June 9, 2021

Delivered via email.

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

RE: Superintendent Search 2021  
Keith Hayashi, Nominee

Dear BOE Members,

It is with great pleasure that the board of directors of the Friends of Waipahu High School submit this letter of support for Keith Hayashi as the Superintendent for the Department of Education.

We have the privilege of working with Keith for our mission to provide educational support to the students and faculty of Waipahu High School. Keith’s outstanding dedication, passion and leadership successfully guided Waipahu High School to unparalleled recognition and awards of any public high school in the State of Hawaii. Under his leadership, Waipahu High School also attracted local corporations and business leaders eager to support its Academy platforms and national interest from some of the best educational organizations in the country.

Keith has an energy that is constantly thinking of ways to be the first or find ways to break records. The students at Waipahu High School are extremely fortunate to have Keith blaze a trail of opportunity for them that they could not get at any other public high school in the State. As Superintendent for the Department of Education, we are confident that Keith will bring that same energy to help all beneficiaries in the Hawaii public school system. He will make Hawaii the best public school system in the nation, an opportunity the Department of Education and the State of Hawaii cannot afford to miss.

It is our hope that the Board of Education approves the nomination of Keith Hayashi as Superintendent for the Department of Education.

Sincerely,

[Sandra Yorong]

President
To: Hawai‘i Board of Education

From: Alexandra Marshall, member of Hawai‘i Children’s Health Defense and Freedom Keepers Hawai‘i

Testimony for General Business Meeting (17 June 2021)

Agenda item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: Opposition to masks, social distancing, excessive sanitization, encouraging vaccination (see comments below)

To Whom it May Concern:

I am writing to you in strong opposition to your proposed board resolution for SY 2021-22, which sounds like it will require our children to be in masks, continue to social distance, encouraging vaccination, and other “health” measures the schools put into effect for SY2020-21. 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, growing children need to see facial expressions, smiles, and mouths, especially as they learn to communicate appropriately and effectively. Their brains are also developing, which requires adequate oxygen intake, not carbon dioxide. 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 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." Various studies 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, have a 99.9% survival rate and are not the "super spreaders"," thus they should not be in masks and allowed 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 very low risk for the virus and not vectors, 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 -- this is causing psychological damage.

Regarding the plan to encourage vaccination, all covid-19 vaccinations are still under EUA and not FDA approved; they have no long-term studies for safety and efficacy in children and clinical trials will not be completed until 2023, meaning the vaccine is experimental. The CDC has even stated that adolescents and young adults are at an increased risk of Myocarditis and Pericarditis after the covid-19 shot. Additionally, there have been 5,888 deaths reported to VAERS (Vaccine Adverse Event Reporting System), which, according to a Harvard study, only captures 1% of all deaths and injuries after a vaccine -- this is more deaths in 5 months than reported in 30 years of the VAERS program. Vaccine manufacturers are exempt from liability if an injury or death occurs after vaccination, so are you going to be held liable for encouraging families to get the vaccine for their children if they suffer from an adverse reaction?

If Hawaiʻi continues to require masks, social distancing, excessive chemicals to sanitize the classrooms (which I didn't even get into the health effects of that), and encouraging families to vaccinate and eventually even require it, my children will not be attending public school any longer. You are causing undue physical and psychological harm, and I will no longer allow my children to be subject to your abuse.

Respectfully,

Alexandra Marshall
To whom it may concern,

The following is a formal demand that you and all those involved in policy making immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

My demands are founded in the following verifiable FACTS:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.
2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.
4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.
5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.
6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.
7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.
8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.
9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.
10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.
11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation’s leading health...
experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

2. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

3. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

4. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “…If you get [perform the test at] a cycle threshold of 35 or more... the chances of it being replication-confident [aka accurate] are miniscule... you almost never can culture virus [detect a true positive result] from a 37 threshold cycle...even 36...” The standard CT count for labs across America is typically at least 40 cycles.

5. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.

It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai’i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai’i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove your school’s eligibility for funding.

Signed,

Geoffrey Sato
Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Geoff Sato <gsato001@gmail.com>

Thank you for your response. Your testimony will be included with the General Business Meeting for agenda item IV. A.

No further action is necessary.

Mahalo,
Board Office

[Quoted text hidden]
Aloha Board of Education,

In defense of our children, I write in protest of the "Encouraging Vaccination" policy and I soundly oppose the idea of "mobile vaccination units" on school campuses. That is coercion and enticement, not caring, and the taxpayers do not want the schools we fund allowing this type of reckless action.

We don't want the children in our communities pressured to get injected with products that are not licensed, approved, or long term safety tested. Furthermore, they have pediatricians who are managing their health privately. The pressure being applied to children in the public schools to mask, distance, and be injected is despicable. You are helping to create a generation of fearful, suffocated, socially impaired children now. This is the opposite of what you are paid to do - which is to inspire children to develop their potential.

Children are statistically at a 0% risk of serious health events due to a Covid infection. Since the "vaccines" are actually experimental gene therapies that are now causing blood clots and myocarditis in young people, the risks of taking these injections are far greater than the benefits. Since practically nothing is known about the short, medium, and long term complications, such as infertility, cancer, and autoimmune disorders, the idea that you would push the vaccination on students and faculty is reprehensible.

The shots do not stop infection or transmission of Covid19. Covid has a 99.997% recovery rate for most. Covid is not the "deadly" virus they assured it was for most people, especially children. The corrupted agencies have been wrong every step of the way, the data fabricated, the spokespeople embroiled in conflicts of interest, and the executive leadership and steering committees at the CDC and the FDA are resigning in droves. Why? Only half of them took the vaccines. Why?

If you don't change course now, your system will fall just like the public health system and the drug industry is falling. No more kids, no more money. No more money, you are all out of a job. I call on you, BOE, to wake up and do your research rather than follow the unscientific direction of totally corrupt agencies and a corrupt political machine that does not represent the people. Every one of you owes the students, parents, and teachers this much. According to the CDC's own reporting system, the number of adult deaths related directly to the injections as of this writing now stands at 5,888 (see Openvaers.com). The Swine Flu and the H1N1 "vaccines" were pulled after far less deaths were reported, another CDC swindle that caused death and destruction. Almost 6,000 deaths, more than the last 15 years of all vaccines combined, and yet the death shot campaign continues and widens it's sphere of destruction targeting the children now.

In case you don't know your Big Pharma history of mass murder, you'd better learn TODAY. Billions in damages have been paid by 3 of the 4 vaccine makers. 1 maker never produced a product before Covid, but had a "vaccine" ready to go in January 2020. How? Wasn't the SARS-CoV2 panic started in March 2020? Public records available. Do your research. Covid Test kits were mailed out worldwide in 2017 and 2018. Fauci said that during the Trump years, "there will be a surprise outbreak" back in 2017. Why did he say that? How did he know? Event 201 and The Spars Pandemic simulated a global outbreak before the Covid event. We need everyone to wake up now, especially educators and local community leadership.

The Covid vaccines are killers, and I mean that literally. Check the records yourselves @ OpenVaers.com.
There is no need for distancing, masking, lockdowns, or hyper sterilization of classrooms either. All of this has been proven worthless. We have states in our nation "fully open", everyone is thriving again. Thousands of people attend ball games and events without incident. We must move out from under the trauma that was fabricated in order to make people fear their neighbors and life itself, not continue the panic. Virologists believe it is the vaccine itself creating "variants". The "pandemic" is over. For the kids, and for Hawaii, it never started.

One day, humanity will look back on this chapter as a deeply disturbing and dark period, akin to Nazi Germany. Mao's Cultural Revolution, Pol Pot's Khmer Rouge Killing Fields, and The Bolshevik's Christian Holocaust known as The Holodomor. A Dark Age where the Oligarchs with the help of their Propaganda Media, Big Tech and Big Pharmaceutical Complex overthrew the governments and ramrodded the civil liberties and bodily sovereignty of the people, threatened the public with untested chemicals and pseudo-science, derailed the school authority, the healthcare industry, and shattered all common sense with fear - to push profits, control and power into the hands of a very small gang of psychopaths...as happened before in history.

It is a truly evil plan created by evil people, and yet you agree to it, you refuse to see the evil. It is too inconvenient. Too outside your comfort bandwidth. You are free to ignore my warning, and I am free to speak, and to hold you all 100% responsible for the injury and death to children you will cause by pushing this ill conceived "safety" plan.

Hitler separated the Jews using a Typhus outbreak excuse, and told them it was "for their safety". His Minister of Propaganda, Goebbels, convinced the German people through "news" that Jews were spreading disease. Now we will face the New Normal social demoralization of being "fully vaccinated" or "vaccine hesitant/refuser", and we will push that stigma on our developing children. This brainwashing technique is not new, and it is not normal. It is the tried and true method of psychopaths to convince people they will be banished from the tribe if they do not submit. It is the threat of being cast out and untouchable. It is pure madness.

There is certainly a conspiracy, no theories, and if you refuse to acknowledge it, you do so at your own peril, just like the victims of genocides in the past. You not only endanger the children by turning a blind eye, you endanger all of us. The people who organize these crimes, the deviants that engineer societies of fear, amorality, and self loathing, will one day be brought to justice. None of us have the luxury of ignoring the danger anymore. Protect the kids. Study your history, the one they will not be able to hide much longer. Fight back BOE. Fight back now!

Signed,

Felicity Raugust
felicity.raugust@gmail.com
June 15, 2021

---

Testimony BOE <testimony.boe@boe.hawaii.gov> Thu, Jun 17, 2021 at 12:22 PM
To: Felicity Raugust <felicity.raugust@gmail.com>

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 links to the most recent agendas for the Board's Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,
Board of Education Staff

[Quoted text hidden]
Felicity Raugust <felicity.raugust@gmail.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  
Tue, Jun 15, 2021 at 12:50 PM

General Business Meeting : Comments related to School Reopening / Vaccination Campaign

[Quoted text hidden]

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Felicity Raugust <felicity.raugust@gmail.com>  
Tue, Jun 15, 2021 at 1:15 PM

Thank you for your response. Your testimony will be included for the general business meeting agenda item IV. A.

Mahalo,
Board Office
[Quoted text hidden]
To Whom it may concern:

I am writing to you in strong opposition to your proposed board resolution for SY 2021-22, which sounds like it will require our children to be in masks, continue to social distance, encouraging vaccination, and other "health" measures the schools put into effect for SY2020-21. 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, growing children need to see facial expressions, smiles, and mouths, especially as they learn to communicate appropriately and effectively. Their brains are also developing, which requires adequate oxygen intake, not carbon dioxide. 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 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." Various studies 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, have a 99.9% survival rate and are not the "super spreaders", thus they should not be in masks and allowed 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 very low risk for the virus and not vectors, 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 -- this is causing psychological damage.

Regarding the plan to encourage vaccination, all covid-19 vaccinations are still under EUA and not FDA approved; they have no long-term studies for safety and efficacy in children and clinical trials will not be completed until 2023, meaning the vaccine is experimental. The CDC has even stated that adolescents and young adults are at an increased risk of Myocarditis and Pericarditis after the covid-19 shot. Additionally, there have been 5,888 deaths reported to VAERS (Vaccine Adverse Event Reporting System), which, according to a Harvard study, only captures 1% of all deaths and injuries after a vaccine -- this is more deaths in 5 months than reported in 30 years of the VAERS program. Vaccine manufacturers are exempt from liability if an injury or death occurs after vaccination, so are you going to be held liable for encouraging families to get the vaccine for their children if they suffer from an adverse reaction?

If Hawai‘i continues to require masks, social distancing, excessive chemicals to sanitize the classrooms (which I didn't even get into the health effects of that), and encouraging families to vaccinate and eventually even require it, my children will not be attending public school any longer. You are causing undue physical and psychological harm, and I will no longer allow my children to be subject to your abuse.

Respectfully,

Emily Huff
TESTIMONY BEFORE THE BOARD OF EDUCATION
GENERAL BUSINESS MEETING

RE: AGENDA DISCUSSION ITEM IV. A. PRESENTATION ON BOARD RESOLUTION ON OPENING OF SCHOOLS FOR 2021-2022 SCHOOL YEAR

THURSDAY, JUNE 17, 2021

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Payne, and Members of the Board:

A. The Hawaii State Teachers Association supports the intent of the resolution on Discussion Agenda Item IV. A Presentation on Board resolution on opening of schools for the 2021-2022 School Year.

1) encouraging vaccination
2) communication with families on school safety measures

HSTA also support the intent to allow families the option to seek out the learning environment which best meets their child’s health and educational needs, which could include
3) distance learning options.

HSTA supports innovation and opportunities for schools to seek out a variety of instructional delivery methods. However, the delivery of instruction via software programs must be facilitated by a licensed public school teacher. State law requires public school teachers to be licensed by the HTSB; students and parents should not be left on their own without the support of a trained professional to provide guidance and support for the educational needs of the student.

HSTA also supports the BOE, DOE, and Public Charter schools seeking out the best and most reliable health guidance as it relates to the response to COVID-19. However, HSTA recommends in addition to seeking guidance from the Hawaii State Department of Health

4) continuing the designation of the Hawaii State Department of Health as the authority with a note that the DOE should also seek guidance from the CDC.
Throughout the pandemic the CDC has served as an invaluable source of the latest nationwide research and data related to measures and guidance on mitigating the risk of COVID-19. The Hawaii DOH does not have the depth of resources necessary to meet all our guidance needs and the HSTA believes that the DOE should look to BOTH the CDC and the DOH on the best guidance and authority.

The Hawaii State Teachers Association appreciates this discussion item on the BOE agenda, and is open to further discussion. Please feel free to reach out to us for input any time.
TESTIMONY BEFORE THE BOARD OF EDUCATION
GENERAL BUSINESS MEETING

RE: AGENDA ITEM V. D.

THURSDAY, JUNE 17, 2021

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Payne, and Members of the Board:

The Hawaii State Teachers Association supports the Board Action Agenda Item V. D., on the amendment of the Elementary and Secondary Education Act (“ESEA”) consolidated state plan to account for: shifting forward timelines by one year for identifying schools and shifting forward timelines by one year for meeting measurements of interim progress and long-term goals due to COVID-19.

HSTA agrees that this waiver is needed to address the extraordinary circumstances of school campus closures in SY 2019-20, due to the pandemic, and the technical and instructional challenges facing students and teachers along with various learning modalities and blended models throughout SY 2020-21. The waiving of these requirements allows states the option to forego SY 2020-21 assessment results for high-stake school identifications. As required under ESEA, schools and their teachers have done a tremendous job during this pandemic, yet despite such efforts, there are concerns that the current results will not be a valid representation of each school’s true performance, when compared to previous years in non-pandemic years, and how academic achievement has been impacted by COVID-19 related factors beyond classroom instruction and learning.

HSTA emphasizes that in the future moving to more authentic assessments are what we continue to encourage, but as these assessments currently are required federally until authentic assessments are created and approved for our state, when used, we do believe our schools need time to adjust, and this waiver shifts the timeline forward one year to identify schools’ academic progress. Currently schools will be able to assess their data from their universal screeners, along with teachers created assessments to determine what students’ learning needs are and how they need to be addressed. Thus, HSTA supports this waiver request.
Testimony for BOE Meeting
3 messages

Diana Tayan <dianacforsell@gmail.com>  
To: testimony.boe@boe.hawaii.gov  
Cc: "Tayan.brad" <tayan.brad@gmail.com>  
Tue, Jun 15, 2021 at 2:43 PM

Diana Forsell Tayan  
3845 Punahele Rd  
Princeville, HI  
dianacforsell@gmail.com

June 14th, 2021

To Members of the Board of Education,

I am a resident of Kauai, and my son attends 2nd grade at Hanalei Elementary.

The following is a formal demand that you and all those involved in policy making to immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

Thank you very much in advance for doing the right thing.

Sincerely

Diana Forsell Tayan & Brad Tayan

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Diana Tayan <dianacforsell@gmail.com>  
Tue, Jun 15, 2021 at 3:43 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 links to the most recent agendas for the Board’s Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)  
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)  
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,  
Board of Education Staff

[Quoted text hidden]

Diana Forsell <dianacforsell@gmail.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  
Tue, Jun 15, 2021 at 4:31 PM

https://mail.google.com/mail/u/2?ik=84c4e7b8e2&view=pt&search=all&permthid=thread-f%3A1702680685214282241&simpl=msg-f%3A17026806852...
Mahalo for your response.

My testimony is related to:

June 17 General Business Meeting

Item IV.A

Presentation on Board resolution on reopening of schools for the 2021-2022 school year

Sent from my iPhone

On Jun 15, 2021, at 3:43 PM, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

[Quoted text hidden]
To the Hawaii State Board of Education,

I am a parent of a student at Pukalani Elementary School. I am writing to ask that all covid restrictions at our schools here in Hawai‘i will be stopped. I am against the mask wearing and social distancing, the promoting of the emergency use covid 19 vaccine and the required medical clearance for each student that has any of the covid symptoms to return back to school. This way of life is promoting fear and instilling anxiety and stress. Children are not likely to get the covid virus per the CDC and the survival rate for children is 99.9%, putting them at a ZERO percent statistical chance of dying from Covid 19. Children are not significant vectors for transmission of Covid 19. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals does not reduce the spread of Covid 19 or the mortality rate in any given community. Furthermore, wearing a dirty mask over and over again is more likely to cause unnecessary illness or sickness!!! Not everyone is washing their mask every day, especially children. I believe that you are causing more harm to our children by implementing all these rules. Social distancing, face masks and the absence of touch and facial expressions has a negative impact on the overall behavioral, emotional and psychological health of small children. Little children NEED to see faces to get social cues, learn emotion, learn sounds and letters, learn when people are happy or mad, they NEED to see our faces! How can you think this is ok? How sad for our keiki to grow up in a world where they cannot breathe fresh air, touch their friends and see others faces, and all this is taken away from them for a virus with a 99.9 percent chance of survival. Shame on you for doing this to our children. My own child prays at night that she can breathe again in school. She thinks of ways she can get more air while she is in the hot classroom with no AC. This is so terrible! Please think of what you are doing to our children when you decide on this coming school years rules and regulations. Please consider their emotional and psychological health. My daughter cannot do another year of virtual school and needs to be in the classroom with her teacher and peers unmasked and not social distanced.

Thank you,
Kristin Fernandez
Pukalani, Maui

This is for general business meeting June 17
On Jun 15, 2021, at 4:32 PM, Kristin Fernandez <krisfernandez@hotmail.com> wrote:

[Quoted text hidden]

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Kristin Fernandez <krisfernandez@hotmail.com>

Wed, Jun 16, 2021 at 9:42 AM

Thank you for your response. Your testimony will be included with the General Business Meeting on 6/17/21 for agenda item IV. A.

Mahalo,
Board Office

[Quoted text hidden]
Testimony: I am strongly in favor of individual rights and health freedoms to choose the health solutions that best fit our circumstances and what's best for each individual. We do not need a government body collectively advising us on health choices for our children. These choices are fundamental to our civil liberties as a nation. Stay out of it and let each school decide on their own.

Name: Edward / I am a parent of two children 7 and 9.

Meeting: General Business Meeting

Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year. All agenda items, but specifically on item 1 encouraging vaccinations.

Position: Strongly oppose each agenda item.

1. Encouraging vaccinations - I **Strongly oppose**.
2. Communication with families on school safety measures. - I **Oppose. Please stay out of our health choices. Let each school decide their path and let market forces dictate our votes in supporting or rejecting their decisions.**
3. Distance learning options. - I **strongly oppose. This is a fatal mistake for our children's learning experience. Evidence shows the success with remote learning falls far short of in person learning.**
4. Continuing the designation of the HI state department of Health as the authority for advice and guidance on all COVID-19 related health matters. - I **strongly oppose. Please stay out of our business of raising children. We are all more than capable of making our own decisions and judgements.**
June 15, 2021

PARENT TESTIMONY

Dear Board of Education, Chairpersons, and Superintendent,

My name is Salena Lee, I am a parent of three daughters. A 6th grader at Major Sheldon Wheeler Middle, a 9th and 10th grader at Mililani High. Two of them also receive special education services through an Individual Education Plan (IEP). I also have grandchildren at various other DOE schools. I have also worked as an Adult Supervisor and a Paraprofessional Educator at Major Sheldon Wheeler Elementary for four years.

Discussion Item
   A. Presentation on Board resolution on opening of schools for the 2021-2022 School Year

I am writing on discussion item A regarding the guidance to the Department of its expectations for the reopening of public schools in the 2021-2022 school year.

As a parent and employee I believe it is important for vaccinations to be required for students and employees to keep the school community and families safe.

Safety measures should be kept in place and continue for the safety of all students and staff. Removing the use of masks and social distancing will open the school community to clusters and outbreaks.

There should be a distance learning option for families that wish to keep their kids home. Some families have special situations where it would be safer if the student was not on campus. After having a year of distance learning, virtual, and hybrid-learning, etc. it is clear that there are other ways for students to learn. I know some schools are providing the option for full distance learning but it should be an option for all students in all districts.

The DOH should be the authority for advice and guidance on all COVID-19 related health matters. They are the experts and the DOE should not be making decisions about COVID-19 issues.

When will the DOE, DOH, Governor, Mayor, ask parents and employees what their thoughts are? When will the students and parents get a say in what happens with school reopening? Not once have I been asked. There should be a uniformed survey sent out to all students and parents/guardians, and all staff working at schools to get their thoughts on reopening. Those are the ones who are being directly affected. Their voices should matter and hold the most weight on what happens.

Mahalo for considering my concerns.

Sincerely,

Salena Lee
Mother, Grandmother,
Paraprofessional Educator
TESTIMONY IN OPPOSITION

1 message

Kristina Millies <mommyoftwingirlz@gmail.com>  
To: testimony.boe@boe.hawaii.gov  

Tue, Jun 15, 2021 at 9:14 PM

TESTIMONY IN OPPOSITION TO THE PROPOSED RESOLUTION FOR 2021-22 SCHOOL YEAR, TO BE DISCUSSED JUNE 17, 2021

To think that we would even consider another school year of masking our children, enforcing dehumanizing social distancing rules and other psychological abuses is appalling. Particularly when we see nearly every other state in America fully opened with no restrictions whatsoever, with many states outlawing the masking of school children altogether.

The data clearly shows that Covid-19 is not a public health emergency. We have seen fewer deaths from this disease in 15 months than we would normally see from the flu in any given year here in Hawai‘i. To maintain that this is a “public health emergency” is irresponsible and patently false. Children are not at risk of contracting or spreading Covid-19 and are certainly not at risk of dying from it either.

So how can we justify continued mitigation tactics that have known risks and harms when there is statistically ZERO threat from the disease itself?

The proposed resolution for the coming school year brings up the intent to encourage vaccination as the #1 focus, maintaining that this is necessary in order to return to full time in person learning.

The second focus involves continued promotion of “safety measures”.

It is clear to see that any continued Covid-19 related mandates in our public schools will be a decision that is driven by politics rather than intent to protect health and we will not stand by and allow this to go on for another school year. We need to end all Covid-19 related “safety measures” immediately and let our children live and breathe freely!

Sent from my iPhone
June 15, 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 face masks while on campus and/or mandatory vaccination. Given low case counts and wide availability of vaccines for adult staff and family members, these measures should be optional for students.

As parents, taxpayers, and stakeholders, we request a comprehensive, detailed, metrics-driven risk-benefit analysis to justify any medical intervention mandates in schools. Analyses should include potential psychological and social impacts of wearing a cloth mask as well as probability of medical adverse events due to vaccination stratified by age group relative to actual derived benefit/reduction in severe disease or hospitalization in these age cohorts in a community setting. If supporting data showing clear, non-anecdotal public health benefits cannot be provided, use of cloth masks or vaccination as a requirement to attend public school is not justified and should be optional.

Many students are not able to read social cues, make friends, or connect with teachers behind the constant masking, with anxiety further enhanced by strict distancing rules and punitive punishments for socializing and being kids. I hope a balanced approach can be taken going forward that realistically assesses actual risk-benefit to these rules and that adjustments will be made so that all student needs are considered.

After more than 15 years as a parent in the Hawaii public school system, I will be withdrawing my students if unjustified mandates continue.

Kind regards,

Concerned Parent, Coach and Community Member
PhD in Medicine
TESTIMONY

1 message

Audrey Pasion <audreyd@hawaii.edu>
To: testimony.boe@boe.hawaii.gov

To the Hawai‘i State Board of Education Members,

TESTIMONY IN OPPOSITION TO THE PROPOSED RESOLUTION FOR 2021-22 SCHOOL YEAR, TO BE DISCUSSED JUNE 17, 2021

I come to you today not only as an advocate for human rights, fighting for fair and just treatment of our children, but also as a concerned mother.

The last 15 months have proven to be difficult for everyone in our state both young and old. The difficulty has not been due to the “Covid-19 pandemic” but rather from the unreasonable government imposed restrictions being placed upon the population that have all but erased the ideas of liberty and bodily autonomy in America. To think that we would even consider another school year of masking our children, enforcing dehumanizing social distancing rules and other psychological abuses is appalling. Particularly when we see nearly every other state in America fully opened with no restrictions whatsoever, with many states outlawing the masking of school children altogether.

We need to end all Covid-19 related “safety measures” immediately and let our children live and breathe freely.

Mahalo,
Audrey Pasion
Aloha:

This email is to demand that all COVID-19 related restrictions being imposed on our children must be lifted. There are numerous research that has proven rituals such as masking of healthy children, exceeding hand washing and sanitizing, enforcing "social distancing" and engaging in other psychologically abusive routines that promote fear has no benefit in "stopping the spread" and instead have proven to cause significant harm!

Wearing masks does not stop the spread. Fauci’s emails even said a face mask doesn’t do anything; only a medically fit N95 can help mitigate. Why encourage children to get the vaccine? An experimental vaccine that the CDC just came out saying that heart inflammation is becoming common in those under the age of 30. The vaccine isn’t safe and effective. In fact, ones who received the vaccine are more likely to get the virus than unvaccinated.

Stop using our kids as experiments! I am one of thousands of parents that will do whatever it takes to protect our kids! Remove all COVID-19 related restrictions and mandates!

Respectfully,
Marichris

--

Marichris Diga-Lazo
Phone: 808.630.7686
Email: marichrisd@gmail.com
Meeting - June 17, 2021
Agenda - Expectations for the reopening of public schools in the 2021-2022 school year
Position - Comment

I am not a parent, but I support the following letter written by concerned parents regarding their threat to withdraw their children from public schools with respect to the issues on hand for the 2021-2022 school year. Please read the legal notice carefully and with an open mind and think about our keiki and the parents who love them and want the very best for them. Thank you.

LEGAL NOTICE – CEASE AND DESIST

The following is a formal demand that you and all those involved in policy making at [your child's school] immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

My demands are founded in the following verifiable FACTS:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.

2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.

4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.

5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.

6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.

7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.

8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.

9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation’s leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “…If you get [perform the test at] a cycle threshold of 35 or more… the chances of it being replication-confident [aka accurate] are miniscule… you almost never can culture virus [detect a true positive result]
from a 37 threshold cycle...even 36...” The standard CT count for labs across America is typically at least 40 cycles.

15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.

It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai‘i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai‘i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove your school’s eligibility for funding.

Signed,

______________________________

______________________________
June 15, 2021

To the Hawai‘i State Board of Education, Hawai‘i Department of Education

**LEGAL NOTICE - CEASE AND DESIST**

The following is a formal demand that you and all those involved in policy making at Hawai‘i's public schools immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I
will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

My demands are founded in the following verifiable FACTS:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.
2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.
4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.
5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.
6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.
7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the
health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.

8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.

9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation's leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to
refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “…If you get [perform the test at] a cycle threshold of 35 or more… the chances of it being replication-confident [aka accurate] are miniscule… you almost never can culture virus [detect a true positive result] from a 37 threshold cycle…even 36…” The standard CT count for labs across America is typically at least 40 cycles.

15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.

It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school.
setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai’i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai’i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove school’s eligibility for funding.

Signed,

Michelle Kaawa

________________________________________

Legal Notice - Cease and Desist
Testimony
1 message

Hanna Blumenfeld <hannablumhair@gmail.com>  
To: testimony.boe@boe.hawaii.gov  

Wed, Jun 16, 2021 at 12:23 AM

Hanna

General Business Meeting
Coming year and Covid restrictions
Oppose any covid related restrictions to our children’s education.

I oppose the continued masking, social distancing, vaccine pushing and psychological games the government is playing with our children. 1 in 9 children in the Pfizer clinical trials had severe adverse effects! This should neither be encouraged or considered. Bringing clinics to schools and encouraging this without parental consent is a whole lot of headache you are not prepared for. Really put yourself in the situation what will you do if two students out of every class in your school had a severe reaction. Have you put into place a plan for if this causes severe disruptions? These kids, their parents and you have been through enough and these measures have proven unhelpful. The states with higher number of cases are ones with mask mandates and these experimental vaccines aren’t stopping people from getting Covid. Since the Spanish flu mask haven’t worked. Then adding an experimental gene therapy to the mix which skipped animal trials and is free of liability! There is no end to the chaos that will ensue and you will have more
problems then last year. You are the ones leading our children to greatness be great show them you are willing to put a stop to this tyranny. Please be brave. Mahalo for your time.


My name is Alyssa Fung. I am a stay at home mother of 3, wife, and have been a local business owner in Honolulu since 2005. I have 2 children in public school, entering the 4th and 10th grade in the 2021-2022 school year. This is my personal testimony to END THE MASK MANDATE in our schools and to STOP VACCINE MANDATES for our children in ALL schools.

In February 2020 we traveled to Brazil, we knew about the virus and we were scared. When we got home right before the lockdown, we followed what we were instructed to do - wear a mask, stay home, only gather with your immediate household and lived in fear. After 3 months we had enough. Living life was more important than living in fear and we could see the emotional and psychological effects it was taking on our children. As time went on, more information about this virus came to light, we saw doctors with decades of treating patients who were vocalizing alternative treatments silenced on news outlets, social media, by big pharmaceutical companies, CDC as well as their peers. They shared how we could easily boost our immune systems so we'd look towards strengthening our immunity and being preventative verses seeking out a vaccine with no longterm studies or FDA approval. We followed their instructions on specific and have never gotten Covid-19, nor had ever felt symptoms relating to a common cold or flu. My family has ventured out to beaches, walked around in large groups with no masks, attended rallies with over 400 people, stayed at hotels every month for the past year, been on an airplane, have spent time with numerous families outside of our home...NONE of us nor close friends has ever gotten sick. As time has gone by it is clear that Gov. Ige, Mayor Caldwell and others in charge of making decisions for our state never really cared about following the "science". Now they are going after our children, the one group who has ALWAYS been the least likely to
catch Covid-19, and if they did, almost 100% of them made full recoveries or had very very mild symptoms.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I WILL BE LEFT WITH NO OTHER CHOICE THAN TO WITHDRAW MY CHILD FROM THE PUBLIC SCHOOL SYSTEM.

The following is a formal demand that you and all those involved in policy making at all Hawaii Public Schools, immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

My demands are founded in the following verifiable FACTS:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.

2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.

3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.

4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.

5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.

6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices
and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.

7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.

8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.

9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation's leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test's inability to differentiate live viral particles from other materials that may register a positive reading at a high
enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on "This Week in Virology" where he said, "...If you get [perform the test at] a cycle threshold of 35 or more... the chances of it being replication-confident [aka accurate] are miniscule... you almost never can culture virus [detect a true positive result] from a 37 threshold cycle...even 36..." The standard CT count for labs across America is typically at least 40 cycles.

15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms. With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.

It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai‘i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai‘i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove your school’s eligibility for funding.

Alyssa Fung
June 17, 2021

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

Re: Board Action on State Librarian’s evaluation for 2020-2021 School Year: end-of-year evaluation

Dear Chair Payne and Members of the Board of Education:

I am a Library Technician in the Hawaii State Public Library System and have worked at Hawaii State Library for 12 years.

As you discuss State Librarian Stacey Aldrich’s end-of-year evaluation for 2020-2021, I encourage you to consider your ratings for the five Professional Standards in the evaluation. Last year your ratings for the State Librarian’s end-of-year evaluation were “Highly Effective” across all the standards. This greatly underestimates Stacey Aldrich’s potential to grow, learn, and truly exceed expectations as our State Librarian.

In her 2020-2021 self-evaluation section 1.3 (Nurtures an organization of working together, trust, and high expectations by supporting leadership and staff who work behind the scenes and in branches to make decisions that improve library services;), Stacey Aldrich stated that “The Executive Team and myself work to always keep communication open and encourage ideas from all levels.” From a staff perspective there has been very little opportunity for communication between library administration and staff who work in the majority of positions in the system.

Branch Managers have been meeting weekly with the State Librarian during virtual Library Operations meetings. However, there are no posted agendas for these meetings, so most staff do not know what will be discussed. We have no opportunity to bring ideas, suggestions, or concerns to our branch managers prior to the meetings so they can be discussed. While the opportunity is available to communicate directly with Stacey Aldrich, most staff simply feel more comfortable presenting ideas through the established chain-of-command. Therefore, front-line staff hear and are affected by the decisions made at Library Operations meetings but have no real opportunity to work together with their supervisors towards these decisions.

In March 2021, the State Librarian established an advisory group to discuss ideas for moving the library system into the next phase of re-opening. Reportedly the group was made up of staff members representing a cross section of different library positions. This would have been a wonderful opportunity to encourage staff discussion and garner trust between the supervisory level decision-makers and front-line staff. However, the State Librarian did not disclose the names of the people in the advisory group; staff had no official way to reach out to their co-
workers with their ideas, suggestions, or concerns for discussion. The lack of transparency in the way this group operated served to further erode communication and trust between front-line staff and administration.

As the Hawaii State Public Library System returns to full-services, the number of vacant positions throughout the system is taking its toll on remaining staff. As Stacey Aldrich stated in her self-evaluation, section 2.1 (Monitors and evaluates the management of operational systems to ensure the effective and efficient use of human, fiscal, capital and technological resources;), “We have too few people in some branches and support areas, who are expected to [do] the job of 2-3 more people. This makes it difficult to focus energies and complete projects and it is exhausting for the staff.” Yes, we are exhausted.

Hawaii State Library (HSL) currently has 35 vacant full-time positions and 1 vacant half-time position. Two additional full-time positions will become vacancies next month due to retirements. This represents 45% of our total positions and includes more than half of our circulation positions. Circulation staff are the backbone of our library; during normal services they staff two circulation desks, answer the telephone switchboard, sort, mend, and shelve books. Currently every staff person at HSL is doing several sets of job duties just to cover the limited curbside services presently offered at our location. We do not know how we are going to reopen the library for normal services with our reduced staffing level.

The vacancies at Hawaii State Library are not the result of recent pandemic induced budget cuts, hiring freezes, or departures. The Director position for Hawaii State Library has been vacant and filled by a temporary assignment since February 2016. I have been filling the job duties of two full-time positions since April 2019. From comments made by staff during our online Service Philosophy Training, it is apparent that vacancies are a problem throughout the library system. Staff needs reassurance and action from the State Librarian showing that filling vacancies will be prioritized, since expecting staff to do the duties of multiple positions is not a sustainable personnel management plan.

While Stacey Aldrich continues to be an active and persuasive advocate for libraries and we are fortunate to have her leadership in many areas, I hope the Board of Education will carefully consider the ratings they assign in her end-of-year evaluation for 2020-2021. Please use your ratings, especially in the areas of communication with staff, working together with staff, and personnel management (Professional Standards 1 and 2), to encourage Stacey Aldrich to focus her attention and expand her expertise on these aspects of the State Librarian’s position.

Sincerely,
Kristin Laitila
From Katy Clements, parent of 3 children on Kaua‘i

TESTIMONY IN OPPOSITION TO THE PROPOSED RESOLUTION FOR 2021-22 SCHOOL YEAR, TO BE DISCUSSED JUNE 17, 2021

Dear Board Members,

Children are not at risk of spreading Covid-19 or dying from Covid-19. It is ridiculous and selfish to have them alter everything they know so they can supposedly protect other people.

Vaccinations for children should absolutely not be on the table for discussion. Many people have died from the shot and many teens have suffered heart problems. There are zero long term side effects. OUR keiki are the FUTURE of HAWAII. That is not something that should be taken lightly. Do not encourage the injection of an experimental product into our keiki. They may suffer health problems, fertility problems, possibly even death.

Please send the children back to school this fall with all the freedom they deserve. NO masks, no 6 ft, no experimental shot.

Thank you, Katy Clements
J Alejado <hawkfan808@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 16, 2021 at 7:39 AM

Meeting on June 17, 2021 for General Board re: opening of schools

Aloha,
As a concerned parent and citizen, I am writing to demand that you STOP the encouragement of the current covid vaccination promotion. It is an experimental drug that we do NOT know what the long term side effects are. We now know that our keiki are the most resilient, and there is no purpose to subject them to these harmful injections. We also know how to treat the virus should anyone get infected, so it has a high survival rate, people are NOT dropping like flies (and they never were). The masks are psychologically harmful and muzzling our keiki, I do not want our next generation to be muzzled, kept silent, or be socially awkward, not knowing how to read expressions which are a huge part of communication. Please open schools with no restrictions, no vaccine requirement, no temperature checks (leave that to the parents to check their keiki at home), no masks, and no virtual classes.

Mahalo for your consideration,

Julie King
testimony for BOE General Meeting, June 17, 2021, 1:30, Item IV. A.

1 message

Lynn Otaguro <lmotaguro@yahoo.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Wed, Jun 16, 2021 at 8:28 AM

June 16, 2021

Board of Education
State of Hawaii

Regarding June 17, 2021
BOE General Meeting at 1:30 p.m., Item IV. A. Presentation on Board resolution on opening of schools for the 2021-2022 School Year

Honorable Chair Payne and members of the Board:

I am writing as a former teacher, parent, and deputy attorney general, and as someone who has followed the issues involving our schools for the last year. As this Board sets guidelines for the opening of schools for the 2021-2022 school year, I ask that the Board continue to require implementation of health and safety protocols and support the Board’s recommendations in its resolution as follows.

Continuation of health and safety protocols, including the wearing of masks. For the 2021-2022 school year, continued implementation and work on health and safety protocols are needed, particularly as children under 12 and other parts of our population remain unvaccinated and the risk of variants loom.

These measures include the consistent use of masks, cleaning and hand washing, and the maintenance of social distancing (so that our classrooms are not overcrowded and the density within our schools is lower). Because work on ventilation in school facilities needs to be continued and the DOE acknowledges that it is difficult to fix, the use of masks and other mitigation measures are critical as part of the layering of protocols to improve safety.

Encouraging vaccinations. The Board’s proposal to encourage vaccinations to help increase health and safety in schools and communities is a good one. Schools are an important source of information and access to resources and increasing the level of vaccinations in our communities improves health and safety for all.

Communication and education on COVID-19 issues. Communication with and the education of school staff, students, families, and communities can strengthen the COVID-19 response. Beginning of the year videos on COVID-19 and mitigation measures (including the implementation and use of the box fans) would help school staff to effectively deal with issues. Transparency about conditions and concerns can help build trust with stakeholders and allow them to support solutions. Communication about the steps being taken by schools and their importance can serve to support the implementation of health and safety measures and to assure parents worried about their children’s health and safety.

Offering a distance learning alternative. Because we are still in transition in dealing with COVID-19, it would be most fair, equitable, and compassionate to offer a distance learning alternative for families who still harbor concerns about the safety of in person learning. During the past year, schools and teachers have worked hard on distance learning, and hopefully, the progress made can be utilized to enhance options for
those students who need them. Having a teacher do both distance and in person instruction simultaneously is extremely hard, is not as productive, and should not be pursued. However, it would be helpful for the DOE to explore and work on alternatives that might allow a distance learning option in other ways. Continued work on distance learning can be used to help students who cannot attend school for health or disciplinary reasons, even in non-pandemic circumstances, and can be helpful should we later face another pandemic in the future.

**Consistent approach and messaging on health and safety.** Finally, in dealing with health and safety issues such as the COVID-19 response, please consider implementing statewide protocols and consistent messaging across our statewide system. While schools and students benefit from flexibility on other matters, on questions of health and safety with COVID-19, a consistent approach, where individual schools and complexes are not left to fend for themselves, makes sense.

Thank you for your consideration.

Sincerely,
Lynn Otaguro
Oahu, Hawaii
June 17, 2021
General Business Meeting

Dear Chair Payne and Members of the Committee,

We would like to comment on Items IV. A. and V. A.

For Item IV. A., we thank the BOE for the discussion on a proposed resolution regarding the opening of schools for the 2021-2022 school year. We support the tenents of the resolution, which are to encourage vaccination, direct the DOE to communicate with families on school safety measures, offer distance learning for the 2021-2022 school year, and rely on DOH for advice and guidance on all COVID-19 related health matters.

We are particularly pleased with the BOE’s approach with respect to distance learning, as we believe that technology is an effective way of delivering instruction and that the lessons we have learned during the pandemic on distance learning should be leveraged. Distance learning can be extremely effective for certain students and can be a great strategic tool for rural areas where resources are limited.

While we agree that we should encourage in-person learning as much as possible, we think that the Superintendent’s school reopening directive fails to sufficiently provide for distance learning. We strongly support the proposed resolution directing the DOE to work with families who want distance learning for their children and to provide sufficient information on distance learning so that families can know where and how to access it. We also think that considering the offer of distance learning through the state or complex to use resources more efficiently is extremely strategic. Finally, we agree with the Board Chair’s remarks about taking this opportunity to incorporate the knowledge we have learned about distance learning into our system, and we support the directive to have the DOE create a report about the cost and benefits of offering distance learning as a long-term option, which can be used to examine possible policy changes.

For Item V.A., as our June 3, 2021 testimony states, we support the Board Transition Committee’s recommendation to appoint Principal Keith Hayashi as the Interim Superintendent.

Thank you for this opportunity to testify.

Sincerely,

Cheri Nakamura
HE’E Coalition Members and Participants

Academy 21
Alliance for Place Based Learning
American Civil Liberties Union
*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
Head Start Collaboration Office
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.
Another source on why forcing healthy children to wear masks is harmful to their health.

https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/?fbclid=IwAR1vzJCa-9p06xhT_eftCdJ62_GUcQ7FXHy2H2Xvnkm0mi8bMQ74YEAp0e8
Tina Lia <tinalia@live.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Wed, Jun 16, 2021 at 9:13 AM

Name: Tina Lia
Meeting: Board of Education 06/17/21
Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year
Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning
Testimony:

Children have a 99.99% survival rate for COVID-19 and are also not a significant source of COVID-19 transmission. Asymptomatic spread is not a proven source of transmission. Masking and social distancing are not only unnecessary, but are harmful to children. Masks are ineffective at preventing viral spread and are damaging to children's physical and psychological health. Social distancing and masking negatively affect children's development. Additionally, distance learning is causing children to fall behind academically and developmentally. It is time to stop these abusive mandates and restrictions and truly advocate for the well-being of Hawaii's keiki.

The COVID-19 vaccines are still in an experimental phase. Alarming reports of adverse events and deaths are being documented daily, including those in children. Studies on the effects of the vaccines on fertility are still being conducted. Furthermore, these vaccines have not been proven to prevent infection or spread of COVID-19. It is unconscionable to encourage experimentation on children with these injections that have not been proven safe nor effective. There is no way of knowing how these shots will affect their growing bodies in the years ahead. Children are not at high risk with this virus and there are already safe and effective treatments available.

Please stand up for the children. Do not push these experimental injections on them. Lift all restrictions and mandates and allow the keiki to learn in an environment where they can truly thrive.
Aloha, my name is Amy Eck and I am the mother of two elementary school boys here in Hawaii. Kids are not at risk for COVID-19. Scientists have proven that kids have natural immunity. They are not at risk and should not be given an experimental drug that does have risk. There is no reason to mask these children. Mask come at a great impact to their mental and social health. Please think of the children and do the best thing by letting them be kids and live and play mask free.

From a scientific report:

**Shared B cell memory to coronaviruses and other pathogens varies in human age groups and tissues**

View ORCID Profile Fan Yang1,*, View ORCID Profile Sandra C. A. Nielsen1, View ORCID Profile Ramona…

See all authors and affiliations

DOI: 10.1126/science.abf6648

It remains unclear whether B cell repertoires against coronaviruses and other pathogens differ between adults and children and how important these distinctions are. Yang et al. analyzed blood samples from young children and adults, as well as tissues from deceased organ donors, characterizing the B cell receptor (BCR) repertoires specific to six common pathogens and two viruses that they had not seen before: Ebola virus and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Children had higher frequencies of B cells with convergent BCR heavy chains against previously encountered pathogens.
and higher frequencies of class-switched convergent B cell clones against SARS-CoV-2 and related coronaviruses. These findings suggest that encounters with coronaviruses in early life may produce cross-reactive memory B cell populations that contribute to divergent COVID-19 susceptibilities.

*Science*, this issue p. *738*

### Abstract

Vaccination and infection promote the formation, tissue distribution, and clonal evolution of B cells, which encode humoral immune memory. We evaluated pediatric and adult blood and deceased adult organ donor tissues to determine convergent antigen-specific antibody genes of similar sequences shared between individuals. B cell memory varied for different pathogens. Polysaccharide antigen–specific clones were not exclusive to the spleen. Adults had higher clone frequencies and greater class switching in lymphoid tissues than blood, while pediatric blood had abundant class-switched convergent clones. Consistent with reported serology, prepandemic children had class-switched convergent clones to severe acute respiratory syndrome coronavirus 2 with weak cross-reactivity to other coronaviruses, while adult blood or tissues showed few such clones. These results highlight the prominence of early childhood B cell clonal expansions and cross-reactivity for future responses to novel pathogens.

The clonal identity of a B cell can be traced by the sequence of its B cell receptor (BCR), which determines its antigen specificity (1). Immunoglobulin (Ig) sequences are formed via irreversible variable, diversity, and joining (VDJ) gene segment rearrangement and can be diversified through somatic hypermutation (SHM) and class-switch recombination (CSR) (2). Convergent BCRs with high sequence similarity in individuals exposed to the same antigen reflect antigen-driven clonal selection and form shared immunological memory between individuals (3–5). It is still unclear, however, how B cell memory to different antigens distributes in human tissues and changes during an individual's life span.

Humoral immune responses can differ between children and adults; for example, children use more B cell clones to achieve neutralizing antibody breadth to HIV-1 (6). Children usually have milder disease following severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection than adults do (7–10), potentially owing to differences in viral receptor expression and immune responses (11, 12). SARS-CoV-2–infected children, in contrast to adults, show lower antibody titers and more IgG specific for the spike (S) protein over the nucleocapsid (N) protein. The faster viral clearance and lower viral antigen loads in children have been attributed to these differences (13). Whether B cell clones specific for coronaviruses and other pathogens differ between children and adults is unclear. Blood-based studies survey only a fraction of an individual's BCR repertoire. The lymph nodes, spleen, and gastrointestinal tract harbor greater numbers of B cells and are major sites for SHM and CSR (14, 15). Specialized responses in particular tissues have been reported, such as for polysaccharide antigen–specific B cells in functional splenic tissue (16, 17).

To study changes in antigen-specific B cell memory over the human life span and across tissues, we characterized convergent Ig heavy chain (IGH) repertoires specific to six common pathogens as well as two viruses not encountered by the participants, Ebola virus (EBOV) and SARS-CoV-2, in pre-COVID-19 pandemic individuals. We analyzed 12 cord blood (CB) samples; 93 blood samples from 51 children aged 1 to 3 years (18); 114 blood samples from healthy human adults aged 17 to 87 years (18); and blood, lymph node, and spleen samples from eight deceased organ donors (table S1). Children were vaccinated against *Haemophilus*...
influenzae type b (Hib), Pneumococcus pneumoniae (PP), and tetanus toxoid (TT) at 2, 4, 6, and 12 to 15 months, had influenza virus (flu) vaccination, and were very likely exposed to respiratory syncytial virus (RSV) but were not vaccinated against *Neisseria meningitidis* (NM) (19). Adult vaccination histories were unknown. Convergent IGHs were identified by clustering with pathogen-specific reference IGH (table S2) sharing IGH variable domain (IGHV) and joining region (IGHJ) gene segment usage, complementarity-determining region H3 (CDR-H3) length, and minimum 85% CDR-H3 amino acid sequence identity.

B cell clones fell into three groups: (i) naïve clones containing only unmutated IgM or IgD (hereafter, unmutM/D); (ii) antigen-experienced IgM or IgD with median SHM over 1% and without class-switched members (hereafter, mutM/D); and (iii) antigen-experienced clones with class-switched members (hereafter, CS). As we hypothesized, CB samples showed the lowest convergent IGH frequencies, consistent with limited fetal pathogen or vaccine exposures (Fig. 1A). Convergent clones in children and adults were largely mutM/D or CS (Fig. 1A and fig. S1). In adult blood, convergent clones for Hib, NM, and RSV were predominantly mutM/D clones, whereas PP, TT, and flu clones were predominantly CS (fig. S2A). Adults over 45 years of age had elevated mutM/D B cell clone frequencies to NM, potentially from exposures preceding widespread NM vaccination (20). Unexpectedly, children had higher frequencies than adults of CS convergent clones for Hib, PP, TT, and RSV (fig. S2B), with mutated IgM or IgD also found in these clones (Fig. 1B). Convergent clone frequency in children’s blood was not significantly associated with vaccination timing (figs. S3 to S5 and table S3), indicating persistently elevated frequencies. Flu-specific convergent clone frequencies were comparable in children and adults (Fig. 1A), with age-related increases in IgG SHM potentially due to frequent exposures via vaccination or infection (Fig. 1C) (18).

![Fig. 1](https://mail.google.com/mail/u/2?ik=84c4e7b8e2&view=pt&search=all&permthid=thread-f%3A1702752059337607999&siml=msg-f%3A1702752059...)

**Fig. 1** Frequency, class switching, and SHM of pathogen-specific convergent clones in children and adults.

(A) Convergent clone frequencies for each pathogen, plotted on a square root scale. Ages given in years. CB, cord blood. (B) Fractions of convergent clones expressing unmutated IgM or IgD, mutated IgM or IgD, class-switched, or combinations of these. Children have significantly larger fractions of class-switched convergent clones with mutated
IgM/IgD clone members (colored in purple) than do adults [\(P = 5.08 \times 10^{-32}, 6.66 \times 10^{-29}, 2.39 \times 10^{-29}, 3.45 \times 10^{-34}, \text{ and } 1.71 \times 10^{-41}\) for Hib, NM, PP, TT, and RSV, respectively, by Wilcoxon-Mann-Whitney (WMW) test]. (C) Median IGHV gene SHM frequencies of each convergent clone in participants of different ages indicated in years. SHM frequencies of convergent clones expressing IgG or IgA were lower in children than in adults \((P = 6.50 \times 10^{-13}\text{ and } 1.96 \times 10^{-8}, \text{ respectively; WMW test})\).

To test whether low frequencies of CS convergent clones in adult blood reflect preferential localization of clones in lymphoid tissues, we analyzed the blood, spleen, mediastinal lymph nodes (MDLN), and mesenteric lymph nodes (MSLN) of eight adult deceased organ donors. Lymph nodes and spleen showed greater clonal sharing with each other than with blood (fig. S6A), suggesting larger clone sizes in lymphoid tissues and limited recirculation. Each tissue was dominated by different clones (fig. S6B), and SHM correlated with the number of tissues a clone occupied (fig. S7), consistent with greater prior antigen exposure leading to wider tissue distribution \((21)\). Convergent clone frequencies for Hib, NM, PP, TT, RSV, and flu were higher in adult lymph nodes and spleen than in blood (Fig. 2A). Adult lymph nodes and child blood shared more convergent clones than did adult and child blood, showing differing distributions of these clones in children and adults (Fig. 2B and fig. S8; \(P = 0.0001181\), Fisher’s exact test). B cells specific for bacterial capsular polysaccharides are reported to be enriched in the spleen, and splenectomized patients are vulnerable to these bacteria \((16, 17)\). However, frequencies of convergent clones for Hib, NM, and PP are similar or higher in lymph nodes than in the spleen. Moreover, estimated B cell numbers are greater in human lymph nodes than the spleen \((22, 23)\), indicating that the spleen is not the sole reservoir of these clones. Convergent IGH for polysaccharides were usually IgM or IgD, with some CS clones for PP in lymph nodes and spleen (Fig. 2C). Thus, memory to these antigens spans a diversity of both lymphoid tissues and isotype expression.

Fig. 2 Convergent B cell clone distribution in tissues.

(A) Convergent clone frequencies in adult blood (PBMC), MDLN, MSLN, and spleen. Frequencies are on a square root scale. Frequencies in tissues were higher than in blood \((P = 0.00049, 0.0037, 0.016, 6.71 \times 10^{-7}, 0.012, \text{ and } 0.00017\) for Hib, NM, PP, TT, RSV, and flu, respectively; WMW test).
Recent reports describe SARS-CoV-2–binding antibodies in prepandemic children’s blood (12, 24). Such antibodies and other physiological distinctions are under investigation in adults and children (25) and could contribute to the generally milder COVID-19 disease in children. SARS-CoV-2 S-binding B cells in unexposed individuals have been analyzed in a former SARS-CoV patient (26), naïve B cells of healthy individuals (27), and memory B cells in prepandemic donors (26, 28). We detected rare convergent clones for EBOV, as unmutM/D in blood or tissues (Fig. 3A and fig. S9A). By contrast, convergent clones for SARS-CoV-2 (table S4) were more common in children’s blood. In 37 of 51 children, these clones displayed SHM with or without CS, indicating prior antigen experience (Fig. 3, A and B). Adult frequencies of SARS-CoV-2 convergent clones were lower in blood and lymphoid tissues compared with children’s blood, with few CS examples (Fig. 3A and fig. S9). Convergent clones specific for SARS-CoV-2 receptor binding domain (RBD) and other S domains showed similar distributions (fig. S10).

Reference antibodies for SARS-CoV-2, EBOV, and the pathogens in Fig. 1 used a wide diversity of IGHV genes (fig. S11).

**Fig. 3** Convergent clones for SARS-CoV-2 and EBOV.

(A) Convergent clone frequencies on a square root scale. CS and mutM/D convergent clone frequencies for SARS-CoV-2 are higher in children than in adults ($P = 1.22 \times 10^{-13}$ and 0.0089, respectively; WMW test). (B) SHM frequencies of convergent clones for each isotype in participants of different ages (x axis). (C) CDR-H3 amino acid sequences of convergent IGH cross-reactive to SARS-CoV-2 and other HCoVs. Top row: CDR-H3 sequence logos for reported antigen-specific clones. Second row: sequence logos for convergent clones from children (blue indicates a match, cyan indicates sequence differences).
Three convergent clones from five children in this study, but none from adults, had IGH sequences highly similar to SARS-CoV-2 S-binding clones isolated from a prepandemic donor that were reported to weakly bind other human coronavirus (HCoV) spikes (26) (Fig. 3C). Three other clones from six children had IGHs identical to known SARS-CoV-2 binders (fig. S12). We expressed 19 monoclonal antibody (mAb) clones for SARS-CoV-2 (table S5) with IGH from participants in this study and reference light chains, and we identified 17 binders for SARS-CoV-2 S and S domains (Table 1). Four RBD binders showed >90% blocking of angiotensin-converting enzyme 2 (ACE2) binding to SARS-CoV-2 S (table S6). mAb FY11H1 showed evidence of S2 binding and did not block ACE2 binding. We characterized the breadth of mAb binding using a panel of HCoV spikes and SARS-CoV-2 viral variant RBDs and spikes. Three child-derived mAbs (FY7H1, FY7H2, and FY1H2) and one adult mAb (FY4H1) showed the strongest binding to B.1.1.7, B.1.351, and P.1 S and RBD variants (table S7). Cross-reactive binding to endemic HCoV spikes was very weak to absent for all mAbs, as previously noted for reference mAb-154 (similar to mAb FY13H1) isolated from a sorted cross-reactive B cell (26). The child-derived mAbs FY13H1 and FY9H2 had a higher, although still weak, signal for binding HKU1. Thus, children’s convergent coronavirus-binding B cells may have greater cross-reactivity than those of adults, in addition to having higher frequencies.

Table 1 Convergent mAb binding data for SARS-CoV-2 spike, RBD, and nucleocapsid (N) and endemic HCoV spikes.

Testing by electrochemiluminescence immunoassay in duplicate wells, with the average arbitrary unit per millilitre (AU/ml) values displayed in the table. Antibodies with binding signal at least five standard deviations above the average of negative control antibodies (Neg1 to Neg5) are listed.

View this table: View popup | View inline

Childhood immune responses are particularly important in an individual’s life, as they form the initial memory B cell pool that shapes future responses (29). We find that in comparison to adults, children have higher frequencies of convergent B cell clones in their blood for pathogens they have encountered. Notably, prepandemic children also had class-switched convergent clones to SARS-CoV-2 and its viral variants, but not EBOV, at higher frequencies than adults. We hypothesize that previous HCoV exposures may stimulate cross-reactive memory, and that such clonal responses may have their highest frequencies in childhood. The caveats of our analysis are that convergent clones may not fully represent the properties of all pathogen-specific clones in an individual and that binding affinities for cross-reactivity that would be relevant in vivo are not known. Further study of the role of cross-reactive memory B cell populations in primary immune responses to related but divergent viruses as well as better understanding of the determinants of long-lived B cell memory and plasma cell formation will be important for ongoing improvement of vaccines to SARS-CoV-2, its viral variants, and other pathogens.

Supplementary Materials

science.sciencemag.org/content/372/6543/738/suppl/DC1

Materials and Methods

Figs. S1 to S12
Tables S1 to S9
References (30–84)

MDAR Reproducibility Checklist

View/request a protocol for this paper from Bio-protocol.

https://creativecommons.org/licenses/by/4.0/

This is an open-access article distributed under the terms of the Creative Commons Attribution license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

References and Notes


**Acknowledgments:** We thank all staff members of the California Transplant Donor Network (now Donor Network West), especially S. Swain. We thank A. Z. Fire, E. A. Hope, and J. D. Merker for helpful discussions and contributions to the research. We thank Meso Scale Diagnostics for helpful collaboration and material support in this study. **Funding:** This work was supported by NIH/NIAID R01AI127877, R01AI130398, U19AI057229, and U19AI090019 and NIH/NCI U54CA260517 (S.D.B.); NIH R01 HD063142 (J.P.); and an endowment from the Crown Family Foundation (S.D.B.). **Author contributions:** F.Y. and S.D.B. conceived of the project. F.Y., S.C.A.N., K.J.L.J., Y.L., and K.M.R. performed data analyses. F.Y., S.C.A.N., and S.D.B. verified the analyses. F.Y., S.C.A.N., R.A.H., K.R., E.H., O.F.W., G.H.J., R.S.O., E.M.O., J.-Y.L., K.N., and T.D.P. contributed to sample preparation and carried out the experiments. T.D.P., K.C.N., C.U.N., J.P., and S.D.B. provided samples and supported the project. F.Y., S.C.A.N., and S.D.B. wrote the initial manuscript. All authors provided critical feedback and contributed to the final manuscript. **Competing interests:** S.D.B.: consulting for Regeneron, stock ownership in AbCellera Biologics, and collaboration with Meso Scale Diagnostics. K.N.: director of the World Allergy Organization (WAO) Center of Excellence at Stanford; advisor at Cour Pharma; co-founder of Before Brands, Alladapt, Latitude, and IgGenix; national scientific committee member at Immune Tolerance Network (ITN) and the National Institutes of Health (NIH) clinical research centers; and data and safety monitoring board member for NHLBI. **Data and materials availability:** All data are available in the main text or the supplementary materials. Previously generated IGH repertoire data are available under BioProject numbers PRJNA503602 (child dataset) and PRJNA491287 [114 healthy human adult dataset was previously reported (18)]. The IGH sequences for mAbs tested in this study were deposited in GenBank (MW821491 to MW821509). The IGH repertoire data for the deceased organ donors and the cord blood infant samples are available under BioProject number PRJNA674610. This work is licensed under a Creative Commons Attribution 4.0 International (CC BY 4.0) license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
To view a copy of this license, visit [https://creativecommons.org/licenses/by/4.0/](https://creativecommons.org/licenses/by/4.0/). This license does not apply to figures/photos/artwork or other content included in the article that is credited to a third party; obtain authorization from the rights holder before using such material.
June 17, 2021

Hawaii State Board of Education
General Business Meeting
Catherine Payne, Chairperson
Kenneth Uemura, Vice Chairperson
Aloha Chair Payne, Vice Chair Uemura, and Members of the Board,

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.

1) HawaiiKidsCAN would like to offer comments on Discussion Item A regarding the Presentation on Board resolution on opening of schools for the 2021-2022 School Year.

With rising vaccination rates and changing health guidance for in-person gatherings, the months ahead are expected to be a time of gradual transition. As such, families will have to determine their own comfort level with a return to in-person instruction, and major school districts in Los Angeles, Las Vegas, Miami, and Houston have all said they intend to continue offering a fully virtual option this fall.

As we testified at the June 3 special meeting, we believe a centralized public option for distance learning is incredibly important in this period of transition. While in-person instruction is best for most students, a quality centralized distance option would be both cost effective and responsive to family needs. 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.”

Rather than leaving it up to individual schools and complex areas to figure out distance offerings on their own, a centralized program could be developed thoughtfully to ensure quality control, 1:1 student and educator support, and intentionality around social-emotional considerations. Learning happens everywhere, and flexibility is critical as we make sure students don’t sustain further learning loss.

2) HawaiiKidsCAN would like to offer comments on Action Item C regarding Board Action on Finance and Infrastructure Committee recommendation concerning Department of Education’s plan for use of federal funds in third round of the Education Stabilization Fund’s Elementary and Secondary School Emergency Relief (“ESSER”) Fund authorized under the American Rescue Plan Act of 2021.

As we testified to the Finance and Infrastructure Committee, we believe the current HIDOE ESSER plan should have greater specificity around the needs assessment process, selection of interventions, and support for students through grade-level transition. In addition, the timing of the plan’s submission is problematic due to several factors: 1) The plan as proposed does not seem to directly incorporate the Board Resolution on opening of schools for the 2021-2022 School Year that is being considered at the general business meeting; 2) The status of HB613 remains unresolved; and 3) The feedback and buy-in of the upcoming interim superintendent and new superintendent seem highly important and relevant for the sake of stability.

For all of these reasons, we believe the board should consider recommending that HIDOE request an additional extension before submitting. Funds do not lapse until September 2023, and this is too important of a decision to rush.
3) HawaiiKidsCAN would like to offer comments on Action Item D regarding Board Action on amendment of the Elementary and Secondary Education Act (“ESEA”) consolidated state plan to account for: shifting forward timelines by one year for identifying schools and shifting forward timelines by one year for meeting measurements of interim progress and long-term goals due to COVID-19.

We believe the recommended plan by HIDOE is appropriate given the circumstances of this last year. We did, however, feel it was important to re-emphasize the importance of quality, transparent assessment data, especially given the impact of learning loss and pivot to distance learning. Complications such as varied attendance and assignment expectations could also create more opportunities for grade inflation, so accurate benchmarking on grades also likely a challenge.

4) HawaiiKidsCAN opposes the request for Action Item E for general waiver to allow reduction of the 180 day school year and 1,080 student instructional hours pursuant to Hawaii Revised Statutes Section 302A-251, consistent with revisions to the Department of Education’s 2020-2021 school calendar.

In February 2021, HawaiiKidsCAN strongly opposed the waiving of bare minimum school days and instructional hours. We found it deeply disappointing that the Hawaii DOE would seriously consider abandoning 9 days of vital instruction time, as it is irrefutable that students have been suffering unprecedented learning loss and social emotional challenges during the COVID-19 pandemic. In fact, HawaiiKidsCAN has testified going back to July 2020 that the Hawaii DOE should take a proactive approach in planning and negotiations, including but not limited to making up for lost instructional days by eliminating the spring break and institute days, or extending the school year by three weeks. There may be other creative approaches to deploy, including partnerships with community organizations to help make up lost learning by using evenings, breaks, and weekends.

It has never been clear why all options to make up for the lost instructional time were not pursued over the course of the school year. With the influx of ESSER funds, was the lengthening of the 2020-2021 school year ever considered? After the previous debacle of Furlough Fridays for families, it is unfortunate to admit defeat with these lost instructional days. We continue to extend a dangerous precedent of cutting student learning time rather than pursuing creative approaches.

Mahalo for your consideration,
David Miyashiro
Founding Executive Director
HawaiiKidsCAN
Aloha,

I am writing to you as a third grade teacher from Kauai with input on the proposed resolution being presented on 6.17.21
The first words in the description are "encouraging vaccination". I oppose the Department of Education (and us employees) being encouraged or required to ask, educate, or coerce children and families to take a vaccine that is very new, not FDA approved, is showing adverse effects and some deaths in Americans (see VAERS), and has not been proven to stop infection or spread infection. Also, the percentage of children who become seriously ill or die from covid19 is extremely low.

Line 20 of the resolution states that the public schools had to pivot to “mitigate health risks”. The health risks for children is extremely low all over the world. Countries like Sweden that did not require their school children to wear masks had no deaths. (New England Journal of Medicine) https://www.nejm.org/doi/full/10.1056/NEJMc2026670

Line 21 says “while delivering effective instruction to all students”. I disagree that the public schools delivered effective instruction to all students. My opinion is based on the fact that I have worked with elementary school children for 15 years and I witnessed first hand what distance learning and mask wearing does to young children-especially those without the privilege of a quiet place to be online, parent support, and in person support from a teacher. What I saw was a complete disregard from the DOE of the harmful effects of “distance learning” on children. If there was a comprehensive evaluation of the pros and cons of online learning, mask wearing, social distancing, and enforcement of this to young children, I was never made aware of it and teachers weren’t given the opportunity at the beginning of last school year to provide input. In fact, my objection to forcing children to cover their faces was repeatedly ignored. The objection from parents and students has also been ignored.
Line 59 says that “the board encourages all staff, students, and their families to get vaccinated and to support efforts to get all students back to in-person learning.” Vaccination should not be a condition of in-person learning. This is a personal choice that a family makes for their child. Our job as public educators is to provide free, high-quality education to ALL students without discriminating against those who chose not to get vaccinations for religious, personal, or medical reasons.

Line 62 says that we will be encouraged to “lead by example” and “educate” families to get vaccinated. This is a coercive and discriminatory policy. The Board of Education should respect the right of employees to decline any medical intervention - especially a product that is not FDA approved. We should not be required to “lead by example” - meaning get the vaccine ourselves, and “educate” families about the vaccine. I am not a medical expert, I am an elementary school teacher. My job is to help students become proficient in math and to become excellent readers and communicators.

Line 66 says “keep students healthy and safe” in schools. I would argue that healthy means to eat good food (which our cafeteria does not always provide, ex. Tots and pizza), get fresh air and sun (students are prevented from breathing freely while running around outside which is unhealthy), feeling happy around their friends (they aren’t allowed to be near their friends), seeing adults and classmates smile, and being able to get a hug once in a while. Also, for years we have been educated on how harmful it is to allow children to be in front of screens for more than an hour or two a day. Safety does not only mean “from Covid”. Safety also includes mental health: feeling connected to your friends, being able to read facial expressions from your teachers, feeling supported and secure at school instead of constantly being scolded for trying to breath. The enforcement of the mask wearing and social distancing has caused referrals for many
students (that I have witnessed) who would normally never be referred to admin for disciplinary reasons. These referrals stay in their permanent record. Some of these referrals are for students who feel anxiety, sadness, depression, and frustration at having to wear masks all day. The enforcement of these rules, from what I have witnessed, results in raised voices from teachers and admin, time-outs, reprimanding, calls to parents, and constant scolding in classrooms from teachers and substitutes. The focus in schools on “safety” has become only on masks and social distancing while completely ignoring the negative and harmful learning environment it has created. Many students and parents have shared with me that they either won’t send their children to school in this environment or that their children have tried to speak out but have been ignored or shut down by teachers and admin. This does not seem to follow the “encouragement of student” voice that we at the DOE have been told is so important in our mission and vision.

In conclusion, I believe that to move forward with the current plan of school reopening, is going to cause further long-term harm to students. Schools all over the country are making masks optional for students and parents and they have had no increases in deaths of children. It’s time to let children be children again.
TESTIMONY regarding COVID protocols for children

Krisztina Samu <krisztina@eastwestconcepts.com>  
To: "testimony.boe@boe.hawaii.gov"  
Subject: Testimony

Name: Krisztina Samu  
Meeting: Board of Education 06/17/21  
Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year  
Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning

Testimony: The COVID protocols are more harmful to children than helpful. Children have a developing brain and the obstruction of oxygen flow with the mask causes developmental problems. It is unconscionable to encourage experimentation on children with the COVID injections that have not been proven safe nor effective. Please accept this testimony, in OPPOSITION to COVID measures.

The link below can take you to referenced studies as evidence:  
https://www.aier.org/article/why-are-we-vaccinating-children-against-covid-19/

Sincerely yours  
Krisztina Samu  
Kapaau, HI  
tel 808 938 8410

Why are We Vaccinating Children against Covid-19? – AIER

"Vaccinating our children with a possibly harmful (untested) vaccine to them and with no basis given their risk profile, must be pushed back upon hard by parents. Parents are the voices of their children now on vaccinating their children and on the other looming disaster, Covid-19 ‘vaccine..."  

www.aier.org
Testimony

> Dear BOE Members,
> I am a registered voter and a concerned parent living in the state of Hawaii. I would like to state my opposition to the COVID-19 school mandates which are causing much harm to our children psychologically, physiologically, and limiting them educationally!!!
> I know parents are electing to home school their children because of the treatment of their children this past year. It is medically unsound for children to wear masks in school and at outdoor activities. Their brains are suffering from a lack of oxygen while at the same time systemically they can die from the excess of carbon dioxide (making their blood and tissues acidic). They have founded fear in any human touch or just being close to their peers. MASKS do not protect from SARS infection as has been shown by literature.
> Keiki attending school should not be coerced into taking the “so called” vaccine. The use of vaccine vans coming to schools and jabbing kids with “assumed consent” is NOT LEGAL. Children have a ZERO risk of dying from COVID-19 and they are not asymptomatic carriers. More over, over 200 children have died from myocarditis than have ever died from COVID-19!!!
> The school use of plastic shields, excessive and fearful hand washing, 6 foot distancing, temperature taking, and digital learning are all mechanisms which injure our Keiki psychologically.
> Please return to pre Covid learning styles. If this is not done I will encourage all parents to withdraw their Keiki from Hawaii schools to do home schooling and you will therefore lose federal funding.
>
> Mahalo,
> Loree Searcy
> 300 Wai Nani Way
> Honolulu, HI 96815
>
>
Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony for my child's school
4 messages

Cheyenne Bruemmer <chey57@gmail.com>
To: testimony.boe@boe.hawaii.gov

Cheyenne Bruemmer
209 Paka Place
Kihei, HI 96753
chey.muks@gmail.com
June 14, 2021
To the Principal and Head of Admissions of Maui High School & Kihei Elementary:

LEGAL NOTICE - CEASE AND DESIST
The following is a formal demand that you and all those involved in policy making at Maui High School & Kihei Elementary immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing "social distancing" and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

Legal Notice - Cease and Desist 1

My demands are founded in the following verifiable FACTS:
1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.1
2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.2
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.3
4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.4
5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality.5 The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.6
6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.7 8
7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing.9 Excessive carbon dioxide intake also poses a serious risk to

2 https://adc.bmj.com/content/105/7/618
3 https://www.acpjournals.org/doi/10.7326/M20-6817
4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/
5 https://www.pnas.org/content/118/17/e2018995118
7 https://www.mdpi.com/1660-4601/18/8/4344
8 https://developingchild.harvard.edu/science/deep-dives/neglect/
the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.10 11
8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.12 13
9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.14
10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents.15 Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.
11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available.16 Evidence has recently surfaced that proves that some of the nation’s leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed.17 The Covid-19 vaccines should have never been granted EUA use under federal law.18
Legal Notice - Cease and Desist 3
12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.19
13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful.20 These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs.21 This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.
14. The RT-PCR test most commonly used to detect SARS-CoV-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive.22 This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “…If you get [perform the test at] a cycle threshold of 35 or more… the chances of it being replication-confident [aka accurate] are miniscule… you almost never can culture virus [detect a true positive result] from a 37 threshold cycle…even 36…” The standard CT count for labs across America is typically at least 40 cycles.23
15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.24
With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.
It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai'i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai'i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove your school’s eligibility for funding.

Signed,
Cheyenne Bruemmer 6.14.21


Legal Notice - Cease and Desist 5

Testimony BOE <testimony.boe@boe.hawaii.gov> Wed, Jun 16, 2021 at 10:02 AM
To: Cheyenne Bruemmer <chey57@gmail.com>

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 links to the most recent agendas for the Board’s Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,
Board of Education Staff

Testimony BOE <testimony.boe@boe.hawaii.gov> Wed, Jun 16, 2021 at 10:26 AM
To: Cheyenne Bruemmer <chey57@gmail.com>

Thank you for your response. Your testimony will be included with the general business meeting on 6/17/21 for agenda item IV. A.

Mahalo,
Board of Education Office
Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony: Please Oppose Restrictions on Our Keiki to Attend School
1 message

Faith <faith.seim@gmail.com>  Wed, Jun 16, 2021 at 10:51 AM

To: testimony.boe@boe.hawaii.gov

Name: Faith Seim

Meeting: Board of Education 06/17/21

Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning

Dear Board of Education Members:

As a parent of two school-aged children this year, I implore you to take action to prevent any further emotional, psychological and physical harm to our precious keiki. The last 15 months have demonstrated that there is no justification for continued restrictions. There is no substantive statistical or tangible proof that a public health emergency exists in the state of Hawai‘i and it is time to acknowledge the risk of harm we face in maintaining the mask and social distancing restrictions that are reliant on a dubious set of ever-changing “facts.” There is simply no scientific evidence or argument for backing these destructive policies that are causing far more harm than good.

Pediatricians and child psychologists world wide are reporting the physical and psychological harm that these restrictive measures have caused children over the past year and a half, including but not limited to: Increased incidence of depression and anxiety, increased incidence of suicidality and suicide, panic attacks, bacterial infections, etc. There is no justification for the continuation of these harmful school policies that are hurting our children and community far more than they are protecting them.

Please ask yourself: Do the benefits truly outweigh the risks? There is an ever-growing mountain of evidence that suggests they do not.

Children have a 99.99% survival rate for COVID-19 and are not a significant source of COVID-19 transmission. Furthermore, asymptomatic spread is not a proven source of transmission. Masking and social distancing are not only unnecessary, but are harmful
to children. Masks are ineffective at preventing viral spread and are damaging to children’s physical and psychological health. Social distancing and masking negatively affect children’s development and distance learning is causing children to fall behind academically, as evidenced by the increased rates of academic failure observed this past school year. It is time to stop these horrendous mandates and restrictions and truly advocate for the well-being of Hawaii’s keiki.

Finally, the COVID-19 "vaccines" are still in phase III clinical trials and have not been proven safe or effective. Alarming reports of adverse events and deaths are being documented daily, including those in children: The VAERS reporting system, which requires the reporter to be a health care provider, has now documented over 4,000 deaths in the US alone. Furthermore, these experimental injections have not been proven to prevent infection or spread of COVID-19. It is unconscionable to encourage experimentation on children with injections that have NOT been proven safe nor effective. There is no way of knowing how these shots will affect children's developing bodies in the years ahead. Studies on the effects of the vaccines on fertility are still being conducted. Children are not at high risk with this virus and there are already safe and effective treatments available. Not one healthy child has died of COVID-19. Not one. And yet several deaths of children have been reported from the COVID "vaccines."

**Put simply: Medical experimentation on children is a crime.**

Please stand up for our children. Do not push these experimental injections on them. Lift all restrictions and mandates and allow the keiki to learn in an environment where they can truly thrive. Otherwise, I will be forced to join with thousands of other parents to seek to remove eligibility for public school funding.

Mahlao nui loa.

Faith Seim

_______________________________________________________________________________


2 https://adc.bmj.com/content/105/7/618

3 https://www.acpjournals.org/doi/10.7326/M20-6817
Sent from my iPhone

21 https://www.mdpi.com/2076-393X/9/1/36/htm


23 https://youtu.be/a_Vy6fgaBPE


Sent from my iPhone
Dear Chair Payne and Members of the Board,

The Special Education Advisory Council (SEAC) generally supports the Board’s proposed resolution regarding “encouraging vaccination, directing the Department of Education to communicate with families on school safety measures, to offer distance learning for the 2021-2022 school year and to rely on the Department of Health for advice and guidance on all COVID-19-related health matters.” We offer the following comments specific to the issue of distance learning:

While SEAC believes that in-person learning offers the best benefit to a majority of students with disabilities today, we also hold that some students with disabilities actually performed better over the past year with access to quality distance learning. The reasons for their success are varied and may include:

- The ability to select the most convenient and preferred time of learning;
- The ability to select the pace of learning;
- Reduced anxiety for students with social and emotional issues related to attending school in-person;
- The ability to revisit material whenever they happen to forget something and the ability to re-take quizzes and tests; and
- Better attendance for students who face barriers related to health, transportation or caring for family members at home.
Quality distance learning for students with disabilities must include oversight by a special education teacher who is able to monitor progress and ensure that the program selected is meeting the individualized needs of the student.

Given that this modality may the most appropriate way to provide FAPE to a number of students with disabilities, it should not be left to chance as to whether a particular school is willing or able to offer this instructional mode. Rather, the complex area or the state should offer access to quality distance learning to students who need that option to benefit from their education.

Beyond providing an individualized and appropriate education to students with disabilities, SEAC believes that all students should be prepared for living and working in a digitalized world as well as a world subject to future health and climate challenges. The COVID-19 pandemic forced an unplanned and rapid move to online learning at the beginning of last school year with very little advanced training, insufficient bandwidth, a shortage of devices and little time to prepare. The Department should build upon the expertise they have gained in the last year to offer enhanced and more diverse instructional experiences to its students.

Mahalo for this opportunity to express our views. SEAC stands ready to work collaboratively with the Department and the Board to find creative solutions to the delivery of quality educational services to students with disabilities.

Respectfully,

Martha Guinan  
Chair

Ivalee Sinclair  
Legislative Committee Chair

Mandated by the Individuals with Disabilities
I have lived and taught elementary school children on the Big Island since 1986. After the initial lockdown, I retired due to covid concerns.

My concern now as always during my teaching career is for the health and safety of the children. We now that children in Hawaii public schools will not be fully vaccinated by next school year. For that reason, I feel strongly that we need to follow the protocols to keep them safe, i.e. mask wearing and social distancing.

We cannot allow one child's life to be sacrificed due to the hesitancy of some to get vaccinated and we know that many administrators, teachers and staff are not going to get vaccinated.

At the middle and high school level, we know that many of our children also will not get vaccinated due to the views of their parents. Going forward, I would like to advocated for mandatory vaccinations for covid for all HI students and staff, just like we have mandatory vaccinations for other diseases.

Since we don't have mandatory vaccinations in sight, I would like at least advocate for mandatory masking and social distancing for all students and staff in HI public schools.

Since many parents have the same concerns I expressed, I feel that DOE should provide distance learning as an alternative for the next school year.
School staff has worked hard to learn and deliver distance learning this year. We have all the tools in place. We need to provide a safe alternative for those many parents and students who do not believe it is safe to send their children to in-person school due to the concerns I expressed.
Aloha,

Our children need to be back in school full time. We need to get rid of mask requirements and allow them to breathe fresh air. Mask requirements and social distancing have done nothing but harm our kids physically and psychologically. Let our children breathe and just be kids again!

Mahalo,
Chantelle Fernandez

(808) 359-8840
chantelle.fern1@gmail.com

---

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 links to the most recent agendas for the Board's Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,
Board of Education Staff
[Quoted text hidden]

---

For the general business meeting agenda please.

Mahalo,
Chantelle Fernandez

(808) 359-8840
chantelle.fern1@gmail.com

On Jun 16, 2021, at 09:45, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

[Quoted text hidden]
Aloha,

I am writing to you as a fourth grade teacher from Kauai with input on the proposed resolution being presented on 6.17.21. The first words in the description are "encouraging vaccination". I oppose the Department of Education (and us employees) being encouraged or required to ask, educate, or coerce children and families to take a vaccine that is very new, not FDA approved, is showing adverse effects and some deaths in Americans (see VAERS), and has not been proven to stop infection or spread infection. As far as masks go, I have witnessed firsthand how harmful the effects of mandated mask wearing all day has been for students. Students have to cover their breathing all day in our hot classrooms, as well as when running around outside in the sun. I even had a student who completely passed out and fell to the ground. She hit her head on the ground (thankfully the grass) and had a friend help her up. The way the school handled it was very discouraging and I feel that schools are only worried about liability, not safety. I strongly oppose children being forced to cover their breaths all day and have fear driven into them if the masks are not worn perfectly. The emotional toll that this fear induced way of life took on my students as well as myself has been so disappointing that it actually led to me resigning from the DOE this year. I have worked very hard to get this far, but morally and ethically I could no longer continue this toxic way of life and support this. Please understand that these mandates have long term effects on the emotional state of everyone involved and must be considered before making these life-changing decisions.

--

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or privileged information. Any review, use, disclosure, or distribution by unintended recipients is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. The Hawaii State Department of Education (HIDOE) and its schools do not discriminate on the basis of race, sex, age, color, national origin, religion or disability in its programs and activities. Please direct inquiries regarding HIDOE nondiscrimination policies as follows: ADA/Section 504 inquiries: Krysti Sukita, ADA/504 Specialist, Civil Rights Compliance Office, Hawaii State Department of Education, PO Box 2360, Honolulu, Hawaii, (808) 586-3322 or relay, crco@notes.k12.hi.us. Title VI, Title IX, and other inquiries: Anne Marie Puglisi, Director, Civil Rights Compliance Office, Hawaii State Department of Education, PO Box 2360, Honolulu, Hawaii, (808) 586-3322 or relay, crco@notes.k12.hi.us. (3/16/18 CRCO).
Testimony: Please Oppose Restrictions on Our Keiki to Attend School

Faith <faith.seim@gmail.com>
To: testimony.boe@boe.hawaii.gov

Name: Faith Seim

Meeting: Board of Education 06/17/21

Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning

Dear Board of Education Members:

As a parent of two school-aged children this year, I implore you to take action to prevent any further emotional, psychological and physical harm to our precious keiki. The last 15 months have demonstrated that there is no justification for continued restrictions. There is no substantive statistical or tangible proof that a public health emergency exists in the state of Hawai‘i and it is time to acknowledge the risk of harm we face in maintaining the mask and social distancing restrictions that are reliant on a dubious set of ever-changing “facts.” There is simply no scientific evidence or argument for backing these destructive policies that are causing far more harm than good.

Pediatricians and child psychologists worldwide are reporting the physical and psychological harm that these restrictive measures have caused children over the past year and a half, including but not limited to: Increased incidence of depression and anxiety, increased incidence of suicidality and suicide, panic attacks, bacterial infections, etc. There is no justification for the continuation of these harmful school policies that are hurting our children and community far more than they are protecting them.

Please ask yourself: Do the benefits truly outweigh the risks? There is an ever-growing mountain of evidence that suggests they do not.

Children have a 99.99% survival rate for COVID-19 and are not a significant source of COVID-19 transmission. Furthermore, asymptomatic spread is not a proven source of transmission. Masking and social distancing are not only unnecessary, but are harmful...
to children. Masks are ineffective at preventing viral spread and are damaging to children’s physical and psychological health. Social distancing and masking negatively affect children’s development and distance learning is causing children to fall behind academically, as evidenced by the increased rates of academic failure observed this past school year. It is time to stop these horrendous mandates and restrictions and truly advocate for the well-being of Hawaii’s keiki.

Finally, the COVID-19 "vaccines" are still in phase III clinical trials and have not been proven safe or effective. Alarming reports of adverse events and deaths are being documented daily, including those in children: The VAERS reporting system, which requires the reporter to be a health care provider, has now documented over 4,000 deaths in the US alone. Furthermore, these experimental injections have not been proven to prevent infection or spread of COVID-19. It is unconscionable to encourage experimentation on children with injections that have NOT been proven safe nor effective. There is no way of knowing how these shots will affect children's developing bodies in the years ahead. Studies on the effects of the vaccines on fertility are still being conducted. Children are not at high risk with this virus and there are already safe and effective treatments available. Not one healthy child has died of COVID-19. Not one. And yet several deaths of children have been reported from the COVID "vaccines."

**Put simply: Medical experimentation on children is a crime.**

Please stand up for our children. Do not push these experimental injections on them. Lift all restrictions and mandates and allow the keiki to learn in an environment where they can truly thrive. Otherwise, I will be forced to join with thousands of other parents to seek to remove eligibility for public school funding.

Mahlao nui loa.

Faith Seim

______________________________


2 [https://adc.bmj.com/content/105/7/618](https://adc.bmj.com/content/105/7/618)

Sent from my iPhone
opposed to BOE resolution
1 message

Kristin Matsuda <kmatsuda@rbx.run>     Wed, Jun 16, 2021 at 12:10 PM
Reply-To: kmatsuda@rbx.run
To: "Testimony.BOE" <testimony.BOE@boe.hawaii.gov>

Aloha. I submit below my points of opposition to the proposed BOE resolution in the order of the points proposed by BOE: (1) encouraging vaccination; (2) communication with families on school safety measures, (3) distance learning options, (4) continuing the designation of the Hawaii State Department of Health as the authority for advice and guidance on all COVID-19-related health matters. I also have a suggestion: Discontinue both the mentality and any structural/administrative mechanism that requires statewide rules for COVID and schools. Our islands are different; just like with "safe travels," there has to be some local control mechanism that does not give any BOE rep, HSTA rep or CAS the luxury of blaming the state DOE/DOH for decisions that adversely and unnecessarily effect our schools on Kauai.

Thank you in advance for your consideration.

(1) **Do not "encourage vaccination."** If you do, you must present pros and cons, respecting people's privacy and the individual right/responsibility to make decisions effecting health care. Why? You represent everyone in HI, not just a particular side on this issue.

While BOE states that "[t]he data indicate that these [COVID] vaccines are able to effectively reduce spread and minimize the seriousness of the illness," (BOE resolution, p. 4, 1st para.) you fail to point out three significant points: (a) The vast majority of children do not get ill from COVID; you are promoting a shot that they do not need and it does not benefit their individual health, a consideration that involves the most important decision a person can make; (b) You make absolutely no mention of the vaccine risks which is unethical, irresponsible, and should subject you, DOE/BOE, to liability, if a student has an adverse reaction to the vaccines you're pushing. Big pharma may have immunity, but you don't. (c) Young people are not "super-spreaders;" they, teachers and staff can "stay home when ill," and people who feel at risk in general can choose to stay home or 100% distance-learn, etc. Your resolution states: "Another key element in bringing students back to classrooms is ensuring that their families are comfortable with the health and safety measures schools have put in place." (BOE resolution, p. 4, para. 3) KIDS (MIDDLE AND HIGH) HAVE NEVER BEEN GIVEN THE OPTION TO RETURN TO SCHOOL FULL-TIME during this pandemic. You have to stop treating people, esp. kids, as if they all have COVID unless proven otherwise. It is time to restore logic to this system and say, "If you think you or your child is at risk or not safe, then you have the option to stay home; otherwise, school is open. We expect you to use good hygiene and good judgement."

(2) **Communication with parents would be nice if it actually occurred, BOE, and if the information were accurate.**

To say that ANY of the public-ed decisions made last year related to COVID data is an outright lie. HIDOH guidance was written on the premise that the schools would be dealing with a COVID outbreak (hence a "data driven method" per School Guidance at page 1, para. 2 which tracks the "7 day average on each island" at page 3 of 17, see chart!); instead all of you perverted DOH's guidance and applied it across the board with no consideration of COVID data at all. Case in point: KAUAI. We never had a COVID outbreak or problem that would ever trigger the massive school closure that CAS Zina decided to implement from day one. And where was Maggie Cox, Kauai BOE rep, during this time? She never answered a single email of mine or spoke up for Kauai's kids in a way that anyone could hear or take note.

Unacceptable. CAS Zina has talked about "health and safety" all year; Principal Morris from CKMS cited "DOH guidance" in spring (the same data source that also existed in fall when we had no COVID outbreak) as the basis for considering instructional changes -- and nothing changed. HSTA President Rosenlee got a "six foot distance" requirement for teacher contracts in July; threatened to enforce it the first week of August (with NO covid cases on Kauai) and even after half a year, there was no mid-term collective bargaining to lessen or eliminate that requirement to get more kids in the classroom. Why? Because public ed's decisions this past year have nothing to do with COVID. Superintendent Kishimoto said just before spring break, "I think all schools should reopen to full time in-person instruction." Instead of addressing THAT issue, Rosenlee's primary comments were that Kishimoto's contract should not be renewed and his prediction that "the same conversations we're having now [in spring] are the same conversations we'll be having in August." Read: We do not want to return to full-time in-person instruction at schools, and we will not change course.

Shame on you, all of you, who continue to cite "health and safety" or "DOH" as your purported "guidance" and basis for making any school-related decisions. You should all be fired, prosecuted and convicted, for abuse of the public trust.
(3) **Enough "distance learning options" -- give options to the folks who want in-person public education full-time.**

You say, "In person education is still the best model," yet continually promote distance learning. It now sounds like another lie. Currently, our only option if we want full-time in-person instruction is to go elsewhere. Congratulations, DOE/BOE: You've made class sizes smaller and decimated public trust at the same time. Your insistence on promoting distance learning, even after we have watched COVID unfold for a full year, demonstrates another agenda wholly unrelated to COVID.

(4) **Citing DOH as the BOE's authority for advice and guidance is not just disingenuous, it's cowardice.**

As previously mentioned, if any of you actually applied DOH's schools "guidance" last year, Kauai's schools would never have closed. Additionally, you have effectively made "advice/guidance" synonymous with "rules," which educators should know are two different words with completely different meanings. So what is the point of such a BOE statement? I have to guess you really don't care what is officially written or said by DOH or anyone else, and you don't mean what you say. To cloak yourselves with the veil of "health and safety" merely allows you to do whatever it is that puts you in lockstep with federal and state DOE.

True cowards enjoy petty displays of control. For a year many teachers and staff have enjoyed commanding youth not to stand or sit so close to each other, or play sports at all; insisting that children not see each other's faces or communicate normally, and scolding them for not wearing their masks properly or for congregating "too closely"; having adults-only days on campus including "skinny Mondays" or teacher-training Wednesdays, so that they can have their own private meetings with coffee and snacks and no kids around on a day that would normally be reserved for . . . teaching kids. And every administrator who just said nothing, knowing all this micromanagement was going on, is just as bad. **Insisting that children be FAILING academically in order to win a coveted spot in a middle-school classroom is just stupid policy. Inviting high-schoolers to campus, then teaching TO THE SCREEN instead of addressing the live persons in the seats, is moronic.**

It is no wonder more teens than ever are contemplating suicide. This is on you. The family of every child/teen student who's committed suicide on these islands in the past year should be suing you (BOE/DOE/DOH) personally and as a state actor for **wrongful death**; the custodian of every child who's had to resort to professional therapy and treatment for depression, suicidal ideation, etc, should be suing you for **intentional or negligent infliction of emotional distress.** You are cowards, all of you, who participate in these "health and safety" efforts or say nothing as it happens. Historically, the only way DOEs ever seem to grasp the magnitude of their poor decisions and course-correct is through the threat of litigation. Perhaps this time will be different. One can dream. I hope kids never forget what you have done to them this year and last, and may they never repeat such dreadful mistakes.

**Kristin Matsuda, Lihu'e**

Mother of three students in Kauai public schools

808.320.8971
To whom it may concern,

Please OPPOSE restrictions and vaccine requirements for our keiki to attend school.

The masks, testing and vaccine OCD rituals are inappropriate for proper education and community health.

Please allow these to be optional, as it is important to honor diversity and respect other's beliefs.

Enforcement of these is a distraction to all curriculum. Our children need to see their teachers faces to fully process their lessons. They deserve the respect that they are intelligent and strong enough to overcome obstacles. Those who are unsure and do not feel safe should have the option to stay home, wear a mask and get vaccinated. But they do not have the right or the authority to force others to do so.

Let's not bully each other Hawai'i Nei!

Please OPPOSE restrictions and vaccine requirements for our schools.

Mahalo for being pono,
Lucy Bell

Sent from ProtonMail mobile
Thank you, please submit my testimony to:

June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Line IV:A Presentation on Board Resolution of reopening schools for the 2021-2022 school year.

Please validate and confirm.

Mahalo,
Lucy

Sent from ProtonMail mobile

-------- Original Message --------
[Quoted text hidden]
Testimony

1 message

brian jessup <azmilman82@yahoo.com>  Wed, Jun 16, 2021 at 12:21 PM
To: "Testimony.BOE@boe.hawaii.gov" <Testimony.BOE@boe.hawaii.gov>

To: Hawai‘i Board of Education

From: Sheena Jessup

Testimony for General Business Meeting (17 June 2021)

Agenda item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: **Opposition to masks, social distancing, and encouraged vaccination**

To Whom it May Concern:

I am writing in regards to the proposed board resolution for SY 2021-2022; it appears that the BOE is proposing continued mandated masking of our children and encouraging vaccination. I am strongly opposed to my children being in masks, socially distanced from their peers, and absolutely will not even consider the vaccine until it is no longer under EUA.

Just three days ago the CDC announced an *emergency meeting* to discuss serious concerns regarding "higher than expected" reports of heart inflammation in adolescents getting the COVID vaccines; the CDC has yet to announce their conclusion to this meeting with this new evidence that I believe will be essential to consider prior to pushing any vaccination agenda for this upcoming school year.

Regarding the plan to enforce mandated masks for children; I believe this should be up to the individual family/child's preference. Mask effectiveness is highly debatable, especially when children rarely wear masks properly and without touching them throughout the day. Recently in Gainesville, FL parents sent their children's masks to a lab to discover NO VIRUSES were detected, but rather dangerous pathogens including but not limited to: Streptococcus pneumonia, meningitis, tuberculosis, diphtheria, escherichia coli (food poisoning), among others. Not to mention, the sociological and psychological factors associated with over a year of mask mandates. Enough is enough.

Furthermore, I hold a **STRONG** opposition to continue social distancing practices for our children. The psychological effects of social distancing have been published in several peer reviewed research articles; the consensus of the research shows our youth are exhibiting signs of increased anxiety and depression. Our children NEED interaction, they need to socialize with their peers and to be able to hug and high-five their teachers.

It is time to move past these mandates. It is time to unmask our children.

Respectfully,

Sheena Jessup
To: Testimony.BOE@boe.hawaii.gov

General Business Meeting
Proposed Resolution for SY2021-22
Oppose mandated vaccine, maks wearing

Attn: Hawaii Board of Education

I strongly oppose the requirement for any student to be forced get the vaccine and wear masks whether it’s to return to school or remain at school. Moderna, Pfizer, and Johnson & Johnson are NOT FDA approved and are still undergoing clinical trials under the Emergency Use Authorization (EUA). The Food and Drug Administration (FDA) and the Health and Human Services (HHS) have not studied these vaccines thoroughly and that’s why an EUA had to be issued in order for these trials to be conducted.

These “vaccines” are an “investigational vaccine not licensed for any indication,” which is stated in the FDA “EUA Letter of Authorization” and are still in “ONGOING TRIAL PHASES” - in other words, these are still experimental.

Pfizer is still in their ONGOING trial phase! According this FDA website https://www.fda.gov/media/144412/download, it states, “For the May 10, 2021 authorization for individuals 12 through 15 years of age, FDA reviewed safety and effectiveness data from the above-referenced, ONGOING PHASE 1/2/3 TRIAL…” “The vaccine contains a nucleoside-modified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2 formulated in lipid particles. It is an investigational vaccine not licensed for any indication.” “Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 in individuals 12 through 15 years of age, the Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) is being revised to include the following Warning: “Syncope (fainting) may occur in association with administration of injectable vaccines, in particular in adolescents. Procedures should be in place to avoid injury from fainting.” The Fact Sheet for Recipients and Caregivers is being revised to instruct vaccine recipients or their caregivers to tell the vaccination provider about fainting in association with a previous injection.” This is just one of many risks of these experimental vaccines. “All descriptive printed matter, advertising, and promotional material relating to the use of the Pfizer-BioNTech COVID-19 Vaccine clearly and conspicuously shall state that: • This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 12 years of age and older.”

Johnson & Johnson (Janssen Biotech) is still in their ONGOING trial phase! According the FDA website https://www.fda.gov/media/146303/download, “The vaccine contains a recombinant, replication-incompetent human adenovirus serotype 26 (Ad26) vector, encoding the SARS-CoV-2 viral spike (S) glycoprotein, stabilized in its pre-fusion form. It is an investigational vaccine not licensed for any indication. FDA reviewed safety and efficacy data from an ONGOING PHASE 3 TRIAL. which has enrolled 43,783 participants randomized 1:1 to receive Janssen COVID-19 Vaccine or saline control.” “All descriptive printed matter, advertising, and promotional material relating to the use of the Janssen COVID-19 Vaccine clearly and conspicuously shall state that: • This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older.”

Moderna is still in their ONGOING trial phase! According to the FDA website https://www.fda.gov/media/144636/download, “FDA reviewed safety and efficacy data from an ONGOING TRIAL PHASE 3 in approximately 30,000 participants randomized 1:1 to receive Moderna COVID-19 Vaccine or saline control. The trial has enrolled participants 18 years of age and older.” “All descriptive printed matter, advertising, and promotional material relating to the use of the Moderna COVID-19 Vaccine clearly and conspicuously shall state that: • This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older”

Recently the CDC has reported strong correlation between these vaccines and heart inflammation and heart complications such as myocarditis and pericarditis in people under 30 years of age. CDC will be holding an emergency meeting on June 18, 2021 regarding this issue of reports of heart inflammation after doses of covid-19 vaccine shots were administered. This info came from Tom Shimabukuro, deputy director of the CDC’s Immunization Safety Office during a Food and Drug Administration (FDA) advisory group.

Without the long term study of possible long term health risks as a result from these drugs, students are being coerced and maybe even bribed into getting these so-called vaccinations so that they are allowed to receive face-to-face education at the college level. It seems this unprecedented push for covid-19 vaccinations is so strong that public schools and state owned locations have become vaccination sites. Shouldn’t vaccinations and medical treatments be between the doctor and patient only? There have already been many documentation of vaccine injuries in VAERS as a result of being given these shots of drugs from the pharmaceutical companies: Moderna, Pfizer, Johnson & Johnson. A
list of reported adverse events after these vaccinations VAERS: Myocarditis and pericarditis among people ages 30 and younger, Multisystem Inflammatory Syndrome (MIS) in adults and children, Anaphylaxis, Thrombosis with thrombocytopenia syndrome (TTS), reports of death, Bells Palsy, sudden hearing loss, fainting and these are just to name a few. The health and safety of our kids in Hawaii should never rely on a vaccine that has not been thoroughly tested, has not undergone long term studies, and already has many injuries as reported in VAERS with many possible life threatening conditions.

Under the “21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies”, in the “Conditions for Authorization” section, individuals have a right “of the option to accept or refuse administration of the product” These “vaccines” under the EUA cannot be mandated!

According to the fact sheet “FDA Sheet for Recipients and Caregivers” (https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf), it says, “WHAT IS THE MODERNA COVID-19 VACCINE? The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).” The website https://www.modernatx.com/covid19vaccine-eua/ says, “The Moderna COVID-19 Vaccine has not been approved or licensed by the US Food and Drug Administration (FDA), but has been authorized for emergency use by FDA, under an Emergency Use Authorization (EUA), to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older. There is no FDA-approved vaccine to prevent COVID-19.”

According to the website https://www.cvdvaccine.com/ it says, “Global Information About Pfizer-BioNTech COVID-19 Vaccine (also known as BNT162b2) The approval status of the Pfizer-BioNTech COVID-19 Vaccine varies worldwide. In countries where the vaccine has not been approved by the relevant regulatory authority, it is an investigational drug, and its safety and efficacy have not been established.” The “Fact Sheet for Recipients and Caregivers” (https://www.fda.gov/media/144414/download) says, “WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE? The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19. 2 Revised: 10 May 2021 The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 12 years of age and older under an Emergency Use Authorization (EUA).”

According to the fact sheet for Johnson & Johnson (https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf) it says, “The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, Janssen COVID-19 Vaccine, for active immunization to prevent COVID-19 in individuals 18 years of age and older.” “For information on clinical trials that are testing the use of the Janssen COVID-19 Vaccine for active immunization against COVID-19, please see www.clinicaltrials.gov.” Why is this drug being disguised as a “vaccine” when they are still undergoing “clinical trials?” The fact sheet also states, “The Janssen COVID-19 Vaccine may not protect all vaccinated individuals.” Why is this drug considered a “vaccine” when there’s no guarantee of IMMUNITY which is what a true vaccine is supposed to provide.

The FDA regulates vaccines as “drugs” under the Federal Food, Drug and Cosmetics Act (“FDCA”) - as stated in an article from Harvard titled “Vaccines and The National Vaccine Injury Compensation Program” which can be accessed here https://dash.harvard.edu/bitstream/handle/1/9453695/Davenport%2C_Katherine_NVICP.pdf?sequence=2&isAllowed=y. These “vaccines” from Modern, Pfizer, and Johnson & Johnson are still undergoing clinical trials and that’s why they aren’t FDA approved. According the FDA website page titled “Emergency Use Authorization For Vaccines Explained”, “An EUA request for a COVID-19 vaccine can be submitted to FDA based on a final analysis of a phase 3 clinical efficacy trial or an interim analysis of such trial, i.e., an analysis performed before the planned end of the trial once the data have met the pre-specified success criteria for the study’s primary efficacy endpoint.”

To require these vaccine drugs, which seem to have no guarantee of immunization against covid-19, as a prerequisite for students to return to campus from these pharmaceutical companies when they are clearly still in experimental and clinical trial phase stages, is irresponsible and reckless.

Parents should have priority for the well being, health and safety of their child. Parents should never be coerced, forced, mandated, or scared - “Informed Consent” is between the parent/child and their medical doctor. I will reiterate, Under the “21 U.S. Code § 360bbb–3 - Authorization for medical products for use in emergencies”, in the “Conditions for Authorization” section, individuals have a right “of the option to accept or refuse administration of the product” These “vaccines” under the EUA cannot be mandated!

Mask wearing has been a hinderance to learning especially in the English Language Learners (ELL) groups. When students aren’t able to see the formation of the mouth when it comes to sounds and pronunciation of words, how are they expected to learn? It’s hard enough to hear and understand anyone talking through a mask, but for kids who are not English speakers it’s even more difficult. Masks prevent breathing in full oxygen which causes fatigue and headaches. It’s unhealthy and unfair for kids to be subjected to wear masks outside to play in our hot and humid environment. We, as adults, need to advocate and be their voice. I’ve heard students say they can’t breathe with the masks. It shouldn’t be something that we should just get used to. I recall Lieutenant Governor Josh Green saying that he wouldn’t want his kids to be subjected to wearing masks all day. Dr. Fauci also said that the virus is smaller than the holes in the masks therefore masks are not effective. Even with mask mandates, which Hawaii is the last to require indoor mask use, it has not eradicated the virus nor stopped the spread over the course of this past year.
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.
To the Hawai‘i State Board of Education Members,

TESTIMONY IN OPPOSITION TO THE PROPOSED RESOLUTION FOR 2021-22 SCHOOL YEAR, TO BE DISCUSSED JUNE 17, 2021

Dear Board Members, I come to you as a professional with a Doctorate in the health industry AND as a mother. A concerned mother.

The amount of illogical and unbelievable government imposed restrictions put on the population as a whole and most disgustingly our children has to end, TODAY.

Many parents intend to withdrawal their children from the public school system. Many more are highly considering it. A lot already have.

The masking, the fear of forcing them to think they are all a health threat to each other by breathing and the social distancing is beyond inhumane. There is no way this can continue for another school year or ever again.

Most states in this UNITED STATES of AMERICA are fully open, most have actually made these mandates ILLEGAL and most states have dropped all of them from the school system.

The research and present data as well as the entire history of humankind clearly shows that Covid-19 is not a public health emergency. We have seen fewer deaths from this disease in 15 months than we would normally see from the flu in any given year here in Hawai‘i. To maintain that this is a “public health emergency” is irresponsible and patently false. Children are not at risk of contracting or spreading Covid-19 and are certainly not at risk of dying from it either.

None of this can be justified.

The proposed resolution for the coming school year brings up the intent to encourage vaccination as the #1 focus, maintaining that this is necessary in order to return to full time in person learning. The second focus involves continued promotion of “safety measures”.

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.1
2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.2
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.3
4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.4
5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. 5 The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.6 https://www.cbsnews.com/news/coronavirus-pandemic-students-grades-suffering-all-remote-learning/ 5
https://www.pnas.org/content/118/17/e2018995118 4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/ 3
https://www.acpjournals.org/doi/10.7326/M20-6817 2 https://adc.bmj.com/content/105/7/618 1 https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html 6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.7
6. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing.
9 Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.10 11 8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at

https://mail.google.com/mail/u/2?ik=84c4e7b8e2&view=pt&search=all&permthid=thread-f%3A1702765128593607760&simple=msg-f%3A17027651285…
06/04/2021, and one-third of the deaths occurred within 48 hours.12 13 9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.14 10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents.15 Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety. 11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available.16 Evidence has recently surfaced that proves that some of the nation's

16https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization 15 https://www.pfizer.com/science/clinical-trials/children 14 https://u.pcloud.link/publink/show?code=XZDY5TXZBy6puRU5uRXOLdJ9MzbJ9rseedk 13 https://z3news.com/w/latest.vaers-data-show-5165-deaths-reported-following-covid-vaccines/ 12 https://vaers.hhs.gov/ 11 https://www.ernestdempsey.com/bacterial-pneumonia-and-other-health-risks-of-wearing-masks-alarm-doctors/ 10https://ethanolrfa.wp-content/uploads/2016/02/Module-2-Handout-CO2-Adverse-Health-Effects-Fact-Sheet.pdf 9https://www.technocracy.news/german-neurologist-on-face-masks-oxygen-deprivation-causes-permanent-neurological-cal-damage/ 8 https://developingchild.harvard.edu/science/deep-dives/neglect/ 7 https://www.mdpi.com/1660-4611/18/8/4344 leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed.17 The Covid-19 vaccines should have never been granted EUA use under federal law. 18 12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.19 13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful.20 These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs.21 This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents. 14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive.22 This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “…If you get [perform the test at] a cycle threshold of 35 or more… the chances of it being…” 23 https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html 21 https://www.mdpi.com/2076-393X/9/1/36/htm 20 https://principia-scientific.com/covid-study-spike-protein-in-vaccines-is-cause-of-deadly-blood-clots/ 19 https://history.nih.gov/display/history/Nuremberg+Code 18 https://virology. biomedcentral.com/articles/10.1186/1743-422X-2-69 17https://onenewson.com/perspectives/bryan-fischer/ 2020/04/27/fauci-knew-about-hcq-in-2005-nobody-needed-to-dodie replication-confident [aka accurate] are miniscule… you almost never can culture virus [detect a true positive result] from a 37 threshold cycle…even 36…” The standard CT count for labs across America is typically at least 40 cycles.23 15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.24

There are countless other studies and peer reviewed research to confirm that masking healthy children is detrimental and unnecessary. I ask you, when does it end? Every flu season, every cold season, every illness which is something that has historically since the beginning of time only strengthened our immune systems. This stops today.

This needs to end for the mental and physical health of our keiki.

Jennifer Carman
PO Box 868 Kaneohe HI 96744
June 15, 2021

To the Hawai‘i State Board of Education Members,

TESTIMONY IN OPPOSITION TO THE PROPOSED RESOLUTION FOR 2021-22 SCHOOL YEAR, TO BE DISCUSSED JUNE 17, 2021

Dear Board Members,

I am a mother of 3 children in the public school system in elementary, middle school and high school. I am writing today to ensure my children have better school experience that is more fair just. To think that we would even consider another school year of masking our children, enforcing dehumanizing social distancing rules and other psychological abuses is appalling.

The data clearly shows that Covid-19 is not a public health emergency. We have seen fewer deaths from this disease in 15 months than we would normally see from the flu in any given year here in Hawai‘i. To maintain that this is a “public health emergency” is irresponsible and patently false. Children are not at risk of contracting or spreading Covid-19 and are certainly not at risk of dying from it either. So how can we justify continued mitigation tactics that have known risks and harms when there is statistically ZERO threat from the disease itself?

The proposed resolution for 2021-2022 on the intent for “encouraging vaccination” is WRONG! This is propaganda. Are you from the medical field?? Have you done your research on the “vaccines”??… It is up to the families and their medical team they trust to discuss and “encourage” or not vaccines for children! That would be overstepping parenting and a PERSONAL DECISION that is non of the Schools business.

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.

2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.
Students and families do not need ‘education’ on “vaccine encouragement” from schools, doctors office need to do that and it is called Informed Consent. Your role is to promote and encourage education on history geography, mathematics, english language arts etc…..

Science and data have shown that even with the “vaccine” for Covid, you can still contract the virus and infect others PLUS treatments exist to cure the virus… so why would you encourage something that has not been fully proven safe and effective?? They are still in clinical trials and still experimental!! As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

In regards to “safety measures”, children do not need face masks. These are more of a nuisance to their development and health causing terrible consequences.

1. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.

2. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.

3. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.

4. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other
serious health issues.

I am not the only parent that is concerned for the following school year, there are so many more sending in testimonies and I am prepared to take measures in order to keep my children safe and untouched by this propaganda surrounding the virus etc…

Ask yourself why parents are so concerned and ready to take action to help protect their keiki!

The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

It is clear to see that any continued Covid-19 related mandates in our public schools will be a decision that is driven by politics rather than intent to protect health and we will not stand by and allow this to go on for another school year. We need to end all Covid-19 related “safety measures” immediately and let our children live and breathe freely.

Sincerely,
A concerned Parent in the State of Hawaii
Aloha board of Education,

My name is Michelle Melendez, and I am a very concerned Hawaii citizen.

You are meeting tomorrow to discuss coercion of an experimental vaccine for children in schools.

The CDC has said this vaccine cannot be a mandatory and I know that is not your point but you are coercing parents and children into taking it, which goes against the Nuremberg trials of 1947 where you cannot coerce people into taking an experimental drug.

Children have a .003% chance of getting this virus and even less chance of dying from it.

This experimental vaccine is NOT fully approved by the FDA. It is only for emergency use. We do not know the short and long-term effects.

Many people who have taken the vaccine are having adverse side-effects especially women. There have been blood clots, excessive bleeding, strokes and more.

Please stop coercing people into taking an experimental vaccine and giving it to their children. What you are doing is against the law and needs to stop.

What has happened to our communities is criminal.

This virus has killed less people than the regular flu has every year for the past six years. Both heart disease and cancer are each 10 times more deadly.

This madness needs to stop!

Sincerely,
Michelle
--

Michelle Melendez
Live in the Body you Love Specialist and Weight Loss Expert
Author Of Best Selling and Award Winning Book,
End Dieting Hell: How to find peace in your body and release the weight
Phone: 1.866.339.4438
https://blossominnerwellness.com/
Order your copy of End Dieting Hell Click Here
It's time to Live In a Body You Love! Oh Yeah!

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 links to the most recent agendas for the Board's Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.
On Wed, Jun 16, 2021 at 7:55 AM Michelle Melendez <michelle@blossominnerwellness.com> wrote:

Aloha board of Education,

My name is Michelle Melendez, and I am a very concerned Hawaii citizen.

You are meeting tomorrow to discuss coercion of an experimental vaccine for children in schools.

The CDC has said this vaccine cannot be a mandatory and I know that is not your point but you are coercing parents and children into taking it, which goes against the Nuremberg trials of 1947 where you cannot coerce people into taking an experimental drug.

Children have a .003% chance of getting this virus and even less chance of dying from it.

This experimental vaccine is NOT fully approved by the FDA. It is only for emergency use. We do not know the short and long-term effects.

Many people who have taken the vaccine are having adverse side-effects especially women. There have been blood clots, excessive bleeding, strokes and more.

Please stop coercing people into taking an experimental vaccine and giving it to their children. What you are doing is against the law and needs to stop.

What has happened to our communities is criminal.

This virus has killed less people than the regular flu has every year for the past six years. Both heart disease and cancer are each 10 times more deadly.

This madness needs to stop!

Sincerely,
Michelle
--

Michelle Melendez
Live in the Body you Love Specialist and Weight Loss Expert
Author Of Best Selling and Award Winning Book,
End Dieting Hell: How to find peace in your body and release the weight
Phone: 1.866.339.4438
https://blossominnerwellness.com/
Order your copy of End Dieting Hell Click Here

It's time to Live In a Body You Love! Oh Yeah!
Many people who have taken the vaccine are having adverse side-effects especially women. There have been blood clots, excessive bleeding, strokes and more.

The Covid-19 virus has killed less people than the regular flu has every year for the past six years. Both heart disease and cancer are each 10 times more deadly.

Please stop coercing people into taking an experimental ‘vaccine’ and giving it to their children. What you are doing is against the law and needs to stop. This is criminal and you will be held accountable for your participation in this, whether it be in this world or on Judgement Day.

Furthermore, I ask that you do away with children having to social distance, sit behind screens and wear masks. There is absolutely no evidence to support such measures will keep children safe, it’s quite the contrary in fact. Evidence supports that children’s physical and mental health will be greatly affected on a damaging level, and likelihood of premature death.

Such measures are nonsensical, and need to stop. I ask that you do what’s morally and ethically right for our children by doing away with useless Covid measures and not coercing parents to get their children ‘vaccinated’ as a requirement for them to attend school or community events and activities.

Sincerely,

Maria Rizzo

Maria R <missmaria126@gmail.com>  
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Aloha Board of Education,

I am a very concerned Hawaii resident, contacting you regarding your meeting tomorrow to discuss coercion of an experimental ‘vaccine’ for children in schools.

Coercing parents and children into taking an experimental ‘vaccine’ goes against the Nuremberg trials of 1947 which states you cannot coerce people into taking an experimental drug.

Children have a .003% chance of getting this virus and even less chance of dying from it.

The CDC stated that this ‘vaccine’ cannot be mandatory. This experimental ‘vaccine’ is NOT fully approved by the FDA. It is only for emergency use. We do not know the short and long-term effects.

Many people who have taken the vaccine are having adverse side-effects especially women. There have been blood clots, excessive bleeding, strokes and more.

The Covid-19 virus has killed less people than the regular flu has every year for the past six years. Both heart disease and cancer are each 10 times more deadly.

Please stop coercing people into taking an experimental ‘vaccine’ and giving it to their children. What you are doing is against the law and needs to stop. This is criminal and you will be held accountable for your participation in this, whether it be in this world or on Judgement Day.

Furthermore, I ask that you do away with children having to social distance, sit behind screens and wear masks. There is absolutely no evidence to support such measures will keep children safe, it’s quite the contrary in fact. Evidence supports that children’s physical and mental health will be greatly affected on a damaging level, and likelihood of premature death.

Such measures are nonsensical, and need to stop. I ask that you do what’s morally and ethically right for our children by doing away with useless Covid measures and not coercing parents to get their children ‘vaccinated’ as a requirement for them to attend school or community events and activities.

Sincerely,

Maria Rizzo
Thank you for your response. Your testimony will be included with the General Business meeting on 6/17/21 for agenda item IV. A.

On Wed, Jun 16, 2021 at 1:08 PM Maria R <missmaria126@gmail.com> wrote:

Aloha Board of Education,

I am a very concerned Hawaii resident, contacting you regarding your meeting tomorrow to discuss coercion of an experimental 'vaccine' for children in schools.

Coercing parents and children into taking an experimental 'vaccine' goes against the Nuremberg trials of 1947 which states you cannot coerce people into taking an experimental drug.

Children have a .003% chance of getting this virus and even less chance of dying from it.

The CDC stated that this 'vaccine' cannot be mandatory. This experimental 'vaccine' is NOT fully approved by the FDA. It is only for emergency use. We do not know the short and long-term effects.

Many people who have taken the vaccine are having adverse side-effects especially women. There have been blood clots, excessive bleeding, strokes and more.

The Covid-19 virus has killed less people than the regular flu has every year for the past six years. Both heart disease and cancer are each 10 times more deadly.

Please stop coercing people into taking an experimental 'vaccine' and giving it to their children. What you are doing is against the law and needs to stop. This is criminal and you will be held accountable for your participation in this, whether it be in this world or on Judgement Day.

Furthermore, I ask that you do away with children having to social distance, sit behind screens and wear masks. There is absolutely no evidence to support such measures will keep children safe, it's quite the contrary in fact. Evidence supports that children's physical and mental health will be greatly affected on a damaging level, and likelihood of premature death.

Such measures are nonsensical, and need to stop. I ask that you do what's morally and ethically right for our children by doing away with useless Covid measures and not coercing parents to get their children 'vaccinated' as a requirement for them to attend school or community events and activities.

Sincerely,

Maria Rizzo
We are calling on you to take affirmative action to prevent any further emotional, psychological and physical harm to our children in your school setting. We have had ample time over the last 15 months to determine that there is no justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai’i and it is time to acknowledge the risk in maintaining this narrative. Remove all Covid-19 related restrictions and mandates or we will do everything in our power to remove our keiki from the public school system.

Rosemarie Jauch

Rosemarie Jauch
4460 Ikena Place #50
Kalaheo, HI 96741
602-663-7876
To the Principal and Head of Admissions of [your child's school]:

LEGAL NOTICE - CEASE AND DESIST

The following is a formal demand that you and all those involved in policy making at [your child's school] immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking of healthy children, excessive hand washing and sanitizing, enforcing “social distancing” and engaging in other psychologically abusive routines that promote fear have no benefit in preventing the spread of illness and instead have proven to cause significant harm.

As a parent I have a duty to protect my child from harm and abuse and will no longer sit by and allow the school systems to enforce dehumanizing, detrimental regulations upon my child for another school year. If this formal demand to cease and desist in enforcing mandatory mask wearing, mandatory Covid-19 vaccination, mandatory Covid-19 testing, temperature checks, excessive sanitation, social distancing, the use of plexiglass and any other psychological torture in the coming school year is not adhered to I will be left with no other choice than to withdraw my child from the public school system.

With the given statistical data suggesting a very high rate of adverse reactions and deaths being reported in those who have agreed to be injected with this experimental vaccine technology, I will not be offering up my child as a guinea pig. If there are any demands made upon us to have my child submit to being a test subject in this medical experiment with no option to refuse, your school policy will be in direct violation of federal laws as well as the Nuremberg Code. I will have no choice but to withdraw my child from the school if such an egregious policy is implemented.

My demands are founded in the following verifiable FACTS:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.

2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.

3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.

4. Although scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that facemasks have a compromised safety and efficacy profile and should be avoided from use.

5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.

6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other kinesic cues has a negative impact on the overall behavioral and emotional health of small children.
7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.

8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.

9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation’s leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “...If you get [perform the test at] a cycle threshold of 35 or more... the chances of it being replication-confident [aka accurate] are miniscule... you almost never can culture virus [detect a true positive result] from a 37 threshold cycle...even 36...” The standard CT count for labs across America is typically at least 40 cycles.

15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

With the aforementioned verifiable facts provided above you should have no trouble in making the same deduction that millions of others around the world can clearly see. Covid-19 is not a deadly pandemic. It was born out of an inaccurate testing mechanism that produces fraudulent “cases” that bear no relevance to an actual threat, and instead are simply being used to stoke fear.

It is highly advised that you take affirmative action to prevent any further emotional, psychological and physical harm to my child and the other innocent children in your school setting. We have had ample time over the last 15 months to determine that there is no
justification for continued restrictions. There is no substantive, statistical or tangible proof that a public health emergency exists in the state of Hawai‘i and it is time to acknowledge the risk in maintaining this narrative. I am one of thousands of parents prepared to do whatever it takes to protect the keiki of Hawai‘i and we will not stand down. Remove all Covid-19 related restrictions and mandates or we will remove your school’s eligibility for funding.

Signed,

Bremen Jacob

Legal Notice - Cease and Desist
I oppose Masking, segregating and mandate Covid 19 vaccine for our kids for 2021-2022 school Year... Im writing you today to let you know I’m very opposed to what you have planned for our schools next year! Masking our children is child abuse for a virus they aren’t even affected by! Along with mandating a vaccine that is not even FDA approved or had even finished the clinical trials.. I will pull all my children from public schools and I know many others who will as well.. other states are wide open, and the Hawaii BOE is talking about doing this prison again for our children..What you guys are doing is criminal! I will pull all my kids from the public system.. I hope you do what’s right for these children.

Aloha,
Nicole (Kailua mother)

Thank you for your response. Your testimony will be included with the General Business Meeting scheduled on 6/17/21 for agenda item IV. A.
Oppose Restrictions & Vaccine Requirements on Children Please

AT&T Nicole <nicole_lorenzo@att.net>  
To: testimony.boe@boe.hawaii.gov

Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning

Dear Board of Education Members:

As a public health professional I stand by the following testimony by another community member:

“There is no substantive statistical or tangible proof that a public health emergency exists in the state of Hawai’i and it is time to acknowledge the risk of harm we face in maintaining the mask and social distancing restrictions that are reliant on a dubious set of ever-changing “facts.” There is simply no scientific evidence or argument for backing these destructive policies that are causing far more harm than good.

Pediatricians and child psychologists world wide are reporting the physical and psychological harm that these restrictive measures have caused children over the past year and a half, including but not limited to: Increased incidence of depression and anxiety, increased incidence of suicidality and suicide, panic attacks, bacterial infections, etc. There is no justification for the continuation of these harmful school policies that are hurting our children and community far more than they are protecting them.

Please ask yourself: Do the benefits truly outweigh the risks? There is an ever-growing mountain of evidence that suggests they do not.

Children have a 99.99% survival rate for COVID-19 and are not a significant source of COVID-19 transmission. Furthermore, asymptomatic spread is not a proven source of transmission. Masking and social distancing are not only unnecessary, but are harmful to children. Masks are ineffective at preventing viral spread and are damaging to children’s physical and psychological health. Social distancing and masking negatively affect children’s development and distance learning is causing children to fall behind academically, as evidenced by the increased rates of academic failure observed this past school year. It is time to stop these horrendous mandates and restrictions and truly advocate for the well-being of Hawai’i’s keiki.

Finally, the COVID-19 "vaccines" are still in phase III clinical trials and have not been proven safe or effective. Alarming reports of adverse events and deaths are being documented daily, including those in children: The VAERS reporting system, which requires the reporter to be a health care provider, has now documented over 4,000 deaths in the US alone. Furthermore, these experimental injections have not been proven to prevent infection or spread of COVID-19. It is unconscionable to encourage experimentation on children with injections that have NOT been proven safe nor effective. There is no way of knowing how these shots will affect children's developing bodies in the years ahead. Studies on the effects of the vaccines on fertility are still being conducted. Children are not at high risk with this virus and there are already safe and effective treatments available. Not one healthy child has died of COVID-19. Not one. And yet several deaths of children have been reported from the COVID "vaccines."

Put simply: Medical experimentation on children is a crime.

Please stand up for our children. Do not push these experimental injections on them.”

Thanks,
Nicole Lorenzo
Aloha,

I would like to submit testimony for the next board of education meeting addressing mask wearing, social distancing, etc for next school year. I am AGAINST these mandates for our children to be subjected to that kind of environment for so many reasons, both scientific and personal reasons. I am well aware that some of my colleagues will provide you with the studies and evidence regarding WHY we should not return to this type of learning environment so I do not wish to use this space for listing all of the above. BUT I’d like to formally state that I will withdraw all my children from the public school system IF this continues and these mandates are still in effect for next school year. They should be able to learn and play while breathing fresh air and being in contact with their peers. It’s obscene what we are doing to our children so let’s let them BE KIDS!!!

Aloha Always,

Sara McDiarmid
808.342.2898
sarajulia456@gmail.com
saramcdiarmid.lifevantage.com
Dear Board of Education,

Thank you for this opportunity to testify. My name is Kathryn Johnson and I am a mental health provider with twenty years of experience and I have a private practice on the island of Kauai. I am writing to strongly encourage you to reopen the public schools without any of the current Covid protocols, as our children desperately need a return to normalcy. Their mental health is absolutely depending on it.

Over the course of the past year and a half, mental health providers have seen an unprecedented increase in the mental health needs of the people of Hawaii and particularly the children. The rates of depression, anxiety, and obsessive-compulsive disorder (especially having to do with excessive hand washing, cleanliness and fear of germs) and suicidal ideation have skyrocketed. On the island of Kauai, and I imagine on the other islands as well, providers cannot meet the need and many children (and adults) sit on waitlists for months waiting to be treated. The long-term mental health effects on our children are yet to be determined, however clinicians fear that they may be substantial for some.

In my professional opinion, children, who are at the lowest risk of infection, have suffered the most harm during this pandemic. Distance learning has been very detrimental to the mental health of many children during this time. Children need to be around their peers, learning, interacting, smiling, laughing and playing. It is critical to their social-emotional development, as well as their mental health. For children who live in dysfunctional, alcohol/drug addicted or abusive families, distance learning has been disastrous as they have been barred from the one place that provides the safety and stability that they need in their lives. All schools must return to and remain in full time, in person learning, for the 2021-2022 school year.

It is critical that the children’s school environments return to pre-pandemic normalcy, without masking, social distancing, and excessive sanitation. These measures have instilled a greatly exaggerated and unnecessary level of fear in children and have been a strong contributing factor in the development of mental illness that my colleagues and I are seeing in children and adolescents.

Children and their parents are reporting an unprecedented amount of psychological damage to children from the masking alone. This is not to say that all children are impacted in this way, but many children are. They report feelings of isolation, depression, and sadness because they cannot see other people’s faces, read their emotions or communicate well due to the masks. They report increased levels of anxiety when wearing a mask and feelings of panic due to the restriction in airway. They report excessive tiredness and headaches and feelings of detachment as well. For children who have social skill deficits or social anxiety, the mask creates an even greater barrier for them to overcome in communicating with their peers or teachers. The usual result is that they retreat further into themselves and making or maintaining friendships becomes exceedingly difficult. Children and adolescents with sensory issues report even greater struggles, as their mental health condition makes it almost impossible to tolerate the mask on their face.

We now know that children are not significant vectors for transmission of Covid-19 and that, when infected, per the CDC, they have 99.9% survival rate (which includes all infected children, including the medically fragile). For this reason, many states have now repealed their school mask mandates and some governors and legislative branches have outlawed the mandatory masking of children. Additionally, in the UK, Boris Johnson has dropped the face mask requirement for secondary school children as of May 10 2021, due to MPs and parents’ concerns that face masks
negatively impacted children’s learning and wellbeing. Since the statistical risk of serious harm from Covid-19 is miniscule for young people, it is essential that they are not required to continue with measures that are creating noticeable harm to their mental health and emotional wellbeing.

It is essential that mask wearing become a parental choice for all, rather than a mandate for any. The BOE must not make any regulations dependent on the vaccination status of an individual teacher or student. All teachers, kupuna, other adults and adolescents over the age of 12 who are interested in being vaccinated, will have been fully vaccinated by the return of the school year. Those individuals are protected by the nature of their own vaccination and therefore the vaccination status of anyone else is ill relevant to them. The idea that my vaccination only works if everyone else is vaccinated makes zero scientific sense and only creates greater distrust of and confusion around the efficacy of the vaccines. Furthermore, the implementation of regulations for the unvaccinated violates the medical privacy of students and staff, as well as institutionalizes discrimination and will promote a hostile learning and work environment for the unvaccinated. This type of singling out of students must not be considered, as it will lead to and encourage bullying and social ostracizing and will have a disastrous effect on the mental health of these students.

Lastly, I strongly suggest that the BOE does not suggest that schools “encourage vaccination.” Vaccination, like any medical intervention, needs to be a decision made between a parent and their child’s medical provider. For any medical intervention, a risk/benefit analysis needs to be done and, as these vaccinations are still in the trial phase, the risk/benefit analysis has not yet been determined. As time goes on, we will receive more information in that regard. For example, on June 18th the CDC is convening an emergency meeting to discuss the elevated risk of myocarditis (heart inflammation) in adolescent and young men. This risk is not something parents of children aged 16+ knew when the vaccine was made eligible to them. This risk was still not known when the vaccine was first made eligible to children ages 12+. It is clear that much is still to be learned about the short term and long-term risks and benefits to these vaccines that have not yet even been FDA approved. I am greatly concerned that by schools “encouraging vaccination,” they are opening themselves up to liability, as they are making medical recommendations without the appropriate training or licensing. For the same reason that schools absolutely cannot specifically recommend that a child be medicated for ADHD (it is outside of their area of expertise), schools cannot be recommending a vaccine. Medical decisions must be left to parents and medical professionals.

In closing, I strongly urge you to dissolve all Covid regulations for the upcoming school year. This decision is essential to support the mental health of all students.

Mahalo nui loa for your time and attention,

Kathryn Johnson, LCSW, DCSW
V. Action Items

A. Board Action on Human Resources Committee recommendation concerning State Librarian’s evaluation for 2020-2021 Fiscal Year: end-of-year evaluation

STRONGLY SUPPORT A HIGHLY EFFECTIVE RATING:

Stacey Aldrich’s materials related to her end-of-year evaluation are quite detailed. A clear description of all of her accomplishments and supporting documentation and evidence clearly indicates sustained effectiveness.

Based on the rating scale used to evaluate her: I propose Highly Effective: Performance has continually exceeded expectations and has had an exceedingly positive impact on patrons, staff, community relations, and/or program outcomes.

Having visited the Hawaii State Library site, it is amazingly easy to follow. This site was built with everyone in mind, patrons, staff and community. You just have to visit it yourself to see the vision as the needs were identified and provided.

Staff were trained in many facets of communication to assist those in need during the pandemic. Professional development had a platform called “Niche Academy” for training. Access to the legislative session was provided by making library computers available. Of course, there are many links in her document that provide in depth knowledge of the accomplishments made.

You may think that reading 169 pages is TOO MUCH. But it is filled with not only her accomplishments, she shares her success by acknowledging those who actually developed and provided additional services and accessibility.
I am not going to go any further, read the pages and recognize excellence. This document shows the “above and beyond” work that the Hawaii State Library Leader and Staff performed regardless of COVID issues. They used the issues to design a system that worked and continues to work.

Sign up for an eLibrary Card today! You don’t know what you are missing.

Susan A. Pcola-Davis
Testimony to allow our kids to go back to school - oppose restrictions
3 messages

Caterine Picardo Diaz <catepicardo@gmail.com>  Wed, Jun 16, 2021 at 11:55 AM
To: testimony.boe@boe.hawaii.gov

To whom it may concern,

Please oppose restrictions on our children to attend school. Please base your decisions on Data, keiki are not the main group of risk from COVID. They are mostly asymptomatic or get mild cases. I'm more concerned about the long term impact of their mental health and academic records if we keep creating barriers for kids to go to school.

Mahalo nui,

Caterine Picardo, MURP

Testimony BOE <testimony.boe@boe.hawaii.gov>  Wed, Jun 16, 2021 at 12:35 PM
To: Caterine Picardo Diaz <catepicardo@gmail.com>

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 links to the most recent agendas for the Board’s Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,
Board of Education Staff

Caterine Picardo Diaz <catepicardo@gmail.com>  Wed, Jun 16, 2021 at 1:26 PM
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Mahalo for your response. It is for the General Business Meeting, agenda item IV - A

Mahalo nui!
June 16, 2021

Dear Board Members,

I come to you today not only as an advocate for human rights, fighting for fair and just treatment of our children, but also as a concerned mother whose own child has suffered enormous psychological abuse as a result of policies implemented due to Covid-19. The real victims of these policies have been the children—especially those in school masked all day long.

The last 15 months have proven to be difficult for everyone in our state both young and old. The difficulty has not been due to the “Covid-19 pandemic” but rather from the unreasonable government imposed restrictions being placed upon the population that have all but erased the ideas of liberty and bodily autonomy in America. To think that we would even consider another school year of masking our children, enforcing dehumanizing social distancing rules and other psychological abuses is appalling. Particularly when we see nearly every other state in America fully opened with no restrictions whatsoever, with many states outlawing the masking of school children altogether. (As it should be because they are unhealthy.)

The data clearly shows that Covid-19 is not a public health emergency. We have seen fewer deaths from this disease in 15 months than we would normally see from the flu in any given year here in Hawai‘i. To maintain that this is a “public health emergency” is irresponsible and completely false. Children are at ZERO risk of contracting or spreading Covid-19 and are certainly not at risk of dying from it either. So how can we justify continued mitigation tactics that have known risks and harms when there is statistically ZERO threat from the disease itself? We really can’t.

The proposed resolution for the coming school year brings up the intent to encourage vaccination as the #1 focus, maintaining that this is necessary in order to return to full time in person learning. The second focus involves continued promotion of “safety measures”. I am asking you to please consider the following before adopting any resolution that will keep our children behind masks or force an experimental medical intervention upon them that may result in possible death in exchange for a proper education:

1. There is no immediate threat of severe Covid-19 in the majority of children and adolescents. The survival rate for this age group is 99.9% putting children at ZERO percent statistical chance of dying from Covid-19.

2. It has been scientifically confirmed that children are not significant vectors for transmission of Covid-19.
3. It has been scientifically confirmed that the use of cloth masks and surgical masks by healthy individuals plays no role in reducing the spread of Covid-19 or the mortality rate in any given community environment.

4. Although scientific evidence supporting mask efficacy is lacking, adverse physiological, psychological and health effects are established. It has been hypothesized that masks have a compromised safety and efficacy profile and should be avoided from use.

5. It has been scientifically confirmed that social distancing and limitations on capacity play no role in reducing the rate of infection or mortality. The basis for this regulation has been nothing more than a method to promote technology based learning, which has proven to be a failure for most of the children subjected to this program.

6. It has been scientifically proven that sensory deprivation including the absence of touch, removing facial expressions, stifling voices and preventing other cues has a negative impact on the overall behavioral and emotional health of small children.

7. It has been scientifically proven that the deprivation of oxygen caused by extended mask wearing causes permanent brain damage and is especially troubling for children whose brains are still developing. Excessive carbon dioxide intake also poses a serious risk to the health of our children and the rebreathing of bacteria can lead to lung infections, staph infections and other serious health issues.

8. The FDA & CDC have not revealed to the public over 20 adverse effects, including Death, related to Covid19 injections, which were discussed in an October 2020 meeting. 5,165 deaths from Covid19 injections are reported by the National Vaccine Information Center as at 06/04/2021, and one-third of the deaths occurred within 48 hours.

9. As of June 13, 2021, the number of vaccine deaths in 2021 exceeded the combined number of vaccine deaths for the past 30 years.

10. Pfizer BioNTech’s clinical data for children are limited and provide no information on rare but serious adverse effects or long-term safety as well as efficacy. The study included 2,260 children and adolescents, 12-15 years of age, 1,131 of whom received the vaccine. This is a very small number of adolescents and does not permit an evaluation of rare but serious side-effects, such as effects that may happen in only 1:5,000 adolescents. Furthermore, with most of the adolescents followed for only 1 or 2 months after their 2nd dose, there is no data to support long-term safety.

11. All of the Covid-19 vaccines in America are administered under “Emergency Use Authorization” only. An EUA can only be granted when there is no alternative effective treatment available. Evidence has recently surfaced that proves that some of the nation’s leading health experts, including Dr. Anthony Fauci has known since as early as 2005 that Chloroquine (a component of the widely available and safe therapeutic known as Hydroxychloroquine) is a potent inhibitor of SARS coronavirus infection and spread, yet this information has been suppressed. The Covid-19 vaccines should have never been granted EUA use under federal law.

12. Until clinical trials for this vaccine are completed in 2023 this medical intervention remains experimental and investigational. Any human subjects that are to be used for medical experiments must be given full informed consent with the right to refuse to participate. This code of conduct was established at the Nuremberg Trials where a number of doctors and scientists stood trial for crimes against humanity for the atrocities committed during World War II. Any policy which denies the right to informed consent and the right to refuse to be experimented on is
considered a war crime and all those engaged in enforcing any such unlawful policy can be held personally liable for damages.

13. Recent studies indicate the spike protein produced in response to the Covid-19 vaccination, itself, may potentially be harmful. These studies suggest that the spike protein may bind and interact with various cells throughout the body, via their ACE2 receptors, potentially resulting in damage to various tissues and organs. This risk, no matter how theoretical, must be investigated prior to the vaccination of children and adolescents.

14. The RT-PCR test most commonly used to detect SARS-Cov-2 is extremely unreliable. It has been reported by the New York Times that 90% of the confirmed positive tests are in fact a false positive. This is based on the test’s inability to differentiate live viral particles from other materials that may register a positive reading at a high enough cycle threshold though the material is not infectious. This has been confirmed by Dr. Anthony Fauci himself in an interview on “This Week in Virology” where he said, “...If you get [perform the test at] a cycle threshold of 35 or more... the chances of it being replication-confident [aka accurate] are miniscule... you almost never can culture virus [detect a true positive result] from a 37 threshold cycle...even 36..." The standard CT count for labs across America is typically at least 40 cycles.

15. The theory of “asymptomatic spread” is a false doctrine that did not exist prior to the year 2020 and is merely being used as a method of mind control. A meta analysis of over 54 studies has proven that there is statistically ZERO chance of secondary spread from a positive Covid-19 person showing no symptoms.

I speak for thousands of parents across the state who have been diligent in following the science, doing their own research to arrive at conclusions based on rational, critical thought. There are countless studies and peer reviewed research to confirm that masking healthy children is detrimental and unnecessary. There is also extensive research to suggest that the Covid-19 vaccine carries far more risk than benefit to children and we are counting on you to do your part to protect our keiki from harm.

It is clear to see that any continued Covid-19 related mandates in our public schools will be a decision that is driven by politics rather than intent to protect health and we will not stand by and allow this to go on for another school year. We need to end all Covid-19 related “safety measures” immediately and let our children live and breathe freely. Please do what is right and free our KEIKI.

Mahalo,
Faith Matangi <fnmatangi@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, Jun 16, 2021 at 1:30 PM

Name: Faith Matangi

Meeting: Board of Education 06/17/21

Agenda Item: Presentation on Board Resolution on opening of schools for the 2021-2022 School Year

Position: Oppose encouraging vaccination, oppose masking and social distancing, oppose distance learning

Dear Board of Education Members,

Pediatricians and child psychologists worldwide are reporting the physical and psychological harm that these restrictive measures have caused children over the past year and a half, including but not limited to: Increased incidence of depression and anxiety, increased incidence of suicidality and suicide, panic attacks, bacterial infections, etc. There is no justification for the continuation of these harmful school policies that are hurting our children and community far more than they are protecting them.

Children have a 99.99% survival rate for COVID-19 and are not a significant source of COVID-19 transmission. Furthermore, asymptomatic spread is not a proven source of transmission. Masking and social distancing are not only unnecessary, but are harmful to children. Masks are ineffective at preventing viral spread and are damaging to children's physical and psychological health. Social distancing and masking negatively affect children's development and distance learning is causing children to fall behind academically, as evidenced by the increased rates of academic failure observed this past school year. It is time to stop these horrendous mandates and restrictions and truly advocate for the well-being of Hawaii's keiki.

Finally, the COVID-19 "vaccines" are still in phase III clinical trials and have not been proven safe or effective. Alarming reports of adverse events and deaths are being documented daily, including those in children: The VAERS reporting system, which requires the reporter to be a health care provider, has now documented over 4,000 deaths in the US alone. Furthermore, these experimental injections have not been proven to prevent infection or spread of COVID-19. It is unconscionable to encourage experimentation on children with injections that have NOT been proven safe nor effective. There is no way of knowing how these shots will affect children's developing bodies in the years ahead. Studies on the effects of the vaccines on fertility are still being conducted. Children are not at high risk with this virus and there are already safe and effective treatments available. Not one healthy child has died of COVID-19. Not one. And yet several deaths of children have been reported from the COVID "vaccines."

Medical experimentation on children is a crime.

Please stand up for our children. Do not push these experimental injections on them. Please oppose restrictions on our children to attend school.

Mahalo
SUSAN PCOLA-DAVIS

GENERAL BUSINESS MEETING

Finance and Infrastructure Committee Report on: (1) Committee Action on recommendation concerning Department of Education’s plan for use of federal funds in third round of the Education Stabilization Fund’s Elementary and Secondary School Emergency Relief (“ESSER”) Fund authorized under the American Rescue Plan Act of 2021;

SUPPORT: This Application Plan for the use of federal funds is very detailed and well written. Thank you for the opportunity to provide input using the DOE survey. Especially thank you for Appendix E and the collation of the survey input.

Susan A. Pcola-Davis
SUSAN PCOLA-DAVIS

GENERAL BUSINESS MEETING

ACTION ITEM: V.C.

SUPPORT

C. Board Action on Finance and Infrastructure Committee recommendation concerning Department of Education’s plan for use of federal funds in third round of the Education Stabilization Fund’s Elementary and Secondary School Emergency Relief (“ESSER”) Fund authorized under the American Rescue Plan Act of 2021

SUPPORT: This Application Plan for the use of federal funds is very detailed and well written. Thank you for the opportunity to provide input using the DOE survey. Especially thank you for Appendix E and the collation of the survey input.

Susan A. Pcola-Davis
SUSAN PCOLA-DAVIS

GENERAL BUSINESS MEETING

ACTION ITEM: V.A.

STRONGLY SUPPORT

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: interim superintendent

STRONGLY SUPPORT The appointment of Keith Hayashi as interim superintendent with an annual salary rate of $210,000.

Susan A. Pcola-Davis
June 15, 2021

To the Hawai‘i State Board of Education Members,

I am in strong opposition of the proposed resolution for the 2021-22 school year.

Our children have paid dearly during the lockdown and mandates that have been implemented over the past 15 months. Children are virtually immune to contracting covid-19, and in the minute chance that they do contract the virus, they have a 99.9% chance of getting through it without even knowing that they’ve had it. So why are they being forced to wear masks and encouraged to get the experimental injection?

Our children have suffered severe health consequences from wearing face coverings for hours on end over this last school year along with the fact that they have been extremely damaged from the unnecessary “social distancing”. Kids need to be free to develop social skills while they’re kids.

Our children have been dealing with psychological and physical downfall since the beginning of the lockdown and some have even been psychologically pushed beyond what they can handle, leading to both mental instability and even suicide.

And now, they’re being manipulated into believing that this experimental injection will save their lives. They’re even being bribed with cookies and ice cream if they take the shot. Are we now allowing children 12 and up to take the injection without their parents consent. Shame on you if you’re promoting this.

Along with children falling ill due to being oxygen depleted due to this excessive mask wearing, here are several other examples of damage due to the masks:

• Streptococcus pneumoniae (pneumonia)
• Mycobacterium tuberculosis (tuberculosis)
• Neisseria meningitidis (meningitis, sepsis)
• Acanthamoeba polyphaga (keratitis and granulomatous amebic encephalitis)
• Acinetobacter baumannii (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)
• Escherichia coli (food poisoning)
• Borrelia burgdorferi (causes Lyme disease)
• Corynebacterium diphtheriae (diphtheria)
• Legionella pneumophila (Legionnaires’ disease)
- Staphylococcus pyogenes serotype M3 (severe infections—high morbidity rates)
- Staphylococcus aureus (meningitis, sepsis)

We must not allow this damage to our children to continue. Please oppose this resolution.

Lisa Kerman- P.O. Box 1011- Kilauea- HI.- 96754
Stephanie Campbell <stephaniecampbell84@gmail.com>  
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>  
Wed, Jun 16, 2021 at 1:24 PM

Please keep the mask mandate until we have a vaccine option for our elementary age children. The Delta variant is infecting younger, unvaccinated people and our children are so close to being spared from this virus and any long term effects of it.

Thank you,
Stephanie Campbell
Parent of rising 1st, 3rd and 6th graders

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Stephanie Campbell <stephaniecampbell84@gmail.com>  
Wed, Jun 16, 2021 at 1:36 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 links to the most recent agendas for the Board's Human Resources Committee, Finance and Infrastructure Committee, and General Business Meetings scheduled this Thursday, June 17, 2021. Please identify what agenda item your testimony is related to or it will not be included in public testimony.

June 17, 2021 Human Resources Committee Meeting (Virtual) (hawaii.gov)  
June 17, 2021 Finance and Infrastructure Committee Meeting (Virtual) (hawaii.gov)  
June 17, 2021 General Business Meeting (Virtual) (hawaii.gov)

Mahalo,
Board of Education Staff

Stephanie Campbell <stephaniecampbell84@gmail.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  
Wed, Jun 16, 2021 at 1:59 PM

General Business Meeting, mahalo!
I am horrified and so ashamed that our state and school board would even consider torturing our keiki another year with masks, social distancing, copious amounts of hand sanitizers and fear mongering. This must stop now! Pandemic is over and, even when it wasn’t, children were not at great risk. Can you please take a look at so many other states who are standing up for their children and allowing them to live their lives free from all of this. Also, this covid shot has to stop being pushed so hard on our kids. It is severely under tested, unapproved by the FDA and completely unnecessary for children. Have courage and take a stand for Hawai’i’s keiki. We have all let them down so, so badly. Let’s start now and make things right!
With aloha, public school mother

Sent from my iPhone
IV. Discussion Items

A. Presentation on Board resolution on opening of schools for the 2021-2022 School Year

STRONGLY SUPPORT

I appreciate the thought and time that Chair Payne put into this resolution to ensure a smoother opening of schools for 2021-2022 School Year.

This document shows that the Board of Education wants to ensure students, teachers and families that they have heard and listened to all the testimony. Last year was a trying period and the reopening was anything but smooth.

The emphasis on the distance learning aspect of reopening is very clear but could be concerning unless the superintendent meets the July 15, 2021 deadline and communicates clearly on each part of the resolution and how it will be accomplished so that after the meeting we don’t walk away going “WHAT DID SHE SAY?” Then have to listen to the whole presentation again.

The four focus issues are exactly what this reopening needs to have laid out with the expectation that the superintendent addresses all parts of the resolution to meet the Board’s and the Public’s expectations.

STRONGLY SUPPORT: MOST IMPORTANTLY IS HOLDING THE SUPERINTENDENT AND DEPARTMENT ACCOUNTABLE FOR THE FOLLOWING:

COMMUNICATION:

SUPPORT: BE IT FURTHER RESOLVED that the Board DIRECTS the DEPARTMENT AND SCHOOLS to communicate with families openly and frequently about the measures the schools are taking to keep students healthy and safe in schools and the number of cases at each school to build and strengthen family confidence in the schools’ ability to minimize or avoid the spread of COVID-19 in schools; and
DISTANCE LEARNING:

DO NOT SUPPORT: A DISTANCE LEARNING PLATFORM THAT DOES NOT INCLUDE TEACHER INVOLVEMENT. UNTIL K12/STRIDE HAS BEEN PILOTED BY STUDENTS AND THEIR FAMILIES.

SUPPORT: BE IT FURTHER RESOLVED that the Board hereby DIRECTS the DEPARTMENT to work with families who want their children in a full distance learning program because (a) they do not feel comfortable sending their children to a school campus and would like to keep their children at home, or (b) their children performed well academically, socially, and emotionally in a distance learning setting, provided that the child’s school works with the child’s parents or guardians to determine whether a full distance learning program is in the best interest of the child; and,

SUPPORT: BE IT FURTHER RESOLVED that the Board DIRECTS the Superintendent to develop and maintain an easily accessible listing of schools that offer full distance learning programs along with a description of the distance learning program and whether those schools are currently accepting geographic exceptions to make it easy for families to find full distance programs; and

SUPPORT: BE IT FURTHER RESOLVED that the Board DIRECTS the Superintendent to consider the feasibility and viability of offering distance learning at the state or complex area levels for the 2021-2022 school year rather than on a school-by-school basis in order to pool resources and expertise and reduce the burden on individual schools; and

SUPPORT: BE IT FURTHER RESOLVED that the Board DIRECTS the Superintendent to report to the Board on July 15, 2021 with plans to offer distance learning for the 2021-2022 school year, including a communication plan to students, parents and guardians, teachers, and principals; and

SUPPORT: BE IT FURTHER RESOLVED that the Board DIRECTS the Superintendent to ANALYZE AND EVALUATE the costs and benefits of offering statewide distance learning options report to and work with the Board’s Student Achievement Committee on potential long PROPOSED-term policy changes; and

SUPPORT: BE IT FURTHER RESOLVED that the Board DECREES that THE DEPARTMENT may consider distance learning and hybrid learning equivalent to in-person learning for purposes of calculating instructional days and student hours and meeting the requirements of Section 302A-251, Hawaii Revised Statutes (“HRS”), provided that the Department issues clear directives to schools and guidance to families and the public regarding how Department schools must calculate instructional days and student hours in distance learning and hybrid learning settings; and

SUPPORT: BE IT FURTHER RESOLVED that the Board DECREES that public school students engaged in distance learning being delivered by the Department shall be considered in attendance at a public school for compulsory attendance purposes, pursuant to Section 302A-1132, HRS, provided that the DEPARTMENT issues clear directives to Department schools and guidance to families and the public regarding how Department schools must calculate instructional days and student hours in distance learning and hybrid learning settings;

Susan A. Pcola-Davis
SUSAN PCOLA-DAVIS

TESTIMONY GBM

III.A. STRONGLY SUPPORT

A. Human Resource Committee Report on: (1) Committee Action on recommendation concerning State Librarian’s evaluation for 2020-2021 Fiscal Year: end-of-year evaluation

STRONGLY SUPPORT A HIGHLY EFFECTIVE RATING:

Stacey Aldrich’s materials related to her end-of-year evaluation are quite detailed. A clear description of all of her accomplishments and supporting documentation and evidence clearly indicates sustained effectiveness.

Based on the rating scale used to evaluate her: I propose Highly Effective: Performance has continually exceeded expectations and has had an exceedingly positive impact on patrons, staff, community relations, and/or program outcomes.

Having visited the Hawaii State Library site, it is amazingly easy to follow. This site was built with everyone in mind, patrons, staff and community. You just have to visit it yourself to see the vision as the needs were identified and provided.

Staff were trained in many facets of communication to assist those in need during the pandemic. Professional development had a platform called “Niche Academy” for training. Access to the legislative session was provided by making library computers available. Of course, there are many links in her document that provide in depth knowledge of the accomplishments made.

You may think that reading 169 pages is TOO MUCH. But it is filled with not only her accomplishments, she shares her success by acknowledging those who actually developed and provided additional services and accessibility.

I am not going to go any further, read the pages and recognize excellence. This document shows the “above and beyond” work that the Hawaii State Library Leader and Staff performed regardless of COVID issues. They used the issues to design a system that worked and continues to work.

Sign up for an eLibrary Card today! You don’t know what you are missing.
Susan A. Pcola-Davis
Aloha,

My name is John Heideman. I am a parent of 2 children entering 7th grade in Hawaii's public schools. I am submitting testimony for the General Business Meeting for June 17, 2021 under section IV. A. Presentation on Board resolution on opening schools for the 2021-2022 School Year.

I oppose any encouragement, recommendations or “marketing” given to my child to coerce them to vaccinate. In the event, this becomes a requirement for their continued education, I will withdraw them from school. I DO NOT CONSENT to anyone vaccinating my children against Covid-19. The risk factors for this experimental intervention is much higher than their risk factors of naturally being exposed to Covid-19. THAT IS A FACT. My children are not guinea pigs.

I also oppose the use of masks as there is ZERO scientific evidence that it prevents the spread of Covid-19, and the TRUTH is that masks have multiple negative impacts on our children’s health including both physical and psychological trauma.

I oppose continuing to use the Hawaii State Department of Health as the Authority for advice and guidance on all Covid-19 related health matters because they are CLEARLY either not informed or they are suppressing the information the DOE needs in order to make good decisions about our children. I recommend every member of the Hawaii Department of Education, every teacher and every parent to visit truthful resources of information about Covid-19 that have not been plagued by censorship and suppression. I would start with what has recently been make public from Dr. Fauci’s emails from a Freedom of Information (FOI) Act request. Here are a few other locations of truthful information about Covid-19:

- https://www.forourrights.org
- https://www.hawaiistandsup.org
- https://www.makeamericansfreeagain.com/
- https://hi.childrenshealthdefense.org/
- https://alohafreedoncoalition.org/
- https://thehighwire.com/
Please see attached legal notice.

In closing, I want to remind each of you that many parents trust that what you provide our keiki in education and safety is for their best interest – not the best interest of the state and/or its hierarchy of government control. Any violation of rights of our keiki will be met with accountability and the appropriate PERSONAL liability.

Thank you for your time.

Mahalo,

John Heideman
Covid Vaccine Requirements for Keiki?
4 messages

Roldan Clan <janellelanae1013@gmail.com>  
To: testimony.boe@boe.hawaii.gov

Wed, Jun 16, 2021 at 11:14 AM

Aloha,

I Janelle Williams Roldan, was informed the Hawaii BOE was going to discuss the idea of making COVID 19 vaccines mandatory as well as constant mask wearing for next school year. I am a mother of 4 with 3 children about to be enrolled in the school district.

As I expressed several times during surveys this year, my children were masked excessively and in my opinion abusively. I understand the potential risk increases when children are close together but during recess and physical education activities? There have been several stories discussing how dangerous it is to expect children to run and increase their heart rate while limiting and restricting oxygen flow.

Oxygen flow is essential for learning and healthy brain function. It is also necessary for physical activity. I find it abusive and irresponsible of the BOE and entire school district to require mask wearing while exercising. In addition if children can remove masks while eating why are they not permitted to remove masks while learning?

Oxygen is necessary for healthy brain function. Restricting it with small children, who are barely at risk, is absolutely unnecessary. If individual parents want their children to wear masks constantly than allow that. But continuing to force all children to wear them constantly even while running and having socially distanced recess is absurd and abusive.

In addition there were 0 Hawaii Keiki who died of COVID. If this vaccine is pushed on our entire Keiki population and vaccine injuries occur they will all be completely avoidable and unnecessary. Will you be liable? If you force the entire Keiki population enrolled in school into getting this experimental vaccine and children start having serious health problems you absolutely should be held accountable.

Unless your entire board is willing to take on the liability of forcing an experimental vaccine onto children who had a 100% survival rate of this virus then you have no business making it mandatory.

The bad reactions and vaccine injuries being reported are heart inflammation to the point of hospitalization and reproductive problems for women and girls. I will include the media links for both of these health problems. These reported problems coupled with constant mask wearing while exercising... If you make this vaccine a requirement you are risking the lives of our Hawaii Keiki.

It is your job to make informed decision for our keiki and I plead with you. Please read the safety risks, please read the long list of vaccine injuries currently being experienced by adults and the young ones who have started taking it.

Do not force our Keiki into injecting this experimental and dangerous vaccine that is already proving to cause health problems among young people who have taken it.

I also testify and would under oath, I was in the Waimea Emergency Room with my daughter and we witnessed an elderly women explain to the intake nurse she was post menopausal, she got the vaccine and the next day began bleeding as though she was menstruating. She came into the ER on day 5 and it had still not stopped. These strange irregularities are unacceptable for our children.

No informed parent would allow this risk to be forced onto their children. Though you and your loved ones may have gotten this experimental vaccine and appear to be fine without severe reactions there are hundreds who are thousands who have suffered after (link from CDC website on reported covid vaccine injuries below).

I would like to point out there have been 5,208 deaths reported following covid vaccination. They compare it against the number of doses given however it should be compared against the number of people vaccinated since many people are two doses. To compare it against doses given skews results to appear as though less reactions are occurring.
Also, as stated from the CDV “As of June 9, 2021, VAERS (The Government run Vaccine Adverse Event Reporting System) has received 623 reports of myocarditis or pericarditis (heart inflammation) among people ages 30 and younger who received COVID-19 vaccine. Most cases have been reported after mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), particularly in male adolescents and young adults. Through follow-up, including medical record reviews, CDC and FDA have confirmed 268 reports of myocarditis or pericarditis.

The fact is my keiki and their friends are perfectly fine and healthy and there is no need to risk their health by pushing this experimental vaccine.

Please make these education decisions responsibly. The health of our keiki is in your hands.

Heart Inflammation and Hospitalization:

Reproductive Problems:
https://abc7news.com/covid-vaccine-menstrual-cycle-clinical-trials-and-side-effects-women/10557707/


Mahalo,
Janelle Williams Roldan
Thank you for your response. Your testimony will be included with the general business meeting on 6/17/21 for agenda item IV. A.

Mahalo,
Board Office
[Quoted text hidden]