

David Y. Ige
Governor



Dr. Christina M. Kishimoto
Superintendent

STATE OF HAWAII
DEPARTMENT OF EDUCATION
WAIMEA HIGH SCHOOL
9770 TSUCHIYA ROAD
PO BOX 339
WAIMEA, HAWAII 96796
PHONE: (808) 338-6800 FAX: (808) 338-6807

May 28, 2021

Aloha Board of Education Chair Payne and esteemed members,

I write in support of appointing Keith Hayashi as our (interim) superintendent.

I have had the privilege of working with and learning from Mr. Hayashi for many years and have always been impressed with his ability to not only see the current 'big picture' of education but to also see and clearly communicate his vision of what the future 'big picture' could be for Hawaii public schools, students, families, faculty and staff. He has a wealth of knowledge of our K- 12 system via his work over the years as teacher, resource teacher, and school/complex and state level administrator; he has an excellent understanding of post-HS opportunities through his work with the UH system, WorkForce Development, Chamber of Commerce, and other business and community organizations. Under his leadership, Waipahu High School has received numerous national awards and recognition and he helped to establish and organize our Hawaii Academies consortium of local high schools seeking to re-think our students' high school experience.

He knows what schools and complexes need to help students succeed and has built strong relationships with his peers across the state to ensure this happens.

I can think of no one better suited than Mr. Hayashi to lead our organization over the next few years.

Mahalo nui,

A handwritten signature in purple ink, appearing to read "Mahina Anguay".

Mahina Anguay
Principal, Waimea High School



STATE OF HAWAII
DEPARTMENT OF EDUCATION
EWA ELEMENTARY SCHOOL
91-1280 RENTON ROAD
EWA, HAWAII 96706
PHONE: (808) 307-8200 FAX: (808) 681-8206

June 1, 2021

Catherine Payne
Hawaii State Board of Education
P. O. Box 2360
Honolulu, Hawaii 96804

Dear Chair Payne & Members of the Hawaii State Board of Education:

I am submitting this letter of support for Keith T. Hayashi to be appointed as Interim Superintendent based on his leadership abilities that he's demonstrated at all levels of our department.

He started out as a classroom teacher at Lehua Elementary, became a Literacy Resource Teacher in the Leeward District, followed by administrative experience as Vice Principal at Waipahu Intermediate School & Waipahu High School, Principalships at Waipahu Elementary School & Waipahu High School, Complex Area Superintendent for Pearl City/Waipahu Complex Area, Interim Deputy Superintendent and Interim Superintendent. During his tenure at each of these positions, Keith brought integrity and consistent leadership to his roles.

When Keith was the Waipahu High School Vice-Principal, I was the Leeward District Deputy Superintendent, then Complex Area Superintendent for the Campbell/Kapolei/Waianae Complex Areas and had opportunities to work with Keith concerning discipline matters as well as having leadership discussions. During these conversations, I found Keith to be a very forward thinking leader as well as a person who was concerned with the "bigger picture" and not only that particular discipline situation.

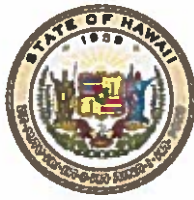
As the Complex Area Superintendent for Pearl City/Waipahu Complex Area, Keith was always aware that we are still a Leeward District and that while each complex area had specific strengths and needs, keeping our leaders aware that our overall strength came from the diverseness, knowledge, skill and abilities of the Leeward District administrators and schools.

I am confident that Keith will work with all stakeholders to achieve his priorities of 1-reconnecting our students with learning and 2-establish a foundation for our "next normal." Keith has already demonstrated his skill in working with diverse individuals and groups. Please consider appointing Keith T. Hayashi as our Interim Superintendent.

Sincerely,

A handwritten signature in black ink, appearing to read "Stan Tamashiro".

Stanley G. Tamashiro, Jr.
Principal



STATE OF HAWAII
DEPARTMENT OF EDUCATION
MAUI HIGH SCHOOL
660 SOUTH LONO AVENUE
KAHULUI, MAUI, HAWAII 96732-2530
PH: (808) 727-4000
FAX: (808) 873-3010

June 1, 2021

Aloha Board of Education Chair Payne and esteemed members,

I am writing in support of appointing Mr. Keith Hayashi as interim superintendent of the HIDEOE.

I have had the privilege of working with and learning from Mr. Hayashi for most of my administration career. I am continually impressed with his knack for seeing the big picture of education as well as his ability to explain his vision clearly to all stakeholders. His knowledge spans the Kindergarten to post high-school continuum. His work over the years as a classroom teacher, resource teacher and school/complex/state administrator as well as his work with University of Hawai'i, Chamber of Commerce, and a variety of businesses and organizations has provided him with the experience necessary to make informed decisions at all levels.

Under his strong leadership, Waipahu High School has received numerous, well-deserved awards and recognition. In addition, Mr. Hayashi played a pivotal role in establishing the Hawai'i Academies Consortium that seeks to re-think and re-design the high school experience.

I am certain that Mr. Hayashi knows what schools and complexes need so that all students can succeed. More importantly, he has the ability to put his vision into action.

I cannot think of a candidate who is better positioned to take on the job of superintendent at this time than Keith Hayashi.

Thank you for your time,

A blue ink signature of Jamie Yap, consisting of a stylized 'J' and 'Y' followed by a horizontal line.

Jamie Yap

Principal, Maui High School



david.miyashiro@hawaiikidscan.org
hawaiikidscan.org

David Miyashiro
Executive Director

June 3, 2021

Hawaii State Board of Education
Special Meeting
Catherine Payne, Chairperson
Kenneth Uemura, Vice Chairperson

Aloha Chair Payne, Vice Chair Uemura, and Members of the Board,

Per Discussion Item A, **HawaiiKidsCAN would like to offer comments** regarding the presentation on Department of Education plans for opening schools for the 2021-2022 school year: distance learning options, process for updated guidance from Hawaii State Department of Health, status of Board Metrics on Health and Safety (personal protective equipment and cleaning supplies, social distance, and classroom ventilation), and plans to support schools to address requirements of Board Metrics on Health and Safety.

Founded in 2017, HawaiiKidsCAN is a local nonprofit organization committed to ensuring that Hawaii has an excellent and equitable education system that reflects the true voices of our communities and, in turn, has a transformational impact on our children and our state. We strongly believe that all students should have access to excellent educational opportunities, regardless of family income levels and circumstances.

As an organization that has consistently testified to the Board of Education through the duration of the pandemic, HawaiiKidsCAN has advocated for transparency and clarity of data, communications, and planning. We are eager to see students return to school, and we've heard from many families who have struggled through distance learning.

At the same time, we are seeking greater clarity regarding options for families who are interested in blended or full-distance options. In her May 14 letter to principals, Superintendent Kishimoto stated: **"This approach means that schools will not be offering a full distance learning model as an alternative to in-person learning for the school year 2021-2022. Distance learning may be an option if schools have to close due to unexpected emergencies or other student-**

focused circumstances as needed.” No such language was included in the May 17 letter to parents and guardians. Furthermore, the following was included in a May 18 article in the Honolulu Star-Advertiser (Hawaii public schools will reopen Aug. 3 with clubs, bands and athletics resuming): “Some parents may be reluctant to send their children back to in-person class. In that case, [Hawaii DOE spokesperson Nanea Kalani] said, **homeschooling is a parent-initiated educational alternative to compulsory school attendance.**”

We agree with the following statement in today’s presentation: “Long-term goal for distance learning: Every student should be afforded equal opportunity to enroll in a program of their choice no matter where they live or what school they attend. Through distance learning, HIDOE can provide access to high quality instruction to create rich, meaningful learning experiences that allow for student choice and voice in their education.”

Based on what has been communicated so far, it is unclear to us what the official stance is by the Hawaii DOE for families wanting blended or virtual options. To what extent are families able to access flexible distance options to best meet their needs? Are families being directed to public charter school options such as Myron B. Thompson Academy or Hawaii Technology Academy that offer these models? What support is being provided to families who are interested in homeschooling for the first time? How does the lack of flexibility potentially conflict with access to a free, appropriate public education?

With the significant investment this past year in devices and connectivity for students and training for educators, distance learning shouldn’t be the hurdle it was at the beginning of 2020. One thing we have learned from this pandemic is that for a number of families, virtual education is the better option. “There’s also a group of kids who, whether because of bullying, mental health issues or simple overscheduling and pressure, struggled at school in a way that’s been made undeniable by the way they’re thriving at home amid the pandemic,” writes Joanna Schroeder for the [New York Times](#).

Especially noteworthy is that parents of color’s interest in virtual schooling eclipses that of white parents by a sizeable margin; USA Today, covering a report from AEI on the differential, [writes](#): “Polls show parents of color consistently prefer remote-only instruction for their students, with gaps between white parents and parents of color ranging from 15-30 percentage points between November and March.”

No one should be shutting families out of the options they believe are best for their children. The first step in upholding that value is ensuring that virtual learning remains an option for all families who want it this fall.

Mahalo for your consideration,

David Miyashiro
Founding Executive Director
HawaiiKidsCAN



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

CK & JKA King <dakingohana808@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 7:52 AM

Aloha BOE,

I am writing in regards to your discussion about the upcoming school year. Although my daughter is enrolled in a private school, I am concerned that her school will follow the recommendations that the DOE makes. She was a bright, fun, charming young girl who has suffered incredibly during this pandemic. I am so grateful that her school chose to stay open during this time, but the temperature screening and mask wearing has been psychologically damaging for her. Please consider allowing the parents to make that decision at home, where they are the first ones to see their child and can evaluate their child's physical health and well being before they go to school. I do not feel that temperature screening, mask wearing and social distancing is best for our children, especially when they have shown that they are pretty resilient when it comes to this virus. We have known therapeutics to treat those who contract this virus and it is not a death sentence anymore, like it was a year ago.

Please consider these things as you make a decision moving forward to this upcoming school year.

Mahalo for your time and consideration,
Julie King



Testimony BOE <testimony.boe@boe.hawaii.gov>

TESTIMONY1 message

Emily Huff <emilyhuff@me.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 8:34 AM

Emily Huff
Organization: Aloha Freedom Coalition

In regards to the special meeting on 6/3 regarding reopening of schools.

Aloha,

I am a mother of 3 young boys(3rd grade and twins in kindergarten.) We recently moved from an open free state to Hawaii in January. My children moved here not knowing a friend at school and 5 months later, still have no friends. They now suffer mentally and socially from being told to keep 6 feet apart, keep your mask up, you are going to give someone covid. They aren't allowed to socialize with classmates, can't see their faces and expressions, how is this healthy?? I have watched my sweet social kids whom loved school now beg not to go because they can't breathe in their masks and can't see faces.

There are multiple studies now that PROVE masks do not prevent the spread. Masks are doing more harm to children!! Mental health and suicide rates are at an all time high with school age children. They are breathing in their own toxins for hours on end. I could go on and on about the risks, but I would rather have my children voices be heard. Thank you for your time.

Mason-9 years old

I feel disengaged because I can't see anyones faces and it really hurts when I breathe. I feel lonely because everyone is wearing masks and it makes me sad.

Owen-6 years old

I hate masks. I don't like breathing my own breath. I hate it when I have to wear it outside. Making friends with masks is hard.

Ethan-6 years old

I dont want to be 6 feet apart because I can't play with other kids and make friends. Masks make me feel sad because I can't breathe or make friends.

PLEASE unmask our kids!!!!!! Please look at the data!!

Thank you,
Emily Huff



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony: Oppose the Presentation on the DOE plans for opening schools

1 message

Marichris Diga-Lazo <marichrisd@gmail.com>
To: Testimony.BOE@boe.hawaii.gov

Wed, Jun 2, 2021 at 8:40 AM

Marichris Diga-Lazo

Agenda Item: A. Presentation on Department of Education plans for opening schools for the 2021-2022 school year: distance learning options, process for updated guidance from Hawaii State Department of Health, status of Board Metrics on Health and Safety (personal protective equipment and cleaning supplies, social distance, and classroom ventilation), and plans to support schools to address requirements of Board Metrics on Health and Safety

Position: OPPOSE

- I strongly urge that you OPPOSE this roll out on the distance learning options, PPE wearing for our keiki. Kids are the least affected from getting the coronavirus and being hospitalized from it. If you look at the data from 2018, the flu had more deaths (about 900+) and to date, covid has 500 deaths. We didn't use these same measures on our keiki when the flu was going around. And the flu is still here. We need to deal with covid and allow our immune systems to fight it. We can't keep isolating our keiki and teaching them that social distancing is okay. That is not okay. You folks are conditioning our kids to think that isolation is the key. Isolation leads to depression and suicide! Where is the concern for that? Stop masking our keiki. They need to breathe fresh air and see faces. Look at Fauci's emails that are being leaked! He even said that masks don't work. Let's stop feeding into this fear mongering and allow our kids to be kids again.

Mahalo,
Marichris

--

Marichris Diga-Lazo
Phone: 808.630.7686
Email: marichrisd@gmail.com



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

Heather Edenfield <heather92104@hotmail.com>

Wed, Jun 2, 2021 at 9:14 AM

To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Re: Plan for reopening for 20-21 school year / process for updated guidance

For meeting June 3, 1:30pm

As a parent, I strongly oppose the use of masks outside during school hours. To use masks outside during school hours would be in direct conflict with both the state mandate and the CDC guidance. As you are aware, Gov. Ige no longer requires masks outdoors. Additionally the CDC guidance says that masks are not needed outdoors.

I urge the BOE to allow the children to return to some sense of normalcy when outdoors and align with both state and federal guidelines.

Thank you

Heather Edenfield



June 3, 2021

Special Meeting

Dear Chair Payne and Members of the Committee,

We would like to comment on Item III. A., the Investigative Committee (a permitted interaction group pursuant to Hawaii Revised Statutes, Section 92-2.5(b)(1)) investigating issues relating to the search for a superintendent, including transition timeline and process, recommendation for an interim superintendent, search timeline and process, and composition of group conducting search: findings and recommendation on an interim superintendent.

We support the BOE's recommendation to appoint Waipahu High School Principal Keith Hayashi as Interim Superintendent. Principal Hayashi is an accomplished principal and administrator who knows the inner workings of the DOE. We believe that with his experience, he can assist in having schools transition smoothly to the "new normal" of in-person instruction and build on the assets of the current school infrastructure to improve student outcomes.

We like that Principal Hayashi plans to prioritize student learning, safety, and a commitment to provide supports for students' academic, social and emotional needs, when schools reopen in August.

As for COVID-19 federal dollars, we like that Principal Hayashi is considering comprehensive supports for students, such as providing extended learning time, offering teacher training for personalized learning, and expanding resources for technology-based learning. However, if he is appointed Interim Superintendent, we are eager to hear more explicitly how he will address our most vulnerable students who were struggling even before the pandemic. We hope Principal Hayashi will articulate clearly, a strategic and systematic approach for the use of these one-time funds.

Thank you for this opportunity to testify.

Sincerely,

Cheri Nakamura
HE'E Coalition Director

HE'E Coalition Members and Participants

Academy 21

Alliance for Place Based Learning

American Civil Liberties Union

Atherton YMCA

*Castle Complex Community Council

*Castle-Kahuku Principal and CAS

*Education Institute of Hawai'i

*Faith Action for Community Equity

Fresh Leadership LLC

Girl Scouts Hawai'i

Harold K.L. Castle Foundation

*HawaiiKidsCAN

*Hawai'i Afterschool Alliance

*Hawai'i Appleseed Center for Law and
Economic Justice

*Hawai'i Association of School Psychologists

Hawai'i Athletic League of Scholars

*Hawai'i Children's Action Network

Hawai'i Education Association

Hawai'i Nutrition and Physical Activity Coalition

* Hawai'i State PTSA

Hawai'i State Student Council

Hawai'i State Teachers Association

Hawai'i P-20

Hawai'i 3Rs

It's All About Kids

*INPEACE

Joint Venture Education Forum

Junior Achievement of Hawaii

Kamehameha Schools

Kanu Hawai'i

*Kaua'i Ho'okele Council

Keiki to Career Kaua'i

Kupu A'e

*Leaders for the Next Generation

Learning First

McREL's Pacific Center for Changing the Odds

Native Hawaiian Education Council

Our Public School

*Pacific Resources for Education and Learning

*Parents and Children Together

*Parents for Public Schools Hawai'i

Special Education Provider Alliance

*Teach for America

The Learning Coalition

US PACOM

University of Hawai'i College of Education

* Youth Service Hawai'i

Voting Members () Voting member organizations vote on
action items while individual and non-voting participants
may collaborate on all efforts within the coalition.*



June 3, 2021

Special Meeting

Dear Chair Payne and Members of the Committee,

We would like to comment on Item IV. A., presentation on Department of Education plans for opening schools for the 2021-2022 school year: distance learning options, process for updated guidance from Hawaii State Department of Health, status of Board Metrics on Health and Safety (personal protective equipment and cleaning supplies, social distance, and classroom ventilation), and plans to support schools to address requirements of Board Metrics on Health and Safety.

We thank the BOE for engaging in discussion about the re-opening of schools. After reviewing the DOE's presentation, we have a few concerns. Our understanding is that DOE is not offering the option of distance learning to students and families. While we want students to return to in-person learning, we strongly believe that distance learning should be an option, at least in the short-term, for the following reasons:

1. Uncertainty about the virus
2. No clarity on whether students under 12 can be vaccinated by the start of school
3. Students with special circumstances may not be able to return to in-person learning
4. DOE should have a contingency plan if schools have to shut down

While Hawai'i has made progress in mitigating the spread of the COVID-19 virus by implementing a robust vaccination program, infections are still occurring and restrictions still remain. We cannot know with certainty what the situation will be in August. Having the schools shut down again is something we cannot rule out completely. We, therefore, think it is prudent for the DOE to continue a distance learning option as a contingency in case the system has to close, at least until we have more clarity on the COVID-19 situation. In addition, we must consider our elementary students who are still not able to be vaccinated and students who have special circumstances *vis a vis* the virus that will not allow them to return to school.

We think that a "transition period" of allowing both in-person and distance learning options should be permitted, at least for the 1st semester, or until we have more clarity on the COVID-19 situation. We understand that in order to provide in-person and distance learning, more resources will be needed. We think that the additional COVID-19 federal funds is a resource that could be used to provide this transitional time.

If we don't offer an option for distance learning, the system has the potential to lose students to home-schooling, affecting our Weighted Student Formula and negatively impacting our school budgets.

On another note, we like that the DOE is continuing to emphasize distance learning strategies. While in-person learning is the most effective strategy for teaching most students, we have heard that in the last year, there were certain

students who thrived in distance learning. In addition, in remote areas, where personnel is lacking, the distance learning platforms gave students the opportunity to continue their learning.

Thank you for this opportunity to testify.
Sincerely,

Cheri Nakamura
HE'E Coalition Director

HE'E Coalition Members and Participants

Academy 21

Alliance for Place Based Learning

American Civil Liberties Union

Atherton YMCA

*Castle Complex Community Council

*Castle-Kahuku Principal and CAS

*Education Institute of Hawai'i

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Fresh Leadership LLC

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Harold K.L. Castle Foundation

*HawaiiKidsCAN

*Hawai'i Afterschool Alliance

*Hawai'i Appleseed Center for Law and
Economic Justice

*Hawai'i Association of School Psychologists

Hawai'i Athletic League of Scholars

*Hawai'i Children's Action Network

Hawai'i Education Association

Hawai'i Nutrition and Physical Activity Coalition

* Hawai'i State PTSA

Hawai'i State Student Council

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It's All About Kids

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Joint Venture Education Forum

Junior Achievement of Hawaii

Kamehameha Schools

Kanu Hawai'i

*Kaua'i Ho'okele Council

Keiki to Career Kaua'i

Kupu A'e

*Leaders for the Next Generation

Learning First

McREL's Pacific Center for Changing the Odds

Native Hawaiian Education Council

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*Pacific Resources for Education and Learning

*Parents and Children Together

*Parents for Public Schools Hawai'i

Special Education Provider Alliance

*Teach for America

The Learning Coalition

US PACOM

University of Hawai'i College of Education

*Youth Service Hawai'i

Voting Members () Voting member organizations vote on
action items while individual and non-voting participants
may collaborate on all efforts within the coalition.*

June 2, 2021

Board of Education

Agenda: Return to School in Fall - support for in person learning without mask or vaccine requirements

Dear Board,

I support the return to in person learning for the Fall 2021 school year. However, I do not support any requirement for students to use non-pharmaceutical interventions (NPIs) while on campus, such as face masks, and/or mandatory vaccination. If either are required rather than optional, both measures need to be accompanied by a comprehensive, detailed, metrics-driven risk-benefit analysis as justification given low case counts and wide availability of vaccines for adult staff and family members.

Risk analysis should include potential psychological and social impacts as well as medical adverse events stratified by age group as a result of either intervention relative to actual derived benefit/reduction in severe disease or hospitalization in these age cohorts in a community setting. Further, any cloth mask analyses provided should use data specific to impacts on children and teens being continuously masked for 6-8 hours in non-airconditioned settings. If supporting data cannot be provided, NPI use is not justified and thus has no basis for a requirement.

Kind regards,

Concerned Parent, Coach and Community Member
PhD in Medicine



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

Victoria Mathieu <victoriamathieu808@gmail.com>

Wed, Jun 2, 2021 at 10:04 AM

To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Testimony - Board of Education, special meeting, June 3rd, 2021, 1:30 pm

My name is Victoria Ng. I'm offering testimony as an individual.

Meeting - Special Meeting - BOE

Agenda Item - Department of Education plans for reopening schools for 2020-2021 School Year.

Comment:

I would like to comment on the reopening plan.

I would like to make sure that any plan for opening still accounts for choice, liberty, and freedom. If a student or teacher wants to wear a mask or face shield, I would like them to be able to do so, with no repercussions. If a student or teacher does NOT want to wear a mask, I would like them to be able to do so, with no repercussions.

I would like to make sure that medical choice is not infringed upon, for attendance, or employment. If a student or teacher wishes to get a Covid Vaccine, they should be allowed to do so, with no repercussions. If a student or teacher does NOT wish to get a Covid Vaccine, they should be allowed to exercise their right not to, WITH NO REPERCUSSIONS.

Repercussions could also include loss of privilege, ostracization, etc.

Keep in mind that you're a public institution, and there can and will be lawsuits if you try to force some of these things outside of an emergency situation.

Thank you for your time.

-Victoria Ng

Submit written testimony to: Testimony.BOE@boe.hawaii.gov. E-mails submitted to the Board's general inbox at BOE.Hawaii@boe.hawaii.gov or any other e-mail address will be processed as late testimony.

Indicate the following information:

- Include "Testimony" in the subject line
- Name with position/title and organization, if applicable;
- Meeting (Student Achievement, Finance and Infrastructure, Human Resources, or General Business Meeting (full Board));
- Agenda item; and
- Position (support, oppose, or comment).



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony (for June 3, 2021 Special Meeting)

1 message

Ali Kat <alikat0630@gmail.com>
To: Testimony.BOE@boe.hawaii.gov

Wed, Jun 2, 2021 at 10:59 AM

To: Hawai'i Board of Education

From: Alexandra Marshall, member of Hawai'i Children's Health Defense
Testimony for General Business Meeting (Special Meeting, 3 June 2021)
Agenda item: Safe Return to Schools, specifically masks and social distancing requirements
Position: **Opposition to masks and social distancing** (see comments below)

To Whom it May Concern:

I am writing to you in **strong opposition** to your back-to-school plan for August, which looks like it will require our children to be in masks and also continue to social distance. **I am strongly opposed to my children being in masks and believe this should be a parent's choice**, not the school's or the government's. The effectiveness of cloth face masks is highly debatable and there have been studies published citing their ineffectiveness and actual harm when worn in the long-term. Face masks increase CO2 intake by the individual wearing it and can harbor harmful bacteria, causing an increase in respiratory issues. Additionally, developing children need to see facial expressions, smiles, and mouths, especially as they learn to communicate appropriately and effectively. There has been a lot of new information and documents surfacing recently about Dr. Anthony Fauci, including some emails he wrote about face masks, which I'll attach below and quote here: **"Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material."** Studies I mentioned above also refer to the size of the virus particle being so small it can pass through a cloth face mask. Our children are at such low risk for covid and are not the "super spreaders" that they should not be in masks and should be able to attend school without one. It should be **OPTIONAL and left up to the parent**.

As far as "social distancing" goes, because our children are at such low risk for the virus and are not spreading it, **they should not be required to social distance**. This is teaching our kids to fear one another and is fostering an environment that I do not want my children to be in. They need to be close to their peers, they need to be playing together and sharing supplies and toys -- this is essential for proper social development. **I do NOT support social distancing in schools any longer**.

If Hawai'i continues to require masks and social distancing at school, my children will not be going. Stop the madness now.

Respectfully,

Alexandra Marshall

From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a very low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.

Best regards,
Tony

From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a very low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.
Best regards,
Tony

Anthony Fauci Face Mask Email.jpg
161K



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

3 messages

Aloha Freedom <alohafreedomcoalition@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 7:38 AM

I'm writing to thank Ige and the DOE for not mandating the shot for kids, we appreciate the fact that this experimental, unapproved drug will not be forced upon our keiki and we hope that mandating this shot will not ever come to pass in the future. Our keiki immune systems have shown that they are pretty resilient to the covid virus. And we now have excellent care for those who do contract the virus, it is not a death sentence any more, like it was a year ago. So please, unmask our keiki and do not subject them to wear masks during school hours and we urge you to hold in-person classes starting the fall 2021-2022 school year. The lockdown and distance learning has hurt our keiki in ways we won't know for years to come. The mask wearing and temperature checks have also psychological effects that have affected our keiki in unimaginable ways. Please leave the choice up to each individual family as far as temperature checks, masks and shots. It is not a "one-size-fits-all" approach to our diverse community.

Mahalo for your time,

A concerned Aloha Freedom Coalition member



Maintain Freedoms, Preserve Aloha, Protect Ohana

<https://alohafreedomcoalition.org/>

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Aloha Freedom <alohafreedomcoalition@gmail.com>

Wed, Jun 2, 2021 at 10:59 AM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the link to the most recent agenda for the Board's Special Meeting scheduled this Thursday, June 3, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

[https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-\(Virtual\).aspx](https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-(Virtual).aspx)

Mahalo,
Board of Education Staff

[Quoted text hidden]

Aloha Freedom <alohafreedomcoalition@gmail.com>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, Jun 2, 2021 at 11:04 AM

This is to address IV. Discussion items in regards to plans for opening schools for the 2021-2022 school year. Mahalo!

On Jun 2, 2021, at 10:59 AM, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

[Quoted text hidden]



Testimony BOE <testimony.boe@boe.hawaii.gov>

TESTIMONY- BOE mask policy

3 messages

Joseph Glenn <auleaswimclubkailua@gmail.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Wed, Jun 2, 2021 at 8:32 AM

Name: Joe Glenn, parent
Position: Oppose masks in schools

Aloha all,

I have attached an email from none other than Anthony Fauci dated February 5th, 2020. Even he knew that masks don't stop respiratory viruses.

But let's assume they do work. Why do my kids need to wear masks to protect others? It doesn't make sense. Frankly, masks should be a choice.

There are plenty of studies available showing harm to mask wearers (particularly bacterial infections from wearing a mask too long as it becomes dirty).

What is the insistence of the schools mask policy when there isn't a single randomized control trial showing that masks work for influenza like illnesses? It seems that the BOE isn't really following the science but is rather following the agenda. In short, it's time to unmask the Keiki.

Respectfully,
Joe Glenn
Parent of maya (age 9) and Aidan (age 3)

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

Sylvia:

Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a vey low risk location. Your instincts are correct, money is best spent on medical countermeasures such as diagnostics and vaccines.

Safe travels.

Best regards,
Tony

--

Joe Glenn
Head Coach
Aulea Swim Club

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Joseph Glenn <auleaswimclubkailua@gmail.com>

Wed, Jun 2, 2021 at 11:00 AM

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Mahalo,
Board of Education Staff
[Quoted text hidden]

Joseph Glenn <auleaswimclubkailua@gmail.com>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, Jun 2, 2021 at 11:07 AM

Action item A. Plans for reopening schools.
[Quoted text hidden]



Testimony BOE <testimony.boe@boe.hawaii.gov>

TESTIMONY

1 message

Julianne King <julianneking@hawaii.rr.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 11:29 AM

Special Meeting June 3, 2021
discussion item IV re personal protective equipment and requiring kids to wear face masks.

Aloha Board of Education,

My name is Julianne King and my son Beau King is a student at Kalaheo High School. I graduated from Kaiser High School class of '85.

I strongly disagree with the use of face masks for students.

My son has autism and his immune system is compromised. Wearing a daily face mask is dangerous. Requiring mask wearing is harming his health.

These are the negative affects of long term mask wearing.

This is section 4 of Jim Meehan, MD, [An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful](#), 10 October 2020, [meehanmd.com](#) with the 17 points linked for direct access and sourcing.

Masks are Harmful: 17 Ways That Masks Can Cause Harm

As a physician and former medical journal editor, I've carefully read the scientific literature regarding the use of face masks to mitigate viral transmission. I believe the public health experts have community wearing of masks all wrong. Here are a few of the mechanisms by which medical masks can be harmful to their wearers and community wearing of face masks is a very bad idea:

Wearing masks for extended periods increased incidences of headaches and negatively affected work performance.

See Jonathan J.Y. Ong, et al., **Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19**, Headache, the Journal of Head and Face Pain (May 2020). <https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.13811>

1. [Medical masks adversely affect respiratory physiology and function](#)
2. [Medical masks lower oxygen levels in the blood](#)
3. [Medical masks raise carbon dioxide levels in the blood](#)
4. [SARS CoV-2 is armed with a “furin cleavage site” that makes it more pathogenic](#)
5. [Medical masks trap exhaled viral \(and other\) pathogens in the mouth/mask interspace, increase viral/infectious load, and increase the severity of disease](#)
6. [SARS CoV-2 Becomes More Dangerous When Blood Oxygen Levels Decline](#)
7. [The furin cleavage site of SARS CoV-2 increases cellular invasion, especially during hypoxia \(low blood oxygen levels\)](#)
8. [Cloth masks may increase the risk of contracting Covid-19 and other respiratory infections](#)
9. [Wearing a face mask may give a false sense of security](#)
10. [Masks compromise communications and reduce social distancing](#)
11. [Untrained and inappropriate management of face masks](#)
12. [Masks Worn Imperfectly Are Dangerous](#)
13. [Masks collect and colonize viruses, bacteria, and mold](#)
14. [Wearing a face mask makes the exhaled air \(respiratory plumes\) go into the eyes](#)
15. [Contact tracing studies show that asymptomatic carrier transmission is very rare](#)

- 16. **Face masks and stay at home orders prevent the development of herd immunity**
- 17. **Face masks are dangerous and contraindicated for a large number of people with pre-existing medical conditions and disabilities**

1. Medical masks adversely affect respiratory physiology and function.

- **Masks inhibit air flow into and out of the lungs.**
 - For people with asthma, chronic obstructive pulmonary disease (COPD), and many other chronic lung diseases, face masks are intolerable to wear as they worsen breathlessness.[\[R\]](#)
- Medical masks lower blood oxygen and raise carbon dioxide such that respiratory rate and depth of breaths are increased.[\[R\]](#)
 - Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in **increases in both frequency and depth of breaths.**
 - As masks increase both the frequency and depth of respirations (breaths), they increase the likelihood that each respiration will contain a larger amount of infectious viral particles. This may worsen the community transmission of CoVID-19 as infected people wearing masks exhale respiratory plumes loaded with greater levels of infectious viral particles. These infectious plumes readily move around the sides, bottom, and top of masks.
 - This may also increase the severity of CoVID-19 as the **increased tidal volume delivers the viral particles deeper into the lungs.**
 - These effects are amplified if face masks are contaminated with the viruses, bacteria, or fungi that find their way or opportunistically grow in the warm, moist environment that medical masks quickly become.

2. Medical masks lower oxygen levels in the blood.[\[R\]](#)

Wearing a mask for more than a few minutes causes a significant reduction in a person's blood oxygen level.

- Beder, A., U. Büyükkoçak, H. Sabuncuoğlu, Z. A. Keskil, and S. Keskil. 2008. "Preliminary Report on Surgical Mask Induced Deoxygenation during Major Surgery." *Neurocirugia* 19 (2): 121-26. DOI: [10.1016/s1130-1473\(08\)70235-5](https://doi.org/10.1016/s1130-1473(08)70235-5)
 - This study of 53 surgeons evaluated the effect of surgical masks on oxygen saturation of hemoglobin in surgeons performing surgery.
 - The study revealed the surgeons experienced a significant decrease in the oxygen saturation of arterial pulsations (SpO2) and a slight increase in pulse rates after one hour. The decrease was more prominent in the surgeons over the age of 35.
 - Given that **a small decrease in SpO2 reflects a large decrease in partial pressure of oxygen in the arterial blood (PaO2)**[\[R\]](#), the findings of this study suggests that surgical masks worn more than one hour may lower arterial oxygen enough to induce physiologically detrimental effects.
- Here are two cases of the tragic consequences of forcing children to wear masks: Two Chinese boys drop dead while wearing face masks during physical exercise classes.[\[R\]](#)[\[R\]](#)

Two boys from two Chinese cities died of sudden cardiac arrest within a week. The first boy, 15, collapsed after jogging in PE class while wearing a face mask on April 24. The other boy, 14, reportedly died during a running exam while wearing a mask.

Why would healthy boys drop dead while wearing masks and running in gym class?! To answer this question, we must consider how mask induced deoxygenation and increased oxygen demands of heart muscle during exercise could have precipitated heart attacks in otherwise healthy teenagers:

- **Point #1:** Heart muscle needs oxygen to survive. And the harder the heart works, the more oxygen it requires. The American Heart Association says this about heart attacks:
- "Your **heart muscle needs oxygen to survive.** A heart attack occurs when the blood flow that brings **oxygen to the heart muscle is severely reduced** or cut off completely."[\[R\]](#)
- **Point #2:** Masks block air intake and decrease arterial oxygen.

Studies of masked individuals have shown that mask wear decreases arterial oxygen. For example, the effects of surgical masks worn by surgeons in the operating room (an environment in which the oxygen blocking effects of masks are minimized by the high air flow, increased oxygen levels, and cool temperature of the operating suite) during major surgery showed a significant decrease in arterial oxygen.[R]

The lesson here is that medical masks should not be worn during intense exercise. As described above and shown in the study of surgeons wearing surgical masks, medical masks block oxygen intake. Depriving the heart of oxygen while exercising, especially intense exercise, could precipitate an acute heart attack.

Any questions? Wait...there's more...

- [Jogger's lung collapses after he ran for 2.5 miles while wearing a face mask \[R\]](#)

Mr Zhang's left lung was punctured due to high pressure caused by running. The 26-year-old became breathless while jogging with a mask on in China. Doctors said his punctured lung was caused by jogging with a face covering. He is now in stable condition after undergoing an operation, the hospital said.

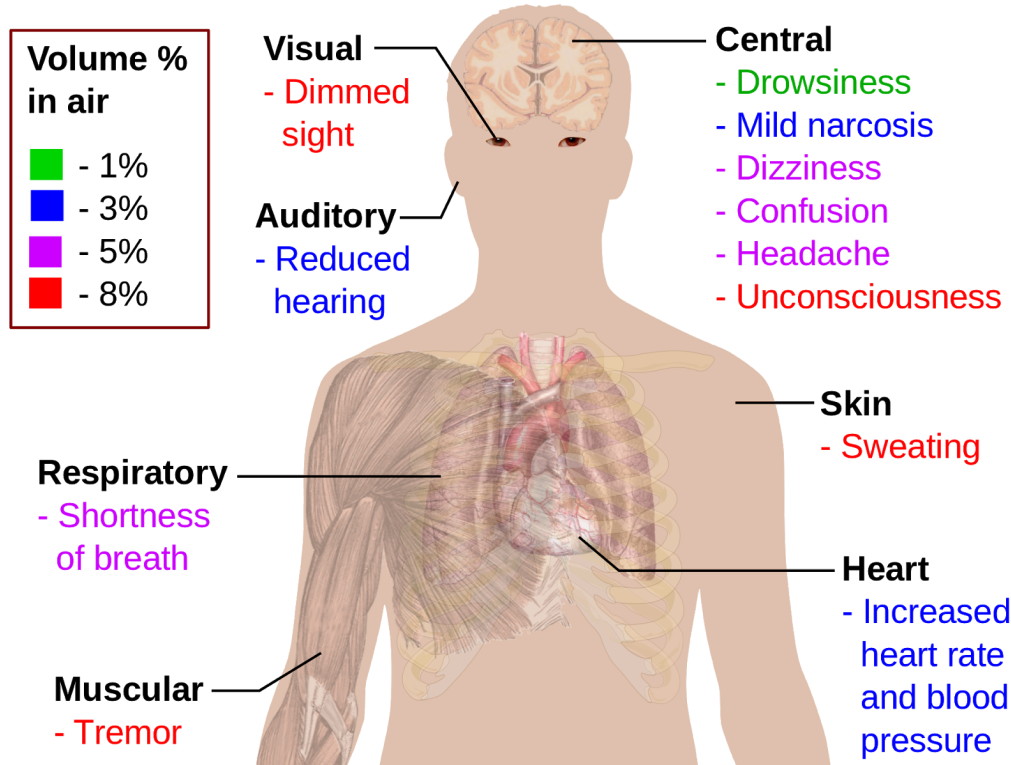
- Hypoxia increases the risk of blood clot formation.[R]
- Lowering arterial oxygen suppresses the immune system, thus increasing the susceptibility of mask wearers to infectious disease.

3. Medical masks raise carbon dioxide levels in the blood.

Although the body has robust mechanisms for mitigating transient and minor elevations of CO₂ in the air we breathe, these mechanisms can easily be overwhelmed by chronic exposure to significant elevations in CO₂, such as occurs with prolonged wearing of a medical mask.

- The science clearly demonstrates that **face masks cause carbon dioxide rebreathing and hypercapnia** [R]
 - Fletcher, S. J., M. Clark, and P. J. Stanley. 2006. "Carbon Dioxide Re-Breathing with Close Fitting Face Respirator Masks." *Anaesthesia* 61 (9): 910. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2044.2006.04767.x>
- Exhaled air is rich in [carbon dioxide](#), a waste product of [cellular respiration](#).
- A portion of carbon dioxide previously exhaled is inspired (breathed) at each respiratory cycle.
- **Masks trap CO₂ rich respiratory exhalations at the mask-mouth interface, force re-breathing of CO₂ rich exhalations, raise carbon dioxide blood (CO₂) levels.** [R]

Main symptoms of Carbon dioxide toxicity



- Objective evidence demonstrating how masks increase blood carbon dioxide levels and negatively impact health and function.
 - **Transcranial Ultrasound Doppler (TCUD)** is a noninvasive means of assessing blood flow in the cerebral vasculature. The increase in carbon dioxide partial pressures (PCO₂) caused by medical masks can be assessed by TCUD.^[R]
 - Elevation of PCO₂ causes vasodilation of the arteriolar channels leading to a decrease in peripheral vascular resistance. The decrease in peripheral vascular resistance is responsible for the changes in cerebrovascular circulation time, CBF, and the velocity of flow (V) in cerebral arteries.
 - Medical masks force the wearer to inspire (re-breathe) air that is a mix of air from the local environment and the respiratory waste products from the mask wearer's previous exhalations.
 - Respiratory exhalations contain significantly higher levels of carbon dioxide (CO₂), one of the waste products of respiration.
 - The pulmonary system is designed to collect oxygen and remove CO₂ from the body. Masks trap CO₂ rich exhalations at the mask-mouth interface.
 - Changes in arterial PCO₂ considerably influence cranial blood flow (CBF).^[R]
 - Transcranial Ultrasound Doppler (TCUD) studies on masked and unmasked individuals demonstrate the changes in blood flow in the brain the result from the arterial CO₂ elevation that occurs within seconds of donning a mask.

This video demonstrates the use of TCUD and heart rate variability to measure the adverse effects of masking a healthy nine year old child: <https://bit.ly/2GGQWiZ>

4. SARS CoV-2 is armed with a “furin cleavage site” that makes it more pathogenic.

- The furin cleavage site makes the virus more capable of invading human cells.
- The furin cleavage site makes the virus even more capable of invading cells when arterial oxygen levels decline.^[R]
- Therefore, wearing a medical mask may increase the severity of CoVID-19.

5. Medical masks trap exhaled viral (and other) pathogens in the mouth/mask interspace, increase viral/infectious load, and increase the severity of disease.

- Face masks trap exhaled viral particles in the mouth/mask interspace. The trapped viral particles are prevented from removal from the airways. The mask wearer is then forced to re-breathe the viral particles, thus increasing infectious viral particles in the airways and lungs.
- In this way, surgical masks cause self-inoculation, increase viral load, and increase the severity of disease.
- Neurosurgeon, Russell Blaylock, MD, raises additional concerns:

“By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the lungs, olfactory nerves, and travel into the brain.”[R]
- Face masks **trap exhaled viral particles** in the mouth/mask interspace.[R] The trapped viral particles are prevented from removal from the airways. The mask wearer is thus forced to **re-breathe** the viral particles, increasing infectious viral particles in the airways and lungs. In this way, Medical masks cause self-inoculation, increase viral load, and increase the severity of disease.
- Asymptomatic or mild cases of CoVID-19 become more severe when the infected is masked, oxygen lowers, viral load increases from particle re-breathing, and the disease **overwhelms the innate immune system**.
 - The main purpose of the innate immune response is to immediately prevent the spread and movement of foreign pathogens throughout the body.[R]
 - The innate immune system plays a crucial role in destroying the virus, preventing infection, or decreasing the viral load to decrease the severity of infection.
 - The innate immunity’s effectiveness is highly dependent on the viral load. If face masks increase viral particle re-breathing at the same time they create a humid habitat where SARS-CoV-2 remains actively infectious, the mask increases the viral load and can overwhelm the innate immune system.
- This trapping, re-breathing, and increasing pathogen load delivered to the lungs becomes dramatically more dangerous when the medical mask becomes contaminated with the opportunistic viruses, bacteria, and fungi that can grow in the warm, moist environment of the mask.
- “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.” - Russell Blaylock, MD

6. SARS CoV-2 Becomes More Dangerous When Blood Oxygen Levels Decline

- Arterial oxygen desaturation is a critical issue in CoVID-19. The virus’ ability to infect cells is markedly enhanced by oxygen desaturation, which has been shown to occur even in the ideal operating room environment in which surgeons operate: high air flow/exchange systems, cool temperature, and higher room oxygen levels. when wearing a surgical mask.[R]
- One of the features that make SARS CoV-2 uniquely infectious is the “furin” sequence in the virus that activates increased ACE2 receptor attack and cellular invasion in low oxygen environments.[R]

7. The furin cleavage site of SARS CoV-2 increases cellular invasion, especially during hypoxia (low blood oxygen levels)[R]

- The furin cleavage site found in SARS CoV-2 is the likely result of the bioengineering “gain of function” (which means increasing the virulence of a pathogen) research conducted at the Wuhan Institute of Virology. This unethical, dangerous, and illegal-in-most-countries research is alleged to have been [funded by Dr. Anthony Fauci \(with \\$7.4 million taxpayer dollars\)](#) and Bill Gates.
- Furin cleavage sites are found in some of the most pathogenic forms of influenza, which can be acted upon by furin and other cellular proteases. The ubiquitous expression of cellular proteases across cell types increases the potential for the virus to successfully infiltrate the host.
- Furin is a membrane-bound protease that is expressed in multiple tissues throughout the human body. Furin is expressed in significant concentrations in the lungs. Thus, viruses in the respiratory tract can make use of this enzyme to convert and activate their own surface glycoproteins. This makes their role in viral protein processing noteworthy.[R]
- Some of the most pathogenic forms of influenza and HIV have similar furin cleavage sites. It is not present in other bat beta coronaviruses. (By the way, Fauci built his career researching and failing to create a vaccine for HIV). The furin cleavage site is NOT present in SARS CoV-1 or MERS, or any of the other known “bat coronaviruses.”
- Let me say it again, the SARS-CoV (aka, SARS-CoV-1), which is closely related to the newest SARS-CoV-2 strain, does not bear the furin cleavage site.

So, the question we should all be asking is how did the genetic sequence that codes for this serious gain of function that increases the potential for the virus to successfully infiltrate the host find its way into SARS-CoV-2?

That’s the trillion dollar question; it demands a real and honest answer.

8. Cloth masks may increase the risk of contracting Covid-19 and other respiratory infections.

See MacIntyre CR, Seale H, Dung TC, et al., A cluster randomised trial of cloth masks compared with medical masks in healthcare workers, BMJ Open 2015; 5: e006577, US National Library of Medicine, National Institutes of Health, doi: 10.1136/bmjopen-2014-006577, April 22, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/pdf/bmjopen-2014-006577.pdf>

- “This study is the first [Randomly Controlled Trial] of cloth masks, and the results caution against the use of cloth masks.
- This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”

9. Wearing a face mask may give a false sense of security

- People adopt a reduction in compliance with other infection control measures, including social distancing and hands washing.[R]

10. Masks compromise communications and reduce social distancing

- The quality and volume of speech between two people wearing masks is considerably compromised and they may unconsciously move closer to improve communications
- This increases the likelihood of becoming exposed to the infectious viral particles in the respiratory plumes of aerosolized droplet nuclei that escape the top, bottom, and sides of the masks.

11. Untrained and inappropriate management of face masks:

- The public is untrained and inadequately educated in the proper selection of masks (most are wrongly wearing cloth masks), proper wear, sterility management, and importance of not reusing single use masks.
- People must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose of them correctly and adopt other management measures, otherwise their risks and those of others may increase.[R][R]
- We can all observe the countless ways in which people in communities are mis-wearing, mishandling, and increasing their own and the communities risk of contracting infectious disease, including CoVID-19.

12. Masks Worn Imperfectly Are Dangerous

To fully appreciate the danger of improper wear and handling of face masks, all you have to do is observe how the public is managing them. Take a trip to Walmart or your local school and observe how mask wearers pull masks from their pocket or purse, drop the masks on the floor, cough and sneeze in them, move them below the nose, on their heads, or under their chin. I see it every day. I also see their soiled and stained surgical face masks and know that these people are dangerously reusing a mask that should never be reused.

You don't need a clinical trial to determine that even when mask-wearers manage to don a fresh, sterile mask properly, keep them on for more than a few minutes at a time, they very quickly contaminate the mask, their environment, and increase their risk of infection as the mask induces them to compulsively touch their faces and their masks.

- The World Health Organization, which has repeatedly changed its position on universal masking, is adamant that **if face masks are not worn carefully, correctly, and kept sanitary, they are worse than ineffective.**
- In other words, masks worn imperfectly are dangerous.
 - See Linda Lacina, WHO updates guidance on masks for health workers and the public - here's what you need to know, World Economic Forum (June 5, 2020). <https://www.weforum.org/agenda/2020/06/who-updates-guidance-on-masks-heres-what-to-know-now/>

People can infect themselves if they use contaminated hands to adjust a mask or repeatedly take it on or off,” explained WHO Director-General, Dr Tedros Adhanom Ghebreyesus. “I cannot say this clearly enough. Masks alone will not protect you from COVID-19.”

Failing to follow strict medical standards for wearing protective equipment and specification of sterilizing and cleaning often leads to “skin and mucous membrane injury, which may cause acute and chronic dermatitis, secondary infection and aggravation of underlying skin diseases.”

- Yan, et al., Consensus of Chinese Experts on Protection of Skin and Mucous Membrane Barrier for Health-Care Workers Fighting against Coronavirus Disease 2019. *Dermatologic Therapy*, March 2020, e13310. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7228211/pdf/DTH-9999-e13310.pdf>

13. Masks collect and colonize viruses, bacteria, and mold.

In Germany, where schools are open and masks are mostly optional, the association of “Kinder f. Weltfrieden eV” commissioned a laboratory analysis to investigate the level of microbial contamination that results after a fresh mask is worn by a child for 6-8 hours in school. What they found was alarming to all those recommending we mask our children for several hours every day. The masks were found to be contaminated with **82 bacterial colonies and 4 mold colonies**. Where do you think the bacteria, molds, and viruses progressively colonizing and growing on the warm moist mask-mouth interface end up?

Many of the microbes get transferred to surfaces the child (or adult) touches after they touch, fiddle, and mishandle their mask. This is one of the many reasons that masks are almost certainly **INCREASING** the transmission of infectious disease. More dangerously, these microbes are being inhaled and delivered deep into the lungs where respiratory disease far worse than CoVID-19 can result.

The oxygen lowering effects of masks forces the body to compensate by increasing heart rate and deepening inspirations (increasing tidal volumes). Increased tidal volumes drives the mask pathogens deep into the lungs where they can cause serious pneumonia, inflammation, and tissue damage.

Furthermore, these risks are compounded by the immune suppression (CD4+ T-cell suppression) that results from diminished arterial oxygenation. **Thus, the mask-wearing child is at imminent risk for harm caused by lung infections that are far more dangerous than a CoVID-19 infection.**

In fact, based on reports from my colleagues in emergency medicine, pulmonology, and infectious disease, an **alarming explosion in bacterial pneumonias** is being reported at ERs and urgent care centers across the country.

Evidence that supports the points above:

- Zhiqing, Liu, Chang Yongyun, Chu Wenxiang, Yan Mengning, Mao Yuanqing, Zhu Zhenan, Wu Haishan, et al. 2018. “Surgical Masks as Source of Bacterial Contamination during Operative Procedures.” *Journal of Orthopaedic Translation* 14 (July): 57-62.
 - This study investigated whether surgical masks (SMs) could be a potential source of bacterial shedding leading to an increased risk of surgical site infection.
 - Results: **The longer the operating time the more bacterial colonization occurred.** A significant increase [in bacterial counts] was noted in the 2-hour group.
- Colleen Huber, NMD, “Masks Are Neither Effective nor Safe,” [PrimaryDoctor.Org](https://www.primarydoctor.org/masks-not-effect), July 6, 2020. <https://www.primarydoctor.org/masks-not-effect>
 - “The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.”
 - Dr. Huber’s article cites 42 supporting scientific studies.
- “Dr. Jenny Harries, England’s deputy chief medical officer, has warned that it was not a good idea for the public to wear face masks as **the virus can get trapped in the material and causes infection when the wearer breathes in.**”
 - Angela Betsaida B. Laguipo, BSN, “Reusing Masks May Increase Your Risk of Coronavirus Infection, Expert Says,” *News, Medical, Life Sciences*, March 15, 2020. <https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx>
- See also, Melkorka Licea, “Mask Mouth” Is a Seriously Stinky Side Effect of Wearing Masks. *New York Post*, August 5, 2020. <https://nypost.com/2020/08/05/mask-mouth-is-a-seriously-stinky-side-effect-of-wearing-masks/>
- Consider this: [Health department investigating after high number of strep throat cases reported at Shepherd schools.](#)

The Central Michigan District Health Department is investigating after more than **a dozen cases of strep throat** were reported within Shepherd Public Schools **despite COVID-19 protocols**.

14. Wearing a face mask makes the exhaled air (respiratory plumes) go into the eyes.

- Masks may capture respiratory jets and large respiratory droplets, but they cannot prevent the respiratory plumes composed of aerosolizable respiratory droplet nuclei to escape the top, bottom, and sides of the masks.
- The respiratory plume wafts into the eyes and generates an uncomfortable feeling and compulsion to touch and rub the eyes. If your hands are contaminated and you touch or rub your eyes, you are transmitting and infecting yourself through the ocular mucosa.[R]

15. Contact tracing studies show that asymptomatic carrier transmission is very rare.

- Asymptomatic carriers are not a major driver of the disease.[R]
- Therefore, one of the key reasons the public was told to wear masks, asymptomatic spreaders, should not be used as a reason for community wearing of masks.

16. Face masks and stay at home orders prevent the development of herd immunity.

- Only herd immunity can prevent pandemics; it is the only thing that ever has.
- Only herd immunity will protect the vulnerable members of society.
- Sweden's example continues to prove this point.

17. Face masks are dangerous and contraindicated for a large number of people with pre-existing medical conditions and disabilities.

- Large percentages of the population have medical conditions that make wearing a mask dangerous. Individuals should be examined by a medical professional to ensure that mask wear will not further compromise their medical condition.
 - Children with asthma (7.5% of American children) and other respiratory disabilities are being harmed by mask mandates, they are being discriminated against by businesses, schools, and public spaces that require masks.
 - Children with autism and other neurodevelopmental disorders are extremely prone to agitation and severe anxiety that results from the adverse effects, e.g., oxygen lowering effects, of masks.
 - An ever increasing number of children and young adults with autism are sensitive to touch and texture. [R] Covering the nose and mouth with fabric can cause sensory overload, feelings of panic, and extreme anxiety.
- If a person with a disability is not able to wear a face mask, state and local government agencies and private businesses must consider reasonable modifications to a face mask policy so that the person with the disability can participate in, or benefit from, the programs offered or goods and services that are provided. A reasonable modification means changing policies, practices, and procedures, if needed, to provide goods, services, facilities, privileges, advantages, or accommodations to an individual with a disability.
- Examples of a person with a disability who might not be able to wear a face mask include individuals with asthma, chronic obstructive pulmonary disease (COPD), or other respiratory disabilities may not be able to wear a face mask because of difficulty in or impaired breathing. People with respiratory disabilities should consult their own medical professional for advice about using face masks.
- **The CDC also states that anyone who has trouble breathing should not wear a face mask.[R]**
- People with post-traumatic stress disorder (PTSD), severe anxiety, or claustrophobia (an abnormal fear of being in enclosed or narrow places), may feel afraid or terrified when wearing a face mask. These individuals may not be able to stay calm or function when wearing a face mask.
- A person who has cerebral palsy may have difficulty moving the small muscles in the hands, wrists, or fingers. Due to their limited mobility, they may not be able to tie the strings or put the elastic loops of a face mask over the ears. This means that the individual may not be able to put on or remove a face mask without assistance.
- A person who uses mouth control devices such as a sip and puff to operate a wheelchair or assistive technology, or uses their mouth or tongue to use assistive ventilators will be unable to wear a mask.

Thank you

Julianne King
President Hawaii Autism Foundation



June 2, 2021

To whom it may concern,

My name is Pohaikealoha Keliiaa. I am a special education teacher and a founding member of the political action committee, Knights of Aloha (KOA). My most important role, however, is being a mother to two amazing children who are currently enrolled in Hawaii State Department of Education public schools. I am writing this testimony in opposition to the continued mandatory use of masks on our public school campuses for the upcoming school year 2021-2022.

Though I do not oppose a parent's choice to mask up his/her child(ren) when on campus, I do believe parents should have the right to opt out of having their child(ren) use a mask, especially when outdoors transitioning between classes and at recess. As it stands, campuses are heating up during the summer and will not be any cooler come August 3. According to an April 27, 2021 post by Monica Gandhi, MD, MPH Infectious Diseases doctor and Professor of Medicine, University of California, San Francisco, "The risk of outside transmission is very low because viral particles disperse effectively in the outside air. A study in Wuhan, China, which involved careful contact tracing, discovered that just one of 7,324 infection events investigated was linked to outdoor transmission." She goes on to mention that only one COVID-19 case in a recent analysis of over 232,000 infections in Ireland was traced to outdoor transmission. She concludes her statement by saying "Overall, transmission is around 5,000 times less likely to happen outside than inside."

The Center for Disease Control and Prevention (CDC) guidance (Additional Considerations for the Use of Masks Among K12 Students) being used by the Department of Health to guide the Department of Education which "recommends" the use of masks is dated 09/04/2020. I urge the Board of Directors to seek updated information and allow our children the opportunity to breathe fresh island air while they are outdoors this coming school year. A recently released email from Dr. Fauci to Sylvia Burwell on February 5, 2020, amid the peak of this "pandemic," says "Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material...I do not recommend that you wear a mask...."

Yes, open the schools. Bring the keiki back on campus. Provide plenty of opportunities to wash hands properly with soap and water. Sanitize work stations thoroughly. And, at the very least, provide fans and ventilation. But, most important, I urge you to make the use of face masks a choice. The "science" supports it, I support it, and the Knights of Aloha, with over 3,000 followers across the state and nation, also supports families having the option to wear a mask or not wear a mask on campus. Mahalo and God bless.

Pōhai Keliiaa

Knights of Aloha

P.O. Box 701424

Kapolei, HI 96709

knightsofaloha@gmail.com



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony1 message

amber hall <ambah2@yahoo.com>

Wed, Jun 2, 2021 at 12:03 PM

To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Hawaii State Board of Education,

I am writing this as I see at your upcoming meeting you will be discussing the plan for the next school year. I know it has been announced that it will all be in person and I hope that will be the same for Intermediate this coming year as well. My main concern though is that you really consider removing the need for a mask to be worn by children. It has been stated more than once that young kids are at such a very low risk, the survival rate if they by chance do get it is greater than 99%. I have three children that attend public schools and I will give you just a few of the reasons they don't want to wear masks: hard to think and concentrate while wearing my mask and breathing my own breath, too hot, mask starts to stink through out the day, hard to present wearing a mask and in turn hard to hear the person presenting, hard to breath outside at recess and during PE when its so hot and could cause heat stroke. There is no reason for them to be wearing masks and I am sure you will see so I won't attach it but Anthony Fauci wrote on Feb 5 2020 " Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection".

Mahalo for your time,

Amber Knopp



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony - June 3, 2021 Special Meeting1 message

Andy <across86@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 12:14 PM

Agenda Item IV.A.

I STRONGLY OPPOSE the DOE Guidance to wear face masks for the next school year. This policy is not acceptable, is not in accordance with science, and must be changed.

Thank you in advance for listening to the People that you represent.

Aloha,
Andy Crossland



Testimony NO PERSONAL INFORMATION1 message


to: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 12:15 PM

DOE School Board
Reopening plan for SY 2021-2022

I oppose the forced mandate for mask wearing. Keiki have been forced out of fear of getting in trouble to wear masks for over a year. I see keiki everyday wearing the same visibly dirty masks. Many keiki have complained to me telling me they don't like wearing the masks because they can't breathe. In our hot and humid climate, all keiki, teachers, adults, and kupuna who wear masks at school aren't getting enough oxygen to function at their full and healthy capacity. As a medical doctor, our Lieutenant Governor Josh Green should be aware of these emails from Dr. Fauci. These emails are shedding light to anyone who is hungry for truth about what we have gone through this past year.

In light of Dr. Fauci's emails from 2020 that have been uncovered as a result of a Freedom of Information Act that can be found here, there are many things to consider:

<https://www.documentcloud.org/documents/20793561-leopold-nih-foia-anthony-fauci-emails>

Dr. Fauci stated to Sylvia Burwell (who was the former secretary of the US Department of Health and Human Services under Obama) in a February 5, 2020 in the email shown on page 3027:

"Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material."

An email dated February 4, 2020 from Dr. Fauci to Kai Kupferschmidt, a contributing correspondent for Science magazine based in Berlin, Germany, shown on page 3074 says:

"Error in my statement to you. I meant to say that "...most transmission occur from someone who is symptomatic" - not asymptomatic. I am really tired. Not much sleep these days."

I respectfully ask you to read these emails and search the truth out before subjecting our keiki and adults to another year of unnecessary and health detrimental mask wearing.

Sincerely,
An advocate for our keiki



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

L'etta Jones <letta.jones@gmail.com>
To: Testimony.BOE@boe.hawaii.gov

Wed, Jun 2, 2021 at 12:25 PM

I, Megan Leach, oppose the agenda item requiring children to wear masks during the 2021/22 school year.

Please follow the CDC recommendations regarding the safety of being outdoors without a mask.

Likewise, with our vaccine rates high and children less impacted by Covid, please make indoor masks optional.

My son is speech delayed and receiving weekly speech therapy. The masks are detrimental to his speech development.

Aloha,
Megan Leach

Board of Education
Special Meeting
June 3, 2021

My Testimony's for this meeting

REPORTS

III A. COMMENTS AND QUESTIONS ONLY

DISCUSSION

IV A. OPPOSE WITH COMMENTS

ACTION

V A. SUPPORT WITH COMMENTS/QUESTIONS

NOTE: DOESN'T THIS HAVE TO GO TO THE ACTION PART OF THE MEETING BEFORE VOTE ON MR. HAYASHI?

III. **Reports** of Board of Education ("Board") Committees, Board Members, and Superintendent

A. Investigative Committee recommendation for an interim superintendent Keith Hayashi

COMMENTS AND QUESTIONS FOR MR. HAYASHI [Even if you don't answer these, keep them in mind]

1. With a lack of contingency plans for SY20-21, during which time you were the Waipahu High School Principal, what contingency plans for SY21-22 will you have in place before school starts?

2. How will you work with the Board of Education (BOE)?

- Nothing in your cover letter or application addresses an important function of the State Superintendent as working with the BOE

3. I have carefully reviewed your cover letter and application, having only held State Deputy Superintendent for three months (March-June 2017) and State Interim Superintendent for one month (July-August 2017) your application doesn't provide enough information on these positions to add substance to this time period. As Deputy you incorporated significant teacher and principal input to include as part of the ESSA plan.

- This was a function of the ESSA Plan Team convened by the Governor. In my mind and principal or teacher could include the same statement in their application. It does not set yourself apart from anyone else involved in its development. It would have been more substantial if you could have included what you did "above and beyond" because it lacks "how" your specific actions led to rapid federal approval and an improved accountability system.
- Can you describe that now?

4. Prioritization of the used of the ESSER III funds will have already been submitted as part of the application process for the Department of Education.

- Have you been part of the input into the current collation of the application process?
- How can you guarantee your priorities as stated in your cover letter, if the application will have been submitted prior to your Interim position?

5. What is your plan to “hear the public?” Rather than wait until it becomes a Board of Education Agenda Item.

6. What is the Tri-Level Structure? In your opinion, did it work in SY20-21? Explain Why or Why not.

7. Since the Legislative Session may begin prior to the selection and placement of the new Superintendent, how do you plan to represent the DOE?

- Regarding funding after the Federal Funds are gone?
- Have you familiarized yourself with this past session and the DOE?
- Maintaining a high level of rapport with the Senate and House is imperative.

8. The Department of Education is certainly a different beast than what it was during your short time as part of the State level.

- Describe your approach walking into a department that is set in it's ways and doesn't “truly” believe change is needed.
- Share any ideas you have for immediate changes.

IV. Discussion Items

A. Presentation on DOE plans for opening schools for the 2021-2022 school year

OPPOSE WITH COMMENTS:

Many metrics on the dashboard have been ignored in this presentation. I have been unable to access all of the quarterly data to do my own gap analysis. Please correct me if I am wrong.

Showing metrics in a piecemeal fashion, hides the dynamics of the data. You cannot see positive or negative trends next to each other. Also there is no way to do an analysis.

Until all of the metrics can be viewed as I have pointed out before (see below for example) I will oppose.

Metric 1	QTR 1	QTR 2	QTR 3	Qtr 4	Gap and Final Analysis
Metric 2	QTR 1	QTR 2	QTR 3	Qtr 4	Gap and Final Analysis

Slide 3: How will these decisions be made? Will families have a choice? Will schools identify which they will support? Will schools involve families in decision making?

GIVEN THE EXPERIENCE OF THE LAST SCHOOL YEAR, HOW WILL THE IMPLEMENTATION BE IMPROVED?

Distance Learning Options

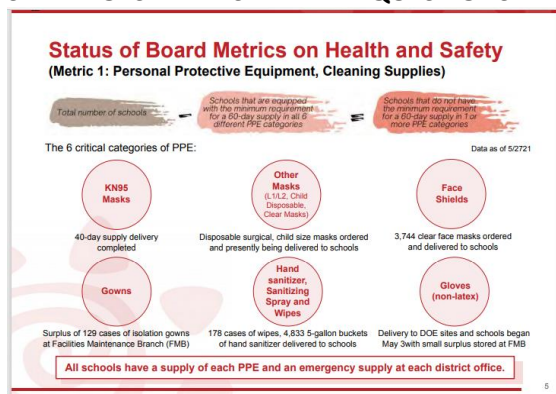
BLACKBOARD LEARN Grades 6-12	GOOGLE CLASSROOM Grades K-12	K12/STRIDE Grades K-8	SCHOOL SELECTION Grades K-12
<ul style="list-style-type: none"> Through the Office of Curriculum and Instructional Design (OCID), schools can use Blackboard Learn as a Learning Management System (LMS). Suited for full distance and blended learning 127 Florida Virtual School & In-house Content available for Grades K-12 Training and Tech Support provided by OCID More information: https://doe.fl.us/blackboard 	<ul style="list-style-type: none"> Through the 68 K-12 FL as State Google Domain, teachers have an option to utilize the Google Classroom application as a Learning Management tool. Suited for full distance and blended learning Content will be teacher created Training provided by Complex Access and Tech Support from OCID Technical Support provided by QTS via ServiceNow: http://help.hdoe.org/ 	<ul style="list-style-type: none"> This option allows schools to use K12/STRIDE content within their program. Suited for full distance and blended learning Content provided for 4 core subject areas Training and Tech Support provided by K12/STRIDE 	<ul style="list-style-type: none"> This option allows schools to select the Learning Management System and curriculum of their choice. Access to content varies depending on selection Training and Tech Support provided by the school and/or vendor

Long-term goal for distance learning: Every student should be afforded equal opportunity to enroll in a program of their choice no matter where they live or what school they attend. Through distance learning, HDOE can provide access to high quality instruction to create rich, meaningful learning experiences that allow for student choice and voice in their education.

Slide 5: This slide doesn't use the Equation developed to show the gap?

TOTAL NUMBER OF SCHOOLS – SCHOOLS THAT ARE EQUIPPED WITH THE MINIMUM = SCHOOLS THAT AREN'T EQUIPPED (GAP IN NUMBERS OR PERCENTAGE)

SLIDE DOESN'T ANSWER ANY QUESTIONS.




Slide 6: If the reduction of classroom space is 30%, how are you going to fit the student population? Are you going to increase classrooms? Are you going to increase teachers? Are you going to use a hybrid schedule, until this is figured out?

OR WE JUST FIND OUT ON AUGUST 3RD!!

Status of Board Metrics on Health and Safety
(Metric 2: Social Distance in Classrooms)

All DOE schools can accommodate a minimum of 3-foot social distancing between students and staff, based on current enrollment.

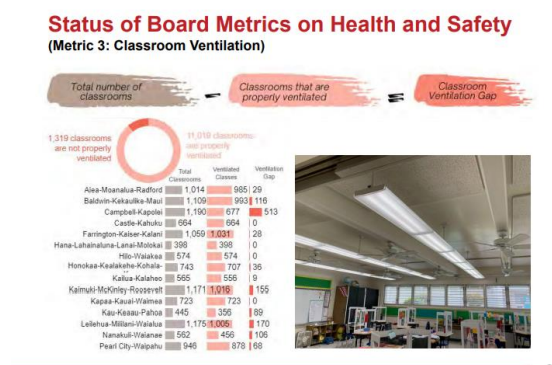


This includes a 30% reduction of total classroom square footage to account for items such as teacher furniture, storage, and circulation.

These data reflect facilities data from classrooms only. It does not include cafeterias and buses.

Slide 7: Are you going to close the gap before August 3rd? If so, how are you going to do it? Are plans already in the works and being executed?

OR DO WE CARE?



V. Action Items

COMMENT: Can the search committee change the timeline based on their progress?

A. Board Action on findings and recommendations of Investigative Committee (a permitted interaction group pursuant to Hawaii Revised Statutes, Section 92-2.5(b)(1)) investigating issues relating to the search for a superintendent, including transition timeline and process, recommendation for an interim superintendent, search timeline and process, and composition of group conducting search: composition of group conducting search.



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony for DOE School Board Meeting 6/31 message

Jessica Karratti <jessicakarratti@gmail.com>
To: testimony.BOE@boe.hawaii.gov

Wed, Jun 2, 2021 at 12:50 PM

From: Jessica Karratti, Parent of 3
Meeting: DOE School Board Meeting 6/3/21 discussing upcoming Fall Semester
Agenda Item: Student Mask Wearing in School
Position: Oppose

Regarding mask wearing: The rebreathing of our exhaled air [creates oxygen deficiency](#) and a [flooding of carbon dioxide](#). What are the potentially harmful effects of the use of masks when masks are used over the majority of our children's day? Brain neurons are so sensitive to oxygen deprivation, their functionality MUST be [affected](#) by [low oxygen](#) levels. Can you please look into this? We must weigh the benefits versus the harms. If the harms outweigh the benefits, then we cannot in good conscience advocate for mask use. Kids do not spread the virus readily to kids, to adults, to teachers, or to the home. They do not get severely ill or die from this. Moreover, teachers are at very low risk of severe illness or death and the [school setting](#) remains one of the safest, lowest risk environments. Masking children is as absurd, illogical, nonsensical, and potentially dangerous as trying to stop every case of Covid. Masks are not needed for children based on near zero risk in children. The risk of dying from Covid-19 is [almost zero](#) for young people. Mahalo.



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

Cindy Dabbous <cdabbous1@gmail.com>
To: Testimony.BOE@boe.hawaii.gov

Wed, Jun 2, 2021 at 12:58 PM

- Cindy Dabbous, Entrepreneur, Stepparent
- Special Meeting June 3rd at 1:30pm requiring children to wear masks
- Agenda item: opening schools for 2021-2022 school year
- I strongly oppose the requirement of children to wear masks on campus. I believe it should be a personal choice of the parent if they want their child to wear a mask, and they should sign a release of liability for the school that if their child gets sick, it is not the school's responsibility, just like they assume that normal risk for anywhere their children go in public. For children with underlying health conditions, they have the option to attend school virtually. For the children with no underlying health issues, they should not be required since their risk factor for getting seriously ill with COVID are extremely minimal, versus the HUGE cost of their normal social development that they risk losing by requiring masks. Furthermore, since it has been proven and confirmed through the CDC that masks only stop large droplets and they do not stop the spread of airborne and microscopic viruses such as COVID, why are we destroying their ability to be normal children at school? Wearing a mask hinders a child's normal ability to socialize. This is a crucial time for social brain development and if we let them miss this crucial window to avoid the tiny chance of them getting potentially a tiny bit sick, we will end up with our next generation even more socially disabled than they are now. In conclusion, since the definite negative outcomes far outweigh the potential miniscule benefits of slowing the spread of a virus that won't even hurt them, I strongly oppose the requirement of wearing masks. We need to put our keiki first and protect them. They are our future.

With Kind Regards,
Cindy Dabbous

Vocalist Ella Shanti and Florist
"Where There is Great Love, There Are Always Miracles."
Willa Cather

- Name: Jan Combs (teacher/parent)
- Meeting: State of Hawaii BOE Special Meeting, June 3, 2021
- Agenda item: DOE plans for opening schools for the 2021-2022 School Year
- Oppose Face Mask policy

Testimony:

I oppose mandated face mask wearing in schools. The risk for transmission of Covid is significantly minimal. Our students are not in danger of a virus with a 99.998% survival rate. They are not 75 years or older with 3 comorbidity health issues. The Covid vaccine is available for students and teachers. Masks should be at the discretion of the parent/student, not a mandated requirement for in person learning.

As a teacher in the classroom, my students often complained of dizziness, shortness of breath, asthma, nasal irritation, acne breakouts. As a parent, I am furious that this kind of Covid hysteria is being shoved onto my kids. Their quality of life, social interaction, school experience has been destroyed by Covid fear mongering. They need to live life again. They need to run, play, participate in sports, go to school and engage, talk, laugh again without a mask suffocating them. My students came back to school nervous, overweight, lethargic, and worse of all, fearful. Fearful of something that is not a significant danger to them. The damage done to them physically, socially, and mentally is disgusting.

Take the masks off our kids. Let them breathe and live full lives again.



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony: Jessica Gellert regarding reopening schools: Strongly oppose mandatory covid tax

4 messages

Jessica Gellert <jessica@gellertmedia.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 11:35 AM

Aloha,

As a mother I strongly oppose requiring students to have the covid vaccine in order to attend school.

The vaccine is still in its experimental stages and should not be required. We do not know the long term health effects. Plus according to the CDC school aged children have a 99.9% survival rate of Covid. We do not need to be injecting our children with an experimental vaccine.

Mahalo,

--

Jessica Gellert
Wahiawa, Hawaii

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Jessica Gellert <jessica@gellertmedia.com>

Wed, Jun 2, 2021 at 12:04 PM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the link to the most recent agenda for the Board's Special Meeting scheduled this Thursday, June 3, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

[https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-\(Virtual\).aspx](https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-(Virtual).aspx)Mahalo,
Board of Education Staff
[Quoted text hidden]

Jessica Gellert <jessica@gellertmedia.com>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, Jun 2, 2021 at 1:05 PM

For discussion item: **A. Presentation on Department of Education plans for opening schools for the 2021-2022 school year: distance learning options, process for updated guidance from Hawaii State Department of Health, status of Board Metrics on Health and Safety (personal protective equipment and cleaning supplies, social distance, and classroom ventilation), and plans to support schools to address requirements of Board Metrics on Health and Safety**

[Quoted text hidden]

--

Jessica Gellert
Owner & Social Media Rock Star
(808) 783-4036



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony for June 3, 2021 BOE Meeting

1 message

Jamie Detwiler <jamied1025@gmail.com>

Wed, Jun 2, 2021 at 1:23 PM

To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Cc: Gmail <jamied1025@gmail.com>

Dear BOE Members,

Please accept this email as written testimony for your June 3, 2021 BOE meeting.

- Name with position/title: Mrs. Jamie Detwiler, MSW/LSW, Mother, and Grandmother
- Meeting: BOE, Special Meeting on 6/3/2021

Agenda item: IV. A. Presentation on Department of Education plans for opening schools for the 2021-2022 school year: distance learning options, process for updated guidance from Hawaii State Department of Health, status of Board Metrics on Health and Safety (personal protective equipment and cleaning supplies, social distance, and classroom ventilation), and plans to support schools to address requirements of Board Metrics on Health and Safety

- Position: I strongly OPPOSE the BOE plans to continue to require students and teachers to wear masks and social distance.

I would like to make sure that any plan for opening still accounts for choice, liberty, and freedom. If a student or teacher wants to wear a mask or face shield, I would like them to be able to do so, with no repercussions. If a student or teacher does NOT want to wear a mask, I would like them to be able to do so, with no repercussions.

I would like to make sure that medical choice is not infringed upon, for attendance, or employment. If a student or teacher wishes to get a Covid Vaccine, they should be

allowed to do so, with no repercussions. If a student or teacher does NOT wish to get a Covid Vaccine, they should be allowed to exercise their right not to, WITH NO REPERCUSSIONS. May I remind you that this so-called "vaccine" approved under the Emergency Use Authorization (EUA) is an experimental Medical Treatment that requires informed consent and may not be forced upon human beings according to the Nuremberg Code.

Repercussions could also include loss of privilege, ostracization, and many more detrimental consequences.

Keep in mind that you are a public institution, and there can and will be lawsuits if you try to force some of these things outside of an emergency situation.

Thank you for your time.

Respectfully,

Mrs. Jamie Detwiler

Sent from [Mail](#) for Windows 10

Board of education testimony

I am testifying in support of abolishing all coronavirus restrictions in schools. After over a year, the numbers show that children are not at risk of becoming infected by nor spreading of the virus. As a result, masking, social distancing, hybrid online classes, and vaccines are counter-productive to the educational and developmental goals of Hawaii's schools. The CDC and the Hawaii Department of Health have lost their credibility over the period of this public health scare by not only refusing to consider or share new information to calm the fears of Hawaii residents, or that may have been helpful for Hawaii residents to utilize in assessing their own risks but also in their refusal to admit that their mitigation policies are harmful and to encourage Hawaii residents to boost their immune systems instead, and that therapeutics exist. For example, masks don't stop viruses, and in fact can be harmful. <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/> <https://blog.nomorefakenews.com/2021/05/28/millions-of-face-masks-officially-declared-dangerous/>

Please refrain from deferring or referring to bureaucrats that identify as doctors. I wonder when was the last time a Department of Health official actually treated a coronavirus patient?

Masks not only present physical harm to healthy children, but they are developmentally inappropriate and damage a child's social, emotional, cognitive and language development. Keeping kids separated from each other and not allowing socialization is harmful. Convincing children that they or their friends are biohazards and potentially lethal to others is plain psychological child abuse. Children cannot strengthen their immune systems when they are kept isolated. Trust and relationships with teachers and peers cannot develop from behind masked faces. And what about student athletes forced to wear masks outdoors?! What about students, whether participating in sports or not, with asthma or other health issues made worse by blocking

their air flow? How can there be NO EXCEPTIONS if the masks are dangerous? How badly does a child have to be injured by mask wearing for you to stop what you are doing? You on the Board of Education should know all this, shouldn't you? You must change course now.

Hosting vaccine buses on campus is unethical and extremely dangerous. (Please see the attachments describing the liabilities you could be facing.) The so-called vaccines are actually experimental gene-based therapies in which no animal survived animal testing and in which all injections into humans thus far are still part of a trial phase. The same law that authorizes emergency use also makes it illegal to require anyone to get one. As soon as approval is given, you should **NOT** support mandating them, even after long term safety data, up to ten years, is available. Young people are more at risk from side effects from the shots than they are of dying from coronavirus. The shots are completely unnecessary for students, the cure is worse than the disease. These shots are experimental gene therapies that thus far has resulted in over 4000 deaths and over 100,000 adverse events including many among individuals below the age of 30 who have virtually zero risk of death or serious health issues from covid. Long term effects of the therapy are unknown and to this point unknowable but many renowned virologists suspect they could include increased risk of vascular and nervous system disorders, infertility and enhanced susceptibility to related viruses. The therapy will not provide immunity from or prevent transmission of covid 19 but may reduce severe symptoms you are unlikely to encounter if unvaccinated. So if the survival rate of a coronavirus infection is 99% without treatment for students, then why should they get these shots?

<https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900069-0> Also, what about students who are covid recovered? Why no mention of them? Stand for true student safety and ensure they have the choice to breathe air once again, unencumbered for forced masking,

attend school with their classmates, play sports without suffocating, and be free of the threat of forced medical treatments. Thank you.

<https://aapsonline.org/open-letter-from-physicians-to-universities-reverse-covid-vaccine-mandates/>

<https://childrenshealthdefense.org/wp-content/uploads/CHD-notice-for-EUA-vaccines.pdf>

<https://assets-global.website->

[files.com/606d3dece4ec3c3866cc798a/60aab96f9d709c32b45ba68e_Notice-of-Liability-Schools-final-update-2-May-20-2021.pdf](https://assets-global.website-files.com/606d3dece4ec3c3866cc798a/60aab96f9d709c32b45ba68e_Notice-of-Liability-Schools-final-update-2-May-20-2021.pdf)

https://www.icandecide.org/wp-content/uploads/2021/05/Duke-Letter_2021_05_03.pdf

May 17, 2021

Covid-19 Mobile Vaccination Clinic

Hawai'i Public/Private School Campuses

Subject: Cease and Desist Order and Notice of Liability for Misconduct & Negligence Regarding the So-Called COVID-19 Vaccination Program

Dear Health and Education Administrators:

On May 5, 2021 the public announcement news article of the Covid-19 "Vax Squad Bus" was announced, with the first school campus stop the very next day on May 6, 2021 and talk of approving the effort to so-called "vaccinate" ages 12-15 with this mobile clinic within the same article. On May 10, 2021, the Federal Drug Administration (FDA) formally announced and lowered the authorization use of the COVID Pfizer so-called "vaccine" to a new age group, adolescents between the ages 12-15. The pertinent advertisements are stated below:

Coronavirus vaccine soon available for those under 16 as Hawaii DOE offers shots at schools

by: [Jenn Boneza](#)

Posted: May 5, 2021 / 05:58 PM HST / **Updated:** May 5, 2021 / 05:58 PM HST HONOLULU (KHON2)

-The Food and Drug Administration (FDA) is expected to green-light the COVID-19 vaccine for kids 12 to 15 years old as early as the week of Monday, May 10. That as Hawaii Department of Education (DOE) kicks off efforts to vaccinate more students on school campuses on Thursday, May 6.

And the following excerpt:

- DOE spokesperson says they are discussing ways to include those 12 to 15 in their school vaccination efforts once it is approved. They are partnering with Hawaii Pacific Health to vaccinate students 16 and older, along with their families, starting Thursday at Waipahu High School.

The public was given only one day notice of this up and coming so-called "vaccination" initial effort. As a result, the public was given no time to respond with any rebuttal against this decision in bringing this so-called "vaccination" efforts onto public school properties as well as the intention to inoculate thousands of students, adolescents, children, minors, youths, juveniles, under aged, sons and daughters and any adult, man or woman who wish to receive the so-called Pfizer COVID-19 "vaccine"; and,

This is an immediate Cease and Desist Order & Notice of Liability to stop the facilitating of medical treatments and devices on any man, woman, son or daughter who enter the mobile clinic bus on school campus, in particular Oahu High School campuses, as part of the Hawaii Department of Health and Department of Educations effort to inoculate the public with the so-called Pfizer COVID-19 “vaccine”; and,

Please note, all terms in articles, publications, fact sheets, describing sons and daughters as minors, juvenile, adolescents, under aged, students, children, youth, ages 17 and under, shall henceforth be referred to as “sons and daughters” or “recipients”. And “recipients” will also incorporate the meaning of adult men and women; and,

Breaches in violation of policy, oaths, laws, ethics, the US Constitution, and legality of these unlawful and illegal issues are serious and warrants immediate rectification to the matters stated herein:

1. Whereas converting a public school into a medical facility to administer medical treatments;
 - a. You did not engage the public about the decision to turn a school campus into a medical treatment facility. The public was not informed of this decision in a timely manner; and,
 - b. You have failed to follow due process as it is your legal obligation to engage the public in their input regarding any decision to convert a public-school tax paying property for the usage other than educational purposes, especially when it involves risky business such as administering medicine without a license; and,
 - c. Your actions put the taxpayers and the school districts at jeopardy for legal actions taken against it for failure to disclose all information and associated risks relating to the so-called COVID-19 “vaccines” if there are any resultant bodily injury from administering these medical treatments on the Hawaii State school campuses; and,
2. Whereas the men and women allowing and abetting this process of converting the schools and allowing the administering of the medical treatments on a school campus;
 - a. Are in breach of your oaths of office to education, not medication; and,
 - b. Is in violation and breach of your oath of office to uphold the U.S. Constitution; and,
 - c. Are in breach of several codes of conduct; and,
 - d. Have dishonored your oaths of office; and,
 - e. Are misusing and abusing the privileges and purposes of the school grounds; and,
 - f. Are abusing your position to propagandize the so-called COVID-19 “vaccine” treatment; and,
 - g. Are presenting false and incomplete information not allowing full informed consent and medical decision to be made by the recipients of these so-called “vaccines”; and,

- h. Are creating and campaigning a biased form of medical coercion through creating vaccine incentive programs that gives an imbalanced and incomplete information regarding inherent risks associated with these so-called COVID-19 “vaccines”; and,
 - i. Offer fully informed and voluntary choice without any biased and coercive tactics, efforts, rewards, peer pressure, pressure, propaganda advertisements, without limits; and,
 - j. Campaigning even though you have administrators participating with no medical license or have any experience in treating patients with vaccines, or inoculations of any kind, is acting outside your professional capacity and oaths of office; and,
 - k. Are not recognized to be in service to the school as a medically trained and licensed professional and therefore are abusing your powers and committing crimes of misconduct in your complicit acts regarding the so-called COVID-19 “vaccine” programs on a school campus; and,
 - i. Trespassing the recipient’s patient physician relationship; and,
 - ii. Interfering the recipient’s patient physician relationship; and,
 - iii. Modifying the recipient’s health care without physician involvement; and,
 - iv. Committing negligence and liability without assurance of insurance from either parties, both the recipients of the so-called COVID-19 “vaccines”, as well as the insurance of the recipients’ medical provider and attending physician without their knowledge and agreement to cover and attend to any illness, injury and death as a result of any damage sustained from these so-called COVID-19 “vaccines”; and,
 - v. Based on the lack of assurance in insurance coverage and by stepping outside the realm of the oaths of office, made to the school district, or sworn to, as the healthcare professionals, you will within your personal capacity, be made fully and completely responsible and liable for any and all damages, bodily injury, and deaths of any son or daughter that receives the medical treatment and product the so-called COVID-19 “vaccine” conducted on any Hawaii School campus; and,
3. Whereas the problems in the policies, regulations, bonds, insurance, and liability exemption behind the development and deployment of the so-called COVID-19 “vaccine” itself;
- a. The Pfizer COVID-19 “vaccine” is not an approved drug but only a temporarily authorized for use up to a year under the “Emergency Use Authorization” (EUA) policy; and,
 - b. The so-called COVID-19 “vaccine” is not approved because it is still undergoing clinical trials. These trials do not consist of any successful animal studies. The only studies performed to date have been on human subjects as experimental subjects; and,
 - c. The human trials have also begun studies on children as young as a few months of age, to toddler, and pre-adolescent age groups, and yet, despite the adverse, severe adverse, or yet unknown risk factors involving children, under-aged minors, the sons and daughters between the ages 0-17 are being coerced and encouraged to get their so-called COVID-19 “vaccine”. This action is clearly a crime against humanity as the

most vulnerable of the population is being targeted with an unknown risk factor drug, where the current death rate since its introduction four months ago has already reached the highest known death counts in total of all the vaccines deaths combined since 1997; and,

- d. Other facts that need to be disclosed to the recipients, the sons and daughters receiving the so-called COVID-19 “vaccine” is the condition that they have no insurance coverage as the government issuing these so-called “vaccines” are exempt and immune from lawsuits and hold no liability to any injury, bodily damage, and death as a result of exposures to these so-called “vaccines”; and,
 - e. Any decision to administer medical treatments on school grounds demand proof of coverage by insurance for both the school as well as the administration, and the recipient of the so-called COVID-19 “vaccines”; and,
4. Whereas violating the codes of ethics regarding medical treatments and human experimentation due to the lack of ethical procedures surrounding the development and trial testing of the so-called COVID “vaccine”;
- a. The seriousness of medically treating the sons and daughters under the age of consent must follow strict guidelines and protocols for administering any new medicines, devices, products, procedures, programs and protocols, without limits; and,
 - b. Show proof of application for submitting the so-called COVID-19 “vaccine” program for review and approval as part of the human experimentation requirement for underaged minors ages 17 and under, as required by Federal laws such as the Institutional Review Board (IRB), and,
 - c. Show proof of a third party that will oversee the protocol in the administration of these experimental drugs performed on underaged minors the sons and daughters with the novel so-called COVID-19 “vaccine” especially since this novel new drug has never been tested on animals, nor gone through a complete trial on underaged minors; and,
 - d. Because the seriousness of treating the sons and daughters with an experimental drug the so-called COVID-19 “vaccine” requires even stricter guidelines as they are underaged minors, show proof of how they as living subjects to the experiment will be fully informed to the protocols to all the inherent risks, limitations, information that are involved in participating in this so-called “vaccination” program; and,
 - e. Show proof on how the parents of these sons and daughters receiving the novel drug treatment the so-called COVID 19 “vaccines” will also be fully informed of all the inherent risks, including SAE, AE, allergic reactions and death reports, limitations, allergy and pregnancy exclusions, information that are involved in participating in this so-called “vaccination” program; and,
5. Whereas the targeted recipients of the so called COVID-19 “vaccine”, the sons and daughters and their lack of vulnerability to the so-called COVID-19 virus;

- a. Figure 1, in the chart below, shows statistically that the death percentages related to COVID-19 against the general total deaths for the sons and daughters within the “0-17 years” is less than 1% of all deaths in that age category; and,
- b. Figure 2, in the chart below, shows statistically that the death percentages related to COVID-19 against the total population of the living within the “0-17 years” is 0.0001%
- c. Furthermore, when Figure 2 shows the comparison of total deaths related to general causes as 0.013% within the total population, the COVID related deaths at 0.0001% is still significantly less when compared to the total general causes of death in that age category; and,
- d. It is clear from the Center for Disease Control and Prevention’s (CDC) own reporting found on its official website that the age groups targeted for this experimental and novel so-called COVID-19 “vaccination” program is not at risk for death from COVID-19; and,
- e. There is no one size fits all regarding medical care, including administering any vaccines and so-called “vaccines”. Allergic reactions are only a small minute issue amongst a long list of potential problems of unforeseen complications that lead to damage, injury, chronic illnesses, and death; and,
- f. It is scientific proof understanding that all vaccines harm; and,
- g. It is also proof that the sons and daughters within the group 0-17 years of age act as an immune buffer for the rest of the community of age groups, the adult men and women; and,
- h. Asymptomatic men, women, sons and daughters do not spread illness, only the ill who exhibit symptoms spread disease, and this pertains to all age groups, including the 0-17 age category; and,
- i. It is imperative the 0-17 age category son’s and daughter’s immune systems are not to be tampered with by drugs and so-called “vaccines” that they do not need, and especially by drugs that have not been approved, but only authorized under Emergency Use Authorization (EUA) only by the U.S. Food and Drug Administration (FDA); and,
- j. It is also scientifically proven that exposures to the COVID-19 virus solicits long term immunity that remains robust. The scientific research study published by the U.S. National Institutes of Health (NIH) entitled **“Lasting Immunity Found After Recovery from COVID-19”** dated January 26, 2021, states that *“After people recover from infection from a virus, the immune system retains memory of it.....this long term immune protection involves several components.....Several months ago, our studies showed that natural infection induced a strong response, and this study now shows that the responses last”*; and,
- k. Fast-tracking the deployment of the so-called COVID-19 “vaccines” upon the age group between 0-17 is unnecessary, wasteful, negligent, dangerous, and outright reckless, because of the low risk of the sons and daughters to dying from COVID-19; and,
- l. There have been no animal studies performed with the so-called COVID-19 “vaccine”, and any past studies performed on animals have shown that any COVID vaccine has proven unsuccessful as all the animals have died once they were exposed to the live virus in the wild. Exposing minors who have .0001% risk to dying from COVID-19, and

yet, have robust immune systems, exposing them to the so-called COVID-19 “vaccine” is complete medical malpractice, negligence, endangerment of the most vulnerable of our population and is considered the greatest crime against humanity for cruelty, assault, unnecessary medical treatment, as well as underaged minors for human experimental medical treatment without license, oversight, approval and authorization, without limits; and,

- m. Fast-tracking before all human trial studies have been complete, including the trial studies on underaged minors, is with full knowledge gross medical negligence, and a crime against humanity for creating unnecessary risks that could have been easily mitigated and avoided; and,
- n. Enabling risky behavior and conducting medical treatments that are not grounded on known facts is accruing liability to the life and longevity of all the sons and daughters and recipients who receive the so-called COVID-19 “vaccine” under your care; and,

Figure 1:

CDC Data on COVID Deaths in the US* Data last updated on May 12, 2021 Data created on May 1, 2020					
United States	COVID Deaths	COVID + Pneumonia Deaths	Total COVID Related Deaths	Total Deaths from All Causes	Percentage of COVID Related Deaths Against Total Deaths from All Causes
All ages (all sexes)	568,053	277,958	846,011	4,484,086	18.87%
0-17 years (all sexes)	287	55	342	43,258	0.79%

*CDC Data on COVID Deaths and Total Deaths taken from the CDC website: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>

Figure 2:

CDC Data on COVID Deaths Compared to the US Total Population				
US Population** 332,713,470 on May 16, 2021	Total COVID Related Deaths	Total Deaths from All Causes	Percentage of COVID Related Deaths Against Total Population of the Living	Percentage of Total Deaths from All Causes Against Total Population of the Living
All ages (all sexes)	846,011	4,484,086	0.25%	1.35%
0-17 years (all sexes)	342	43,258	0.0001%	0.013%

**Population data taken from the website: <https://www.worldometers.info/world-population/us-population/>

6. Whereas there are problems with the trial studies and the side effects, injury and harm both acute and latent from exposures to the inoculated by the so-called COVID-19 “vaccine” and to those exposed to the inoculated; and,
 - a. There is no clinical rational for vaccinating any man, woman, son or daughter who have recovered from exposures to the COVID-19 virus; and,
 - b. There is danger to exposing those who have already developed natural immunity against the COVID-19 virus, as it can cause side effects by creating an enhanced immune response resulting as one of the side effects of cytokine storm events, blood clots, arterial and venous thrombosis, endothelial damage, damage to multiple organs, cause systemic-wide organ failure, without limits; and,
 - c. Those who have been so-called “vaccinated” have shown to develop dangerous systemic wide blood clotting, thrombosis, multiple organ failure, cytokine storm event, which can and has led to a high number of deaths, including infants and adolescents; and,
 - d. The numbers of deaths as a result of the so-called COVID-19 “vaccines” have outperformed the entire numbers of deaths due to vaccines in total since 1997 as found on the “Vaccine Adverse Event Reporting System” (VAERS); and,
 - e. Those unvaccinated who are exposed to the inoculated can receive transmissions of the so-called COVID-19 “vaccine” through skin contact and inhalation as stated on page 59 in the trial report of the Pfizer early phase study; and,

- f. The transmissions to the unvaccinated can cause unknown and unexpected side effects ranging from miscarriages, blood clots, endothelial damage, damage of organs, migraines, headaches, bruising, without limits, as more data is currently collected since these are all still going through the trial phases, and will not be completed until another year or more for most of the novel so-called COVID-19 “vaccines” and drugs; and,
7. Whereas there are real solutions that do not require vaccines, or so-called “vaccines” but medicines that encourage your own immune system to develop natural resistance to viral and microbial activities built through developing true and natural immunity and better health; and,
- a. There are clear alternate drugs and medicines that do not require vaccination; and,
 - b. Medicine is about choice. Every man, woman, son and daughter are different, there is no one size fits all program. There has to be offered alternative options that offer not only healing but opportunities that allow overall improvement of health and strengthening of the immune system; and,
 - c. Outside of vaccines, there are proven drugs and therapies that work to fight against COVID and in particular the COVID-19 virus; and,
 - d. Many physicians have come forth to share their treatment methods from all over the world that reveal proof of clinical experience and studies that other pathways to eliminating and healing from the COVID-19 virus can be successfully treated without the use of vaccines; and,
 - e. Texas has announced their Covid-19 mortality numbers have dramatically declined since they have opened their state two months ago and on Sunday, May 16, 2021, Governor Gregory Abbott announced zero reports of deaths caused by Covid-19.

It is always healthier for children to fight something real and natural that their bodies battle against with an almost guaranteed win practically 100% of the time. Battling against real viruses develop long-term immunity and is always better than it is for them to fight something man-created called “fear” and “control”. The latter is the most damaging to their entire being beyond anything a virus can ever be done to their physical body, especially considering that the statistics show they are virtually at no risk from dying from the COVID-19 virus; and,

Why is this statistic not being told to the youth? Because the tactic is to drive fear into them and coerce them to take something that they do not need. One of the side effects of fear is suicide. There have been alarming increases in suicides amongst the youth as a result of the propagandized fear, more than any deaths from their exposures to the COVID-19 virus, while the death count for previous coronaviruses, such the seasonal flu in Hawaii, has decreased from previous years, resulting in 637 flu deaths in 2017, while there are approximately 491 deaths total in Hawaii, throughout the entire lockdown period; and

The advertised solution as the only solution is also not the answer as this tactic to “vaccinate” and override their immune response, with an untested novel experimental process, can and will irreversibly

destroy and damage a child's natural immunity for life, by exposing them to experimental drugs that have 1.) received no animal studies, and 2.) no completed trial studies for children under 18 years of age, and 3.) contain several ingredients that have never been used on humans before; and,

In summation for the school campus staff along with "Vax Squad Bus" administrators, you are in breach of unlawful conversion of a tax-paying public-school facility licensed for the administering of education, not medication, and turning public school grounds into a medical treatment facility where drugs are being disseminated and inoculations performed. School board trustee limits your contract with the public to education services only. Your involvement in campaign advertisements and encouragement for medical treatment, allowance for any medical treatments to be held on any school grounds is legal grounds for gross medical negligence, without limits; and,

You are in breach of not only turning public school grounds into medical treatment centers, but in breach of campaigning to adolescents, minors, youth, underaged children, sons and daughters, ages 17 and under, to receiving medical treatments. You are manipulating the medical decision of a minor, an underaged son or daughter. In addition to presenting false and misleading information about medical treatments, you are providing incentives and rewards, and coercive tactics to manipulate the minds of the minor to receiving these so-called "vaccines" without giving full disclosure of all the potential risks of harm including death; and,

Your actions in this campaign to vaccinate, hosting the medical treatment on a publicly funded school campus, do not meet the standard of care required for the sons and daughters whom the public have entrusted in your care to educate, not medicate. Your trespass into the realm of medicine, medical treatment, medical device administration, faculties, and facility is unlawful, illegal and downright dangerous. You will be liable for negligence for all these accounts; and,

You are unlawfully and illegally playing "doctor" by allowing students and participants, without any license to medically treat students, not to mention that the products and device itself are wrought with numerous liabilities that the receiver of the so-called vaccine will be held responsible for, in addition to bringing great harm to the schools if it is sued, due to the lack of full informed transparency and destroying the quality of life to anyone who develop injuries, damages, and death as a result of the so-called "vaccines"; and,

Vaccinating someone is a serious offense and a crime as you are not vetting nor aware of the entire medical history of the man, woman, son or daughter as you are piercing and penetrating the flesh with an instrument and administering poisonous materials; and,

You will be held personally accountable, responsible, liable for negligence, trespass, falsehood, complicit in coercive and propaganda tactics, treason against the statehood of this country's Constitutional protection to defend the people of the United States against enemies both foreign and domestic, breach and violation of your oaths of office, oaths to uphold the Constitution, no insurance coverage for any damages that can and do occur, zero information available and explained to the recipients and breaching student physician care to "do no harm", illegally and unlawfully interceding in the medical care of the student on behalf of their insured medical care, exposing a tax funded public school campus to legal liability for conversion into a medical treatment facility making it vulnerable to plausible lawsuits filed by any damaged and injured recipients of the COVID-19 inoculations; and,

It is imperative this program to facilitate the inoculations of the so-called COVID-19 "vaccine" be halted immediately and all decisions to expose any adolescents 17 and under, be arrested immediately.

In Truth and Honor,



Dear members of the Board of Education,

I am writing today to bring up 3 points about re-opening I believe are incredibly important.

1) Masks

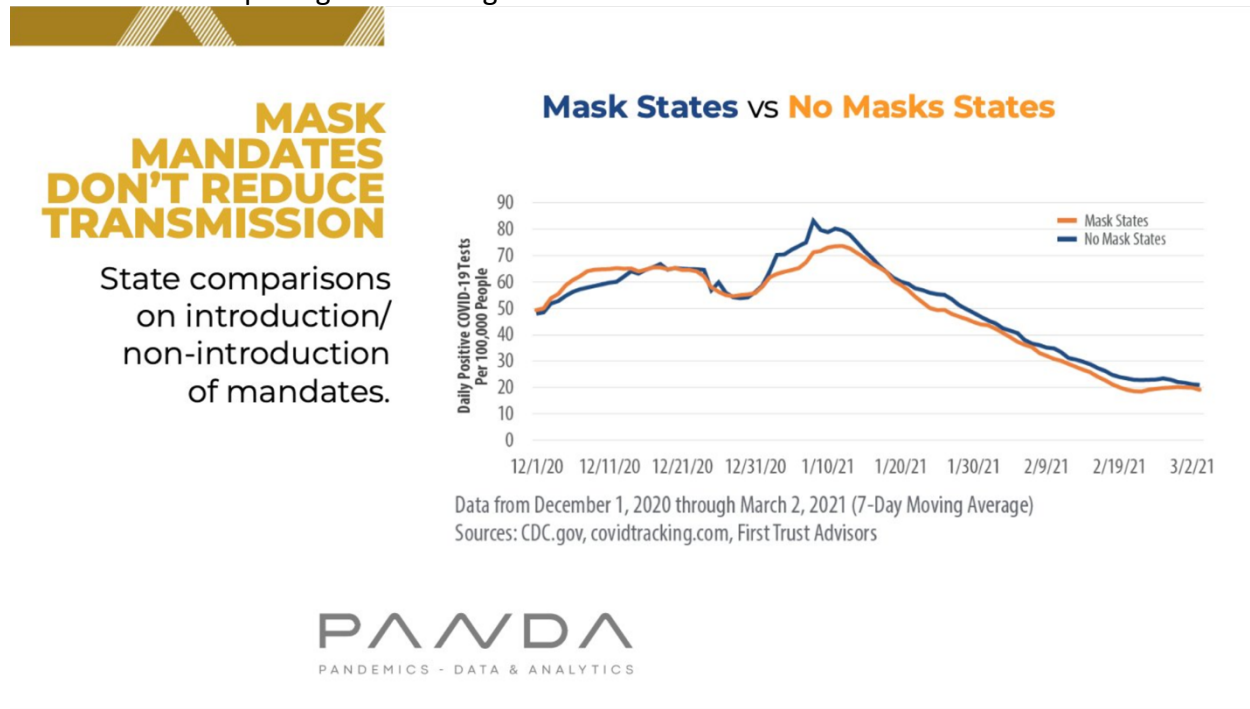
I was originally on board with masks, but I have been surprised how the data has not supported their effectiveness. The only randomized trial I'm aware of was in Denmark and they found truly minimal benefits to mask-wearing.

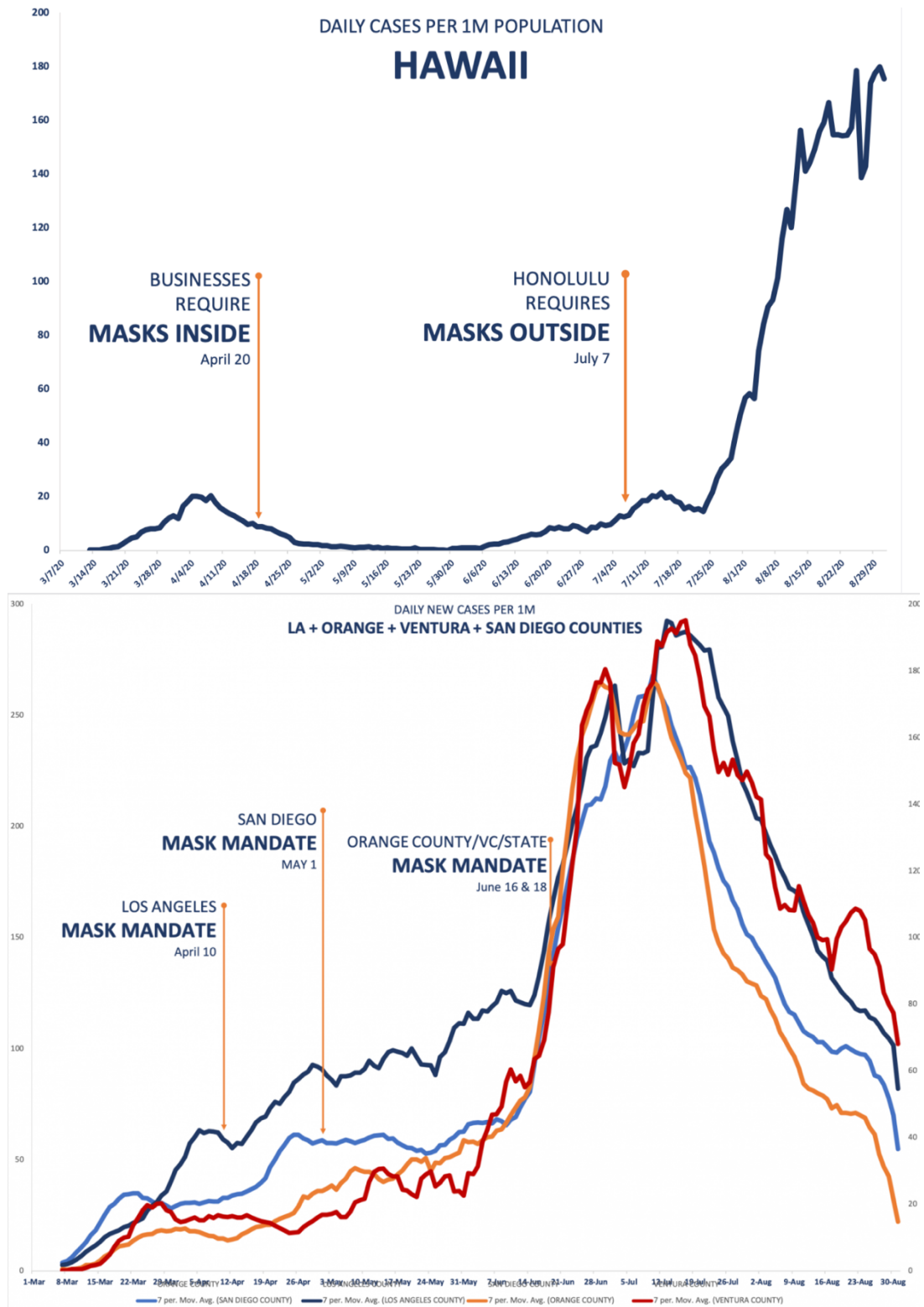
<https://fee.org/articles/new-danish-study-finds-masks-don-t-protect-wearers-from-covid-infection/>

"My relevant experience is as a district education director responsible for integration of immunocompromised, profoundly disabled, undocumented, Autistic, and behaviorally challenged students under full ADA, IDEA, and OSHA compliance, with a background in hazardous environs PPE applications, which includes which respirators work when and why...It is critical information to consider that there are ZERO efficacy standards for child size masks. You are requiring untested, unregulated apparatuses which restrict breathing, cause increased carbon dioxide, and are a petri dish of secondary pathogen directly in front of oral/nasal mucosa."

<https://rumble.com/vg6wkv-leon-county-school-board-meeting-42721-community-comments-megan-mansell.html> (please excuse the silly thumbnail/pic on front of video- the testimony is thoughtful and professional)

What is most compelling to me though is the charts.





<https://rationalground.com/mask-charts/>

It particularly does not make sense for children, who have been found to be low-risk transmitters of Covid. The distinguished National Academy of Sciences did a study (many more should have followed it up) showing that only 18% of people exhaled 80% of aerosols (how Covid spreads) and NONE of them were under 26.

<https://www.pnas.org/content/118/8/e2021830118>

We also know that in European and Asian countries where children kept going to school and didn't wear masks (like in Sweden) did not find schools to be vectors of transmission.

There is myth going around that masks cause no harm. This is simply not true. Again I refer you to the testimony at the Leon County School Board meeting above.

A German study has found "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%)."

There is an editors note this hasn't been peer-reviewed. But really the burden of evidence should be on those proposing these measures. After over a year they should have to prove there is no harm caused. Multiple adults I talked to recently complained they had horrible headaches after wearing masks all day at work. I don't think any of us like the stale, hot air we breathe in while wearing masks.

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

We further know that children under 10 and far less likely than older children to transmit Covid. It feels deeply wrong to see elementary school children in masks on the playground. I worry deeply about the long-term psychological and social development impacts of having had to wear these now for over a year. I know I am not alone.

When school reopens, I implore you to please lift the masks mandates. Let children be children. They have been forced to sacrifice way too much in the last year. And the evidence does not suggest it is necessary as they are not drivers of Covid.

2) The Covid vaccine should not be mandated nor encouraged for kids- experts do not agree it is necessary or safe for kids to get the Covid vaccine

I'm glad the DOE is not mandating the Covid vaccine for the fall, but they must never mandate it. This is an experimental technology still in clinical trials and children are very low risk for getting a serious Covid case OR spreading it. The justification simply is not there.

I found it alarming when I heard about the VaxSquad. That DOE is allowed these vaccine buses on campus while providing the public only a couple days notice. I have heard from a few sources that parents are not be given adequate information on these vaccines. It strikes me that by promoting this and allowing it to happen on campus, the DOE is opening itself up to potential lawsuits down the road. Especially with such a quick rollout with no request for public comment or input. I believe this program should be stopped immediately.

I would like to highlight the Covid vaccine is very different from other vaccines. It uses a new, gene-based technology with no long-term safety data and is not FDA-approved. I have been shocked how many intelligent people clump them in with other vaccines. That is a mistake. They use an entirely new technology gene-based mRNA technology that prior to this was mostly in the domain of cancer research. That is where Pfizer's partner Biotech has done most of its work- and interestingly they haven't got one mRNA cancer drug FDA-approved despite many years in development.

The Great Barrington Declaration, started by world-renowned epidemiologists from Stanford, Harvard and Oxford, who have had 60,000 medical practioners and researchers signed believe children do not need the vaccine and it could even be dangerous. Martin Kulldorff is one of the founders of GBD- he's from Harvard with over 25,000 academic citations:



Martin Kulldorff
@MartinKulldorff

...

No. Thinking that everyone must be vaccinated is as scientifically flawed as thinking that nobody should. COVID vaccines are important for older high-risk people, and their care-takers. Those with prior natural infection do not need it. Nor children.



Great Barrington Declaration @gbdeclaration · May 20
Open letter from @hartgroup_org.

...

"We wish to notify you of our grave concerns regarding all proposals to administer COVID-19 vaccines to children."

In a piece pro-mass vaccination for kids, the NY Times inadvertently admitted only half of epidemeiologists agreed it was necessary. **There is no scientific consensus:**

“Half of respondents (723 epidemiologists surveyed) said at least 80 percent of Americans, including children, would need to be vaccinated before it would be safe to do most activities without precautions.” Inexcusably, despite this they did not include a single quote from an epidemiologist who did not think it was necessary and misrepresented the group consensus that it was necessary.

<https://www.nytimes.com/2021/05/15/upshot/epidemiologists-covid-return-normal.html>

In addition:

- 1) Children have an incredibly low chance of dying from Covid. Cambridge researchers calculate a child has a greater chance of getting struck by lightning than dying from Covid:

<https://www.mirror.co.uk/news/uk-news/kids-more-likely-struck-lightning-22166411>

Washington Post also reported there have been “remarkably few” Covid deaths among children

https://www.washingtonpost.com/health/covid-children-deaths/2020/09/25/9df39bf4-fdad-11ea-8d05-9beaaa91c71f_story.html

- 2) As explained above, **children do not drive Covid transmission- they are low-risk spreaders**. Please look at citations in mask section above. People pushing mass vaccination of this novel gene-based vaccine on children often use community protection as the rationale. But that is not supported by the data since kids are low-risk spreaders. Moreover, epidemiologists have argued on the British Medical Journal website that Emergency Use Authorization is specifically for individual-benefit and is not appropriate to use for public health purposes.
<https://blogs.bmj.com/bmj/2021/05/07/covid-vaccines-for-children-should-not-get-emergency-use-authorization/>

- 3) Children have many decades to develop longer-term problems like autoimmune issues or cancer. Not only do older people get far more benefit from the vaccine (since they are far more vulnerable to Covid), but they have far less time to develop these long-term issues.

“He (Tal Brosh- head of Infectious Disease Unit at large hospital in Israel) acknowledged that there are unique and unknown risks to messenger RNA vaccines, including local and systemic inflammatory responses that could lead to autoimmune conditions.

An article published by the National Center for Biotechnology Information, a division of the National Institutes of Health, said

other risks include the bio-distribution and persistence of the induced immunogen expression; possible development of auto-reactive antibodies; and toxic effects of any non-native nucleotides and delivery system components.”

<https://www.jpost.com/health-science/could-an-mrna-vaccine-be-dangerous-in-the-long-term-649253>

We have no long-term safety studies. You don't need to be an expert to know you can't know it's safe given we don't have the data. Also while I'm not a medical expert, I have looked into gene science fairly extensively. We still don't know a LOT about how genes work. I remember 20 years ago experts saying that 99% of our DNA was "junk DNA". Boy were they wrong. What if they're wrong again?

We are seeing now that many esteemed virologists were also very wrong in confidently ruling out that Covid came from a lab when it now appears that is the more likely origin (though still not proven). What if they're wrong about mRNA vaccines being safe?

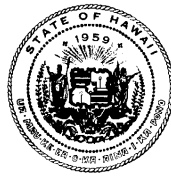
The truth is no one knows because we don't have long-term safety data. It troubles me so many experts are asserting it's safe when we obviously don't have the data. Are we supposed to believe that in the past when we did multi-year safety studies for vaccines that was for no reason? Or that somehow it's okay to have shorter safety studies when we're talking about an entirely new technology that gets closer to our genes than any FDA-approved vaccine or therapy. This does not make sense.

3) Excessive screens

I am running short on time, but the harms from excessive screen time are many, well-documented and increasingly recognized by educators and those working with children. https://www.capitol.hawaii.gov/session2018/bills/SCR156_.HTM

Over Covid, many children's screen time has gone from too high to completely out-of-control. Schools contributed to this for understandable reasons given the pandemic. But now it is time to address this. Encourage faculty to spend as little time on screens as possible. Work to incorporate outside time into science and other classes. Nature is an amazing antidote to excessive screen time.

Mahalo nui for your consideration,
Lauren



STATE OF HAWAII
DEPARTMENT OF EDUCATION
HILO/WAIAKEA COMPLEX AREA
75 Aupuni St.#205
HILO, HAWAII 96720
PHONE: 974-6600 FAX: 974-6604

ESTHER KANEHAILUA
COMPLEX AREA SUPERINTENDENT

June 2, 2021

Greetings Board Chair Payne and esteemed BOE Members:

It is with great pleasure that the principals of Hilo/Waiakea Complex write in support of Mr. Keith Hayashi as the Interim Superintendent of the Hawaii State Department of Education.

Over the years, many of us have gotten to know Mr. Hayashi as a former Complex Area Superintendent, Temporarily Assigned (TA) Superintendent, and Deputy Superintendent. Some of us have also worked directly with him as Principal of Waipahu High School. In all of his jobs and assignments, Mr. Hayashi has always conducted himself with the highest levels of integrity and professionalism. His methods of inclusivity along with his ingenuity has benefitted many neighbor island schools, particularly at the High School level. In short, Mr. Hayashi has a definite sense of what it means to be a part of a large one state educational system that focuses on the success of ALL schools, instead of just a few.

A masterful leader and communicator, Mr. Hayashi possesses the knowledge and experience to successfully lead all educators in our K–12 system. It is a definite strength that Mr. Hayashi has been able to cultivate enduring partnerships between schools, communities, businesses, and families to ensure a world class education for Hawaii's students.

It is because of these traits and so many others, that the Principals of Hilo/Waiakea Complex wholeheartedly support Mr. Keith Hayashi as our Interim Superintendent.

Respectfully,

Mrs. Jasmine Urasaki, Hilo High
Mrs. Heather Dansdill, Hilo Intermediate
Mr. Gregg Yonemori, Chiefess Kapiolani Elementary
Mr. Dennis O'Brien, EB Desilva Elementary
Mrs. Jennifer Sueoka, Ha'aheo Elementary
Mr. Bryan Arbles, Hilo Union Elementary
Mrs. Tiffany Pratt, Kaumana Elementary
Mr. Tyson Tomono, Keaukaha Elementary
Mr. David Dinkel, Prince Jonah Kuhio Kalaniana'ole Elem/Intermediate

Mr. Kelcy Koga, Waiakea High
Mrs. Lisa Souza, Waiakea Intermediate
Mr. Ken Watanabe, Waiakea Elementary
Mrs. Kasie Kaleohano, Waiakeawaena Elementary



Testimony BOE <testimony.boe@boe.hawaii.gov>

TESTIMONY

1 message

rockeegsa@aol.com <rockeegsa@aol.com>

Wed, Jun 2, 2021 at 1:31 PM

Reply-To: rockeegsa@aol.com

To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Testimony-Board of Education, special meeting, June 3rd, 2021, 1:30 PM

Meeting- Special Meeting - BOE

Agenda Item: Department of Education plans for reopening schools for the 2021 - 2022 school year:

Thank you for this opportunity to address the DOE's return to school protocol for 2021-2022. Accumulating evidence has suggested that prolonged mask use in children and adults can cause a number of health problems, especially in children whose immune systems are not fully developed. Such harms include sudden cardiac arrest in children, a reduction of blood oxygenation and elevation in blood CO2, bacteria and mold build up in children's masks inhaled, anxiety and behavioral disorders and fear of contamination in children, just to name a few. Public health policy should be followed by sound data and evidence. Proper hand washing, good hygiene and ventilation in the classrooms can help keep our keiki and teachers stay healthy and safe.

Vaccine choice should also be considered especially since the role out of the COVID19 injection is experimental.

Voluntary consent of a human subject is essential and considered a war crime (under the Nuremburg code) if it is imposed upon without fully informed consent. It is also a war crime to engage in any coercive tactic designed to elicit consent through manipulation.

Please consider the risk benefit analysis each time you seek or advocate societal policies. You can be held accountable for any implications deemed destructive.

Thank you for your time and consideration.

R.A.

State of Hawaii
Board of Education

Testimony by
Sheldon Oshio, Principal
Waikele Elementary School

June 3, 2021

Relating to Agenda Item III.A. Investigative Committee investigating issues
relating to the findings and recommendation on an interim superintendent

Thank you for the opportunity to testify on Agenda Item III.A. for the findings and recommendations on an interim superintendent. I strongly support the recommendation of Keith Hayashi as interim superintendent.

I come from a family of educational officers and as I watched my father, mother and sister perform in their roles as school administrators, I saw firsthand the hard work, dedication, and sacrifice it takes to be an effective school leader. Their school communities became our extended families. Keith would often come over and talk to my parents about the challenges he faced and to also celebrate the successes. I saw his passion for public education back then and I see that same passion in him to this day.

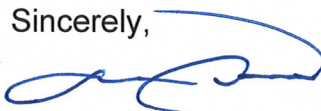
I believe there is a reason why the Transition Committee unanimously agreed and recommended Keith for the position. He is the right person to lead the department through this challenging period of transition. His ability to bring together the stakeholders in our Waipahu community will only benefit our statewide system. He has garnered the respect of parents, business leaders, non-profit partners, our elected officials, his DOE colleagues, and most importantly, our students.

Keith is not afraid of advocating for student voice while challenging and supporting his peers to be instructional leaders. He has a vision for the department that includes a commitment to collaborate with all stakeholders, discover new educational opportunities, and to prioritize students' academic, social and emotional development. His understanding and experience as a systems thinker will help the system move forward in the right direction.

As the principal of one of his feeder schools, I have no doubt that Keith will be an effective leader of leaders based on his extensive educational experience, community involvement, and solid track record with the HDOE.

Thank you for the opportunity to submit my testimony.

Sincerely,



Sheldon Oshio

Good Afternoon,

As a mother of 3 children in the public school system i am sharing my testimony today. I have a child in elementary, middle and high school. Overall I can say that masks are harmful to children any age. It makes them tired, dizzy, unfocused and gasping for air. Also they have skin irritations, more cavities, their pediatric dentist was surprised to more cavities than usual. This has nothing to do with eating more sugar or not brushing teeth! it is connected to lack of oxygen and re-breathing the co2 and their germs proliferating and add on heat from HI weather.

To add on this “unnatural” stress, they have told me their “teachers’ or helpers making comments as if they were dirty and full of germs etc... this adds on mental stress and DIS-Ease for a child still growing and developing. This is NOT OK!!!

I am speaking for my children, that need natural immunity to fight off infections, covering their main oxygen source lowers their immune system response thus making them more vulnerable. I can go on and on with examples. there are many peer reviewed studies out there that validate my children’s experience and the plain facts.

*2008 article on the NIAD admitting bacterial lung infection in mask wearers

<https://www.nih.gov/news-events/news-releases/bacterial-pneumonia-caused-most-deaths-1918-influenza-pandemic>

Vaccines should not be mandated for schools as well! it is still experimental! Why would you want children to be injected with an experimental drug when clearly other remedies are available to treat the SARS-COVE virus. The FDA guidance is for emergency use of medical products. Can you show the parents that we are still in a “pandemic” based on science?

Parents should be able to choose and BE NOTIFIED prior to pop up vaccination clinics on school campus! Ahead of time. Do not use the “implied consent” excuse for parents that are SO busy working they do not have time to look into the verbiage and technicalities.

<https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2020-08-508.pdf>

CDC announced the Covid-19 injection CANNOT BE mandated.

Under Nuremberg Code - no one can be coerced to participate in a medical experiment. Below is an article regarding 2nd Nuremberg trials being activated. It’s important for parents to understand why the first was created. We do not want to repeat another Auschwitz in 2021!

<https://rightsfreedom.wordpress.com/2021/04/18/second-nuremberg-tribunal-has-been-prepared/>.



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

4 messages

IGmail <ingridkissel@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 1:26 PM

Hello,

My name is Ingrid Kissel. I have been a registered nurse for about 17 years. I was a clinical research nurse, board certified as a CCRN. I have worked on a vaccine trial and notably it is not on the market even though that was 9 years ago. I am also a mother of a child in the public school system.

I vehemently oppose masking our keiki and mandatory covid vaccination. There is no peer reviewed evidence to support that masking our children stops the spread of covid19. Masking was not done in Swedish schools and they had zero deaths in teachers and students related to masks. Their risk for covid19 infection is low. Their risk for death is low. Their risk for being a vector for transmission is low. There is no scientific reason to mask them. It has been done to mitigate the irrational fears of adults. The same adults to have a moral obligation to protect them, not victimize them during a pandemic. Masking in Hawaii makes learning difficult. Children need to see faces to learn proper speech, to read emotion, to feel connected. Furthermore it is hot in Hawaii.

With regards to vaccination, there is zero long term data. Vaccine trials require time to gather safety data. 2400 children is an insufficient number of study subjects to assess safety or efficacy. If their risk of death from the virus is less than 99.997% then there is no need for childhood vaccination. Pandemrix vaccine took about 3 years to see the 14 fold occurrence of narcolepsy in children.

You don't know what you don't know. Science requires prudence, accountability of peer review. We are talking about our children, not lab rats. Their health and our future as a society are at stake.

Ingrid

Sent from my iPhone

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: IGmail <ingridkissel@gmail.com>

Wed, Jun 2, 2021 at 1:28 PM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the link to the most recent agenda for the Board's Special Meeting scheduled this Thursday, June 3, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

[https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-\(Virtual\).aspx](https://boe.hawaii.gov/Meetings/Notices/Pages/June-3,-2021-Special-Meeting-(Virtual).aspx)

Mahalo,
Board of Education Staff
[Quoted text hidden]

IGmail <ingridkissel@gmail.com>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, Jun 2, 2021 at 1:54 PM

Agenda IV.A process for updated guidance from Hawaii State Department of Health

The American Academy of Pediatrics is a much better source for the advocacy of our children than the CDC has been through this pandemic.

On Jun 2, 2021, at 1:28 PM, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

State of Hawaii
Board of Education

Testimony by
Hawaii Government Employees Association, Unit 6 Board of Directors

June 3, 2021

Relating to Findings and Recommendation on an
Interim Superintendent

The Bargaining Unit 6 Board of Directors of the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO (HGEA) unanimously supports the recommendation of Keith Hayashi as interim superintendent.

Our bargaining unit consists of principals, vice principals, athletic directors, and complex area, district, state level and charter school educational officers. As educational officers, we are committed to providing the leadership necessary for all public education students to become 21st century learners.

Keith Hayashi embodies the qualities of an effective school leader: committed, responsible, competent, caring, and unwavering in the effort to have students reach high standards. His sense of both moral and professional commitment enables him to promote a shared vision of service to students and to focus on the success of every learner as the desired result.

We continue to believe collaboration and effective shared leadership at all levels of our educational organization are essential in a global society of diverse cultures and beliefs. We have always advocated for a comprehensive system of support to maximize student learning and we believe that Keith Hayashi will be the leader to provide that support and build the bridge between what has been honored in the past and a paradigm shift to the future to build effective schools, assuring all students are college, career, and especially, life ready.

Thank you for the opportunity to submit our testimony.

Respectfully submitted,

Derek Minakami, President
Kaneohe Elementary School

Kelcy Koga, Hawaii Director,
Waiakea High School

Wendy Matsuzaki, Windward
Director, King Intermediate School

Brett Tanaka, State Office Director,
Student Support Branch

Bert Carter, Oahu At-Large Director,
Kaewai Elementary School

Lorelei Aiwohi, Honolulu Director
Kalakaua Middle School

James Sunday, Central Director
Radford High School

Jon Henry Lee, Leeward Director,
Campbell High School

Jason Kuloloia, Kauai Director,
Kapaa Elementary School

C. Keoni Wilhelm, Maui Director,
Baldwin High School

Kathy Silva, Vice Principal Director,
Campbell High School



Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony

1 message

niciglesias@gmail.com <niciglesias@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 2, 2021 at 2:11 PM

From: Nicole Iglesias, mother
Testimony for General Business Meeting (Special Meeting, 3 June 2021)
Agenda item: Safe Return to Schools, specifically masks and social distancing requirements
Position: **Opposition to masks and social distancing**

To Whom it May Concern,

Our keiki are of the lowest risk when it comes to contracting and spreading COVID-19. Masks have far more detrimental effects than any benefit at all and should not be required for our children to attend school. Not only are we subjecting our children an increased CO2 intake, which has proven to be detrimental to their respiratory health, but mentally our children are becoming socially inept and from a lack of interaction! This is child abuse and needs to stop. Our children need to be free to breathe air, socially interact with one another and see facial expressions.

Masks are meant to be worn by the sick to protect the healthy. Children had robust immune systems and their developmental years are intended to be when they contract, fight off and develop antibodies.

Please do not require our children to wear masks at school now, or ever.

Mahalo for your time,

Nicole Iglesias