

Darlene Agle	Public seating capacity at school board meetings	I don't bother attending school board meetings anymore as it is painfully clear that, in terms of sincerely entertaining input from a representative public, they are a sham. Thank you for demonstrating it again by limiting public attendance to an unconscionable 30 under the laughably thin veil of public health. It helps more families wake up and question their trust in you and in authority, as they should.
Millie Andino-Tyson	Stop covering our children's faces with masks.	Children need to breathe freely. Children need to show expression, see expression freely & learn social skills to be productive adults in society. Children are negatively impacted physically, mentally, & emotionally with cloth muzzles that retains germs on their beautiful faces for 7 hours while in school. God gave us our immune systems to fight viruses. Parents are responsible for our children's health. Schools are responsible for teaching. Cloth masks that do not stop a virus. We are 2 years into this flu virus & enough is enough. We have a right to live our lives freely & the right to an education without being subjected to not being able to breathe freely for 7 hours a day in school.
Cheryl Harmony	Start Addressing Youth Mental Health	Dear WCPSS BOE Please stop saying our youth are resilient and acknowledge the shut down of schools has caused mental suffering for our youth ands teens. It's easy to lump sum students as resilient and they will get over this disruption but instead provide help and resources.

Heather Fayhee	Covid.	<p>I appreciate that our school system is still enforcing masks and that now we finally are able to do weekly in- school testing. I would ask that the testing be heavily promoted as it is not getting featured very prominently in school communications.</p> <p>I am wildly concerned though, with the quick adoption of the new CDC guidelines. They are heavily criticized by experts and seem very premature. We still have the delta variant circulating which is contagious for much longer than 5 days. These guidelines were altered to keep hospitals running and other critical infrastructure -not to be adopted by schools. Already states like Michigan and Illinois have declined to recognize them.</p> <p>The CDC provided no supporting data or discussion and neglected to require two negative antigen tests in order to leave quarantine/isolation as in the UK and other countries. They have a difficult job just like the school district; but we all need to move forward cautiously and with common sense. Children are vulnerable to this new variant (Omicron) and filling up hospital beds even though adults are experiencing more mild infections.</p> <p>Those with exposure or infection will need to wear their n95/94 or k95masks religiously while present at school. What accommodations have occurred in terms of eating? Sitting 6 feet apart indoors will not cut it. Where will children get these type masks? Who will monitor their usage?</p> <p>I appreciate your time and efforts very much. I know managing a pandemic and a political one at that was not something anyone on the board expected. Thank You.</p> <p>Heather Fayhee</p>
John Scarborough	Weather Delay	<p>I am dumbfounded that given the vast amount of warning and serious concerns for severe weather issued by the National Weather Service that at a minimum the district did not go on a 2-hour delay today or even cancel classes. Especially given the previous history of the district doing such a thing when there was just a barest hint of inclement winter weather. Whoever was responsible for this decision has failed the students and staff and put countless numbers of them in jeopardy. I don't know what criteria or decision matrix was utilized for this process but clearly it needs to be reexamined and revamped, in fact had this person been under my supervision I would be reprimanding them if not terminating them.</p>

Maegan Serra	Keeping our children safe given high rates of Covid-19 transmission	Rates of Covid-19 are extraordinarily high right now. In order to keep our children safe, especially those with siblings at home who are unvaccinated or with family members who are immunocompromised, I am requesting that classes be provided virtually for families who would prefer to keep their children safe in this way while still ensuring that their children are able to learn. It seems as if omicron waves are short lived, so this would only be temporary until in class instruction is deemed safe to resume. It would also be advantageous that all families submit a negative Covid test prior to returning to school.
Sarah Thompson	Covid safety	<p>Hello</p> <p>I am a mother to high risk children. Both are luckily in va. But we are having to stop seeing friends even outside and masked since it's not safe with friends inside school buildings. I am worried about our hospitals filling up and not having beds for non Covid diseases or injuries. I'm so concerned about staffing and bus drivers with lots of kids inside closed spaces. I am so worried for our community and our friends. You have no idea how this virus will effect you until you get it. Death shouldn't be the only thing that you base your decisions on. Please make our community safe for everyone. Please make it mandatory to staff and students to be vaccinated. I want my kids to return to school safely. I would encourage you to think about all the students including the most vulnerable. They deserve to have a good education too. It's not their fault they are high risk.</p> <p>Also please think of teen drivers in bad weather. This morning was terrifying thinking of my son's friends driving in that storm.</p> <p>Thanks for your commitment to our students.</p>

Stephanie Hall	Covid concerns and weather from 1/3	<p>Hello, I am a healthcare worker as well as the mother of a WCPSS kindergartner and 2nd grader. I'm asking to please work to keep my children and my family safe. I have an autoimmune condition and my brother-in-law is immunocompromised. 1) Please keep the masking rule in place. It is the easiest and most simple mitigation measure. My 7-year-old loves his mask and both of my kids forget to take it off when I pick them up. They are old enough to understand the rules and how it helps themselves and others. They have zero issues with wearing masks. 2) Please make surveillance testing mandatory. It is fairly useless if hardly anyone is signed up and it is voluntary. The communication on it was also not clear and many parents didn't sign up just because they didn't understand what it was. We need this information to keep the spread down and keep schools open. We should have required a negative test to come back to school from the break. I'm bracing myself for these next few weeks (and keeping my children out this week since I feel their safety isn't being taken seriously). 3) Please require vaccination for all those eligible and mandatory testing for those that claim exemption. Voluntary programs rely on people doing the right thing and if there's one thing I've learned during this pandemic it's that people don't care to do that and instead focus on what they want for themselves. It needs to be mandatory and enforced. 4) Please ensure every classroom has a proper air filtration system that can mitigate Covid and doesn't just meet the very low standards we have currently. 5) Please work to increase the possibilities for more outdoor options for lunch specifically, but also for classes and other activities. Being outside is a great investment in our health post-Covid as well.</p> <p>Please help keep our children and communities safer. We don't want to give this virus more chances to mutate and go through another variant wave. It didn't have to happen with Delta and Omicron so let's do all that we can to ensure it won't happen again.</p> <p>As for the handling of the weather situation on 1/3, I am baffled how there was no delay or closure. The National Weather Service sent out a warning saying you shouldn't be on the roads unless you are evacuating. Why were bus drivers, teachers, staff, and children put at risk? Usually WCPSS is more cautious and it should have been that way. Better safe than sorry should be the motto, even though it's hard to please everyone. Safety should always be the priority.</p> <p>Thank you.</p>
----------------	-------------------------------------	--

Kirsten Starr	Covid safety	<p>Robyn Gaylor this is mine:</p> <p>Hello, I am the mother of a WCPSS 1st grader and high school junior. I'm asking to the board please work to keep my children and my family safe.</p> <p>First, I ask that the board please keep the masking rule in place. It is the easiest and most simple mitigation measure. Neither of my children have any issues wearing a mask, and consistency from everyone will help ensure that continues. Elementary school age children are old enough to understand the rules and how it helps themselves and others. There are no issues with wearing masks.</p> <p>Secondly, please make surveillance testing mandatory in order to attend in person schooling. The more people enrolled in the testing, the more useful it is. Many parents did not understand the communication about testing, and thus did not sign up. This surveillance testing will help keep covid spread down and schools open.</p> <p>Third, please require vaccination for all those eligible and mandatory testing for those that claim exemption. Vaccine requirements are not new to public school and have been upheld at the Supreme Court level; see the Jacobson v Massachusetts ruling of 1905.</p> <p>Finally, please ensure every classroom has a proper air filtration system that can mitigate Covid. There have been known cases of covid exposure and infection through the ventilation- see November 11th infection in a Hong Kong hotel.</p> <p>I appreciate the work that all of our public school staff and support team are doing and have been doing throughout the last couple of years. Please continue to make our schools safe for teachers and students.</p> <p>Thank you, Kirsten Starr</p>
Colin Regan	COVID-19 And School Policies	<p>As Winter Break comes to a close, it is apparent that COVID cases across the country are skyrocketing. Some college campuses and universities have even chosen to opt back into online schooling for some time, similar to the policies in place during the 2020-2021 school year. As a high school senior, I know the opinions of some of my classmates on this issue. From those who I have talked to, many would prefer to return to online class for the safety of staff, students, and families. Personally, I believe this option is the best for everyone moving into the next semester. Does this</p>

		opinion of students influence your decision when it comes to deciding policies for school during the start of 2022? Also, is it likely that we will return to online school? Or if we remain in-person, will there be health checks and/or screening before students enter the building like there were before?
Mandi Sharma	Safety measures	Please keep mask mandate and update to include type of mask and fit requirements. We know masks help stop the spread, but cloth masks are no longer enough to curb new variants. At minimum a well fitted surgical mask is needed to get 70% plus filtration efficiency. We need increased measures to reduce any time spent unmasked indoors. Lunch is the biggest concern here. Eating outdoors when possible will help limit the spread that occurs during lunch when students are unmasked in close quarters. Cafeterias should additionally have portable HEPA filter units to filter air when outdoor lunch isn't possible due to weather. Testing is another way we will be able to reduce exposure and catch asymptomatic cases from spreading. Several parents I know where confused by the WCPSS communication about the voluntary testing and that could be part of why the sign up rate is so low. Many wanted to know about if parent would be notified ahead of time to prep the student and if positive pool whether all students would need to stay home until retest or not. By clarifying these and better explaining how testing will help us all it may increase participation. Coming off of breaks from school everyone should be tested prior to school starting. This surge will have major impacts but by upgrading our standards for masking, testing, and filtration, as well as outdoor eating measures we will know we did everything possible to keep students and staff safe and limit exposure to our community. Thank you!
Avery Lustgarten	Optional Remote Learning	I think that with the discovery of the second variant of COVID-19, students and parents should be provided with the option to return back to remote learning for safety purposes. After the holidays many students have come back to school after traveling and large get togethers causing an increased exposure rate. I think that if a student wants to stay home for their own safety it should not penalize their attendance records, they should have the option to join class digitally.

Sarah Wilson	Health and safety of our children	<p>My son liam wilson is a second grader at HARES and after nearly 2 years in virtual school he was to start in person today. Unfortunately wcpss school board has not created a safe enough environment so i had to keep him home today and am doing so for the foreseeable future until i think it is safe. He could be in class with covid positive children since the board adopted cdc guidelines meant for adults and is not requiring an exposed vaccinated person to be tested before coming to school. He could sit next to that person at snack or lunch (how is strict masking applied?). He will be outside with kids without masks and potentially infected during recess since masks are currently optional during recess.</p> <p>No child with covid should be in the school. We have testing that could be implemented in a “test to stay” method as other school systems have. Opting in isn't going to work because the people least likely to get tested and be careful aren't going to opt in. The current opt in rates are low and won't create a successful program. Every student should be tested at least weekly in EVERY school.</p> <p>Please start requiring masks at all times other than when eating and drinking on school property, including outdoors at recess and during walker pick up and drop off. Please also ensure people wear high quality masks. Cloth masks and bandanas are no match against omicron. Every person should be required to wear a multilayered surgical mask or respirator (kf94, kn95 or n95) that is properly fitting and covering mouth and nose. Children that aren't compliant with this should be provided a proper mask or sent home.</p> <p>Please make lunch and snacks safer by promoting ways to eat outside (his cafeteria situation is not safe) in a socially distanced manner. Or at least have air purifiers in place in lunch rooms and classrooms where children eat lunch and have snacks.</p> <p>Additionally why isn't everyone in a elementary classroom notified as soon as there is a covid case or exposure. This is ridiculous to me. I want to know if my son spent 8 hours in a room with someone exposed to covid or that has covid. This is so i can test my son and so my family can take preventive measures to keep him from spreading it to all of us if he was infected. Only informing “close contacts” is not sufficient with omicron. A teacher could easily send an email to the whole class and say a student was at school in our classroom on xx date and was exposed/tested positive for covid. This is not hard.</p> <p>I am deeply distraught that the board has not made the safety of our children a priority, many of</p>
--------------	-----------------------------------	--

		<p>whom, like my son, have unvaccinated siblings and high risk family members. I feel like i have to make a choice: my sons education/social emotional well-being OR my family's safety. It's not fair that you have put me in that situation. Implementation of measures such as those i have outlined would mean i no longer have to make that difficult choice and could let my son come back to school.</p>
Valerie Rye	Keep masks, contact tracing and testing	<p>I would like to ask for you to continue to keep our children safe during this pandemic. My son was exposed and ended up positive from school, yet we were never notified of the exposure and only knew because more than 6 kids in his class were positive over a few week period (including our neighbor who was notified). He brought it home to his high risk sibling, who also ended up positive, as well as his father. Without my investigation and taking with fAmilies in his class, I would never have known how it came to our house.</p> <p>I also implore you to keep masks, especially with this new variant. I also would like to see the weekly testing move to opt out, instead of opt in. My son's school was a test site in Dec. I was happy for him to test each week and know he was negative. The problem is that only 14 people at his school were being tested, out of almost 1000! This is crazy low. It should be the other way around for it to do any good.</p> <p>Thank you for your continued efforts through such a difficult time.</p>
Michael Darnell	Lunch safety	<p>Where possible, it would be great to have the kids eat lunch outside. Young kids, especially, are seemingly incapable of staying out of each other's faces during lunch and outside eating could alleviate some of the virus transmission risk. Thank you.</p>
Marisol Darnell	Safety for Classrooms/Schools	<p>Hello. These are difficult times, as the current covid variant rages throughout our communities.</p> <p>As the parent of a vaccinated 2nd grader and an unvaccinated 4 year old, I'm consumed with anxiety. I'm concerned about the lack of mandatory testing and, although I understand why, I think it's shameful. Public health has become political, and it angers me.</p> <p>I'm awaiting to hear whether my son's school will implement the opt-in testing. Going back to school, my husband and I decided to check our son out of school for his lunch period and check him back in after. I've volunteered several times within the school's cafeteria and, although there's an air filter in the cafeteria, I don't think it's a sufficient one for the size of the room and there's no social distancing for the kids. They're unmasked and sitting next to each other. I'm glad masks are still mandated but I am concerned about the quality of many of the kids' masks, as well as incorrectly wearing those</p>

		<p>masks.</p> <p>Please keep the mask mandate. Please push more testing. I'm on the edge, awaiting to see if school becomes virtual. But, most importantly, I want my family to stay healthy. My daughter is not protected by a vaccine, I have asthma, and I don't want my family to experience any of the long covid ailments that I've read about.</p>
Jackie Vanderbilt	Omicron risks	<p>Hello, I am a healthcare worker as well as the mother of a WCPSS first grader and 2 other children under the age of 4. I'm asking to please work to keep my children and my family safe. Although most people are eligible for vaccination at this point, 2/3 of my children are not. It's not fair to them or to any other ineligible child to be put at an elevated risk when there is a virus running rampant. 1) Please keep the masking rule in place. It is the easiest and most simple mitigation measure. My 7-year-old and 4-year old love their masks. Most children aren't bothered by them. I don't understand why so many adults continue to refuse to wear them correctly or even at all when the science behind mask benefits is clear - universal masking reduces spread. 2) Please make surveillance testing mandatory or at least provide better clarity on how this is being implemented. It is fairly useless if people don't access this tool. My suspicion is that the few who do voluntarily sign up aren't the ones taking the biggest risks either. We need more information, incentives, and/or mandates to make this a viable means to keep the spread down and keep schools open. We should have required a negative test to come back to school from the break. I'm bracing myself for these next few weeks. 3) Please require vaccination for all those eligible and mandatory testing for those that claim exemption. Voluntary programs rely on people doing the right thing and if there's one thing I've learned during this pandemic it's that people don't care to do that and instead focus on what they want for themselves. It needs to be mandatory and enforced. 4) Please ensure every classroom and cafeteria has a proper air filtration system that can mitigate Covid as this is an airborne disease. 5) Please work to increase the possibilities for more outdoor options for lunch specifically, but also for classes and other activities. Being outside is a great investment in our health post-Covid as well.</p> <p>Please help keep our children and communities safer. We don't want to give this virus more chances to mutate and go through another variant wave. It didn't have to happen with Delta and Omicron so let's do all that we can to ensure it won't happen again.</p> <p>Thank you.</p>

Melissa Jordan	Continue to keep our children safe with common sense Covid protocols	I have a 6th and 4th grader in wake county schools and am very worried about this new omicron variant. We need to have a test to stay program in all schools to ensure we detect and stop the spread early. We also must continue to enforce mask wearing. My kids don't even blink at mask wearing anymore! It's as normal as wearing shoes or a coat and it's a measure that helps keep them and their peers safe.
Coco Zest	12/7 Budget & Finance Meeting You Tube	<p>Dear WCPSS Board of Education -</p> <p>On 12/7 a Budget and Financial Audit Meeting was held by the vendors DHG. On slide 9 of the presentation it states 80 percent money spent on instructional services and 20 percent spent on support. This slide is titled Wake County Board of Education - Governmental Expenditures by purpose of percentage of Total Governmental Expenditures Excluding Capital Outlay and individual Schools.</p> <p>Where do taxpayers find the definition of these terms? The presentation was 15 slides but the document referred to in the live recorded session states a 256 page book, but we can not find it on the Home Screen of Wake County Public Schools.</p> <p>https://simbli.eboardsolutions.com/meetings/TempFolder/Meetings/12.7.21%20Wake%20Finance%20Committee%20Presentation%202021_306776lt3erbdywr3b03hxtt1gvux.pdf</p> <p>This link is the power point presentation. Show us the full document.</p>
Steve Collins	WCPSS School Board Strategic Plan	<p>Dear Ms. Moore and BOE</p> <p>WCPSS had 6 Core Beliefs as part of the strategic plan. All which are vague and not measurable. How are you holding yourselves as elected officials accountable that these 6 plans are being implemented? What is the purpose of a plan if it isn't specific and measurable? Why are you not going back and modifying your mission statement, vision of the school district etc. It seems new leadership is necessary for our students.</p>
Kimberly Stephenson	More layered measures	I am writing in support of continued masking in wake county schools, along with urging board to ensure that classrooms have other layered measures to prevent spread of covid such routine testing of all students and staff, in-classroom lunches, and air purifiers.

<p>Jenifer Powell</p>	<p>Health and safety of students and staff in our schools</p>	<p>Dear Board Members, parent of a second grade student at a Wake County Public School. I am increasingly worried about sending my student to school in person in light of recent COVID-19 surge and the highly infectious omicron variant.</p> <p>Please continue to vote to require masks for all students and staff in Wake County schools.</p> <p>While I appreciate the school board attending to CDC guidelines, I am concerned that the recent changes toward shorter quarantines does not comply with CDC recommendations for strict masking for 5 days after an earlier return given that many students are eating lunch without masks in indoor spaces. I am concerned that reductions in quarantine without additional safety precautions (e.g., outdoor lunches, HEPA filters in all classrooms and shared indoor spaces) will result in increased transmission of COVID both in schools and in our communities.</p> <p>Please work on proactive, preventative planning for layered safety measures and equitable implementation of these measures across schools rather than responding in what to date has often seemed like primarily reactive ways.</p> <p>Please work on increasing transparency about positive cases in classrooms to all parents of children in the classroom so that parents will have adequate information to assess risk and need for testing based on the individual risk factors affecting their family. This information can be provided without sharing identifying information about individual students or staff. Current practices foster distrust and feeling that the schools/school system is trying to hide essential safety information. Increasing transparency and consistency of transparency across schools would help to decrease parent anxiety, support collaboration with schools, and build trust. Frankly, communication about cases at school was better in 2020-2021 when my child was attending virtual academy and was not in the building than it has been in 2021-2022 when he has been in the building in person.</p> <p>Thank you for efforts to expand the in-school testing surveillance program. Please improve information provided about the program as there has been significant confusion among parents and may lead to lower participation rates and efficacy. Please consider test to stay options to improve decisions and procedures around exposures.</p> <p>Thank you for your attention and efforts to protect the health and safety of students and staff.</p>
-----------------------	---	--

Reinaldo Olavarria	Inclusion of the Disabled and Hispanics	<p>It is 2022, and I attended and viewed many meetings. The striking and alarming concern is the fact that Wake County Board of Education through its board does not have a policy of inclusion. During open public meetings, there are no interpreters for the deaf and hearing impaired and persons of the disabled community. During open public meetings, there are no translators for persons of Hispanic origin. This is very alarming given our neighborhoods are composed of the disabled and persons of Hispanic origin.</p> <p>The customary practice of the Wake County Board of Education reflects bias and prejudice against these communities. They reflect also an unwillingness to include all the members of the general public.</p> <p>The meetings I viewed and/or attended were at least one year's worth of meetings. I am not sure how the board feels or believes it is adhering to non-discriminatory practice when it deliberately excludes these populations and bars them from participation in the conduct and processes of government. It is blatant discrimination.</p> <p>Because members of these populations were not allowed to participate, I would believe a move to vacate previous decisions of the board would be warranted because you did not allow entire segments of the Wake County Citizens to participate and have their voices heard in meaningful manner. Nothing I have seen on the commission's website is readily translated into Spanish. Again, no interpreters are available during the meeting and simultaneously broadcast during televised sessions. No consent agenda's or meeting schedules or materials are translated into Spanish.</p> <p>The disabled were barred from participation. Hispanics were barred from participation. Hence, that discrimination and non-inclusion should be the basis of a request to invalidate previous decisions and the conduct of business. And, the board of commissioners should not proceed, at minimum, with new business until it rectifies this discriminatory practice.</p>

		<p>I am a US citizen. I am a resident of Wake County since April 2001. I am a resident of Wendell, North Carolina since 2004. I am disabled. I am Hispanic. The board should not conduct business until it corrects its customary practice of non-inclusion. This is being translated on the wakecountyfails.com website. The specific page on that site is public comment 2022.</p> <p>No agenda no minutes, nothing is translated or interpreted</p>
Alex Buda	COVID Safety	<p>NC and Wake county have consistently set records and surpassed the most positive cases YET for COVID. In addition to the highest numbers of this disease that we have ever seen, there is also the highest positivity rate of testing. With both these factors, I believe that it is unsafe to continue to keep schools open and that they need to be moved to virtual. My child eats snack without a mask on in a room with 27 other children. The odds of one of them having the virus is high and with the new rates, we are most likely going to get sick. I don't want to risk my child's health by allowing her to learn. Additionally, spacing at lunch is smaller and once again the children are unmasked for a longer period of time to warrant infection. Do I want go virtual? No. Is it hard? Yes. Is it the right thing to do? Undoubtedly, yes.</p>
Amy Garbade	Keep our kids safe	<p>As a parent of two WCPSS students, I encourage you to continue to mandate masks in our schools. I am hopeful that masks will continue to be required for all students and staff because it is effective and at this point it's really the only layer of protection being used in WCPSS.</p> <p>However, I also believe there are other measures that should be in place to help mitigate the spread and impact of Covid in our schools and community at large. Covid "testing to stay" programs, mandatory vaccinations, and improved HEPA filtration systems in classrooms and shared school spaces are the most effective tools available to keep our children safe in schools. Testing to stay programs have been shown to have more buy in from parents and more student and staff participation in school systems. In addition, mandatory vaccinations for staff and students (when approved and available) would provide another layer of protection necessary for schools to return to safe learning environments for all students and staff. Finally, upgrading filtration systems is extremely important to reduce the spread of airborne viruses and keep students healthy and schools open.</p> <p>While this must be an incredibly difficult time to be a WCPSS board member, but I am hopeful that you will continue to make decisions based on science and that student and staff safety remains in the forefront of those decisions.</p>

		Thank you
Seth Meyer	Failing English No Supports for HS Students	<p>Dear Wake County Public School Board of Education</p> <p>Please see the wral report about wcpss high school Students failing English. Coming out of pandemic and high schoolers being left out of much needed instructional support the same amount of students are failing English. WCPSS has been dragging there feet on hiring support staff for these at risk students.</p> <p>Why is it that these students as well as many others now be unable to graduate with there grad class because the district can not and won't provide.</p> <p>This is a problem, stop saying wcpss is a top fortune 500 company. Stop ignoring the issues at hand. Students are suffering a great deal and not enough has ever been done to help them.</p> <p>https://www.wral.com/1-in-6-nc-9th-graders-didn-t-make-it-to-10th-grade-this-fall/20038925/?fbclid=IwAR19K_bfLrH5VIOEv3NXho42OazCvbn8AaUfQsj4ApCkzcsFk6y-lbLE9SQ</p>
Sara Carter	Covid Mitigation Protocols	<p>Hello,</p> <p>I am writing again in support of the current covid19 protocols and requesting additional strategies be put in place. I thank wcpss for continuing to make masking required in all schools. I am grateful that there has been a push for the MAKO testing program and that this is available at all schools now. I am still very much wanting to see air purifiers in all classrooms and especially in areas where large groups of students gather like in the cafeteria. Now that the weather is cooler and outside dining is mostly not an option, we really need to focus on making the cafeteria safer for our kids and their families. Many of us have younger children at home who are not able to receive the vaccine yet and are trying to protect them while we wait for approval. Because of the extraordinary surge we are in right now in combination with indoor dining without proper ventilation or air purifiers, I have decided to keep my child out of school this week in order to reduce the risk to our preschooler.</p>
Christina Eyuboglu	Safety	Please continue the use of masks as well as increasing outdoor eating as much as possible, and better air filtration in the classrooms.
Jess Anastes	Reduce spread of COVID	Please consider remote learning for at least the first two weeks of 2022 to keep the students, teachers and staff safe. New cases of COVID are the highest to date in North Carolina. Our schools cannot maintain 6' social distancing throughout the school day. Thank you for your consideration.

Ali Eyuboglu	Safety	Please continue the use of masks in all schools. I'd also ask you consider the use of outdoor eating as much as possible to limit the spread and utilize all available resources to improve air filtration in the classrooms.
Robyn Gaylor	COVID-19 Health & Safety	<p>Greetings,</p> <p>I write as a concerned parent of a student attending 5th grade at a Wake County Public Elementary School. I am requesting continued and increased work on health and safety protocols in schools in order to keep our students and the greater community safe in light of the ongoing COVID-19 pandemic and increasing spread of the Omicron variant.</p> <p>Specifically to address the concerns of the spread of the virus in our schools, I am recommending the following to our school board for formulating policies moving forward:</p> <p>Continued and heightened proper masking, including fit-checking and requiring adequate mask types, as well as considering masks when children will be outdoors for recess and play because of the high level of community spread, as recommended by the CDC, currently due to Omicron.</p> <p>According to the CDC, proper masks consist of two or more layers of washable, breathable fabric, completely cover the nose and mouth, fit snugly against the side of the face without gaps, and have a nose-wire. I have not heard of any complaints from my child about wearing his mask, and I know he is able to wear it properly and comfortably.</p> <p>Please swiftly roll out regular surveillance testing on-site. I believe it is the plan to implement regular testing at all WCPSS schools, but we need this ASAP to curb the further spread. I am disappointed this has not been offered since the beginning of the school year. It has thus far not been offered at my school and we have received no communication about when it might be implemented.</p> <p>My child's school still does not offer options for outdoor eating at lunch, reportedly due to staff issues. If this indeed be the case, these spaces should be equipped with HEPA air filters, since masks cannot be worn while eating, and they are dining with other classes..</p> <p>Stricter distancing and tracing guidelines. I cannot speak to the rest of the district, but I do know that at the beginning of the school year, kids in my child's elementary school were meant to stick within their cohort as they traveled about the school, dined for lunch, or had recess, but my child has reported that things have changed frequently, including moving assigned seats at lunch, and having "free recess" in which all of the cohorts were together. Especially during this time when community spread is high, I feel that it is of utmost importance to be able to accurately contact-trace within the school.</p> <p>Bring back on-site temperature screening. I do not believe relying on parents to screen student temperatures daily is an adequate layer of protection for our students.</p> <p>I thank you for your time and your consideration. Please continue your efforts to keep protocols</p>

		<p>tight, but fair and equitable across our county and follow the CDC and DHHS recommendations.</p> <p>Thank you again,</p> <p>Robyn G.</p>
Star Vitale	Seeking Answers on 12/7/2021 Audit Meeting	<p>Ms Moore and other WCPSS BOE Members -</p> <p>In watching the audit committee live last month I noticed no mention of who is on the audit committee with in wcpss.</p> <p>If parents have questions and or need clarity who do we contact with in wcpss?</p> <p>Would wake county public schools prefer we contact DHG the outside audit firm?</p> <p>Dixon Hughes Goodman is the outside firm used.</p> <p>Do we contact them for the balance sheets and questions? Thank you, Star</p>
Roscoe Fleischhauer	Covid	<p>Thank you for finally getting testing to our school. It was hard to find in the school newsletters and should be more heavily featured and encouraged.</p> <p>Eating is still happening inside at our school and there is no shelter or plans for bad weather. We have had covid around for 2 years and we need this fixed now. Especially with the new cdc guidelines our students need outdoor areas. Even better would be not to adopt them like Michigan and Illinois.</p>
Shelly Smith	Covid Cluster Baseball Team	<p>Dear Wake County Public School Board</p> <p>Before the holiday the heritage high school</p> <p>Stated a Covid cluster on the baseball team. How is this possible if the sport is not in season. How is it possible to have a cluster of baseball hasn't had try outs.</p> <p>Why has the policy not changed on the frequency of use in weight rooms and gyms at school?</p> <p>Not having internal procedures put in place is a matter of terrible leadership. Does the district care about its students health?</p> <p>If a sport is not in season we do not need to be training. Are all schools doing this or only Heritage?</p>
Jonathan Lewis McSween	WCPSS Response to the Omicron Surge	<p>As a WCPSS educator and parent to 2 WCPSS students, I would like to know why the board did not call an emergency meeting to address the surge in Covid-19 cases over the winter break. While I appreciate the benefits of maintaining in-person learning, the total lack of acknowledgment of the omicron variant's effect on NC counts by this board was stressful and irresponsible. I would appreciate a succinct plan to mitigate the rise in cases (now higher than at any other point in this pandemic) that protects our communities in the long term. What proactive solutions can be offered in terms of allowing students and teachers to work remotely when necessary to keep our</p>

		communities safe?
Christa Morrison	Pandemic Safety	<p>Many parents, including myself, are nervous with the drastic increase of more than 17% in Covid cases. Kids ages 10-14 currently have the highest Covid case rates in North Carolina and the lowest vaccination rates. While cloth face masks have now been proven to be worthless with the latest variant Omicron, it is imperative that we find safer measures for our children and staff before more are out due to quarantine.</p> <p>As a mother with a child with special needs and high-risk due to lung issues, the thought of my daughter going to school each day with no extra safety precautions makes me nervous. January, and potentially February, will have drastic increases in Covid cases due to family gatherings during the holidays. I believe if the Board starts to implement safety measures NOW, WCPSS can have fewer Covid outbreaks for both children and staff. Below are some suggestions I believe will help with this.</p> <p>Safety Measures</p> <ul style="list-style-type: none"> • Currently, my daughter's school isn't enrolled in the weekly testing. Please make it mandatory all schools are enrolled. I understand the parents need to enroll their child, but the first step is getting it at all schools to assist with slowing the spread. If a child is out due to exposure or a positive test, please make it mandatory a negative test must be taken before return to school, regardless of their vaccination status. • Please make it that cloth masks are no longer allowed. N95 or KN95 masks should be worn and fitted properly. Too many students pull them down below their nose, take them off on the bus, or in the hallways. They must always remain on apart from lunch time. • Enforce all schools to have lunches outside, in classrooms, or more staggered sitting during lunches if they MUST use the cafeteria. Sitting in the cafeteria shoulder-to-shoulder is currently NOT safe. • HEPA filters should be used in ALL schools. This should have been implemented months ago. • All students and staff participating in athletics should be vaccinated, especially if they are no longer required to wear a mask outdoors. Ultimately, all students and staff that can be, should be vaccinated. • All spectators at school events (indoors and outdoors) are required to wear a mask. Football stadiums can get packed, even though it is outside, people are close to each other. We don't need cluster events at football games.

		<ul style="list-style-type: none"> • More transparency with contact tracing and faster notification from the schools. I was informed by the YMCA on December 17 that my daughter was exposed in their aftercare program by someone the previous evening that had tested positive for Covid. They also informed me; it was someone she went to school with. I did not receive a call from her school until two days later via a messenger app. Perhaps if the schools were to notify all parents in the classroom stating, "someone in your child's classroom tested positive, please quarantine, or get tested," more parents would feel safe and would get tested quicker if they know their child was exposed. Getting a message 4 days after exposure isn't quick enough, especially on a holiday weekend. If we were positive, we could have spread it to many more people. • The ABC Collaborative Guidelines were developed PRIOR to Omicron. They need to be in alignment with NCDHHS and CDC guidelines or we will see more spread to students and staff. Make negative testing mandatory prior to return to school after exposure or a positive test. https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html Please make the right decisions TODAY. We have no more time for meetings or to think about the next steps, the time is NOW for action. We need to keep all children, staff, especially the high-risk children and staff, safe. You need to do this today. Thank you.
Melissa Caporale	Poor handling of inclement weather, continued COVID protocols	<p>I am writing to address two things - the mishandling of Monday's inclement weather, and COVID protocols in the school buildings.</p> <p>The weather on Monday morning was dangerous. Traffic lights were out, trees were down, and there was localized flooding on roads including the main road I have to drive on. I am very surprised by the fact that the district didn't institute a delay or closure. I chose to keep my child home out of safety, but I recognize that I have the privilege to do so. Others do not. And it was incredulous that the district doubled down on public comments stating that there was no evidence to do so when the entire area was under a flash flood warning. Closures in the past have been done for much less. Monday was a failure.</p> <p>I do continue to support the district's efforts to keep everyone safe with the mask wearing policy, as well as COVID protocols. The Omicron variant is spreading like wildfire. As the parent to a health compromised elementary student, I appreciate that the schools are trying to remain a safe place for our children to learn. I would ask that now more than ever, these policies are upheld and strictly enforced. There is light at the end of this tunnel but we first must get through it. Do not backpedal now. Despite the loud and misinformed people that speak at the meetings, please know there are more of us that support these efforts. My child happily wears a mask knowing that they are</p>

		<p>protecting themselves and fellow students. They would rather be in school with their peers than taking online classes.</p>
<p>Kira P Kroboth</p>	<p>COVID Mitigation and Risk</p>	<p>Hello again WCPSS School Board Members, Superintendent Moore and Staff.</p> <p>I am writing first as a mom who planned (excitedly) to get her three boys back into the public school system this week following vaccination. However, given that 4 out of 5 of us are immunocompromised and one son particularly is high risk with an airway abnormality, we decided to not risk it. We, as a family, need to see this district make hard decisions to keep not just the average healthy student safe, but the families of those who are vulnerable. There must be a way to socially distance right now. There must be testing required, at least for athletics. There must be safer masks to reduce exposure from this variant. There must be HEPA air filtration units added at a minimum where masks are removed for eating (snack and lunch spaces). To continue with the CDC quarantine guidelines, proper masking has to be a part of this -- How does that fit in with unmasked time with zero other protection?</p> <p>Second, I am writing as the founder of the Facebook parent grassroots group WCPSS: COVID SAFETY & SUPPORT. I could tell you so many stories of legitimate concern, fear (and valid fear) for their families, support we offer each other to find KN95 masks for our kids, brainstorming how to get through this and so many are sick or exposed already. I see all of the stories. I asked yesterday if anyone who would like to address the board via video together in a group. It was last minute, unplanned, unscripted and from the heart. The purpose of this approach is because we want to show support for the mask mandate, we want to support more mitigation efforts, we want to be there in person -- but it's not safe for many of us. Please, please listen to the stories of these families. A random group that was available to join out of 1,600 and look how many we have with vulnerable family members, who are being told by doctors to keep their kids home right now, who are tired and frustrated.</p> <p>We knew what was coming last fall and the board planned for hope and was met with clusters and outbreaks. We have written and contacted you asking for more transparency, plans for best and worst case scenarios 2, 4 and 6 weeks. This board seems to be reactive, still. Two years into this. And then now here we are, in a worse situation than before with no plan (that we know of) in place. We need this board and staff and district to lead. Think creatively. Make the schools safe not just for the average family but for all families.</p>

		<p>Please take the time to listen to these parents. I found myself in tears because their stories are so similar to my own. And there are thousands more just like these. https://youtu.be/D493faBuIDU</p> <p>I do want to personally thank you for your resolve, as I know you are being slammed with so many emails, comments, unkind and threatening opinions around all of this. Some of us are the target of such hate too, and it's hard. So, I know you are exhausted by it. Please stand firm for our kids. Lead with what's right and what science tells us. It won't make everyone happy and that's just how it is. Our community needs your strong leadership right now, more than ever.</p> <p>Kira</p>
Annie Proctor	Lack of Safety for Staff Bus Drivers Students	<p>Dear Ms Moore Ms Mahaffey Mr Haggerty and Board Members</p> <p>The local weather has been calling for extreme conditions on Monday January 3rd all weekend. You jeopardize and put at risk bus drivers teachers and young drivers. The whole county was going to be effected. However you choose to ignore the data, the research and sent our high schoolers in harms way. When will this board start putting students and staff first.</p> <p>This was a big disappointment. Students were scared with flooding, trees down, plus wind speeds of 45 mph and once they got to campus were stranded in there cars since they locked doors on them. Who does this to kids on their first day back of a new year in a pandemic? No apology posted either. Shameful!</p>
Fallon Seabrook	People demanding Covid Vaccines Mandated	<p>Good Evening Superintendent Moore, Chair Mahaffey, and Board Members.</p> <p>This comment is for all of these Parents who keep pushing for a Covid Vaccine Mandate in our Schools.</p> <p>I keep seeing people demand that if Covid Vaccines for Children become FULLY FDA Approved that all WCPSS Students need to be Mandated to take them and that bothers me because everyone does not want it especially when the Long Term Effects are still unknown if you want to Vaccinate your Child with something that we really don't know anything about, that is your choice but you don't get to decide what goes inside of someone else's Child's body especially when you don't know anything about their Medical History and quite frankly it's none of your business anyway unless they or their Parents choose to tell you.</p> <p>I know what's best for my Child just like you know what's best for your Child and we all have to</p>

		<p>make decisions for OUR OWN Children based on what we feel is best so STOP DICTATING that ALL WCPSS STUDENTS get it and just speak for YOUR OWN CHILD.</p>
<p>Becky Lew-Hobbs</p>	<p>Policies</p>	<p>I have had children in the wake county school system for 10 years. In this time, I have been involved with my children's schools and PTA. But in the past couple years, the school board has endorsed policies and practices that prevent parent involvement, harm our children, and adversely impact the quality of their education.</p> <p>1) The school board continues to allow principals to make policies to keep parents out of schools. At one time we were welcomed to volunteer at any time - we landscaped, built props for plays, helped with book fairs. But now we are not even allowed to pick up our kids in the office; we must wait outside. Furthermore, I have spoken with parents who have been DENIED when asking to volunteer at their child's school! According to the "toolkit", there is no longer a distinction between essential and non-essential visitors/ volunteers. We have a RIGHT to be involved with their children. Why is the board continuing to allow this to happen?</p> <p>2) The vaccine discrimination must stop. By now, we know that all people can get and spread Covid regardless of vaccine status. There should be no difference in standards for vaxxed vs unvaxxed. Furthermore, the school system cannot legally ask for vaccine status. It is not a required vaccine by state statute, and it falls under medical health privacy rights.</p> <p>3) The board continues this practice today by limiting the number of speakers and attendees to its meetings. Limiting attendance to only 30 people TOTAL is ludicrous, violates NC Open Meeting Laws as well as attempts to curtail our 1st amendment rights. Furthermore, I have written the board many times over the past couple years. Most of you never respond. When I've spoken previously, the board has not paid attention with some of the board texting and tweeting during public comment. And I wonder, do you read and listen to the online public comment? The board needs to be respectful of the people that elected you to your positions. Listen and respond as we have the right to voice our concerns.</p> <p>4) Learning Loss continues to get worse. I saw a report on NBC News Now just last week. It stated: "New research by Mckenzie shows that the covid pandemic is taking a toll on education with more children falling behind in important areas like math and reading". It went on to say that NC was among hardest hit in the country. According to this report, TWICE as many 9th graders were held</p>

back to repeat the grade in 2021 than were in 2018. This is not surprising as 52% of NC schools closed but the national average was 9%. What is the boards plan to help our kids recover from this learning loss? Why are there no strategies being discussed? What are the “exit strategies”?

In the last board meeting, Mr. Sutton compared the school system to a fortune 500 company that was regarded as “one of the best” and was “held in very high regard”. It is true that WCPSS is one of the largest in the country – by student enrollment. But this comparison is laughable because a fortune 500 company is ranked by revenue produced. The school’s “revenue” would be quality education. The school system uses a majority of the wake county budget. But student math a reading scores have declined dramatically. And if we are “one of the best”, why are parents denied from volunteering? Why are parents not allowed to be part of the child’s education? Why are students treated differently based on their medical status? Why is the board limiting public access? Why are twice as many students failing than just a few years ago? Why are test scores declining?

holly wilcher	science, statistics, math and ending child abuse	<p>Dear Wake County School Board Members,</p> <p>Please cease and desist your illegal and immoral forced experimentation on and abuse of children in Wake County Schools. Below, are over 50 peer-reviewed articles, journals, and scientific briefs documenting the inefficacy and harms of the pseudoscientific practices your are subjecting children to on a daily basis by forcing them to wear facial coverings.</p> <p>MASKS-INEFFECTIVENESS</p> <p>1) Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, Bundgaard, 2021 “Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was -0.3 percentage point (95% CI, -1.2 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...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.”</p> <p>2) SARS-CoV-2 Transmission among Marine Recruits during Quarantine, Letizia, 2020 “Our study showed that in a group of predominantly young male military recruits, approximately 2% became positive for SARS-CoV-2, as determined by qPCR assay, during a 2-week, strictly enforced quarantine. Multiple, independent virus strain transmission clusters were identified...all recruits wore double-layered cloth masks at all times indoors and outdoors.”</p> <p>3) Physical interventions to interrupt or reduce the spread of respiratory viruses, Jefferson, 2020 “There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. 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 (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)...the pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza.”</p> <p>4) The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh, Abaluck, 2021 Heneghan et al. A cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults. Heneghan</p>
---------------	--	--

writes: “In a Bangladesh study, surgical masks reduced symptomatic COVID infections by between 0 and 22 percent, while the efficacy of cloth masks led to somewhere between an 11 percent increase to a 21 percent decrease. Hence, based on these randomized studies, adult masks appear to have either no or limited efficacy.”

5) Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review, Liu/CATO, 2021 “The available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failing to find statistically significant benefit in the intent-to-treat populations. Of sixteen quantitative meta-analyses, eight were equivocal or critical as to whether evidence supports a public recommendation of masks, and the remaining eight supported a public mask intervention on limited evidence primarily on the basis of the precautionary principle.”

6) Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, CDC/Xiao, 2020 “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...the overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies.”

7) CIDRAP: Masks-for-all for COVID-19 not based on sound data, Brosseau, 2020 “We agree that the data supporting the effectiveness of a cloth mask or face covering are very limited. We do, however, have data from laboratory studies that indicate cloth masks or face coverings offer very low filter collection efficiency for the smaller inhalable particles we believe are largely responsible for transmission, particularly from pre- or asymptomatic individuals who are not coughing or sneezing...though we support mask wearing by the general public, we continue to conclude that cloth masks and face coverings are likely to have limited impact on lowering COVID-19 transmission, because they have minimal ability to prevent the emission of small particles, offer limited personal protection with respect to small particle inhalation, and should not be recommended as a replacement for physical distancing or reducing time in enclosed spaces with many potentially infectious people.”

8) Universal Masking in Hospitals in the Covid-19 Era, Klompas/NEJM, 2020 “We know that wearing a mask outside health care 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 (and some say

more than 10 minutes or even 30 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...The calculus may be different, however, in health care settings. First and foremost, a mask is a core component of the personal protective equipment (PPE) clinicians need when caring for symptomatic patients with respiratory viral infections, in conjunction with gown, gloves, and eye protection...universal masking alone is not a panacea. A mask will not protect providers caring for a patient with active Covid-19 if it's not accompanied by meticulous hand hygiene, eye protection, gloves, and a gown. A mask alone will not prevent health care workers with early Covid-19 from contaminating their hands and spreading the virus to patients and colleagues. Focusing on universal masking alone may, paradoxically, lead to more transmission of Covid-19 if it diverts attention from implementing more fundamental infection-control measures.”

9) Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review, Dugré, 2020 “This systematic review found limited evidence that the use of masks might reduce the risk of viral respiratory infections. In the community setting, a possible reduced risk of influenza-like illness was found among mask users. In health care workers, the results show no difference between N95 masks and surgical masks on the risk of confirmed influenza or other confirmed viral respiratory infections, although possible benefits from N95 masks were found for preventing influenza-like illness or other clinical respiratory infections. Surgical masks might be superior to cloth masks but data are limited to 1 trial.”

10) Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis, Saunders-Hastings, 2017 “Facemask use provided a non-significant protective effect (OR = 0.53; 95% CI 0.16–1.71; I2 = 48%) against 2009 pandemic influenza infection.”

11) Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation, Shah, 2021 “Nevertheless, high-efficiency masks, such as the KN95, still offer substantially higher apparent filtration efficiencies (60% and 46% for R95 and KN95 masks, respectively) than the more commonly used cloth (10%) and surgical masks (12%), and therefore are still the recommended choice in mitigating airborne disease transmission indoors.”

12) Exercise with facemask; Are we handling a devil's sword?- A physiological hypothesis, Chandrasekaran, 2020 “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. Further

contrary to the earlier thought, no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus.”

13) Surgical face masks in modern operating rooms—a costly and unnecessary ritual?, Mitchell, 1991 “Following the commissioning of a new suite of operating rooms air movement studies showed a flow of air away from the operating table towards the periphery of the room. Oral microbial flora dispersed by unmasked male and female volunteers standing one metre from the table failed to contaminate exposed settle plates placed on the table. The wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.”

14) Facemask against viral respiratory infections among Hajj pilgrims: A challenging cluster-randomized trial, Alfelali, 2020 “By intention-to-treat analysis, facemask use did not seem to be effective against laboratory-confirmed viral respiratory infections (odds ratio [OR], 1.4; 95% confidence interval [CI], 0.9 to 2.1, $p = 0.18$) nor against clinical respiratory infection (OR, 1.1; 95% CI, 0.9 to 1.4, $p = 0.40$).”

15) Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles, Rengasamy, 2010 “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.”

16) Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range, Lee, 2008 “The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection; it appears to be an appropriate alternative to reduce the breathing resistance.”

17) Aerosol penetration and leakage characteristics of masks used in the health care industry, Weber, 1993 “We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous sub-micrometer-sized aerosols.”

18) Disposable surgical face masks for preventing surgical wound infection in clean surgery, Vincent, 2016 “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...from the limited results it is unclear whether the wearing of surgical face masks by members of the surgical team has any impact on surgical wound infection rates for patients undergoing clean surgery.”

19) Disposable surgical face masks: a systematic review, Lipp, 2005 “From the limited results it is unclear whether wearing surgical face masks results in any harm or benefit to the patient

undergoing clean surgery.”

20) Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols, Shimasaki , 2018 “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.”

21) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2012 “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene.”

22) Facial protection for healthcare workers during pandemics: a scoping review, Godoy, 2020 “Compared with surgical masks, N95 respirators perform better in laboratory testing, may provide superior protection in inpatient settings and perform equivalently in outpatient settings. Surgical mask and N95 respirator conservation strategies include extended use, reuse or decontamination, but these strategies may result in inferior protection. Limited evidence suggests that reused and improvised masks should be used when medical-grade protection is unavailable.”

23) Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore, Yeung, 2020 “These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic.5 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.”

24) Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure, Shakya, 2017 “Standard N95 mask performance was used as a control to compare the results with cloth masks, and our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles<2.5 µm.”

25) Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial, Jacobs, 2009 “Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.”

26) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019 “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.”

27) Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?, Watts up with that? 2020 “A survey of peer-reviewed studies shows that universal mask wearing (as opposed

to wearing masks in specific settings) does not decrease the transmission of respiratory viruses from people wearing masks to people who are not wearing masks.”

28) Masking: A Careful Review of the Evidence, Alexander, 2021 “In fact, it is not unreasonable at this time to conclude that surgical and cloth masks, used as they currently are, have absolutely no impact on controlling the transmission of Covid-19 virus, and current evidence implies that face masks can be actually harmful.”

29) Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020, Fisher, 2020 Reported characteristics of symptomatic adults ≥18 years who were outpatients in 11 US academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020, revealed that 80% of infected persons wore face masks almost all or most of the time.

30) Impact of non-pharmaceutical interventions against COVID-19 in Europe: a quasi-experimental study, Hunter, 2020 Face masks in public was not associated with reduced incidence.

31) Masking lack of evidence with politics, CEBM, Heneghan, 2020 “It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks. For instance, high rates of infection with cloth masks could be due to harms caused by cloth masks, or benefits of medical masks. The numerous systematic reviews that have been recently published all include the same evidence base so unsurprisingly broadly reach the same conclusions.”

32) Transmission of COVID-19 in 282 clusters in Catalonia, Spain: a cohort study, Marks, 2021 “We observed no association of risk of transmission with reported mask usage by contacts, with the age or sex of the index case, or with the presence of respiratory symptoms in the index case at the initial study visit.”

33) Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2020 “Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza.”

34) The Strangely Unscientific Masking of America, Younes, 2020 “One report reached its conclusion based on observations of a “dummy head attached to a breathing simulator.” Another analyzed use of surgical masks on people experiencing at least two symptoms of acute respiratory illness. Incidentally, not one of these studies involved cloth masks or accounted for real-world mask usage (or misuse) among lay people, and none established efficacy of widespread mask-wearing by people not exhibiting symptoms. There was simply no evidence whatsoever that healthy people ought to wear masks when going about their lives, especially outdoors.”

35) Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review, Brainard, 2020 “31 eligible studies (including 12 RCTs). Narrative synthesis and random-effects meta-analysis of attack rates for primary and secondary prevention in 28 studies were performed. Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against household infections when both infected and uninfected members wear facemasks. However, the RCTs often suffered from poor compliance and controls using facemasks.”

36) The Year of Disguises, Koops, 2020 “The healthy people in our society should not be punished for being healthy, which is exactly what lockdowns, distancing, mask mandates, etc. do...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... 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!”

37) Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden, Ludvigsson, 2020 “1,951,905 children in Sweden (as of December 31, 2019) who were 1 to 16 years of age, were examined...social distancing was encouraged in Sweden, but wearing face masks was not...No child with Covid-19 died.”

38) Double-Masking Benefits Are Limited, Japan Supercomputer Finds, Reidy, 2021 “Wearing two masks offers limited benefits in preventing the spread of droplets that could carry the coronavirus compared to one well-fitted disposable mask, according to a Japanese study that modeled the dispersal of droplets on a supercomputer.”

39) Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 – Face masks, eye protection and person distancing: systematic review and meta-analysis, Jefferson, 2020 “There was insufficient evidence to provide a recommendation on the use of facial barriers without other measures. We found insufficient evidence for a difference between surgical masks and N95 respirators and limited evidence to support effectiveness of quarantine.”

40) Should individuals in the community without respiratory symptoms wear facemasks to reduce the spread of COVID-19?, NIPH, 2020 “Non-medical facemasks include a variety of products. There is no reliable evidence of the effectiveness of non-medical facemasks in community settings. There is likely to be substantial variation in effectiveness between products. However, there is only limited evidence from laboratory studies of potential differences in effectiveness when different products are used in the community.”

- 41) Is a mask necessary in the operating theatre?, Orr, 1981 “It would appear that minimum contamination can best be achieved by not wearing a mask at all but operating in silence. Whatever its relation to contamination, bacterial counts, or the dissemination of squames, there is no direct evidence that the wearing of masks reduces wound infection.”
- 42) The surgical mask is a bad fit for risk reduction, Neilson, 2016 “As recently as 2010, the US National Academy of Sciences declared that, in the community setting, “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards.” A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus.”
- 43) Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: A Cluster Randomised Open Label Trial, Alfelali, 2019 “Facemask use does not prevent clinical or laboratory-confirmed viral respiratory infections among Hajj pilgrims.”
- 44) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021 “The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression.”
- 45) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2011 “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene.”
- 46) Are Face Masks Effective? The Evidence., Swiss Policy Research, 2021 “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.”
- 47) Postoperative wound infections and surgical face masks: A controlled study, Tunevall, 1991 “These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team.”

48) Mask mandate and use efficacy in state-level COVID-19 containment, Guerra, 2021 “Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges.”

49) Twenty Reasons Mandatory Face Masks are Unsafe, Ineffective and Immoral, Manley, 2021 “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?”

50) A cluster randomized trial of cloth masks compared with medical masks in healthcare workers, MacIntyre, 2015 “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...the rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm (relative risk (RR)=13.00, 95% CI 1.69 to 100.07) compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm. An analysis by mask use showed ILI (RR=6.64, 95% CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95% CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%.”

Please end the child abuse today. Make masks optional for children in schools. You're breaking the law every day you operate outside of your area of expertise and place yourself in the role of medical professional, requiring a medical intervention, and providing no full and voluntary informed consent to parents regarding the harms and potential adverse outcomes of forced on masking children.

Thank you for voting to end this child abuse today.

Carole Braxton	Reporting Fraud	<p>To the WCPSS BOE</p> <p>Thank you for letting me write in public comment.</p> <p>Where do parents go to report fraud? No policy or procedure is put in place that I am able to find.</p> <p>Who at central office handles fraud investigation?</p> <p>I can't find a directory on the main page. I called the customer service line at wcpss and they did not know the answer. I said I would write public comment for help.</p> <p>Thx Carole</p>
----------------	-----------------	---

holly wilcher, phd	mask harm data and research	<p>Dear Wake County School Board Members,</p> <p>Please consider these over 50 peer-reviewed articles and papers on mask harm to children. Please provide full and voluntary informed consent to parents regarding the forced medical intervention you are requiring children wear for 7+ hours day.</p> <p>MASK HARMS</p> <p>1) Corona children studies: Co-Ki: First results of a German-wide registry on mouth and nose covering (mask) in children, Schwarz, 2021 “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%).”</p> <p>2) Dangerous pathogens found on children’s face masks, Cabrera, 2021 “Masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria.”</p> <p>3) Masks, false safety and real dangers, Part 2: Microbial challenges from masks, Borovoy, 2020/2021 “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... 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. Staphylococcus species (57%) and Pseudomonas spp (38%) were predominant among bacteria, and Penicillium spp (39%) and Aspergillus spp. (31%) were the predominant fungi.”</p> <p>4) Preliminary report on surgical mask induced deoxygenation during major surgery, Beder, 2008 “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.”</p> <p>5) Mask mandates may affect a child’s emotional, intellectual development, Gillis, 2020 “The thing is we really don’t know for sure what the effect may or may not be. But what we do know is that children, especially in early childhood, they use the mouth as part of the entire face to get a sense of what’s going on around them in terms of adults and other people in their environment as far as their emotions. It also has a role in language development as well... If you think about an infant, when</p>
--------------------	-----------------------------	--

you interact with them you use part of your mouth. They are interested in your facial expressions. And if you think about that part of the face being covered up, there is that possibility that it could have an effect. But we don't know because this is really an unprecedented time. What we wonder about is if this could play a role and how can we stop it if it would affect child development.”

6) Headaches and the N95 face-mask amongst healthcare providers, Lim, 2006 “Healthcare providers may develop headaches following the use of the N95 face-mask.”

7) Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021, Brooks, 2021 “Although use of double masking or knotting and tucking are two of many options that can optimize fit and enhance mask performance for source control and for wearer protection, double masking might impede breathing or obstruct peripheral vision for some wearers, and knotting and tucking can change the shape of the mask such that it no longer covers fully both the nose and the mouth of persons with larger faces.”

8) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021 “Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression.”

9) Wearing a mask can expose children to dangerous levels of carbon dioxide in just THREE MINUTES, study finds, Shaheen/Daily Mail, 2021 “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.”

10) How many children must die? Shilhavy, 2020“How long are parents going to continue masking their children causing great harm to them, even to the point of risking their lives? Dr. Eric Nepute in St. Louis took time to record a video rant that he wants everyone to share, after the 4-year-old child of one of his patients almost died from a bacterial lung infection caused by prolonged mask use.”

11) Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing, Meehan, 2021 “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 rear-view mirror, out of their pocket, from their countertop, and they’re reapplying a mask that should be worn fresh and sterile every single time.”

12) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020 “Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems and hyperventilation due to wearing masks. In addition, the accumulated CO2 leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of an increased transmission of the virus in case of inappropriate use of the mask.”

13) Face coverings for covid-19: from medical intervention to social practice, Peters, 2020 “At present, there is no direct evidence (from studies on Covid19 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 Covid19. Contamination of the upper respiratory tract by viruses and bacteria on the outside of medical face masks has been detected in several hospitals. Another research shows that a moist mask is a breeding ground for (antibiotic resistant) bacteria and fungi, which can undermine mucosal viral immunity. This research advocates the use of medical / surgical masks (instead of homemade cotton masks) that are used once and replaced after a few hours.”

14) Face masks for the public during the covid-19 crisis, Lazzarino, 2020 “The two potential side effects that have already been acknowledged are: (1) Wearing a face mask may give a false sense of security and make people adopt a reduction in compliance with other infection control measures, including social distancing and hands washing. (2) Inappropriate use of face mask: people must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose them correctly and adopt other management measures, otherwise their risks and those of others may increase. Other potential side effects that we must consider are: (3) The quality and the volume of speech between two people wearing masks is considerably compromised and they may unconsciously come closer. While one may be trained to counteract side effect n.1, this side effect may be more difficult to tackle. (4) Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, you are infecting yourself.”

15) Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers, Chughtai, 2019 “Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination. The risk is higher with longer duration of mask use (> 6 h) and with higher rates of clinical contact. Protocols on duration of mask use should specify a maximum time of continuous use, and should consider guidance in high contact settings.”

16) Reusability of Facemasks During an Influenza Pandemic, Bailar, 2006 “After considering

all the testimony and other information we received, the committee concluded that there is currently no simple, reliable way to decontaminate these devices and enable people to use them safely more than once. There is relatively little data available about how effective these devices are against flu even the first time they are used. To the extent they can help at all, they must be used correctly, and the best respirator or mask will do little to protect a person who uses it incorrectly. Substantial research must be done to increase our understanding of how flu spreads, to develop better masks and respirators, and to make it easier to decontaminate them. Finally, the use of face coverings is only one of many strategies that will be needed to slow or halt a pandemic, and people should not engage in activities that would increase their risk of exposure to flu just because they have a mask or respirator.”

17) Exhalation of respiratory viruses by breathing, coughing, and talking, Stelzer-Braid, 2009
“The exhaled aerosols generated by coughing, talking, and breathing were sampled in 50 subjects using a novel mask, and analyzed using PCR for nine respiratory viruses. The exhaled samples from a subset of 10 subjects who were PCR positive for rhinovirus were also examined by cell culture for this virus. Of the 50 subjects, among the 33 with symptoms of upper respiratory tract infections, 21 had at least one virus detected by PCR, while amongst the 17 asymptomatic subjects, 4 had a virus detected by PCR. Overall, rhinovirus was detected in 19 subjects, influenza in 4 subjects, parainfluenza in 2 subjects, and human metapneumovirus in 1 subject. Two subjects were co-infected. Of the 25 subjects who had virus-positive nasal mucus, the same virus type was detected in 12 breathing samples, 8 talking samples, and in 2 coughing samples. In the subset of exhaled samples from 10 subjects examined by culture, infective rhinovirus was detected in 2.”

18) [Effect of a surgical mask on six minute walking distance], Person, 2018 “Wearing a surgical mask modifies significantly and clinically dyspnea without influencing walked distance.”

19) Protective masks reduce resilience, Science ORF, 2020 “The German researchers used two types of face masks for their study – surgical masks and so-called FFP2 masks, which are mainly used by medical personnel. The measurements were carried out with the help of spiroergometry, in which patients or in this case the test persons exert themselves physically on a stationary bicycle – a so-called ergometer – or a treadmill. The subjects were examined without a mask, with surgical masks and with FFP2 masks. The masks therefore impair breathing, especially the volume and the highest possible speed of the air when exhaling. The maximum possible force on the ergometer was significantly reduced.”

20) Wearing masks even more unhealthy than expected, Corona transition, 2020 “They contain microplastics – and they exacerbate the waste problem...” “Many of them are made of polyester and 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 breathe in the microplastic directly and these substances are much more toxic than if you swallow them, as they get directly into the nervous system,” Braungart continues.”

21) Masking Children: Tragic, Unscientific, and Damaging, Alexander, 2021 “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.”

22) The Dangers of Masks, Alexander, 2021 “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.”

23) 13-year-old mask wearer dies for inexplicable reasons, Corona Transition, 2020 “The case is not only causing speculation in Germany about possible poisoning with carbon dioxide. Because the student “was wearing a corona protective mask when she suddenly collapsed and died a little later in the hospital,” writes Wochenblick. Editor’s Review: The fact that no cause of death was communicated nearly three weeks after the girl’s death is indeed unusual. The carbon dioxide content of the air is usually about 0.04 percent. From a proportion of four percent, the first symptoms of hypercapnia, i.e. carbon dioxide poisoning, appear. If the proportion of the gas rises to more than 20 percent, there is a risk of deadly carbon dioxide poisoning. However, this does not come without alarm signals from the body. According to the medical portal netdoktor, these include “sweating, accelerated breathing, accelerated heartbeat, headaches, confusion, loss of consciousness”. The unconsciousness of the girl could therefore be an indication of such poisoning.”

24) Student Deaths Lead Chinese Schools to Change Mask Rules, that’s, 2020 “During the month of April, three cases of students suffering sudden cardiac death (SCD) while running during gym class have been reported in Zhejiang, Henan and Hunan provinces. Beijing Evening News noted that all three students were wearing masks at the time of their deaths, igniting a critical discussion

over school rules on when students should wear masks.”

25) Blaylock: Face Masks Pose Serious Risks To The Healthy, 2020 “As for the scientific support for the use of face mask, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “ None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”¹ Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in controlling flu virus transmission.”

26) The mask requirement is responsible for severe psychological damage and the weakening of the immune system, Corona Transition, 2020 “In fact, the mask has the potential to “trigger strong psychovegetative stress reactions via emerging aggression, which correlate significantly with the degree of stressful after-effects”.

Prousa is not alone in her opinion. Several psychologists dealt with the mask problem — and most came to devastating results. Ignoring them would be fatal, according to Prousa.”

27) The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease, Kao, 2004 “Wearing an N95 mask for 4 hours during HD significantly reduced PaO₂ and increased respiratory adverse effects in ESRD patients.”

28) Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?, Kisielinski, 2021 “We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O₂ drop and fatigue (p < 0.05), a clustered co-occurrence of respiratory impairment and O₂ drop (67%), N95 mask and CO₂ rise (82%), N95 mask and O₂ drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.”“Here are the pathophysiological changes and subjective complaints: 1) Increase in blood carbon dioxide 2) Increase in breathing resistance 3) Decrease in blood oxygen saturation 4) Increase in heart rate 5) Decrease in cardiopulmonary capacity 6) Feeling of exhaustion 7) Increase in respiratory rate 8) Difficulty breathing and shortness of breath 9) Headache 10) Dizziness 11) Feeling of dampness and heat 12) Drowsiness (qualitative neurological deficits) 13) Decrease in empathy perception 14) Impaired skin barrier function with acne, itching and skin lesions”

29) Is N95 face mask linked to dizziness and headache?, Ipek, 2021 “Respiratory alkalosis and hypocarbia were detected after the use of N95. Acute respiratory alkalosis can cause headache,

anxiety, tremor, muscle cramps. In this study, it was quantitatively shown that the participants' symptoms were due to respiratory alkalosis and hypocarbia."

30) COVID-19 prompts a team of engineers to rethink the humble face mask, Myers, 2020

"But in filtering those particles, the mask also makes it harder to breathe. N95 masks are estimated to reduce oxygen intake by anywhere from 5 to 20 percent. That's significant, even for a healthy person. It can cause dizziness and lightheadedness. If you wear a mask long enough, it can damage the lungs. For a patient in respiratory distress, it can even be life threatening."

31) 70 doctors in open letter to Ben Weyts: 'Abolish mandatory mouth mask at school' – Belgium, World Today News, 2020

"In an open letter to the Flemish Minister of Education Ben Weyts (N-VA), 70 doctors ask to abolish the mandatory mouth mask at school, both for the teachers and for the students. Weyts does not intend to change course. The doctors ask that Minister Ben Weyts immediately reverses his working method: no mouth mask obligation at school, only protect the risk group and only the advice that people with a possible risk profile should consult their doctor."

32) Face masks pose dangers for babies, toddlers during COVID-19 pandemic, UC Davis Health, 2020

"Masks may present a choking hazard for young children. Also, depending on the mask and the fit, the child may have trouble breathing. If this happens, they need to be able to take it off," said UC Davis pediatrician Lena van der List. "Children less than 2 years of age will not reliably be able to remove a face mask and could suffocate. Therefore, masks should not routinely be used for young children..." "The younger the child, the more likely they will be to not wear the mask properly, reach under the mask and touch potentially contaminated masks," said Dean Blumberg, chief of pediatric infectious diseases at UC Davis Children's Hospital. "Of course, this depends on the developmental level of the individual child. But I think masks are not likely to provide much potential benefit over risk until the teen years."

33) Covid-19: Important potential side effects of wearing face masks that we should bear in mind, Lazzarino, 2020 "Other potential side effects that we must consider, however, are 1) The quality and volume of speech between people wearing masks is considerably compromised and they may unconsciously come closer 2) Wearing a mask makes the exhaled air go into the eyes. This generates an impulse to touch the eyes. 3) If your hands are contaminated, you are infecting yourself, 4) Face masks make breathing more difficult. Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those phenomena increase breathing frequency and deepness, and they may worsen the burden of covid-19 if infected people wearing masks spread more contaminated air. This may also worsen the clinical condition of infected people if the enhanced breathing pushes the viral load down into their lungs, 5) The innate immunity's efficacy is highly dependent on the viral load. If masks determine a humid habitat where

SARS-CoV-2 can remain active because of the water vapour continuously provided by breathing and captured by the mask fabric, they determine an increase in viral load (by re-inhaling exhaled viruses) and therefore they can cause a defeat of the innate immunity and an increase in infections.”

34) Risks of N95 Face Mask Use in Subjects With COPD, Kyung, 2020 “Of the 97 subjects, 7 with COPD did not wear the N95 for the entire test duration. This mask-failure group showed higher British modified Medical Research Council dyspnea scale scores and lower FEV1 percent of predicted values than did the successful mask use group. A modified Medical Research Council dyspnea scale score ≥ 3 (odds ratio 167, 95% CI 8.4 to >999.9 ; $P = .008$) or a FEV1 $< 30\%$ predicted (odds ratio 163, 95% CI 7.4 to >999.9 ; $P = .001$) was associated with a risk of failure to wear the N95. Breathing frequency, blood oxygen saturation, and exhaled carbon dioxide levels also showed significant differences before and after N95 use.”

35) Masks too dangerous for children under 2, medical group warns, The Japan Times, 2020 “Children under the age of 2 shouldn’t wear masks because they can make breathing difficult and increase the risk of choking, a medical group has said, launching an urgent appeal to parents as the nation reopens from the coronavirus crisis...Masks can make breathing difficult because infants have narrow air passages,” which increases the burden on their hearts, the association said, adding that masks also raise the risk of heat stroke for them.”

36) Face masks can be problematic, dangerous to health of some Canadians: advocates, Spenser, 2020 “Face masks are dangerous to the health of some Canadians and problematic for some others...Asthma Canada president and CEO Vanessa Foran said simply wearing a mask could create risk of an asthma attack.”

37) COVID-19 Masks Are a Crime Against Humanity and Child Abuse, Griesz-Brisson, 2020 “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...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.”

38) Study shows how masks are harming children, Mercola, 2021 “Data from the first registry to record children’s experiences with masks show physical, psychological and behavioral issues including irritability, difficulty concentrating and impaired learning. Since school shutdowns in spring 2020, an increasing number of parents are seeking drug treatment for attention deficit hyperactivity disorder (ADHD) for their children. Evidence from the U.K. shows schools are not the super spreaders health officials said they were; measured rates of infection in schools were the same as the community, not higher. A large randomized controlled trial showed wearing masks does not reduce the spread of SARS-CoV-2.”

39) New Study Finds Masks Hurt Schoolchildren Physically, Psychologically, and Behaviorally, Hall, 2021

<https://www.researchsquare.com/article/rs-124394/v2> “A new study, involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks... Though these results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness.”

40) Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery, Scarano, 2021 “In all 20 surgeons wearing FFP2 covered by surgical masks, a reduction in arterial O₂ saturation from around 97.5% before surgery to 94% after surgery was recorded with increase of heart rates. A shortness of breath and light-headedness/headaches were also noted.”

41) Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity, Fikenzer, 2020 “Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals. These data are important for recommendations on wearing face masks at work or during physical exercise.”

42) Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19, Ong, 2020 “Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders.”

43) Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media, The American Institute of Stress, 2020 “Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems, and hyperventilation due to wearing masks. In addition, the

accumulated CO₂ leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of increased transmission of the virus in case of inappropriate use of the mask.”

44) Reusing masks may increase your risk of coronavirus infection, expert says, Laguipo, 2020
 “For the public, they should not wear facemasks unless they are sick, and if a healthcare worker advised them.”For the average member of the public walking down a street, it is not a good idea,” Dr. Harries said.”What tends to happen is people will have one mask. They won’t wear it all the time, they will take it off when they get home, they will put it down on a surface they haven’t cleaned,” she added.Further, she added that behavioral issues could adversely put themselves at more risk of getting the infection. For instance, people go out and don’t wash their hands, they touch parts of the mask or their face, and they get infected.”

45) What’s Going On Under the Masks?, Wright, 2021 “Americans today have pretty good chompers on average, at least relative to most other people, past and present. Nevertheless, we do not think enough about oral health as evidenced by the almost complete lack of discussion regarding the effect of lockdowns and mandatory masking on our mouths.”

46) Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy ChildrenA Randomized Clinical Trial, Walach, 2021 “A large-scale survey in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings.”

47) NM Kids forced to wear masks while running in 100-degree heat; Parents are striking back, Smith, 2021 “Nationally, children have a 99.997% survival rate from COVID-19. In New Mexico, only 0.7% of child COVID-19 cases have resulted in hospitalization. It is clear that children have an extremely low risk of severe illness or death from COVID-19, and mask mandates are placing a burden upon kids which is detrimental to their own health and well-being.”

48) Health Canada issues advisory for disposable masks with graphene, CBC, 2021 “Health Canada is advising Canadians not to use disposable face masks that contain graphene. Health Canada issued the notice on Friday and said wearers could inhale graphene, a single layer of carbon atoms. Masks containing the toxic particles may have been distributed in some health-care facilities.”

49) COVID-19: Performance study of microplastic inhalation risk posed by wearing masks, Li, 2021

Is graphene safe?

“Wearing masks considerably reduces the inhalation risk of particles (e.g., granular microplastics

		<p>and unknown particles) even when they are worn continuously for 720 h. Surgical, cotton, fashion, and activated carbon masks wearing pose higher fiber-like microplastic inhalation risk, while all masks generally reduced exposure when used under their supposed time (<4 h). N95 poses less fiber-like microplastic inhalation risk. Reusing masks after they underwent different disinfection pre-treatment processes can increase the risk of particle (e.g., granular microplastics) and fiber-like microplastic inhalation. Ultraviolet disinfection exerts a relatively weak effect on fiber-like microplastic inhalation, and thus, it can be recommended as a treatment process for reusing masks if proven effective from microbiological standpoint. Wearing an N95 mask reduces the inhalation risk of spherical-type microplastics by 25.5 times compared with not wearing a mask.”</p> <p>50) Manufacturers have been using nanotechnology-derived graphene in face masks — now there are safety concerns, Maynard, 2021 “Early concerns around graphene were sparked by previous research on another form of carbon — carbon nanotubes. It turns out that some forms of these fiber-like materials can cause serious harm if inhaled. And following on from research here, a natural next-question to ask is whether carbon nanotubes’ close cousin graphene comes with similar concerns. Because graphene lacks many of the physical and chemical aspects of carbon nanotubes that make them harmful (such as being long, thin, and hard for the body to get rid of), the indications are that the material is safer than its nanotube cousins. But safer doesn’t mean safe. And current research indicates that this is not a material that should be used where it could potentially be inhaled, without a good amount of safety testing first...As a general rule of thumb, engineered nanomaterials should not be used in products where they might inadvertently be inhaled and reach the sensitive lower regions of the lungs.”</p>
Poppie McNierney	End restrictions	<p>School has been proven to be safe. Masks have been proven not to work against airborne viruses. Vaccines are available to all school children, staff and teachers that want them. It is time for the BOE to get back to educating children and get out of the public health sector. Stand up and say NO to these useless restrictions on our children, and start fixing the learning loss on our children. They are so far behind. They are acting out. They are lost. They are hurting. You continue to do this to them. Stop all restrictions, and allow them to be children.</p> <p>https://www.nytimes.com/2022/01/04/briefing/american-children-crisis-pandemic.html?fbclid=IwAR2cvM7ivsEhgSpP-mnYf9eiZb-qonEjA0jeA039QyfDaNeSTIxxHyiiS8c</p>

Holly	mask mandate science	<p>Dear Wake County School Board.</p> <p>Please consider this data and excerpts from these articles and research on in inefficacy of mask mandates in schools.</p> <p>Inefficacy of MASK MANDATES</p> <p>1) Mask mandate and use efficacy for COVID-19 containment in US States, Guerra, 2021 “Calculated total COVID-19 case growth and mask use for the continental United States with data from the Centers for Disease Control and Prevention and Institute for Health Metrics and Evaluation. We estimated post-mask mandate case growth in non-mandate states using median issuance dates of neighboring states with mandates...did not observe association between mask mandates or use and reduced COVID-19 spread in US states.”</p> <p>2) These 12 Graphs Show Mask Mandates Do Nothing To Stop COVID, Weiss, 2020 “Masks can work well when they’re fully sealed, properly fitted, changed often, and have a filter designed for virus-sized particles. This represents none of the common masks available on the consumer market, making universal masking much more of a confidence trick than a medical solution...Our universal use of unscientific face coverings is therefore closer to medieval superstition than it is to science, but many powerful institutions have too much political capital invested in the mask narrative at this point, so the dogma is perpetuated. The narrative says that if cases go down it’s because masks succeeded. It says that if cases go up it’s because masks succeeded in preventing more cases. The narrative simply assumes rather than proves that masks work, despite overwhelming scientific evidence to the contrary.”</p> <p>3) Mask Mandates Seem to Make CCP Virus Infection Rates Climb, Study Says, Vadum, 2020 “Protective-mask mandates aimed at combating the spread of the CCP virus that causes the disease COVID-19 appear to promote its spread, according to a report from RationalGround.com, a clearinghouse of COVID-19 data trends that’s run by a grassroots group of data analysts, computer scientists, and actuaries.”</p> <p>4) Horowitz: Comprehensive analysis of 50 states shows greater spread with mask mandates, Howorwitz, 2020 Justin Hart “How long do our politicians get to ignore the results?... The results: When comparing states with mandates vs. those without, or periods of times within a state with a mandate vs. without, there is absolutely no evidence the mask mandate worked to slow the spread one iota. In total, in the states that had a mandate in effect, there were 9,605,256 confirmed COVID cases over 5,907 total days, an average of 27 cases per 100,000 per day. When states did not have a</p>
-------	----------------------	---

statewide order (which includes the states that never had them and the period of time masking states did not have the mandate in place) there were 5,781,716 cases over 5,772 total days, averaging 17 cases per 100,000 people per day.”

5) The CDC’s Mask Mandate Study: Debunked, Alexander, 2021 “Thus, it is not surprising that the CDC’s own recent conclusion on the use of nonpharmaceutical measures such as face masks in pandemic influenza, warned that scientific “evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission...” Moreover, in the WHO’s 2019 guidance document on nonpharmaceutical public health measures in a pandemic, they reported as to face masks that “there is no evidence that this is effective in reducing transmission...” Similarly, in the fine print to a recent double-blind, double-masking simulation the CDC stated that “The findings of these simulations [supporting mask usage] should neither be generalized to the effectiveness ...nor interpreted as being representative of the effectiveness of these masks when worn in real-world settings.”

6) Phil Kerpin, tweet, 2021
The Spectator “The first ecological study of state mask mandates and use to include winter data: “Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer or Fall-Winter waves.”

7) How face masks and lockdowns failed, SPR, 2021 “Infections have been driven primarily by seasonal and endemic factors, whereas mask mandates and lockdowns have had no discernible impact”

8) Analysis of the Effects of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality at the County Level, Schauer, 2021 “There was no reduction in per-population daily mortality, hospital bed, ICU bed, or ventilator occupancy of COVID-19-positive patients attributable to the implementation of a mask-wearing mandate.”

9) Do we need mask mandates, Harris, 2021 “But masks proved far less useful in the subsequent 1918 Spanish flu, a viral disease spread by pathogens smaller than bacteria. California’s Department of Health, for instance, reported that the cities of Stockton, which required masks, and Boston, which did not, had scarcely different death rates, and so advised against mask mandates except for a few high-risk professions such as barbers....Randomized controlled trials (RCTs) on mask use, generally more reliable than observational studies, though not infallible, typically show that cloth and surgical masks offer little protection. A few RCTs suggest that perfect adherence to an exacting mask protocol may guard against influenza, but meta-analyses find little on the whole to suggest that masks offer meaningful protection. WHO guidelines from 2019 on influenza say that despite “mechanistic plausibility for the potential effectiveness” of masks, studies

		<p>showed a benefit too small to be established with any certainty. Another literature review by researchers from the University of Hong Kong agrees. Its best estimate for the protective effect of surgical masks against influenza, based on ten RCTs published through 2018, was just 22 percent, and it could not rule out zero effect.”</p> <p>Please end the unscientific practices and unethical abuse of children in Wake County Schools.</p> <p>With appreciation,</p> <p>holly wilcher, phd</p>
Will Langdon	The mask mandate and quarantines are hurting our children	<p>Dr. Joseph Allen at Harvard's School of Public Health is very critical of continued mask mandates and quarantines in schools and makes a strong argument that these measures are doing much more harm than good even in the midst of Omicron.</p> <p>"But when it comes to quarantining and masking, many schools should take a less intrusive approach than they currently are. This may seem counterintuitive in the midst of a surge, but because learning has been disrupted so much already, we need to prioritize keeping kids in school as much as possible and making the educational experience when they are there as rich as possible."</p> <p>"We should make masking in schools voluntary rather than mandatory. Masking was a necessary inconvenience early on and in short stints was fine. But to think that two years of masking has no impact on socialization, learning and anxiety is shortsighted. Kids are resilient but not endlessly resilient."</p> <p>"We are coming up on two years of disrupted school. For those in the second grade, a life of closed schools, learning behind plexiglass and masks, learning to read without seeing their teachers' mouths and no physical contact on the playground is all they've ever known. This is outrageous, dangerous and fear-based. The Omicron surge may make certain districts want to cling to these measures, but they shouldn't."</p> <p>By Joseph G. Allen Dr. Allen is an associate professor and director of the Healthy Buildings program at Harvard T.H. Chan School of Public Health. He is also the chair of the Lancet Covid-19 Commission Task Force</p>

		<p>on Safe Work, Safe School and Safe Travel.</p>
--	--	---

<https://www.nytimes.com/2021/12/20/opinion/omicron-schools-do-not-close.html>

holly wilcher	NC law being broken by requiring masks on children in schools without informed consent	<p>Dear Wake County School Board Members,</p> <p>Please review the law you're breaking by requiring this mask mandate and not providing families of children with full, voluntary and informed consent.</p> <p>90-21.13. Informed consent to health care treatment or procedure.</p> <p>(a) No recovery shall be allowed against any health care provider upon the grounds that the health care treatment was rendered without the informed consent of the patient or other person authorized to give consent for the patient where:</p> <p>(1) The action of the health care provider in obtaining the consent of the patient or other person authorized to give consent for the patient was in accordance with the standards of practice among members of the same health care profession with similar training and experience situated in the same or similar communities; and</p> <p>(2) A reasonable person, from the information provided by the health care provider under the circumstances, would have a general understanding of the procedures or treatments and of the usual and most frequent risks and hazards inherent in the proposed procedures or treatments which are recognized and followed by other health care providers engaged in the same field of practice in the same or similar communities; or</p> <p>(3) A reasonable person, under all the surrounding circumstances, would have undergone such treatment or procedure had he been advised by the health care provider in accordance with the provisions of subdivisions (1) and (2) of this subsection.</p> <p>(b) A consent which is evidenced in writing and which meets the foregoing standards, and which is signed by the patient or other authorized person, shall be presumed to be a valid consent. This presumption, however, may be subject to rebuttal only upon proof that such consent was obtained by fraud, deception or misrepresentation of a material fact. A consent that meets the foregoing standards, that is given by a patient, or other authorized person, who under all the surrounding circumstances has capacity to make and communicate health care decisions, is a valid consent.</p> <p>(c) The following persons, in the order indicated, are authorized to consent to medical treatment on behalf of a patient who is comatose or otherwise lacks capacity to make or communicate health care decisions:</p>
---------------	--	--

(1) A guardian of the patient's person, or a general guardian with powers over the patient's person, appointed by a court of competent jurisdiction pursuant to Article 5 of Chapter 35A of the General Statutes; provided that, if the patient has a health care agent appointed pursuant to a valid health care power of attorney, the health care agent shall have the right to exercise the authority to the extent granted in the health care power of attorney and to the extent provided in G.S. 32A-19(a) unless the Clerk has suspended the authority of that health care agent in accordance with G.S. 35A-1208(a).

(2) A health care agent appointed pursuant to a valid health care power of attorney, to the extent of the authority granted.

(3) An agent, with powers to make health care decisions for the patient, appointed by the patient, to the extent of the authority granted.

(4) The patient's spouse.

(5) A majority of the patient's reasonably available parents and children who are at least 18 years of age.

(6) A majority of the patient's reasonably available siblings who are at least 18 years of age.

(7) An individual who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes.

G.S. 90-21.13 Page 2

(c1) If none of the persons listed under subsection (c) of this section is reasonably available, then the patient's attending physician, in the attending physician's discretion, may provide health care treatment without the consent of the patient or other person authorized to consent for the patient if there is confirmation by a physician other than the patient's attending physician of the patient's condition and the necessity for treatment; provided, however, that confirmation of the patient's condition and the necessity for treatment are not required if the delay in obtaining the confirmation would endanger the life or seriously worsen the condition of the patient.

(d) No action may be maintained against any health care provider upon any guarantee, warranty or assurance as to the result of any medical, surgical or diagnostic procedure or treatment unless the guarantee, warranty or assurance, or some note or memorandum thereof, shall be in writing and signed by the provider or by some other person authorized to act for or on behalf of such provider.

(e) In the event of any conflict between the provisions of this section and those of

		G.S. 35A-1245, 90-21.17, and 90-322, Articles 1A and 19 of Chapter 90, and Article 3 of Chapter 122C of the General Statutes, the provisions of those sections and Articles shall control and continue in full force and effect. (1975, 2nd Sess., c. 977, s. 4; 2003-13, s. 5; 2007-502, s. 13; 2008-187, s. 37(b); 2017-153, s. 2.5; 2018-142, s. 35(a).)
Kelly Lawhorn	Compliance Audit 12/7/2021	<p>Good Evening WCPSS Board Members</p> <p>In reviewing the you tube budget and finance meeting of December 7, 2021 I took notice that this school district does not like to bring up and discuss special education.</p> <p>Where is special Education listed on the slide 13 - titled Compliance Audit. It appears to have never been mentioned in the entire meeting. It should be posted. Tax payers money to hire an outside financial firm was used but it appears cherry picking information to the public continued to happen.</p> <p>The lack of transparency and detail concise information continues to be withheld in the largest school district in the state of North Carolina.</p> <p>Very Disappointed. Kelly Lawhorn</p>

Amy Marshall	KEEP SCHOOLS OPEN & MEETING RESTRICTIONS	<p>1/4/22 Public Comment to WCPSS Board by Amy Marshall</p> <p>KEEP SCHOOLS OPEN & STOP RESTRICTING THE PUBLIC FROM BOARD MEETINGS</p> <p>Please see copy of my FOIA request on who made decision to reduce public school board meeting attendance to only 30 people. Who made the decision? Did you all vote? Did Ms. Mahaffey make the decision? Did someone else make it? If so, whom? The public deserves to know who within WCPSS is responsible for restricting public opinion from public meetings. If each of you does not make a public statement on your position to reduce the meetings to only 30 people, the public will assume you all made the decision together and that you are all in agreement on restricting the public from your meetings. How many of you have been in public places recently with more than 30 people? Your actions are a clear attempt to silence public opinion.</p> <p>Dear Tim,</p> <p>This is a FOIA records request for the following, concerning the recent WCPSS announcement on 12/31/21 that WCPSS School Board Meetings would be limited to only 30 members of the public to attend, rather than the previous 60. I and many others would like to know how and by whom, this decision was made. The decision appears to violate WCPSS board policy, and violates the NC Open Meetings Laws. Also, it was recently brought to my attention that certain WCPSS board members may be accommodating requests to select only those public speakers who favor increased covid restrictions, which would be a clear violation of board policy and open meetings laws.</p> <p>Accordingly, please provide me with the following within 30 days, in electronic format. I request a fee waiver since the information is in the public interest. Thank you.</p> <ol style="list-style-type: none"> 1) All emails from WCPSS board member, Lindsay Mahaffey, to anyone from 12/15/21 to present, including through day of FOIA fill. 2) All emails to Lindsay Mahaffey from anyone from 12/15/21 to present, including through day of FOIA fill. 3) All emails from Kristen Beller of NCAE to any WCPSS email address since 12/15/21. 4) All emails to Kristen Beller of NCAE from any WCPSS email address since 12/15/21. 5) A list of every person (first name, last name, and email address) who requested to speak at the 1/4/22 WCPSS board meeting, attend the board meeting, or attend the work session. 6) A list of every person (first name, last name, and email address) who was chosen by WCPSS to speak at the 1/4/22 board meeting, attend the board meeting, or attend the work session. <p>Thank you,</p> <p>Amy E. Marshall, M.Ed.</p>
--------------	--	---

		<p>Executive Director, President Founder American Teachers Alliance American Tutors and Homeschool Partners (coming soon!) Carolina Teachers Alliance Inc. 920 US 64 HWY W PMB 110 Apex, NC 27523 Business (919) 589-7225 amarshall@carolinateachers.org Carolinateachers.org Americanteachersalliance.org Americantutors.org (Coming soon!) https://www.facebook.com/americanteachersalliance https://www.facebook.com/carolinateachers VISION: An unbiased and academically sound education for all children.</p>
Whitney Paulson	Limited Capacity for Board Meeting	<p>Dear Ms Mahaffey,</p> <p>Limiting the board meeting capacity to 30 people is uncalled for. My children are at multiple schools that are fully operational. Staff and teachers are in a building with thousand of students and no one bats an eye. However the school board decided to make capacity limits. This makes no sense As protocol and safety measures have been put in place</p>
Michelle Shields	Covid Precautions	<p>Thank you for continuing to require masks at schools. I ask that you vote again to extend the mask mandate! I would love to see WCPSS become more proactive in the attempt to keep our children healthy at school. HEPA air purifiers should be available in all classrooms and common areas. Not only will they help with Covid, but also flu, colds and all the other crud kids come down with. Please have more outdoor eating/learning opportunities. My elementary kids have barely had the chance to eat outside. This board has reduced the meeting capacity to 30 people in a room, but what about my 4th grader (and other classes in his school) who 30+ kids in his small classroom. Please be more proactive in keeping our kids safe.</p>

Lisa Knickerbocker	COVID safety	<p>Hi, I am the parent of a 6 year old in wake county public schools and a two year old. The lack of protocols and safety measures in place to prevent the spread of COVID in schools is deeply concerning given the presence of both Delta and Omicron variants in our area.</p> <p>Our son was sent home with serious congestion and a runny nose at the end of the school day rather than being sent home and referred for testing. He also told us several classmates also had similar signs of illness. We of course had him tested before he returned to school, but per guidelines he should have been sent home and not allowed to return until tested.</p> <p>Given the ease with which omicron spreads and the cold like symptoms students should be sent home and tested. We need to be doing mandatory screening, require medical grade masks, have HEPA filters in class, and have better spread of students at lunch or preferred have them outside. All exposure should be reported to parents even if students are wearing masks at the time of exposure in order to allow families to make informed decisions. We are again at the point where we may run out of hospital beds for both adults and children and people may be unable to seek care. We need to do everything we can to ensure the health and safety of students and staff.</p>
--------------------	--------------	--