wary of its findings.

Few of us—even medical professionals, it seems—are able to answer with any degree of certainty whether masks are an effective form of protection against the coronavirus.

Some see this as a reason to force everyone to wear a mask. Yet in reality, the uncertainty is all the more reason the decision should be left to individuals.

"All rational action is in the first place individual action," the economist Ludwig von Mises once observed. "Only the individual thinks. Only the individual reasons. Only the individual acts."

Public health officials should not be recommending a preventative measure—let alone mandating it—without knowing it is effective. (In public health, this is known as the principle of effectiveness.)

Governments forcing healthy people into mask-wearing was always an affront to the rights we hold over our own bodies and our basic human dignity.

It's also beginning to look more and more like an affront to science.

Additional Reading:

[Voluntarily Wearing Masks Can Save Lives and Open the Economy Faster](#)

[Authors Retract Study Showing Efficacy of Mask Mandates—as Biden Pushes Nationwide Requirement](#)

Europe's Top Health Officials Say Masks Aren't Helpful in Beating COVID-19

The Sneaky Trick a Public Health Official Used to Make Mask Mandates Look Super Effective

Masks Are a Tool, Not a Panacea



Jon Miltimore

Jonathan Miltimore is the Managing Editor of FEE.org. His writing/reporting has been the subject of articles in TIME magazine, The Wall Street Journal, CNN, Forbes, Fox News, and the Star Tribune. Bylines: Newsweek, The Washington Times, MSN.com, The Washington Examiner, The Daily Caller, The Federalist, the Epoch Times.

Masks Do Not Work Even In Hospitals!

By
[Vision Launch Media](#)

-

August 15, 2020
98263

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By [Arthur Firstenberg](#)

As a person who went to medical school, I was shocked when I read Neil Orr's [study](#), published in 1981 in the Annals of the Royal College of Surgeons of England.

Dr. Orr was a surgeon in the Severalls Surgical Unit in Colchester. And for six months, from March through August 1980, the surgeons and staff in that unit decided to see what would happen if they did not wear masks during surgeries.

They wore no masks for six months and compared the rate of surgical wound infections from March through August 1980 with the rate of wound infections from March through August of the previous four years.

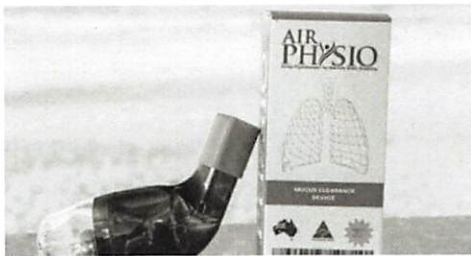


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Yes No I'm not sure

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And they discovered, to their amazement, that when nobody wore masks during surgeries, the rate of wound infections was less than half what it was when everyone wore masks.

Their conclusion: *"It would appear that minimum contamination can best be achieved by not wearing a mask at all"* and that wearing a mask during surgery *"is a standard procedure that could be abandoned."*

I was so amazed that I scoured the medical literature, sure that this was a fluke, and that newer studies must show the utility of masks in preventing the spread of disease.

But to my surprise the medical literature for the past forty-five years has been consistent: masks are useless in preventing the spread of disease and, if anything, are unsanitary objects that themselves spread bacteria and viruses.

The operating room environment as affected by people and the surgical face mask:

- Ritter et al., in 1975, found that **"the wearing of a surgical face mask had no effect upon the overall operating room environmental contamination."**
- Ha'eri and Wiley, in 1980, applied human albumin microspheres to the interior of surgical masks in 20 operations. At the end of each operation, wound washings were examined under the microscope. **"Particle contamination of the wound was demonstrated in all experiments."**
- Laslett and Sabin, in 1989, found that caps and masks were not necessary during cardiac catheterization. **"No infections were found in any patient, regardless of whether a cap or**

mask was used,” they wrote. Sjøel and Kelbaek came to the same conclusion in 2002.

- In Tunevall’s 1991 study, a general surgical team wore no masks in half of their surgeries for two years. After 1,537 operations performed with masks, the wound infection rate was 4.7%, while after 1,551 operations performed without masks, the wound infection rate was only 3.5%.
- A review by Skinner and Sutton in 2001 concluded that **“The evidence for discontinuing the use of surgical face masks would appear to be stronger than the evidence available to support their continued use.”**
- Lahme et al., in 2001, wrote that **“surgical face masks worn by patients during regional anesthesia, did not reduce the concentration of airborne bacteria over the operation field in our study. Thus they are dispensable.”**
- Figueiredo et al., in 2001, reported that in five years of doing peritoneal dialysis without masks, rates of peritonitis in their unit were no different than rates in hospitals where masks were worn.
- Bahli did a systematic literature review in 2009 and found that **“no significant difference in the incidence of postoperative wound infection was observed between masks groups and groups operated with no masks.”**
- Surgeons at the Karolinska Institute in Sweden, recognizing the lack of evidence supporting the use of masks, ceased requiring them in 2010 for anesthesiologists and other non-scrubbed personnel in the operating room. **“Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist,”** wrote Dr. Eva Sellden.
- Webster et al., in 2010, reported on obstetric, gynecological, general, orthopedic, breast, and urological surgeries performed on 827 patients. All non-scrubbed staff wore masks in half the surgeries, and none of the non-scrubbed staff wore masks in half the surgeries. Surgical site infections occurred in 11.5% of the Mask group, and in only 9.0% of the No Mask group.
- Lipp and Edwards reviewed the surgical literature in 2014 and found **“no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.”** Vincent and Edwards updated this review in 2016 and the conclusion was the same.
- Carøe, in a 2014 review based on four studies and 6,006 patients, wrote that **“none of the four studies found a difference in the number of post-operative infections whether you used a surgical mask or not.”**

- [Salassa and Swiontkowski](#), in 2014, investigated the necessity of scrubs, masks, and head coverings in the operating room and concluded that “**there is no evidence that these measures reduce the prevalence of surgical site infection.**”
- [Da Zhou et al.](#), reviewing the literature in 2015, concluded that “**there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination.**”

Schools in China are now **prohibiting students from wearing masks** while exercising. Why? Because it was killing them. It was depriving them of oxygen and it was killing them. At least three children died during Physical Education classes — two of them while running on their school’s track while wearing a mask. And a **26-year-old man suffered a collapsed lung** after running two and a half miles while wearing a mask.

Mandating masks has not kept death rates down anywhere. The 20 U.S. states that have never ordered people to wear face masks indoors and out have dramatically lower COVID-19 death rates than the 30 states that have mandated masks. Most of the no-mask states have COVID-19 death rates below 20 per 100,000 population, and none have a death rate higher than 55. All 13 states that have death rates higher 55 are states that have required the wearing of masks in all public places. It has not protected them.

“We are living in an atmosphere of permanent illness, of meaningless separation,” writes Benjamin Cherry in the Summer 2020 issue of *New View* magazine. A separation that is destroying lives, souls, and nature.

Arthur Firstenberg
August 11, 2020

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Are Face Masks Effective? The Evidence.

Updated: February 2022

First published: July 2020

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An overview of the current evidence regarding the effectiveness of face masks.

Contents

A) Studies ↓ **B)** WHO review ↓ **C)** Real-world evidence ↓ **D)** N95/FFP2 masks ↓ **E)** Additional aspects ↓ **F)** The aerosol issue ↓ **G)** Contrary evidence ↓ **H)** Mask-related risks ↓ **I)** Conclusion ↓

A) Studies on the effectiveness of face masks

So far, most studies found little to no evidence for the effectiveness of face masks in the general population, neither as personal protective equipment nor as a source control.

1. A May 2020 meta-study on pandemic influenza published by the **US CDC** found that face masks had no effect, neither as personal protective equipment nor as a source control.

(Source)

2. A **WHO review** of ten randomized controlled trials of face masks against influenza-like illness, published in September 2019, found no statistically significant benefit. (Source)
3. 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. (Source)
4. A large randomized controlled trial with close to 8000 participants, published in October 2020 in **PLOS One**, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.” (Source)
5. A February 2021 review by the **European CDC** found no high-quality evidence in favor of face masks and recommended their use only based on the ‘precautionary principle’. (Source)
6. 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. (Source)
7. A November 2020 **Cochrane review** found that face masks did not reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers. (Source)
8. An August 2021 study published in the **Int. Research Journal of Public Health** found “no association between mask mandates or use and reduced COVID-19 spread in US states.” (Source)
9. A July 2021 experimental study published by the **American Institute of Physics** found that face masks reduced indoor aerosols by at most 12% and even increased them locally. (Source)
10. A May 2020 article by researchers from **Harvard Medical School**, published in the New England Journal of Medicine, concluded that face masks offer “little, if any, protection”. (Source)
11. A 2015 study in the British Medical Journal **BMJ Open** found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use. (Source)
12. An August 2020 review by a **German professor** in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections. (Source)

For a review of studies claiming face masks are effective, see section G) below.

B) WHO review of face mask trials (2019)

In September 2019, shortly before the coronavirus pandemic, the World Health Organization (WHO) published a comprehensive report on “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza”.

The report reviewed ten randomized controlled trials concerning the effectiveness of face masks against influenza-like illness (ILI). As the following table shows, none of the trials found a statistically significant benefit of face masks.

Table 7. Description of studies included in the review of face masks

STUDY	STUDY DESIGN	STUDY PERIOD	POPULATION & SETTING	INTERVENTION	OUTCOME & FINDING	QUALITY OF EVIDENCE
Aiello AE, 2010 (20)	Cluster-randomized intervention trial	Nov 2006 – Mar 2007	1437 university hall residents (USA)	Mask; Mask + Hand hygiene; control	Significant reduction in ILI during weeks 4–6 in mask and hand hygiene group compared to control; No significant reduction in ILI in mask and hand group or mask-only group or control	Moderate
Aiello AE, 2012(23)	Cluster-randomized interventional trial	Nov 2007 – Mar 2008	1178 university hall residents (USA)	Mask; Mask + Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in mask and hand group or mask-only group or control group	Moderate
Barasheed O, 2014 (50)	Non-blinded cluster-randomized trial	Nov 2011 – Nov 2011	164 Australian pilgrims (Saudi Arabia)	Mask; control	No significant difference in laboratory-confirmed influenza in two arms; protective effect against syndromic ILI compared to controls (31% versus 53%, $p = 0.04$)	Moderate
Cowling BJ, 2008 (26)	Cluster-randomized intervention trial	Feb 2007 – Sep 2007	198 laboratory-confirmed influenza case and their household contacts	Mask; Hand hygiene; control	No significant reduction in the secondary influenza attack rate in control, mask or hand group	Moderate
Cowling BJ, 2009 (19)	Cluster-randomized intervention trial	Jan 2008 – Sep 2008	407 laboratory-confirmed influenza case and 794 household members	Mask; Mask + Hand hygiene; control	No significant difference in rates of laboratory-confirmed influenza in hand-only or mask and hand group	Moderate
Larson EL, 2010 (21)	Cluster-randomized intervention trial	Nov 2006 – Jul 2008	617 households	Mask + Hand hygiene; Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in control, hand, mask or hand group	Moderate
MacIntyre CR, 2009 (48)	Cluster-randomized intervention trial	Aug 2006 – Oct 2006 & Jun 2007 – Oct 2007	145 laboratory-confirmed influenza case and their adult household contacts	Surgical mask; P2 mask; control	No significant difference in rate of laboratory-confirmed influenza in control, face mask or P2 mask group	Moderate
MacIntyre CR, 2016 (49)	Cluster-randomized intervention trial	Nov 2013 – Jan 2014	245 ILI index case and 597 household contacts	Mask; control	Clinical respiratory illness, ILI and laboratory-confirmed viral infections were lower in the mask arm compared to control, but results were not statistically significant	Moderate
Simmerman JM, 2011 (22)	Cluster-randomized intervention trial	Apr 2008 – Aug 2009	465 laboratory-confirmed influenza case and their household contacts	Mask + Hand hygiene; hand hygiene; control	No significant reduction in rate of secondary influenza infection in control, hand, mask or hand group	Moderate
Suess (2012) (24)	Cluster-randomized intervention trial	Nov 2009 – Jan 2010 & Jan 2011 – Apr 2011	84 laboratory-confirmed influenza case and 218 household contacts	Mask; Mask + Hand; control	No significant difference in rate of laboratory-confirmed influenza in control, mask, mask or hand group	Moderate

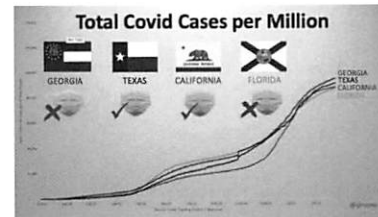
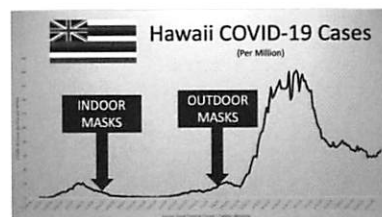
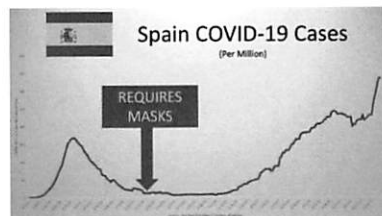
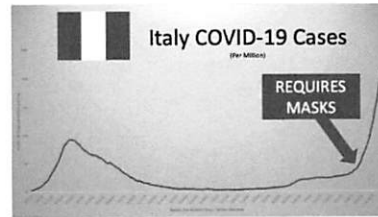
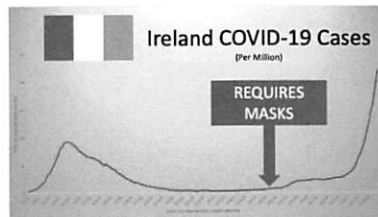
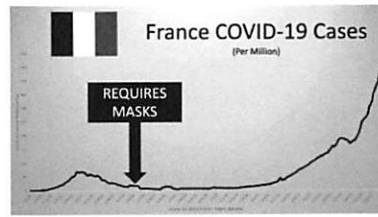
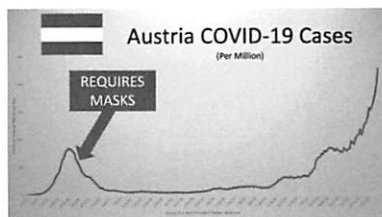
ILI: influenza-like illness; USA: United States of America.

WHO: 2019 review of face mask RCTs (WHO report/annex)

C) Development of cases after mask mandates

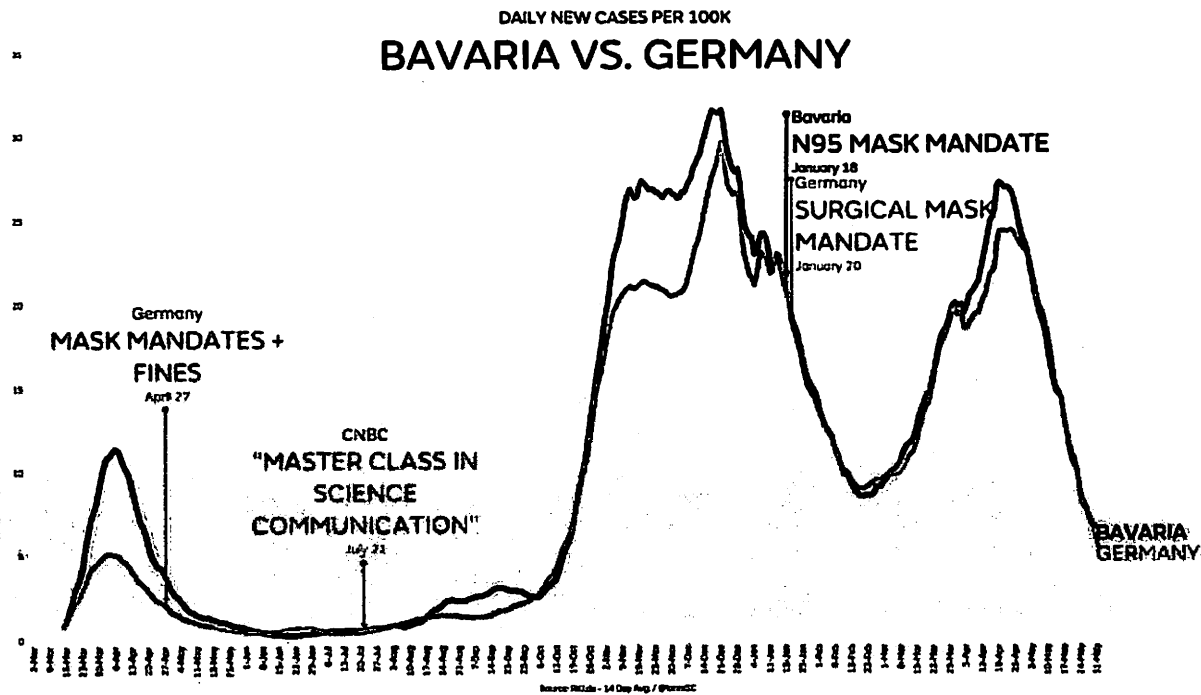
In many states, coronavirus infections strongly increased after mask mandates had been introduced. The following charts show the typical examples of Austria, Belgium, France, Germany, Ireland, Italy, Spain, the UK, California and Hawaii. Furthermore, a direct comparison between US states with and without mask mandates indicates that mask mandates have made no difference. (**Charts:** Y. Weiss)

For an updated version of these charts, see the postscript below.



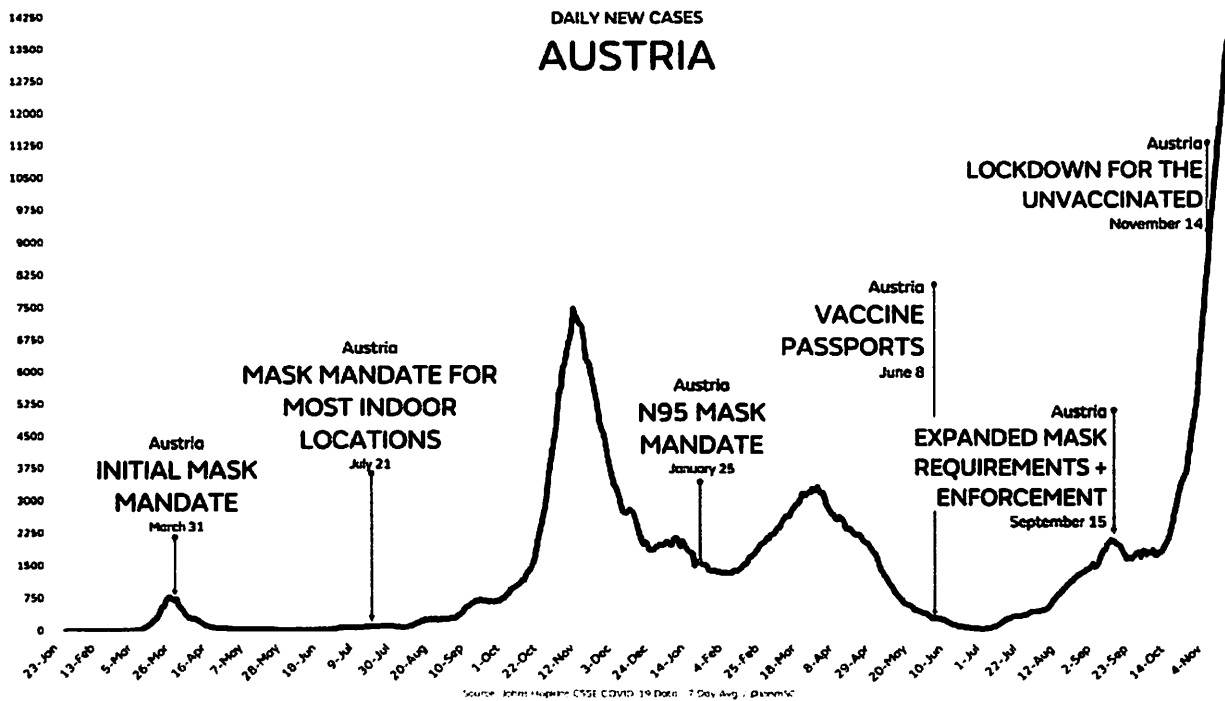
D) Effectiveness of N95/FFP2 mask mandates

In January 2021, the German state of **Bavaria** was one of the first places in the world to mandate N95/FFP2 masks in most public settings. A comparison with other German states, which required cloth or medical masks, indicates that even N95/FFP2 masks have made no difference.



Covid cases in the German state of Bavaria (FFP2/N95 mandate since 01/21) vs. Germany overall (RKI/ISC)

In January 2021, **Austria** was the first country in the world to introduce an N95/FFP2 mask mandate at the national level. The mandate was further expanded in September 2021. Nevertheless, by November 2021 Austria reported the highest infection rate in the world.



Austria: Interventions and infections (IanMSC)

E) Additional aspects

1. There is increasing evidence that the novel coronavirus is transmitted, at least in indoor settings, not primarily by droplets but by much smaller **aerosols**. However, due to their

large pore size and poor fit, **most face masks cannot filter out aerosols** (see video analysis below): **over 90% of aerosols** penetrate or bypass the mask and fill a medium-sized room within minutes.

2. The **WHO** admitted to the BBC that its June 2020 **mask policy update** was due not to new evidence but “**political lobbying**”: “We had been told by various sources **WHO committee reviewing the evidence had not backed masks but they recommended them due to political lobbying**. This point was put to WHO who did not deny.” (D. Cohen, BBC Medical Correspondent).
3. To date, the only **randomized controlled trial (RCT)** on face masks against SARS-CoV-2 infection in a community setting found no statistically significant benefit (see above). However, three major journals refused to publish this study, delaying its publication by several months.
4. An analysis by the **US CDC** found that 85% of people infected with the new coronavirus reported wearing a mask “always” (70.6%) or “often” (14.4%). Compared to the control group of uninfected people, always wearing a mask did not reduce the risk of infection.
5. Researchers from the University of Minnesota found that the **infectious dose of SARS-CoV-2** is just 300 virions (virus particles), whereas a single minute of normal speaking may generate more than 750,000 virions, making face masks unlikely to prevent infection.
6. Contrary to common belief, studies **in hospitals** found that the wearing of a medical mask by surgeons during operations didn’t reduce post-operative bacterial wound infections in patients.
7. Many health authorities argued that face masks **suppressed influenza**; in reality, influenza was temporarily displaced by the more infectious coronavirus. Indeed, influenza disappeared even in states without masks, lockdowns and school closures (e.g. Sweden and Florida).
8. The initially low coronavirus infection rate in some **Asian countries** was not due to masks, but due to very rapid border controls. For instance, Japan, despite its widespread use of face masks, had experienced its most recent influenza epidemic just one year prior to the covid pandemic.
9. Early in the pandemic, the advocacy group “Mask for All” argued that **Czechia** had few infections thanks to the early use of masks. In reality, the pandemic simply hadn’t reached Eastern Europe yet; a few months later, Czechia had one of the highest infection rates in the world.
10. During the notorious **1918 influenza pandemic**, the use of face masks among the general population was widespread and in some places mandatory, but they **made no difference**.

F) The facemask aerosol issue

In the following video, Dr. Theodore Noel explains the facemask aerosol issue.

G) Studies claiming face masks are effective

Some recent studies argued that face masks are indeed effective against the new coronavirus and could at least prevent the infection of other people. However, most of these studies suffer from poor methodology and sometimes show the opposite of what they claim to show.

Typically, these studies ignore the effect of other measures, the natural development of infection rates, changes in test activity, or they compare places with different epidemiological conditions. Studies performed in a lab or as a computer simulation often aren't applicable to the real world.

An overview:

1. A **meta-study in the journal Lancet**, commissioned by the **WHO**, claimed that masks could reduce the risk of infection by 80%, but the studies considered mainly N95 respirators in a hospital setting, not cloth masks in a community setting, the strength of the evidence was reported as "low", and experts found numerous flaws in the study. Professor Peter Jueni, epidemiologist at the University of Toronto, called the WHO study "essentially useless".
2. A study in the journal **PNAS** claimed that masks had led to a decrease in infections in three global hotspots (including New York City), but the study did not take into account the

natural decrease in infections and other simultaneous measures. The study was so flawed that over 40 scientists recommended that the study be withdrawn.

3. A **US study** claimed that US counties with mask mandates had lower Covid infection and hospitalization rates, but the authors had to withdraw their study as infections and hospitalizations increased in many of these counties shortly after the study was published.
4. A large study **run in Bangladesh** claimed that surgical masks, but not cloth masks, reduced “symptomatic SARS-CoV-2 infections” by 0.08% (ARR), and only in people over 50. But a subsequent re-analysis of the study by statisticians found that there was in fact no benefit at all. According to one reviewer, the Bangladesh study was designed so poorly that it “ended before it even began”.
5. A **German study** claimed that the introduction of mandatory face masks in German cities had led to a significant decrease in infections. But the data did not support this claim: in some cities there was no change, in others a decrease, in others an increase in infections (see graph below). The city of **Jena** was an ‘exception’ only because it simultaneously introduced the strictest quarantine rules in Germany, but the study did not mention this.
6. A review by the **University of Oxford** claimed that face masks are effective, but it was based on studies about SARS-1 and in health care settings, not in community settings.
7. A review by members of the **lobby group ‘Masks for All’**, published in the journal PNAS, claimed that masks are effective as a source control against aerosol transmission in the community, but the review provided no real-world evidence supporting this proposition.
8. A study published in **Nature Communications** in June 2021 claimed that masks reduced the risk of infection by 62%, but the study relied on self-reported online survey results and various modelling assumptions, not on actual measurements.
9. A meta-study published in the **BMJ** claimed face masks reduced infections by 53%, but the meta-study was based on seven low-quality observational studies. In response, the BMJ published an editorial acknowledging the “lack of good research” and the implausibility of the result.
10. A German study, published in PNAS, claimed that **N95/FFP2** masks are highly effective against coronavirus infections, but the study consisted only of a mathematical model without any real-world or lab data (see section D above).

The annex of the German Jena study showed that face masks weren’t effective:

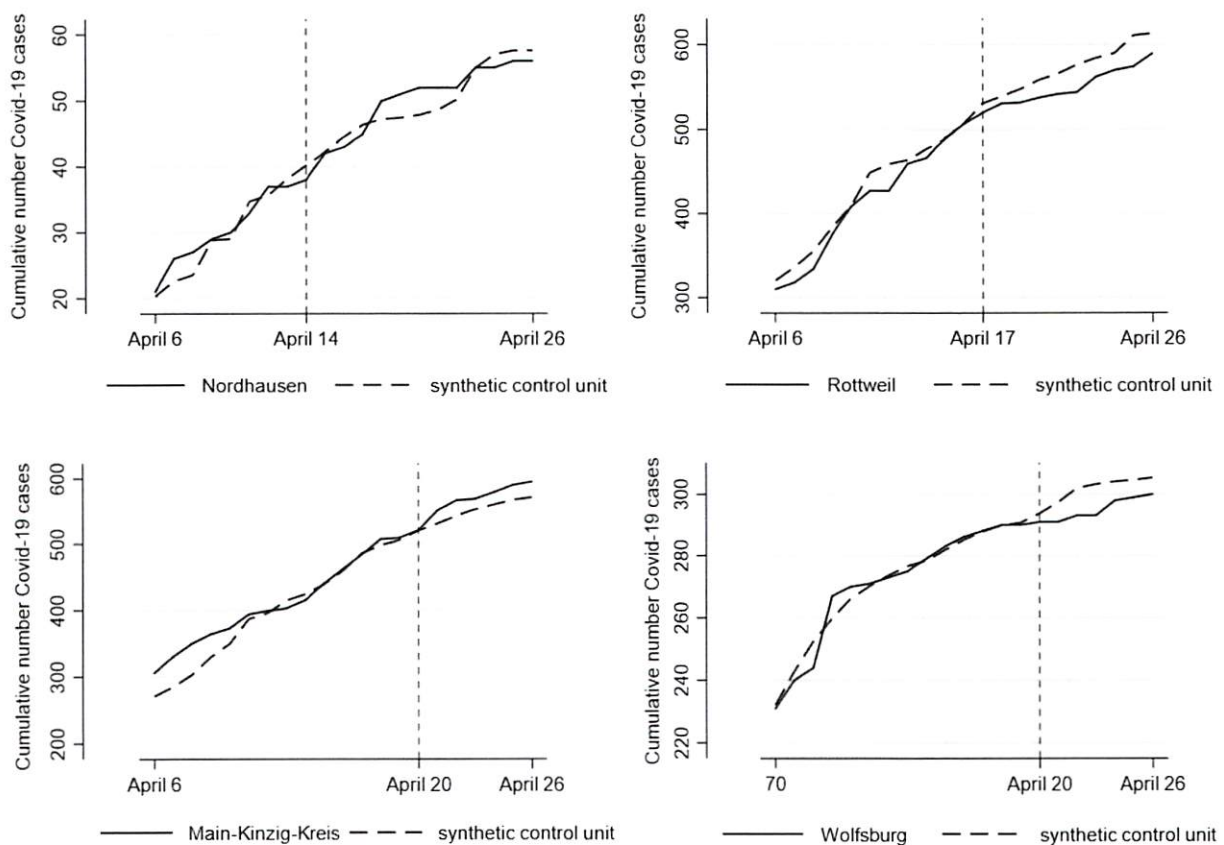


Figure A7: Treatment effects for introduction of face masks in other cities

Mandatory masks in German cities: no relevant impact. (IZA 2020)

H) Risks associated with face masks

Wearing masks for a prolonged period of time may not be harmless, as the following evidence shows:

1. The **WHO** warns of various “side effects” such as difficulty breathing and skin rashes.
2. An Israeli-Canadian study, published in **Cognitive Research** in February 2022, found that “face masks disrupt holistic processing and face perception in school-age children”.
3. Tests conducted by the **University Hospital of Leipzig** in Germany have shown that face masks significantly reduce the resilience and performance of healthy adults.
4. A **German psychological study** with about 1000 participants found “severe psychosocial consequences” due to the introduction of mandatory face masks in Germany.
5. The **Hamburg Environmental Institute** warned of the inhalation of chlorine compounds in polyester masks as well as problems in connection with face mask disposal.
6. The European rapid alert system **RAPEX** has already recalled over 100 mask models because they did not meet EU quality standards and could lead to “serious risks”.

7. A study by the **University of Muenster** in Germany found that on N95 (FFP2) masks, Sars-CoV-2 may remain infectious for several days, thus increasing the risk of self-contamination.
8. In China, **several children** who had to wear a mask during gym classes **fainted and died**; autopsies found a sudden cardiac arrest as the probable cause of death. In the US, a **car driver** wearing an N95 (FFP2) mask **fainted and crashed** due to CO2 intoxication.

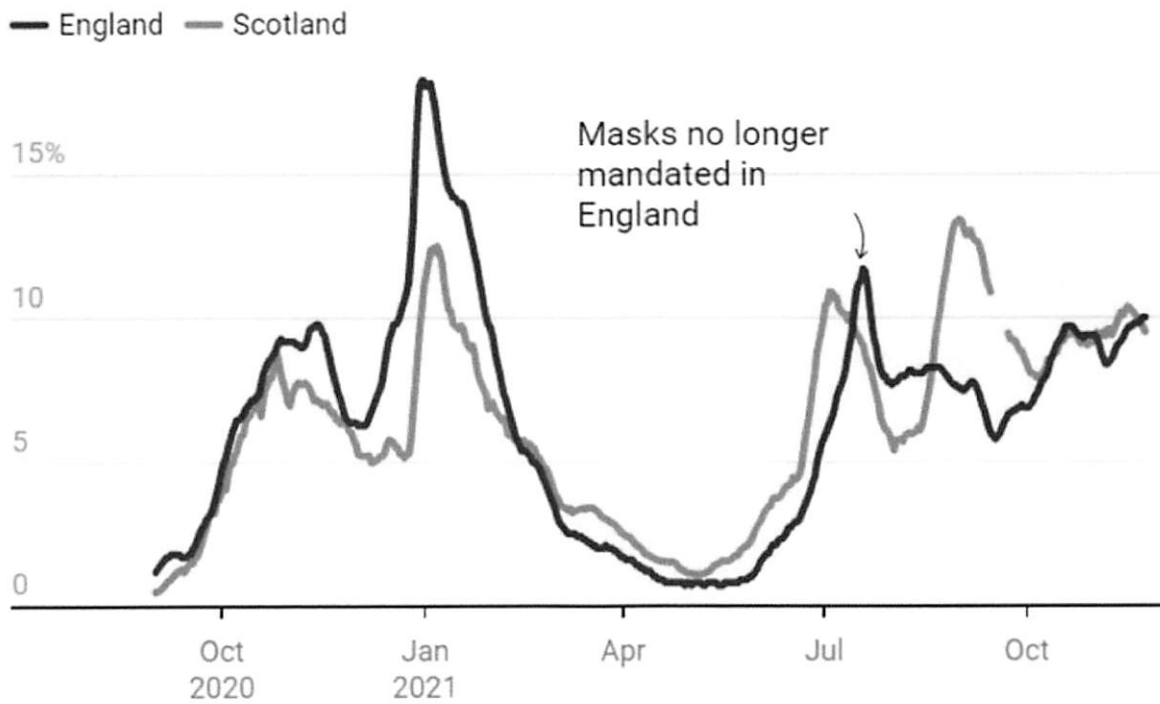
Video: A mask-wearing, 19-year-old US athlete collapsed during an 800-meter run (April 2021):



Conclusion

Face masks in the general population might be effective, at least in some circumstances, but there is currently little to no evidence supporting this proposition. If the coronavirus is primarily transmitted via indoor aerosols, face masks are unlikely to be protective. Thus, health authorities should not assume or suggest that face masks will reduce the rate or risk of infection.

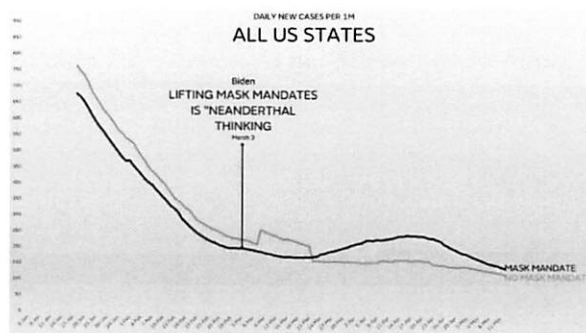
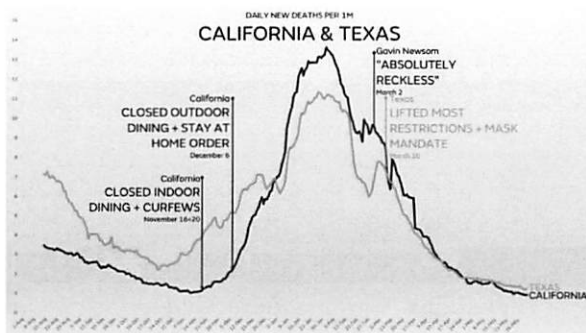
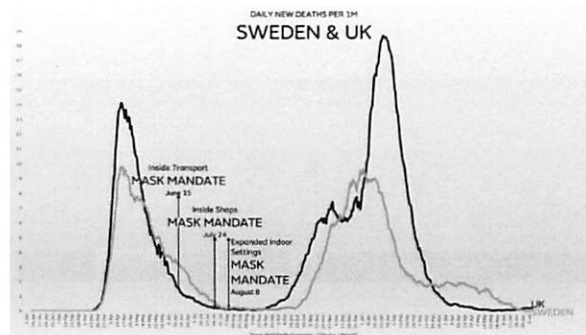
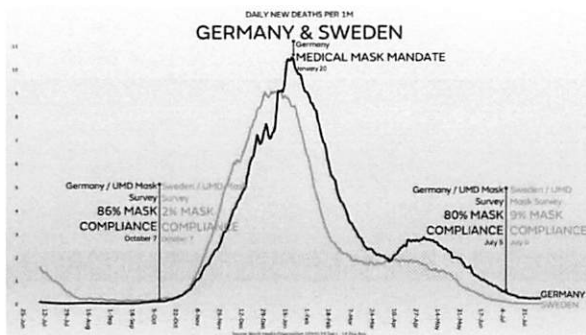
England vs. Scotland: Mask mandate without benefit

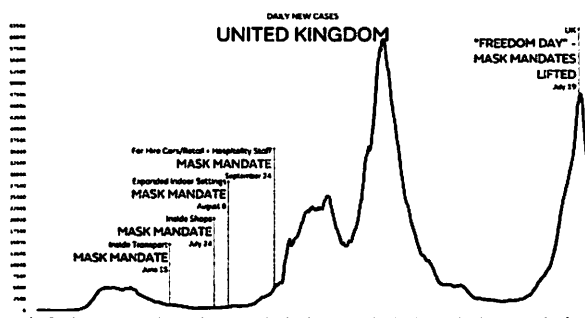
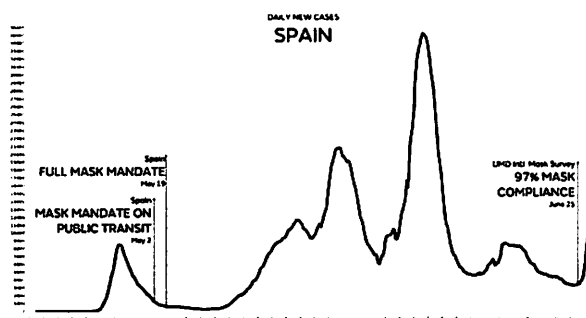
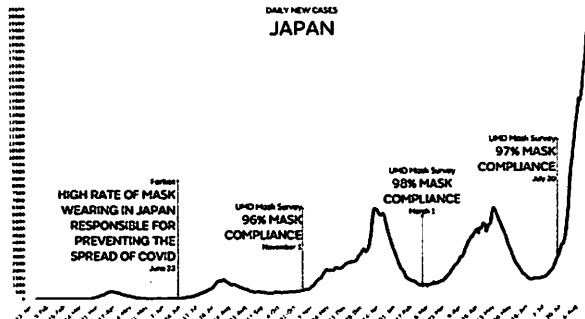
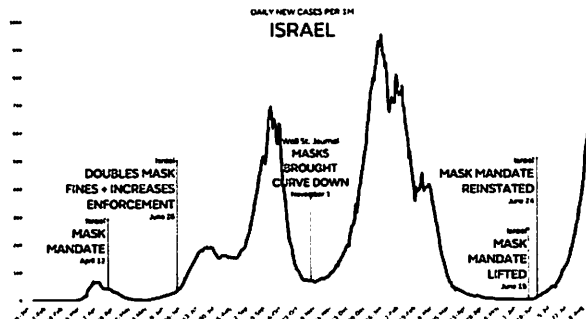
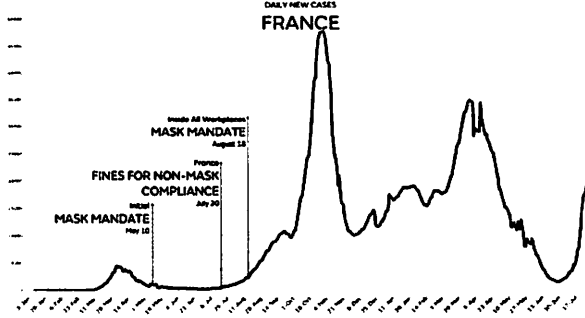
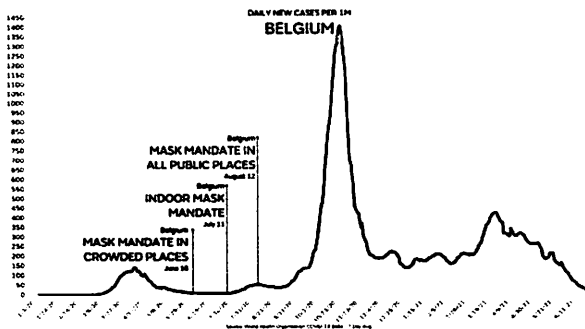
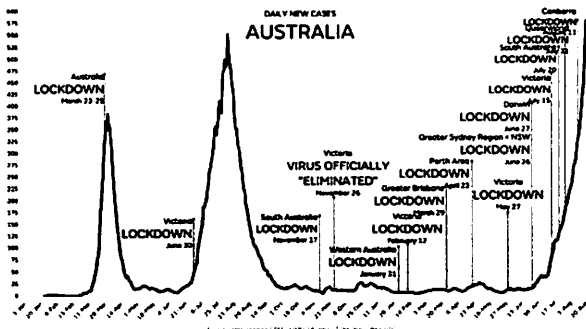


PCR positivity rate: England removed its mask mandate on July 19, 2021 (Spectator/DS)

Postscript (August 2021)

A long-term analysis shows that infections have been driven primarily by seasonal and endemic factors, whereas mask mandates and lockdowns have had no discernible impact (**charts:** IanMSC).





Further reading

- The face mask folly in retrospect (August 2021)

See also

- Facts about covid
- Covid vaccine review

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The Year of Disguises



Roger W. Koops (https://www.aier.org/staffs/roger-w-koops/) - October 16,

2020 (/custom-search-results/?post_date=10162020)

Reading Time: 22 minutes



2020 is a year of disguises. Some examples include computer models/modelers disguised as “science/scientists,” Tyrants/Dictators/Totalitarians disguised as “elected officials,” propaganda machines disguised as “news sources,” brainwashing disguised as “information,” censorship disguised as “public health safeguard,” panic and fear disguised as “social responsibility.”

Even the virus itself has been disguised by humans as an “apocalypse.” But, the last part is not the doing of the virus, but the doings of a select number of humans who are responsible for many of the other disguises as well. And if you look at the totality of events in 2020, it is clear that the average citizen has been treated generally less than human, certainly not as adults in any case.

I believe we are in as great a crisis as a species as we have ever been. The crisis is *not from some seasonal virus* (which is a health issue), but it *is from ourselves and what we have devolved into as a species* (social, cultural, ideological issues).

I have debated with myself on how to approach the following essay. Under normal circumstances, it would be easy. But, the topic has been so warped and sensationalized into political and social hyperbole, it is difficult to get a handle on it. I could go at it strictly from a scientific perspective, but that would tune many people out.

After about two weeks of my own internal debate and several versions, I have decided to treat the readers of this essay as Human Adults. I will try to not get too technical but rather use rational arguments to approach the issue of a viral infection from the perspective of the virus molecule outside of the host, i.e., the natural environment.

Computer modeling is “a” tool, not “the” tool. The model is only as good as the assumptions put into the model. It has been clear from the start that the modelers have NO idea of how a virus works in the natural world. They have based their modeling on the assumption that the culprit is the human being. The human being must be controlled in order to control the virus. This is completely wrong. I hope to present arguments that illustrate the weaknesses of the modeling concepts.

Human Perception

The natural perceptive abilities, i.e. the physical senses, of human beings are quite poor. For example, we can see only a very, very small part of the electromagnetic spectrum, illustrated as follows:

Consequently, humans have difficulty understanding that which is not directly observable by their senses. Size and mass we do okay at, providing we can see it. We tend to have better abilities with larger things that we can observe. But, even size perception has its limits. For example, many people cannot grasp the scope of our universe.

Smaller things, things we cannot see we have trouble with. We live, and have always lived, in a world with things that are far smaller than our ability to detect without some instrumental aid. For example, when I tell people that their bodies are mostly empty space, they scoff. We have solid substance, they say, we can feel it. I respond that the reason we feel it is solid is because that is how our brain interprets it.

For example, neutrinos are subatomic particles with no mass. They do not interact with matter. We are bombarded by interstellar neutrinos throughout our lives. They pass right through us. It makes no difference where you live because they pass right through the Earth, too. You can live a whole lifetime and never have experienced a collision of a neutrino with a cell in your body. Think about it; is it difficult to grasp?

Yes, neutrinos are exotic and basically of interest to physicists. But we exist in a constant interaction with other not-so-exotic things.

Bacteria and fungi, at the cellular level, exist at the micron scale (see the scale diagram below). But, they have the cellular machinery to grow on their own, i.e., their cells will divide and multiply as long as they have nutrients. We cannot see them normally without a microscope. But, if they keep growing, eventually we can see them (as things such as moldy bread, or mildew on the wall), or even feel them (old vegetables that get a “slimy” feeling actually have a bacterial plaque on their surface). Both bacteria and fungi can form “spores” to protect themselves under harsh conditions. It is a form of hibernation.

We have bacteria and fungi in our bodies constantly. Our immune system usually keeps them at bay, or more accurately, keeps them in balance. However, if our immune system weakens, or if a balance is shifted towards the bacteria/fungi, the balance can tip in their favor and we can experience disease. We tend to have more difficulty with control of bacterial/fungal infections than viral infections. In fact, the most common cause of a fatal outcome due to viral infection, including coronavirus, is a bacterial infection.

The reason the second week of infection is considered the worry stage is NOT because of the virus; rather this is the time when a weakened immune system, either by exposure or by losing the balance battle cannot prevent the bacteria/fungi from taking off. Most people who die from influenza, coronavirus, even rhinovirus, do so primarily from pneumonia (bacterial infection) or some other systemic bacterial infection.

Other things, besides fighting a virus, can weaken the immune system. Aging, diabetes/obesity, liver disease, kidney disease, cancer, lung disease, other infections (viral/bacterial/fungal), stress, circulatory problems, cardiovascular disease, and several others all can cause weakened immune systems (that is why they are called “comorbidities”). Clearly, the number and degree of

conditions that weaken your immune system greatly increase the risk of severe disease or death from any infectious disease (bacterial, fungal, or viral).

All of these things occur at a level where our senses cannot perceive them. Fortunately, our bodies recognize these things at the molecular level and it is our own chemistry (we call "biochemistry") that intervenes, mainly in the form of our immune system.

The Virus: What are we dealing with?

My Doctoral degree is in "organic" chemistry, specifically, chemistry involving carbon-based compounds. Chemistry is about working with problems at a molecular level. Guess what a virus like coronavirus is? It is a complex organic molecule. Organic chemists would call it a "macromolecule" where "macro" means large. It is only considered "large" in comparison to small molecules. I am naturally inclined to look at a virus like coronavirus as an organic molecule.

Coronavirus (CV) and influenza (IF) are very similar at the molecular level. Both are ribonucleic acid (RNA) viruses and both are enveloped helical (meaning that they have a similar 3-dimensional structure with a protein outer part and the RNA inside). CV is a positive strand RNA and IF is a negative strand RNA. This means they have opposite structures much like you have a left hand and a right hand. Their viral class identification is different partly for that reason.

Both CV and IF behave almost the same outside of the body and this is due to their size, structure, and relative chemical similarities. On average, both are about the same size, ranging around 100 ± 30 nanometers or nm (CV can range smaller in size than IF). For consistency purposes, I will refer to both of them at the 100 nm size, which is reasonably accurate (nm is 10^{-9} meter

(0.000000001 meter), a micron (μm) is 10^{-6} meter (0.000001 meter). The meter is about 10% longer than a yard, or 39.37 inches so 1 micron is 0.00003937 inch.

I have created the following scale for a reference point using font sizes, and I hope that the fonts are reasonably accurate. Note that our eyes cannot see 5 micron, so this is enhanced.

As the chart shows, both CV and IF as a molecule outside of the body are VERY, VERY small. They are undetectable without the use of an electron microscope. We simply cannot detect it in the natural environment. The tip of your finger, maybe 1 square millimeter, can literally pick up tens of millions of virus particles and you could not see any of them.

Because of the small size, we really do not know how they truly exist in the environment. They could be floating around as individual molecules, i.e. as single CV/IF particles. They could "aggregate," meaning that they form clumps of molecules (again, too small to detect). They could attach to any other particle in the

environment. Since they are so small, they could hitch rides with dust particles, pollens, leaves, just about anything that they may have an affinity for. The list of possibilities extends to anything you could think of in the environment, including living creatures. In short, they simply could be anywhere and everywhere.

Molecules can react with other molecules (reactivity), or they can remain as they are or fall apart into smaller molecules (stability). For the purpose of this essay, I will focus mainly on stability.

Most molecules have conditions that can render them either more stable or less stable. Clearly, with an infectious disease molecule, we would want to try and break it apart, or not give it stability. Breaking it apart usually renders it inert; i.e. non-infectious.

In an outdoor environment, we know that the CV/IF molecule will start to break apart within minutes or maybe last an hour or two. The local environmental conditions will determine how fast the molecule breaks up. We know that heat and ultraviolet (UV) radiation are pretty good at breaking it up.

There are things that chemically will help break it up. For example, saline conditions, like in an ocean are good (it may be considered a "natural disinfectant"). There are man-made disinfectants such as bleach. We know that CV/IF are not stable under pH of 3 or over a pH of 10. So if the molecule encounters either natural or man-made conditions that deal with these pHs, the molecule will break up. Common soaps are good for breaking up the molecule. This is why there is the recommendation to wash with soap and water.

Likewise, there are conditions that increase the stability of the molecule. Both CV/IF survive longer under colder conditions. This is probably one reason why they tend to favor winter months and colder climates.

We know that certain types of surfaces can make it more stable. For example, CV has good stability on plastic (1/2 life of almost 8 hours) and has even been detected up to one week on surgical masks. Some types of metals, such as copper, can speed up decomposition and some metals lend stability (such as stainless steel).

Skin can actually be good at destabilizing because of not only sweat but also the natural oils and detergents that are produced in the skin can break apart these types of molecules. That is a reason that skin absorption is not considered a vector of infection. Serious breaks in the skin, however, such as from burns or injuries, could lead to infection due to the decreased natural inhibition.

So, in general, we would want to try and increase exposure of the molecule to conditions that destabilize while trying to minimize the stabilizing conditions.

The Virus in Disease Transmission

The "rationale" for lockdowns, masks, distancing, etc. all rest on the assumption that human direct transmission is the greatest risk for disease. Anyone, at any given time, in any place can pass the virus to another. It sort of reminds me of the character "Cofi" in the movie "The Green Mile." People seem to be convinced that somehow, the only way to catch this virus is because it makes a beeline from person to person. In other words, we are the culprits.

But, is this really the case? In short, "No" and here is why.

Because of the modeler's view, if we imprison people ("lockdown" - a term used in penal institutions when prisoners become unruly), cover their faces ("masking"), and keep them from doing what people do, i.e. socializing ("distancing"), we can stop the virus. This concept is what "wanna-be" dictators all over the world have embraced.

This is NONSENSE. Certainly, you can get infected that way but that is only one way of many ways. It may not even be the main way. It is “losing sight of the forest for the trees.”

To examine the path to infection more closely, let's make the following assumptions (which you can see are more or less worst case assumptions):

Assumption 1. A person has CV/IF and is shedding, i.e. releasing virus from their bodies. Further, let's focus on the nasal/oral route for shedding as the only route, even though we know that the virus can be shed from feces.

Assumption 2. All shed virus is infectious. This may sound like a strange assumption but we really do not know HOW infectious shedding viruses truly are. **What is being shed could be combinations of fragmented virus and more intact virus.** The reason it is not clear is because a main method that is used for identification of samples is PCR. **PCR cannot tell whether what is being amplified is actually infectious or not.**

When we exhale breath, speak, sing, laugh, cough, shout, sneeze, hiss, scoff, grunt, etc., air is expelled from our, mostly, upper respiratory tract. This air MAY or MAY NOT contain particles of moisture (mostly water). These moisture particles MAY or MAY NOT contain mucus, cellular debris, bacteria etc. from our respiratory tract. These moisture particles MAY or MAY NOT contain virus particles. In other words, there MAY be virus particles hitching a ride or there may be NONE.

There is no scientific evidence that when a person is infected that they are continually expelling virus, but that goes to a different essay. Please note, I am not referring to the playground use of the “spitball,” which is a massive collection of saliva, which may or may not contain any of the above. However, I think that we all can agree that amorous kissing when there is an infected person

involved runs the highest risk of transmission. But this has more to do with direct contact. I want to deal with indirect routes of transmission.

The expelled moisture particles range in size from very, very small to much larger and for scientific purposes are divided typically into two categories: (1) aerosols, which are the very small particles usually below 1 micron, and (2) droplets, which are particles larger than 5 micron. The range between 1-5 micron is sometimes ambiguously defined either as an aerosol or a droplet but that is not really important for this discussion. You can see the whole range is involved.

Once expelled (egress) away from the nose/mouth, moisture particles will travel certain distances depending on their sizes. Larger droplets fall closer to the individual while aerosols can travel much farther or remain suspended. We have imaging techniques to see droplets using special high speed cameras, but we cannot visualize aerosols.

Clearly, independent virus particles that are NOT hitching rides are expelled as nanoparticles and go out into the environment. We cannot begin to see these. But, as nanoparticles, we should assume that they can remain air suspended for long periods of time and are taken up by the local air movement patterns.

Aerosols and droplets, after leaving the mouth/nose will quickly lose their moisture, i.e. the water base will evaporate. The smaller the particle, the quicker this will happen. With aerosols, it may be within a fraction of a second. Environmental conditions will also affect the timing. Warmer and dryer conditions will speed up evaporation while colder and more humid conditions will slow it down. Studies have indicated (<https://www.annualreviews.org/doi/abs/10.1146/annurev-animal-022114-111017?journalCode=animal>) that under most normal temperature conditions, aerosols and droplets less than 100 micron in size evaporate before they hit the ground.

What happens to the hitchhiking virus? IT IS STILL THERE! It does not evaporate. It has lost its ride but it is still there.

What happens to it now? It can go anywhere, i.e. it can be dispersed just like the free molecule. It will last as long as it is stable. It can be carried by the wind (outdoors) or by air movements or HVAC (indoors). It can hitch a ride with other carrier things (outdoor examples such as above). It can land on surfaces, any surface, whether indoors or outdoors. Animals or even insects can carry the molecule if it lands on them. If it lands on another person, it can land on their clothes, hair, skin, etc. and be carried by them. If it happens to get sucked into the respiratory tract or absorbed on the eye, it may eventually lead to infection if it can survive the body defenses. The possibilities really are endless.

Indoors, the picture becomes even more complicated because now the vectors of movement, displacement, and contamination possibilities increase. Air handling units can redistribute the molecules to other areas far from the original source. Surface contamination is now a real consideration. Simple items can become sources of infection.

For example desk pens and pencils, office equipment, telephones, notebooks, furniture, electronic devices, cups/glasses, dishes, light switches, etc. Just look around the room that you are sitting in and remember about when you (or someone) "dusts." At least anywhere that a "dust" can go so can a molecule like a virus. In fact, the very act of "dusting" could reintroduce the molecule back into the environment. Anything in that environment that you touch is a potential source.

It should be easy to see why a lockdown is disastrous. A single sick person can spread a virus throughout a whole building and no one would know it until too late. Clearly, air handling, sanitation, people movement, shared items, all will play a significant role in transmission risk.

Further, indoor conditions are better generally for stability and survival of the molecule. Why are meat processing/packing plants at risk? They are refrigerated facilities. There are many people so there is a lot of movement. There are many surfaces for the molecule to sit, like carcasses, that are handled often and routinely.

I think people can start to see the problem that we are dealing with and why the virus doesn't just go away so easily.

Don't "Masks" Make A Difference?

Before going into that question, I want to provide both some personal background and maybe a little comic relief.

The photo below was taken about 30 years ago, and yes, that is me. I was being fit tested for my own respirator. In my first position after the Ph.D., I was given charge of developing a molecule that was so lethal (yes, it is used medicinally but in very dilute solutions and under strict controls) that even the tiniest of amount contacting my skin, nose, eyes, etc., could knock me out and kill without my ever knowing it; the risks I faced were far greater than any coronavirus. I had to undergo serious Personal Protective Equipment (PPE) training as a result. When your life hangs in the balance, you learn all that you can. I was also a member of an isolator design team to develop a manufacturing unit to contain the production process.

Yes, I do know something about PPE.

The type of respirator that I am wearing in the photo is designed to protect the wearer from chemical agents, mostly, although there are biological filters available. It has unidirectional airflow. That means that the air that I would breathe in would be pulled through a series of filter cartridges (the round canisters on the sides) in order to remove the potentially offending compounds. After inhalation, a valve would close off the incoming air (ingress) and my exhaled breath would exit via another one way valve (egress), which you cannot see but it is located in the middle of the canisters directly in front of my mouth. Of course, this was used with other head and body protection since ALL physical contamination had to be guarded against.

This kind of respirator required both fit and physical certification. I had to be certified on an annual basis to show that my lungs were capable of breathing with this apparatus since the pressure differential was great. That means, I had to be able to suck in the air through the filters as well as deliver out through the valve. Lung capacity was very important; it was NOT a normal breathing experience. You also had to take periodic breaks, as well as a thorough and careful decontamination after each use.

The respirator worked only as long as the filter cartridges were effective. They could reach a saturation point or a point where the cartridge was spent and beyond that there would be no protection.

The idea of “masks” on people did not suddenly appear in March of 2020. The usage of face protection with infectious diseases has been well studied, especially with influenza. Do not forget, the mechanics of these two viruses (CV/IF) are essentially the same so what works or doesn’t work for one is the same for the other.

The understanding has been that a “mask,” and that term usually refers to either a SURGICAL mask or N95 mask, has no benefit in the general population and is only useful in controlled clinical settings. Further, it has been considered a greater transmission risk than a benefit in the general population. If people still have a memory, you may recall that this was still the advice in February 2020. That understanding has not changed and I will explain why.

The term “mask” by itself means nothing. It is like saying “car.” You have to identify it more specifically because there are many different types and varieties, just like cars. So, for this essay, I will use two terms as follows:

1. Face Coverings: In this category I will include homemade cloth, dust, non-fitted utility, custom stylish, and any other common “mask,” i.e. something that is intended to cover your mouth and nose and that is by and large used in the general population (because they are cheap and inexpensive).
2. Mask: In this category, I am referring specifically to the SURGICAL mask and N95 mask (which is recommended for use in clinical settings by health care workers). If necessary, I will specify between them.

One of the big mistakes by modelers is the concept of a face covering or mask as a "barrier." I see many (https://www.eatthis.com/face-masks-tips/?utm_source=msn&utm_medium=feed&utm_campaign=msn-feed.) references to so-called "experts" who make this claim. This is completely false. No face covering or mask is a barrier. Either they do not know what they are talking about or they are misleading people.

Masks and "Face Coverings" ARE:

1. **FILTERS, not barriers.** They FILTER only the things that *they are designed to filter*, to a level of efficiency based upon design, usually not at 100% efficiency. For example, the N95 mask is designed and rated to filter particles greater than 300 nm at 95% efficiency (note: there are masks with greater efficiency than 95%, such as the N99 and NHEPA, but these are very expensive).
2. **Bidirectional**, or two-way street flow (unlike my respirator above). That means the air is intended to go in and out through the same place - breathe in, breathe out. The filtering ability affects both ingress and egress, but MOST are intended to be used towards ingress, i.e. to protect the wearer (Surgical masks are the exception).
3. Designed for *normal breathing* patterns, not exertive force (although the Surgical mask has a pressure rating). This is an important point!
4. **NOT** designed to filter infectious agents but rather inert particulates (except the Surgical mask which is intended to preserve a sterile/sanitary operating field).

5. Designed for minimal usage time. They are NOT intended to be stuck on your face for hours.

I understand the *psychological crutch* that people feel with something covering their mouth/nose. I am sorry, but that is a false sense of security. Perception is NOT reality, just like the neutrino. The mind says that you have some solid thing covering your mouth and nose but that is not really the case, it is porous; things get through (or go around)..

I could spend time on the viral transmission ineffectiveness of the variety of face coverings and fitted masks based upon the material, pore size, non-fit, etc., as well as the studies. I will say that there has been only ONE type of mask, the SURGICAL mask, which has shown any ability to reduce, not eliminate, virus transmission because it is actually rated to a 100 nanometer pore size AND it is rated for ingress and egress. But, the SURGICAL mask is not intended for use outside of a controlled, sterile hospital surgical field where its use and function can be controlled. It has limitations.

In Part III above, the expulsion of the virus into the environment was examined. So, what happens if a person wears a mask/face covering? There are two different views of how the mask operates depending on whether it is ingress (protecting the wearer) or egress (protecting the environment). But, both add up to more or less the same thing.

First, what happens on EGRESS. We will look at droplets because most face coverings will not stop an aerosol and the 2020 propaganda has been focused on droplets.

Assuming that a person is shedding virus and they produce droplets that contain hitchhiking virus, and *assuming* the face covering actually stops ALL droplets (best-case scenario), the following molecular pathway will likely occur:

1. The droplet will lose its moisture. The timing may be different than just going out into the environment but moisture will be lost. However, the expelled droplets may accumulate faster than evaporation. If that happens, the facial covering starts to become saturated with moisture, mucus, cellular debris, bacteria, etc. as well as virus molecules.
2. The virus molecule DOES NOT EVAPORATE and no matter what happens as far as the droplet is concerned, the virus is now on the face covering, at least initially. This means that the face covering is now contaminated and is a possible source of transmission, both contact and airborne.
3. The virus is not somehow magically “glued” to the mask but can be expelled, whether or not there is still moisture. This can happen the next time a person breathes, speaks, coughs, sneezes, hisses, grunts, etc. So, the virus can be expelled out INTO THE ENVIRONMENT from the face covering.

So, the face covering acts as an intermediary in transmission. It can alter the timing of the virus getting into the environment, but it now acts as a contact source and airborne source; virus can still get into the environment. Since we know that the stability is good on most covering and mask materials, it does nothing to break down the virus until the covering is removed and either washed or discarded (appropriately).

Here is an important point, as more virus molecules accumulate, more are expelled. The face covering is not some virus black hole that sucks the virus into oblivion.

Second, what about INGRESS?

What works for egress works for ingress. So, if a person is wearing a face covering and they encounter virus, aerosols, or droplets, the virus and aerosols will likely penetrate. If the droplet is stopped, the surface is now contaminated. This means that if the surface of the covering touches the mouth or nose, you can become contaminated, i.e. infected.

This is a common sight with most face coverings, including the “stylish” coverings that people are wearing (I often see the covering moving back and forth against their mouth and nose even as they breathe, like a diaphragm), as well as with the cheaper dust masks and homemade cloth masks. If you inhale, you can become contaminated. If you touch the face covering, such as pulling it up and down, you can become contaminated.

Further, because the surface is contaminated, a person can also expel the virus back out into the environment just as with egress. This can be done by talking, breathing, coughing, etc.

Stopping a *droplet* is NOT the same as stopping the virus!

This molecular evaluation only assumed the best case contact scenario; that is, 100% contact between the face covering and any virus particle that may be encountered. I have NOT examined low efficiency coverings, inappropriate use and handling, non-fit (air will circumvent the covering and go around it since air flow follows the path of least resistance – where the air goes so does a virus). I have NOT examined the eyes or ears as entry points. I have NOT examined the other modes of molecular movement on the surface of face coverings, such as osmosis. I have NOT examined the almost 100% misuse of any covering by the population at large simply because they have not been trained and have been misinformed and are using ineffective coverings.

It boggles my mind when there is some notion that by wearing a face covering you are actually doing a “service” to your neighbor and therefore everyone has to protect everyone by this. Actually, the opposite is true. You are now becoming an additional

potential source of environmental contamination. You are now becoming a transmission risk; not only are you increasing your own risk but you are also increasing the risk to others.

To better illustrate, let's look at my respirator above. If I had been exposed to the molecule that I described, the filters would have protected my breathing function (my other protective equipment such as gowns, hoods, etc. would protect the rest of me). But, the respirator surface would have been contaminated (as would the other gown surfaces). If I had gone out into an uncontrolled environment with that respirator (and/or gown, etc.), I could have released those molecules into the environment endangering any person, possibly fatally. I had to de-gown and decontaminate, very carefully, in a controlled environment to prevent that possibility. Even though I had been protected, I was still a risk to others.

Before March 2020, the standard Good Respiratory Practice (GRP) was to cover your mouth/nose when coughing or sneezing. It is especially effective if you use a tissue or handkerchief as a receptacle and cup your hand around them. The hand now actually DOES serve more as a barrier.

Plus, you will more likely remove the potential virus molecule from the environment by proper disposal of the tissue or washing the handkerchief. That is a practice we should be getting back to. I see people now who believe the misinformation and do nothing to shield their cough or sneeze because they believe that wearing a face covering is a barrier on its own. This is not good. So, at the very least, cover your face covering with your hands if you cough or sneeze!

I cannot tell people to not wear a face covering. I chose not to wear face coverings for two reasons, the first is all of the above, and the second is that I have experienced this virus. When I see people with them, I think of virus heaven. But, I am also not afraid because this virus does not frighten me.

I cannot tell people not to erect plastic sheets. But, when I see them, I see a virus motel-check in, stay a while, and then leave. This concerns me more because of the much larger surface area that can act as a virus repository. I have actually advised some places that have done this to either disinfect regularly, or move to glass where disinfection is easier. If there is virus stuck to these surfaces, there is both contact risk and expulsion risk back into the environment.

My view of dealing with the virus is at the molecular level. Do what we can to actually deplete the molecule, not give it stability.

We cannot eliminate this or any other upper respiratory virus. Maybe someday we can advance our immunological techniques to the point that it might be possible to make it a minor player in humans, but we are not there yet. But, we can defend against it by our immune systems and by trusting those with stronger immune systems to protect the weaker. Despite the propaganda, herd immunity was the standard before March 2020; it is not a "fringe" concept.

Here are some important points to consider:

1. People who have experienced this virus do NOT need to wear face coverings, period.
2. In the open environment, no one should be wearing face coverings. This is the one place where we can get an assist from nature to help reduce the virus molecules. Considering that less than 5% of transmissions have been associated with open environments (and identifiable activities not random encounters), the risk is truly small.
3. A face covering may be useful when visiting an at-risk elderly person or in a controlled health care setting such as a hospital or nursing home. But, I think that

these should be dispensed by trained personnel and should be focused on using Surgical masks wherever possible. The protection is not so much from viruses but face coverings may be more effective in preventing the spread of bacteria and fungi.

4. Children should not be wearing face coverings. We all need constant interaction with our environments and that is especially true for children. This is how their immune system develops. They are the lowest of the low risk groups. Let them be kids and let them develop their immune systems..
5. The “Mask Mandate” idea is a truly ridiculous, knee-jerk reaction and needs to be withdrawn and thrown in the waste bin of disastrous policy, along with lockdowns and school closures. You can vote for a person without blindly supporting all of their proposals!
6. There may be other health risks associated with continued use of face coverings. While this is anecdotal, I have many physician acquaintances and they are all reporting increases in conditions that may be associated with face coverings, such as facial skin infections, nose/throat and sinus infections, even anxiety conditions. An area of concern is the change in breathing patterns that can be directly associated with face coverings. I train regularly. The only time that I wear a face covering is to gain entrance to the public gymnasium where I train (because it is required). The mask is discarded immediately when I start training, as most other people also do. The staff members do not

make a fuss because they understand the dangers of doing exertion with a face covering.

7. We also do not know enough about the possible consequences of forcing whole populations to adopt face coverings for extended periods. There may be both health and social consequences that we cannot consider at this time. Humans have developed as creatures whereby we interact with our environment. Our whole upper respiratory tract has developed immense defensive systems because of that. I am worried personally about “unnatural selection.” This is when human actions force a direction of evolution that would not otherwise occur. Often, the result is not good. But that is a whole different subject that needs to be considered.

I think that people can see how truly complex and difficult it is to deal with a nanoparticle. It is something too complex for modeling, at least on the environmental scale. It should be clear that humans are only a small part of the equation.

Stopping humans from being human will not stop the virus from being a virus!

We certainly should not have let modeling be experimented with on a worldwide scale directing policy that we had no idea of the outcome; but we did. It should be readily apparent by this time that all of the lockdowns, masking, distancing, closures, etc. have had no effect on the virus. It is time to reverse course.

Modeling could be useful in evaluating conditions in very limited and controlled settings. For example, it could be helpful to design infectious disease care units in hospitals. We could use modeling to examine our knowledge and use of air-handling, people movement and interactions in combination with molecule

destruction, PPE, etc. to maybe develop better procedures to protect health care workers but also help reduce viral loads of patients.

For example, would a simply designed, single pass individual exhaust unit that carries the expired air from a patient to a chemical scrubber help reduce the viral load of the environment? Could it also help the patient by reducing the local viral and bacterial load? Could it help reduce or eliminate the molecule from those environments? These and others are questions that can be modeled and then tested. Then, maybe it can be tried on a pilot scale. If that works, maybe we can expand the scale, fine tuning as we go, and maybe reach a point where it works well and it can be used on a larger scale. That is how science works. Start small, gain understanding, finetune, and expand. You do NOT use the whole world as a laboratory on the first shot!

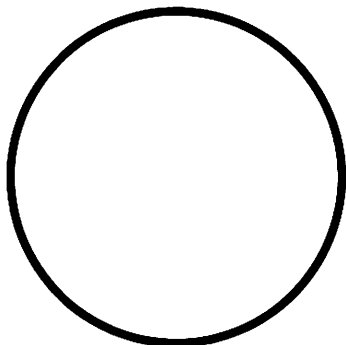
It is time for human beings to be human beings again. Stop trying to lay blame and guilt on people for a natural virus.

If governments want to be helpful in reducing severe disease and deaths, imposing more laws and restrictions is not the answer. Rather, focus on educating people on how to better maintain their immune systems. Encourage healthier lifestyles through education and wellness programs, especially in the less fortunate of our society. Provide or encourage businesses to consider better sick leave alternatives for people in ALL jobs/vocations so that people are not driven by the choice of work to live or stay home and be sick.

The healthy people in our society should not be punished for being healthy, which is exactly what lockdowns, distancing, mask mandates, etc. do. This goes completely against the principles on which the United States of America was founded. We have lost the meaning of "Land of the Free, Home of the Brave" to "Land of the Imprisoned, Home of the Afraid."

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Policy Review

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

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Abstract

There were 3 influenza pandemics in the 20th century, and there has been 1 so far in the 21st century. Local, national, and international health authorities regularly update their plans for mitigating the next influenza pandemic in light of the latest available evidence on the effectiveness of various control measures in reducing transmission. Here, we review the evidence base on the effectiveness of nonpharmaceutical personal protective measures and environmental hygiene measures in nonhealthcare settings and discuss their potential inclusion in pandemic plans. Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning. We identified several major knowledge gaps requiring further research, most fundamentally an improved characterization of the modes of person-to-person transmission.

Influenza pandemics occur at irregular intervals when new strains of influenza A virus spread in humans (1). Influenza pandemics cause considerable health and social impact that exceeds that of typical seasonal (interpandemic) influenza epidemics. One of the characteristics of influenza pandemics is the high incidence of infections in all age groups because of the lack of population immunity. Although influenza vaccines are the cornerstone of seasonal influenza control, specific vaccines for a novel pandemic strain are not expected to be available for the first 5–6 months of the next pandemic. Antiviral drugs will be available in some locations to treat more severe infections but are unlikely to be available in the quantities that might be required to control transmission in the general community. Thus, efforts to control the next pandemic will rely largely on nonpharmaceutical interventions.

Most influenza virus infections cause mild and self-limiting disease; only a small fraction of case-patients require hospitalization. Therefore, influenza virus infections spread mainly in the community. Influenza virus is believed to be transmitted predominantly by respiratory droplets, but the size distribution of particles responsible for transmission remains unclear, and in particular, there is a lack of consensus on the role of fine particle aerosols in transmission (2,3). In healthcare settings, droplet precautions are recommended in addition to standard precautions for healthcare personnel when interacting with influenza patients and for all visitors during influenza seasons (4). Outside healthcare settings, hand hygiene is recommended in most national pandemic plans (5), and medical face masks were a common sight during the influenza pandemic in 2009. Hand hygiene has been proven to prevent many infectious diseases and might be considered a major component in influenza pandemic plans, whether or not it has proven effectiveness against influenza virus transmission, specifically because of its potential to reduce other infections and thereby reduce pressure on healthcare services.

In this article, we review the evidence base for personal protective measures and environmental hygiene measures, and specifically the evidence for the effectiveness of these measures in reducing transmission of laboratory-confirmed influenza in the community. We also discuss the implications of the evidence base for inclusion of these measures in pandemic plans.

Methods and Results

We conducted systematic reviews to evaluate the effectiveness of personal protective measures on influenza virus transmission, including hand hygiene, respiratory etiquette, and face masks, and a systematic review of surface and object cleaning as an environmental measure (Table 1). We searched 4 databases (Medline, PubMed, EMBASE, and CENTRAL) for literature in all languages. We aimed to identify randomized controlled trials (RCTs) of each measure for laboratory-confirmed influenza outcomes for each of the measures because RCTs provide the highest quality of evidence. For respiratory etiquette and surface and object cleaning, because of a lack of RCTs for laboratory-confirmed influenza, we also searched for RCTs reporting effects of these interventions on influenza-like illness (ILI) and respiratory illness outcomes and then for observational studies on laboratory-confirmed influenza, ILI, and respiratory illness outcomes. For each review, 2 authors (E.Y.C.S. and J.X.) screened titles and abstracts and reviewed full texts independently.

We performed meta-analysis for hand hygiene and face mask interventions and estimated the effect of these measures on laboratory-confirmed influenza prevention by risk ratios (RRs). We used a fixed-effects model to estimate the overall effect in a pooled analysis or subgroup analysis. No overall effect would be generated if there was considerable heterogeneity on the basis of I^2 statistic $\geq 75\%$ (6). We performed quality assessment of evidence on hand hygiene and face mask interventions by using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach (7). We provide additional details of the search strategies, selection of articles, summaries of the selected articles, and quality assessment (Appendix).

Personal Protective Measures

Hand Hygiene

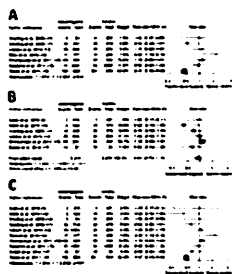


Figure 1. Meta-analysis of risk ratios for the effect of hand hygiene with or without face mask use on laboratory-confirmed influenza from 10 randomized controlled trials with >11,000 participants. A) Hand hygiene alone;...

We identified a recent systematic review by Wong et al. on RCTs designed to assess the efficacy of hand hygiene interventions against transmission of laboratory-confirmed influenza (8). We used this review as a starting point and then searched for additional literature published after 2013; we found 3 additional eligible articles published during the search period of January 1, 2013–August 13, 2018. In total, we identified 12 articles (9–20), of which 3 articles were from the updated search and 9 articles from Wong et al. (8). Two articles relied on the same underlying dataset (16, 19); therefore, we counted these 2 articles as 1 study, which resulted in 11 RCTs. We further selected 10 studies with >10,000 participants for inclusion in the meta-analysis (Figure 1). We excluded 1 study from the meta-analysis because it provided estimates of infection risks only at the household level, not the individual level (20). We did not generate an overall pooled effect of hand hygiene only or of hand hygiene with or without face mask because of high heterogeneity in individual estimates (I^2 87 and 82%, respectively). The effect of hand hygiene combined with face masks on laboratory-confirmed influenza was not statistically significant (RR 0.91, 95% CI 0.73–1.13; I^2 = 35%, p = 0.39). Some studies reported being underpowered because of limited sample size, and low adherence to hand hygiene interventions was observed in some studies.

We further analyzed the effect of hand hygiene by setting because transmission routes might vary in different settings. We found 6 studies in household settings examining the effect of hand hygiene with or without face masks, but the overall pooled effect was not statistically significant (RR 1.05, 95% CI 0.86–1.27; I^2 = 57%, p = 0.65) (Appendix Figure 4) (11–15, 17). The findings of 2 studies in school settings were different (Appendix Figure 5). A study conducted in the United States (16) showed no major effect of hand hygiene, whereas a study in Egypt (18) reported that hand hygiene reduced

the risk for influenza by >50%. A pooled analysis of 2 studies in university residential halls reported a marginally significant protective effect of a combination of hand hygiene plus face masks worn by all residents (RR 0.48, 95% CI 0.21–1.08; $I^2 = 0\%$, $p = 0.08$) (Appendix Figure 6) (9,10).

In support of hand hygiene as an effective measure, experimental studies have reported that influenza virus could survive on human hands for a short time and could transmit between hands and contaminated surfaces (2,21). Some field studies reported that influenza A(H1N1)pdm09 and influenza A(H3N2) virus RNA and viable influenza virus could be detected on the hands of persons with laboratory-confirmed influenza (22,23), supporting the potential of direct and indirect contact transmission to play a role in the spread of influenza. Other experimental studies also demonstrated that hand hygiene could reduce or remove infectious influenza virus from human hands (24,25). However, results from our meta-analysis on RCTs did not provide evidence to support a protective effect of hand hygiene against transmission of laboratory-confirmed influenza. One study did report a major effect, but in this trial of hand hygiene in schools in Egypt, running water had to be installed and soap and hand-drying material had to be introduced into the intervention schools as part of the project (18). Therefore, the impact of hand hygiene might also be a reflection of the introduction of soap and running water into primary schools in a lower-income setting. If one considers all of the evidence from RCTs together, it is useful to note that some studies might have underestimated the true effect of hand hygiene because of the complexity of implementing these intervention studies. For instance, the control group would not typically have zero knowledge or use of hand hygiene, and the intervention group might not adhere to optimal hand hygiene practices (11,13,15).

Hand hygiene is also effective in preventing other infectious diseases, including diarrheal diseases and some respiratory diseases (8,26). The need for hand hygiene in disease prevention is well recognized among most communities. Hand hygiene has been accepted as a personal protective measure in >50% of national preparedness plans for pandemic influenza (5). Hand hygiene practice is commonly performed with soap and water, alcohol-based hand rub, or other waterless hand disinfectants, all of which are easily accessible, available, affordable, and well accepted in most communities. However, resource limitations in some areas are a concern when clean running water or alcohol-based hand rub are not available. There are few adverse effects of hand hygiene except for skin irritation caused by some hand hygiene products (27). However, because of certain social or religious practices, alcohol-based hand sanitizers might not be permitted in some locations (28). Compliance with proper hand hygiene practice tends to be low because habitual behaviors are difficult to change (29). Therefore, hand hygiene promotion programs are needed to advocate and encourage proper and effective hand hygiene.

Respiratory Etiquette

Respiratory etiquette is defined as covering the nose and mouth with a tissue or a mask (but not a hand) when coughing or sneezing, followed by proper disposal of used tissues, and proper hand hygiene after contact with respiratory secretions (30). Other descriptions of this measure have included turning the head and covering the mouth when coughing and coughing or sneezing into a sleeve or elbow, rather than a hand. The rationale for not coughing into hands is to prevent subsequent contamination of other surfaces or objects (31). We conducted a search on November 6, 2018, and identified literature that was available in the databases during 1946–November 5, 2018. We did not identify any published research on the effectiveness of respiratory etiquette in reducing the risk for laboratory-confirmed influenza or ILI. One observational study reported a similar incidence rate of self-reported respiratory illness (defined by ≥ 1 symptoms: cough, congestion, sore throat, sneezing, or breathing problems) among US pilgrims with or without practicing respiratory etiquette during the Hajj (32). The authors did not specify the type of respiratory etiquette used by participants in the study. A laboratory-based study reported that common respiratory etiquette, including covering the mouth by hands, tissue, or sleeve/arm, was fairly ineffective in blocking the release and dispersion of droplets into the surrounding environment on the basis of measurement of emitted droplets with a laser diffraction system (31).

Respiratory etiquette is often listed as a preventive measure for respiratory infections. However, there is a lack of scientific evidence to support this measure. Whether respiratory etiquette is an effective nonpharmaceutical intervention in preventing influenza virus transmission remains questionable, and worthy of further research.

Face Masks

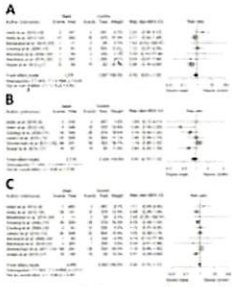


Figure 2. Meta-analysis of risk ratios for the effect of face mask use with or without enhanced hand hygiene on laboratory-confirmed influenza from 10 randomized controlled trials with >6,500 participants. A) Face mask...

In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20; $I^2 = 30\%$, $p = 0.25$) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9,10). The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9,10). Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only (35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13,15,17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13,15,17,34,35). Most studies were underpowered because of limited sample size, and some studies also reported suboptimal adherence in the face mask group.

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.

We did not consider the use of respirators in the community. Respirators are tight-fitting masks that can protect the wearer from fine particles (37) and should provide better protection against influenza virus exposures when properly worn because of higher filtration efficiency. However, respirators, such as N95 and P2 masks, work best when they are fit-tested, and these masks will be in limited supply during the next pandemic. These specialist devices should be reserved for use in healthcare settings or in special subpopulations such as immunocompromised persons in the community, first responders, and those performing other critical community functions, as supplies permit.

In lower-income settings, it is more likely that reusable cloth masks will be used rather than disposable medical masks because of cost and availability (38). There are still few uncertainties in the practice of face mask use, such as who should wear the mask and how long it should be used for. In theory, transmission should be reduced the most if both infected members and other contacts wear masks, but compliance in uninfected close contacts could be a problem (12,34). Proper use of face masks is essential because improper use might increase the risk for transmission (39). Thus, education on the proper use and disposal of used face masks, including hand hygiene, is also needed.

Environmental Measures

Surface and Object Cleaning

For the search period from 1946 through October 14, 2018, we identified 2 RCTs and 1 observational study about surface and object cleaning measures for inclusion in our systematic review (40–42). One RCT conducted in day care nurseries found that biweekly cleaning and disinfection of toys and linen reduced the detection of multiple viruses, including adenovirus, rhinovirus, and respiratory syncytial virus in the environment, but this intervention was not significant in reducing detection of influenza virus, and it had no major protective effect on acute respiratory illness (41). Another RCT found that hand hygiene with hand sanitizer together with surface disinfection reduced absenteeism related to gastrointestinal illness in elementary schools, but there was no major reduction in absenteeism related to respiratory illness (42). A cross-sectional study found that passive contact with bleach was associated with a major increase in self-reported influenza (40).

Given that influenza virus can survive on some surfaces for prolonged periods (43), and that cleaning or disinfection procedures can effectively reduce or inactivate influenza virus from surfaces and objects in experimental studies (44), there is a theoretical basis to believe that environmental cleaning could reduce influenza transmission. As an illustration of this proposal, a modeling study estimated that cleaning of extensively touched surfaces could reduce influenza A infection by 2% (45). However, most studies of influenza virus in the environment are based on detection of virus RNA by PCR, and few studies reported detection of viable virus.

Although we found no evidence that surface and object cleaning could reduce influenza transmission, this measure does have an established impact on prevention of other infectious diseases (42). It should be feasible to implement this measure in most settings, subject to the availability of water and cleaning products. Although irritation caused by cleaning products is limited, safety remains a concern because some cleaning products can be toxic or cause allergies (40).

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Discussion

In this review, we did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission. Although these measures have mechanistic support based on our knowledge of how influenza is transmitted from person to person, randomized trials of hand hygiene and face masks have not demonstrated protection against laboratory-confirmed influenza, with 1 exception (18). We identified only 2 RCTs on environmental cleaning and no RCTs on cough etiquette.

Hand hygiene is a widely used intervention and has been shown to effectively reduce the transmission of gastrointestinal infections and respiratory infections (26). However, in our systematic review, updating the findings of Wong et al. (8), we did not find evidence of a major effect of hand hygiene on laboratory-confirmed influenza virus transmission (Figure 1). Nevertheless, hand hygiene might be included in influenza pandemic plans as part of general hygiene and infection prevention.

We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility (Figure 2). However, as with hand hygiene, face masks might be able to reduce the transmission of other infections and therefore have value in an influenza pandemic when healthcare resources are stretched.

It is essential to note that the mechanisms of person-to-person transmission in the community have not been fully determined. Controversy remains over the role of transmission through fine-particle aerosols (3,46). Transmission by indirect contact requires transfer of viable virus from respiratory mucosa onto hands and other surfaces, survival on those surfaces, and successful inoculation into the respiratory mucosa of another person. All of these components of the transmission route have not been studied extensively. The impact of environmental factors, such as temperature and humidity, on influenza transmission is also uncertain (47). These uncertainties over basic transmission modes and mechanisms hinder the optimization of control measures.

In this review, we focused on 3 personal protective measures and 1 environmental measure. Other potential environmental measures include humidification in dry environments (48), increasing ventilation (49), and use of upper-room UV light (50), but there is limited evidence to support these measures. Further investigations on the effectiveness of respiratory etiquette and surface cleaning through conducting RCTs would be helpful to provide evidence with higher quality; evaluation of the effectiveness of these measures targeting specific population groups, such as immunocompromised persons, would also be beneficial (Table 2). Future cost-effectiveness evaluations could provide more support for the potential use of these measures. Further research on transmission modes and alternative interventions to reduce influenza transmission would be valuable in improving pandemic preparedness. Finally, although our review focused on nonpharmaceutical measures to be taken during influenza pandemics, the findings could also apply to severe seasonal influenza epidemics. Evidence from RCTs of hand hygiene or face masks did not support a substantial effect on transmission of laboratory-confirmed influenza, and limited evidence was available on other environmental measures.

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CDC: Schools With Mask Mandates Didn't See Statistically Significant Different Rates of COVID Transmission From Schools With Optional Policies

The CDC did not include its finding that “required mask use among students was not statistically significant compared with schools where mask use was optional” in the summary of its report.

Wednesday, August 25, 2021

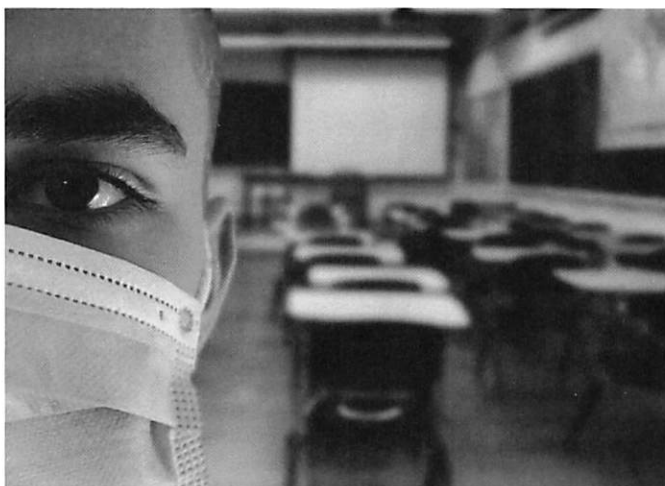


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[Martin Kulldorff](#) [Common Good](#) [Ayn Rand](#)

The ACLU on Tuesday [announced](#) it is bringing a lawsuit against South Carolina over its mask policy.

The Palmetto State is one of seven states—along with Texas, Iowa, Oklahoma, Arizona; Utah, and Florida— that have policies in place banning schools from having mask policies. Thirteen states, meanwhile, have laws that mandate masks in schools. The majority of states (30) allow school districts to determine their own mask policies.

“We’re suing to end South Carolina’s ban on mask requirements in schools, with Disability Rights South Carolina, Able South Carolina, and parents,” the ACLU said. “Students with disabilities are effectively being excluded from public schools because of this ban. Courts must intervene.”

The ACLU’s action is the latest salvo in a battle over a question that divides America: should schools be able to compel children to wear face coverings in school?

ACLU 
@ACLU



BREAKING: We’re suing to end South Carolina’s ban on mask requirements in schools, with Disability Rights South Carolina, Able South Carolina, and parents.

Students with disabilities are effectively being excluded from public schools because of this ban.

Courts must intervene.

10:30 AM · Aug 24, 2021



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New Science on Masks

With fall approaching, many Americans are wondering whether they should send their children to school with a mask—or if they'll even have a choice.

A recent *New York* magazine article states that the science on masks "remains uncertain," but noted the Centers for Disease Control and Prevention (CDC) in May published a large-scale study of COVID transmission in US schools.

The study, which analyzed some 90,000 elementary students in 169 Georgia schools from November 16 to December 11, found that there was no statistically significant difference in schools that required students to wear masks compared to schools where masks were optional.

"The 21% lower incidence in schools that required mask use among students was not statistically significant compared with schools where mask use was optional," the CDC said. "This finding might be attributed to higher effectiveness of masks among adults, who are at higher risk for SARS-CoV-2 infection but might also result from differences in mask-wearing behavior among students in schools with optional requirements."

As *New York* magazine's David Zweig noted, these findings, as well as other statistically insignificant preventive measures, "cast doubt on the impact of many of the most common mitigation measures in American schools."

The CDC's findings on masks and other preventive measures would not be particularly noteworthy or controversial outside the US. As *New York* magazine noted, many European nations have exempted students from mask mandates—including the UK, all of Scandinavia, the Netherlands, Switzerland, and even France and Italy—though with varying age cutoffs. The results have not been dire.

"Conspicuously, there's no evidence of more outbreaks in schools in those countries relative to schools in the U.S., where the solid majority of kids wore masks for an entire academic year and will continue to do so for the foreseeable future," wrote Zweig. "These countries, along with the World Health Organization, whose child-masking guidance differs substantially from the CDC's

recommendations, have explicitly recognized that the decision to mask students carries with it potential academic and social harms for children and may lack a clear benefit.”

These findings in the US, however, are another matter.

Masks have been one of the most polarizing issues in the country during the pandemic, perhaps because US policy has whipsawed back and forth. Americans remain bitterly divided on the issue. There have been careers ruined, messy retractions, and endorsements lost.

The Washington Post 

@washingtonpost



Jay Cutler dropped from Uber Eats campaign because he opposes mask mandates wapo.st/2VZQzHY

7:48 PM · Aug 16, 2021



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Arnold Schwarzenegger loses Arnold Classic sponsorship for comments about face mask importance

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Following Arnold Schwarzenegger's comments about the importance of wearing face masks, a corporate sponsor pulled from this year's Arnold ...

3:15 PM · Aug 23, 2021



20 ⚡ See the latest COVID-19 information on Twitter

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In particular, the CDC's findings are not helpful to politicians and bureaucrats who continue to argue that students must be masked during school.

"Whether [students] are vaccinated or not, they need to wear a mask," Dr. Anthony Fauci said during a recent panel discussion streamed online.

For this reason or some other, the CDC determined to not include its finding that "required mask use among students was not statistically significant compared with schools where mask use was optional" in the summary of its report, which has received very little media attention to date.

Meanwhile, the mask wars are heating up.

The Biden Administration recently directed Education Secretary Miguel Cardona to employ "all of his oversight authorities and legal actions" against governors preventing schools from passing mask mandates. Cardona acted swiftly.

"These states are needlessly placing students, families, and educators at risk," the Education Secretary wrote in a public letter. "Yet in each of these states, there are also educators and others who are taking steps to protect the health and safety of their school communities."

The Common Good?

The CDC's findings are hardly the only research on the issue of masks and COVID transmission, and the study will not be the final word—in large part because masks are too politically divisive to allow either side to "win." The question is *why*.

The economist Ludwig von Mises noted many years ago that a great deal of modern social conflict stems from a struggle over who gets to design the world, public authorities or individuals. Masks are no different. By removing this decision from the individual, public health officials turned masks into a political conflict.

Masks are no longer simply a matter of individual or public health. Bear in mind, children face a low risk of falling sick or being hospitalized with COVID—with or without a face mask. Small children are far more likely to die of the flu, a car accident, a swimming pool, cancer or some other ailment than COVID-19, CDC data show. The battle of school masks mandates has now become a political conflict, part of a larger struggle between the individual and collectivism.

“Collectivism means the subjugation of the individual to a group—whether to a race, class or state does not matter,” Ayn Rand once observed. “Collectivism holds that man must be chained to collective action and collective thought for the sake of what is called ‘the common good.’”

In modern America, the common good now means using any means necessary to coerce individuals to get vaccinated and wear masks—including government coercion and public shame in various forms. The health of the collective—both literal and figurative—demands it.

This is unhealthy, some say, and potentially dangerous.

Martin Kulldorff, a professor at Harvard Medical School who studies infectious diseases, recently observed that the way we’re treating the spread of COVID-19 is unique compared to other pandemics throughout human history.

“For thousands of years, disease pathogens have spread from person to person. Never before have carriers been blamed for infecting the next sick person,” Kulldorff noted on Twitter. “That is a very dangerous ideology.”

Martin Kulldorff
@MartinKulldorff



For thousands of years, disease pathogens have

spread from person to person. Never before have carriers been blamed for infecting the next sick person. That is a very dangerous ideology.

11:04 AM · Aug 24, 2021



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Indeed it is.

Whether masks promote health is unclear—many Europeans without mask mandates have far lower COVID mortality rates than the US. What is far more certain—in light of the lessons of history—is that a healthy society is one that empowers individuals with choice and freedom.



Jon Miltimore

Jonathan Miltimore is the Managing Editor of FEE.org. His writing/reporting has been the subject of articles in TIME magazine, The Wall Street Journal, CNN, Forbes, Fox News, and the Star Tribune. Bylines: Newsweek, The Washington Times, MSN.com, The Washington Examiner, The Daily Caller, The Federalist, the Epoch Times.

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HEALTH AND SCIENCE

Do face masks work? Medical experts explain how to protect yourself from coronavirus

PUBLISHED MON, MAR 2 2020 6:39 AM EST

UPDATED MON, MAR 2 2020 1:37 PM EST



Sam Meredith
@SMEREDITH19

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KEY POINTS

- Epidemiologists and infectious disease experts have been at pains to emphasize against an unwarranted scramble for face masks in recent weeks.



MARKETS



CNBC TV



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MENU



Medical experts have urged people to stop panic buying face masks, warning that such equipment is not an effective way to protect yourself from the fast-spreading coronavirus.

The advice comes at a time of intensifying concern about COVID-19, which has killed more than 3,000 people worldwide since late last year.

The outbreak was first identified in Hubei province, China, where over 90% of the deaths have been reported. More recently, the virus has been spreading at a faster rate outside China than inside the country.



The WHO has declared the outbreak a global health emergency, with almost 60 countries reporting cases of the coronavirus.

Epidemiologists and infectious disease experts have been at pains to emphasize against an unwarranted scramble for face masks in recent weeks, particularly because such hoarding behavior elevates the prospect of an equipment shortage for medical workers.

“Seriously people — STOP BUYING MASKS!” U.S. Surgeon General Jerome Adams said via Twitter over the weekend.

“They are NOT effective in preventing general public from catching coronavirus, but if healthcare providers can’t get them to care for sick patients, it puts them and our communities at risk!”

Tweet 1



Tweet 1

The warning from America's top doctor is consistent with medical advice from the U.S. Centers for Disease Control and Prevention, which has said there is no evidence to support wearing face masks.

Instead, Adams said "the best way to protect yourself and your community is with everyday preventative actions, like staying home when you are sick and washing hands with soap and water, to help slow the spread of the respiratory illness."

'Not a lot of evidence' to support wearing face masks

It has been suggested wearing face masks could be useful if you're sick in order to prevent you from sneezing or coughing into somebody's face, David Heymann, who led WHO's infectious disease unit at the time of the SARS

“One of the most important ways of stopping respiratory outbreaks such as this is washing hands,” Heymann continued.

That’s because “if you touch a patient, if you shake hands, if you touch a door that has a droplet on it — which could theoretically happen — then you touch your face (or) your mouth and you become infected.”

“So, handwashing is the most important. And second is, people who are suspected as being patients, be very careful when you are dealing with them. Avoid face-to-face contact and wash hands when you’re treating,” Heymann said.

“It is very important that people understand that they can prevent themselves from being infected if they follow a few simple measures,” he added.

'Don't touch your face'

South Korea, Italy and Iran have all recorded sharp upticks in cases of the coronavirus in recent days, with many other countries imposing travel restrictions on virus-hit areas worldwide.

Infections have now been reported in every continent except Antarctica.

Emily Landon, medical director for infection control at the University of Chicago Medical Center, told CNBC late last week that face masks were “not a great choice” for everyday use.

“First of all, there are multiple different kind of face masks. There is the surgical mask that people wear that doesn't really seal up very well. That's super good if you put it on the patient who's sick because that will contain their secretions and protect everyone around them.”

“However, if you are the one who wants to protect yourself, those N95 masks ... are much better,” Landon said.



“You need to be fit-tested in order to know exactly which size you should be wearing, you have to be trained on how to wear it properly and they can get pretty uncomfortable, so they are not a great choice for just going out in the public,” she continued.

“Keeping your hands clean so that you don’t touch your face no matter what things you are touching with your hands is a really important piece of preventing infection in hospitals, in schools and everywhere you go.”

“Soap and water works really well. It can dry your hands out a little bit more but when you do it, you want to do it right. That means getting your hands wet with warm water, cleaning them, getting all of the surfaces with soap for 20 seconds — that’s a full time through ‘Happy Birthday’ — and then also rinsing them off afterwards,” Landon said.

Power Lunch

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- South Korea, Italy and Iran have all recorded sharp upticks in cases of the coronavirus in recent days, with many other countries imposing travel restrictions on virus-hit areas worldwide.
- Infections have now been reported in every continent except Antarctica.



This photo taken on February 28, 2020 shows workers producing face masks at a factory in Handan in China's northern Hebei province.

STR | AFP via Getty Images

Medical experts have urged people to stop panic buying face masks, warning

disease unit at the time of the SARS epidemic in 2002-2003, said at a Chatham House press briefing last month.

But, “a mask that is used to stop getting an infection is sometimes not very effective because people take it off to eat, many times they are worn improperly (and) if they get wet and somebody sneezes on that mask it could pass through.

So, there is really not a lot of evidence (to support wearing masks).”



Children with face masks wash their hands before prayer at Erawan shrine, a popular spiritual landmark in Bangkok on January 27, 2020.

MLADEN ANTONOV / AFP via Getty Images

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CDC Study Finds Overwhelming Majority Of People Getting Coronavirus Wore Masks

BY: JORDAN BOYD

OCTOBER 12, 2020

🕒 2 MIN READ



Over 70 percent of the case-patients who were contaminated with the virus fell ill despite “always” wearing a mask.



JORDAN BOYD

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Centers for Disease Control [report](#) released in September shows that masks and face coverings are not effective in preventing the spread of

A COVID-19, even for those people who consistently wear them.

A study conducted in the United States in July found that when they compared 154 “case-patients,” who tested positive for COVID-19, to a control group of 160 participants from health care facilities who were symptomatic but tested negative, over 70 percent of the case-patients were contaminated with the virus and fell ill despite “always” wearing a mask.

“In the 14 days before illness onset, 71% of case-patients and 74% of control participants reported always using cloth face coverings or other mask types when in public,” the report stated.

TABLE. (Continued) Characteristics of symptomatic adults ≥18 years who were outpatients in 11 academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020

Characteristic	No. (%)		P-value
	Case-patients (n = 154)	Control participants (n = 160)	
Previous close contact with a person with known COVID-19 (missing = 1)			
No	89 (57.8)	136 (85.5)	<0.01
Yes	65 (42.2)	23 (14.5)	
Relationship to close contact with known COVID-19 (n = 88)			
Family	33 (50.8)	5 (21.7)	<0.01
Friend	9 (13.8)	4 (17.4)	
Work colleague	11 (16.9)	6 (26.1)	
Other**	6 (9.2)	8 (34.8)	
Multiple	6 (9.2)	0 (0.0)	
Reported use of cloth face covering or mask 14 days before illness onset (missing = 2)			
Never	6 (3.9)	5 (3.1)	0.86
Rarely	6 (3.9)	6 (3.8)	
Sometimes	11 (7.2)	7 (4.4)	
Often	22 (14.4)	23 (14.5)	
Always	108 (70.6)	118 (74.2)	

In addition, over 14 percent of the case-patients said they “often” wore a face covering and were still infected with the virus. The study also demonstrates that under 4 percent of the case-patients became sick with the virus even though they “never” wore a mask or face covering.

Despite over 70 percent of the case-patient participants’ efforts to follow CDC recommendations by committing to always wearing face coverings at “gatherings with ≤10 or >10 persons in a home; shopping; dining at a restaurant; going to an office setting, salon, gym, bar/coffee shop, or

church/religious gathering; or using public transportation,” they still contracted the virus.

While the study notes that some of these people may have contracted the virus from the few moments that they removed their mask to eat or drink at “places that offer on-site eating or drinking,” the CDC concedes that there is no successful way to evaluate if that was the exact moment someone became exposed and contracted the virus.

“Characterization of community exposures can be difficult to assess when widespread transmission is occurring, especially from asymptomatic persons within inherently interconnected communities,” the report states.

In fact, the report suggests that “direction, ventilation, and intensity of airflow might affect virus transmission, even if social distancing measures and mask use are implemented according to current guidance.”

Despite this new scientific information, the CDC, Director of the National Institute of Allergy and Infectious Diseases Dr. Anthony Fauci, and many political authorities are still encouraging people to wear masks. Many states and cities have even mandated masks, citing them as one of the main tools to “slow the spread” of coronavirus and keep case numbers in their area down.

The Recount 
@therecount



CDC Director Dr. Robert Redfield makes it as clear as he can: "This face mask is more guaranteed to protect me against COVID than when I take a COVID vaccine."



The CDC's Latest Study on Masks is Purposeful Misinformation

An already discredited agency hits a new low



Ian Miller

Feb 7

♡ 179 💬 42 ➦

"Misinformation" is one of the most overused terms in our modern world.

Instead of referring to information that is purposefully misleading, it's now become an easy shorthand term for major media outlets when referring to information they don't like.

But misinformation is real — there are people and officials and entire government agencies who disseminate information that is demonstrably incorrect in order to maintain their narrative or encourage compliance with their mandates.

Unfortunately, this isn't a new phenomenon; at this point most people have come to realize that not everything reported by the government and mainstream media is accurate.

But this practice has clearly become more intensely repetitive and disturbing during the COVID-19 pandemic.

This is not simply because agency recommendations and government mandates have completely failed to accomplish what was promised while they've lied to cover it up, but because the government and its partners are now openly advocating for censorship of those who expose their shortcomings.

The CDC has had a credibility problem for quite some time, beyond their flip flopping and unfortunate cooperation with teacher's unions, they've amplified some truly terrible studies to justify their recommendations, a number of which are chronicled here.

But this latest study, their most recent attempt to defend their endless mask recommendations, is truly unconscionable.

There are so many flaws it's hard to even know where to start, but it's important to debunk this level of purposefully misleading garbage because it's being shared by the usual misinformation crowd.

Not Statistically Significant

A definition of statistical significance is "...the claim that a result from data generated by testing or experimentation is not likely to occur randomly or by chance but is instead likely to be attributable to a specific cause."

Most well constructed studies do not attribute an outcome to a specific cause without statistical significance.

For example, in the DANMASK study, which was a randomized controlled trial designed to test the hypothesis that mask wearing would prevent infection with COVID, their results pointedly reference the lack of statistical significance to any measurement:

In a per protocol analysis that excluded participants in the mask group who reported nonadherence (7%), SARS-CoV-2 infection occurred in 40 participants (1.8%) in the mask group and 53 (2.1%) in the control group (between-group difference, -0.4 percentage point [CI, -1.2 to 0.5 percentage point]; $P = 0.40$) (OR, 0.84 [CI, 0.55 to 1.26]; $P = 0.40$). Supplement Figure 2 provides results of the prespecified subgroup analyses of the primary composite end point. **No statistically significant interactions were identified.**

Statistical significance is an important tool — except for the manner in which the CDC and these researchers used it.

Here is the graphic that the CDC publicized, which was promptly used and redistributed by political activists in order to prove masks work:

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't*

WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type[†]



There's a lot going on here, so you'd be forgiven for not observing one of the most important elements — the symbol next to the "cloth mask" notation.

Notice that it corresponds to a sentence at the very bottom of the graphic, to the left of the MMWR logo. It's hard to see, so I'll repeat it here:

"Not statistically significant"

The CDC posted this graphic, which will be used to inform public policy, local school boards, politicians and corporate executives, and purposefully included a result that was not statistically significant.

That's misinformation.

It's an intentional attempt to deceive the public by utilizing a result that did not meet the bare minimum requirements to be "significant" in order to push an agenda.

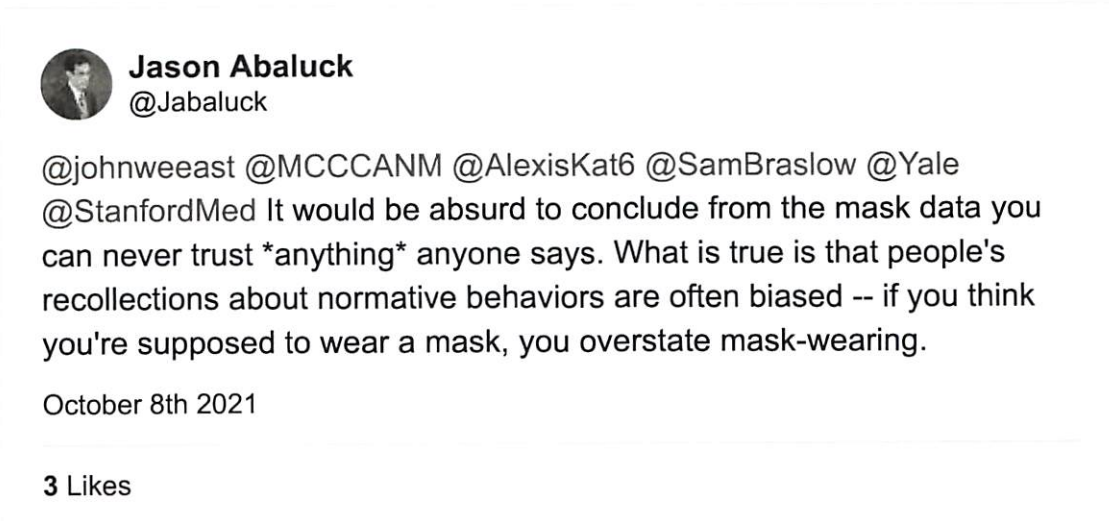
It's the textbook definition of misinformation and should be included among the long series of discrediting statements from the CDC. Posting a graphic with a non-statistically significant result highlighted as a conclusion should not be acceptable. But that's exactly what the CDC did.

And they weren't done yet.

Self-reporting

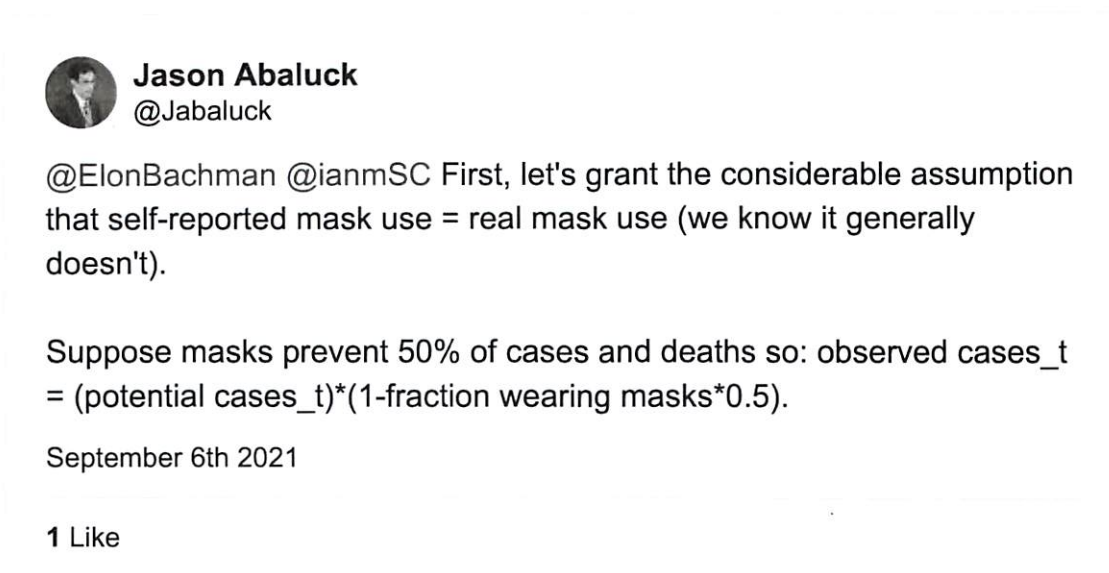
Survey results are often incredibly misleading, due to biases in self-reporting. People may often lie or misremember when asked questions by someone they perceive as an authority.

In fact, Jason Abaluck, one of the chief architects of the Bangladesh mask study, which was designed to attract news coverage by concluding that masks worked, pointed out one of the chief flaws in this methodology himself:



When you think you're supposed to answer that you wore a mask, you overstate mask-wearing.

In one of his many defenses of his work which deliberately misled media outlets into thinking that masks were effective, Abaluck again highlighted that self-reporting can often be unreliable:



So a researcher who purposefully sliced his results to reach an extraordinarily weak outcome in order to sell masking acknowledged that self-reported mask usage is not a reliable measurement.

What did the CDC do here?

They relied on self-reported data.

After obtaining informed consent from participants, interviewers administered a telephone questionnaire in English or Spanish. All participants were asked to indicate whether they had been in indoor public settings (e.g., retail stores, restaurants or bars, recreational facilities, public transit, salons, movie theaters, worship services, schools, or museums) in the 14 days preceding testing and whether they wore a face mask or respirator all, most, some, or none of the time in those settings. Interviewers recorded participants' responses regarding COVID-19 vaccination status, sociodemographic characteristics, and history of exposure to anyone known or suspected to have been infected with SARS-CoV-2 in the 14 days before participants were tested. Participants enrolled during September 9–December 1, 2021, (534) were also asked to indicate the type of face covering typically worn (N95/KN95 respirator, surgical mask, or cloth mask) in indoor public settings.

Everything in this graphic was determined based on self-reporting. There is no verification to any of it, it simply relied on people giving truthful and comprehensive answers to questions from a public health agency that repeatedly stresses the importance and moral value of mask wearing.

It's completely and utterly ridiculous that this measurement was even conducted, let alone published as some kind of "scientific" study.

Sample Sizes

Perhaps the biggest contributor to increasing the odds of random chance and variance influencing your result is sample size.

For example, baseball is generally considered the sport with the least variance between teams, meaning that any individual outcome is incredibly hard to predict. The gaps between teams is so small that even the 162 game season often leads to wildly unpredictable results, with a five or seven game playoff series being essentially random.

So when the CDC, knowing full well the ramifications of their recommendations on daily life, posts a study, you'd assume that it would be a thorough, far reaching examination with thousands or tens of thousands of non-mask and always masked participants to ensure that the randomness and chance from small sample sizes can be safely minimized.

How many "control group" participants who never wore masks did this study have, then?

Overall, 44 (6.7%) case-participants and 42 (3.6%) control-participants reported never wearing a face mask or respirator in indoor public settings (Table 2), and 393 (60.3%) case-participants

and 819 (69.6%) control-participants reported always wearing a face mask or respirator in indoor public settings.

44 who tested positive and 42 who didn't.

That was their sample size for people who self-reported not wearing masks. 86 people total.

Here's the full table highlighting the massive disparity in numbers:

TABLE 2. Face mask or respirator use in indoor public settings among persons with positive and negative SARS-CoV-2 test results — California, February–December 2021



Mask type and use*	SARS-CoV-2 infection status, no. (%)		Odds ratio (95% CI)	
	Positive (case-participant) N = 652	Negative (control-participant) N = 1,176	Unadjusted† [p-value]	Adjusted‡ [p-value]
None (Ref)	44 (6.7)	42 (3.6)	—	—
Any use†	608 (93.3)	1,134 (96.4)	0.57 (0.37–0.90) [0.02]	0.51 (0.29–0.93) [0.03]
Some of the time	62 (9.5)	76 (6.5)	0.81 (0.47–1.41) [0.49]	0.71 (0.35–1.46) [0.36]
Most of the time	153 (23.5)	239 (20.3)	0.64 (0.40–1.05) [0.08]	0.55 (0.29–1.05) [0.07]
All of the time	393 (60.3)	819 (69.6)	0.49 (0.31–0.78) [<0.01]	0.44 (0.24–0.82) [<0.01]

86 total people reported not wearing a mask and 1,742 reported mask usage. The CDC and these researchers thought that was an appropriate distribution. Their entire graphic is based on adjusted odds and p-values from 44 people who reported a positive COVID test and claimed no mask usage.

44 people.

From February 2021-December 2021.

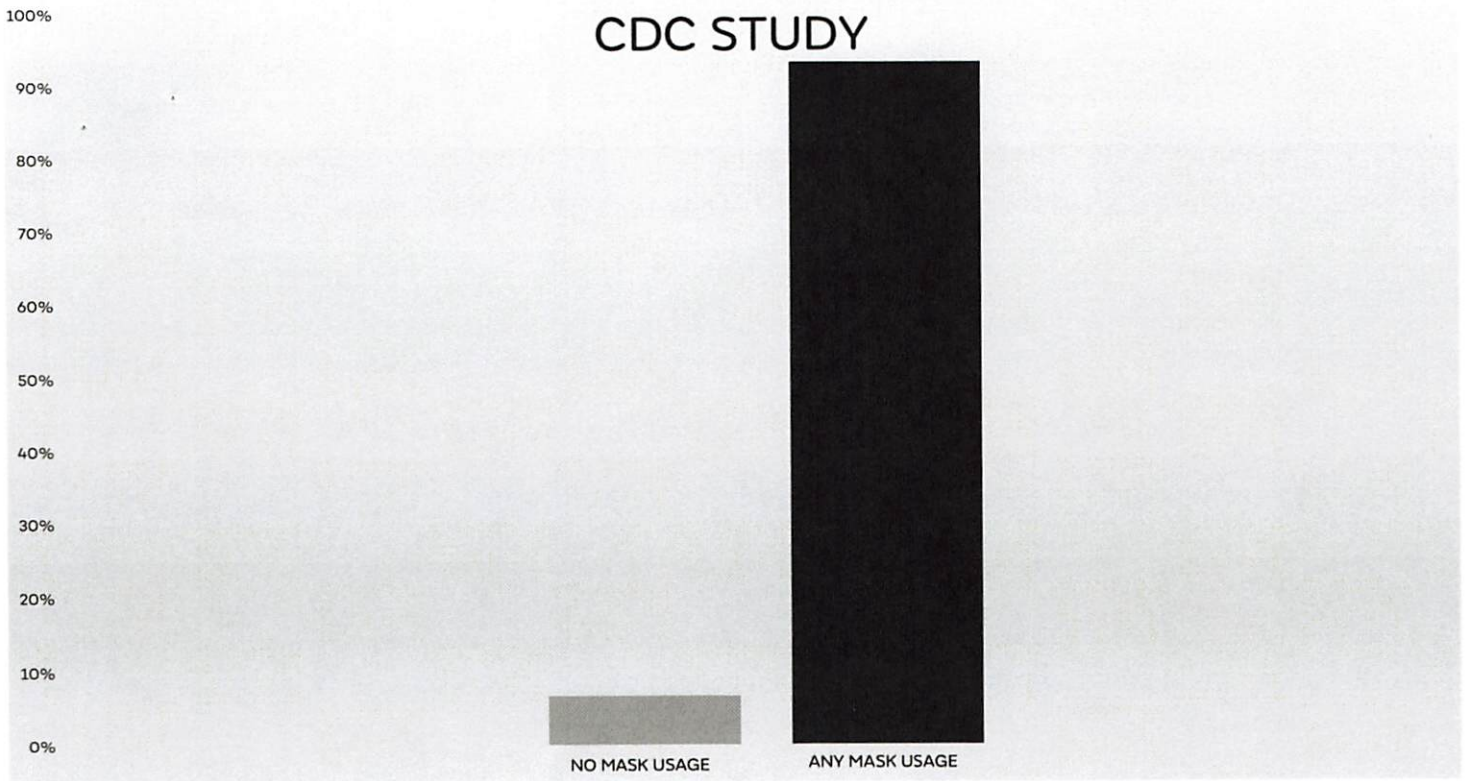
In a state with 39.5 million people.

Not to mention that of those who self-reported a positive test, 93.3% said they wore a mask some, most or all of the time.

But that wouldn't make for a very convincing graphic, now would it? Here's an example of how that would look:

PERCENTAGE OF POSITIVE CASES BY MASK USAGE

CDC STUDY



Doesn't look as good for the mask users, does it?

Obviously this is a base rate issue, but it illustrates perfectly that highlighting & promoting desired results is what the CDC does best.

They took an infinitesimal sample size and adjusted the odds ratios to claim a statistically insignificant result in favor of cloth masks.

That doesn't include the issues with self-reporting that might lead to bias in the results, such as over reporting in compliance and reluctance to admit positive tests by those who always wore masks, just as one example.

The Science™.

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Confidence Intervals

Perhaps the worst element of this study is the methodology used to create the misleading percentages from the earlier graphic.

We'll return to that in a minute, but here's the description from the study:

This analysis was not restricted to persons with no self-reported known or suspected SARS-CoV-2 contact given that this secondary analysis was underpowered upon exclusion of these participants (N = 316) because adjusted models did not converge. Instead, models adjusted for history of known or suspected contact as a covariate. In a sensitivity analysis restricting to participants who did not report known or suspected contact (N = 316), conditional logistic regression models were used to estimate that the unadjusted odds ratios of face mask use by type of face mask with matching strata defined by the week of SARS-CoV-2 testing: 0.13 (95% CI = 0.03–0.61), 0.32 (95% CI = 0.12–0.89), and 0.36 (95% CI = 0.13–1.00) for N95/KN95 respirators, surgical masks, or cloth masks, respectively, relative to no face mask or respirator use.

Did you notice the first sentence?

"This analysis was not restricted to persons with no self-reported known or suspected COVID contact given that this secondary analysis was underpowered upon exclusion of these participants because adjusted models did not converge."

They didn't exclude people with potentially known close contacts!

This is absolutely insane. You've now completely corrupted the entire point of the investigation. How are you supposed to determine whether or not mask wearing in public places made a difference if you have no idea if those who tested positive were infected because of a household case?

It's the height of intellectual dishonesty to even publish these results, let alone create a graphic based on this data. Essentially, the researchers knew it would be impossible to ascertain meaningful results if they excluded those with potential known contacts, so they just shrugged and included them anyway. Absolutely remarkable.

This is yet another example of the issues with sample sizes mentioned above. They just simply didn't have enough people to obtain meaningful results so they committed statistical malpractice to create the graphic they wanted.

It's not even worth discussing the actual confidence intervals given the utterly useless criteria, but for the sake of thoroughness, we'll look at those too:

TABLE 3. Types of face mask or respirator worn in indoor public settings among persons with positive or negative SARS-CoV-2 test results — California, September–December 2021

Mask type*	SARS-CoV-2 infection status, no. (%)		Odds ratio (95% CI)	
	Positive (case-participant) N = 259	Negative (control-participant) N = 275	Unadjusted† [p-value]	Adjusted‡ [p-value]
None (Ref)	24 (9.3)	11 (4.0)	—	—
Cloth mask	112 (43.2)	104 (37.8)	0.50 (0.23–1.06) [0.07]	0.44 (0.17–1.17) [0.10]
Surgical mask	113 (43.6)	139 (50.5)	0.28 (0.18–0.81) [0.01]	0.34 (0.13–0.90) [0.03]
N95/KN95 respirator	10 (3.9)	21 (7.6)	0.22 (0.08–0.62) [<0.01]	0.17 (0.05–0.64) [<0.01]

conditional logistic regression models were used to estimate that the unadjusted odds ratios of face mask use by type of face mask with matching strata defined by the week of SARS-CoV-2 testing: 0.13 (95% CI = 0.03–0.61), 0.32 (95% CI = 0.12–0.89), and 0.36 (95% CI = 0.13–1.00) for N95/KN95 respirators, surgical masks, or cloth masks, respectively, relative to no face mask or respirator use.

- 0.03-0.61
- 0.12-0.89
- 0.13-1.00

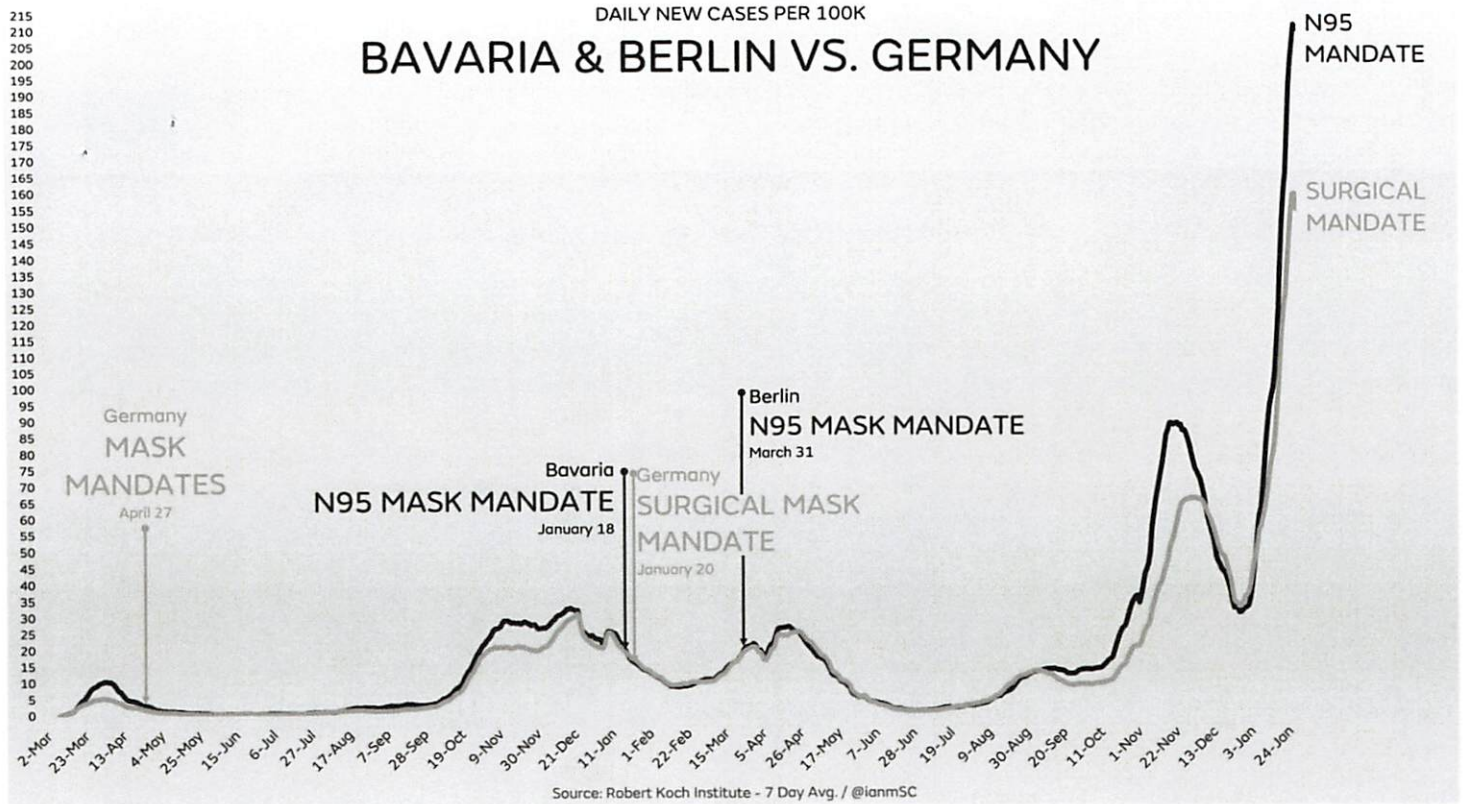
This is useless. It's nearly the entire range of possibilities from zero benefit to a huge benefit. It's nonsense.

They underpowered the results with small sample sizes (35 total people in 3+ months never wore masks), included participants who should never have been included, and got useless results that they promoted anyway. Completely unconscionable.

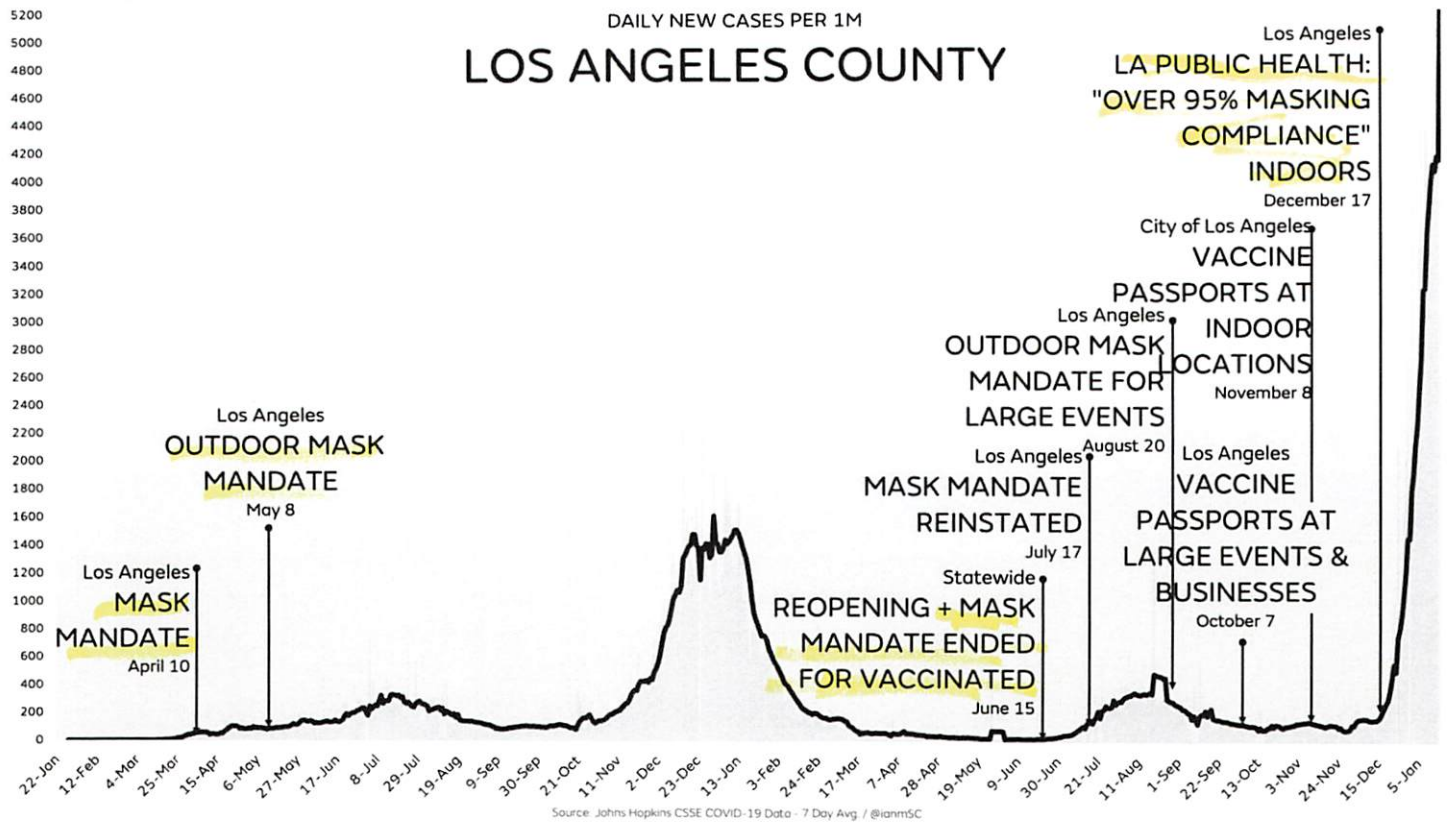
Reality

When you understand just how unbelievably incompetent the methodology was, how underpowered the investigation is, how misleading the confidence intervals were and how desperate they were by including non-statistically significant results, it makes sense that reality completely contradicts their disastrously bad graphic.

N95 mandates haven't mattered:

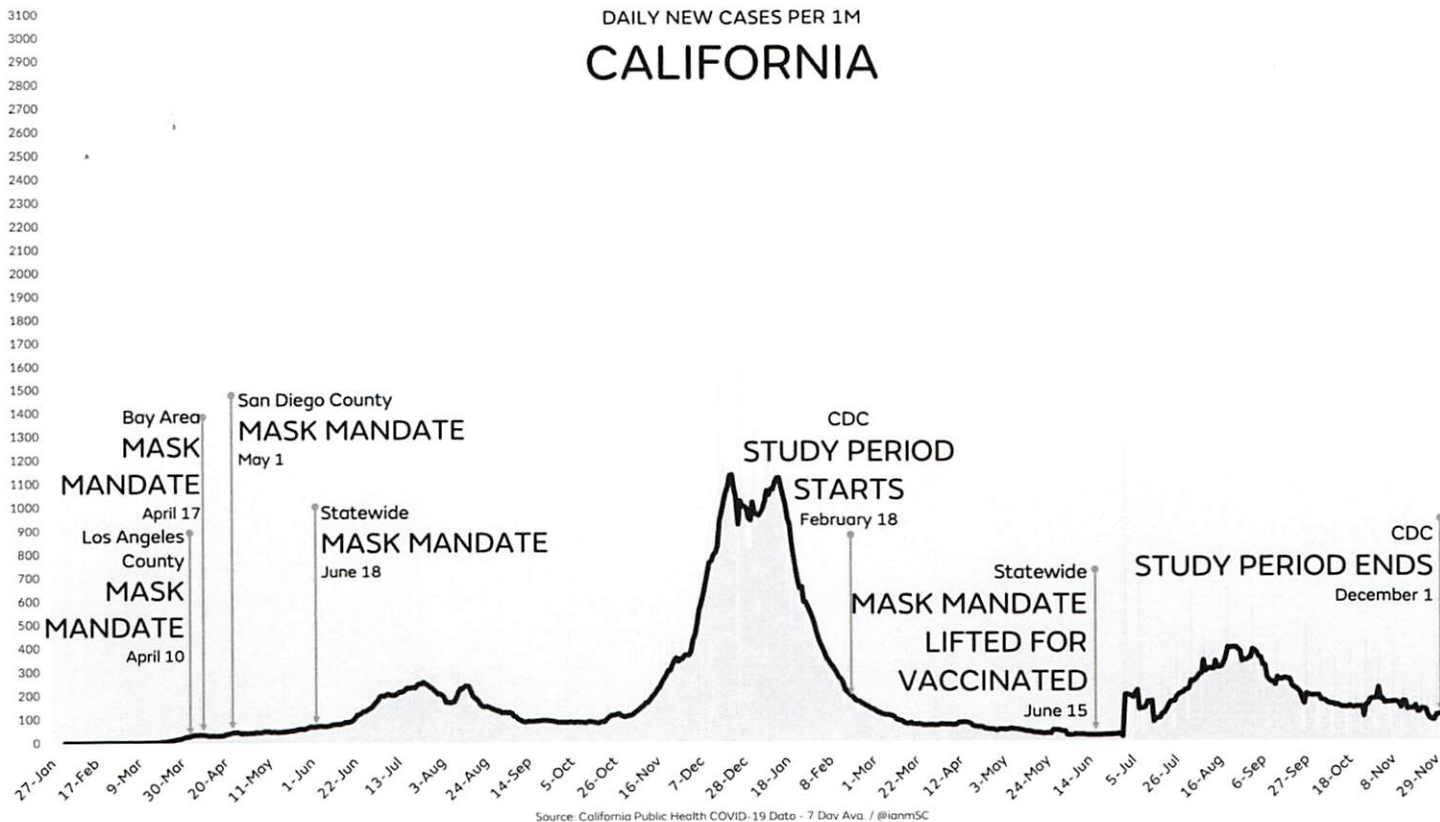


95+% measured observational (not self-reported) mask compliance indoors didn't matter:



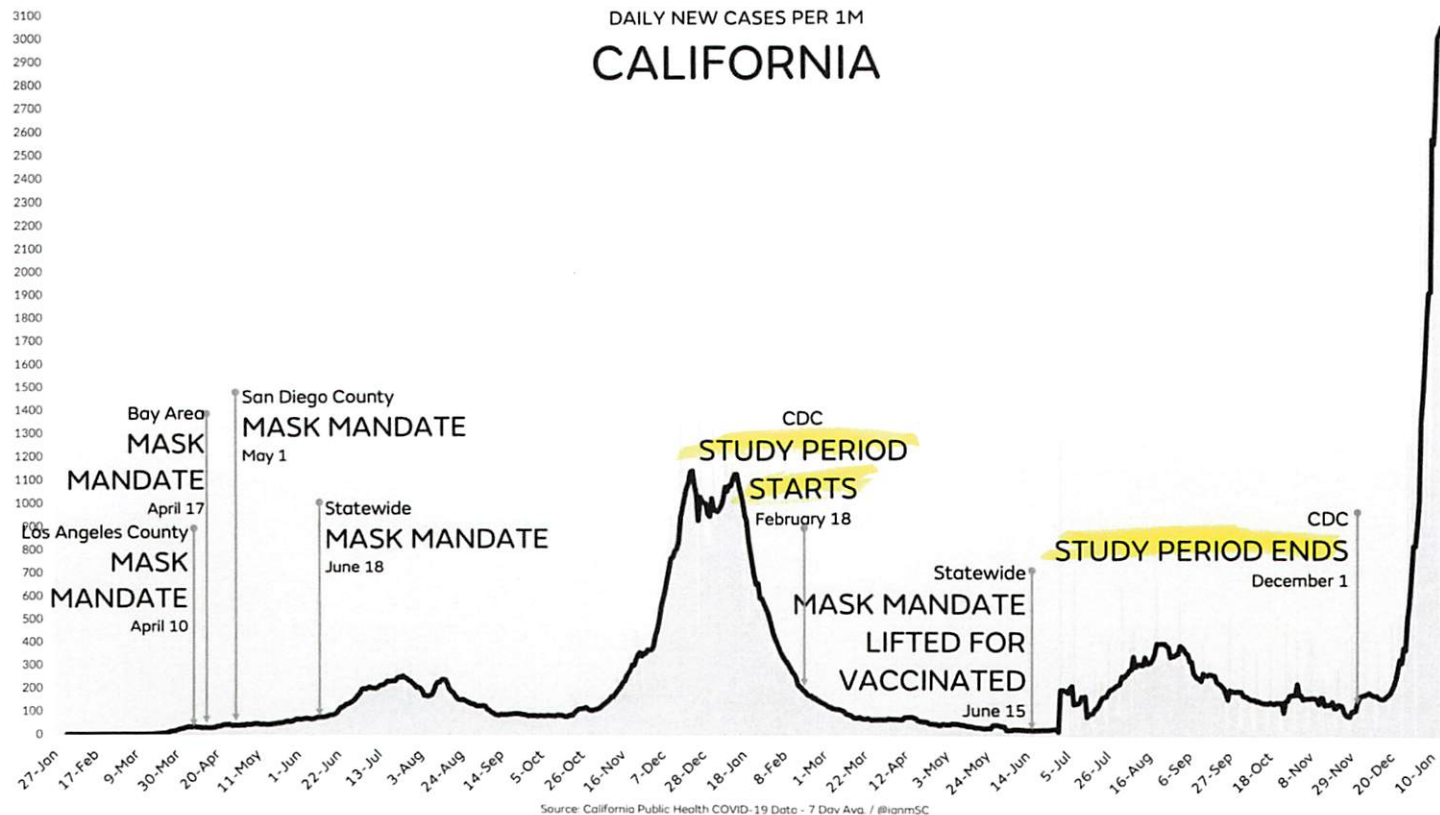
And importantly, look at when the study starts and ends:

DAILY NEW CASES PER 1M
CALIFORNIA



Wondering why the numbers look low? Because here's what happened afterwards:

DAILY NEW CASES PER 1M
CALIFORNIA



Whoops!

Not to mention the issues with vaccination status among participants and reasons for testing

COVID-19 vaccination status[§]

Unvaccinated or incompletely vaccinated	511 (78.4)	676 (57.5)
Fully vaccinated	115 (17.6)	377 (32.1)
Unknown	26 (4.0)	123 (10.5)

Reasons for SARS-CoV-2 testing**

Experiencing symptoms	508 (77.9)	196 (16.7)
Testing required for medical procedure	40 (6.1)	199 (16.9)
Routine screening through work or school	71 (10.9)	507 (43.1)
Pre-travel test	33 (5.1)	120 (10.2)
Just wanted to see if I was infected	65 (10.0)	172 (14.6)
Test required for admission to an event or gathering	3 (0.5)	21 (1.8)

This "study" is absolutely ridiculous, and a new low point for the CDC. They've completed their divorce from science, data and evidence and moved exclusively into political advocacy.

We've learned over the past few years that they are completely untrustworthy and purposefully misleading to suit their needs, but this is a new level of misinformation even for them.

It will, however, achieve desired purpose — countless retweets from credentialed political activists and media coverage by those too blinded by ideology to see the devastating flaws.

Misinformation is dangerous, and all too often it comes from the CDC.

♥ 179

💬 42

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Casey Preston Feb 7 ♥ Liked by Ian Miller

Now just imagine the studies they didn't publish because they didn't prove that masks work.

♥ 33 Reply Give gift

6 replies



fortiori Feb 8

Masks are incredibly dangerous and ineffective (well, they are actually extremely effective for their intended purpose, which has nothing to do with stopping a virus), this will remove all doubt:

tritorch.com/Maskerade

The report at the end of that article is the best evidence you will find anywhere on the dangers and ineffectiveness of masking.

♡ 17 Reply Give gift

3 replies



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HB 1131 - AS INTRODUCED

2022 SESSION

22-2188

10/08

HOUSE BILL **1131**

AN ACT relative to facial covering policies for schools.

SPONSORS: Rep. Weyler, Rock. 13; Rep. Blasek, Hills. 21

COMMITTEE: Education

ANALYSIS

This bill prohibits school boards and accredited nonpublic schools from adopting, enforcing, or implementing a policy that requires students or members of the public to wear a facial covering.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~in brackets and struck through.~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to facial covering policies for schools.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Schools; Instruction of Pupils; Facial Coverings Policy. Amend RSA 189 by
2 inserting after section 10 the following new section:

3 189:10-a Facial Covering Policy for Schools. The school board of a school district, the
4 superintendent or chief administrative officer of a school district, and the authorities in charge of
5 each accredited nonpublic school shall not adopt, enforce, or implement a policy that requires
6 students or members of the public to wear a facial covering for any purpose while on the school
7 district's or accredited nonpublic school's property unless the facial covering is necessary for a
8 specific extracurricular or instructional purpose, or is required by some other section of the law.

9 I. In this section, "facial covering" means any item worn on the face which covers a student's
10 mouth, nose, or both. This provision shall not prohibit any public school board or governing person
11 or body of a school from requiring participating students to wear athletic gear intended to protect
12 against concussive or similar sports-related physical damage, or to wear protective equipment while
13 handling chemicals, fire, or other similar hazardous elements for scientific or similar educational
14 purposes.

15 II. Any person claiming to be aggrieved by a violation of this section, including the attorney
16 general, may initiate a civil action against a school, school district, school board, or other public
17 entity in superior court for injunctive and other legal or equitable relief. Any person aggrieved by an
18 act prohibited by this section may also pursue all of the remedies available under RSA 491, RSA 275-
19 E, or any other applicable common law or statutory cause of action.

20 III. Violation of this section by an educator shall be considered a violation of the educator
21 code of conduct that justifies disciplinary sanction by the state board of education. For the purposes
22 of this section, "educator" means a professional employee of any school whose position requires
23 certification by the state board pursuant to RSA 189:39.

24 2 Effective Date. This act shall take effect 60 days after its passage.