April 29, 2022

State of Hawaii Board of Education
Delivered via email

RE: Written Testimony in Support of Keith Hayashi
Superintendent Search 2022

Dear Board of Education Members,

If there is one word to describe the impact to all stakeholders because of Keith Hayashi’s leadership at Waipahu High School, it would be HOPE. There is no denying the list of achievements and success that Keith Hayashi carried out as principal of Waipahu High School. The list is long. But the impact of hope that Keith Hayashi renewed not only at Waipahu High School, but also the Waipahu community at-large, is wide.

Keith Hayashi renewed hope to students that they could achieve dreams greater than they ever imagined. He renewed hope to faculty because they had a good support system to pursue excellence. He renewed hope to parents because their children attended a nationally recognized school. Keith Hayashi also renewed hope to alumni who felt proud and stepped forward in support of their alma mater. He renewed hope to elementary and middle school families with pathways to guide students leading up to high school. He renewed hope in the community to find innovative ways for businesses to connect and mentor the next generation of leaders. And, as a result, the non-profit organization Friends of Waipahu High School formed in 2017 because these same stakeholders wanted to give back to the school like never before in its history. Keith Hayashi’s leadership instills hope and a desire to make things better to drive achievement. Anyone can be a good administrator but not everyone can be a good leader. Keith Hayashi’s leadership skills separates him from the rest of the candidates for the job.

Keith Hayashi stepped forward as temporary superintendent during an unprecedented time in Hawaii. He deserves the opportunity to prove what his leadership can do on a permanent basis now that things are settling back to normal. We all want the DOE to win, and Keith Hayashi will restore that hope and achieve it.

Aloha,

Sandra Yorong ’80
President
I support Mr. Keith Hayashi for Hawaii Public Schools Superintendent.

I have known Mr. Hayashi for over twenty-five years and have been constantly and consistently impressed with the vision and programs that have been implemented under his management especially the Early College program partnership with the University of Hawaii System that allows high school students to earn college credits. This is a fantastic opportunity for economically disadvantaged families.

Mr. Hayashi has an understanding that a school is not just a place for education but a center of a community. His coordination to provide a vaccination clinic at Waipahu High School helped protect the overall health of not only the students but also their families and the community.

My family was fortunate to meet a Rotary club scholarship winner from Waipahu High School. She told us the many opportunities that the high school offered and the support that she got from Mr. Hayashi.

When I talked with Mr. Hayashi about these accomplishments, he would humbly give credit to his staff.

Mr. Hayashi is public school graduate and has held about every management position in the Department of Education. His own daughter is a graduate from the high school where and when he was the principal, demonstrating the belief and commitment to public school education.

We are in midst of a critical time in Hawaii, in a recovery phase of the pandemic. We need a superintendent that understands and can work within the system and department. We need a superintendent that was raised in and embodies Hawaii values. That person is Mr. Keith Hayashi. Thank you for this opportunity to testify.
May 1, 2022

To: State of Hawaii, Board of Education

Fr: Design Thinking Hawaii
Keith Matsumoto, Administrator

Subject: Testimony
General Business Meeting (full Board) on May 5 and/or May 19, 2022.
V.G: 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 search for a
superintendent

Thank you for the opportunity to submit testimony in full support of Keith T. Hayashi for
the position of Superintendent of the State of Hawaii Department of Education. We have
worked with Mr. Hayashi for over twelve years, initially as principal of Waipahu High
School. During our time working with him, we have found Keith to be a student-centered
educator and focused on developing instructional programs to best serve the school’s
constituents – the faculty, students and families of the Waipahu community.

Mr. Hayashi embraced the design thinking process as being culturally-responsive and
positioning the students for success locally, domestically, and internationally. Implementing design thinking at Waipahu High School and in the Waipahu complex was challenging as is the case with complex organizations and multiple groups. We believe that the successfully adoption of design thinking was a stellar example of real-life change management and has resulted in academic, community, and athletic excellence at Waipahu.

Keith’s work at Waipahu, Deputy Superintendent, and interim Superintendent has
resulted in positive, sustainable impacts for students and the educational system within
the Department. While the past two years have been extremely challenging navigating
the pandemic and online learning, we believe that Mr. Hayashi has been transparent
and as forthcoming as possible under very difficult, unknown circumstances. The ability
to navigate through rough seas is a testament to a good leader and Keith has
demonstrated his leadership through these challenging times.

Born and raised in Hawaii, Mr. Hayashi has a firm understanding and sensitivity of
Hawaii’s history, culture, and values and has incorporated his local style in leadership
decisions, and actions to build credibility and positive relationships with all stakeholders.
We believe that Mr. Hayashi, as superintendent, will embrace the challenge and work to improve the Department through the hiring of competent, highly motivated individuals in key positions. He will work to navigate the organizational complexities of the Department and improve operations to ensure adaptability and responsiveness to community wants and the diverse and unique requirements of the state, complex areas, and school-levels stakeholders. Keith is a lifelong learner and exemplifies his commitment to learning as a self-aware and truly reflective leader.

On behalf of Design Thinking Hawaii, we appreciate the hard work the Board of Education to improve the quality of education for Hawaii. The selection of the superintendent is critical to the success and ongoing improvement in our P-20 work.

Should you have any questions or desire clarification on any of the above, please contact us at designtinkinghawaii@gmail.com.
May 1, 2022

To: State of Hawaii, Board of Education

From: Oceanit. Ian Kitajima, Director of Corporate Development, a.k.a., the Tech Sherpa.

Subject: Testimony in support of Keith Hayashi for Superintendent. General Business Meeting May 5, 2022. V.G: 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 search for a superintendent.

I am honored and pleased to offer this letter in strong support for Keith Hayashi to become the permanent Superintendent for the State of Hawaii Department of Education.

More than 10 years ago, I spoke publicly about Design Thinking for the first time at a CTE conference. Keith Hayashi was in the audience. When I came off the stage, Keith came straight up to me and said, “I want that for my students.” Keith was “all in” and I’ve learned that’s one of his superpowers, to see what others cannot see, to see the future and move forward when it’s not yet clear. In my work at Oceanit, innovators have a 6th sense and have the willingness to step into the future. Today, the Design Thinking process is a worldwide phenomenon, which creates opportunities to collaborate, but back in 2011 everyone thought Keith/we were crazy, but we knew a process and mindset for innovation could help Hawaii, and our public schools, and Keith was the education champion and leader that created a movement.

When we launched the first annual Design Thinking Hawaii to camp in August of 2011, Keith came to learn, get his hands dirty, and he brought teams of teachers that began a cultural change at Waipahu High school. This was not going to be a flavor of a month thing but a commitment to transform himself, and thus his school. Every year since, Waipahu High has sent teams to the annual bootcamp.

The bootcamp was focused on training teachers, but Keith was the one who suggested to me that we needed to include students. I was very hesitant to do so because that meant there would be less seats for teachers or people from the industry to attend, but Keith persisted, and kept advocating for the inclusion of students in these boot camps.
As a result, the first bootcamp in 2011, to this year’s 11th annual 2022 bootcamp, it’s now a requirement to have student teams at every bootcamp. Waipahu High students went on to train teachers and other students, and co-designed projects that have transformed the school but more importantly built their creative and innovation confidence that.

And the students never fail to inspire the adults regardless of the design challenge – from solving homelessness, to voter engagement, to employment of people with disabilities, to redesigning the education system, the students never fail to think outside the box, and show the adults what’s possible. Keith’s focus on student engagement, professional development for teachers, and relevance by partnering with industry has been my guiding light and inspiration.

Based on my personal experience working with Keith on many initiatives since 2011, he is a true innovator. My work at Oceanit requires me to work closely with chairmen, founders, and CEOs of companies to help them create the future. I would say if Keith wanted to go into industry, he would be an incredible success CEO because he has the qualities, characteristics, values, and integrity that’s demanded of those few who can lead 21st century organizations.

As a side note, one of the greatest moments in my career was not closing a big business deal but watching Keith transform Waipahu High into a school that parents and students want to attend. When I met the executive producer for a new documentary Ike: Knowledge is Everywhere, I immediately suggested that he meet with Keith that ultimately changed the direction of the film. This is pretty common after you meet Keith, he is local guy who knows how to create change in the most positive way. When I went to the opening of the documentary, and they shared the story of Waipahu High (minute 45:27), I couldn’t stop crying because of what Keith, his team, and students were able to achieve so quickly, and that legacy continues on.

“When a principal dreams big for a school, everything will follow”

- Juanito Moises, student
Bottomline: Keith creates a safe place for change. And based on results and past history, I believe he will bring that unique ability, as well as a student-centered approach, passion, vision, skills, experiences, and inclusiveness for all schools as the leader of Hawaii’s public schools.

Thank you for the opportunity to share my experiences of Keith Hayashi over the last 12 years. Writing cannot fully express the positive change I believe he is capable of doing for Hawaii. Hawaii’s education system will require a culture change and that is measured in decades, and that’s why we need Keith. Please feel free to contact me should you have any questions or need more information. My direct number is 808-954-4131.

Sincerely,

Ian Kitajima
Director of Corporate Development a.k.a. Tech Sherpa
Oceanit Laboratories, Inc
828 Fort. St. Mall. Suite 600
Honolulu, HI 96813

Oceanit is a "Mind to Market" lab of 160 scientists, engineers, technologists, designers, and dreamers conducting advance research for government and private clients. If you watch James Bond movies, Oceanit is like Q’s lab of scientists and engineers inventing the next great thing to save the world.
May 2, 2022

Testimony in Support of Keith Hayashi’s Appointment as Superintendent

Date: General Business Meeting Scheduled for May 5, 2022
Agenda Item: V.G.: Board Action on Findings and Recommendations of Investigative Committee
Description: A Permitted Interaction Group Pursuant to Hawaii Revised States, Section 92-2.5b (1) Investigating Issues Relating to Search for a Superintendent

It is an honor and a pleasure to support Keith Hayashi’s appointment as Hawaii’s Department of Education Superintendent. My name is Helen Sanpei and I currently serve as principal of McKinley Community School for Adults as well as having past experiences serving as an educational officer at elementary schools, a middle school, and high schools.

I have known Keith Hayashi for more than two decades to include time he served as a Leeward District Resource Teacher under my supervision as Leeward District Deputy Superintendent. Since then, I have followed the professional career and many times crossing paths, with this amazing educational leader.

Keith Hayashi possesses the necessary qualities to successfully serve as our next Superintendent of schools. His strong leadership and team building skills has earned him the reputation as someone who listens to and respects other voices and opinions. Keith is a person of high integrity and has always put students first. The many awards and recognition for Waipahu High School is an authentic tribute to his success as an educational leader of that community. The required competencies for his proven success can be utilized to serve successfully as our next Superintendent.

As a member of the Department of Education’s “field” administrators, I believe we are in dire need of a dynamic leader from our ranks who could combine his qualifications and extensive expertise in Hawaii school leadership to serve as our next Superintendent and I highly recommend Keith Hayashi to serve in this position. Thank you for this opportunity to testify.

Sincerely,

Helen H. Sanpei, Principal
We appreciate the information released for the top 3 candidates. One candidate clearly stands above the rest. The Advisory Group feedback (Exhibit E) documented the following findings:

1. Galera has "a broad and deep range of experience at all levels of Hawaii's [sic] educational system." Galera shared the "need for transformation, innovation, and culture of excellence" and diploma redesign. Nevertheless, the Advisory Group found Galera "could have provided more details on the implementation of these concepts", and focused on redesigning "without providing specifics".

2. Hayashi, like Galera, described a "broad range of experience in Hawaii [sic] with 33 years of service across multiple roles across the system resulting in an understanding of the tri-level system." Similar to Galera, it appears the Advisory Group was left desiring more, as Hayashi spoke of data and measures, however, "did not provide specific details of what those measures would be or how they would be incorporated into planning or decision-making." The Advisory Group found “[c]ommunication with stakeholders was mentioned several times with little detail on a process to accomplish it.” The Advisory Board identified that with Hayashi, "there was a lack of specific details and concisely articulated plans." The Advisory Board highlighted with Hayashi, "[t]here was very minimal mention of innovation or urgency for change and growth."

3. Young only has work experience on the continent, and is tied only to Hawai’i by family. The Advisory Group reported Young "[c]learly articulated goals and metrics for success based on the vision of the Board's strategic plan", and clearly shared other strategies Young would utilize as Superintendent. Young "responded quickly to questions with thorough and thoughtful answers and specific, on-topic examples". Nevertheless, the Advisory Group noted concern that Young would be "bringing assistance from outside the system as a first option." The Advisory Group also noted Young is not "from Hawaii [sic]" and "may have a learning curve on understanding the systemic challenges of the system."

The hubbub poses the question: will we allow a more competent "outsider" to run our educational system? To be clear, with no Kanaka Maoli candidates, the top 3 are ALL outsiders who still have much to learn about what it truly means to aloha ‘āina and create an educational system reflective of addressing the systemic harms education has
subjected Hawai‘i’s keiki to. Questioning whether the Superintendent should be "grown" here versus "flown" to this 'āina is a red herring. Instead, the focus must be on who will bring necessary changes to Hawai‘i’s public education system, hold leaders accountable for improving performance, and give keiki the opportunities they deserve and have long been denied.

The "grown" options are two longtime "old boys". Between the two of them are 70+ self-proclaimed years of making their way through and up Hawai‘i’s educational system. "What does a fish know about the water in which he swims all his life?" In response to this question, the Advisory Group found that Galera and Hayashi were both unable to articulate the whys or hows, gave no specifics, arguably just "water is wet" rhetoric. Galera has been in an advisory role for Hawai‘i public education for decades, has not served in higher executive educational roles in the DOE, and as a result can name issues but no true solutions. Galera listing himself as a CEO/Principal is similar to Hayashi’s current use of the spelling of Waipahū – both chameleons whose recent leadership roles are based upon legislative and executive branch friendships versus merit. In Hayashi’s case, the Advisory Board perceived Hayashi was satisfied with the status quo and mentioned he had no innovation nor urgency for change. As a Principal, Hayashi’s high school student proficiency rates showed only 30% of students were proficient in math (a decrease from the year prior), 35% of students were proficient in science, and 65% of students were proficient in English. For high needs students, proficiency rates were even starker with only 25% demonstrating proficiency in math, and 52% proficiency in English. While Hayashi was Principal, only 14% of his ELL students were on track to learn English, and only 67% of his students felt there was a positive school climate. (All information from Waipahu High School's 2020-2021 Strive HI Report). If the BOE accepts the premise that Hayashi is a capable educational leader, then are students alone to blame for their poor academic performance and negative school climate?

The "flown" option presents Hawai‘i with an individual with the ability to name Hawai‘i’s specific problems, articulate the BOE’s strategic plan, and provide specific plans for change. Young doesn’t know Hawai‘i’s waters but unlike the other candidates, she can describe it beyond mere rhetoric. Hawai‘i’s problems are unique regarding harms to Kanaka Maoli gone unresolved from lip-service with HĀ and inappropriately resourcing Kula Kaiapuni. Even so, the long-held belief that all of Hawai‘i’s other educational issues are so distinctive to and only experienced in Hawai‘i that only an insider can fix is a fallacy that has caused the BOE to previously choose in-house leaders with no articulable plan. In an effort to course correct, we brought in the outsider, Kishimoto, who the BOE ousted after members realized their agency to control her arrogant song and dance but only after an undeserved hana hou. Insiders are currently rooting for any "grown" choice, fearful of what changes or accountability that might come from one who hasn’t been in Hawai‘i but expertly navigated through similar waters.

Given all 3 candidates are outsiders, the actual question before the BOE is: to what extent will BOE members allow the next Superintendent to make changes that are not in alignment with the BOE’s vision and plan? We hear the BOE members currently hold Hayashi accountable as he fumbles through unscripted responses, and plays moderator
instead of knowledgeable executive, turning the floor to his team in hopes they instead hold possible answers. At the last BOE meeting, BOE Member Voss asked Hayashi for his priorities for spending the one-time funds granted by the Legislature. Remarkably, Hayashi was unable to articulate any funding priorities – the Advisory Group findings were accurate. BOE members dutifully shared their priorities to assist the seemingly perplexed interim Superintendent.

The narratives floating through the coconut wireless that the outsiders from the "old boys" club will bring no significant change further solidifying the school-to-wage-worker or school-to-prison pipeline, or the outsider from the continent will turn Hawaii'i's public educational system into a charter hot-bed, are all based on genuine fears that the BOE will be beholden to interest other than their commitment to the betterment of Hawaii'i's keiki. We would rather the BOE chose and then hold accountable Young - a seasoned executive and educational manager with vision and plans, and as the Advisory Group found, the ability to articulate those plans. She has no roots here, but it is the BOE's and our responsibility as parents and taxpayers to hold her accountable to implementing what is best for Hawaii'i's educational system. The BOE mustn't get caught up in false dichotomies of "insider" versus "outsider", and instead focus on who out of the 3 has proven through experience and their responses to the Advisory Group and BOE that they can lead Hawaii'i's public education system for the betterment of Hawai'i. Young is by far the only choice out of the three. The concern she would bring in those from the continent is viewed as negative. We believe talent can be found in-house, though, as demonstrated with Galera and Hayashi, those with experience in Hawai'i who are deemed competent to lead aren't even able to articulate a way forward. Water is wet and it also sustains life. The BOE should place its confidence in someone who views the urgency in transforming Hawaii'i's educational system as the lives of our keiki and community depend on it. The BOE cannot give the spot to those who believe our current system is sufficient and unable to make explicit any transformation plans.

On a related topic, it is predicted Members of the Board will again be inundated with testimony from current complex area superintendents and principals on their letterhead or using their DOE emails calling to hire their current leader. Besides ethical concerns of these CASs and principals using their state-granted professional authority, letterheads, and emails to back a candidate, we question the pressure these subordinates are under to ignore obvious concerns with their current boss to publicly feign support. Could CAS raises on the committee agenda be a reward from Hayashi for CAS support? If one's name is not listed as writing in support for Hayashi, even if the BOE agenda does not call for it, the hostile rebuke from the top is one not wished on anyone. Employees should never be warned "you are either with me or against me!" The BOE must make clear this is not a choice for the interim Superintendent or against him, the choice is for Hawaii'i's keiki. It is time for change. The BOE must not allow status quo to continue with Hayashi. We urge the BOE to ignore the false dichotomies and rhetoric, uphold its duty to Hawaii'i's keiki to hold the chosen Superintendent accountable, and hire Young.
Aloha Board of Education Members:

It is with great pleasure that I am writing a testimony in support of Mr. Keith T. Hayashi as HIDOE's next Superintendent. My name is Wina Ababa and I am a public educator who has worked with Mr. Hayashi during 2009-2020 when he served as Waipahu High School’s Principal. Within that time frame, I have been fortunate to witness and experience Mr. Hayashi’s dedication towards our students, staff, and community.

As many of you already know, Mr. Hayashi has been essential in elevating the educational and real world experiences for students at Waipahu High School. His ability to recognize potential in a person, idea, and/or program (e.g., Early College, college and career academies, design thinking method, 3-1-1 plan) in conjunction with his skillset of inspiring and empowering others to surpass their highest potential is what makes him an exemplary leader. With every DOE position he’s held, Mr. Hayashi has not been afraid to lead by example, ask/answer difficult questions, think outside of the box, tap into the strengths of others to accomplish goals, or encourage stakeholders to grow beyond their comfort zone. Most importantly, his actions strongly communicate how much he cares about the success and well-being of our keiki, teachers, families, and communities.

As members of HIDOE continue to navigate the challenges incurred from the pandemic, it is imperative that we have a leader like Mr. Keith T. Hayashi as our superintendent.

Thank you for your support,

Wina Ababa
School Improvement Resource Teacher
Waipahu High School

This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
Written Testimony in support of Keith Hayashi as Hawaii Superintendent of Education

1 message

Freeman Cheung <freeman.cheung@k12.hi.us>
To: Testimony.BOE@boe.hawaii.gov

Mon, May 2, 2022 at 11:44 AM

To: Board of Education

Fr: Freeman Cheung (Waipahu High School Secondary Teacher)

Re: Written Testimony in Support of Mr Keith Hayashi

Date: 5/2/2022

My name is Freeman Cheung, I am currently a Career Technical Education Coordinator at Waipahu High School. I have known Keith Hayashi for over 15 years, first as my vice principal and then as my principal, mentor and friend.

Under Mr Hayashi’s leadership, we have seen Waipahu High School grow and flourish into the nationally recognized academy school it is today.

Keith has demonstrated success in collaboratively building, nurturing, and empowering his staff in sustaining an organizational culture which supports and serves all students to find their passion(s) and provides all possible resources and opportunities to help them achieve their goals and prepare them for their future. He has also led us to develop a climate that fosters innovative continuous improvement that promotes collaboration, trust, and high expectations.

I believe that Mr Hayashi has demonstrated within a short few months that he will be an awesome permanent Superintendent for our state. Keith is a visionary and innovative leader and also someone with a deep understanding and appreciation for the culture of Hawaii and what is important to the people here. Because he has served in multiple roles in the education system, he understands from all stakeholders in Education, the issues and challenges we face and thus could make bold and transformative decisions that will be best for our students and the educational system in our State that everyone could be proud of.

I wholeheartedly support Mr Keith Hayashi as our next Superintendent of Education for the State of Hawaii.

Sincerely

freeman cheung
CTE Coordinator
Waipahu High School
Ph.(808) 307-9590
This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
Hawaii State Board of Education
P.O. Box 2360
Honolulu, HI 96804

Attention: Chairperson

SUBJECT: TESTIMONY -- in support of Keith Hayashi as permanent Superintendent of the DOE for submission to both the Investigative Committee Meeting (May 5, 2022), and Full DOE Board Meeting (May 19, 2022).

AGENDA ITEM: “V.G: 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 search for a superintendent”

From: Alan S. Hayashi, Individual (no relation to Mr. Keith Hayashi)

To: Members of the DOE Investigative Committee and Members of the full DOE Board:

My name is Alan Hayashi, testifying as an individual. I strongly support Keith Hayashi for the position of permanent DOE superintendent. Interim superintendent Hayashi is fully qualified per the list of competencies promulgated for the DOE Superintendent’s position, having served as a Teacher, Principal, and twice interim DOE Superintendent. Keith Hayashi is a local product of Hawaii and understands the local culture, the legislature, the Unions, and relationships that enable one to navigate in Hawaii’s omnipresent political environment.

Keith Hayashi has been a long-time proponent of the availability of career pathways in the Mid and High school levels...allowing students to aspire early to their occupation of interest. Waipahu Mid and High Schools is a good example of a successful program. Interim Superintendent Hayashi has created, and left a very capable staff to carry on since he became the interim superintendent....the sign of a good leader. As an individual member of the Workforce Development Council, I feel this early aspirational career goal, give the student much needed direction and focus in their academic subject choices. With Hawaii’s current workforce in dire need of trained and motivated persons, the WDC is investigating the possibility of a mentor / student program for key economic sectors. The career pathway programs will help identify the needs.

In my opinion, interim Superintendent Hayashi has also managed the COVID crisis relatively well under the constraints and opinions existing. He has had to make some unpopular decisions, for the benefit of the students.

If the DOE felt Keith Hayashi was twice qualified to be the interim Superintendent, he should certainly be qualified the be the permanent choice. I strongly support Keith Hayashi’s candidacy for DOE Superintendent and hope the DOE members will act to quickly appoint him as the permanent Superintendent. Thank you for the opportunity to testify. All best wishes!
May 2, 2022

To: Board of Education

From: JoAnn Facuri, Technology Coordinator

Subject: Testimony supporting Keith Hayashi for Superintendent

Meeting: General Business Meeting on Thursday, May 5, 2022

Agenda Item: IV. B. Investigative committee (a permitted interaction group pursuant to Hawaii Revised Statutes Section 92-2.5(b)(1)) concerning search for a superintendent: findings and recommendations on finalists

We need Keith Hayashi to be the next Superintendent of Hawaii Department of Education. We need a contemporary Superintendent who will stand up and make the best decisions for our students. We also need a Superintendent that motivates and innovates to take Education in Hawaii to the next level. Keith Hayashi is all of that and more.

I first met Mr. Hayashi when he was the Pearl City - Waipahu Complex Area Superintendent and I was a resource teacher. His enthusiasm and encouragement to innovate and create change brought out the best in all the resource teachers. Mr. Hayashi knew that technology was exciting but, that it was just a means to spark students to be self-directed learners, critical thinkers, and effective communicators. Mr. Hayashi partnered with Apple in order to bring his vision to fruition with Video Podcasting. Teaching Podcasting in 2005 was a huge learning curve, but everyone pushed on to produce an Annual Technology Showcase so that students could share their knowledge through technology.

In 2010, I became one of the technology coordinators at Waipahu High School. As principal, Mr. Hayashi coordinated a field trip around the Waipahu Community. It was mainly for new teachers but also open to all staff. He knew the importance of understanding where students are coming from. Understanding culture goes both ways so Mr. Hayashi had guest speakers talk with staff about the Micronesian culture. He challenged all of us to put that one star fish back in the water to make a difference.

There are so many stories to tell about Mr. Hayashi and what he has done for the staff, students and community of Waipahu. He has changed the perception of Waipahu High School. It was unprecedented that people would try to get a Geographic Exception to attend Waipahu High School. While attending a function someone who I did not know said that she wanted her daughter to go Waipahu High. I asked what grade was her daughter in and was flabbergasted to find that her daughter was only in the 3rd grade. This mother was planning now, on how she would get her daughter into Waipahu High School.

What is always important to Mr. Hayashi is the students and providing opportunities that challenges them. Politics aside, please choose Keith Hayashi for the next Superintendent for he has the right mind and right heart to lead the Hawaii Department of Education.
I am a Licensed Clinical Social Worker and a mother of 3 small children. One of my children is in Kindergarten, and one is in preschool. I am opposed to the mask mandate that is still being implemented in the DOE for students—especially our younger children. It is disturbing to me that my child has had to remain masked in her learning environment—learning how to sound out letters and read with a masked teacher. All the while, tourists can come into our islands day after day without masks. Yet my 5 year old must still cover her face and learn through a teacher with a face covering. This makes no logical sense.

The crucial non-verbal facial expressions and social skills learned from a young age is being inhibited by covered faces. We have already seen the CDC lower the verbal expectation for children learning how to speak as a result of face coverings. I am saddened to see the social and behavioral expectations change as we inhibit our children from natural growth.

As a mental health professional, I have taken notice of the exponential increase in mental health needs over the past two years. In this short time, we have seen an unprecedented increase in suicides within all age groups and especially the ages of 11-14. We have seen an increase in depression and anxiety. Every mental health therapist I know is completely booked and unable to take new patients. Obviously there are many factors associated with the rise of these numbers. Why are we keeping our young children stuck in a mandate that only pulls them back to the trauma experienced since 2020? Why haven’t we moved forward to allow them to grow and heal from the crisis mode that they’ve had to grow up in? It is shameful that we are perpetuating mandates that are frankly outdated. Let us help our children move forward without constantly reminding them of the things that changed their lives forever. Let us allow our children the ability to speak freely, have normal social interactions and catch up academically and socially on the things that they have missed. They are our future and it is our responsibility to teach them and move them toward healing.

I am appalled that our keiki are the last ones to be unmasked. Lifting the mask mandate for our children in learning environments is long overdue. I am opposed to any mask
mandates for the children and request that we lift this mandate. Thank you for your time and for doing what is best for our keiki.
April 19, 2022

State of Hawaii Board of Education,

This letter is written in support of Mr. Keith Hayashi, Hawaii Department of Education Interim State Superintendent. He is the best candidate for our next DOE Superintendent because of his vision and his ability to effectively lead all stakeholders in our education community.

Mr. Hayashi genuinely cares for our keiki and their families. He believes that all students should have an equal opportunity to be successful and has adopted innovative ways to implement this vision. I know this because I have worked with him not only as a teacher at Waipahu High School but also as a Leeward District Resource Teacher when Mr. Hayashi was the Complex Area Superintendent. I’ve seen his passion at work as Waipahu High became the first National Career Academy Coalition wall-to-wall academy school in the state and has since continued to be nationally certified. Our motto of “My Voice, My Choice, My Future” allows students to find their passion in their academy of choice and where their learning is relevant and they are successful.

Mr. Hayashi continues to have a positive impact on our students as Interim Superintendent. He came in at a very challenging time, not only leading us but also having to fight this pandemic. Again, he kept keiki and all employees at the heart of his decision making, keeping us safe at all times through various situations. I feel that we are fortunate to have Mr. Hayashi as our Interim Superintendent because of this fact.

Mr. Hayashi brings with him a strong foundation as he has served the education community in many roles. He is able to see the big picture from all angles. He understands our system well and is able to build on it. Mr. Hayashi is the epitome of a “public servant” not only as a teacher and administrator but also as Leeward District Complex Area Superintendent in which he brought innovation to the schools. He understands our system well and will continue to move education forward. He cares. He always keeps our best interest at the forefront of decisions. He leads with curricular and instructional knowledge, with compassion and empathy, and with vision. There is no better person for the job of Hawaii Department of Education State Superintendent.

Respectfully,
Joyce Bajet
WHS Teacher
Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony
1 message

Tina Lia <tinalia@live.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Mon, May 2, 2022 at 1:33 PM

Name: Tina Lia

Meeting: General Business Meeting (5/5/22 BOE Meeting)

Agenda Items:

(V.) Action Items (F) Board
Action on joint Student Achievement Committee and Finance and Infrastructure Committee recommendations concerning amendment to Department's fiscal plan to use federal funds in the second round of the Educational Stabilization Fund's Elementary and Secondary School Emergency Relief ("ESSER II") and in the third round of ESSER funds authorized under the American Rescue Plan Act of 2021 ("ESSER ARP") approved by the Board on December 16, 2021

(VI.) Discussion Items (A.) Presentation on universal indoor masking in public schools

Position: (Comment) I am submitting testimony in opposition to the BOE's requirement that students continue masking. It is well-known at this point that masks are not only ineffective at preventing viral spread, but that they are causing physical, mental, and developmental harm to children. Mask mandates have been lifted nationally and at the state level. There is no excuse for continuing to violate students' rights in this way. Allow them (and their parents) to make their own medical decisions. Focus on giving the children a solid education and truly looking out for their well being. The public is aware of ESSER funds being tied to these nonsensical and detrimental policies. These decisions are causing irreparable harm to Hawaii's keiki, and the BOE is opening itself up to future liability issues. Please reverse course and lift these mask mandates.

Aloha,
Tina Lia
Dear members of the Board of Education,

This is my testimony for the BOE meeting on 5/5/2022 for agenda item VI Discussion Item, regarding indoor masking.

I am a public school teacher, and **OPPOSE** the continued use of masks at schools.

I would like to ask the BOE two questions:

1) Please explain where the superintendent derives his authority from to make decisions about medical devices (masks in this case) for everyone at DOE schools. Which law, rule or DOE code states that the superintendent, or principals have this type of authority? Furthermore, masks were made available under the Emergency Use Authorization, which means that unapproved medical products can be authorized in case of an emergency. Right now we no longer live under a state of emergency and masks can no longer be mandated.

2) Please share with the public the list of "extensive scientific literature supporting the effectiveness of masking to reduce Covid-19 transmission in schools" that the superintendent referred to in his April 18, 2022 letter to parents and guardians. It would help in terms of transparency to know what Mr. Hayashi is referring to.

In the meantime I will share with you this [link](http://example.com) with extensive literature scientific studies, compiled by the Brownstone Institute on more than 150 comparative studies and articles on mask ineffectiveness and harms.

During this crisis, BOE and DOE officials have been claiming to follow the recommendations from the Hawaii DOH, and the DOH claims it follows the recommendation of the CDC. But now that the emergency is officially over I find it alarming and appalling that DOE and BOE officials are continuing to mask our students and staff. WHERE do they derive this authority from? Will the masking continue next school year? And if not, will it be reinstated when cases increase in the fall? We need to stop our officials acting out of their authority. And to close my testimony, I'd say, if you think a mask works, wear one! Make it optional. Why would you care if someone else wasn't wearing one but you did? Aren't you protected?

Please do the right thing and stop masking our keiki and our teachers and staff.

Aloha,

Renee Dieperink
Dear Board of Education Members,

I am writing to express my support for Keith Hayashi as the next Hawaii DOE Superintendent. Mr. Hayashi’s visionary thinking, desire to learn new best practices, shared leadership skills, and understanding of our Hawaii educational system - strengths and areas of need make him an outstanding candidate for this important position.

I have worked with Mr. Hayashi for 15+ years at Waipahu High School (WHS) where he served as my WHS vice principal, complex area feeder school principal, complex area superintendent, and finally WHS principal. As a WHS school improvement resource teacher responsible for WASC Accreditation coordination and Career Academy development, I collaborated closely with him and our leadership team to refine our school’s vision/mission, review schoolwide data, create and execute academic action/financial plans, innovate new courses/programs/internships/early college opportunities, gather support from state/private agencies for grant funding, and strengthen/refine/grow our college and career academy system. It is through these experiences I have witnessed Mr. Hayashi’s passion for education, shared leadership style, and genuine concern and caring for people - especially students, their families and educators.

Our WHS motto of *My Voice, My Choice, My Future*, inspired by Mr. Hayashi and our leadership team empowers students to share their voice, select courses/opportunities aligned to their career pathway of interest, and prepare for their future. In order for students to have these amazing opportunities at Waipahu High School, Mr. Hayashi’s shared leadership style encouraged teachers like me to be leaders who seek out best practices, innovate new ideas and gather community/business support to plan and carry out the ideas. We often had innovation sessions with him, students, the admin team and business/community partners where we would “design think” ideas to strengthen or improve our current school system and if other DOE/state/private agencies could support implementation of those ideas, Mr. Hayashi would personally work with them to build shared understanding of our DOE needs and how everyone could work together to benefit. His visionary thinking and relationship skills allows him to see “connections” between individual efforts and how they can fit together to maximize a positive outcome.

Because of all of the relationships Mr. Hayashi has established over his years of service, he is well respected in both the education and business community because he remains a caring, “humble” leader - always willing to listen, learn, empower others, and advocate for students. I highly recommend Keith Hayashi to be selected as our next DOE Superintendent. He is ready and willing to serve in this important position and understands the needs of our DOE system on many levels. His involvement in school, state, country, and international education/business leadership teams and constant research for best practices to create a meaningful education experience will benefit not just one school, but an entire school system. We will all miss him as our WHS principal, and will fully support his requests and expectations as our next DOE Superintendent.

Sincerely,
Cesceli Nakamura
School Improvement Resource Teacher - English Department Head, AP Lit & Comp Teacher, Academy of Arts & Communication Support, Academic Review Team, UH Manoa MEdT Liaison
Waipahu High School
94-1211 Farrington Hwy.
Waipahu, HI 96797
Phone: 808-307-9588

This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
General Meeting
Agenda: TAKE MASKS OFF OUR KEIKI
SUPPORT-Taking masks off
Comments below

BOE, take the masks off our children in schools. Make this OPTIONAL and a personal choice as some private schools have done. Hawaii is the only state in the nation with this ridiculous policy still in place. This is not about safety or science anymore and has been harming our kids, socially and mentally for over two years now. Our state is mask free but not for our kids? How does this make any sense? It doesn’t, yet the BOE members continue this charade.
April 18, 2022

To: Hawaii Board of Education
RE: Support for Keith Hayashi as Hawaii Department of Education Superintendent

Dear Sir/Madam,

I am writing this letter of support for Keith Hayashi as Superintendent of the Hawaii Department of Education. During my past 8 years of working with Mr. Hayashi, he has displayed himself to be a humble, supportive, and caring principal. His passion for education goes beyond what any other principal I’ve experienced would demonstrate. Whenever Waipahu High School received some type of recognition, he will always bring it back to giving credit to the teachers and students. He is so humble that he will never take credit for his successes at the school. He is a true leader and would go beyond measures to get what is needed to make Waipahu High School the “first” in everything.

Mr. Hayashi has experienced being in the classroom as an elementary school teacher, being the complex area superintendent, principal of one of the leading schools in Hawaii, and now as Interim Superintendent. His experiences and determination qualify him for the position of the new Hawaii Department of Education Superintendent.

Mr. Hayashi is a person of high integrity. He would always put the students first. In all my years working with him, he never once told me what to do. Instead, he would ask “what are your thoughts?” or “what do you think is best for our students?”. It was the same for the faculty as well. He made sure everyone had the opportunity to voice their opinion, whether it be at a faculty meeting or at a personal level. He always had an open-door policy.

I have also been able to see Mr. Hayashi’s leadership skills outside of school. Our daughters used to dance together for Drill Team Hawaii and he served as the Booster Board President for several years. He carried out the same leadership skills as he did in school. Everything was in the best interest of the girls.

I highly support Mr. Hayashi as being our next Hawaii School Superintendent. He has a strong track record of success and is a proven educational leader. His character and dedication to Hawaii public schools will lead us in the right direction.

Sincerely,

Lori Chun
Waipahu High School
Resource Teacher (Data & Assessment)
May 5th, 2022 - 13:30 BOE meeting -

I object to universal masking for public schools.

I support Optional masking only.

>>> Aloha,

>>> I’m writing on behalf of myself & my daughter, a kindergarten at Puu Kukui Elementary on Maui. She has suffered from a reoccurring rash around her nose & mouth all school year. She gets overheated and feels anxious & tired after wearing a mask for 7 hours a day 5 days a week. She just turned 6 years old. She is greeted daily with masked staff & hand sanitizer. I have yet to step inside her classroom, see her 1st school desk, have a face to face conference with her teacher. We have had no school shows, holiday performances or open houses. Parents are strictly prohibited on campus. It’s been a really difficult first year of school to say the least.

>>> I’d like to start by thinking back. When the pandemic first started over 2 yrs ago there were many uncertainties, SO many questions & unknowns. It was a crazy & scary time. We were told we needed to slow the spread, we sheltered in place, many people waited eagerly for vaccines to become available, we sought out early treatment plans & learned more about the virus and who was at high risk. Now MORE then 2 years later we have done all of that and more!! Our community level is has maintained low- medium. That is straight from the CDC, who is supporting communities erasing restrictions when community levels are not high. Our hospitals are not over burdened, our vaccination rate is among the highest in the nation. We have completely 100% open up our state to the entire world. Cruise ships are back & tourism is at all time highs. We no longer have pre travel testing, dropped vaccine passports, did away with many contact tracing procedures & lowered the quarantine time as part of getting back to a normal state...

>>> YET our KIDS, the youngest & lowest at risk population continue to have the strictest covid guidelines because of the HI DOH & DOE. These two organizations alone have placed the sole burden & responsibility on our babies in the name of “protecting” the state. Our kids are the LAST in the nation to have mandatory masking policies, our schools have the most extreme covid guidelines in the entire nation. I drove by King Kekaulike high school (my Alma mater) last weekend and there was a big sign for a play they’re doing. The sign read in Big bold writing "VACCINE & MASKS REQUIRED". How is this ok ?? How can a PUBLIC high school require a vaccine card for all attendees when NO other public places have vaccine passports any longer?? This is the public school system- for the public- for my daughter, for me. It’s devastating to see this.

>>> Why is the DOH & DOE encouraging and welcoming discrimination & segregation?? Teachers have had ample time get vaccinated if they chose, anyone can wear a mask- with no disrespect. If these guidelines are coming from the teacher unions, unfortunately it’s time for them to consider their career choice. Please hear me out, I know first hand that struggle. I am a frontline worker (an X-ray tech at MMMC).

>>> If the push back is not coming from teachers, is it because of funding?? I honestly am at a loss why the DOE would allow, encourage & actually require these strict, extreme and downright unlawful policies. The DOH highly recommends masking but the DOE requires it. This does not make sense!! Other schools around the entire nation have figured out a way to move forward with optional masking, why hasn’t Hawaii?? How are we so far behind?? For as many studies and data saying masks are effective, there are just as many, if not more that show they are not. Not only is the effectiveness questionable, there is risks associated with prolonged masking, especially for young children like MY daughter. Where there is risk, there must be choice.

>>> Hawaii is no longer in a state of emergency. Working at the hospital gives me a lot of medical understanding & personal experience. I have taken care of many sick covid patients on Maui. I have truly seen the worst of it. I have personally never in the last 2 years heard or seen any pediatric patient, that's ZERO, under 18 years of age that need admitted to the hospital because of covid. If our community level is not high then WHAT else can we do to drop these unfair mandates for our children?? What are YOU all doing to ensure this does not continue after this school year?? The emotional & psychological damage is absolutely real and it’s effecting our kids more then covid is!! That is 100% a fact. It
is happening and it needs to be stopped.

>>> Please please review these policies and put an end to public school discrimination immediately. My final plea is to finally put an end to the unethical universal FORCED MASKING policies that continues to plague our public school children. Thank you for your time and I really hope that we can move forward and make up for the years our children have missed out on.

>>> Aloha, Christina Miller

>>> Sent from my iPhone
I would like to submit my personal testimony to stop mask mandates in school for all students, staff, and teachers immediately. I would also like to state that any extension of the mask mandate is unsupported by any scientific or authoritative standards.

The State had remained consistent and steadfast in following CDC guidelines for the entire pandemic. However, somehow and at some time, this authority and power was simply handed over to one person in the Department. It does not make sense. The entire public school system should not suddenly follow the guidance of a few non-medical persons, simply because of their personal thoughts, opinions, and beliefs, particularly when they are contrary to the exact authorities they followed just weeks before (CDC and Governor Ige).

Stop the nonsense and the power driven decisions and listen to the PEOPLE.

Thank you,

Tammy Chang
Concerned parent of two public school children
Testimony
1 message

Leslie M <lesms2021@gmail.com>  
To: testimony.boe@boe.hawaii.gov  
Mon, May 2, 2022 at 10:21 PM

Regarding:

May 5, 2022 General Business Meeting (1:30 p.m.)
VI.A. Presentation on universal indoor masking in public schools
Position: OPPOSE CONTINUED MASKING OF CHILDREN

Dear BOE,

I would like to join the parents/guardians and children who are opposed to continued masking of the children in public schools. As I understand it, they are not only being required to continue wearing masks indoors, but outdoors as well.

The Governor has ended the masking mandates for the rest of the population. Masks shouldn't have been mandated anyway but since they are no longer, WHY are the children still required to wear them?

There are many reasons to stop requiring the kids to wear masks. Other states have dropped their mandates, and guess what, the sky didn't fall.

Are you following some "science" that says kids must continue to wear masks? Would you please provide the "science" you are referring to?

It is HOT, difficult to breathe, and causing numerous problems for the kids, which I'm sure many parents have communicated to you.

I also understand the schools are receiving funding to perpetuate masks (and shots.) WHAT have you done with this funding? Have you installed any air filtration systems so you can clean the air on a continual basis?

A suggestion is to make it optional. You might be surprised to find many people will still wear masks by CHOICE. They may do this until they feel comfortable without them. But there is not a need to keep the kids stifled, wearing a dirty mask all day long.

Please drop the requirement, and make masks optional.

Thank you for the opportunity to submit testimony.
Testimony regarding Discussion Item VI.A for May 5, 2022 BOE Meeting

1 message

Derek Bishop <derekcbishop@hushmail.com>  Tue, May 3, 2022 at 6:35 AM
To: testimony.boe@boe.hawaii.gov

Subject Line: Testimony regarding Discussion Item VI.A for May 5, 2022 BOE Meeting

Dear Hawaii State Board of Education,

I hope that this letter finds you well.

My name is Derek Bishop and I am a special education teacher of 32 years, currently employed at Pa'auilo School on the Big Island. I am in my tenth year of teaching developmentally delayed 3-5 year-olds.

I am against mandatory indoor masking at Hawaii DOE schools. Please make this policy optional.

If Federal ESSR funds are tied to COVID masking and vaccine guidance adherence, then I ask that Hawaii opt out. Let us chart a course toward health freedom and personal responsibility for health decisions. Masking causes unsafe levels of O2 and CO2 that fail OSHA standards. The social-emotional and educational harm caused by garbled speech, lack of distinct facial and auditory cues, oxygen deprivation, and inhalation of toxic air outweighs the alleged potential to "reduce transmission" of the virus. Children are not at risk for developing severe COVID symptoms. Kids present with mild symptoms or are asymptomatic. If they are not symptomatic, they are not spreading. In my opinion, what is referred to as COVID is mostly the common flu.

People alleged to having succumbed to "COVID" are nearly 80 years old, typically, and have two-to-three co-morbidities like cancer, Alzheimer's, pneumonia or COPD. The government's response to the current "COVID-19" concern has caused tremendous damage socially and financially to our nation. The death rate for people who test positive for COVID-19 is less than that of the seasonal flu. 1.5 million people died of tuberculosis last year. Why no shut down then? You do not quarantine the healthy. That is not "following the science." The Gates Foundation and the pharmaceutical giants have enormous financial ties to the CDC, WHO, and President Biden's infectious disease czar, Anthony Fauci. We cannot let our keiki become the victims in what I view as a global play for power.

As a classroom teacher and dedicated employee of Hawaii's Department of Education, I beg you, members of the Hawaii State BOE, to make these masks optional for all students, staff, and visitors at school. A life worth living requires some risk. Our immune systems are strengthened by exposure to dirt, grime, and germs. Let us face these challenges without fear, masks, or profit-driven, gene altering injections.

If you are interested, may I ask that you consider some alternative media and science sources as you craft school health guidelines:


http://unmaskourkeiki.org

https://www.corbettreport.com/gates/

Del Bigtree: Mask Test Proves Toxic For Children - Levels of Carbon Dioxide Inside A Mask, Face Shield, and Cloth:
https://www.bitchute.com/video/pICQnZVzhmQq/

https://hawaii.forourrights.org/mask-mandate-petition

https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/

Pastor J.D. Farag - Masks and The Mark - Bible Prophesy Update July 26, 2020
https://www.youtube.com/watch?v=OayBZF06nh0

https://www.globalresearch.ca/covid-19-vaccines-scientific-proof-lethality/5767711

https://www.zerohedge.com/covid-19/were-masks-waste-time

Max Igan: Are You Ready For The Great Reset?
https://www.bitchute.com/video/joUcWybJvHY/

David Icke's Explosive Interview With London Real - The Video That YouTube Doesn't Want You To See (this live interview was pulled by Google mid-stream despite 87,000 viewers watching):
https://www.bitchute.com/video/H4W7FwBy0Ukh/

David Icke: How They Pulled Off The "Pandemic:" An Animated Explanation by David Icke
https://www.bitchute.com/video/vPHlo2P3TG22/

Hawaii State Board of Education members, I am grateful for your taking the time to listen and consider the input that I and other concerned Hawaii citizens have made to you. I urge you, in this instance, to follow CDC guidance, which is to make indoor masking optional for our keiki.

I wish everyone involved in this very important matter the very best in navigating a path forward that not only safeguards our health, but maintains our humanity, our hope as a people, and a recognition of the sacredness of our breath and the essential goodness of the human community.

Derek Bishop, Paauilo Elementary and Intermediate School, Big Island
Dear BOE members and friends of Hawaii’s keiki,

Once upon a time there was a village priest and while he was walking about town he heard loud banging. Upon investigation the priest saw that the village head was hitting a large can, so the priest asked the village head what he was doing. The village head said “I’m making loud noises to keep the tigers away” the priest reminded the village head that “there are no tigers in these parts” the village head stopped for a moment and said, “well, there you go!” then proceeded to bang the can again.

I have reviewed the BOE, Hawaii State Plan for federal funding. In the application document for The American Rescue Plan Elementary and Secondary School Emergency Relief Fund states:

- **See page 22, last paragraph, 7th row up.** "Universal mask-wearing will continue to be mandated in alignment with state Department of Health guidance."
- **Page 23, first paragraph, 2nd line:** “In classrooms, physical distancing of at least three feet with universal masking will be applied as recommended by the CDC.

Based upon these statements there appears to be a hard-wired decision on the Boards’ part to make it a policy to require students to wear masks in school. Absent is the presentation of scientific proof that masking our keiki in school does what is implied, meaning to stop transmission and infection. The masking requirement rests its merits upon these implied outcomes. Existing masking studies point out that masks used by our keiki do not prevent infections nor prevent its spread. Our Keiki are not at risk of dying or spreading this thing called Covid. There is proof that the Keiki are in the lowest at-risk group of any age group to suffer from any covid effects. There is ample proof that long-term masking of children is harmful to their emotional and physical well-being and cognitive growth.

The BOE has turned into a techno-bureaucratic automaton that no longer cares about the health and welfare of our keiki. The BOE has presented no valid scientific proof for legal standing to support enforcing these covid restrictions on our keiki. For proof, the BOE provides us with, an echo chamber of rhetoric, catch phrases, and mantras that promote misinformation and fear. The outcome here is to sacrifice the welfare of our keiki in order to qualify for federal funding. This is despicable.

Though you are not a legislator, you are a member of a department within the government executive branch and therefore liable for your actions. Are you really sure that you have the proof that masking of our keiki is constitutional? Consider the following:
In U.S. Supreme Court ruling, Marbury vs Madison 1803 “that a law repugnant to the constitution is void; and that courts, as well as other departments, are bound by that instrument.”

Your protection as a department of education board member, is not absolute if you knowingly deprive citizens of their constitutional rights, your negligence opens you up to personal liability.

In Owen vs. Independence, Supreme Court case 1980; "Qualified immunity would provide presumptive protection for discretionary acts, while still leaving the municipality liable for bad faith or unreasonable constitutional deprivations."
Also "The Court nevertheless suggests that, as a matter of social justice, municipal corporations should be strictly liable” and “...the court creates broader liability for constitutional deprivations than for state law torts."

There is no constitutional law that empowers you to require, force, or coerce students to wear facemasks while at school. Remember, mandates are not laws!
Rescind and remove all school masking requirements for our keiki and stop banging that can!

Sincerely, Ken Honma
Parent, resident, Voter
Kurtistown Hawaii 96760
Hawaii State Board of Education
P.O.Box 2360
Honolulu, HI. 96804

May 3, 2022

Attention: Chairperson

SUBJECT: TESTIMONY in support of Mr. Keith Hayashi for the position of Superintendent of Education. Submission for the Investigative Committee Meeting (May 5, 2022) and Full Board Meeting (May 19, 2022).

AGENDA ITEM: “V.G. Board Action on findings and recommendations of Investigative Committee investigating issues relating to search for a Superintendent.

From: Cary S, Miyashiro, President, Quad D Solutions LLC.
To: Members of BOE Investigative Committee

I strongly support Interim Superintendent Keith Hayashi for the permanent position of Superintendent of Education. I had the opportunity to work with Superintendent Hayashi for nearly 20 years and have always known him to place the best interest of the student first. He believes in student led education and have allowed students to determine their choice and defend their positions.

Superintendent Hayashi’s educational vision became clear as a Complex Area Superintendent and as Principal at Waipahu High School. Mr. Hayashi went wall to wall academies at Waipahu High School and every student belong in an academy. He advocated for and supported Career Academies through Hawaii Academies with other high schools statewide. At Waipahu High, he provided opportunities for students to take college courses and number of their students received the Associate of Arts Degree a week before their high school diploma from Leeward Community College.

Superintendent Hayashi championed a K-12 Continuum within the Waipahu Complex and scaffolded learning from the elementary, middle, and high school within various academies. He hired an Early College Director that visited elementary schools and introduced college to K-1 students. Fifth and Sixth grade teachers were encouraged to prepare students for college. Exiting 8th grade students were given college placement tests enabling passing students to take college classes in 9th grade at Waipahu High.

Under his leadership Waipahu High developed an Academy of Engineering through the National Academy Foundation. He arranged for qualifying graduates are enrolled in the College of Engineering at UH-Manoa as juniors. He has also created a Design Thinking Academy which is not a stand-alone academy but involves all Academies at Waipahu High.

At Waipahu High Superintendent Hayashi has developed international relations in which qualifying students can participate in a world conference in Jeju Island, Korea. Students at the conference from all parts of the world discuss four world problem issues. It was exciting to hear how different nations face the same concerns and students come together to seek solutions. Students from Korea have visited Waipahu High School to learn about America.
Through his strong business and community partnerships he sought funding and started an Early College program where students didn’t need to pay tuition. He also piloted a Criminal Justice and Law Career Pathway partnering with the FBI, HPD, Weed and Seed and Leeward CC. Before COVID in 2019 his graduating seniors received over $32 million in academic scholarships.

Superintendent Hayashi sits on the National Career Academies Coalition Operating Board which certifies Career Academies across the country. He is well versed on the Academies and can integrate workforce readiness strategies for the Hawaii Department of Education (HIDOE).

Superintendent Hayashi’s experience working with the High Need Population (Special Education, Immigrant and Economically Disadvantaged) will be invaluable to move the HIDOE to the next level. Most of his career has been in a Title I environment facing the many issues facing these communities. He has a working relationship with Micronesian organizations will ensure all students receive equal opportunities.

In summary, Interim Superintendent Keith Hayashi is best positioned to meet the unique challenges in this complicated statewide, collective bargain education system. He has relationships and support from other principals and staff as well as the unions, businesses, and community sectors to make a systematic and intention difference in Hawaii’s educational community. His leadership will focus on addressing the needs of ALL students.

Respectfully Submitted,
Cary S. Miyashiro, President
Quad D Solutions
May 3, 2022

Hawaii State Board of Education
PO Box 2360
Honolulu, HI 96804

State of Hawaii Board of Education,

This letter is written on behalf of the Principals and Vice-Principals from the Leeward District in support of Mr. Keith Hayashi, Interim State Superintendent of the Hawaii Department of Education. In the months that Mr. Hayashi has served as Interim Superintendent, he has demonstrated the knowledge, patience, and professionalism to effectively lead the field in providing the best public education possible for the students in the State of Hawaii.

Performing at the highest levels under the direction of the current Hawaii State Board of Education and inheriting an entire staff (Assistant Superintendents and Complex Area Superintendents) from his predecessor without the ability to make his own changes, Interim Superintendent Hayashi has still managed to significantly move the Department during these very difficult times.

Yes, Covid-19 has changed the way we do business and the Hawaii Department of Education, under Interim Superintendent Hayashi’s leadership, has met the challenge of the pandemic by actively engaging in conversation with our school communities to better understand what education is all about and how to best prepare our students for the future.

We believe that too much time and resources has been wasted on a National Search. We have learned from the previous administration that the success of this department deserves a quality leader that is familiar with the inner workings of our Hawaii State Department of Education. During Mr. Hayashi’s tenure as Waipahu High School’s Principal, Mr. Hayashi was recognized as a visionary and innovative leader who transformed his school into a Nationally Recognized School that serves as a model and blueprint for other principals to follow. It is obvious to all educational officers in the Leeward District that Mr. Keith Hayashi has the qualifications and the perfect mindset to effectively represent our voices as the next State Superintendent. Therefore, it is without hesitation that principals and vice-principals in the Leeward District support the appointment of Mr. Keith Hayashi as the permanent Superintendent of the Hawaii State Department of Education.

Respectfully,
Leeward District Public School Principals, Vice-Principals and Athletic Directors
Pearl City/Waipahu Complex
Hanh Nguyen – August Ahrens Elementary Principal
Jed Kutaka – August Ahrens Elementary Vice Principal
Ronie Martinez – August Ahrens Elementary Vice Principal
Michael Sugano – August Ahrens Elementary Vice Principal
Amy Martinson – Highlands Intermediate Principal
Stacy Kawamura – Honowai Elementary Principal
Carl Matsumoto – Honowai Elementary Vice Principal
Alica Ahu – Kaleiopuu Elementary Principal
Michael Leslie – Kaleiopuu Elementary Vice Principal
Marty Sepkowski – Kaleiopuu Elementary Vice Principal
Stacie Kunihisa – Kanoelani Elementary Principal
Neil Blomberg – Kanoelani Elementary Vice Principal
Lisa Tominaga – Kanoelani Elementary Vice Principal
Lance Tanouye – Lehua Elementary Principal
Bryan Loo - Manana Elementary Principal
Garrett Arakawa – Momilani Elementary Principal
Tara Seseasara-Williams – Momilani Elementary Vice Principal
Gavin Tsue – Palisades Elementary Principal
Jan Kanaeholo – Palisades Elementary Vice Principal
James Suster - Pearl City Elementary Principal
Zachary Sheets – Pearl City Highlands Elementary Principal
Amanda Sarono – Pearl City Highland Elementary Vice Principal
Joseph Halfmann – Pearl City High Principal
Denise Canon – Pearl City High Assistant Principal
Aaron Chung – Pearl City High Assistant Principal
Shanell Kagamida – Pearl City High Assistant Principal
Herman Leong – Pearl City High Assistant Principal
Michael Sana – Pearl City High Assistant Principal
Liane Satarak – Pearl City High Assistant Principal
Reid Shigemasa - Pearl City High Athletic Director
Troy Takazono – Waiau Elementary Principal
Kim Koga – Waiau Elementary Vice Principal
Sheldon Oshio – Waikele Elementary Principal
Aaron Tominaga – Waipahu Elementary Principal
Kai Kuboyama - Waipahu Elementary Vice Principal
Tara Soleta – Waipahu Elementary Vice Principal
Pat Anbe - Waipahu Community Schools for Adults Principal
Meryl Matsumura – Waipahu High Principal
Daryl Agena – Waipahu High Assistant Principal
Gary Chun – Waipahu High Assistant Principal
Eunice Fukunaga – Waipahu High Assistant Principal
Elizabeth Higashi – Waipahu High Assistant Principal
Kel Hirohata – Waipahu High Assistant Principal
Matthew Mitsuyuki – Waipahu High Assistant Principal
Brandy Yagi – Waipahu High Assistant Principal
Stacie Nii – Waipahu High Athletic Director
Alvan Fukuhara – Waipahu Intermediate Principal

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER
Gary Fujii – Waipahu Intermediate Vice Principal
Roslyn Kanae – Waipahu Intermediate Vice Principal
Lisa Ynigues – Waipahu Intermediate Vice Principal
Jody Appalsa – District Educational Specialist
Anne Kim – District Educational Specialist
Greg Uchishiba – District Educational Specialist
Matthew Kralevich - Pearl City/Waipahu School Renewal Specialist

Campbell/Kapolei Complex
Sandy Calio - Barbers Point Elementary Principal
Stanley Tamashiro – Ewa Elementary Principal
James Aronica – Ewa Elementary Vice Principal
Bryan Honda – Ewa Elementary Vice Principal
Jennifer Tasaka – Ewa Elementary Vice Principal
Shayne Greenland - Ewa Beach Elementary Principal
Kim Sanders – Ewa Makai Middle Principal
Gary Yasui - Holomua Elementary Principal
Todd Fujimori - Honouliuli Middle Principal
Cherise Akimoto - Honouliuli Middle Vice Principal
Christopher Bonilla – Ilima Intermediate Principal
Jon Henry Lee – James Campbell High Principal
Anela Pia - Kaimiloa Elementary Principal
Cindy Otsu – Kapolei Elementary Principal
Wesley Shinkawa – Kapolei High Principal
Traciann Dolim – Kapolei High Assistant Principal
Kandiss Nahulu-Mahelona – Kapolei High Assistant Principal
Leslie Toy – Kapolei High Assistant Principal
Darren Camello – Kapolei High Athletic Director
Richard Fajardo – Kapolei Middle Principal
Deborah Ostovich – Kapolei Middle Vice Principal
Poe Sua’ava – Kapolei Middle Vice Principal
Bryan Rankie – Ho’okele Elementary Principal
Melinda Pamatigan – Ho’okele Elementary Vice Principal
Tammi Umeno – Ho’okele Elementary Vice Principal
Raechelle Fabrao – Makakilo Elementary Principal
Neil Battad - Mauka Lani Elementary Principal
Nicole Manninen – Mauka Lani Elementary Vice Principal
Corey Barton – Pohakea Elementary Principal

Nanakuli/Waianae Complex
Randall Miura – Leihoku Elementary Principal
Suzie Lee - Maili Elementary Principal
Shannelle Hanashiro – Maili Elementary Vice Principal
Wade Araki - Makaha Elementary Principal
Lisa Higa – Nanakuli Elementary Principal
Jessica Matsik – Nanakuli Elementary Vice Principal
Darin Pillaloha – Nanakuli High and Intermediate Principal
Kainoa Hopfe – Nanakuli High and Intermediate Vice Principal
Lauren Kamikawa - Nanakuli High and Intermediate Vice Principal
Jerri-Lee Keiki - Nanakuli High and Intermediate Vice Principal
Andrew Moody – Nanakuli High and Intermediate Athletic Director
Ray Pikelny-Cook – Waianae High Principal
Ryan Oshita – Waianae High Vice Principal
Norine Matanane – Waianae High Vice Principal
Marites Kaji – Waianae High Vice Principal
Michael Kurose – Waianae High Vice Principal
Rebecca Gebreyesus – Waianae High Vice Principal
Hayley Spears – Waianae High Vice Principal
Meeting: General Business meeting 5/5/2022, 1:30pm

No personal information

The parents/ legal guardians and NOT the school, government or any other entity had and have the natural unalienable God given right to decide in any circumstances what medical intervention go into their children, including wearing mask. This is also a right under our Constitution, which is the law of the land, still.

Thank you.

Sent from my iPhone
May 3, 2022

To: Chairperson Payne and Hawaii State Board of Education Members

From: Nadine Villarmia  
Student Services Coordinator  
Waipahu High School

Meeting: General Business Meeting, May 5, 2022

Agenda Item: Investigative Committee (a permitted interaction group pursuant to Hawaii Revised Statutes, Section 92-2.5(b)(1)) concerning search for a superintendent: findings and recommendations on finalists

Subject: Testimony in support of Interim Superintendent Keith Hayashi

I am writing this letter in support of Mr. Keith Hayashi to be selected as the next Superintendent for the State of Hawaii. I have known Mr. Hayashi for more than 20 years since he first served as a Vice Principal at Waipahu High School. He later served as a Principal at Waipahu Elementary School, the Pearl City-Waipahu Complex Area Superintendent and as our outstanding Principal at Waipahu High School. Mr. Hayashi was also a classroom teacher at the elementary school level. Serving in these different roles in the public school system has given him unique experiences, both good and bad, which have helped him develop into the leader he is today.

Over the years, I have witnessed how Mr. Hayashi’s innovative thinking has transformed Waipahu High School into one of the top high schools in the State. His vision and beliefs in education has created many unimagined opportunities and experiences for everyone. Design Thinking, Early College courses, Career Academies, National Competitions, and numerous internships are just some of the initiatives created and revived by Mr. Hayashi.

Mr. Hayashi is caring, compassionate, and hard working. Although he has many accomplishments and accolades, Mr. Hayashi still remains humble. He is never about himself but more about the students and staff. Mr. Hayashi doesn’t expect respect but looks to earn the respect of others by working with them and not against them. I believe that these are some of the reasons Mr. Hayashi has been able to develop meaningful relationships with stakeholders at every level; schools, post-secondary schools, industry and community.

Mr. Hayashi has been committed to the public school system his entire life and I believe that he is the leader Hawaii needs. He is always looking for new opportunities for students and will try his best to get each student to succeed. If the growth and success experienced at Waipahu High School can reach each public school in the State, we will see students succeed far beyond their expectations. Mr. Hayashi has shown a willingness to lead and will use his past experiences to move our State to the forefront of
education. Mr. Keith Hayashi has what it takes and will be an excellent selection for our next Superintendent.
STOP the ludicrously useless unscientific and harmful masking of school children!

Here is part of my full testimony as presented in the attached documents (full size charts/graphs) with documentation of the claims that clearly, without any scientific doubt, masks (including N95s) do NOT have any statistically significant effect on inhibiting viral transmission or infection, and thus should not be required of any person anywhere, especially children, who suffer more negative effects from mask wearing than do adults (see included Alexander article and link to primary references).

There is only one Level 1 randomized controlled trial ("The Bangladesh Study") concluding that masks have any statistically significant effect on viral transmission or infection. That study is rife with poor methodology and statistical errors, as demonstrated in the attached paper by professor Norman Fenton, who wrote of the study finding:

To give a feel for just how ‘insignificant’ the 52% figure is - if you wanted to use it to conclude that the seropositivity rate is lower in people receiving the mask intervention than those who do not - then this would be much like flipping 201 coins, observing 101 ‘heads’ and 100 ‘tails’ and concluding that all coins are more likely to land on heads than tails.

Professor Fenton has written the journal Science that published the Bangladesh study and asked, in light of his analysis, that the paper be withdrawn or amended to show the true statistical correlations.
Your mask policy is unscientific and just plain wrong. There is no factual basis for it whatsoever. Why do you persist in enforcing such a meaningless and useless arbitrary and capricious order? Masks do not prevent viral aerosol transmission or infection. All the randomized controlled trials in various populations (general population, medical workers, etc.) show no statistical difference in infection between masked and unmasked groups (including the use of N95 masks). Stop the charade. Stop the theater. Stop the tyrannical absurdity. STOP HURTING THE CHILDREN!

One would have hoped with the massively bloated state bureaucracies that at some point during the past two years that someone somewhere would have been assigned to actually research all the published scientific information regarding all these issues (the efficacy and negative consequences of “lockdowns”, “social distancing”, “gathering size” limitations, limits on retail customers-per-square-foot, hand sanitizing, “distance learning”, etc.) including the effectiveness of masks in preventing viral transmission. The fact that no one did this is at the very least incompetence, and more likely intentional malfeasance. Unforgivable. Criminal.

Here is the conclusion from the CDC's own journal, Emerging Infectious Diseases, (with emphasis added), clearly showing that in a systematic review of 10 randomized controlled trials (the highest level of medical evidence) there was no statistically significant effect on transmission or infection of viral disease due to mask wearing.
Face Masks

In our systematic review, we identified 10 RCTs. Fauci has stated that only Randomized Controlled Trials should be considered valid evidence] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20, I² = 30%, p = 0.25) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9, 10). The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9, 10). Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only (35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13, 15, 17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13, 15, 17, 34, 35). Most studies were underpowered because of limited sample size, and some studies also reported suboptimal adherence in the face mask group.

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.

Here is another peer-reviewed randomized controlled trial from 2021:
Results:

A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was −0.3 percentage point (95% CI, −1.2 to 0.4 percentage point; \( P = 0.38 \)) (odds ratio, 0.82 [CI, 0.54 to 1.23]; \( P = 0.33 \)). Multiple imputation accounting for loss to follow-up yielded similar results. Although the difference observed was not statistically significant, the 95% CIs are compatible with a 46% reduction to a 23% increase in infection.

There are literally thousands of graphs, charts and other data displays comparing various countries, states, provinces, counties, cities, etc. having different “mitigation measure” policies, clearly showing that none of the so-called “mitigation measures” make any difference, at all. Not for “cases”, not for hospitalizations, not for ICU admissions, not for deaths.
Since you continue the policy of required masking indoors, the only state in the entire United States that has not abolished such stupidity, or at least announced the near end of such ignorant bullying, you especially need to be held accountable for all the damage you have done and continue to do (not the least of which has been horrifically perpetrated on children's learning, emotional, and developmental capabilities that will likely have lifelong effects). Hopefully you will be tried and convicted and sentenced to an appropriate punishment for your crimes against humanity, including advocating injecting citizens with inadequately tested drugs, without presenting any possible adverse event reaction information. Drugs that have many and common obvious serious short and long term adverse events, further harming citizens, especially children and young adults who are at virtually zero risk statistically of serious harm from SARS-CoV-2.

Here are only a very few of the comparisons of various sorts showing that masks have no effect on viral transmission or infection.

Between October and February mask wearing in Manhattan was remarkably consistent, yet cases rose nearly 5,550% from December to January and then dropped 97% afterwards with no significant change

No matter where you look, mask compliance makes absolutely no difference whatsoever.
Ian Miller @ianmSC · Mar 2
Over the last year, Italy and France have maintained consistent mask mandates and added incredibly strict vaccine passports designed to limit the ability of unvaccinated individuals to enter indoor public areas.

So why have they reported so many more deaths than Sweden?

Ian Miller @ianmSC · 13h
Cases in New Zealand are now over 430,000% higher than when CNN explained how they “eliminated COVID” with strict lockdowns.

Cases have increased 224,000% since the mask mandate and they’re currently 9th in the world in case rate.

I don’t know, doesn’t look very eliminated to me.
When California lifted its statewide mask mandate last month, Santa Clara County announced they would continue to enforce masks, while neighboring counties lifted their mandates.

2+ weeks later, you can’t tell which line is which because mask mandates are so completely irrelevant.

During the winter/Omicron wave and subsequent decline, states with mask mandates generally have done worse than those without a mandate, and cases declined at the exact same time regardless.

There is absolutely no legitimate, data based argument to justify mask mandates.
Last year, Twitter promoted “expert” Eric Feigl-Ding said Hong Kong showed the world how to “how to defeat COVID” and “achieve zero COVID”

Cases there have risen 71,105% since and they’re now reporting more new population adjusted cases than the US ever has

Whoops
Cases in Rhode Island rose 6x higher after they reinstated the mask mandate on December 20th and have dropped 63% since the mandate was lifted over two weeks ago.

I wonder how that could be possible given we know how important mask mandates are to slowing the spread of COVID.
Delaware’s recent mask mandate might set a record for most useless intervention.

Cases had already peaked when it was reinstated, Pennsylvania peaked on the same day without a mandate, and cases have continued decreasing after it was lifted.

Hard to be more useless than that.
Two weeks ago Los Angeles hosted the Super Bowl and, to assuage the fears of experts and local politicians concerned about a “super spreader,” handed out KN95 masks to everyone in attendance.

Absolutely no one wore them, yet cases have dropped 62% since anyway.

Every single time...
Ian Miller @ianmSC · 42m
South Korea recently reported the equivalent of 1.1 million cases in the US and cases have risen 8,000% since the introduction of vaccine passports, despite consistent 99% mask compliance

I don’t know guys, I don’t think The Science™ actually works

Ian Miller @ianmSC · 29m
In yet another example of the utter uselessness of mask mandates, New York lifted the statewide mandate two weeks ago and cases have dropped 62%

It’s absolutely remarkable that anyone can get away with pretending that mandates have made the slightest bit of difference
Somehow, Malaysia’s broken their previous case records with over 80% of the population fully vaccinated and consistently high mask usage.

You can see why experts are so concerned with removing masks since they make such a big difference in preventing surges.

---

Ian Miller @ianmSC · 10h

With one of the world’s longest mask mandates & highest vaccination rates, Singapore is reporting the equivalent of over 1 million cases in the US each day.

How in the world can the CDC still get away with pretending that mask mandates & “guidance” are remotely beneficial?
Ian Miller is the author of *Unmasked: The Global Failure of COVID Mask Mandates*, in which he lays out hundreds of pages of detailed and referenced published evidence confirming that masks are useless to prevent viral transmission.

Here's a peer-reviewed study re masks published three weeks ago (April 19, 2022) on the consequences of mask usage in 35 European nations:

**Correlation Between Mask Compliance and COVID-19 Outcomes in Europe**

Beny Spira

Published: April 19, 2022 (see history)

DOI: 10.7759/cureus.24268
Abstract

Masking was the single most common non-pharmaceutical intervention in the course of the coronavirus disease 2019 (COVID-19) pandemic. Most countries have implemented recommendations or mandates regarding the use of masks in public spaces. The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage.

Conclusions

While no cause-effect conclusions could be inferred from this observational analysis, the lack of negative correlations between mask usage and COVID-19 cases and deaths suggest that the widespread use of masks at a time when an effective intervention was most needed, i.e., during the strong 2020-2021 autumn-winter peak, was not able to reduce COVID-19 transmission. Moreover, the moderate positive correlation between mask usage and deaths in Western Europe also suggests that the universal use of masks may have had harmful unintended consequences.

Not only do masks not work to protect anyone from being infected or infecting others, they are clearly harmful, especially to children, in a vast number of ways.

Here is a link to the following article, by Dr. Paul Alexander, which has the live links to all his dozens of primary source references:

**Masking Children: Tragic, Unscientific, and Damaging**

Paul E. Alexander

**Summary:** Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost benefit analysis is entirely different for adults and children – particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable – with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose.

How did this blue surgical mask and white cloth mask come to dominate our daily lives? Well, indeed, the surgical masks and white cloth (often homemade) masks have become the most contentious and quarrelsome symbol and reminder of our battle with SARS-CoV-2 and the disease it causes, Covid-19. The mask has become so politicized that it prevents rational consideration of the evidence (even across political lines) and drives levels of acrimony, invidious actions, disdain, and villainy among wearers to each other who feel threatened by the individual who will not or cannot wear a mask.

But how dangerous is this virus? Based on studies done by Professor John PA Ioannidis of Stanford University, we know that we are dealing with a virus that has an infection fatality rate (IFR) of 0.05 in persons 70 years old and under (range: 0.00% to 0.57% with a median of 0.05% across the different global locations; with a corrected median of 0.04%). This compares quite well to the IFR of most influenza viruses (and even lower), and yet the draconian and massive reactions to SARS-CoV-2 have never been employed during influenza season.

Given this knowledge it is more than perplexing as to why our governments, at the behest of their public health advisors, have accepted as a fait accompli what we refer to as a ‘great deception’ or lie, convincing us of inevitable and severe consequences if anyone is infected with SARS-CoV-2.
Yes, the public was lied to and deceived from day one by governments and their medical advisors and the media medical cabal with its incessant messaging that we were all at equal risk of severe illness or death if infected, young and old. They subverted science. This caused irrational fear and hysteria and it has held on. This type of deception and the resulting unfounded fear has been driven by the media despite “a thousandfold difference in risk between old and young.”

We suggest that this has always been known, and yet this disinformation and related falsehoods were spread seemingly both willfully and knowingly by our leaders and the media. Such conflation of the risks between the young and the elderly population with comorbidities and at risk is wrong-headed and creates unnecessary fear for all. It is well known that there is a distinct stratified risk (strongly associated with increasing age and comorbidities).

Additionally, data now suggests (even though still nascent) that children not only have extremely low risk as mentioned above but also that they naturally have the capability of evading the SARS-CoV-2 virus due to the lack of the ACE-2 receptors in their nostrils. It escapes us as to why this deceit continues to be served to the public and has not been stopped forthwith.

What does the evidence show? Well, evidence is accumulating about the potential harms of mask use (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23). For example, the CDC’s own February 2021 double-mask study reported that masking may impede breathing – which can trigger a variety of other problems including acute anxiety attacks in susceptible individuals. These harms are even more likely to occur to children, particularly smaller children.

The scientific evidence in total also suggests masks (surgical and cloth masks) as currently used are ineffective in reducing transmission (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25). Even if we tried to tease out ‘minimal help’ and say ‘they may help a little,’ these Covid-19 masks are largely ineffective. In many reports, conclusively so.

As an example, a very recent publication stated that face masks become nonconsequential and do not function after 20 minutes due to saturation. “Those masks are only effective so long as they are dry,” said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.” As soon as they become saturated with the moisture in your breath, they stop doing their job and pass on the droplets.” In a similar light, there are indications that wearing a mask that has already been used, which is very common, is riskier than if one wore no mask at all. The evidence
on mask mandates is also clear in that they are ineffective and do not work (references 1, 2, 3, 4, 5, 6) to prevent the spread of respiratory viruses like SARS-CoV-2.

We don’t have a wealth of scientific evidence on exactly when it is safe or not safe for children to be masked, but here’s a good rule of thumb. If you wouldn’t put a child in the front seat of your Prius without disabling the airbag – think twice before requiring an otherwise healthy child to wear a mask – or even forcing them to social distance in school.

On the dangers of masks generally, a recent mini-review reported “There are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” We agree that the adequate primary type comparative effectiveness research is still not available but we do have strong anecdotal, reported, and real-world information as indicated above, along with some primary evidence, which we have judged appropriate to inform the discussion sufficiently.

During April to October 2020 in the US, emergency room visits linked to mental health problems (e.g. anxiety) for children aged 5-11 increased by nearly 25% and increased by 31% for those aged 12-17 years old as compared to the same period in 2019. During the month of June 2020, 25% of persons aged 18 to 24 in the US reported suicidal ideation. While some of this may be related to the pandemic, we suspect that it is largely a function of our response to the pandemic.

One of the most starkly revealing and troubling observations come from Dr. Margarite Griesz-Brisson MD, PhD, who is one of Europe’s leading neurologists and neurophysiologists focused on neurotoxicology, environmental medicine, neuro-regeneration and neuroplasticity. She has gone on record stating: “The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation.” There are neurons, for example in the hippocampus that cannot survive more than 3 minutes without an adequate supply of oxygen. Given that such cells are so sensitive to oxygen deprivation, their functionality must be affected by low oxygen levels.

Oxygen deprivation can cause metabolic changes and the metabolic changes that happen in neuronal cells are vitally important for cognitive functioning and brain plasticity and it is known that when drastic metabolic shifts occur in the brain, there are consequent changes of oxidative stress (cellular oxidative state) and these have a significant role in managing neuron functioning (we do not claim that masking would produce complete absence of oxygen of course).
The acute warning symptoms are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Given that the development of neurodegenerative diseases can take years to develop, then what are the potentially deleterious effects of the use of masks, especially in children, when masks are used over the majority of their day? We and particularly parents, must consider this and weigh the benefits versus the harms. Are there benefits enough to warrant use relative to the potential harms? If the harms outweigh the benefits, then we cannot in good conscience advocate for mask use. Moreover, the continual and stressful impacts of masking (and school closures) will also have a known and deleterious impact on the immune systems in children (and adults).

Other medical harms relate to the notion that children and adolescents have an extremely active and adaptive immune system, a system that must be challenged in order to retain functionality. Yet by severely restricting children’s activities because of lockdowns and masking (physical activity/fitness exercises are almost impossible whilst wearing a mask), we are probably hobbling their immune systems. Evidence indicates that regular physical activity and frequent exercise enhance immune competency and regulation.

A child unexposed to nature has little defense against a minor illness, which can become overwhelming due to the lack of a primed ‘tuned-up’ and ‘taxed’ immune system. A robust immune system shortens an illness as a consequence of the presence of preprogrammed anamnestic immunity. Preventing children from such interactions with nature and germs can and does lead to overwhelming infections and serious consequences to the health and life of a child. We might be setting up our children for future disaster when they emerge from societal restrictions fully and with no masks, to then be at the mercy of normally benign opportunistic infections with a now weakened immune system. This cannot be disregarded as we consider the consequences of our actions today in this pandemic and the questionable lockdowns, school closures, and mask policies.

A German-wide registry (not the optimal highest-quality study) used by 20,353 parents who reported on data from almost 26,000 children, found that the “average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).”
Concerns are being raised regarding psychological damage and why a mask is not ‘just a mask.’ There is tremendous psychological damage to infants and children, with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs or those within the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blaylock states “the bottom line is that [if] you are not sick, you should not wear a mask.” Furthermore, Dr. Blaylock writes, “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”

In sum, as mentioned, the optimal comparative research on harms has not sufficiently accumulated but what has been reported is sufficient to inform and guide us in our debate on the potential harms of mask use (surgical and cloth), especially in children. But we do have real-world evidence. While additional evidence will help clarify the extent of risk, the existing details are sobering enough and of tremendous utility as we consider the benefits versus the harms of mask use. Even the potential of minimal harm is enough to prevent justification of such use.

Remember, even Dr. Fauci told us in 2020 that masks are not needed and not effective as you may think it is (March 2020 with Jon LaPook, 60 Minutes). Para ‘no need to walk around with one.’ Dr. Fauci was indeed telling you the science then, and the science has not changed. His statement “it is not providing the perfect protection that people think…” may have changed, but the science remains crystal clear on effectiveness, or lack of.

We call on parents to consider this and to carefully weigh the benefits versus the downsides/harms of masks to their children. This really is not an issue of the ‘science’ as kids do not spread the virus readily to kids, to adults, to teachers, or to the home. They do not get severely ill or die from this. Moreover, teachers are at very low risk of severe illness or death and the school setting remains one of the safest, lowest risk environments.

The science is clear and thus the question becomes, what is the benefit of masks for children? Is masking of children really more about seeming to be doing something even if it is ineffective or possibly harmful? If the possible harms outweigh the negligible and questionable benefit in such a low-risk group, then why must they wear masks indoors and outdoors at school? Masks in children with such near zero risk of transmission and illness from Covid is not necessary and illogical and irrational. This is similar to the need for vaccination of children, especially young children. Children
were not part of the vaccine research and also the very low risk to children raises very troubling questions of why. A move to vaccinate children based on the existing risk evidence has no basis in science and there is no net benefit.

Why then did Dr. Fauci call for this? What is the benefit? Is this similar to when Dr. Fauci initially called for double masking, only to then retract the statement? An ‘assumption’ or ‘speculation’ or ‘supposition’ it may work is not science! Is a ‘children vaccine’ retraction coming from Dr. Fauci? Absolutely, children need vaccinations for measles, mumps, rubella etc. but not for Covid. Similar for masks, there is no benefit we can see.

To close, masking children is as absurd, illogical, nonsensical, and potentially dangerous as trying to stop ‘every case of Covid’ or ‘stopping Covid at all costs.’ Masks are not needed for children based on near zero risk in children. The risk of dying from Covid-19 is “almost zero” for young people. The issue of masks in children is really a risk management question for parents and any decision-maker. The science is settled.

Contributing Authors

Paul E Alexander MSc PhD, McMaster University and GUIDE Research Methods Group, Hamilton, Ontario, Canada elias98_99@yahoo.com

Howard C. Tenenbaum DDS, Dip. Perio., PhD, FRCD(C) Centre for Advanced Dental Research and Care, Mount Sinai Hospital, and Faculties of Medicine and Dentistry, University of Toronto, Toronto, ON, Canada

Dr. Parvez Dara, MD, MBA, daraparvez@gmail.com

Paul E. Alexander received his bachelor’s degree in epidemiology from McMaster University in Hamilton, Ontario, a master’s degree from Oxford University, and a PhD from McMaster University’s Department of Health Research Methods, Evidence, and Impact.

End the preposterous, useless and harmful-to-children mask mandates NOW!
The Bangladesh Mask study: a Bayesian perspective

Preprint · May 2022
DOI: 10.13140/RG.2.2.26189.92649

1 author:
Norman Elliott Fenton
Queen Mary, University of London
399 PUBLICATIONS 15,872 CITATIONS
SEE PROFILE

Some of the authors of this publication are also working on these related projects:

- PAMBAYESIAN (PAtient Managed decision-support using Bayesian networks) View project
- Bayesian Artificial Intelligence for Decision Making under Uncertainty View project
The Bangladesh Mask study: a Bayesian perspective

Norman Fenton

2 May 2022

Abstract

A very large trial, whose results were published in Science, carried out in Bangladesh between 2020 and 2021 has been widely acclaimed as providing the most convincing evidence yet that masks work in reducing Covid-19 transmission and infections. However, the media grossly exaggerated the authors’ own conclusions, and sceptical researchers have identified weaknesses in various aspects of the trial and statistical analysis which cast doubts on the significance of the results. The sole focus of this report is to determine what can really be learned about the impact of mask wearing on covid infections from the data in the trial. Using a novel Bayesian causal modelling approach, we find that the claimed benefits do not hold up when subject to this rigorous analysis. At best, one can conclude that there is only a 52% probability that the seropositivity rate among people subject to a mask intervention campaign is lower than those who are not, while there is a 95% chance that a mask intervention campaign would result in anything between 19,240 fewer positives and 18,500 more positives in every 100,000. This means there was no discernible effect of the mask intervention on covid infection. Given that the results of the study have been used explicitly to justify continuing or reintroducing aspects of mask mandates in the USA, UK and elsewhere, the study paper in Science needs to be corrected or withdrawn.

1. Introduction

What has been claimed to be the largest randomized controlled trial to determine the effectiveness of masks in preventing spread of Covid-19 was carried out in rural Bangladesh between November 2020 and April 2021. The trial and its results were first reported in a preprint [1] and subsequently published in Science [2].

In contrast to the only previous randomized controlled trial (in Denmark in 2020) [3] which found no statistically significant benefits of mask wearing in reducing covid transmission or infection, the Bangladesh trial has been widely acclaimed as providing evidence that masks work [4][5][6]. The reporters who trumpeted the ‘success of the study’ are unlikely to have understood, or even read, the overly complex and often opaque statistical results contained in the original 94-page report. Yet, they were more than happy to parrot the paper summary which states:

*A randomized-trial of community-level mask promotion in rural Bangladesh during COVID-19 shows that the intervention tripled mask usage and reduced symptomatic SARS-CoV-2 infections, demonstrating that promoting community mask-wearing can improve public health.*

However, sceptical researchers have pointed out multiple weaknesses in the study design (including the curious distinction between different mask types and colours), flaws in the statistical analysis, and how claims by the media grossly exaggerate the authors’ own conclusions [7] [8] and [9].

First, it is important to note that the trial was not (as implied in the media reporting) a randomized controlled trial of 340,000 people but was rather a ‘cluster randomized’ trial of 300 ‘treatment villages’ and 300 ‘control villages’; in the former there was a mask wearing intervention campaign,

---

1 n.fenton@qmul.ac.uk, Queen Mary University of London. Declaration of Interest: The author is also a Director of Agena Ltd whose software is used in the analysis contained in this paper.
while in the latter where there was no intervention. It was the total population of these villages that numbered some 340,000.

If the primary objective of the trial was to determine whether a mask intervention policy led to an increase in mask wearing, then the cluster randomized design makes sense, and indeed there is evidence the mask intervention policy achieved significant success with respect to that objective. But such a result is neither interesting nor useful. We could surely also triple the amount of sweets children ate if we gave them out for free. In fact, the primary objective of the trial was to determine whether mask wearing leads to a reduction in covid infections. While the authors of the study claim the design was well suited to test this at the community level, the results have been widely interpreted as demonstrating that mask wearing reduces the risk of covid at the individual level. Indeed the grandiose summary statement above that the intervention “... reduced symptomatic SARS-CoV-2 infections, demonstrating that promoting community mask-wearing can improve public health” confirms this impression. The sole focus of this report is to determine what can really be learned about the impact of mask wearing on covid infections from the data in the trial using a novel Bayesian causal modelling approach [10].

In Section 2 we describe the Bayesian approach and in Section 3 we show that the trial data cannot be used to provide any conclusions at all about whether mask wearing reduces covid infections. We show in Section 4 that, at best, the trial data can help evaluate a weak surrogate hypothesis that people subject to a mask intervention campaign are less likely to test seropositive than those who are not. We also explain the impact on the conclusions of properly accounting for the limited testing and the correlation of outcomes from using clustering of villages. In Section 5 we provide what we believe are the most meaningful results that can be concluded from the trial data: taking full account of the uncertainty inherent in the study, at best one can conclude that there is a 52% probability that the seropositivity rate among people subject to a mask intervention campaign is lower than those who are not (with a 95% risk ratio confidence interval of 0.14 to 6.35). The probability of 52% is way below any usually acceptable levels of significance (these are typically set at 95% or 99%) – it means that there is a 48% probability that the seropositivity rate among those subject to a mask intervention campaign is higher than those who are not. The risk ratio confidence interval should lie entirely below 1 if there is ‘significant’ evidence the mask intervention campaign worked. The fact that it ranges from 0.14 (which would mean the seropositivity rate is 7.14 times higher among those not subject to the mask intervention) up to 6.35 (which would mean the seropositivity rate is 6.35 times higher among those subject to the mask intervention) means there is almost no support at all for even the weak surrogate hypothesis about mask interventions.

2. The Bayesian method

To test what we will call the ultimate hypothesis that mask wearing reduces covid infections, we need to answer the question:

Is the covid infection rate among mask wearers ‘significantly’ lower than the rate among non mask wearers?

In a properly constructed randomized controlled trial we would have two approximately equal sized groups of people:

1. Group 1 containing only non mask wearers (the ‘control’ group)
2. Group 2 containing only mask wearers (the ‘treatment’ group)

After a suitable period, we would observe for each participant whether they had contracted covid.
To test the ‘ultimate hypothesis’ using the Bayesian approach, we consider the (unknown) covid infection rate for each of the masked and unmasked population people to be a probability distribution which we learn (using Bayesian inference) from the total number of masked and unmasked respectively in the study and the number of these who get covid.

A superficial look at the key Bangladesh study data (shown in Appendix 1) might lead to the assumption that there were 161211 participants in Group 1 (i.e. non mask wearers) of whom 1106 were known to have got covid. Then, based on standard prior assumptions and Bayesian inference\(^2\) (shown in Appendix 2 Figure 1) we would conclude that the revised probability \(p\) of getting covid among non mask wearers is a distribution whose mean is 0.687\% and whose 95\% confidence interval ranges from 0.647\% to 0.728\%. This means there is a 95\% probability that \(p\) lies between 0.647\% to 0.728\%.

Similarly, we might assume from the data that there are 174171 participants in Group 2 (mask wearers) and that 1086 of these got Covid. Then we would conclude that the revised probability of getting Covid among mask wearers is a distribution whose mean is 0.624\% and whose 95\% confidence interval ranges from 0.588\% to 0.662\%. This is shown graphically in Appendix 2 Figure 2. There is little overlap between the distributions, suggesting intuitively that this provides strong support for the ultimate hypothesis above.

In order to interpret exactly what this means, we use a slightly more complex Bayesian network model (Appendix 2 Figure 3) that separates the two distributions and calculates their Risk Ratio (RR) - defined as \(p_1\) (probability of masked getting Covid) divided by \(p_2\) (probability of unmasked getting Covid) and the probability that \(p_1\) is less than \(p_2\).

This model tells us that:

- There is a 95\% probability that the RR lies between 0.84 and 0.99 (this is the 95\% RR CI)\(^3\)
- The probability that \(p_1 < p_2\) is 98.69\%
- The probability that the treatment reduces the infection rate by at least 10\% (i.e. the probability that \(p_1 < 0.9\times p_2\)) is 40.9\%

We summarise this information in Table 1 (and use the same format for all subsequent analyses).

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Covid infected</th>
<th>Mean rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob (p_1 &lt; p_2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masked</td>
<td>174171</td>
<td>1086</td>
<td>0.624%</td>
<td>0.588 to 0.662 %</td>
<td>0.84 to 0.99</td>
<td>98.68%</td>
</tr>
<tr>
<td>Unmasked</td>
<td>161211</td>
<td>1106</td>
<td>0.687%</td>
<td>0.647 to 0.728 %</td>
<td></td>
<td>(40.9%)</td>
</tr>
</tbody>
</table>

So, with this assumed data, there seems to be quite strong evidence (98.68\% probability) for the ultimate hypothesis that the covid infection rate of the masked is lower than that of the unmasked. However, it is unlikely (40.9\% probability) that the reduction will be more than 10\% (and the probability of a more than 20\% reduction is just 0.18\%). With the Bayesian approach we do not use

\(^2\) All of the Bayesian inference is performed using the AgenaRisk 10 (revision 8607) software with simulation convergence setting 0.0001. Links to access all the models and software are provided at the end of this report.

\(^3\) As shown in Appendix 2 Figure 3, the Risk Ratio confidence interval is simply the 5\% and 95\% percentile values of the probability distribution computed for the risk ratio node in the model.
p-values for significance as we have actual probabilities associated with our hypotheses. If we wanted to be at least 99% certain of the ultimate hypothesis before declaring the result ‘significant’ then we have just missed the threshold, but we are well clear if we set a 95% threshold. Of course, even with this ‘significance’ the absolute risk reduction is small: for every 100,000 masked people we might expect about 624 to get covid compared to 687 out of every 100,000 unmasked. That is an absolute risk reduction of 0.00063, i.e. 63 in 100,000.

Moreover, because of possible confounders we still cannot conclude that it was mask wearing that led to this reduction. Nor can we conclude that rates of more serious outcomes (hospitalisation and death) are lower in the masked since we do not have the data for that.

3. The problems with Bangladesh study data

In the study there were NOT two randomly selected groups of mask wearers and non mask wearers. Rather, the study was based on 600 villages divided randomly into 300 villages whose 174171 people who were ‘reached for symptom collection’ were defined as the treatment group, and 300 villages whose 161211 people who were ‘reached for symptom collection’ were defined as the control group (see Appendix Table 1A reproduced from the paper). The treatment group villages received free masks, and various types of intervention to encourage mask-wearing, while the control group villages received none of that. There was, of course, no guarantee that the inhabitants of the treatment villages would wear masks nor that those of the control villages would not. This means that:

We do not know how many of the 174171 treatment group participants were really mask wearers nor how many of the 161211 control group participants were really non mask wearers. Hence, the numbers 174171 and 161211 represent, respectively, simply crude surrogates for the number of ‘masked’ and ‘unmasked’.

There are even more complications when it comes to the numbers infected with covid. The 1086 in the treatment group and 1106 in the control group are the number of people in each of the treatment and control villages respectively who satisfied all the following criteria:

a) self-reported covid-like symptoms; (of whom there were 13,273 in the treatment group and 13,893 in the control group)

b) subsequently agreed to have their blood tested (which narrowed the numbers down to 5006 in the treatment group and 4971 in the control group); and

c) their blood subsequently tested seropositive (which narrowed the numbers down to 1086 in the treatment group and 1106 in the control group)

(it is important to note that, while the other numbers were reported in the paper, the numbers 1086 and 1106 were – curiously - not reported in the paper but had to be inferred, as explained in Appendix 1).

What this means is that:

We do not know how many of the participants in each group really contracted covid. Hence, the numbers 1086 and 1106 represent respectively simply crude surrogates for the numbers in each group who contracted covid.

To see how far these surrogates are from the true information we need, note the following for the treatment group (a similar set of problems apply to the control group):
The number who actually were masked is an unknown proportion of the total number of 174171 people in the treatment villages. The number testing positive is NOT the number of masked with Covid, but rather the sum of the masked and unmasked in the treatment villages who first had to report feeling covid-like symptoms, then had to agree to their blood being tested, and then had their blood test seropositive. This test is not a perfect test of a person with covid. Hence, the number testing positive will include some masked and unmasked people who did not actually have covid; and it will wrongly exclude some masked who had covid. And, of course, none of those who were masked and who had covid but were not tested are included in the number testing positive.

So, if we want to learn the probability of masked people getting (symptomatic) covid from the available data then we need to run the full causal Bayesian network model shown in Appendix 2 Figure 4. Because there are so many variables for which there are no observations available, when we run such a model with the limited observed data the posterior distribution for the probability of masked people getting (symptomatic) covid has such a wide 95% confidence interval that it essentially tells us nothing; it is very similar to the posterior probability distribution for unmasked people getting (symptomatic) covid obtained from the equivalent model for the control group.

4. So what can we infer from the available data?

To be able to get any kind of meaningful comparison between the control and treatment groups in the absence of data for all but the orange nodes on Appendix 2 Figure 4, we could attempt to answer the question:

Is the seropositive rate among people subject to mask intervention procedures ‘significantly’ lower than the rate among those receiving no intervention?

This would enable us to test the (weak) surrogate hypothesis that the mask intervention procedures reduce the seropositivity rate.

Now, if it were the case that EVERY participant had been tested and that the number recorded in each group testing seropositive were the numbers observed (i.e. 1106 in the control group and 1086 in the treatment group) then we could easily test the surrogate hypothesis. In fact, the relevant results would be exactly that provided in Section 2, Table 1 (with ‘control’ replacing ‘unmasked’, ‘treatment’ replacing ‘masked’, and ‘testing seropositive’ replacing ‘covid infected’. Hence, we would have the results shown in Table 2.

Table 2 Results using ‘surrogate data’ if every participant had been tested

<table>
<thead>
<tr>
<th>Population</th>
<th>Seropositive</th>
<th>Mean rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob p1 &lt; p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>174171</td>
<td>1086</td>
<td>0.624%</td>
<td>0.588 to 0.662 %</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>161211</td>
<td>1106</td>
<td>0.687%</td>
<td>0.647 to 0.727 %</td>
<td>0.84 to 0.99</td>
</tr>
</tbody>
</table>

4 For simplicity we restrict the interest to symptomatic covid henceforth as the model would double in size if we also wanted to learn the probability of getting covid without symptoms
But, of course, it is NOT the case that every participant was tested. The only ones who were tested were those who both self-reported having covid-like symptoms and who also subsequently agreed to have their blood tested. We will address this issue in the next section, but let us continue with the charade that the number of seropositives is really based on the assumption that everybody was tested.

It turns out that even then we cannot use the raw data presented because the study used cluster-randomization (whole villages rather than individuals). The clustering is problematic because Covid is an infectious disease; it means we cannot consider all participants to be independent because if a person is infected with Covid then it is likely many of those in the village in contact with that person will also be infected. This means the outcomes are likely to be correlated inside a village. As reported by Recht [11]:

*To capture the correlation among intra-cluster participants, statisticians use the notion of the intra-cluster correlation coefficient $\rho$. $\rho$ is a scalar between 0 and 1 that measures the relative variance within clusters and between clusters. When $\rho=1$, all of the responses in each cluster are identical. When $\rho=0$, the clustering has no effect, and we can treat our assignment as purely randomized. Once we know $\rho$ we can compute an effective sample size: if the villages are completely correlated, the number of samples in the study would be 600. If they were independent, the number of samples would be over 340,000. Recht explains why a value of $\rho=0.007$ is reasonable for the Bangladesh study and that this leads to a ‘design effect’ of about 5 which means that all the observations (i.e. number of participants and number who are seropositive) must be reduced by a factor of 5 in order to remove the bias from the correlations within villages.*

This means that, to take account of the correlation among intra-cluster participants, the relevant revised data we should use is the following:

- Control: 221 from 32242 (rather than 1106 from 161211)
- Treatment: 217 from 34834 (rather than 1086 from 174171)

When we run the basic Bayesian model with these revised observations, we get the results shown in Table 3.

*Table 3 Results using adjustment for intra-cluster correlation assuming all participants had been tested*

<table>
<thead>
<tr>
<th>Population</th>
<th>Seropositive</th>
<th>Mean rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob p1 &lt; p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>34834</td>
<td>217</td>
<td>0.626%</td>
<td>0.545 to 0.711%</td>
<td>0.753 to 1.096</td>
</tr>
<tr>
<td>Control</td>
<td>32242</td>
<td>221</td>
<td>0.688%</td>
<td>0.601 to 0.782%</td>
<td>Prob p1&lt;0.9*p2: (38.38%)</td>
</tr>
</tbody>
</table>

Because there are ‘less data’ to learn from, the results of the Bayesian analysis show that there is now much more uncertainty about whether $p_1$ (the probability of seropositivity in the treatment group) is less than $p_2$ (the probability of seropositivity in the control group). The probability $p_1<p_2$ is 84.16%.

So, even if the data were based on everybody having been tested (which they were not), even the results of the surrogate hypothesis would not be considered ‘statistically significant’ under any normal interpretation. However, it is interesting to note that in an interview [12] with James Lyons-
Weiler the first author of the study Dr Jason Abaluck discusses how they achieved what they believed was ‘statistical significance’ using a method called ‘imputation’ (starting at 49:45)\(^5\).

To explain imputation imagine you set up a trial to test if an intervention decreases positivity. You get 10,000 people in the control group and 10,000 in the treatment group. But only 1000 in each group agree to the outcome test. If 100 people in the control group test positive and only 85 in the treatment group the result is certainly not significant (as shown in Appendix 2 Figure 5(a)). With the method of imputation described by Abaluck, we assume that for each group those who refused to get tested would have the same positive rate as those who did get tested. Hence, we assume that 1000 out of 10,000 in the control group test positive and 850 out of 10,000 in the treatment group test positive. That would produce a highly significant result as shown in Appendix 2 Figure 5(b). But the result is bogus since it relies on additional data that are purely imaginary.

Now, we know that only 5006 out of the 13,273 (i.e. 37.7\%) of the treatment participants who reported Covid-19 symptoms were tested and that only 4971 out of the 13,893 (i.e. 35.8\%) of the control participants who reported Covid-19 symptoms were tested. So, applying the imputation method we would assume that, if all those with symptoms had been tested, then 2879 (instead of 1086) in the treatment group and 3091 (instead of 1106) in the control group would have tested positive. Applying the adjustment for intra-cluster correlation means we would assume:

- Control: 618 (instead of 221) from 32242
- Treatment: 576 (instead of 217) from 34834

When we use these data in the basic model, we get the results shown in Table 4.

<table>
<thead>
<tr>
<th>Population</th>
<th>Seropositive</th>
<th>Mean rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob (p_1&lt;)p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>34834</td>
<td>576</td>
<td>1.666%</td>
<td>1.525 to 1.792%</td>
<td>0.770 to 0.966</td>
</tr>
</tbody>
</table>
| Control    | 32242        | 618       | 1.92\% | 1.773 to 2.073\% | 99.47\%

So, with imputation, we increase the probability that \(p_1<\)p2 from an (‘insignificant’) 84.16\% to a ‘significant’ 99.47\%. But, as explained, this is a bogus method introduced to artificially increase significance.

5. **Addressing the problem that not everybody was tested**

Recall that, to evaluate the surrogate hypothesis that the mask intervention procedures reduce the seropositivity rate we need to answer the following question using the available data:

\[
\text{Is the seropositive rate among people subject to mask intervention procedures ‘significantly’ lower than the rate among those receiving no intervention?}
\]

To be able to use the available data to infer the probabilities of testing seropositive for people subject to mask intervention procedures and those not, respectively, we need to use (for each) the Bayesian network model shown in Appendix 2 Figure 6 (and note that even this model makes the simplifying assumption that no people without symptoms wrongly report symptoms).

\(^5\) In email correspondence, Dr Abaluck has since stated that “there was no imputation for our primary outcome (that was an auxiliary robustness check reported in an appendix)".
It turns out that, to get results that in any way clearly distinguish between the probabilities of seropositivity in those subject to mask interventions and those not, we have to make some strong prior assumptions without any evidence base to do so. Specifically, we have to make strong prior assumptions about the unobserved variables probability of reporting if with symptoms and probability of getting covid symptoms. For example, assuming that the former is a Truncated normal with mean 0.5 and variance 0.005 and the latter is a triangle(0, 0.05, 1) distribution, and without the adjustment for cluster correlation we get the posterior distributions shown in Appendix 2 Figure 7. Even with these strong prior assumptions and without the cluster correlation adjustment the results still provide only very weak support for the surrogate hypothesis as shown in Table 5 (in this section we show median rather than mean values of the distributions as they are heavily skewed).

Table 5 Results given strong priors and no adjustment for cluster correlation

<table>
<thead>
<tr>
<th></th>
<th>Median seropositivity rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob p1&lt;p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>3.37%</td>
<td>2.60% to 4.74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>3.90%</td>
<td>2.99% to 5.50%</td>
<td>0.563 to 1.327</td>
<td>75.53%</td>
</tr>
</tbody>
</table>

Assuming, uniform priors for the unobserved nodes probability of reporting if with symptoms; probability of getting covid symptoms; and probability of being tested if symptoms reported and the figures in Table 1A for the observed orange nodes, we get the results shown in Table 6.

Table 6 Uniform prior (and data not adjusted for cluster correlation)

<table>
<thead>
<tr>
<th></th>
<th>Median seropositivity rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob p1&lt;p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>5.96%</td>
<td>1.77% to 20.40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>6.53%</td>
<td>2.05% to 20.91%</td>
<td>0.130 to 6.484</td>
<td>53.48%</td>
</tr>
</tbody>
</table>

But applying the cluster correlation factor (i.e. dividing the numbers by 5) we get the results shown in Table 7.

Table 7 Uniform prior using adjustment for cluster correlation

<table>
<thead>
<tr>
<th></th>
<th>Median seropositivity rate</th>
<th>95% CI</th>
<th>RR CI</th>
<th>Prob p1&lt;p2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>6.03%</td>
<td>1.86% to 20.54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>6.71%</td>
<td>2.04% to 21.10%</td>
<td>0.140 to 6.35</td>
<td>52.25%</td>
</tr>
</tbody>
</table>

The Table 7 results are based on the most reasonable assumptions that can be made for this trial data. Based on the 95% confidence intervals for the seropositivity distributions, all we can conclude is that there is a 95% chance that mask intervention would result in anything between 19,240 fewer positives and 18,500 MORE positives among every 100,000 people. The results therefore provide essentially no support even for the weak surrogate hypothesis that the mask intervention procedures reduce the seropositivity rate.
6. Discussion and Summary

The Bangladesh study, when viewed from a Bayesian perspective, does not provide the necessary data to enable us to test the hypothesis that mask wearing reduces the probability of covid infection. It does, however, provide some limited data to test the surrogate hypothesis that the mask intervention procedures reduce the seropositivity rate.

Before discussing the testing of this hypothesis, it is worth questioning whether in fact the primary endpoint chosen (seropositivity reduction) is either clinically meaningful or epidemiologically desirable. In the absence of vaccines which meaningfully or at all reduce infection (which appears to be the reality), exposure to the virus is necessary to gain the quality of immunity which prevents transmission and contributes to population-level immunity to the level which converts the pandemic into endemic equilibrium, thereby minimising the danger for the most vulnerable members of society. Hence public health officials are prone to express satisfaction, rather than concern, with rising antibody levels, as they recognise that the higher these are the closer we are to the end of the pandemic as a significant threat to public health.

Regardless, this paper aims to examine whether the hypothesis based on an endpoint of seropositivity reduction has been proven, and therefore we shall proceed on that basis.

When we take account of the limited testing that was performed and the cluster correlation, we conclude that:

The probability the seropositivity rate is lower in people receiving the mask intervention than those who do not is 52% with risk ratio of 0.14 to 6.35.

In other words, there is no real statistical support at all because the probability distributions for the treatment and control populations have such wide 95% confidence interval bounds that they are almost indistinguishable. There is a 95% chance that a mask intervention campaign would result in anything between 19,240 fewer positives and 18,500 more positives in every 100,000 people.

To give a feel for just how ‘insignificant’ the 52% figure is - if you wanted to use it to conclude that the seropositivity rate is lower in people receiving the mask intervention than those who do not - then this would be much like flipping 201 coins, observing 101 ‘heads’ and 100 ‘tails’ and concluding that all coins are more likely to land on heads than tails (assuming a uniform prior for the probability p of heads the probability that p is greater 0.5 is 52.6% in this case).

Moreover, there are other factors which, if properly accounted for, could lead to even greater uncertainty – and possibly even to a higher seropositivity rate in the treatment population. For example:

- The fact that the data are based only on testing people who report symptoms introduces a possible bias: Whether or not a person believes they have ‘covid symptoms’ is extremely subjective when the symptoms are minor. If two people – a mask wearer and a non mask wearer - have very similar minor symptoms, then intuitively it seems it is less likely that the mask wearer will report having covid symptoms (since they presumably believe wearing the mask avoids catching covid). Even a very small increase (e.g. by 3 or 4%) in mask wearers reporting symptoms could reduce the probability the seropositivity rate is lower in the intervention group to below 50%.
• There is possible bias given that unreachable participants were excluded from the study (this is normally considered bad practice in such trials). There were 4117 participants from the treatment villages who were unreachable and 2627 from the control villages. The fact that 2.3% of the treatment village participants were unreachable compared to only 1.6% of the control village participants suggests there may have been some systematic differences explaining why participants were unreachable. Imagine, for example, if a major reason for being unreachable was ‘death’. The fact that a far greater proportion of treatment village participants were unreachable would invalidate the entire study.

• The uncertainty would be greater if we consider asymptomatic covid, as well as symptomatic.

We have explained why unreasonable assumptions may have led the authors of the Bangladesh study to make claims about the benefits of mask wearing that simply do not hold up when subject to rigorous Bayesian analysis. Those claims were further exaggerated in multiple media reports and consequently the study’s results have been explicitly cited to justify continuing or reintroducing aspects of mask mandates by CDC [15], IDSA [16] and the UK’s National Health Service [17]. In the light of this, the study paper published in Science [2] needs to corrected or withdrawn.

Models and data used in the Bayesian analysis

The models with all the data can be downloaded from http://www.eecs.qmul.ac.uk/~norman/Models(mask_study_models.zip) and run using the free trial version of AgenaRisk https://www.agenarisk.com/agenarisk-free-trial

Acknowledgements

With thanks to the following for their comments and help: Clare Craig, Mike Deskevich, Jonathan Engler, Joshua Guetzkow, Steve Kirsch, Scott McLachlan, Martin Neil, Stephen Petty, Joel Smalley.

References

[12] https://vimeo.com/695666226
Appendix 1: The key data in the Bangladesh mask study paper

The key data are summarised in their Table A1 that appeared in their original appendix:

<table>
<thead>
<tr>
<th>Table A1: Endline Blood Sample Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of People Identified in Baseline Household Visits</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of People Reached for Symptom Collection on in the Midline and Endline Visits</strong></td>
</tr>
<tr>
<td><strong>Number of People with WHO-defined COVID-19 Symptoms</strong></td>
</tr>
<tr>
<td><strong>Number of Symptomatic Endline Blood Samples Collected</strong></td>
</tr>
<tr>
<td><strong>Number of Symptomatic Endline Blood Samples Tested</strong></td>
</tr>
</tbody>
</table>

However, what is very strange about this table (inexplicably not picked up by any reviewer before its publication) is that their key surrogate outcome measure (the number of people testing seropositive in each group) is NOT provided. Instead, in the main text, the authors say:

*Omitting symptomatic participants who did not consent to blood collection, symptomatic seroprevalence was 0.76% in control villages and 0.68% in the intervention villages.*

Intuitively, we could calculate the number of seropositives by multiplying the rates (0.76% and 0.68% respectively for control and treatment villages) which would result in:

- 1225 in control villages
- 1184 in treatment villages

However, as noted by Recht [13]:

*Where do these seropositivity percentages come from? The paper does not make clear what is being counted. Do the authors compute the number of cases in treatment divided by the number of individuals treated? Or do they compute the prevalence in each cluster and average these up? These two different estimates of prevalence can give different answers.*

In fact, as later reported by Recht [14] when he got access to the raw data, he was able to calculate that the numbers were:

- 1106 in control villages
- 1086 in treatment villages

This is why the raw data we assume are:

- Control: 1106 from 161211
- Treatment: 1086 from 174171
Appendix 2: The Bayesian network models

Figure 1 Basic model with a) prior and b) posterior probabilities

As a prior we assume a Uniform(0,1) distribution

Ideally the control group participants should be all non mask wearer and the treatment group should be all mask wearers

This is assumed to be a Binomial(n,p) distribution

Prior probabilities

Mean: 0.00687
95% Confidence Interval (0.00647 to 0.00728)

Posterior probabilities given 1106 out of 161211 getting Covid

Figure 2 Posterior probabilities for masked v unmasked using ‘hypothetical data’ (CI stands for Confidence Interval)

Masked group distribution:
mean 0.00624 (i.e. 0.624%) with 95% CI (0.587, 0.662 %)

Unmasked group distribution:
mean 0.00687 (i.e. 0.687%) with 95% CI (0.647, 0.727 %)
Figure 3 Interpreting the difference between the two distributions

Figure 4 Causal (Bayesian) network of the problem for the treatment villages (a similar model applies to the control villages)
Figure 5 Effect of imputation

- a) Without imputation: no significance (the distributions heavily overlap)
- b) With imputation: very highly significant (the distributions barely overlap)

Figure 6 Simplified model needed to infer probability participant would test seropositive

This is defined as M/N
Figure 7 Posterior distributions given strong priors and no adjustment for cluster correlation.
Your mask policy is unscientific and just plain wrong. There is no factual basis for it whatsoever. Why do you persist in enforcing such a meaningless and useless arbitrary and capricious order? Masks do not prevent viral aerosol transmission or infection. All the randomized controlled trials in various populations (general population, medical workers, etc.) show no statistical difference in infection between masked and unmasked groups (including the use of N95 masks). Stop the charade. Stop the theater. Stop the tyrannical absurdity. STOP HURTING THE CHILDREN!

One would have hoped with the massively bloated state bureaucracies that at some point during the past two years that someone somewhere would have been assigned to actually research all the published scientific information regarding all these issues (the efficacy and negative consequences of “lockdowns”, “social distancing”, “gathering size” limitations, limits on retail customers-per-square-foot, hand sanitizing, “distance learning”, etc.) including the effectiveness of masks in preventing viral transmission. The fact that no one did this is at the very least incompetence, and more likely intentional malfeasance. Unforgivable. Criminal.

Here is the conclusion from the CDC's own journal, *Emerging Infectious Diseases*, (with emphasis added), clearly showing that in a systematic review of 10 randomized controlled trials (the highest level of medical evidence) there was *no statistically significant effect on transmission or infection of viral disease due to mask wearing.*
Face Masks

In our systematic review, we identified 10 RCTs [Fauci has stated that only Randomized Controlled Trials should be considered valid evidence] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20; I² = 30%, p = 0.25) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9,10). The overall reduction in IILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9,10). Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only (35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13,15,17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13,15,17,34,35). Most studies were underpowered because of limited sample size, and some studies also reported suboptimal adherence in the face mask group.

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. **Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.**

Here is another peer-reviewed randomized controlled trial from 2021:
Results:

A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was −0.3 percentage point (95% CI, −1.2 to 0.4 percentage point; \(P = 0.38\)) (odds ratio, 0.82 [CI, 0.54 to 1.23]; \(P = 0.33\)). Multiple imputation accounting for loss to follow-up yielded similar results. Although the difference observed was not statistically significant, the 95% CIs are compatible with a 46% reduction to a 23% increase in infection.

There are literally thousands of graphs, charts and other data displays comparing various countries, states, provinces, counties, cities, etc. having different “mitigation measure” policies, clearly showing that none of the so-called “mitigation measures” make any difference, at all. Not for “cases”, not for hospitalizations, not for ICU admissions, not for deaths.

Since you continue the policy of required masking indoors, the only state in the entire United States that has not abolished such stupidity, or at least announced the near end of such ignorant bullying, you especially need to be held accountable for all the damage you have done and continue to do (not the least of which has been horrifically perpetrated on children's learning, emotional, and developmental capabilities that will likely have lifelong effects). Hopefully you will be tried and convicted and sentenced to an appropriate punishment for your crimes against humanity, including advocating injecting citizens with
inadequately tested drugs, *without presenting any possible adverse event reaction information*. Drugs that have many and common obvious serious short and long term adverse events, further harming citizens, especially children and young adults who are at virtually zero risk statistically of serious harm from SARS-CoV-2.

Here are only a very few of the comparisons of various sorts showing that masks have no effect on viral transmission or infection.

![Graph showing mask compliance and new cases per 100k in New York County](image-url)

*Between October and February mask wearing in Manhattan was remarkably consistent, yet cases rose nearly 5,550% from December to January and then dropped 97% afterwards with no significant change. No matter where you look, mask compliance makes absolutely no difference whatsoever.*
Over the last year, Italy and France have maintained consistent mask mandates and added incredibly strict vaccine passports designed to limit the ability of unvaccinated individuals to enter indoor public areas.

So why have they reported so many more deaths than Sweden?
Ian Miller @ianmSC · 13h
Cases in New Zealand are now over 430,000% higher than when CNN explained how they “eliminated COVID” with strict lockdowns

Cases have increased 224,000% since the mask mandate and they’re currently 9th in the world in case rate

I don’t know, doesn’t look very eliminated to me

Ian Miller @ianmSC · Mar 2
It’s absolutely remarkable that Gavin Newsom hasn’t had to face a single question about why he said that states that didn’t mandate masks and vaccines would be disaster areas when California has reported more new population adjusted cases than Texas essentially every day since
Ian Miller @ianmSC · 11h

When California lifted its statewide mask mandate last month, Santa Clara County announced they would continue to enforce masks, while neighboring counties lifted their mandates.

2+ weeks later, you can’t tell which line is which because mask mandates are so completely irrelevant.
During the winter/Omicron wave and subsequent decline, states with mask mandates generally have done worse than those without a mandate, and cases declined at the exact same time regardless.

There is absolutely no legitimate, data-based argument to justify mask mandates.
Last year, Twitter promoted “expert” Eric Feigl-Ding said Hong Kong showed the world how to “how to defeat COVID” and “achieve zero COVID”

Cases there have risen 71,105% since and they’re now reporting more new population adjusted cases than the US ever has

Whoops
Cases in Rhode Island rose 6x higher after they reinstated the mask mandate on December 20th and have dropped 63% since the mandate was lifted over two weeks ago.

I wonder how that could be possible given we know how important mask mandates are to slowing the spread of COVID.
Delaware’s recent mask mandate might set a record for most useless intervention.

Cases had already peaked when it was reinstated. Pennsylvania peaked on the same day without a mandate, and cases have continued decreasing after it was lifted.

Hard to be more useless than that.
Two weeks ago Los Angeles hosted the Super Bowl and, to assuage the fears of experts and local politicians concerned about a “super spreader,” handed out KN95 masks to everyone in attendance.

Absolutely no one wore them, yet cases have dropped 62% since anyway.

Every single time.
South Korea recently reported the equivalent of 1.1 million cases in the US and cases have risen 8,000% since the introduction of vaccine passports, despite consistent 99% mask compliance.

I don’t know guys, I don’t think The Science™ actually works.
In yet another example of the utter uselessness of mask mandates, New York lifted the statewide mandate two weeks ago and cases have dropped 82%

It’s absolutely remarkable that anyone can get away with pretending that mandates have made the slightest bit of difference.
Somehow, Malaysia's broken their previous case records with over 80% of the population fully vaccinated and consistently high mask usage.

You can see why experts are so concerned with removing masks since they make such a big difference in preventing surges.
Ian Miller @ianmSC · 10h

With one of the world’s longest mask mandates & highest vaccination rates, Singapore is reporting the equivalent of over 1 million cases in the US each day.

How in the world can the CDC still get away with pretending that mask mandates & “guidance” are remotely beneficial?
Ian Miller is the author of “Unmasked: The Global Failure of COVID Mask Mandates”, in which he lays out hundreds of pages of detailed and referenced published evidence confirming that masks are useless to prevent viral transmission.

End the preposterous and useless mask mandates NOW!
To Whom It May Concern,

I am writing in favor of selecting Mr. Keith Hayashi to be our next state superintendent. Many have written praises about his countless accolades and accomplishments in his long career. I wish to break down what I see enables Mr. Hayashi to achieve at such high levels across the board and therefore makes him the best choice for our next state superintendent.

I have worked with Mr. Hayashi since 2002 when I was his vice principal at Waipahu Elementary School and have continued to work with him to cultivate a culture for learning for school leaders. Mr. Hayashi is indeed a visionary. He thinks 10 years down the line with the most comprehensive scope of what is involved and who the participants are. The consistent trait that sets Mr. Hayashi apart from other highly effective leaders in our Department is that he understands how to scaffold his vision so there is an intentional and simultaneous pursuit to build requisite foundation and at the same time move forward with the larger vision. The people first and then the support system become the focus and the solid foundation that is established allows the vision to be owned and experienced by all.

Most recently, we witnessed Interim Superintendent Hayashi prioritize, amidst his more than busy schedule, conversation opportunities with teachers, principals and complex area superintendents to fully understand the diverse community situations and concerns throughout the state. This foundational step was not only intentional on his part but most importantly genuine and consistent with how Mr. Hayashi thinks and does business.

One evening years ago, I saw Mr. Hayashi on stage at Ala Moana Center dancing with his daughter and her dance troop. This was the perfect demonstration of a man who knows his core values and lives it everyday. Mr. Hayashi has this same approach to educating Hawaii's keiki.

Please contact me should you have any questions.

Mahalo,

Walleen Hirayama
Administrator
Professional Development and Educational Research Institute
Hawaii Department of Education Office of Talent Management
345 Pu‘uhale Road
Honolulu, HI 96819
Ph. (808) 784-5300
Email: walleen.hirayama@k12.hi.us

Working together, we can...
This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
Aloha,

This is for the meeting with the full board regarding Keiki mask.

I strongly oppose our children masked up. It should always be an option. My child due to these federal grants it’s not allowed on school property because she is not allowed to come to school. Even with her medical condition and doctors note the school still wouldn’t allow her to attend school. She has been out of school away from teachers and students and not having the equal opportunity as every other growing child should. Because of the mask. This is not Pono.

I OPPOSE mask for keiki in school

Marcelle Liana
Name: [redacted] (testifying in personal capacity)

For: General Business Meeting (Full Board) on May 5 and/or May 19, 2022

Agenda: Item V.G.: 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 search for a superintendent

Date: May 02, 2022

Position: Support

Aloha Chairperson Payne and members of the Hawaii Board of Education (BOE). I also want to recognize my good friends and mentors on the BOE, Lynn Fallin and Lyla Berg. Mahalo for the opportunity to testify. My name is [redacted] and I am testifying in my personal capacity. I am the former Director of Hawaii Department of Human Services (DHS). I served DHS for 21 years in various leadership positions from September 1999-August 2020.

I am testifying in strong support of Mr. Keith Hayashi, one of the finalists for the Superintendent of Hawaii Department of Education (DOE) position. I have known Keith for the last 22 years in personal and professional capacity. We worked on and discussed many critical issues, including but not limited to, A+, Pre-Plus, Head Start, Child Care, Early Learning, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Free and Reduced Lunch Program (FRLP), food assistance during the disasters/pandemic, child abuse and neglect, and strategic partnership with DHS to serve low-income children who are attending public schools. Our personal and professional friendship grew stronger when Keith was serving as the interim state superintendent in 2017, while I was serving as the Director of Human Services. We not only parked next to each other at the Punchbowl parking garage, we also worked in the Queen Liliuokalani Building (LB), headquarter of DOE and DHS. We spoke about common DOE/DHS issues in the parking garage, while walking to LB and visiting each other’s offices. It allowed us to have a better understanding of each other’s polices and processes and changes needed to make a difference in the lives of struggling families and children.

Keith’s 32-year career with the Department spans the school, complex area, and state level. He has led Waipahu High School as principal since 2009, a position for which he has received numerous awards, including Hawaii High School Principal of the Year and the collegiate Shirley B. Gordon Award of Distinction. He is credited with pioneering the Early College program in Hawai‘i public schools and earned the distinction for Waipahu High as the state’s first nationally recognized wall-to-wall academy model school.

Keith began his education career at Lehua Elementary as a teacher and went on to serve as a district resource teacher in Leeward O‘ahu. He also served as a vice principal and principal at the elementary, middle, and high school levels before becoming Pearl City-Waipahu Complex
Area Superintendent. At the state level, he served as interim deputy state superintendent and as interim state superintendent in 2017. Keith earned his bachelor's degree in elementary education from the University of Hawaii at Manoa. He also holds two Master of Education degrees in curriculum and instruction, and educational administration from UH Manoa.

Based on the aforementioned information, I truly believe that Keith:

1. Demonstrates commitment to developing a culturally responsive, internationally competitive, student-centered education curriculum and instructional program for all students and families.
2. Exhibits an understanding of complex organizations and how to produce successful change management and educational reform.
3. Demonstrates understanding of the structure, roles, and responsibilities of the Department’s state, complex area, and school-level system of education.
4. Has demonstrated ability to make large-scale positive impacts for students and a history of establishing effective processes and organizational systems to achieve desired outcomes.
5. Is cognizant of national and international trends, best practices, policies, and research on ensuring student success.
6. Has a record of excellent decision making based on a thorough understanding of the issues and of incorporating multiple stakeholder voices in the process.
7. Has demonstrated a deep understanding of Hawaii’s history, culture, and values, including the key role that Kaiapuni education plays, and has incorporated this understanding in leadership decisions, actions, and style.
8. Has credibility and builds positive relationships with all stakeholders.
9. Demonstrates a commitment to lifelong learning as a reflective and self-aware leader.
10. Demonstrated the ability to fully understand a diverse and unique education system.
11. Demonstrated ability to hire and manage competent people in key positions, including finance and budget, facilities, human resources, and information technology.

Throughout my interactions with Keith as a Principal of Waipahu High School, Pearl City-Waipahu Complex Area Superintendent, interim deputy state superintendent, and as interim state superintendent, I found Keith to be a person who possesses Aloha Spirit, integrity, character, moral values, empathy, great resolve, and commitment to making a difference. Keith is an excellent educator and a leader who has proven it at all levels. Keith is uniquely qualified for the job. We all should rally around our local boy and afford him the opportunity to serve as our next Superintendent of Hawaii DOE.

Mahalo nui loa for allowing me to testify.
Oppose of face mask in schools!
Detrimental in learning
Brendan Ajolo
Testimony from Steve Nakasato, Ed.D.
Proud Principal of Mililani Uka Elementary School

Meeting: General Business Meeting

Agenda Item: Search for Superintendent

Position: Support Mr. Keith Hayashi

Aloha Honorable Board Chair and Members:

I have been honored to be appointed to five elementary schools, and serve six (6) School Superintendents since 1995.

Recently, I had the privilege of joining forces with Mr. Keith Hayashi on Governor Ige’s Blueprint Team, where he mesmerized the members with his technical knowledge of building and sustaining educational systems founded on the community’s contexts. Far beyond his technical skills, Mr. Hayashi was even more revered for his leadership intelligence. As noted in educational research, leadership intelligence is not limited by summative test results, but by the community’s testimony that they believe and support their leader’s direction. From the multitude of today’s testimonies, it is apparent that Mr. Hayashi is the trusted leader who knows how to address the most complicated and complex system wide challenges.

For this reason, I am asking the Board of Education to appoint Mr. Hayashi as Hawaii’s next School Superintendent. He is a proven leader and most importantly, he is fully supported by all school principals who will follow his lead as we all emerge from the pandemic.

Thank you,

Steve Nakasato, Ed.D.
Proud Principal of Mililani Uka Elementary
94-380 Kuahelani Avenue
Mililani, Hawaii 96789
This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
testimony BOE meeting 5/5/22
1 message

JnKC Wilt <jnkcpaperless@gmail.com>  To: Testimony.BOE@boe.hawaii.gov

I sent this April 14, 2022. I just want to make sure it gets to Thursday's board meeting. mahalo..

---------------

Aloha Hawaii Board of Education, 

My name is KC Wilt and I live in Kona on the Big Island with my husband and 5 kids. We are a foster/adoptive family with the state.

As you are aware, the mask mandate was lifted in Hawaii in March, except not for our keiki indoors at school. Please lend me your ear as I share a personal story of our experience.

Like a lot of people, I thought my kids were fine wearing masks. I didn't want them to be defiant and follow the rules, and those were the rules. We all wore masks to respect everyone. People were afraid and we wanted to do our part. Three of my children go to Kealakehe Elementary. One of those can follow the masses and wear the mask, no problem. But I've got 2 others with special needs. We've had issues all year with being behind, being bullied, behavioral issues and we took them in stride handling it with admin, teachers, IEP's etc. Not once did it occur to me that the masks were the variable....until recently.

Four things occured to make me realize my kids were not okay.
- Recently after a team meeting, none of the teachers and administration were aware that my son was STILL being bullied after addressing it in the fall. Kids were whispering under their breath where no one could catch them.
- It occurred to me that I correct my Autistic daughter in public by pulling my mask down so she could see my whole face...why of course she's sitting on desks and being defiant to her teacher. My daughter can't see her face, so she won't obey.
- My son is severely behind. Having the realization that he can't always hear or understand his teacher is a probable cause as he's not the type to ask for clarification.
- Lastly, when the mask mandate lifted my 'normal' child got super emotional, fearing getting in trouble when walking into a store without a mask!

Like others, I assumed once the mask mandate was lifted all would be better. But it wasn't. Then my Drs. notes were not accepted at school. The principal was waiting to hear from the DOE. Then I've emailed and gotten the runaround with the DOE and the DOH (I'm not the only one emailing and calling and it's all the same walll!). There is an impenetrable wall that nobody can get through. The mandate has been lifted. It's not a law and our kids are not there to make adults feel safe. They have a voice and they deserve a choice, just like the adults. At this point it's discrimination, especially towards my children with disabilities. These are MY children, not yours. I need to decide what is best for them.

With the mask mandate lifted in all the states and the CDC updated guidelines to unmask the kids in classroom settings (Hawaii's classes are practically outdoors anyways!), why is the DOE and DOH digging their feet in? Kids are the least susceptible to Covid, yet they are the most impacted with these requirements.

Thank you very much for your time and help in this matter,

KC Wilt
858-444-6321
To The Board Of Education,

My name is Lisa Kerman and I’m writing today in strong opposition to continue to mandate that our children mask up in order for them to attend public school here in the state of Hawaii.

First of all there is no science to prove that masking does any good in warding off the Covid Virus and children have almost a 0% chance of contracting or transmitting this virus. Hawaii is the only state in the nation that is continuing this cruel and archaic “medical procedure”.

Masking our children for hours per day is proving to be extremely problematic and is causing the children great harm. They’re developing serious problems with their mental, social, verbal and behavioral health and development. These masks are having very negative affects on our children and may be problematic for years to come. We are seeing children developing anxiety, depression and even some suicidal tendencies due to this ongoing mask wearing.

We must protect our children from this continuing insanity and this must stop!

Do the right thing and remove these masks from the public school system.

Lisa Kerman
Kauai

Sent from my iPad
Aloha,

My name is Shawnie Campbell and I’m a parent with 3 children currently in public schools.

I’m writing regarding the General Business Meeting 5/5/22.

VI.A. Masking

I OPPOSE requiring children to be masked in school. It should be up to parents at this point. Hawaii is one of the last states still requiring mask. There is no data backing up this policy and tons more showing the emotional and developmental harms done by this policy. Please let the kids finish out the year on a high note.

Thank you in advance for your time and consideration of this matter.

V/R,

Shawnie Campbell
My name is Jenny Orebaugh. I am a mother of two public school students and I am a substitute teacher. I would like to submit this testimony for the May 5, 2022 General Business Meeting regarding Agenda item VI - Presentation on universal indoor masking in public schools.

I appreciate you including the agenda item. My position is that I am AGAINST masking our keiki.

The rest of the entire country supports and reflects my position. You will never convince anyone that your “scientific data” is correct and everyone else is wrong.

Allow freedom of choice. The kids can wear a mask if they want. Stop forcing these kids to hide behind filthy paper or cloth instead of showing us their beautiful smiles.

I’m sure others are pointing out several versions of the danger of your choices. I am here to point out a consequence that I have personally witnessed and that I have not heard addressed by others.

Our intermediate school aged keiki are suffering through their most awkward teen years with the crutch of hiding. I am unable to in words tell you how damaging it is to their confidence FOR THE REST OF THEIR LIVES to throw away the opportunity for them to build confidence within the loving safe space of their own school.

You lifted the outdoor mask mandate and children remain afraid to unmask because they are embarrassed of their appearance. I promise you this is happening to hundreds of amazing young men and women all over our state. If you do not reverse this damaging mandate IMMEDIATELY you are robbing these keiki of the opportunity to learn how to feel comfortable and confident in their own skin. Each day they are robbed of the opportunity to grow and learn of their beauty. You are KILLING their confidence and it will harm them FOREVER.

It is going to take years to reverse the damage your choices have already caused. Unmask the keiki NOW to start the healing.
Dear Honorable Members of the Board of Education,

I am writing to support an end to the mask mandates for children in Hawaii’s public schools. There is no existing state of emergency to continue with this mitigation strategy.

At this point, teachers and other adults have all had the opportunity to be vaccinated, and if they feel uncomfortable or are at higher risk, they can wear a mask.

Likewise, if parents do not yet feel comfortable with their children going maskless, or their child is at higher risk medically, they are free to continue masking. Parents should be able to follow the science, properly evaluate risk, and have the choice to unmask their children.

Please consider ending the indoor mask mandate for children in public schools.

Sincerely,

Susan Duffy
Ewa Beach, HI
May 3, 2022

Dear State of Hawai’i Board of Education,

I am writing this letter in support of Keith Hayashi as the Hawai’i Superintendent of Education. I have been teaching in the Hawai’i Department of Education since 1986 and have worked under many Superintendents and Principals throughout my career. Keith has been my Principal for the past 11 years at Waipahu High School. While I have enjoyed working with the others principals and respected what they did as administrators for the school, Keith Hayashi stood out in a many ways.

Keith is a humble leader and believes in building leadership amongst his people. Often when great leaders leave their organizations, there is confusion and uncertainty. When Mr. Hayashi announced he was applying for interim Superintendent, understandably many were left a bit apprehensive of a WHS leadership change, but in the back of our minds, we knew we would be okay. Keith had been nurturing the administrators under him, allowing them to grow by making decisions for their academies, while he provided guidance and support, even if things didn’t go quite as planned.

Not only did Keith mentor his administrators into leaders, but he encouraged his staff to lead as well. Whenever someone went to him with an idea that would benefit the students, Mr. Hayashi always said “go for it”, which would quickly be followed by “what do you need to make it happen?”. Many new initiatives were spawned under his leadership because if it was good of kids, we knew we always had his support, guidance, and encouragement.

In addition to his leadership skills, Keith is great at building relationships. He brought so many business partners to our school because everyone wanted to work with him. Industry people trusted him, believed in him and were always willing to support him (and the school) in whatever way possible. Keith is someone who makes people feel that they are important and cared about because to him they are important and cared about.

In our school, Keith portrayed the “proud papa” persona to the students. Whenever the students were recognized for something, Keith was so proud of them! He often could be heard sharing the great work of our students with anyone he met throughout the halls. He also had a bulletin board made outside of his office to post the accomplishments of students and teachers alike.
Having Keith Hayashi leave Waipahu High School permanently is bittersweet. We will miss our greatest cheerleader, leader, and friend but at the same time we know that ALL Hawai‘i keiki deserve someone who believes in them and will do whatever it takes to help them succeed until they all can say "I am on my way to sharing ‘my voice’, making ‘my choice’, and building ‘my future’.

Thank you for your consideration of Keith Hayashi as the next State of Hawai‘i Superintendent of Education. If selected, he will not disappoint the State of Hawai‘i.

Sincerely,

Gail Izumigawa
Waipahu High School
Teacher
From: Gary J. Loscocco
To: General Business Meeting
Re: Masking of keiki
Position: OPPOSED!!!

Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Immediately unmask the keiki!!!
Steve Nakasato, Ed.D.
Proud Principal of Mililani Uka Elementary School

Meeting: General Business Meeting
Agenda Item: Search for Superintendent
Position: Support Mr. Darrel Galera

Aloha Honorable Board Chair and Members:

I have been honored to be appointed to five elementary schools, and serve six School Superintendents. Over the years, I have completely supported Mr. Darrel Galera’s because of his vision for our public schools.

Recently, I had the privilege of joining forces with Mr. Galera as he skillfully led the Governor Ige’s Blueprint Team, where he captivated the esteemed members with his vast knowledge and understanding of how to build and sustain complex educational systems. Far beyond his knowledge and understanding, Mr. Galera was even more revered for his clear communication and inclusive engagement practices. As noted in educational research, communication and engagement cannot be measured by static data points, but by the profession’s belief and support their leader’s vision. From the multitude of today’s testimonies, it is apparent that Mr. Galera is a principal leader who is trusted to address the most complicated and complex system wide challenges.

For this reason, I am asking the Board of Education to appoint Mr. Galera as Hawaii’s next School Superintendent. He is a proven leader who will be fully supported by the education community we all emerge from the pandemic.

Thank you,

Steve Nakasato, Ed.D.
Proud Principal of Mililani Uka Elementary

This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
Testimony - Keiki Masks

Carolina Gray <going2carolina@yahoo.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Tue, May 3, 2022 at 3:33 PM

To Whom It May Concern,

I am submitting testimony for the May 5th General Business Meeting (full board). This is in regard to the continued use of masking in our public schools. I had written an email to Superintendent Keith Hayashi back in March that to this day has gone unrecognized and unanswered. So now I am asking the board to please read the letter below and respond to the public with immediate answers.

----- Forwarded Message -----

From: Carolina Gray <going2carolina@yahoo.com>
To: doeinfo@k12.hi.us <doeinfo@k12.hi.us>
Sent: Friday, March 11, 2022, 02:51:25 PM HST
Subject: Attention Superintendent Hayashi

Dear Superintendent Keith Hayashi,

I am a concerned parent of public school children writing to urge you to drop mandatory masking in classrooms. I do not understand why the department of education thinks masking is still necessary. Since DAY 1 of the Covid 19 pandemic Department of Health and in turn, DOE has followed CDC guidelines. Now for some unexplainable nonsensical reason, we have decided to not follow CDC guidelines and continue to make masking mandatory in class. Why can no one in the DOE explain this reasoning?

I should not need to point out that our Covid numbers are down, our hospitals are nowhere near capacity, our DOE employees are either vaccinated and boosted or tested weekly, our children are THE LEAST at risk for Covid death. The rest of our state including the children are not required to mask outdoors and as of 3/25/22 children won’t be required to mask indoors on their own private time. The rest of our nation has made masking in schools optional. WHY do the children of Hawaii continue to be forced to mask?

Is this about money? Is this about pleasing the teacher’s union? Since when has society been about children protecting adults? You are all educators for God’s sake. You teach about using logic, reason, wisdom, and science yet can’t do that yourself? I beg someone to make this make sense. I am a person who can be reasoned with yet not one person can give me a logical, science-based reason why it is necessary to continue to mask children in school. Has anyone even considered the negative psychological, emotional, even physical, and educational effects of masking our children for years? Does that not matter?

I have a child with a diagnosed disability. He has been more than patient and has worn a mask to school for two years. Due to his disability, he soaks it with saliva and bites holes in his masks. Do you think this mitigates Covid spread in any way? He has a skin condition on his cheeks that has been exacerbated by wearing a mask which causes a constant red itchy rash. We’ve tried all types of masks and changed masks multiple times a day. My child also has already had Covid 19 and recovered quickly from it. Our pediatrician will not sign a medical exemption for him because he fears legal action by the DOE if another child in my child’s class contracts Covid. When will this abuse end for my child?

I support the pursuit of life, liberty, and happiness. Any person who desires to wear a mask should have the right to do so. However, those who wish to remove the mask should also have the right to do so. Matters
regarding one's physical health should be a personal decision. I beg you, let the children breathe.

Carolina Carreira
808-256-9685
Waipahu, Hawaii
My name is Cheyenne Bruemmer
Meeting: Full Board
Agenda Item: Mask Mandate
Position: OPPOSE

I am a mother of 3 healthy children. I'm writing in my testimony regarding the mask mandate for our children. I have first hand seen the learning deficiency with these masks. My kindergarten can't pronounce words properly. Nor does she understand when she watches my mouth form words when we do her homework. She can't see her teacher's mouth move when they are learning. This is also a safety concern because my daughter can't hear and understand her teacher behind a mask and vice versa. When an emergency is taking place these children are in grave danger due to the mask blocking their form of communication.

With my Freshman daughter I have witnessed the psychological damage. She is scared to remove her mask because teachers will discriminate against her.

My children are health, they do have asthma, it runs in our family. They both have a difficult time breathing but fear the anger and fear they receive from teachers, administration and peers. With their medical condition they suffer and keep their masks on due to pure discrimination.

These mask have been peer reviewed, scientifically studies showing the damage and health risks of these masks. There are more severe life threatening causes of wearing a mask than preventing any type of virus.

We all are requesting the full release of the ESSER FUNDS. We want to see the stipulations in the contracts as to how you receive these funds. Was Mask Mandate a stipulation required to get this money? We have every right to see where all this money went and all stipulations, or criteria required to get this money. There's no more hiding, we the people are fed up!!!
Aloha

I strongly opposed continuing the indoor mask mandate for public schools. With all other venues and public places in the state now open and without required masking, it makes no sense for children in public school to continue to be masked. Science has proven that masks cannot prevent infection and children have a 99% rate of survival if they catch the virus.

You are punishing the most vulnerable of our population. My daughter with special needs who attends Lahainaluna High School is struggling with her learning because she cant properly hear her teachers or see their faces. Already her class of disabled and disadvantage children struggle and this is not helping them to excel on any level. She has trouble breathing with her mask on and comes home every day in tears because of the mask.

We have learned to live and survive this virus. Its time for the DOE in Hawaii to stand up for their 'clients' – the students – and let them live like the rest of the state, free unencumbered. With only three more weeks of school, please let the children end the year with some semblance of normalcy.

Mahalo

Karin Sagar

Lahaina, HI 96761
May 3, 2022

To: Hawaii State Board of Education
   Email: testimony.boe@hawaii.gov

From: Lois Hamaguchi

Subject: Testimony in Support of Keith Hayashi

Meeting: General Business Meeting

Agenda Item: Support Keith Hayashi as Permanent Superintendent of Education

Dear Board of Education members,

I am on the Board of Waipahu High School’s Academy of Engineering as well as a recently retired Educational Specialist with the State CTE Office/Hawaii P-20. Over the past 6 years, I have had the distinct pleasure of working with Keith Hayashi and offer my overwhelming support to have him serve as Hawaii’s permanent Superintendent of Education.

First and foremost, Keith Hayashi is a man of integrity, honesty, and unwavering commitment to Hawaii’s students and educators. He is a visionary and not afraid to tackle the complex issues and challenges our public school system faces. His collaborative approach in working with multiple stakeholders (local and national) and innovative student-centered strategies will help Hawaii’s students perform at their highest potential and prepare them for 21st century success.

Demonstrating his leadership abilities when he was Principal at Waipahu High School, he worked with parents, community and government leaders, students, educators, etc. to ensure that Waipahu High School’s Academies inspired and led in civic-minded and academic excellence and programs, always preparing our keiki and future leaders to take part in a productive workforce, contribute to our communities and lead enriched lives.

I respectfully submit my testimony and again fully support Keith Hayashi as our state’s permanent Superintendent of Education.

Sincerely,
Lois Hamaguchi
My name is Beau Bayne and I'm submitting testimony for the General Business Meeting. I oppose indoor masking of Keiki at public schools. It should have been discontinued a long time ago. It's time to remove these masks from our keiki once and for all.

--
Beau Bayne
Certified Personal Trainer
My name is Beau Bayne and I'm submitting testimony for the General Business Meeting. I oppose indoor masking of Keiki at public schools. It should have been discontinued a long time ago. It's time to remove these masks from our keiki once and for all.

--
Beau Bayne
Certified Personal Trainer
Board of Education Members,

**Agenda Item:**
VI. A. Presentation on universal indoor masking in public schools.

**Position:**
**STRONGLY OPPOSE**

Please hear us parents when we say END THE MASK MANDATES FOR OUR KEIKI NOW!!!!

Where is your "extensive scientific literature supporting the effectiveness of masking to reduce COVID-19 transmission in schools"? There are no scientific studies that prove masks stop transmission. There are more studies that show that masks do more harm than good. Our children are experiencing massive physical, social, emotional, and psychological issues because of the mask mandate. As of April 13, 2022, per the DOH, NO children aged 0-17 years old have died in Hawaii from COVID-19. That is a 0.0% case fatality rate!! The CDC has advised that indoor masking is no longer necessary in areas where cases of COVID-19 are low to moderate levels such as is the case for our state. The CDC also stated, "We know that also because children are relatively at lower risk from severe illness that schools can be safe places for children. And for that reason, we're recommending that schools use the same guidance that we are recommending in general community settings, which is that we're recommending people wear a mask in high levels of COVID-19 risk", said by Dr. Greta Massetti, a senior CDC official.

Also, Governor Ige has allowed all emergency orders to expire effective March 26, 2022, including all mask mandates, therefore removing any legal authority for the imposition of such a regulation in our public schools.

So why is Hawaii the last state to lift the mask mandates for our children? Is the HIDOE receiving money from the ESSR funds to keep our children masked??? Where is your integrity and protection for our children? Why are you damaging so many lives and families?

If teachers, staff and some parents are so fearful then they should adjust, they should wear a mask or two, they should get extra boosters, but don't force all of the children to
do the same. **Make it a choice!!!**

**Enough is Enough**.....Please END this illegal, unnecessary, and very harmful and traumatizing abuse!! Let our children Breathe!!

I will continue to pray for each and everyone that works for the DOE & BOE for your ears to hear and for your hearts to be softened.

**May God have mercy on all of your souls!!!**

Aloha,

Emily Kekuewa
Aloha,

I am writing to you today as a parent and tax payer in the state of Hawaii in OPPOSITION of your requirements of masks indoors at school. Many of our public servants go to work, and go about your day without masks. Yet you ridiculously force the healthiest of our states population to wears masks! It is hypocritical to do one thing and expect our children to do another! Have you forgotten who is paying your salaries? Lift indoor mask requirements now!!!!

Mahalo!

Neilani Chittenden
Dear Board,

I strongly oppose mandatory masking of school children. Most children pull their masks down under the chin frequently during the day. Because it’s uncomfortable and annoying for them. They also know – the ONLY place masks are required is school. They discuss this fact often. It’s ridiculous.

The children attend sports, stores, sleepovers and other social gatherings without a mask. The idea that masks (at school only) is protecting anyone is ridiculous. They know that. We all know that.

Let families decide regarding masks. My body My choice. This concept extends to masking at school.

Mahalo,
Susan Gregory
Parent

Sent from my iPhone
IV. Reports of Board Committees, Board Members, and Superintendent

A. Human Resource Committee Report on: [See pages 3-7]

(1) **APPROVE**: Committee Action on salary structure and compensation adjustments for Department leadership employees (Deputy Superintendent, Assistant Superintendents, and Complex Area Superintendents);

(2) **DISAPPROVE**: Committee Action on compensation adjustments for Department leadership employees (Deputy Superintendent and Assistant Superintendents), effective July 1, 2020, using performance evaluation ratings for School Year 2019-2020;

(3) **DISAPPROVE**: Committee Action on compensation adjustments for Department leadership employees (Deputy Superintendent, Assistant Superintendents, and Complex Area Superintendents), effective July 1, 2021, using performance evaluation ratings for School Year 2020-2021

B. Investigative Committee (a permitted interaction group pursuant to Hawaii Revised Statutes, Section 92-2.5(b)(1)) concerning search for a superintendent: findings and recommendations on finalists

**TALKING POINTS:**
As someone once said, “The process was designed to give you the results that you got.” The process design was the most important part of this search for a new superintendent. Without this carefully thought out design, the search could have been hampered. With the guidance of Robert Hull, former president and chief executive officer of NASBE and current senior advisor this completely transparent process design should be accepted.

Highlights of the process:

- Mr. Hull ranked applicants into three tiers based on qualifications and provided the full list of applicants, this initial ranking, and all applications to the Search Committee for review.

- Through consensus, the Search Committee determined which applicants to interview.

- The Search Committee conducted initial virtual interviews with seven candidates.

- The Search Committee also asked each of these candidates to provide written responses to questions determined by the Search Committee.

- After conducting all interviews and reading all written responses, the Search Committee selected four top candidates.

- The Search Committee asked the Advisory Group to watch recorded interviews of the four top candidates and provide feedback.

- The Search Committee used the Advisory Group’s feedback to finalize its recommendation for finalists to the Board.
The Search Committee has worked diligently, with the assistance of NASBE and Robert Hull, to narrow the field from 35 applicants, to seven interviewees, to four top candidates, and finally, to three finalists.

**Action**

C. Board Action on Human Resources Committee recommendations concerning salary structure and compensation adjustments for Department leadership employees (Deputy Superintendent, Assistant Superintendents, and Complex Area Superintendents)

**STRONGLY SUPPORT the Recommendations**

**TALKING POINTS:**
Chair Barcarse presents the historical inconsistencies of the salary structure and compensation adjustments based on the Department’s requests. (i.e. Performance-based salary adjustments, Other salary adjustment, Salary ranges, and Funds for salary adjustments).

---

**Defining the Proposed Salary Structure (Exhibit A)**

- The proposed salary structure establishes a system for performance-based and other case-by-case salary adjustments for Department leadership employees of the Department.
- The proposed salary structure articulates the flexibility of the Board to provide fair and competitive salaries to Department leadership employees while ensuring transparency.

**Definition:**
- **Subordinate Superintendents** include:
  1. Deputy Superintendent,
  2. Assistant Superintendents and
  3. Complex Area Superintendents

- **Salaries**
  - Board will review and approve exact salaries to ensure equity, avoid salary compression issues, and optimize competitiveness for recruitment and retention.

- **Salary Ranges**
  - Deputy superintendent: $155,000 to $185,000
  - Assistant superintendents: $150,000 to $180,000
  - Complex area superintendents: $145,000 to $175,000

- **Performance Based Salary Adjustments**
  - Subordinate superintendents who meet performance expectations as determined by the performance evaluation are eligible for a minimum performance-based salary adjustment equal to the Hawaii Consumer Price Index rate for the same year applicable to the performance evaluation.
• Subordinate superintendents who exceed performance expectations as determined by the performance evaluation are eligible for an additional performance-based salary adjustment as recommended by the superintendent.

• Compression Based Salary Adjustments

  • A complex area superintendent whose salary is less than the average salary of high school principals;

  • An assistant superintendent whose salary is less than the average salary of peers in the industries relevant to the subject matter area overseen by the assistant superintendent; or

  • A deputy superintendent whose salary is less than the average salary of other subordinate superintendents that the deputy superintendent supervises.

• Funds for salary adjustments
  • Approval of salary adjustments is also the approval of the funds necessary to effectuate salary adjustments. Requires total cost and any proposed salary adjustment.
**Action:**
V.D. and V.E.

D. Board Action on Human Resources Committee recommendations concerning compensation adjustments for Department leadership employees (Deputy Superintendent and Assistant Superintendents), effective July 1, 2020, using performance evaluation ratings for School Year 2019-2020 (See comments/questions below)

E. Board Action on Human Resources Committee recommendations concerning compensation adjustments for Department leadership employees (Deputy Superintendent, Assistant Superintendents, and Complex Area Superintendents), effective July 1, 2021, using performance evaluation ratings for School Year 2020-2021. (See comments/questions below)

**Action:**
V.D. and V.E.

**STRONGLY DISAPPROVE**
[PAGES 5-6 SHOW THE DETAIL]

**TALKING POINTS:**

As a result of inflated increases for performance outcomes the cost adjustment is $125,000 an increase of $90,000 from SY2019-SY2020

**Note:**
The Department has accounted for this cost in its central salary budget for all general-funded employees.

1. Dependent on the Human Resources Committee of 5/5 2022 at 11:00 discussion earlier, the request for SY 2020-2021 needs to now reflect the Committee’s proposed salary structure (Exhibit A) (New requirements for requests: Performance-based salary adjustments, Other salary adjustment, Salary ranges, and Funds for salary adjustments).

2. Please review the Deputy and Assistant Superintendents Compensation Adjustments percentage increases between SY2020-2021 and SY2019-2020. [Pages 4-5]

   a. **Instead of using the percentages from April 15, 2021** for Deputy and Assistant Superintendents of SY2019-2020
      - Effective: 2%
      - Highly Effective: 3.0%.
   
   b. **This request is asking for a 2% increase:**
      - Effective: 4%
      - Highly Effective: 5.0%

3. Please review the total cost of adjustments increases between SY2020-2021 and SY2019-2020. [Pages 4-5]

   a. **Instead of using the total cost of adjustments from April 15, 2021 of $70,000 and decreased to $35,000.**
   
   b. **This request is asking for $125,000**
**SY 2019-2020**

*Note: Five of the eight subordinate superintendent incumbents achieved a rating of 3 or better on a four-point rating scale.*

**DEFERRED**

April 15, 2021: The Board **DEFERRED** action (see below) on the approval of compensation adjustments for the Deputy Superintendent and Assistant Superintendents.

- The proposed calculation of **SY 2019-2020** compensation adjustments for the Deputy Superintendent and Assistant Superintendents effective July 1, 2020, is as follows:

  Executive Leaders who attained a rating of
  - 3 (Effective) received a 2% increase,
  - 4 (Highly Effective) received a 3.0% increase, an additional 1.0% in compensation for the higher level of performance.

**APPROVED**

April 15, 2021: Compensation adjustments for the Complex Area Superintendents effective July 1, 2020, with continued use of the methodology tied to performance evaluations for **SY 2019-2020**.

- The proposed calculation of SY 2019-2020 compensation adjustments for the Complex Assistant Superintendents effective July 1, 2020, are as follows

  Complex Area Superintendents who attained a rating of
  - 3 received a 2% increase
  - 4 received a 2.5% increase
  - 5 received a 3% increase

[HR_04152021_Committee Action on Methodology for Compensation Adjustments for DOE Leadership.pdf](https://hawaii.gov)
**SY 2020-2021**

*Note: There are 23 subordinate superintendent positions under the Superintendent:*
One Deputy Superintendent, seven Assistant Superintendent, and 15 Complex Area Superintendent.

**Total of 27:**
5 out of 8: state office subordinate superintendent incumbents achieved a rating of 3 or better on a four-point rating scale,
12 out of 15: Complex Area Superintendents had a performance score of 3 or better on a five-point rating scale.

**Request is a 2% increase from SY 2019-2020 !!!**

Ratings for the Deputy Superintendent and Assistant Superintendents for **SY 2020-2021** used the following four-point scale and were based on meeting specific performance outcomes:

- Executive Leaders who attained a rating of
  - 3 (Effective) received a 4% increase,
  - 4 (Highly Effective) received a 5.0% increase, an additional 1.0% in compensation for the higher level of performance.

**Request is a 2% increase from SY 2019-1010!!!**

Ratings for Complex Area Superintendents for **SY 2020-2021** used a five-point scale based on meeting specific performance outcomes tied to implementing the Board and Department’s joint three-year strategic plan:

- Complex Area Superintendents who attained a rating of
  - 3 received a 4% increase
  - 4 received a 4.5%
  - 5 received a 5% increase

**Total Cost Adjustments = $125,000 (a $90,000 increase from 2019-2020 adjustment of $35,000)**

As a result of inflated increases for performance outcomes the cost adjustment increased by **$90,000**.

**Note:**
The Department has accounted for this cost in its central salary budget for all general-funded employees.
V. Action Items

F. Board Action on joint Student Achievement Committee and Finance and Infrastructure Committee recommendations concerning amendment to Department’s fiscal plan to use federal funds in the second round of the Educational Stabilization Fund’s Elementary and Secondary School Emergency Relief (“ESSER II”) and in the third round of ESSER funds authorized under the American Rescue Plan Act of 2021 (“ESSER ARP”) approved by the Board on December 16, 2021

G. 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 search for a superintendent: process for Board interview of finalists

**STRONGLY SUPPORT**: ADOPTION of the process for the Board to interview the finalists.

**TALKING POINTS:**
Reasons to select Daryl Galera for our new Superintendent:

**Daryl Galera:**

He has always accomplished what he set out to do and he IS THE ONLY CANDIDATE THAT HAS BOTH attributes of GREAT leaders

1. **Stamina**
   Generally defined as the mental and physical ability to continue with a given task even though it may be stressful or take a long time. Solely focusing on physical stamina involves the ability to push through stresses on the physical body, like how long you can run before you’re fatigued.

2. **Charisma**
   Charisma is a **personal quality, evident in the way an individual communicates to others, that makes someone more influential**. This power to attract attention and influence people can be embodied in the way someone speaks, what someone says, and how someone looks when communicating. Emotionally anticipate and visualize a better future to inspire others to new heights,
   - form solid, genuine, and mutually rewarding relationships that are close, caring and trusting,
   - intuitively know how to learn best and learn quickly to keep the team and organization on the cutting edge,
   - uncover the essential facts needed to provide clarity and attain excellence,
   - align and realign resources and strategies until they are arranged in the most productive configuration possible

==================================================================================================
Moanalua High School 2000

I first met Daryl as a member of the Selection Committee for Principal of Moanalua High School in 2000. Our committee unanimously selected Daryl for the position and knew our school would benefit from his inviting leadership style.

My daughter graduated that year and continued on to successfully complete her degree in Culinary Arts from Kapiolani Community College.

He created a strong and effective systemic communication processes engaging all stakeholders in decision-making. He built strong relationships in the school, the community and gained respect from other principals. He showed an understanding of Na Hopena A’o in caring for social and emotional needs, health and well-being of the students, as well as all of the Moanalua Ohana.

While Principal he visualized and created a climate of transformation, innovation, and a culture of excellence. An example: a new concept of redesigning the high school diploma to focus on demonstration of student success.

During this period, the school was one of the highest performing schools in the State of Hawaii and was nationally recognized as a “Model” school.

Now we ask Mr. Galera, “Please make Hawaii the “Model” Public School System in the country.” I believe, if given a chance, he will do that. It will not happen overnight. Nothing this large can turn on a dime. As with Moanalua High School, incremental improvement and design including all stakeholders, achieved recognition.

Other achievements/recognition during his leadership at Moanalua:

Communicate the following vision - To create and sustain a school culture of excellence through an engaging professional learning community focused on personalized learning, and lead by the best instructional leadership team in the state.

His team successfully built support for this vision by:

- Inspiring and motivating
- Using data and research to drive success
- Designing an environment of trust
Chairperson of the Governor’s Every Student Succeeds Act (ESSA) Team (2016 to 2018)
I also had the pleasure of being part of this endeavor. He and his team managed a diverse set of stakeholders. The Governor tasked him to engage stakeholders across the State of Hawaii to create a Hawaii Blueprint for Public Education.

He was responsible for forming and facilitating the Governor’s blueprint team that consisted of

- State Legislators,
- Board of Education Members,
- CEOs / Business Leaders,
- Complex Area Superintendents, Principals, Teachers, Students, Parents,
- University of Hawaii Professors, and Community Leaders.

I agree that “this was one of the most extensive and far reaching efforts to successfully engage thousands of stakeholders on all islands and all communities in creating a shared vision for education for the next decade.”

In an unsuccessful bid for Superintendent in 2018, Mr. Galera had the Blueprint.

In 2018, Ms. Kishimoto took over as Hawaii’s Superintendent of Hawaii’s Public School System and the Blueprint, that so many people were involved in and dedicated their time to develop, is sitting on a shelf collecting dust.

Or if HAWAII IS WISE ENOUGH, to select Mr. Galera as our superintendent, I have high hopes for the Blueprint to be pulled off the shelf, dusted off, and used to see what Hawaii in 2022 can salvage.

Our new mindset should follow his core belief, “it is essential to focus on strengths to achieve excellence. When we focus on weaknesses (and deficits) it can lead to improvement, but it will not lead to excellence.”

Daryl Galera:

He has always accomplished what he set out to do and he IS THE ONLY CANDIDATE THAT HAS BOTH:

1. Stamina
   Generally defined as the mental and physical ability to continue with a given task even though it may be stressful or take a long time. Solely focusing on physical stamina involves the ability to push through stresses on the physical body, like how long you can run before you're fatigued.

2. Charisma
   Charisma is a personal quality, evident in the way an individual communicates to others, that makes someone more influential. This power to attract attention and influence people can be embodied in the way someone speaks, what someone says, and how someone looks when communicating.
   emotionally anticipate and visualize a better future to inspire others to new heights,• form solid, genuine, and mutually rewarding relationships that are close, caring and trusting,
   • intuitively know how to learn best and learn quickly to keep the team and organization on the cutting edge,
   • uncover the essential facts needed to provide clarity and attain excellence,
   • align and realign resources and strategies until they are arranged in the most productive configuration possible
Keith Hayashi: lacks both Stamina and Charisma. Being the interim superintendent for 10 months, he did not achieve these two attributes of GREAT leaders!

An easy transition to the permanent superintendent is not what Hawaii needs. True, 10 months doesn’t define his abilities, but much that was absolutely necessary did not bear fruit.

We had an everyone “in-person” mandate that did not decrease the chronic absenteeism. If a student isn’t in school, the student cannot learn.

There is a possibility that if distance learning had been more available, we could have seen better results. This is especially true due to the lack of bus services in some communities. Offering parents a subsidy to drive their children to school, assumed they had a car. Using the public bus system, assumed they live close to a bus stop.,

Mr. Hayashi is not ready for this job, he is better suited as the Principal of Waipahu High.

Caprice Young:

Until the May 15 live interviews, I have nothing to guage her on but her cover letter, resume and written answers to questions. I prefer to hear her, observe her and listen for responsiveness.

I do not need this from the other two candidates.

VI. Discussion Items

A. Presentation on universal indoor masking in public school.

STRONGLY SUPPORT UNIVERSAL MASKS. There are 16 days left of the school year. I see no benefit in changing the guidance today.
What Is Maslow’s Hierarchy of Needs?

In order to better understand what motivates human beings, Maslow proposed that human needs can be organized into a hierarchy. This hierarchy ranges from more concrete needs such as food and water to abstract concepts such as self-fulfillment. According to Maslow, when a lower need is met, the next need on the hierarchy becomes our focus of attention.

**Physiological**

Maslow considered physiological needs to be the most essential of our needs. If someone is lacking in more than one need, they’re likely to try to meet these physiological needs first.

For example, if someone is extremely hungry, it’s hard to focus on anything else besides food. Another example of a physiological need would be the need for adequate sleep.

**Safety**

Once people’s physiological requirements are met, the next need that arises is a safe environment. Our safety needs are apparent even early in childhood, as children have a need for safe and predictable environments and typically react with fear or anxiety when these are not met.

**Love and Belonging**

According to Maslow, the next need in the hierarchy involves feeling loved and accepted. This need includes ties to friends and family members. It also includes our need to feel that we belong to a social group. Importantly, this need encompasses both feeling loved and feeling love towards others.
For example, having social connections is related to better physical health and, conversely, feeling isolated (i.e. having unmet belonging needs) has negative consequences for health and well-being.

Esteem

Our esteem needs involve the desire to feel good about ourselves. According to Maslow, esteem needs include two components.

- The first involves feeling self-confidence and feeling good about oneself.
- The second component involves feeling valued by others; that is, feeling that our achievements and contributions have been recognized by other people.

When people’s esteem needs are met, they feel confident and see their contributions and achievements as valuable and important. However, when their esteem needs are not met, they may experience what psychologist Alfred Adler called “feelings of inferiority.”

Self-Actualization

Self-actualization refers to feeling fulfilled or feeling that we are living up to our potential. One unique feature of self-actualization is that it looks different for everyone. For one person, self-actualization might involve helping others; for another person, it might involve achievements in an artistic or creative field. Essentially, self-actualization means feeling that we are doing what we believe we are meant to do. According to Maslow, achieving self-actualization is relatively rare, and his examples of famous self-actualized individuals include Abraham Lincoln, Albert Einstein, and Mother Teresa.

How People Progress Through the Hierarchy of Needs

Maslow postulated that there were several prerequisites to meeting these needs. For example, having freedom of speech and freedom of expression or living in a just and fair society aren’t specifically mentioned within the hierarchy of needs, but Maslow believed that having these things makes it easier for people to achieve their needs.

In addition to these needs, Maslow also believed that we have a need to learn new information and to better understand the world around us. This is partially because learning more about our environment helps us meet our other needs; for example, learning more about the world can help us feel safer, and developing a better understanding of a topic one is passionate about can contribute to self-actualization. However, Maslow also believed that this call to understand the world around us is an innate need as well.

Although Maslow presented his needs in a hierarchy, he also acknowledged that meeting each need is not an all-or-nothing phenomenon. Consequently, people don’t need to completely satisfy one need in order for the next need in the hierarchy to emerge. Maslow suggests that, at any given time, most people tend to have each of their needs partly met—and that needs lower on the hierarchy are typically the ones that people have made the most progress towards.

Additionally, Maslow pointed out that one behavior might meet two or more needs. For example, sharing a meal with someone meets the physiological need for food, but it might also meet the need of belonging. Similarly, working as a paid caregiver would provide someone with income (which allows them to pay for food and shelter), but can also provide them a sense of social connection and fulfillment.
Testimony

Whitney Blyth <whitneyblyth@gmail.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Whitney Blyth
General Business Meeting
Agenda item VI.A
OPPOSE

I oppose the mandatory masking of our children in public school. I have a first grader who started kindergarten during the pandemic. Now, two years later, we know more about COVID and have seen the effects all the mandates have had on our children and our island. I am pleading with you to remove the mask mandate for our keiki at school. As a mom, I am free to never wear a mask again here in the island, but my child must be masked while he does the most important thing for his childhood: learn at school. This is insane. COVID is not a threat to our children or our island or the world, and the DOE had proven time and time again that they are behind when it comes to "science" and they are stubborn. Please let the children choose whether or not to mask, and let them breathe inside. My son prays at church to not have to wear a mask inside at school. His speech has suffered because of the masks, and I am sure the mental and emotional affects on him will carry over for some time. I am so enraged at the DOE.

The federal courts ruled that the masked mandate for TSA, airlines, and transportation hubs are illegal and unlawful. Why are You still mandating things that are unlawful and illegal as per our federal government? Drop the mask mandate now for our children.
Aloha, my name is Sandra Rivas, I teach for the Department of Education in Lahaina, Maui. Please unmask our keiki and teachers. At King Kamehameha III Elementary we have several classrooms with broken Air Conditioners. The heat and the mask mandate add to the strain for fresh air and comfortable teaching and learning for all. It is abusive at this point. There is plenty of medical journals and evidence that cloth masks provide little protection from an airborne virus. The children are not at risk. I am not at risk. Every individual deserves a choice, mandates are cruel and non-inclusive. One size does not fit all. I am surprised I have to say this to the Board of Education. Enough is enough, our Keiki have sacrificed enough, yet they are the least vulnerable to the Corona virus.

Here is a quote from a New York Times article:

“The U.K. has always, from the beginning, emphasized they do not see a place for face coverings for children if it’s avoidable,” said Dr. Shamez Ladhani, a pediatric infectious-disease specialist at St. George’s Hospital in London and an author of several government studies on the virus and schools. The potential harms exceed the potential benefits, he said, because seeing faces is “important for the social development and interaction between people.”

Testimony: BOE General Business Meeting Thursday, May 5, 2022 1:30 p.m. agenda item VI.A.

Dear Chair Payne and Members of the Board of Education,

As testimony in support of indoor masking in schools, I am submitting a version of a letter I sent earlier to the Governor, the Department of Health and the Department of Education.

Thank you for your consideration,
Lynn Otaguro

May 4, 2022

Board of Education
State of Hawaii

Regarding May 5, 2022 BOE General Business Meeting at 1:30 p.m., Item VI. A. Presentation on universal indoor masking in public schools

Honorable Chair Payne and members of the Board:

I am writing in support of the indoor masking requirement in our public schools and to ask for your continued implementation of this measure.

According to the Department of Health website, 39.1% of all people have received their third booster, and 38.4% of children ages 5-11 years and 73.7% of children ages 12-17 years have been vaccinated. [https://health.hawaii.gov/coronavirusdisease2019/tableau_dashboard/21778/](https://health.hawaii.gov/coronavirusdisease2019/tableau_dashboard/21778/) This leaves much of our population at risk, with those under 5 still unable to be vaccinated, and with waning immunity and new more contagious variants increasing the risk of transmission.

Indoor masking in schools is an important safety measure to control COVID-19 transmission; keep our students, staff and communities safer; and keep schools open in a meaningful way. It has been one of the four core strategies in the layered approach to keeping our schools safer this year. [https://www.hawaiipublicschools.org/DOE%20Forms/COVID-19%20Health%20and%20Safety%20Guidance.pdf](https://www.hawaiipublicschools.org/DOE%20Forms/COVID-19%20Health%20and%20Safety%20Guidance.pdf) As one of the least expensive, less intrusive measures (for example, as compared to temporarily suspending in person instruction or closing schools), it makes sense to continue masking indoors while there is still a considerable risk of transmission.

Dr. Sarah Kemble’s remarks, during a press conference held on April 27, about the importance of masking in schools echoed concerns raised by teachers and parents earlier this year. She stated that
there had been cases where children had been the vector and had infected a family member who died, something we had feared.

When discussing their experiences with health and safety protocols in schools this year, parents wrote about their children worrying that they would bring COVID-19 home to grandma or grandpa or vulnerable family members. Parents and teachers posted on Facebook about infections transmitted by children to their households. Families talked about choices they felt compelled to make to keep their children and household members healthy and safe, including choosing to keep their children home. Parents and teachers shared their fears stemming from pre-existing conditions that made their children or themselves at higher risk with a COVID-19 infection. Given the long periods of exposure during a school day, the indoor masking requirement is crucial to protecting the vulnerable in school and in the larger community, and in creating an environment where families and staff can feel safer.

The indoor masking requirement helps our schools to stay open and to function with in person instruction. Recently, with the omicron surge, we saw the effect of widespread transmission of COVID-19 on our schools’ ability to function, disrupting schooling by impacting staffing, student attendance, and the ability to provide consistent, meaningful instruction. By helping to control disease transmission, masking helps provide a more stable learning environment necessary for teaching and learning.

As the State moves forward, please also carefully consider the need to implement and support other health and safety measures. Please continue work to improve ventilation in our schools and public places, and support steps to help people understand and deal with the disease, including:

- Improved public health messaging that provides information so that people will understand what to do to protect themselves;
- A good testing and surveillance system that provides people with the data and information on what is being found; and
- Stockpiles of masks and rapid tests that can be rapidly deployed during another surge.

(These suggestions are taken from a talk by Dr. Tim Brown. Although they were meant for the wider State response, support for these steps within our schools would benefit our schools and communities. His fourth suggestion dealt with the adequate supply and distribution of treatment.)

This has been a difficult time for many. The hope, however, is that as we move forward, we take the steps to care for all of our community and to plan and prepare for the future. Thank you for your consideration.

Sincerely,
Lynn Otaguro
Board of Education,

Re - CONTINUED MASK MANDATE in Public Schools

I strongly OPPOSE; parents should have the right to choose, based on their own research and parenting concerns, to have their children utilize a mask or not.

Thank you for listening to my voice and position.

Respectfully,

JULIA YANO
Mother of Three
808.386.2100
How ironic that the Hawaii Department of Education promotes a department wide framework known as HĀ which we know to mean as BREATH. While mask mandates have been lifted throughout our nation, the governor of Hawaii was the last to lift our indoor mask mandate. However, this was a deceptive ending to the mandate because the keiki, who are the least susceptible to the virus, are still being unfairly forced to wear a mask for over 6 hours a day at school. According to the CDC website, it says, "CDC recommends indoor masking" - the operative word is "recommends" which means it’s just a suggestion. Mask wearing obstructs the free flow of oxygen. We as humans are created to breathe in oxygen to fuel our organs and tissues and exhale carbon dioxide which is waste from our bodies. When we continually breathe in our carbon dioxide, it causes harmful and dangerous effects to our bodies. While wearing masks, many have experienced headaches, increased high blood pressure, rapid heart rate, and fatigue. Does this sound like protecting children’s health? Have you seen the masks that these children wear to school? It’s so heartbreaking because they are filthy! Imagine all the bacteria and germs they are breathing in from their disgusting masks!

Bottom line, parents should be making informed decisions when it comes to their children and what's best for their children. Mask wearing should never be forced and those who choose not to wear a mask should not be discriminated against or bullied into wearing one. It's time to change the narrative. It's time to let the keiki breathe!

--
Mahalo

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#masking
Testimony for May 5 General Business Meeting
1 message

Corinne S <corinnessolomon@gmail.com>  
To: testimony.boe@boe.hawaii.gov  

Aloha,

This testimony is for the General Business Meeting agenda item on universal indoor masking at DOE schools.

I am a parent of a seven year old student at a Hawaii DOE elementary school on Oahu. The first time my daughter wore a mask she threw up. Then for several months she chewed and sucked on the inside of her masks. It took some getting used to.
That was two years ago. She has now spent 1/4 of her life masked.
She recently finished speech therapy. I’m not certain that masking was the sole cause of her speech issue, but I am certain that being masked for two years and not seeing people’s faces and speech expressions was a contributing factor.

Children are at extremely low risk of serious illness from C19. Children are however at high risk of anxiety, social and mental health issues, speech delays, and a host of other detrimental effects from having to wear masks all day, social distance from their friends, miss a year of in person education, live in fear of being sick or making others sick, and the list goes on.
Iolani recently rescinded their mask policy stating that the science was not there to back the policy.
Why can’t the DOE do the same? Our children are suffering.
Take the masks off. Let them see faces and breathe freely. Let them have some normalcy back.
We cannot give them back the last two years. The least we can do is return to normalcy now and not use an arbitrary deadline, or no deadline, to drop the senseless mask mandate for children.

Sincerely,

Corinne Solomon
Maggie Eaton
Parent
Opposing Masks and corruption against the rights of Americans big and small.

Sent from my iPhone
May 3, 2022

Hawaii State Board of Education
PO Box 2360
Honolulu, HI 96804

To Chairperson Payne and the Hawaii State Board of Education Members,

It was school year 2002-03, after 8 years of teaching in the classroom, I started my new position as a Student Services Coordinator at Waipahu Elementary School. Two months later, Mr. Keith Hayashi was named our new school principal. I had no clue who he was. Little did I know that Mr. Hayashi’s leadership would impact not only the learning and achievement at our school, but he would also change my future as an educator. In a span of 20 years, I have had the honor to know Mr. Hayashi as an educator, a mentor and a leader with a remarkable vision for public education. He is the reason I am where I am today in my career, and the reason for his hundreds of successful students who are now contributing citizens of their communities. I am Meryl Matsumura, Interim Principal at Waipahu High School and I am writing in support of Mr. Keith Hayashi as Hawaii’s next Department of Education Superintendent.

Mr. Hayashi brings nearly 30 years of knowledge and experience from ALL levels of the educational system . . . an elementary school teacher, a district resource teacher, an intermediate and high school assistant principal, an elementary and high school principal, a complex area superintendent, interim deputy superintendent, and interim superintendent. Very few individuals possess that breadth of experience and expertise. At every level of our DOE system served, Mr. Hayashi brought and enacted on a vision of what student success looks like for ALL students. When it meant equitable learning opportunity for all students, he dared to take an untraditional approach to education. He believed change was necessary, took the risk, and brought stakeholders (parents, community, businesses, industry, higher education leaders) to collaboratively make it happen. As a result, students across the state are now the beneficiaries of his innovative thinking and are being prepared with knowledge, skills and experiences for college and/or career as they leave high school.

One word to describe Mr. Hayashi is “passionate”. He has been passionate about the education for Hawaii’s students throughout his career. Day in and day out, he thinks about what can be done for each student. He is a creator and innovator of today’s education. From what has been accomplished just at Waipahu High School, especially with the career academies and the early college program, it’s evident that we on the right path in leading our schools and students. Students across schools are now being afforded learning opportunities they never thought they would experience from elementary school to high school. Along with their academics, students are participating in hands-on learning, career internships, field experiences, competitions (state, national and international), early college courses, just to name a
few. These experiences are tailored to individual student’s interests and gives them the confidence and realization of their capabilities to succeed beyond high school.

Not only has his leadership developed students into leaders, but he has also mentored many teachers into leaders. I have been fortunate enough to have had the opportunity to work with Mr. Hayashi over many years. It has given me the experience to understand, partake in, and witness the vision he had for our students, families and community come to life. I have learned from example what is it takes to be an exemplary leader – passionate, creative, innovative, supportive, a compassionate listener, and courageous, to name a few.

I am a true believer of Mr. Hayashi’s ideas and can attest to their successes. As interim superintendent, he has made statewide decisions on what is academically, socially and emotionally best for our students, while supporting the Department’s adults with their well-being and professional growth. It is without doubt he is still the ideal person to lead Hawaii’s schools. I fully support Mr. Keith Hayashi’s application for Superintendent of Hawaii’s Department of Education.

Thank you for your time and consideration.

Sincerely,

Meryl Matsumura
Interim Principal
Waipahu High School
I’ve read your presentation and it makes several specious assertions about the effectiveness of masks with no studies or sources linked. Further, it states that you have a layered mitigation effort, but you have failed to mention any other mitigation measures. You seem to be solely relying on masks, quarantine and nothing else for your mitigation efforts.

COVID-19 is an aerosolized virus. Which means it is incredibly small 99 percent of the particulates are 5 microns and below. 60 percent are under 0.3 microns. A 0.3 micron particulate takes roughly 19 days in an undisturbed environment to settle. For reference cigarette smoke is roughly distributed from 0.1 to 1 micron. With just a 3.2% gap a cloth mask is essentially useless and with a 1% gap N95’s are roughly 34% effective. If you doubt this, ask the military. When confronted with a biological weapon they have MOPP gear, masks, and special biological filters they use instead of chemical weapons filters. On top of that, they have to rely on a 100 percent seal on their mask to stay safe. Even a crack in the rubber seal on a gas mask can incapacitate or kill a soldier.

OSHA and military regulations about particulate hazards stress (in order of effectiveness):
Elimination/substitution of the offending particulate.
Engineering Controls
Administrative & work practice controls
Personal Protective Equipment

[Image of Virus-Carrying Respiratory Aerosols in Normal Breathing: Distribution of Virus, Particles and “Infectiousness” By size]

[Particle distribution of respiratory aerosol: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6923809/
Source: CDC under 3rd party: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6923809/
Personal protective equipment is last on the list because it is the most useless as it relies on compliance and equipment that may fail. Even the military with it’s advanced MOPP gear and training emphasizes getting away from the source of the problem before going to full MOPP.

The sinister nature and high transmission rate of COVID is scary and the impulse to be seen to be as doing something is high. Masks are theatre and an easy way to show that you are doing something. The good news is, the small particulate size and lack of a protective covering (saliva droplets, etc) of COVID means it has very little protection from outside forces and fomite (surface) transmission is almost nonexistent. It is vulnerable to UV light and the particulates can be easily moved. This is why outdoor transmission of COVID is basically nonexistent. Even at night, the slightest breeze will not allow COVID to stay in one area.

So COVID in the school is more of an engineering problem than a medical problem. Hawaii DOH/CDC should know how much time an unmasked individual must spend in a given viral concentration to create a symptomatic infection.

With the data presented engineers can calculate how often the air in a room must be fully exchanged in order to keep the viral load of a room to a minimum. This could accomplished via a closed air cycling system with increasingly higher tier HEPA filters and/or UV lights arranged throughout the system (similar to a clean room). Alternatively, you can do complete or partial air exchanges of room air with outside air.

Hawaii is in an excellent position in respect to schools. Most classrooms have windows with outdoor access and doors that open to the outside. This means the air exchange can be quite robust and rooms can cycle air very quickly and thoroughly. More importantly, most classrooms are rectangular in design with banks of windows on one side. This minimizes “dead” air, which could create small areas with a viral reservoir that could potentially infect someone. You have blueprints of every school. An engineer could look at those with the DOH and calculate how fast the air turnover rate needs to be and how to achieve that goal.
This is a solution that does not require user level effort/mask compliance and can be done in a way that is open and transparent in order to rebuild trust with the community at large.

Sources and links to studies are below.

Thank you,

OSHA pyramid:
https://www.osha.gov/chemical-hazards/controlling-exposure

Respiratory aerosols and masks:

N95/Cloth mask efficiency testing:
https://pubs.acs.org/doi/10.1021/acsnano.0c03252

Aerosol filtration efficiency of household materials for homemade face masks: Influence of material properties, particle size, particle electrical charge, face velocity, and leaks:

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearer:
https://www.acpjournals.org/doi/10.7326/M20-6817

Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021:
https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm
The CDC used a trick to skew the results. They used 0.1-7 micron particles and then judged mask efficiency by the mass caught by the mask. A 7 micron particle has a mass/volume 12,000 times that of a .3 micron particle. 87% of COVID particles are under 1 micron.

Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community:
Aerosolization does not require sneezing or coughing, just breathing.

Mask mandate and use efficacy in state-level COVID-19 containment:
https://www.medrxiv.org/content/10.1101/2021.05.18.21257385v1.full.pdf
My name is Elyce Schnitzer.

Meeting: Full Board

Agenda Item: Mask mandate

Position: OPPOSE

Aloha kakou,
My name is Elyce Schnitzer. I am a mother of 6 children, ages 4-15. We reside on the island of Maui. I am against the mask mandate and want to see it come to an end as soon as possible. At this point, it should be optional for everyone, especially school aged children. Although it may have had a slight aid in keeping Covid contained for a little while, it's time to holomua and move forward. I'm sure everyone will be just fine without a mask. And the world may actually be a happier place being able to actually see the smiles of full faces of friends, classmates and teachers. Let everyone breathe freely. My daughter had to play her games wearing a mask and legit almost passed out. My other children that have asthma have suffered as well. Please end the ask mandate!

Mahalo for your time and consideration.
Elyce Schnitzer
5/5 mask testimony for general meeting at 1:30..last agenda item about discussing mask mandate

Aloha, thank you for creating this opportunity to communicate. I am a mom and was an Elementary teacher for ten years prior. I would like to start off with the question "Why have other schools across the country made masks optional?"

I believe it is because science now points clearly to masks having risks. MASKS IMPEDE LEARNING and compromise the health and development in children. You have the DOH reporting and advising on Covid, but are they keeping you and the DOE informed about the peer reviewed studies warning about masks in educational settings? I think this is why the country dropped school mask mandates:

the prolonged psychological damages masks are causing,
the physical brain damage from inhaled micro plastics,
the depression linked with them,
the delayed socioemotional development,
the speech and language delays (age 3 is when developmental preschool starts at the public school)....etc.

We need to stop harming the keiki and make masks optional for everyone so our kids can be stronger learners especially the ones who have fallen behind. Please help them enjoy and want to come to school again!

I sat through your last board meeting. I heard your concern about the students who have fallen behind. I really appreciate your focus on those with learning challenges. I AM A MOTHER OF ONE OF THOSE KIDS IN THE GAP. Please listen to what I have to share.

Masks are directly making it more difficult for our kids to catch up!

Our children have a more challenging time learning and processing already. The masks are irritating and take attention away from listening. The masks muffle sounds so learning is more difficult. Anyone who has had a child sensitive to wearing socks knows, if the seam isn't perfect, nothing else can be processed until the socks are removed. If you played the game "telephone" you know that if you miss hear just one word, the whole sentence is compromised. Masks are especially hampering the very kids most lost in Covid learning gap.

We are forcing the children to be in masks when schools and children are not a significant vector of the disease. School rates have been directly tied to community rates, and not a source above and beyond. In our community, mask mandates have been removed, even in the most riskiest places like gyms and clubs. We need the BOE to step in with logic and help all the school children smile in school again. The DOE is in transition and we need masks to be declared OPTIONAL NOW AND FOR SUMMER SCHOOL so we can hopefully attract more keiki participation!

Build momentum and enthusiasm for summer school by removing the masks immediately so they can hear better and feel connected again through breath and smiles. This will get them to school and maybe even to summer school! Who wants to go to school day after day when they are forced to wear a sweaty something that feels like torture to them? Who wants to voluntarily go to summer school when they are forced to wear a mask? Masks are linked to depression and feeling disconnected. The science is clear. There are clear warnings about kids in masks.

Masks can be a sensory overload, especially to kinesthetic learners. We are forcing these kids who are behind to have an extra hurdle for no real reason. There are many studies, but just to highlight the new European study published April 19th, a study of 35 countries, that concludes "countries with high levels of mask compliance did not perform better than those with low mask usage." (masks did not improve health outcomes in 2020-2021)

I was a teacher for ten years and have a Natural Science degree. I am gravely concerned about what is happening to our kids emotionally, psychologically, physically and mentally based on the myriads of peer reviewed articles I have read. Please search masks and micro plastics in Pub Med. Very scary arrows are now pointed at brain and dna damage from both cloth and disposable masks from plastic particles....and that is just one issue. My daughter's iep has absolutely been compromised. Her initial social goals could not be met so we had to Covid modify them. Kids in masks can’t understand
each other as well, especially with hearing loss and cognitive and speech challenges. This missed educational time will never be made up and will affect her development for the rest of her life. When her teacher asked a new girl at drop off what her name was (an iep goal for my kid is to learn basic social conversational pieces) even I could not understand what name the child gave, muffled even for my ears to hear and understand. How much growth have we stifled and how long are we going to let it continue? Our Mayor lifted the restrictions for the most dangerous spreaders of the disease (people at gyms, bars and dance clubs!) What message does this send to our kids? That they are dirty second class citizens, unimportant compared to adults.

I am so sad that kids are more depressed, feel isolated and are killing themselves more because of the isolation and fear masks convey.

I am sorry my daughter and her classmates who are in developmental preschool have had hundreds of hours of instruction time SHACKLED. The gap of social emotional connection created by masks might be never be healed.

I am sorry my daughter was not allowed to see her speech therapist's lips. Her 'mean utterance' was one word in August and bloomed now to 4- 5 word sentences. Unfortunately her speech therapy time was a restrictive environment (lips hidden) instead of a least restrictive one. How much more clearly could she speak if her hundreds of therapy hours had her learn by looking at the lips of the therapist teaching her? She could only use her ears. And she has a slight hearing loss!

For many reasons, we need the mask mandate to come off now! Help the keiki feel important! Help them smile in school again! Help our little ones get the full face instruction that they truly need to succeed. Step in and tell the DOE to make masks optional NOW!

Mahalo,
❤ Cheryl Tsalapatanis
Testimony General Business Meeting May 5th, 2022
1 message

Paula Russo <paula.russo21@gmail.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

Aloha,

My name is Paula Russo and I am a parent to my 11 year old son, who attends school here in the state of Hawaii, still has to be suffocated with a muzzle everyday and has been for the past 2 years and I am here to testify on his behalf. Many, just like my son have had and still have to wear the masks everyday for 8 hours a day! And have had to suffer because of the incompetent, evil desicions the Board of Education makes without parental consent. Do you know that you breathe in your own germs while wearing a mask, causing hypoxia on your face and in your mouth, and you wanna do that to our kids?
I also want to know why are ALL of you pushing this so much and especially on our kids, does the Board of Education have ties to Mark Zuckerberg to collect data on students, for example like COVID19 testing results to keep kids masked at school while filling up the pockets of the staff at the DOE and or running state officials?

Please give us answers, we will not stop until our kids are able to breathe, be free and live life the way its supposed to, unmasked.

Mahalo

Paula Russo
Name: Susan Higa

Position: STRONGLY Oppose mandating keiki’s to continue wearing masks.

Masks were traditionally worn by those that are unwell as a way to cover the mouth and nose to keep from spewing their fluids when coughing and sneezing. When all is well, however, where is the need to wear masks?

Wearing masks for long hours degrades the quality of breath taken. What is excreted out the lungs is likely to be reabsorbed. That can’t be good. It’s like going to the toilet to defecate only to reload what was excreted onto the lunch plate.
May 4, 2022

Ms. Catherine Payne, Chair
Hawaii Board of Education

Dear Honorable Chair and BOE Members:

This letter is to urge your selection of Keith Hayashi as Hawaii’s next education superintendent. As stated in previously submitted testimony, Mr. Hayashi is the right person for the job and is already on the job. He deserves the opportunity to serve as superintendent without the imposed restrictions and limitations that accompany a post that is labeled as “interim.”

As an educator and administrator of the HIDOE for over three decades, Mr. Hayashi has established a credible track record of accomplishments that is second to none. As principal of Waipahu High School for over a decade, Mr. Hayashi led the school through a difficult but successful transition from “worst to best” – no easy feat even under the best of circumstances. A long time Waipahu resident recently shared that in the past the school was one to avoid. More recently, Waipahu High has become the envy off many, which residents attribute directly to Mr. Hayashi’s strong leadership and courage to innovate. Anecdotally, the school now receives more applications for geographic exceptions than ever before. Mr. Hayashi’s ability to bring people together and to spur innovation and excitement among different stakeholder groups have been a strong factor in his success.

For those of you who have, or have had, a connection to Hawaii’s DOE, whether current or past, understand the difficulty of being a change agent within this bureaucratic maze. Yet, Mr. Hayashi has demonstrated that it is possible. And perhaps this is, in and of itself, the most compelling reason why Keith Hayashi deserves the opportunity to continue his service as education superintendent.

Thank you for your time and consideration.

Sincerely yours,

Kalowena Komeiji
kalowena@aol.com
To: Hawaii State Board of Education  
From: David E. Shormann, PhD  
   drshormann@gmail.com  
   Haleiwa, HI  

Subject: Testimony re: universal indoor masking in public schools  
Meeting: May 5 General Business Meeting  

Aloha,  
New research out of Finland shows mandatory student masking had no benefit.*  
Interim Superintendent Keith Hayashi's April 18, 2022 letter to student parents and  
guardians claims there is "extensive scientific literature supporting the effectiveness of  
masking." False.  

**The Finland research shows the city with mandatory student masking saw no benefit compared to the city with optional student masking.**  

Mask wearing is ineffective, demoralizing, challenging to enforce, and generates excessive pollution. Please follow the science and immediately end the universal masking requirement in Hawaii's public schools.  
Thank you,  
David  

*https://www.medrxiv.org/content/10.1101/2022.04.04.22272833v1.full.pdf  

Figure 1a from referenced paper of moving average of COVID-19 incidence for 14 days (dashed line) and estimated APC values (solid line) in 10-12 year olds in Helsinki (red, face masks not used in schools in this age group) and in Turku (blue, face masks were used in schools in this age group).
Aloha, my name is Tristen Daniel, and I am submitting testimony regarding the meeting that is taking place Thursday from 1:30 to 4:30 at Queen Liliuokalani Building, and I am AGAINST keiki, of all ages, being forced to wear masks while attending classes.

Although there are differing opinions as to the bacteria, virus, and mold exposure due to prolonged use, many reports admit that the findings couldn't be confirmed because scientific data was inconclusive in uncontrolled tests; however, there were signs that the threat is real due to certain fabrics used, and there needs to be further experiments done in controlled tests.

Due to the fact that the majority of keiki aren't wearing the masks properly, along with the different fabrics being used, also negates the purpose of wearing masks.

As many of us adults experienced, our breathing changed when wearing masks, and I for one, had to avoid prolonged use as I felt I was being suffocated and unable to breathe naturally. I was unable to exercise with a mask on; again, I experienced the feeling of suffocation, anxiety, and light-headedness. Why should adults force students to endure these same mental, emotional, and physical consequences? So many are speaking out, and the Board is telling them their feelings and experiences don't matter. This is Psychological abuse and can have lasting negative effects. The students are not of age to vote, but their voice still should be heard. They are the Future.

In reading research paper after research paper, the majority agreed, especially Pediatricians, that there is Psychological and Physiological harm being done, especially to children in their developmental years.

I ask . . . is the State of Hawai‘i and the Board of Education prepared to ignore parents and students' requests and be liable for all negative health outcomes in the future? If you aren't aware, May is Mental Health Awareness month. I ask that you do what is right for the Students and the Parents who are listening to their children.

Respectfully submitted.

E Mālama pono,
Tristen Daniel
(808) 652-0782
Name:
Lila Metzger
Na Wahine Alakaʻi O Kauai 2019
Founder of Kauai UnderGround Artists

Meeting:
Thursday, May 5, 2022 1:30pm

Agenda item:
VI. Discussion Items
   A. Presentation on universal indoor masking in public schools.

Position: OPPOSE

Comment:
On behalf of the children if Kauaʻi I would like to Oppose the required mask wearing. From the start of this pandemic children were known to be the least vulnerable to this virus and to make them wear a mask in school at this point in time is complete child abuse. Financial incentive for the Board of Education to require mask wearing should be investigated. Shame on all of you for doing this to our children from the start.

Mahalo,
Lila Metzger
May 4, 2022

Testimony

Merton Chinen

School Superintendent Search Committee & Full Board Meeting

Superintendent Hiring

Position:

RELATIONSHIP. The key to the quality for any organization is the relationship experienced by its members. Keith Hayashi exemplifies and embodies relationship building in his leadership style and being. The fact that his eldest daughter chose to attend Waipahu High School when he was principal is a strong statement regarding how his own child experienced the parental-child relationship. I hope the board selects Keith as the next permanent superintendent for our schools. Thank you for all of your dedicated hard work during this time.
Aloha Board of Education Members,

I am writing to express my support of Hawaii School Superintendent Candidate, Keith Hayashi.

In my twenty nine years of serving the Hawaii Department of Education, I have worked with many leaders. I have found that Keith Hayashi is extremely remarkable in getting things done in a manner which encourages, excites and empowers those who work with him. Keith has been a role model in every sense, who brings out the best in those he works with. I often try to model my leadership abilities in the manner Mr. Hayashi exhibits on a daily basis. I have no doubt that Keith Hayashi has the experience and fortitude needed to lead the Department of Education in a collective manner to produce the best results for the students’ success as well as employee satisfaction.

Thank you to the Board of Education and its members for allowing me this opportunity to provide testimony in support of Hawaii School Superintendent Candidate, Keith Hayashi.

Sincerely,
Pat Anbe, Principal
Waipahu Community School for Adults
94-1211 Farrington Highway
Waipahu, HI 96797
(808) 307-9677 (Office)
www.wcsahawaii.org

***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.***

This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
May 3, 2022

To: Members of the Hawaii Board of Education

From: Carl Ota, Technology Coordinator - Waipahu High School

Meeting: General Business Meeting on Thursday, May 5, 2022

Agenda Item: IV.B - Investigative Committee (a permitted interaction group pursuant to Hawaii Revised Statutes, Section 92-2.5(b)(1)) concerning search for a superintendent: findings and recommendations on finalists

Subject: Testimony supporting Keith Hayashi for Superintendent

The Hawaii Department of Education is a unique system that serves a diverse population across the island chain. The Superintendent needs to be a person who can share a vision and allow these communities to innovate learning by incorporating their local values. Keith Hayashi has the leadership qualities and experiences to be our next Superintendent.

I have known Mr. Hayashi for more than two decades since he served as a Vice Principal at Waipahu High School, Pearl City-Waipahu Complex Area Superintendent (CAS), and as Principal of Waipahu High School. Mr. Hayashi is a “systems thinker” so being able to serve in these roles, Mr. Hayashi has the experience and a unique perspective of the Hawaii Department of Education. He will use these experiences to move the Department forward by communicating a belief and vision, fostering relationships and building leadership capacity to support and maintain a focus on student success. Waipahu High School is a microcosm of the possibilities of Mr. Hayashi’s leadership if he is given the opportunity to serve as the Superintendent.

The success of any organization is the result of the consistent belief of its stakeholders and their efforts to support that belief. Mr. Hayashi was integral in sharing his belief and vision for Waipahu High School with everyone. He talked with students and asked them about their future to provide meaningful learning opportunities. Teachers were able to share their innovative ideas and were allowed to pursue it with his support. Students used the Design Thinking process to recognize the classified staff for their contributions. The community was deemed our customer and he worked with them to support our efforts through funding or job-related activities to expand learning opportunities for students to gain experience in their career choice. Opportunities to take Early College courses, participate in State/Federal/International competitions and internships and earn industry certifications are available for all students through the support of organizations such as the McInerny Foundation, Public School of Hawaii Foundation and many other business partners. The importance of building relationships to establish trust is vital for any organization to be productive and sustainable. Our long term partnerships and
continued growth in learning opportunities is evidence of the importance of fostering relationships for Mr. Hayashi.

Mr. Hayashi will be the first to tell you that a school's success is a team effort. Stakeholders that feel they have ownership in the organization contribute positively to its success. Mr. Hayashi delegates responsibilities to stakeholders and this in turn increases the leadership capacity of the organization. At Waipahu High School, teachers and assistant principals manage the individual academies where his role is for oversight and guidance. The structure allows teachers with classroom experience to present new ideas and to determine data points to meet their desired outcomes. The classified staff routinely interact with students, even if it is only to greet them or ask about their day. Student ambassadors have become the mouthpiece for the school for prospective students and visitors by sharing their personal stories and experiences. Although the state is one school system, it will take a variety of leaders to address the uniqueness of each complex. Mr. Hayashi has shown he can delegate and support each entity and trust his leaders.

Even though Mr. Hayashi has a multitude of experiences, he also understands that he does not know everything. He is constantly looking at new learning opportunities for students and staff but will always ask questions for clarification and understanding to determine the impact on the system. He continues to read and share new thoughts in education, especially if it supports our school efforts. He has shown a willingness to make changes if it makes sense to do so. Mr. Hayashi is a lifelong learner and will be a role model for educators and students as our next Superintendent. Please give his application your most serious attention. Thank you for this opportunity to share my thoughts.
I strongly oppose forcing anyone to use masks. Especially our keiki. Let masks be optional indoors AND outdoors on all DOE campuses. I pray you make the right decision.

Michelle Carpenter
(Maui)
TESTIMONY

HECTOR E VIVÓ

parent of: MISCHA U VIVÓ
= 12 years old
doe student

We are a Self Sustaining Society, State, and Community so I do not understand why you go against your constitutional duty as a PUBLIC OFFICIAL which serves “We the People” to protect our property (children) from any harm. THE exploitation; UNDER THE GUISE OF MEDICAL EMERGENCY HAS OVER REACHED AND YOU HAVE BECOME Belligerent in your position and the decision with your actions have consequences that are negative short term to long term to our youth. THE effect on our CHILDREN IS IN a Grand scale of Constitutional violations.

The BOE continues to receive Covid Relief Funding in exchange for these communist terms our youth are subjected to. Our public education is being dictated by a foreign agent and you have served the wrong country and master whom is WE THE PEOPLE!
I have fundamental questions for you like why we can’t walk on campus as we wish to take care of our properties official business and why do the children lack their basic civil rights like freedom of choice to wear or not to wear a cloth that doesn’t allow these fragile bodies to get enough oxygen to their brain. I have come to a basic understanding that stems from your unethical practice and you are officially abusing our YOUTH! This is child abuse and these two basic fundamental questions expose the corruption of you and your board members MR Superintendent. The violation of color of law and your civil duty has been revoked by you working against the people and their properties.

You receive incentives and additional funding at the expense of our children, which is called exploitation and is against your Oath which violates the Ethic Commissions ethical standards of a public official. You are the highest public position of The Department of Education and can make a change immediately. Hawaii is one of the largest school districts in THE UNITED STATES OF AMERICA!
You, Mr. KEITH HAYASHI as a public official and WE THE PEOPLE expect our demands to be met since you work for we the people AND your duty to protect not inject communism in our public school system.

I have served you a hand delivered, certified and 1st class mail of my demands to end all covid restrictions and as of last year you have done nothing but progress this NEW WORLD ORDER AGENDA AND YOU HAVE BEEN warned that your Bonds ARE AT STAKE AND EVERY PARENT WE TAKE PART IN THIS ACTION TOWARDS YOU INDIVIDUALLY!!!

Regards,

HECTOR E VIVÓ
evivo808@gmail.com
HECTOR E VIVO
1188 BISLSPS ST STE 2602
TAMPA FL 96813

Boe - Testimony
Queen Lili'umokamen
1390 Miller St. RM 404
I strongly oppose forcing anyone to use masks. Especially our keiki. Let masks be optional indoors on all DOE campuses. I pray you make the right decision.

Blessings,
Michelle Carpenter
To:
Hawaii Board of Education
PO Box 2360
Honolulu, HI 96804

Subject: Testimony

Meeting : General Business Meeting May 5th.

Agenda Item: Masks - Oppose

Dear School Board Members,

I am a parent of a student in the school district of Hawaii. I would like the school board to consider ending the masks in schools. There are several reasons why the masks are harming children and they can not continue wearing them. Here are just a few of the reasons.

#1 Masks are no effective. The holes in the masks are way to big to keep out coronavirus.

#2 The masks are loaded with bacteria by the end of the school day and the masks are on the students mouth making them breath in all of that bacteria and mold.

#3 Masks prevent the students from breathing freely. This causes headaches and other sicknesses. We all know that breathing is the most important thing we do. Without it we would die.

#4 The students find it very difficult to hear the teachers when they are wearing a mask. This makes learning quite difficult.

I am enclosing an article that explains the dangers of wearing a mask. Please take a look at the article as it explains the true dangers and they are vast.

Mahalo,

A concerned parent
Abstract

Wearing a mask causes physiological changes to multiple organ systems, including the brain, the heart, the lungs, the kidneys and the immune system. We examine changes in oxygen and carbon dioxide concentrations in masked airspace that is available to the airways over the first 45 seconds of wear. Our findings of reduced oxygen and increased carbon dioxide in a masked airspace are not inconsistent with previously reported data. We also consider the range of injuries known to occur to the above-named organ systems in a state of hypoxia and hypercapnia. As an excretory pathway, carbon dioxide release by cells throughout the body, and then past the alveoli and then the airways and orifices, has not been previously challenged by deliberate obstruction in the history of the animal kingdom, except for relatively rare human experiments. Self-deprivation of oxygen is also unknown in the animal kingdom, and rarely attempted by humans. We examine the physiological consequences of this experiment.

MASKS and HYPERCAPNIA

Do masks cause systemic hypercapnia?

Airway obstruction is a long recognized cause of retention of carbon dioxide and respiratory acidosis. A sustained level of increased carbon dioxide stays inside of masked air, compared to room air, which in turn sustains a low level of hypercapnia. Rebreathing of exhaled air has been
found to quickly elevate [CO2] in available air above 5000 ppm, and to increase arterial CO2 concentration and to increase acidosis.¹ The mechanism of mask-induced hypercapnia may also include the moisture on a mask trapping carbon dioxide from exhalation. Some carbon dioxide diffuses in the air, more so if dry, but some portion of it, trapped by water vapor and mask moisture, would form a weak, unstable acid with water, for re-circulation to the airways and lungs. The mechanism is that retention of CO2 causes an increase in PCO2. This is the primary disturbance in respiratory acidosis. It results in an increased concentration of both HCO3- and H+, which is measured as a lower pH.

Masks increase respiratory drive and bronchodilation in mild hypercapnia, from sensitive chemoreceptors picking up changes in pH of cerebrospinal fluid. Ultimately in severe hypercapnia, respiratory drive is actually depressed.

Hypercapnia is widely recognized to be an independent risk factor for death.²³⁴⁵ A number of organ systems are negatively impacted, including the brain, heart, lungs, immune system and musculoskeletal system.⁶⁷

**How quickly do masks increase carbon dioxide in the masked airspace?**

We used a new calibrated carbon dioxide meter to measure ambient carbon dioxide in room air, and then inside the masked airspace of three different masks after donning each in turn. This experiment involved a disposable surgical mask, a N-95 mask and a cloth mask. We recorded carbon dioxide parts per million inside the masked airspace. The meter refreshed its readings at 5-second intervals, and we used those same intervals in recording CO2 parts per million. The maximum CO2 reading on the meter is 10,000 parts per million.

The table of those values are shown in Table 1, with the mean values shown for each 5-second interval in the first 45 seconds. After 45 seconds, the readings passed the maximum meter reading of 10,000 ppm [CO2], and were thereafter indeterminate from the meter.
Table 1: Measured [CO2] in masked airspace

<table>
<thead>
<tr>
<th>Room air</th>
<th>5 sec</th>
<th>10 sec</th>
<th>15 sec</th>
<th>20 sec</th>
<th>25 sec</th>
<th>30 sec</th>
<th>45 sec</th>
<th>60 sec</th>
<th>75 sec</th>
<th>90 sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask</td>
<td>1072</td>
<td>1298</td>
<td>1757</td>
<td>2256</td>
<td>2995</td>
<td>3215</td>
<td>3306</td>
<td>3074</td>
<td>3378</td>
<td>5483</td>
</tr>
<tr>
<td></td>
<td>1022</td>
<td>1086</td>
<td>1317</td>
<td>1667</td>
<td>2221</td>
<td>2792</td>
<td>3526</td>
<td>6479</td>
<td>7755</td>
<td>9964</td>
</tr>
<tr>
<td></td>
<td>1074</td>
<td>1202</td>
<td>1502</td>
<td>2400</td>
<td>2619</td>
<td>2746</td>
<td>2948</td>
<td>4794</td>
<td>5994</td>
<td>8095</td>
</tr>
<tr>
<td></td>
<td>1089</td>
<td>1211</td>
<td>1357</td>
<td>3090</td>
<td>5520</td>
<td>9381</td>
<td>&gt;10000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>989</td>
<td>1265</td>
<td>1700</td>
<td>3257</td>
<td>4221</td>
<td>5412</td>
<td>6764</td>
<td>9465</td>
<td>&gt;10000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1026</td>
<td>1363</td>
<td>2590</td>
<td>3392</td>
<td>4384</td>
<td>5377</td>
<td>6263</td>
<td>&gt;10000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1045.3</td>
<td>1237.5</td>
<td>1703.8</td>
<td>2677.0</td>
<td>3660.0</td>
<td>4628.7</td>
<td>5364.7</td>
<td>7302.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N-95</td>
<td>1050</td>
<td>1323</td>
<td>1834</td>
<td>2518</td>
<td>3184</td>
<td>4281</td>
<td>4689</td>
<td>7042</td>
<td>9684</td>
<td>&gt;10000</td>
</tr>
<tr>
<td></td>
<td>1037</td>
<td>1517</td>
<td>3360</td>
<td>4133</td>
<td>4708</td>
<td>5315</td>
<td>5394</td>
<td>9082</td>
<td>&gt;10000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1049</td>
<td>1475</td>
<td>1599</td>
<td>1800</td>
<td>1911</td>
<td>2773</td>
<td>6346</td>
<td>6563</td>
<td>&gt;10000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1083</td>
<td>1292</td>
<td>1834</td>
<td>3312</td>
<td>3730</td>
<td>3901</td>
<td>4140</td>
<td>5692</td>
<td>7855</td>
<td>&gt;10000</td>
</tr>
<tr>
<td></td>
<td>1073</td>
<td>1450</td>
<td>1975</td>
<td>2621</td>
<td>3820</td>
<td>4407</td>
<td>5629</td>
<td>7279</td>
<td>9240</td>
<td>&gt;10000</td>
</tr>
<tr>
<td></td>
<td>1033</td>
<td>1266</td>
<td>1583</td>
<td>1926</td>
<td>2874</td>
<td>3392</td>
<td>4371</td>
<td>8921</td>
<td>&gt;10000</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1054.2</td>
<td>1387.2</td>
<td>2030.8</td>
<td>2718.3</td>
<td>3371.2</td>
<td>4011.5</td>
<td>5094.8</td>
<td>7429.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloth mask</td>
<td>1084</td>
<td>1115</td>
<td>1718</td>
<td>2218</td>
<td>2725</td>
<td>3300</td>
<td>4914</td>
<td>6494</td>
<td>8410</td>
<td>&gt;10000</td>
</tr>
<tr>
<td></td>
<td>1066</td>
<td>1057</td>
<td>1558</td>
<td>2467</td>
<td>3644</td>
<td>6369</td>
<td>8480</td>
<td>&gt;10000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1050</td>
<td>1189</td>
<td>1686</td>
<td>3573</td>
<td>4400</td>
<td>5080</td>
<td>5768</td>
<td>8966</td>
<td>&gt;10000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1062</td>
<td>1200</td>
<td>1685</td>
<td>4129</td>
<td>5848</td>
<td>7863</td>
<td>&gt;10000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1051</td>
<td>1078</td>
<td>1430</td>
<td>2301</td>
<td>3580</td>
<td>5087</td>
<td>8555</td>
<td>&gt;10000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1044</td>
<td>1115</td>
<td>1569</td>
<td>2772</td>
<td>3503</td>
<td>4321</td>
<td>5149</td>
<td>7385</td>
<td>9260</td>
<td>&gt;10000</td>
</tr>
<tr>
<td>Mean</td>
<td>1059.5</td>
<td>1125.7</td>
<td>1607.7</td>
<td>2910.0</td>
<td>3950.0</td>
<td>5336.7</td>
<td>7144.3</td>
<td>8807.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If we look at the time in which our readings did not yet exceed the maximum of the meter, then we have the following graph, Graph 1, of the average rise in carbon dioxide concentration inside the masked air for each mask, as [CO2] rose over the first 45 seconds of wear.
The blue horizontal line in Graph 1 represents the maximum allowable average CO2 concentration in workspace air during an 8-hour work shift, by the Occupational Safety and Health Administration (OSHA) of the US Department of Labor.\(^8\) The green horizontal line represents typical [CO2] in room air, which is 400 parts per million.

After donning each mask, we see that [CO2] in the masked airspace rose above acceptable OSHA limits within the first 30 seconds.

The concentration of carbon dioxide rises similarly during the time of wearing each kind of mask. These findings are consistent with known data on the carbon dioxide concentration of available airspace inside of a mask.\(^9\)

Industrial workspace standards established by OSHA for carbon dioxide concentration in the workspace are for ambient room air, and these have been established since 1979. It is not the case that OSHA has mandated specific CO2 concentrations for masked airspace. However, we examine these standards for available room air, and compare masked airspace to them, because in both cases we may consider [CO2] concentration in the air that is available to the airways and the lungs.
The Food Safety and Inspection Service of the United States Department of Agriculture notes that carbon dioxide gas is used to euthanize both poultry and swine. Concentration of this gas is therefore of concern regarding the use of masks by human beings. That government agency publishes the following warnings:

5,000 ppm = 0.5% is the OSHA Permissible Exposure Limit (PEL) for 8-hour exposure, averaged over the workday. Each of our masks surpassed that level within the masked airspace in the first 25 to 30 seconds of wear.

At 10,000 ppm of short exposure, OSHA says there are typically no effects, possible drowsiness.

At 20,000 ppm, the Food Safety and Inspection Service advises: “Do not enter areas where CO2 levels exceed 20,000 ppm until ventilation has been provided to bring the concentration down to safe levels.” We should remember here that each of the masks we studied rose to half of this concentration within the first minute alone.

At 30,000 ppm = 3% [CO2], there is “moderate respiratory stimulation and increased heart rate and blood pressure.”

At 40,000 ppm = 4%, OSHA finds [CO2] to be “immediately dangerous to life or health.”

Hypercapnia is known to rapidly cause intracellular acidosis in all cells in the body. There is no way to wall off the damage to only affect the lungs, due to constant gas exchange. That is, there is no known way to restrict hypercapnic effects to only the lungs.

The effects of hypercapnia progress in this order: Compensatory attempt at respiratory ventilation, labored breathing, hyperpnea; nervous system changes with changes in motor skills, visual acuity, judgment and cognition, cerebral vasodilation with increasing pressure inside the skull and headache, stimulation of the sympathetic nervous system, resulting in tachycardia, and finally, in case of extreme hypercapnia, central depression.

Hypercapnia effects on the lungs and immune system

Exhaled breath contains about 5% = 50,000 ppm carbon dioxide. This is more than 100 times the average of room air which is about 0.04% [CO2]. Exhaled [CO2] is 10 times the upper limit permitted by OSHA in ambient air. Yet each of us exhales this concentration with every breath. Should we re-breathe our own exhaled breath?

A study of healthy healthcare workers found increased [CO2] and decreased [O2] in the respiratory dead space inside a N95 filtering respirator while walking on a treadmill. Within one hour of use, these were “significantly above and below, respectively, the ambient workplace standards.” The exhalation valve of the N95 masks did not significantly change its impact on P(CO2).
Hypercapnia has a number of damaging effects on the lungs. Those effects seem to begin with disruption of Na+-K+-ATPase, which leads to impaired alveolar fluid reabsorption. This results in alveolar edema, which in turn obstructs optimal gas exchange. Hypercapnia also inhibits repair of alveoli by impairing proliferation of alveolar epithelial cells via inhibition of the citric acid cycle and resulting mitochondrial dysfunction.

Cilia are made immotile by hypercapnia, along with mask changes in humidity and temperature in the upper airway. This leads to predisposing mask wearers to lower respiratory tract infections by allowing deep seeding of oropharyngeal flora. The lower respiratory system is usually sterile because of the action of the cilia that escalate debris and microorganisms up toward the orifices. Impairment of this process, such as in hypercapnia, may partly explain a correlation of hypercapnia with increased mortality from pulmonary infections.

Hypercapnia correlates with increased mortality in hospitalized patients with community-acquired pneumonia. This seems to be due to a number of factors, including that hypercapnia inhibits IL-6 and TNF as well as inhibiting immune cell function generally, including alveolar macrophages.

Hypercapnia was found to downregulate genes related to immune response. The researchers that had studied this in depth found that “hypercapnia would suppress airway epithelial innate immune response to microbial pathogens and other inflammatory stimuli.” They also found suppressive effects of hypercapnia on macrophage, neutrophil and alveolar epithelial cell functions. Hypercapnia was found to decrease bacterial clearance in rats.

In our previous paper in this series, we found a historical correlation with a hypercapnic practice, specifically mask-wearing, and a severe surge of bacterial pneumonia deaths. This time period was mis-named the Spanish Flu, due to a number of reasons, too extensive for this paper. Dr. Anthony Fauci’s research team found that every cadaver exhumed from that time in 1918 – 1919 showed the cause of death was bacterial pneumonia, secondary to typical upper respiratory bacteria.

Common and life-threatening diseases of impeded air flow include both obstructive disorders such as asthma, COPD, bronchiectasis and emphysema, as well as restrictive disorders, such as pneumothorax, atelectasis, respiratory distress syndrome and pulmonary fibrosis.
Hypercapnia effects on the blood

Excess carbon dioxide is buffered exclusively in the intracellular fluid, especially in red blood cells. CO2 crosses cell membranes by diffusion, and combines with water to convert to H+ and HCO3-. The hydrogen is then buffered by intracellular proteins such as hemoglobin and organic phosphates. The price paid by the red blood cells for this buffering is seen in the comparison of normal red blood cells on the left versus the damaged and depleted red blood cells on the right.

The above photo on the right demonstrates secondary polycythemia. This is a known consequence of hypoxia. This abnormal blood finding may also correlate with dehydration from wearing a mask. The US National Institute of Occupational Safety and Health (NIOSH) says that “particular features of PPE can impose a physiological . . . burden on the healthcare worker.” And “dehydration can be a significant problem while wearing PPE.”26 Individuals suffering from dehydration are at risk for relative erythrocytosis, which can manifest as polycythemia vera.27 Polycythemia vera is an independent risk factor for other cancers, commonly treated with lifelong blood thinning medication. Polycythemia develops slowly over years. Are today’s mask wearers at future risk of developing this blood cancer?

Hypercapnia effects on the kidneys

The kidneys are tasked with compensating for the damage inflicted on the blood stream by respiratory acidosis. They must excrete hydrogen ions and reabsorb the newly made HCO3-. The Henderson-Hasselbalch equation indicates the extent to which increased HCO3- compensates for the acidic condition.

\[ \text{pH} = \text{pK} + \log[HCO_3^-]/(PCO_2) \]
The [HCO3-] is a reflection of renal or metabolic compensation, whereas the PCO2 reflects the primary disturbance, where airway obstruction created an acidemia.\(^{28}\)

The kidneys show decreased GFR and decreased urine output, as well as increased renal vascular resistance, as a result of hypercapnia.\(^ {29}\) Aciduria increases as a compensatory mechanism to excrete acid. This in turn damages tubules and has been shown to worsen kidney function in those with established chronic diseases.\(^ {30}\)

**Hypercapnia effects on the cardiovascular system**

A hypercapnic patient may be warm, flushed and tachycardic. A bounding pulse and sweating may also be present. Arrhythmias may be present if there is significant hypoxemia. Arterial pCO2 above 90 mmHg is not compatible with life, because hypercapnia is necessarily accompanied by hypoxemia, in this case by pO2 = 37.\(^ {31}\) It has been noted that masked patients are often found to be tachycardic, to be discussed more further on in this paper.

**Hypercapnia effects on the central nervous system**

Central nervous system effects, such as headache, fatigue, dizziness and drowsiness are common effects of chronic obstructive pulmonary disease (COPD).\(^ {32}\) In this patient cohort we also see defects in proprioception, instability of posture and gait, as well as falls, with strong evidence that these result from hypercapnia.\(^ {33}\) There is a progressively increasing sedation from mask use and increased intracranial pressure. Headaches are a common complaint of mask wearers, and are found to be attributable to hypercapnia.\(^ {34}\) Increases in PCO2 lead to increases in cerebral flood flow and cerebral blood volume, as well as a resulting intracranial pressure.\(^ {35}\) These are consistent with findings through the rest of the body.

Slowed performance of reasoning tasks was observed at 20 minutes of inhaling 4.5% to 7.5% [CO2].\(^ {36}\) When subjects were exposed to 2,500 parts per million carbon dioxide in room air, it was found that their decision-making ability declined by 93%, which was comparable to being drunk or having a head injury.\(^ {37}\) At this same level of [CO2], it was also found that visual performance suffered.\(^ {38}\) We measured this same level of [CO2] inside masked airspace at 15 seconds.

Even smaller CO2 concentrations had deleterious effects. CO2 exposure beginning at 1000 ppm affected cognitive performance, such as problem resolution and decision-making.\(^ {39}\) We measured 1000 ppm [CO2] in masked airspace within the first few seconds of wear.
MASKS and HYPOXIA

Masks create hypoxia in the wearers

A study of 53 surgeons who were non-smokers and without chronic lung disease were shown to have a decrease in saturation of arterial pulsations (SpO2) when performing surgery while masked. Oxygen saturation decreased significantly after the operations in both age groups, with a greater decrease in surgeons over the age of 35.40

A study of 39 end-stage renal disease patients wearing N-95 masks for 4 hours during hemodialysis were found to have significantly reduced PaO2 over that time. The average drop in PaO2 was from a baseline PaO2 of 101.7 to 15.8, p = 0.006. Respiratory rate increased from 16.8 to 18.8 respirations per minute, p <0.001. Chest discomfort and respiratory distress were also reported by the subjects.41

Hypoxia is a health hazard

Hypoxia is deadly. Each year, many workers are injured or die due to oxygen deficiency.42 “There have been reports of workers who have opened a hatch to an O2-deficient atmosphere and died with only their head inside the hazard. The low level of O2 resulted in a feeling of euphoria and the workers could not comprehend that they only needed to lean back out of the hatch to save their lives.”43

The issue of mask wearing is especially critical for children. In children, any hypoxic condition is even more of an emergency than it is for an adult. This is partly due to their more horizontal ribs and barrel-shaped chest, resulting in children relying primarily on diaphragm muscles for breathing, not nearly so much intercostal muscles, as in adults. These diaphragm muscles have proportionately fewer type I muscle fibers, resulting in earlier fatigue.44 Also, a child’s tongue is relatively large in proportion to the size of the pharynx, and the epiglottis is floppy.45 These anatomical differences make a child potentially more vulnerable than an adult to injury from hypoxic assault.

We consider it urgent for children to be released from mask “mandates,” based on this information.

Hypoxia in masked airspace

In order to determine the percent of oxygen in masked airspace, we ran 6 trials each for 45 seconds of 3 types of masks: a disposable surgical mask, a N-95 mask and a laundered cloth mask.
We charted the results as follows, showing the average for each type of mask, compared to OSHA workspace requirements for air available to the airways.

Table 2 Measured [O2] in masked airspace

<table>
<thead>
<tr>
<th></th>
<th>Room air</th>
<th>5 sec</th>
<th>10 sec</th>
<th>15 sec</th>
<th>20 sec</th>
<th>25 sec</th>
<th>30 sec</th>
<th>45 sec</th>
<th>60 sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.2</td>
<td>19.2</td>
<td>19.1</td>
<td>18.5</td>
<td>19.1</td>
<td>18.4</td>
<td>18.1</td>
<td>17.7</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.1</td>
<td>18.9</td>
<td>18.7</td>
<td>18.1</td>
<td>17.7</td>
<td>18.1</td>
<td>17.9</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.3</td>
<td>18.7</td>
<td>18.1</td>
<td>18.2</td>
<td>17.9</td>
<td>17.6</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.6</td>
<td>19.1</td>
<td>18.7</td>
<td>17.7</td>
<td>17.1</td>
<td>18.5</td>
<td>17.1</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.8</td>
<td>19.1</td>
<td>18.9</td>
<td>18.2</td>
<td>17.4</td>
<td>18.7</td>
<td>18.6</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.9</td>
<td>19.0</td>
<td>18.4</td>
<td>18.2</td>
<td>17.9</td>
<td>18.4</td>
<td>18.2</td>
<td>18.6</td>
</tr>
<tr>
<td>Average</td>
<td>20.9</td>
<td>20.2</td>
<td>19.0</td>
<td>18.7</td>
<td>18.1</td>
<td>17.9</td>
<td>18.3</td>
<td>17.9</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N-95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.0</td>
<td>19.1</td>
<td>18.1</td>
<td>17.7</td>
<td>18.2</td>
<td>18.4</td>
<td>17.2</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.7</td>
<td>19.3</td>
<td>18.5</td>
<td>17.3</td>
<td>18.0</td>
<td>18.3</td>
<td>18.2</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.6</td>
<td>18.1</td>
<td>18.6</td>
<td>18.4</td>
<td>18.2</td>
<td>17.8</td>
<td>17.5</td>
<td>17.1</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.1</td>
<td>19.4</td>
<td>19.1</td>
<td>18.0</td>
<td>17.6</td>
<td>18.3</td>
<td>17.2</td>
<td>17.8</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.8</td>
<td>19.3</td>
<td>19.0</td>
<td>17.8</td>
<td>16.9</td>
<td>18.1</td>
<td>18.2</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.9</td>
<td>19.8</td>
<td>18.7</td>
<td>18.0</td>
<td>17.2</td>
<td>18.1</td>
<td>17.9</td>
<td>17.7</td>
</tr>
<tr>
<td>Average</td>
<td>20.9</td>
<td>20.0</td>
<td>19.2</td>
<td>18.7</td>
<td>17.9</td>
<td>17.7</td>
<td>18.2</td>
<td>17.7</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloth mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.6</td>
<td>19.5</td>
<td>17.7</td>
<td>16.7</td>
<td>17.5</td>
<td>17.5</td>
<td>16.7</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.1</td>
<td>19.2</td>
<td>17.2</td>
<td>17.1</td>
<td>16.9</td>
<td>17.1</td>
<td>17.0</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.2</td>
<td>19.3</td>
<td>18.4</td>
<td>18.4</td>
<td>18.2</td>
<td>19.0</td>
<td>17.9</td>
<td>17.1</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.0</td>
<td>18.9</td>
<td>18.6</td>
<td>19.0</td>
<td>19.8</td>
<td>19.3</td>
<td>18.8</td>
<td>18.7</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>20.1</td>
<td>18.4</td>
<td>18.3</td>
<td>17.7</td>
<td>17.3</td>
<td>17.9</td>
<td>18.1</td>
<td>17.7</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>19.9</td>
<td>18.6</td>
<td>17.8</td>
<td>17.7</td>
<td>17.0</td>
<td>18.5</td>
<td>19.5</td>
<td>17.1</td>
</tr>
<tr>
<td>Average</td>
<td>20.9</td>
<td>20.0</td>
<td>19.0</td>
<td>18.0</td>
<td>17.8</td>
<td>17.8</td>
<td>18.2</td>
<td>18.0</td>
<td>17.6</td>
</tr>
</tbody>
</table>
Graph 2

It can be seen from Graph 2 that all of the masks showed similar results, and that in each type of mask, available oxygen as a percentage of available air volume decreased to less than the OSHA required minimum of 19.5% in less than 10 seconds of wear, and stayed below that threshold. Breathing seemed to be shallow until 30 seconds of wear. Then the wearer’s responsive drawing of air through pores and side gaps and top gaps around the mask appeared to occur mostly at 30 seconds, but did not compensate adequately to return [O2] in the masked airspace back above the OSHA minimum requirement of 19.5% [O2] in available air.

The above findings are consistent with known decrease of oxygen concentration in the airspace inside of masks. The standards for oxygen concentration in airspace available to workers has been so strictly enforced by OSHA that in a low-oxygen workspace, employee access must be restricted by using locks or barriers. Oxygen-level monitoring is required before entry, and the space must meet OSHA oxygen-level standards during the entire time that it is in use.
space of available airflow to the human airways any less important to protect from low ambient O2, simply because it is the very small space between the mask and the respiratory orifices?

The United States Code of Federal Regulations in paragraph (d) of 29 CFR 1910.134 “requires the employer to evaluate respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors.” This “shall include a reasonable estimate of employee exposures to respiratory hazard(s) . . .” Exceptions are permitted “if the employer can meet the difficult evidentiary burden of showing that the oxygen content can be controlled reliably enough to remain within the ranges specified . . .”

Does this leave employers liable for injuries to workers who wear masks?

**Hypoxia accompanies hypercapnia**

Retention of carbon dioxide reduces oxygen availability, as in COPD. As CO2 builds up in alveoli, the available volume for oxygen in the airspace is reduced. “For each increment in the PaCO2, there will be a more than one-to-one decrease in the PaO2, which will result in severe oxygen deficits, as illustrated in the following graph.”

Hypoxia effects on the brain

Hypoxia, which is the lack of oxygen available to the respiratory system and to the tissues generally, stimulates mitochondria to generate reactive oxygen species (ROS). All body tissues are vulnerable to ROS, but the brain is especially vulnerable. ROS damage lipids, protein and DNA. The brain is 60-70% lipids and low in antioxidants, and is therefore especially vulnerable to ROS damage. For the immature brain, the problem is even worse. Poorly developed scavenging systems and the high availability of free iron leave the child’s brain, especially neurons and oligodendrocytes, vulnerable to the oxidative damage of free radicals.

A biochemical mechanism of hypoxia damage to the brain is that hypoxia stimulates a kallikrein – bradykinin – nitric oxide pathway. As a result, the blood-brain barrier can become more permeable. Extravasation of plasma proteins and brain edema may result.

Neurologist and neurophysiologist Dr. Margarite Friesz-Brisson says this about forcing masks on children: “The child needs the brain to learn, and the brain needs oxygen to function. We don’t need a clinical study for that. This is simple, indisputable physiology.” She warns of a “tsunami of dementia” in the future, because of oxygen deprivation from wearing masks today. She points out long-recognized physiology that re-inhaling our exhaled air creates a state of oxygen deficiency and an excess of carbon dioxide.

Normalization is a phenomenon observed in medicine in which the individual adapts to disadvantageous conditions. Mask wearers may believe that they have become accustomed to wearing a mask. However, the effects of degenerative processes in the brain accumulate during a state of oxygen deprivation.

Cardiovascular effects of hypoxia

It is established that mask wearers work harder at breathing and have greater inspiratory flow than unmasked individuals. This in turn increases sympathetic vasoconstrictor outflow to limb skeletal muscle. After donning a mask, even at rest, mean arterial blood pressure increased by 12 mmHg, and heart rate increased by 27 BPM. Cardiac output is increased and so is prolongation of the QT interval. Vasoactive effects include systemic arterial vasodilation and pulmonary arterial vasoconstriction. It has been found that even at low workloads, in a hypoxic environment, there is not only increased heart rate and blood pressure, but also aortic pressure and left ventricular pressures increase, which in turn promote cardiac overload and coronary demand.

Let us now look at the mechanisms of how this happens. When there is hypoxic assault on the body, hemoglobin is the first sensor. The red blood cells are stimulated to produce nitric oxide, which causes vasodilation and increased blood flow. Hypoxia decreases the threshold needed
for this to happen. This vasodilation is a protective effect on the tissues from hypoxic assault, and as a result, the individual becomes tachycardic and agitated.

**Hypoxia effects on erythropoiesis**

Mask wearing results in loss of available oxygen transport to the tissues. This in turn results in increased erythrocyte production. If hypoxia persists, then free 2,3-DPG is depleted. This leads to increased glycolysis. This leads to production of more 2,3-DPG, which reduces oxygen affinity for hemoglobin. As a result, oxygen is released to the tissues away from vital organs, such as the brain, liver, kidneys and heart. Low oxygenation stimulates production of erythropoietin, which results in more red blood cell production.

Why would we deliberately expose ourselves to persistent hypoxia, which leads to tissue hypoxia in vital organs and increased red blood cell production? Conditions featuring erythroid hyperplasia include but are not limited to: acute myeloid leukemia, congenital dyserythropoietic anemia, microangiopathic hemolytic anemia and sideroblastic anemia. In turn, these can increase risk of polycythemia vera, a disease of thick blood from overproduction of red blood cells. In fact, loss of oxygen is the most common cause of polycythemia vera.

**Hypoxia and the gastrointestinal tract**

Hypoxia and hypoxia-dependent signaling pathways are becoming better-appreciated in their role in intestinal disease. Tissue hypoxia is recognized as a feature of inflammatory bowel disease. Although intestinal tissue averages 7% [O2], hypoxic stress occurs in infection and inflammation, states which are characterized by oxygen demand being higher than supply. As a result of induced hypoxia, the delicate balance of commensal bacteria on the one hand and limitation of pathogenic bacterial access to tissues on the other is vulnerable to new disruption.

**Hypoxia and cancer risk**

When there is resistance to inspiratory and expiratory flow, respiratory acidosis and increased lactate levels have been found. At the [O2] levels we measured in the masked airspace, at 17%, higher levels of lactic acid accumulated. This is no surprise given the understanding we have of the metabolic initiation of cancer from Nobel Prize biochemist Otto Warburg. He found that the removal of oxygen initiates the destruction of respiration in cells, and that this process leads to formation of cancer. As tissue oxygenation drops, cells resort to anaerobic glycolysis, which ends the glycolytic pathway with conversion of pyruvate to lactic acid. A marked increase in tissue lactic acidosis results. When oxygen saturation lowers to 30%, blood pH drops to 7.2, which shifts the oxygen-hemoglobin dissociation curve to the right, and sets a vicious cycle in motion, as seen here.
Figure 4–4. The effects of decreasing Po₂ in the allosteric zone of the oxygen-hemoglobin dissociation curve. On the pH 7.4 curve, if the Po₂ drops from 80 to 60, there is little effect on the oxygen saturation. However, a drop from 40 to 20 mm Hg results in a large drop in oxygen saturation from about 80 to 30% (arrow 1 in the figure). With this low oxygen saturation, there is a marked tissue lactic acidosis from anaerobic metabolism. The increased acidosis results in a drop in blood pH to 7.2, shifting the oxygen-hemoglobin dissociation to the right (pH 7.2 curve). Now, for a Po₂ of 30, the oxygen saturation drops even further (arrow 2 in the figure) to about 20%, setting a vicious cycle in motion.
Warburg showed that cancer cells live in hypoxic conditions, and that an initial assault on normal cells leads to hypoxia that in turn damages mitochondria, which is the first step in the cancerous process. He found “the root cause of cancer is oxygen deficiency. . . . Cancer cannot survive in the presence of high levels of oxygen.”

Hypoxia also negatively impacts the mobility of natural killer cells, which are one of the strongest defenses of the immune system against cancer.

For over a quarter century, Guy Crittenden was editor of HazMat Management, an award-winning occupational health and safety journal. That journal routinely published articles regarding masks and compliance with health and safety laws. He has several major concerns with mask use by the public. One of them is that the disposable surgical masks are sterilized with ethylene oxide, a known carcinogen. Another is that the disposable surgical masks and N-95 respirators are woven with polytetrafluoroethylene (PTFE). PTFE is made using perfluorooctanoic acid (PFOA), a known carcinogen. PFOA has been associated with cancer of the breast, testicles, liver and pancreas. As noted above, inspiratory flow is greater in mask wearers, which brings these compounds deep into the lungs.

**Hypoxia and immune function**

During a state of hypoxia, the body produces hypoxia-inducible factor-1 (HIF-1). HIF-1 is known to lower T-cell function. CD-4 T-cells have been observed to decline in this process, and they are known to fight viral infections. This raises concerns about whether masks can function as desired during the COVID-19 era. The sudden increase of widespread masking throughout much of the world in 2020 has been motivated by a desire to limit or control the spread of the SARS-CoV-2 virus that is associated with COVID-19. As we have demonstrated, the hypoxia caused by mask-wearing defeats the objective of anti-viral strategy. As we showed in our previous paper in this series, mask use is correlated with higher, not lower, incidence of COVID-19.

**Other effects of masks**

Masks have been observed to create skin damage in 526 of 542 = 97% of healthcare workers studied. The affected sites were especially the nasal bridge, but also hands, cheeks and forehead. Longer exposure worsened outcome.
US FDA definition of a “medical device”

According to the United States Food and Drug Administration (FDA), a medical device has a specific definition, and it is defined as follows:

“An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part or accessory which is: recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them,

- Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in man or other animals, or

- Intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes.”

According to the FDA, a prescription for use of a medical device falls to state laws and regulations that determine who can write a prescription for a medical device in each state. The FDA defers to the states regarding who can write a valid prescription. At this time in the United States at least, there are no known prescription rights granted to anyone who does not already hold a license to practice medicine.

However, also in the United States at this time, there are prominent politicians, as well as elected and appointed government leaders, who are “mandating” that citizens in their jurisdictions wear masks when in public.

We submit that a face mask is an apparatus ostensibly intended for prevention of disease, and therefore that it fits within the FDA definition of a medical device, although it is commonly sold over the counter, with no prescription. Therefore, is there now a situation in the United States, and throughout the world, of political leaders prescribing medical devices, including for complete strangers, without so much as a medical consult? Are these same political leaders practicing medicine without a license? If so, are they liable for injuries through these actions, and will they be prosecuted for their actions?

And if these political leaders are prescribing a medical device, without informed consent, then is it also the case that the same politicians and government officials are violating US federal laws regarding informed consent? The US Code of Federal Regulations (CFR) Title 21, Subchapter A, Part 50, Subpart B discusses the requirements of informed consent. Certainly, the same officials are in violation of the Universal Declaration of Human Rights and the Nuremberg Code, which are internationally honored guiding documents on citizens’ freedom from medical coercion and medical experimentation.
We therefore urge that people everywhere consider this definition of medical device, and to consider if they want their political leaders and / or their news media to practice medicine on them, without prior medical training, a license to practice medicine, or even so much as an individualized clinical consult.

**Conclusion**

Our first paper in this series on the false safety and real dangers of masks examined the loose particulate and loose fibers that we found on new masks of various kinds at 40 times and greater magnification, along with the consideration of possible consequences of inhalation of such debris.

Our second paper in this series examined microbial challenges from masks, the dysregulation and imbalance of microbiota in the respiratory tract, and the consequences of such imbalances throughout the body. We showed that face masks are more likely to trap and re-circulate respiratory droplets and microbes, with incubation and proliferation of the same, inside the masked airspace and airways, which increases – not decreases – the risk of infections for major respiratory pathogens, bacterial, fungal and viral.

This paper, the third in our series, focuses on physiological changes induced by hypoxia and hypercapnia. Our findings of reduced oxygen and increased carbon dioxide in a masked airspace are not inconsistent with previously reported data. Evidence of damage to multiple organ systems from the documented levels of [O2] and [CO2] in available airspace between a facemask and the airways are cited above and are abundant in the medical literature.

The pathological triad of micro-particles as long-term hazards, and bacterial and fungal infections as mid-term hazards, as well as injury from hypoxia and hypercapnia in the short-term, are expected to have synergistic results in endangering the health of masked people. Because of the extensive risk to mask wearers documented in these three papers, we urgently recommend that no adult or child be coerced to wear a mask under any circumstances. We further recommend that facemask hazards be published prominently and that masks only be worn by adults who choose to do so, and only with freely given informed consent, with full knowledge of their hazards, and that their use be prohibited for children, adult students and workers.

If on the other hand, widespread use of masks and mandating the same continue, then the question arises, from the data shown herein, whether morbidity and mortality from mask-wearing will exceed those of COVID-19 or other known infectious diseases. What will be the long-term effects of mask wearing if it continues? And will we be able to distinguish mask injury from COVID-19 or other pathologies? The evidence presented here, in summary of clinical data from around the world, show that masks can accelerate morbidity and mortality in those who are already ill, and that masks can sicken healthy people. Before masks are forced
onto school children and workers, why are animal studies not being done with all-day masking, to investigate safety issues? How much of an increase in mask-related illnesses will we have to observe before mask “mandates” end?

References


4 N Nin, A Muriel et al. Severe hypercapnia and outcome of mechanically ventilated patients with moderate or severe acute respiratory distress syndrome. Int Care Med 43. 200-208. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5630225/


13 Acid-base physiology, 4.4 Respiratory acidosis-Metabolic effects. https://www.anaesthesiamcq.com/AcidBaseBook/ab4_4.php


https://med.libretexts.org/Bookshelves/Anatomy_and_Physiology/Book%3A_Acid-base_Physiology_(Brandis)/06%3A_Respiratory_Acidosis/6.04%3A_Metabolic_Effects


46 US Department of Labor, Occupational Safety & Health Administration. Confined or enclosed spaces and other dangerous atmospheres >> Oxygen deficient or oxygen enriched atmospheres. https://www.osha.gov/SLTC/etools/shipyard/shiprepair/confinedspace/oxygendeficient.html


79 US Food and Drug Administration. Definition of a medical device. Section 201(h). https://www.fda.gov/media/131268/download

80 US Food and Drug Administration. Medical device overview. https://www.fda.gov/industry/regulated-products/medical-device-overview#What%20is%20a%20medical%20device


To the Honorable Chairperson Payne and Hawai‘i State Board of Education Members,

He saw a traditional comprehensive high school with high discipline problems, poor attendance, and low achievement. Then, through intentional action, he changed the school culture that would impact the lives of thousands of youngsters and their families. With the collaboration of parents, students, business, industry, higher education institutions, he transformed the school into wall-to-wall college and career academies that focused on student passion and his/her contribution as an informed citizen. In 2011, the innovative Early College where participating students earn both high school and college-level credit at the same time was established. Today, this initiative has grown to be an offering in more than 36 high schools throughout the state of Hawai‘i.

This is an example of the bold thinking of Mr. Keith Hayashi when he served as principal of Waipahu High School (WHS). It is indicative of a visionary who believes in public education and who will search for novel ways to ensure Hawai‘i keiki are provided quality education and equitable opportunities.

The leadership actions cited above clearly reveals Mr. Hayashi’s change theory. First, his vision starts with students. In the early years at Waipahu High, it wasn’t unusual to see Mr. Hayashi at the bus stop across the school talking with WHS students who had decided not to attend school. He learned through his conversations that sadly WHS was not relevant to these students---it did not offer courses these students were interested in learning. At that point he vowed to use student passion and interests to lure students back to school and keep them in school. (The average daily attendance rate for the past three years at WHS has been around 94%).

Another factor in Mr. Hayashi’s change theory is promoting the ideal so other people will own the vision. This meant listening to hundreds of people share their perspective, allowing others to contribute their knowledge/talents, and building numerous partnerships. It also meant working toward shifting mindsets of parents letting go of their “I make a good living laboring, my kid can do the same;” educators who thought “we can't have students earning associate degrees in high school,” and community people who wondered “can WHS students successfully perform college-level or industry-certified level courses.” Working with and involving people are keys to Mr. Hayashi’s change theory.

Underlying all of these factors of Mr. Hayashi’s theory is a systems-thinking approach---the importance of large-scale, sustained change through understanding the interconnectedness of the tri-level system---state, complex area, and school/community. Mr. Hayashi's change theory started at WHS and he used the relationship of the three levels to expand the opportunity of dual credit/early college throughout the Hawaii educational system (public, private, charter).

First-hand experience and knowledge of small-scale/large scale change and the process of obtaining expected synergies between the parts of an educational system are critical to the work of the new school superintendent. As a colleague and former principal during his tenure as Complex Area Superintendent, I have no doubt that Mr. Keith Hayashi will bring these skills and knowledge to the position and help DOE build its capacity to change and achieve greater effectiveness and sensitivity in educating Hawaii’s youth.

Mahalo for your consideration.
Carmielita A. Minami, PhD
Lecturer, University of Hawaii at Manoa
Mahalo for the opportunity to provide testimony.

I am a teacher, a parent, and an environmental scientist. Through each of these lenses, I can confidently say that masking of our keiki has no beneficial basis in peer-reviewed studies.

On the contrary, the research is quite clear of the medical, developmental, and social damages of masking.

The use of personal protective equipment is the last line of defense for medical, military, and scientific professionals. See the attached link:
https://www.osha.gov/chemical-hazards/controlling-exposure

Furthermore, the masks are not of an adequate size to stop COVID particles, rendering them useless:
https://pubs.acs.org/doi/10.1021/acsnano.0c03252

I can provide additional research and true, unskewed data to validate my claims. This is something the Hawaii Department of Health cannot provide. It seems their motivation is only ESSR funds. This money is not worth the medical, developmental, and social damages inflicted upon our keiki by mask mandates in the education system.

Regards,
Nathan Patry
Lahaina
I'm in agreement to there should be no mask mandates. It should be a choice. My children complain they can't hear their teacher very well nor can. They breath that well. They say they put them under their chin most of the time. What’s confusing for them is to see strangers all sitting at a bar or in stores, being indoors, not wearing masks but they still are demanded to wear them at school. This is segregating them. Making them feel like they’re germs. This is not ok. They are with the same teachers and classmates Mondays through Fridays why are they still demanded to wear the masks? If this continues next year we are planning to take them out of school and go to a private school or homeschool. Enough is enough. Please think of the children and what the ramifications are on them.
~kelly
There is zero scientific data supporting the indoor masking policy. There are no studies that have been done about the longevity of mask wearing in children. Right now we:
> know the short term and that’s speech and language delays, anxiety, depression, bacterial pneumonia, hypoxia, learning delays, comprehension delays, social and emotional delays, and the list goes on.
> Allow the parents to make healthcare decisions for their own kids.
> Keeping the kids masked to protect the kupuna is a bit absurd since there is no pandemic among the children (I’ve been told multiple times this is why you are forcing masks on the kids). You can’t speak for the kupuna, but I can speak on behalf of my 74 year old father who lives in our household. There isn’t anything more that he wishes for than seeing his grandson unmasked.
> at school.
> Your policy to “keep kids masked to keep them in school”
> is a horrible trade off you have imposed on families. To avoid quarantine and distance learning you have a made up policy, that doesn’t even need to be in place…if kids are masked you won’t contact trace, quarantine for close school contacts, no school missed, etc.
> That policy doesn’t need to exist. Hawaii schools Is the only state holding on to these exaggerated Covid restrictions.
> Are you using the kids and forcing them to mask with EUA masks
> to continue to receive ESSER funding?
> No one can answer questions regarding the mask policy- the DOE says to contact the BOE, the BOE says to contact the DOE
> say they are following the DOH, the DOH says each individual
> school has the choice to go to mask optional, principals say the superintendent makes
> the policies and also HSTA.
> No one can give a straight answer and that’s because no one
> wants to admit what your are doing to the children is unethical and abusive.
> Did you know you have several unmasked teachers making tiktok videos inside of their classrooms with groups of other teachers? This is violating the indoor mask policy you have in place.
> There’s videos of teachers unmasked enjoying food together inside teachers lounges talking and laughing. The children at my son’s school
> aren’t aloud to say a single word during lunch because they are unmasked and “talking could spread Covid”. The principal gave a webex presentation on how to reduce the spread of Covid and not talking during lunch was included in the presentation. Why are your teachers permitted to enjoy eating meals with colleagues on campus, indoors having great conversations and the kids aren’t not
> Aloud? This is disgusting.
> Why are the kids treated like inmates at a prison?
> The only thing the BOE and the DOE is transparent about is not having the childrens best interest in mind. It’s very obvious and clear. You should be embarrassed and ashamed with the agenda that all of you are allowing to happen in Hawaii.
> Do the right thing. You know what that is.
> You are appointed officials who work
> for us, you are here to serve the community.
> There is supposed to be a collaboration and partnership and you have ignored that.
Lisa Harrington
May 5 General Business Meeting

I am absolutely against a mask mandate for students. At this point families should have a choice whether their student(s) wear a mask or not. If masks supposedly work so well, then the people concerned should wear a mask.

I did not get my children fully vaccinated with the idea they would have to continue wearing masks during the foundational years of their life. End the mask mandates. And do it before the end of this school year - these kids deserve a break.

Thank you, Lisa Harrington

--
Lisa Harrington
(808) 218-1894
To Our Honorable Board of Education Members,

This letter is written in support of Mr. Keith Hayashi, Interim State Superintendent of the Hawaii Department of Education. In the months that Mr. Hayashi has served as Interim Superintendent, he has demonstrated the commitment, knowledge, patience, and professionalism to effectively lead the Hawaii Department of Education (HIDOE) in providing the best public education possible.

Performing at the highest levels under the direction of the current Hawaii State Board of Education and inheriting an entire staff (Assistant Superintendents and Complex Area Superintendents) from his predecessor without the ability to make his own leadership personnel changes, Interim Superintendent Hayashi has demonstrated an ability to significantly move our Students, Staff and System forward.

COVID-19 has forever changed the way we live our lives. The HIDOE, under Interim Superintendent Hayashi’s leadership, met the toughest challenges of the pandemic to date head-on by actively engaging in conversations with our school communities and stakeholders to better understand what education is all about, and how to best prepare our students for the future. He has more than established credibility and built positive relationships with all stakeholders, even those who may not have always liked his decisions.

The future success of the HIDOE depends on a quality leader who is familiar with the inner workings of our tri-level system, but is also cognizant of the national and international trends in education. Interim Superintendent Hayashi demonstrated those characteristics when he was the Complex Area Superintendent for the Pearl City – Waipahu Complex Area. During Mr. Hayashi’s tenure as Waipahu High School’s Principal, Mr. Hayashi was recognized as a visionary and innovative leader who transformed WHS into a Nationally Recognized School that serves as a model and blueprint for other principals across Hawaii to follow.
I believe, as do many other HIDOE principals and vice principals, that Mr. Keith Hayashi is the best choice for the permanent Superintendent of the Hawaii State Department of Education.

Thank you for allowing me to submit this letter your consideration.
Name: Nicholette Jauregui
Meeting: Public Testimony on BOE Agenda Items
Agenda Items: Presentation on universal indoor masking in public schools
Position: OPPOSED!!

I have 2 small keiki attending King Kamehameha III Elementary School on Maui. When every place else on the island doesn't require us to wear masks, why do you continue to force masks on our keiki????

We are allowed to eat at restaurants without our masks, please explain why our children need to sit indoors, masked for 6 hours of the day???? It is proven that children aren't as susceptible to Covid, why must we continue to muzzle them???

Also, with covid not being such a threat to our society, why are children still being masked????

I believe that you have an evil agenda to weaken our children by taking away their rights, their freedom to breathe unobstructed, and their sense of confidence and well being. THIS HAS GOT TO STOP!!!! IT IS ABUSE!!

There is absolutely NO reason that our children should be masked!!!

LET OUR KEIKI BREATHE

From your constituent,
Nicholette Jauregui

--
pualogan@gmail.com
www.waiuila.com
A'ole to masks on Keiki

3 messages

Alexandra Poleshaj <alexandra@apu.edu>  
To: testimony.boe@boe.hawaii.gov  

Tue, May 3, 2022 at 11:34 PM

I am asking that indoor and outdoor masking of students, staff, and visitors at public schools in Hawaii be made optional because cloth and surgical masks don’t stop the spread of covid. That fact is first and foremost. Do cloth or surgical masks work on asymptomatic people? No. So stop requiring them.

Next, I recently listened to a charter school board meeting on the Big Island where this issue was discussed by the board. I noticed something interesting. When considering whether to remove the requirement for masks, no one on the board and neither administrator who was present expressed concern that students or staff would get seriously ill if they were maskless and contracted covid. They discussed the options at length and their ONLY concerns were pertaining to whether they could reasonably manage the policies that would be in place if they made masks optional.

Pause and reflect on that.

No one is concerned about severe illness and death resulting from in-school transmission because everyone knows kids are extremely low risk and there are vaccines available for everyone in schools who wants them. They are continuing to enforce masks because of the policies in place that would require them to waste time contract tracing and that would force students to quarantine if they were close contacts. No one said a word about students or staff succumbing to covid. They are only enforcing masks because it makes their jobs easier and keeps kids from quarantining, unnecessarily, I might add. There is no scientific reason for forced quarantine of asymptomatic people. It’s time for DOH to change their guidelines and if they’re not going to, then it’s time for DOE to educate themselves on what’s working in other states where these goofy policies aren’t in place and follow suit so that our children are no longer forced to suffer with masks so that schools can avoid other policies that were ill advised to begin with.

Masks are harming children. That is known. Speech development is delayed, children are being instilled with anxiety and fear. They are being made to believe their friends’ breathing may kill them. They need to have better information, not be coddled by maintaining masks. Do the research and be informed yourself. The DOH isn’t informed. They are making emotionally-driven decisions that don’t factor in all aspects of public health. Only one- stopping covid- and it’s a silly thing to be focused on at this point in time as it’s both unnecessary and impossible.

Change the policy now.

Alexandra Love

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Alexandra Poleshaj <alexandra@apu.edu>  

Wed, May 4, 2022 at 10:46 AM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the links to the most recent agendas for the Board's Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)  
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,  
Board of Education Staff

[Quoted text hidden]
Alexandra Poleshaj <alexandra@apu.edu>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, May 4, 2022 at 10:53 AM

Thank you. It is testimony for the general business meeting 5/5.

Alexandra Love

On May 4, 2022, at 10:46 AM, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

[Quoted text hidden]
Good morning,

I strongly oppose forcing all students to mask in schools. There is no scientific backing to this, and we know that this is for monetary gain at the expense of our children's mental and physical health. Make masks optional, put our children first.
May 2, 2022

Testimony in Support of Keith Hayashi’s Appointment as Superintendent

Date: General Business Meeting Scheduled for May 5, 2022
Agenda Item: V.G.: Board Action on Findings and Recommendations of Investigative Committee
Description: A Permitted Interaction Group Pursuant to Hawaii Revised Statutes, Section 92-2.5b (1) Investigating Issues Relating to Search for a Superintendent

It is an honor and a pleasure to support Keith Hayashi’s appointment as Hawaii’s Department of Education Superintendent. My name is Helen Sanpei and I currently serve as principal of McKinley Community School for Adults as well as having past experiences serving as an educational officer at elementary schools, a middle school, and high schools.

I have known Keith Hayashi for more than two decades to include time he served as a Leeward District Resource Teacher under my supervision as Leeward District Deputy Superintendent. Since then, I have followed the professional career and many times crossing paths, with this amazing educational leader.

Keith Hayashi possesses the necessary qualities to successfully serve as our next Superintendent of schools. His strong leadership and team building skills has earned him the reputation as someone who listens to and respects other voices and opinions. Keith is a person of high integrity and has always put students first. The many awards and recognition for Waipahu High School is an authentic tribute to his success as an educational leader of that community. The required competencies for his proven success can be utilized to serve successfully as our next Superintendent.

As a member of the Department of Education’s “field” administrators, I believe we are in dire need of a dynamic leader from our ranks who could combine his qualifications and extensive expertise in Hawaii school leadership to serve as our next Superintendent and I highly recommend Keith Hayashi to serve in this position. Thank you for this opportunity to testify.

Sincerely,

Helen H. Sanpei, Principal

Mission: We at Kalani High School create opportunities to discover our passions, purpose, and personal pursuits.

May 3, 2022

Hawaii Board of Education Members

My name is Mitchell Otani and I am the Principal of Kalani High School. I was appointed principal in 1991 by then Superintendent Charles Toguchi. I have served 7 Superintendents during my 31 years as principal. I have seen many, many changes in the way the Department of Education does business and the different leadership styles of our Superintendents.

The list of candidates for Hawaii Superintendent of Education has been released and we are now down to 3. I have known Darrel Galera for quite some time and he is worthy of consideration as one of the top three finalists. I believe that Darrel is a viable candidate but I strongly believe that Interim Superintendent Keith Hayashi is the right person at the right time and in the right place for the job.

This is the second time that Mr. Hayashi has been the asked to serve as the Interim Superintendent and I believe that he has the experience and the knowledge of the job to make a difference. Interim Superintendent Hayashi has helped the department navigate through some very challenging times and during the pandemic, he has made the tough decisions that needed to be made. Some decisions, while not popular, allowed the Department to provide for the safe return of our students to the classroom. Interim Superintendent Hayashi has also successfully lobbied the legislature and has brought home the necessary funds for our schools to not only survive but thrive despite the challenges. Yes, the Department of Education Budget for SY22-23 looks pretty good.

With 31 years as Principal and over 40 in education, I am nearing the sunset of my career in education. I still have a few things left to do at my alma mater (Kalani). That being said, I am asking the Hawaii State Board of Education to appoint Mr. Hayashi the next Superintendent of Education for the State of Hawaii. I firmly believe that Interim Superintendent Hayashi will make the necessary changes and provide the very best for the children of Hawaii just as he transformed Waipahu High School into a Nationally Recognized School. His good works as principal changed his community and I believe that the State of Hawaii is ready for a visionary leader - one who truly cares about all of us. Mr. Hayashi deserves a shot at being our Superintendent without having his hands tied (as Interim). He deserves a chance to pick his own Leadership Team and the chance to put into motion his vision of excellence for the Keiki of Hawaii.

Thank you.

Mitchell Otani
Principal
Kalani High School

I am unable to testify virtually because of a previous engagement so please allow me to submit this written testimony in support of Mr. Hayashi
May 3, 2022

To: Board of Education Chair, Catherine Payne  
   Vice Chair, Kenneth Uemura

RE: Testimony regarding May 5, 2022 General Business Meeting Discussion Item:  
   Presentation on universal indoor masking in public schools

Dear Chair and Vice Chair,

Thank you for the opportunity to present this testimony to the Board on behalf of our organization and those we serve. I ask you to please consider the following reasons to take immediate action to amend current policies, allowing masking in our public schools to be optional.

New Centers for Disease Control (CDC) guidance issued in February of 2022 is recommending that schools use the same criteria to govern mask requirements as the general community.¹ On March 26, 2022 Governor Ige’s statewide mandatory indoor mask policy expired², and on April

18, 2022 a federal court ruling resulted in the nationwide end to mandatory masking for all public transportation.³

Hawaii remains as the ONLY state still imposing a mask rule for indoor school settings and many parents and students remain confused and frustrated by this decision. The policy is arbitrary, devoid of logic and is not supported by current CDC recommendations, nor any statutory authority.

According to Hawaii Administrative Rules Title 8, Chapter 3 notice must be given to the public and a proper hearing must be conducted in order to adopt a new rule for practice within the Department of Education.⁴

The hearing shall be conducted in a way as to afford interested persons a reasonable opportunity to be heard on matters relevant to the issues involved and to obtain a clear and orderly record. The presiding officer shall have authority to administer oaths or affirmations and to take other actions which are necessary to the orderly conduct of the hearing. HAR §8-3-3(b)

All interested persons, organizations or agencies shall be given a reasonable opportunity to offer evidence, submit data, views or arguments with respect to the proposed rulemaking. HAR §8-3-3(e)

Persons, organizations, or agencies may also file with the board within the time period specified in the notice of proposed rulemaking a written protest or other comments or recommendations in support of or in opposition to the proposed rulemaking. HAR §8-3-3(f)

§8-3-4 Board action. At the final public hearing, the board may make its decision or the presiding officer shall announce the date when the board’s decision shall be made. The board shall consider all relevant comments and material of record before taking final action in a rulemaking proceeding. (emphasis added)

The Board has failed to follow proper rulemaking procedure prior to imposing new rules requiring all students and staff to wear masks while indoors on school property. Absent an executive order issued by the governor of the state of Hawaii, the Board is legally bound to the requirements of the Hawaii Administrative Rules in order to justify said policy.

⁴ https://boe.hawaii.gov/policies/AdminRules/Pages/AdminRule3.aspx
In the Resolution approved and adopted by the Board on July 15, 2021 for the school year 2021-22\(^5\) it was determined that the Department of Education would “rely on the Department of Health for advice and guidance on all Covid-19 related health matters.” The current guidance issued by the Department of Health for Hawaii Public Schools grades K-12 states:

Masks are strongly recommended to always be worn correctly and consistently by all students and staff when indoors (besides when eating and drinking). When community levels are high, universal indoor mask usage should be implemented in K-12 settings.

A recommendation is not a requirement. Based on the language of the DOH guidance and given the fact that community levels of Covid-19 are not high, it would appear that mask usage should be made optional and that there is no underlying legal authority to prevent the Board from making this decision.

Additionally, all cloth masks approved for use to combat Covid-19 are approved under Emergency Use Authorization (EUA) by the FDA. Under law, everyone has a ‘right to refuse’ an EUA product.


…individuals to whom the product is administered are informed—

(I) that the Secretary has authorized the emergency use of the product;
(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks. (emphasis added)

As Governor Ige has recently noted in his latest press conference, Covid-19 is not going anywhere. The emergency phase has now ended and we must move to disease management instead. This also means that it is time to allow people the right to manage their own health without constant government oversight. We must restore the parents' right to choose what they feel is best for their child and their child’s health, particularly given the fact that there are multiple options available in regards to treatment and prevention.

\(^5\) https://boe.hawaii.gov/Documents/2021%20Opening%20of%20Schools%20Resolution%20%28final%29.pdf
The evidence of harm from years of mask wearing is showing up significantly in our community and many doctors, speech therapists and mental health professionals can testify to this.\textsuperscript{6} Mask wearing is interfering with our children’s language skills, social and emotional well being and leading to severe depression, stress and anxiety. The risk to benefit ratio is clear. At this point forced masking is doing much more harm than good.

We ask you to immediately rescind your masking policy in our public schools as there is no statutory authority for said rule and it is time to allow parents the right to choose what is best for their own child’s health like the rest of our country.

Sincerely,

\[\text{Levana Lomma}\]
\[\text{CEO \\& President}\]
Testimony BOE <testimony.boe@boe.hawaii.gov>

Testimony: Make masks optional in schools.
2 messages

MrsJR <MrsJRunn@protonmail.com>
Reply-To: MrsJR <MrsJRunn@protonmail.com>
To: testimony.boe@boe.hawaii.gov

There is no pandemic. Make masks optional for everyone. The keiki are the least affected by covid. Everyone is responsible for their own health. Stop the hypocrisy and let the keiki breathe! End all covid protocols, they need their childhood back! More people will turn to homeschooling soon if this does not end.

Mahalo for your time,
MrsJR

Sent from ProtonMail mobile

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: MrsJR <MrsJRunn@protonmail.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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff

[Quoted text hidden]
Hello My name is cayle Cayle and I am a parent of a kindergartener here on Oahu. I am here desperately asking you to do something about the masks on our kids in schools. The cdc stated kids don't need to wear masks with low community levels and the state mandate ended on March 25. And just recently it was announced people do not have to wear masks on airplanes where they literally sit inches apart. What is the point for our children to wear masks when the rest of the country does not have it, it is not protecting anyone at this point. I have been told to follow the science over and over, you have told us parents you are following cdc guidelines and following the science. So if cdc says kids don't have to wear masks and the science says cloth masks aren't effective then why are you making kids still wear them? Is it because of the funds you receive for pretending that masking little kids all day in cloth masks (which the cdc has stated do not stop the spread of Covid) is actually doing anything? More and more kids are being pulled out of public school because parents are upset with the response and restrictions from doe.

The benefits of masks in preventing serious illness or death from COVID-19 among children are infinitesimally small. At the same time they are disruptive to learning and communicating in classrooms. They may be partially effective in shielding adults from COVID, but since when is it ethical to burden children for the benefit of adults?

COVID-19 is less of a threat to children than accidents or the common flu. The survival rate among American children with confirmed cases is approximately 99.99%;

The long-term harm to kids from masking is potentially enormous. Masking is a psychological stressor for children and disrupts learning. Covering the lower half of the face of both teacher and pupil reduces the ability to communicate. In particular, children lose the experience of mimicking expressions, an essential tool of nonverbal communication. Positive emotions such as laughing and smiling become less recognizable, and negative emotions get amplified. Bonding between teachers and students takes a hit.
Overall, it is likely that masking exacerbates the chances that a child will experience anxiety and depression, which are already at pandemic levels themselves.

The avoidance and lack of communication and care for the students you claim to work will not be forgotten.

A fed up frustrated parent,

Cayle Krikorian

Sent from my iPhone

---

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: cayle leipert <lovecayle@icloud.com>  
Wed, May 4, 2022 at 9:58 AM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the links to the most recent agendas for the Board's Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)  
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,  
Board of Education Staff
I am strongly opposed to the continued masking of our keiki!
They are not at risk from Covid!

We, as humans, are created to breathe oxygen! Breathing carbon dioxide is extremely dangerous and reduces the immune system by 20%. Children's lungs are still developing, so wearing masks is having a detrimental effect on them!

Wearing masks is instilling fear in the keiki and causing developmental delays.

The mandates have been dropped...it's time to go on living.
Forcing children to wear these is a form of child abuse and coercion.

Let the keiki breathe!

Alice Abellanida
Waianaei

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android

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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Aloha nui kakou reviewers for DOE permanent Superintendent, I have not submitted testimony for DOE activities before but as a Hawaiian resident concerned with the education of our island keiki, I felt compelled to share these thoughts.

Without going into much of my own background, it's become evident across nation that education is broken. Fortunately, here in Hawaii, we have the opportunity to go beyond repair. We have the unique situation to showcase how true life education can be successful through focusing on sense of place. This experience would be best viewed as intentional, universal and with a clear purpose of aloha. The relevance of place/culture and all its virtues will be the curriculum that sustains and blesses our keiki with the skills to grow into caring adults.

Understandably, there is most likely not a perfect candidate out there. But to access someone who understands and can champion the importance of locale; both culturally and environmentally would be of prime importance in your selection. While I'm sure the candidates from the continent are skilled and talented, I think it would be a mistake not to hire someone local. Not only would a local have an automatic personal understanding of Hawaii's uniqueness, they would be an example of retaining talent from the island's educational pool. (even better if they had Native Hawaiian background)

Hawaii isn't the continent and should not strive to be. This is our biggest educational hurdle. Leadership should recognize that Hawaii can be so much more without trying to "catch up" to some other place's goals. In the end we end up teaching keiki to leave the islands for someone else's idea of success and losing site of the unique treasures of our home.

Mahalo for reading and considering.

Penny Atcheson

---

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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Hawaii State Board of Education

As you can see from the attached Scientific information, the wearing of face masks on our children is not only unnecessary but also harmful to their health. They are being deprived of the proper amount of oxygen for a developing brain.

This is criminal and actually a serious over reach of your authority.

Please end this now.

Sincerely, Steve and Linda O’Neill
Journal Neurocirugia (Neurosurgery):
“Preliminary Report on Surgical Mask Induced Deoxygenation During Major Surgery. Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO2).”
PMD: 18500410

(NEJM) New England Journal of Medicine:
“We know that wearing a mask outside health care facilities offers little, if any, protection from infection.”
PMD: 32237672

Annals of Internal Medicine:
“...both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS-CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface.”
https://www.acpjournals.org/doi/10.7326/M20-1342

Journal Headache:
“Most healthcare workers develop de novo PPE (such as N95 face mask) associated headaches or exacerbation of their pre-existing headache disorders.”
PMD: 22232837

Journal of Life and Environmental Sciences:
“This study showed that the filtering efficiency of cloth face masks were relatively lower, and washing and drying practices deteriorated the efficiency.”
PMD: 31289698

Journal of Influenza & Other Respiratory Viruses:
“None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”
PMD: 22188875

American Journal of Infection Control:
“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.”
PMD: 19216002

(BMJ) British Medical Journal:
“Laboratory-confirmed virus were significantly higher in the cloth masks group. Penetration of cloth masks by particles was almost 97%. This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”
PMD: 25093751

Respiratory acidosis:
“Respiratory acidosis develops when air inhaled into and exhaled from the lungs does not get adequately exchanged between the carbon dioxide from the body and oxygen from the air.”
https://www.medicalnewstoday.com/articles/313110

University of Edinburgh:
“Conversely, surgical and hand-made masks, and face shields, generate significant leakage jets that have the potential to disperse virus-laden fluid particles by several metres. The different nature of the masks and shields makes the direction of these jets difficult to be predicted, but the directionality of these jets should be a main design consideration for these covers. They all showed an intense backward jet for heavy breathing and coughing conditions. It is important to be aware of this jet, to avoid a false sense of security that may arise when standing to the side of, or behind, a person wearing a surgical, or handmade mask, or shield.”

(JAMA) Journal of the American Medical Association:
“Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.”
https://jamanetwork.com/journals/jama/fullarticle/2762694
testimony for may 5 at 1:30
1 message

Alisa Hamasaki <alisa.hamasaki@k12.hi.us>  
To: testimony.boe@boe.hawaii.gov  
Wed, May 4, 2022 at 11:32 AM

Teacher
Meeting: General Business Meeting at 1:30 Thursday, May 5
Agenda Item: Indoor masking
Oppose and comment

What articles are you basing your decision on to mask our keiki? Here are many articles going against your decision. It has been one and half months since Gov. Ige ending the mask mandate, and when you made that choice of continuing for our children. Please provide a written explanation of why. The department of health Hawaii is RECOMMENDING masks, the CDC says Hawaii schools and community are at a medium level (updates regularly), all adults have MASK CHOICE, except you are the ONLY one making it a requirement for ALL DOE STAFF and HAWAII CHILDREN.

As a parent and teacher, I know others feel the same way as me, and have reached out to BOE and DOE and HSTA but you do not respond and are hiding from your constituents and failing to listen to all parents, teachers, and community concerns.

There is no science backing up your decision. Parents are the ones who should make that decision for their children, not the DOE, not the interim superintendent, and not the principal. I have learned through all of this, that I am not alone. Others feel the same way but our Hawaii culture is to be laid back and won't ask questions and go with the flow. However, now is the time to start asking questions and voicing our concerns because this is hurting our kids now and in the future.

Love is greater than fear.

The BOE has the potential of ending all mask mandates. I ask that you make a motion to end all mask mandates for all HAWAII public school students and staff members.

There shouldn't be a "presentation on universal indoor masking in public schools", it should be a movement to end universal indoor masking in public schools as this is not about health, it's about compliance. It's not about a piece of fabric, it's about FREEDOM and CHOICE!

Thank you,
Alisa
This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.

3 attachments

Mask Harm Resources.pdf
352K

Face-Mask-Side Effects and Health Implications.pdf
139K

Face-Mask-Studies-Prove-Their-Ineffectiveness.pdf
161K
The Centers for Disease Control (CDC) has advised that indoor masking is no longer necessary in areas where case counts for Covid-19 remain at low to moderate levels, such as is the case for the state of Hawaii.

CDC also stated, “We know that also because children are relatively at lower risk from severe illness that schools can be safe places for children. And so for that reason, we’re recommending that schools use the same guidance that we are recommending in general community settings, which is that we’re recommending people wear a mask in high-levels of Covid-19 risk,” said Dr. Greta Massetti, a senior CDC official.

The choice should be up to you, however the Hawaii DOE is currently requiring indoor masking for all children.

We would love to see a child smile.

Are Masks Effective?

Information and Resources
We do not want to take your masks from you. We want to allow students and teachers to have the choice to take off their mask.

Parents are asking for a choice to do what is best for their child, not yours.

Masking Children:

- Is unnatural
- Blocks clean oxygen from their system
- Forces them to breathe in added germs and bacteria
- Creates false sense of security
- Causes anxiety and low self-esteem

-Voice and Choice-

Contact the Hawaii DOE:
(808)784-6200
doeinfo@k12.hi.us
keith.hiyashi@k12.hi.us

DOE Health (808)305-9804
jennifer.ryan@k12.hi.us

School principal
FACE MASK SIDE EFFECTS AND HEALTH IMPLICATIONS

1. Preliminary report on surgical mask induced deoxygenation during major surgery
   Face mask side effects include lowered oxygen levels
   This study proved that surgeons that wore a mask in surgery for an hour + had significant reductions in blood oxygen saturation.
   This is relevant because most of us are being made to wear face masks at work for the whole shift, long journeys on public transport, and when we are in a public places doing shopping etc. and this requires a degree of exertion that is not taken into account.
   “Considering our findings, pulse rates of the surgeon’s increase and SpO2 decrease after the first hour”
   Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths. This exposes another risk – if your mask traps some virus you are breathing more hence increasing viral load and exposure.
   Study article: https://pubmed.ncbi.nlm.nih.gov/18500410/

2. Impact of structural features on dynamic breathing resistance of healthcare face mask
   Face mask side effects include impeded breathing.
   Ask people if they have issues breathing in these masks. anecdotal or not, as everyone is different.
   “The results showed that each evaluation index was significantly different (P < 0.05) among different test masks”
   Study article: https://pubmed.ncbi.nlm.nih.gov/31280156/

3. Respiratory consequences of N95-type Mask usage in pregnant healthcare workers—a controlled clinical study
   The benefits of using N95 mask to prevent serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.
   Study article: https://pubmed.ncbi.nlm.nih.gov/26579222
   “It is known that the N95 mask, if worn for hours, can reduce blood oxygenation in as much as 20 percent, which can lead to a loss of consciousness, as happened to the hapless fellow driving around alone in his car wearing an N95 mask, causing him to pass out, crash his car and sustain injuries. I am sure that we have several cases of elderly individuals or any person with poor lung function passing out, hitting their head. This, of course, can lead to death”
   “CONCLUSIONS: Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use”
   Yet we force pregnant women to use them…? What could this do to the fetus?

4. Headaches and the N95 face-mask amongst healthcare providers
   Face mask side effects include headaches.
   These headaches can force you to use added or unnecessary medications like painkillers that carry their own side effects. The theory as to why masks can trigger headaches is the RESTRICTION OF OXYGEN.
   What are the long-term health effects on Health Care Workers with headaches arising from impeded breathing?
   Here are several sources and studies that back up this claim:
   Study article: https://pubmed.ncbi.nlm.nih.gov/16441251/
   Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19
   Study article: https://pubmed.ncbi.nlm.nih.gov/32232837/
   How to Avoid Migraine Triggers While Wearing Your Mask
   https://www.withcove.com/learn/migraine-triggers-mask

5. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial
   “Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headaches during the study period”
   “Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds”
   Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/
6. Your Health Your Responsibility
This video shows that even reading a book with a mask on decreases blood oxygen levels to your brain. What implications does this have for developing children forced to wear masks at school etc?
https://youtu.be/ul5E5BUrlI4

7. Physiological impact of the N95 filtering facepiece respirator on healthcare workers
“CONCLUSIONS: In healthy healthcare workers, FFR did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standards, and elevated P(CO2) is a possibility”
Remember in “healthy healthcare workers” even their carbon dioxide levels rose. Most of the wider public have at least one health problem. Even healthy people were shown to have elevated CO2 levels above the healthy guidelines.
Study article: https://pubmed.ncbi.nlm.nih.gov/20420727/

8. The adverse skin reactions of health care workers using personal protective equipment for COVID-19
Face mask side effects include adverse skin reactions
The adverse skin reactions of health care workers using personal protective equipment for COVID-19
Study article: https://pubmed.ncbi.nlm.nih.gov/32541493/

9. Your Mask May Be Causing Candida Growth In Your Mouth
Face mask side effects include yeast infections

10. ‘Mask mouth’ is a seriously stinky side effect of wearing masks
Face mask side effects include dental issues
“We’re seeing inflammation in people’s gums that have been healthy forever, and cavities in people who have never had them before,” says Dr. Rob Ramondi, a dentist and co-founder of One Manhattan Dental. “About 50 percent of our patients are being impacted by this, [so] we decided to name it ‘mask mouth’ — after ‘meth mouth.’ ”
While mask mouth isn’t quite as obvious, if left untreated, the results could be equally harmful. Gum disease — or periodontal disease — will eventually lead to strokes and an increased risk of heart attacks,” says Dr. Marc Sclafani, another co-founder of One Manhattan Dental
https://nypost.com/2020/08/05/mask-mouth-is-a-seriously-stinky-side-effect-of-wearing-masks/

11. All That Mask-Wearing Could Be Giving You (Gasp!) Mouth Fungus—Here’s How to Deal
https://www.wellandgood.com/mouth-sores-from-wearing-masks/

12. 'Maskne' Is a Real Thing—Here's How to Stop Face Mask Breakouts
Face mask side effects include acne

13. Improper use of medical masks can cause infections
Face mask side effects include mould and infections
Masks can cause bacterial and fungal infections around the mouth, and in the mouth and lungs EVEN if you wash the cloth mask. Mould colonies were found in masks in as little as one day.

Information on mould and how it can affect your health.

15. An investigation into the efficiency of disposable face masks
What are the dangers of bacterial and fungal growths on a used and loaded mask?
This study tested all kinds of disposable masks and proved they cause you to breathe back in your own crap.
Study article: https://pubmed.ncbi.nlm.nih.gov/7440756/

16. Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?
Disfigureation in children. Can masks stimulate ear protrusion in children?
This is due to masks that are too tightly fitted.
Tight masks can also cause tension headaches. Is this healthy for children long term?
17. When You Wear A Face Mask Every Day, This Is What Happens To Your Lungs
Mask use can trigger allergies due to the mask collecting particles that stay on you for long periods of time.
https://www.thelist.com/214073/when-you-wear-a-face-mask-every-day-this-is-what-happens-to-your-lungs/

18. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease
The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease.
And yet, we make sick people wear them. Even people without breathing issues, have lowered oxygen rates.
Study article: https://pubmed.ncbi.nlm.nih.gov/15340662/

19. Other Face Mask Side Effects and Health Implications to Consider
There is a great potential for harm that may arise from public policies forcing mask use on the wider population.
The following unanswered questions arise unanswered:
- Can masks shed fibers or micro plastics that we can breathe in?
- Do these masks excrete chemical substances that are harmful when inhaled?
- Can masks excrete chemicals or fumes when heated, either with bodyheat sunlight or other sources of heat?
- Clothing dye can cause reactions, so how do we know that the manufacturing process of these masks do not pose a risk to us? Because, in reality, we do not buy our masks from medical companies or facilities who operate in sterile environments.

20. [Gaps in asepsis due to surgical caps, face masks, external surfaces of infusion bottles and sterile wrappers of disposable articles]
“It is obvious that the surfaces of the boxes of sterile packed disposable instruments and infusion bottles are not sterile. The disposable surgical masks and surgical caps used for sterile clothing are delivered by the producers not sterile, either.” AND THIS IS HOSPITAL EQUIPMENT.
Study article: https://pubmed.ncbi.nlm.nih.gov/6099666/

21. Mask Production Video
This is a “factory” that produces alot of masks. Does this look a sterile environment to you? This is what the majority of us are getting when we purchase online or in stores that sell them in bulk. Do you want that on your face? https://youtu.be/8gyO9TSlC0Q

22. Allergies and the Immune System
Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflammation to the wearer and lowering his or her immune system.
“This can cause wheezing, itching, runny nose, watery or itchy eyes, and other symptoms” would that not facilitate spread and infection rate of viruses?

23. Virus interactions with bacteria: Partners in the infectious dance
Bacteria and viruses can interact an increase infection susceptibility:
https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1008234

24. When viruses and bacteria unite!

25. An empirical and theoretical investigation into the psychological effects of wearing a mask
Face mask side effects include altered behaviour
Are there negative social consequences to a masked society? This study implies that, yes, masks do cause people to adopt altered behaviours based on mask use.
https://strathprints.strath.ac.uk/43402/

26. Mask mandates may affect a child's emotional, intellectual development
Face mask side effects stagnate a child's natural intellectual development
It is well known that children find it hard to recognise faces up until a certain age. Mask use will further interfere with this. Is this healthy for a developing child?
27. Disabled People and Masks Contributing Toward Mental Health Issues

Face mask side effects and mental health
What about disabled people? Deaf / people hard of hearing rely on mouth reading. What are the implications for them? What about people who suffer cognitive and behavioural disorders like autism? This could cause them HUGE distress. Not just from wearing a mask, but seeing others in masks (because let’s face it – IT’S NOT NORMAL BEHAVIOUR).

Can masks cause anxiety, or make other mental health disorders worse?
Since masks CAN impede breathing, this can cause fainting and other bodily reaction that would otherwise be avoided if masks were not used. Here is a search engine link to prove that it is very common:
https://duckduckgo.com/?q=mask+anxiety&ia=web

28. Maine study looks into long-term psychological effects of wearing face masks coronavirus, COVID-19 pandemic
This is a study on the psychological effects of masks.

29. Masks: Have You Been Captured by This Psyop?
Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification? This can easily trigger fear as a mask is reminding you there’s a virus. The use of mask can also cause you to engage in risky behaviours due to a “false sense of security” because you feel protected.
https://kellybroganmd.com/masks-have-you-been-captured-by-this-psyop/

30. Masking the Truth – Face Masks, Empathy and Dis-inhibition

What are the environmental consequences of mask manufacturing and disposal?
Proof of increased littering due to increased mask use. a quick engine search will tell you, people are dumping them EVERYWHERE – into our rivers, into greenland areas etc. Plastics like nylon leach chemicals are going into our environment.

32. Why Masks Don’t Work Against COVID-19
Can used and loaded masks become vectors of enhanced transmission for both the wearer and other people? (The evidence from studies suggest yes). Masks become useless after about 20 minutes due to the moisture in your breath. This moisture can become the droplets that viruses travel on. Can this not facilitate transmission?
Can masks become collectors and retainers of pathogens that otherwise, could be avoided when breathing without a mask? (The evidence suggests yes).
Can large droplets trapped via a mask become atomized or aerosolized into breathable components? Even down to the virion size. (The evidence suggests yes).
https://www.citizensforfreespeech.org/why_masks_don_t_work_against_covid_19
1. Surgical mask / cloth face mask studies

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020

The US Centre for Disease Control performed a study which showed that 85 percent of those who contracted Covid-19 during July 2020 were mask wearers. Just 3.9 percent of the study participants never wore a mask.

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

Erratum. correction: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7_hmm6938a7_w.html

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

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

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

So how is your cloth and surgical mask working again if EVEN medical grade alternatives are failing?

Study Article: https://pubmed.ncbi.nlm.nih.gov/32371574/

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

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

Study article: https://pubmed.ncbi.nlm.nih.gov/33215698/

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

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

Study article: https://pubmed.ncbi.nlm.nih.gov/27115326/

5. Disposable surgical face masks: a systematic review

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

Study article: https://pubmed.ncbi.nlm.nih.gov/16295987/

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

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

Study article: https://pubmed.ncbi.nlm.nih.gov/27531371/

7. Face seal leakage of half masks and surgical masks

“The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles.

Coronavirus is 0.125 microns. therefore these masks wouldn’t protect you from the virus”

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

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

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

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

Study article: https://pubmed.ncbi.nlm.nih.gov/29910210/

9. Aerosol penetration through surgical masks

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

Study article: https://pubmed.ncbi.nlm.nih.gov/1524265/
10. **Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability**

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

How big is the virus again? 0.125 microns.


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

This study states that “alternatives” like silk and gauze etc could possibly be good options in the pandemic. It’s done on starch particles. Does not state how big they are either, but they can still get through the material and my research points that starch particles are “big” much bigger than most viruses.


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

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


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

“Worn as designed, both commercial surgical masks and cloth masks had widely varying effectiveness (53 – 75 percent and 28 – 91 percent particle removal efficiency, respectively)”. Different brand, different results and only when they applied a “nylon layers” did the “efficiency” improve. Synthetic fibres do not breathe, so this will inevitably effect your breathing.


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

“Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound” human albumin cells aka aborted fetal tissue, is much larger than the virus and still escaped the mask.


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

“Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals” so why have the government suggested you make your own when they are not effective?


16. **Using half-facepiece respirators for H1N1**

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


17. **Why Masks Don’t Work Against COVID-19**

The site is full of studies proving masks dont work for coronavirus or the flu.

Article: [https://www.citizensforfreespeech.org/why_masks_don_t_work_against_covid_19?fbclid=IwAR0Qviyvt6BObOgaMij03CJ0fqTcm_gm5jhxMcK08GcH3Kur-bwib0o8rf8](https://www.citizensforfreespeech.org/why_masks_don_t_work_against_covid_19?fbclid=IwAR0Qviyvt6BObOgaMij03CJ0fqTcm_gm5jhxMcK08GcH3Kur-bwib0o8rf8)

18. **Masks Don’t Work: A Review of Science Relevant to COVID-19 Social Policy**

This is full of studies proving mask protection is negligible for coronavirus, flu etc.

Article: [https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy?fbclid=IwAR0Qviyvt6BObOgaMij03CJ0fqTcm_gm5jhxMcK08GcH3Kur-bwib0o8rf8](https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy?fbclid=IwAR0Qviyvt6BObOgaMij03CJ0fqTcm_gm5jhxMcK08GcH3Kur-bwib0o8rf8)

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

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


20. **“Exercise with facemask; Are we handling a devil’s sword?” – A physiological hypothesis**

No evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus.
“Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases”
Study article: https://pubmed.ncbi.nlm.nih.gov/32590322/

21. Use of face masks by non-scrubbed operating room staff: a randomized controlled trial
Surgical site infection rates did not increase when non-scrubbed personnel did not wear face masks. 2010
Study article: https://pubmed.ncbi.nlm.nih.gov/20575920/

22. Surgical face masks in modern operating rooms — a costly and unnecessary ritual?
When the wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.
Study article: https://pubmed.ncbi.nlm.nih.gov/1680906/

23. Masks: a ward investigation and review of the literature
Wearing multi layer operating room masks for every visit had no effect on nose and throat carriage rates.
Study article: https://pubmed.ncbi.nlm.nih.gov/2873176/

24. Aerosol penetration and leakage characteristics of masks used in the health care industry
The protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols.
“Conclusion: We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols”
Study article: https://pubmed.ncbi.nlm.nih.gov/8239046/

25. Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review
Meta analysis review that says there is limited evidence to suggest that the use of masks may reduce the risk of spreading viral respiratory infections.
Study article: https://pubmed.ncbi.nlm.nih.gov/32675098/

26. Modeling of the Transmission of Coronaviruses, Measles Virus, Influenza Virus, Mycobacterium tuberculosis, and Legionella pneumophila in Dental Clinics
Evidence to suggest that transmission probability is strongly driven by indoor air quality, followed by patient effectiveness and the least by respiratory protection via mask use.
So this could explain “second waves” and has nothing to do with hand shaking, or not wearing a mask.
Study article: https://pubmed.ncbi.nlm.nih.gov/32614681/

27. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings-Personal Protective and Environmental Measures
The use of face masks, either by infected or non infected persons, does not have a significant effect on influenza transmission.
SO MASKS DON’T PROTECT YOU FROM ME, AND VICE VERSA.
Study article: https://pubmed.ncbi.nlm.nih.gov/32027586/

28. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis
Meta analyses suggest that regular hand hygiene provided a significant protective effect over face masks and their insignificant protection.
Study article: https://pubmed.ncbi.nlm.nih.gov/28487207/

29. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis
Use of n95 respirators compared to surgical masks is not associated with a lower risk of laboratory confirmed influenza.
Study article: https://pubmed.ncbi.nlm.nih.gov/32167245/

30. Adolescents’ face mask usage and contact transmission in novel Coronavirus
Face masks surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc. This is why this study is relevant:
31. Visualizing the effectiveness of face masks in obstructing respiratory jets
Loosely folded face masks and “bandana style” face coverings provide minimum stopping capability for the smallest aerosolized droplets. This applies to anyone who folds or shoves a mask into their pockets or bad. It also applies to cloth and homemade cloth masks:
Study article: https://pubmed.ncbi.nlm.nih.gov/32582579/

32. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial
Face mask use in healthcare workers has not been demonstrated to provide benefit in terms of colds symptoms or getting colds.
Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/

33. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers
Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent. so cloth masks are essentially useless, and “medical grade” masks don’t provide adequate protection.
Study article: https://pubmed.ncbi.nlm.nih.gov/25903751/

34. Simple respiratory protection evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles
Cloth masks and other fabric materials tested in the study had 40-90 percent instantaneous penetration levels against polydisperse NaCl aerosols.
“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath”
Study article: https://pubmed.ncbi.nlm.nih.gov/20584862/

35. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range
“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses”
Study article: https://pubmed.ncbi.nlm.nih.gov/18326870/

36. Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?
The n95 filtering respirators may not provide expected protection level against small virions
Study article: https://pubmed.ncbi.nlm.nih.gov/16490606/

37. Do Surgical Masks Stop the Coronavirus?

38. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis
This study states that an N95, depending on the brand, can range from 0.1-0.3 microns. however, most people cannot buy an N95 with a micron smaller than 0.3 micron because they are expensive and not readily available on the public market.
“N95 respirators made by different companies were found to have different filtration efficiencies for the most penetrating particle size (0.1 to 0.3 micron)”
" Above the most penetrating particle size the filtration efficiency increases with size; it reaches approximately 99.5% or higher at about 0.75 micron"
“Meta-analyses suggest that regular hand hygiene provided a significant protective effect (OR=0.62; 95% CI 0.52-0.73; I2=0%), and facemask use provided a non-significant protective effect (OR=0.53; 95% CI 0.16-1.71; I2=48%) against 2009 pandemic influenza infection”
Study article: https://pubmed.ncbi.nlm.nih.gov/28487207/

39. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis
“The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for the general public, neither non high-risk medical staff who are not in close contact with influenza patients or suspected patients”
N95 masks did show a positive effect for BACTERIA but not viruses.
Study article: https://pubmed.ncbi.nlm.nih.gov/32167245/

40. Adolescents' face mask usage and contact transmission in novel Coronavirus
This study used dye to show if masks were contaminated. “As a result, masks surface become a contamination source. In the contact experiment, ten adults were requested to don and doff a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis”
Study article: https://pubmed.ncbi.nlm.nih.gov/32582579/

41. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial
“Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period”
“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds”
Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/

42. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers: A Randomized Controlled Trial
“The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50 percent in a community with modest infection rates, some degree of social distancing, and uncommon general mask use”
Study article: https://pubmed.ncbi.nlm.nih.gov/33205991/

43. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers
“An analysis by mask use showed ILI (RR=6.64, 95 percent CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95 percent CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97 percent and medical masks 44 percent”
Study article: https://pubmed.ncbi.nlm.nih.gov/25903751/

44. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range
“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection”
Study article: https://pubmed.ncbi.nlm.nih.gov/18326870/

45. Performance of N95 respirators: filtration efficiency for airborne microbial and inert particles
Coronavirus is 0.125 micron, as you can read in this study, it states that most N95 masks can only filter particles as small as 0.75 microns. This is too big to trap this virus. that is a fact.
And even with an efficiency of 95 percent (depending on brand, so filtration may be lower) IF the virus can be trapped... it’s still missing 5 percent and maybe more based on an N95 that has 0.1 microns .
Study article: https://pubmed.ncbi.nlm.nih.gov/9487666/
CORONAVIRUSES ARE 0.125 MICRON. SO THE BEST N95 ON THE MARKET WOULD DO NOTHING .

46. A Novel Coronavirus from Patients with Pneumonia in China, 2019
a chinese study that proves that an airborne coronavirus particle (0.125 micron) can pass directly through an n95 mask
Study article: https://pubmed.ncbi.nlm.nih.gov/31978945/

47. Airborne coronavirus particle (<0.125 micron) will pass directly through a N95 face mask.
Study article: https://www.greenmedinfo.com/article/airborne-coronavirus-particle
SIZE OF THE CORONAVIRUS.
Size can vary but all are smaller than 0.3 micron .
“Human coronaviruses measure between 0.1 and 0.2 microns, which is one to two times below the cutoff”
This “cut off” is referring to the size an N95 mask can trap. Most of us, are not using MEDICAL or regular N95s.
Testimony on V.G: “Board Action on findings and recommendations of Investigative Committee (a permitted interaction group pursuant to Hawaiʻi Revised Statutes, Section 92-2.5(b)(1)) investigating issues relating to search for a superintendent”
Hawaiʻi State Board of Education
Submitted by John T. Leong, CEO, Kupu
BOE General Business Meeting, May 5, 2022

Aloha Honorable Members of the Hawaiʻi State Board of Education,

My name is John Leong, and I am the Chief Executive Officer and co-founder of Kupu, a statewide youth-focused conservation nonprofit. On behalf of Kupu, I am pleased to testify in strong support of Keith Hayashi’s candidacy to become the non-interim Superintendent of the Department of Education.

Kupu was established in 2007, in the early stages of the Great Recession. Today we are a statewide organization, developing youth and young adults through hands-on service training in conservation and natural resource management professions. Since 2007, we have trained over 5,000 youth in conservation, sustainability, and environmental education. Young adults served by Kupu have provided more than 3 million service hours during this time, which included planting over 1 million native plants and removing over 100,000 acres of invasive species. This has created a cumulative $155+ million in impact for Hawaiʻi with a 1:3 cost to benefit ratio. We believe more investment in the green economy will enable similar economic benefits to our state, create jobs in related fields, and help diversify our economy.

In addition to our direct work supporting early career green professionals and sustainability-focused organizations, Kupu has been increasing our partnerships with educators and the education system. We see these partnerships as critical for Hawaiʻi’s economic future. They are also urgent, given the pandemic’s impact on schools and education. Generally, our work in education is divided between our Environmental Education Department, which focuses on preparing youth for meaningful, high-paying natural resource management careers, and our Community education program, which provides an alternative diploma pathway for opportunity youth who have dropped out of high school. In both of these spaces, we are hopeful and grateful for the progress that the DOE is making under the leadership of Interim Superintendent Keith Hayashi. We have also seen the impact of his leadership firsthand, through our long-term partnership with Waipahu High School, where the Academy of Natural Resources, and its students, are thriving.
Under the Interim Superintendent’s leadership, we have been working with the DOE to create a place-based, culturally appropriate and industry-informed Agriculture, Food, and Natural Resources Pathway within the education system. While there is much more that needs to be done in this area, we anticipate that under Mr. Hayashi’s leadership, this work will be seen to completion. Regarding alternative learning programs, we fully support the investment that DOE has made under Interim Superintendent Hayashi’s leadership. Accordingly, we hope that as the non-interim Superintendent, Mr. Hayashi will continue to partner with community organizations to provide community-based alternative learning opportunities for youth whose potential is best activated through an alternative learning setting.

Please note that Kupu’s testimony is not “against” any of the other candidates for superintendent. We appreciate the challenges before the next superintendent, whoever that person is, and we commend the candidates for putting themselves forward to meet these challenges. However, we believe that through his work as an innovative school administrator, and as interim superintendent, Mr. Hayashi has proven himself and is worthy of your support.

Mahalo for this opportunity to testify in strong support of Keith Hayashi to be Hawai‘i’s next DOE Superintendent.

Sincerely,

John Leong, CEO
Kupu
Alisa Hamasaki <alisa.hamasaki@k12.hi.us>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Teacher  
Meeting: General Business Meeting at 1:30 Thursday, May 5  
Agenda Item: Superintendent  
Comment

BOE should not hire Keith Hayashi as Superintendent. As the interim- superintendent he has already negatively impacted our Hawaii DOE schools and education system.

Here are some ways he is not fit for the job:
- He does not respond to emails from parents and teachers.
- He does not return phone calls/messages from parents and teachers.
- He made it a requirement for new DOE hires to be up to date with vaccines (not legal as the covid vaccine is only approved for Emergency Use).
- Keith Hayashi will continue to be a detriment to our DOE system and Hawaii will have less Highly Qualified Teachers because of the previous requirement.

The Hawaii school system is the WORST out of all 50 states. Whatever Hawaii has been doing in the past and the decisions that were made previously are not working. ALL decisions and employment decisions should be changed. If BOE hires Keith Hayashi for superintendent, this will be inline with all the other poor decisions that have been made.
Aloha to our servant leader Board of Education members,

I am a parent of 6 and have been teaching for 22 years in the public school system in Maui and on Hawai‘i Island. I am against the mask mandates for many reasons especially on our kids. First of all we are wearing masks when there is 0 evidence that it stops the spread of respiratory viruses and so we are doing this with 0 health benefits for any of us. We can't take the word or our superiors when they have not produced the evidence. What I can tell you is that the masks are causing great mental, emotional and academic harm to our keiki.

The young children learn by reading lips and expressions and not being able to do that has stunted their reading, writing, and speaking skills. This has already put them behind 2 years. They need to catch up and the only way is if they are able to get the personal learning experience with no masks to cover up their observations of each other and their teachers' mouths.

The older children are getting psychologically damaged by this. They want to hide their faces and be anti-social. The mental illnesses that are forming from this mandate will be showing itself more and more especially if we don't end it already. They are being stunted from becoming helpful and productive members of society.

As a parent I am frustrated at what my kids had to go through, especially my 2 teenage athletes. They suffered enormously as they are serious athletes that are striving for scholarships and they keep hitting roadblocks because of these mandates. They have the strongest immune systems in society and should not have to suffer because of the fear especially when there is 0 evidence that it helps in any way.

This has been one of the cruelest and most damaging experiments I have ever seen done onto children. It needs to end now or there need to be big lawsuits to start holding all accountable for the damage they are doing to our most valuable resources, our children. End it now for the sake of a healthy and smart next generation. They will thank you one day.

Mahalo Nui
Paulo
May 4, 2022

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

RE: General Business Meeting Agenda Item VI (A) – Presentation on universal masking in public schools

Aloha,

Thank you for this opportunity to submit written testimony on this very important matter. Mask mandates for our keiki has been, and continues to be, a topic of concern for many parents. I am grateful that they have a chance to share their concerns and have their voices heard.

As we know, the last two years have been very challenging, especially in providing quality education to our students. Parents suddenly took on the challenge of also being teacher to their keiki. I am sure we all share an appreciation for parents and teachers together are working to navigate this transition back to in-person learning which is vital to the social and developmental needs of our keiki.

Since returning to in-person learning, the Statewide mask mandate has ended. However, students are still being subjected to mask mandates. Despite the decrease in infections and increase in vaccinations, the Department of Education continues to implement a standard that has more or less ended for other educational institutions across the nation.

I support those parents and individuals who continue to strongly advocate for lifting the mask mandates in schools. Since the beginning of the mandates, I continue to support an individual's right to do their research, consider their options, and make their own choices in addressing their personal health.

Our keiki have been through so much and should have the choice to move into life beyond mask mandates. There should be a focused effort to bring everyone together and supporting healthy lifestyles and overall well-being. The challenges we have faced offers a monumental opportunity to focus on resilience and moving forward together for our keiki.
Please consider our keiki and the voices of parents who are asking that we provide our students with the same opportunity to move past mask mandates as we have as a State. Again, I am grateful for the opportunity to comment on the discussion item and look forward to seeing this topic as an agenda item in the near future for action.

Please feel free to contact me with any questions or concerns you may have.

Very Sincerely,

Heidi Tsuneyoshi
Councilmember, District 2
I am writing as a concerned citizen and mother living in Hawai‘i. I urge you to unmask all the keiki in all the schools of Hawai‘i! I work in the field of psychology and can assure you the effects of long term masking are detrimental to the psychological, emotional, developmental health of the children. It has continued way too long and it must end now! Children are NOT at risk for covid and that should be allowed to breath freely. Please unmask the children now before more damage is done to these innocent Hawaii school children. Mahalo, Michelle Galarza M.A., M.T.C.M.
May 3, 2022

Dear Hawaii State Board of Education,

I am writing not only as a concerned parent and resident but as a citizen of The United States of America. The current masking of our children in our schools must stop NOW. There is overwhelming data that mandating children to wear a mask at school is a public health emergency, causing irreparable social, psychological and emotional harm. These measures are antiquated and regressive as data has emerged. Your policies of mandating masks are not based on science or the health and well-being of our children; instead, they are based on crass, political motivation rooted in the fact you receive additional ARP ESSER funds for imposing these draconian and cruel policies.

According to the CDC, 78% of people who have been hospitalized, needed a ventilator or died from COVID-19 were overweight or obese. The NIH further concurs that Type II diabetes, obesity and high blood pressure were contributing factors to hospitalization. What measures have you taken to implement overall health? It does not make sense to keep healthy children in masks. If COVID measures were taken seriously, you would have taken the blood pressure and BMI of everyone entering the schools; those who are overweight and/or had a high blood pressure would be given a plan for overall health. Masking otherwise healthy children to protect those with comorbidities is not a comprehensive solution.

Did anyone in the district receive proper PPE training? My guess is no. Just like wearing a helmet incorrectly, this prop becomes theater. People do get ill. Illness is a normal part of life, but these measures have forced fellow students to now look at someone who sneezes like they are vectors of death. This is irrational. Policies are reflecting an over-the-top response: we are now past two years of testing, quarantining, social distancing and wearing a mask. I reiterate: focus on overall health. There is blatant hypocrisy by administrators. I see pictures posted on Hawaii Public School District’s Facebook page of administrators going maskless while students are masked. Leis are also exchanged, when they are forbidden at graduation. I also see you on Zoom calls with a mask on. As a cyclist, I don’t wear my helmet when I am cooking dinner. It is absurd. Jim Meehan, MD, wrote Why Wearing a Mask Makes Healthy People Sick: An Evidence Based Analysis of Why Masks are Ineffective, Unnecessary and Harmful. I have also seen every lesson on PPE by Stephen Petty, PE, CIH, CSP, the foremost expert in PPE. He shares his comprehensive, albeit boring, knowledge as an engineer and health & safety expert. Stephen Petty has international recognition and credibility as a Certified Industrial Hygienist (CIH), Certified Safety Professional (CSP), and Professional Engineer (PE). He breaks down the science as to why masks do not work to prevent airborne viruses. His protégé, Kristen Meghan Kelly, is a mom and industrial hygienist. She is also an expert and has been vocal on behalf of our children. It is now time for all school policy-makers to listen. You continue to defer to the “extensive scientific literature supporting the effectiveness of masking” to keep up the theater. Please site your literature because you must not have any high-level scientific studies to back your claim. We are done with the DOE hiding behind the DOH, expecting we just nod our head and take what you have to say as truth. The corruption is now exposed. You might have low-
level anecdotal testimonials. Please see the attached scientists and scientific studies of the high-level scientific studies. You are making antiquated policies on junk science.

Books can be written about the social, emotional and psychological impact of COVID policies on children. Your low-level “extensive literature supporting the effectiveness of making” does not take into consideration the lives that have been lost to rising rates of suicide, and the overwhelming number of adolescents experiencing anxiety and depression. The CDC has purposefully lowered the benchmarks to important milestones in cognitive development for our young children. Do not blame this on COVID. The harsh policies are to blame ignited by the corruption and bureaucracy that dictates policy by the teacher’s unions, DOE, BOE and even the DOH.

Children are finally receiving exemptions because parents have had it with this nonsense. They are once again able to breathe, smile and communicate the way we are designed, but they are bullied not just by peers, but by teachers and administrators. Separating students is segregation and fits under the non-discrimination laws set forth by the Civil Rights Act of 1964. Make the bullying stop now. These students are also receiving excessive punitive quarantining restrictions different than those who comply with masking based on zero scientific evidence. You are simply making the rules up as you go along.

Does the district’s mission statement and vision uphold what you are currently doing to our children? Your mission statement states: “We serve our community by developing the academic achievement, character and social-emotional well-being of our students to the fullest potential. We work with partners, families, and communities to ensure that all students reach their aspirations from early learning through college, career and citizenship.” Your vision statement states: “Hawaii’s students are educated, healthy and joyful lifelong learners who contribute positively to our community and global society.” You can deliver fluffy language but you are not executing policies that are developing social-emotional well-being and healthy and joyful lifelong learners or work with families.

I read a powerful article by Stacey Lance, a public-school teacher. Her article is titled, “I’m a Public School Teacher. The Kids Aren’t Alright.” Her gut-wrenching observations spell out the consequences of your continued policies: “When we were physically in school, it felt like there was no longer life in the building. Maybe it was the masks that made it so no one wanted to engage in lessons or even talk about how they spent their weekend. But it felt cold and soulless.”

It is time to put an end to this. Stop abusing our keiki and sucking the joy out childhood. Put their health first. Follow the real science. Listen to parents. As it is written out by the Department of Ethics Office through the U.S. Department of the Interior, you are a public servant and you have a basic obligation of public service. Executive Order 12654 spells out your obligations, including placing loyalty to the Constitution, the laws, and ethical principles above private gain. The Department of Education, Board of Education and Department of Health are
not supporting these basic obligations. You are motivated by the desire for power and money, not by the desire to educate and take care of the health and well-being of our children.

I will end with a quote by Nelson Mandela: “There can be no keener revelation of a society’s soul than the way in which it treats its children.”

It is time to end the mask mandate and treat our children with dignity.

Sincerely,

Sara Wallace
The Case Against Masks, Part I

Dr. Jim Meehan, MD, Advanced training in immunology, inflammation and infectious diseases
“Why Wearing a Mask Makes Healthy People Sick”

Key Points

- Advocates of masks, including CDC, can only cite low level science (retrospective, observational studies)
- Surgical and cloth masks offer NO benefit in the mitigation and transmission and infection caused by influenza and SARS-COVID-2, which is why masks have never been recommended for use during flu season.
- No new research appeared to counter forty years of meta-analysis and systematic reviews of many controlled trials concluding that masks DO NOT prevent the transmission of upper respiratory viruses.
  - 3/8/2020 Fauci said that masks can only block large droplets, they give false sense of security and they cause people to get more germs on their hands by fiddling with them.
- (p. 19) The WHO “At present, there is no direct evidence on the effectiveness of universal masking of healthy people in the community.
- The WHO also acknowledges some of the RISKS of long-term mask use including
  - Self-contamination by contaminated hands
  - Skin irritation
  - False sense of security, potentially leading to less adherence to well-recognized preventative measures (hand hygiene)
- One of the largest and highest level of evidence studies on the effectiveness of face masks on the transmission of respiratory was released by the CDC in May of 2020:
  - CDC meta-analysis found that face masks failed to provide a significant reduction to virus transmission.
- Dr. Russell Blaylock, a nationally recognized board-certified neurosurgeon, health practitioner and lecturer, warns that NOT ONLY DO FACE MASKS FAIL TO PROTECT THE HEALTHY FROM GETTING SICK, BUT THEY ACTUALLY CREATE SERIOUS HEALTH RISKS TO THE WEARER.
  - Hypoxia (a reduction in blood oxygenation) and/or hypercapnia (an elevation in blood CO2)
    - N95 masks, if worn for hours, can reduce blood oxygenation, as much as 20%
    - The drop in oxygen levels, is associated with an impairment in immunity. Hypoxia can inhibit the type of main immune cells used to fight viral infections called CD4+ T-lymphocyte
    - The main transmission path is long resistance time aerosol particles <2.5 micrometers, which are too fine to be blocked.
- July 2020 – University of Oxford Centre for Evidence Based Medicine found there is no evidence that cloth masks are at all effective against virus infection or transmission.
- July 2020 Study by Japanese researchers found that cloth masks offer ZERO protection against Coronavirus.
- Duke scientists found that cloth masks “seem to disperse the largest droplets into a multitude of smaller particles, which are airborne longer.”
- JAMA pediatrics Journal study showed that the air trapped between a child’s mouth and the mask contained CO2 levels 20X higher than allowed in industry. This occurs 3 minutes after masks are applied.
  - JAMA retracted this article, but Harald Walach, PhD, and Ronald Weikl, MD, stand by their research.
- In Germany, where schools are open and masks are mostly optional, the association of Kinder f Weltfrieder commissioned a laboratory analysis to investigate the level of microbial contamination that results after a fresh mask is worn by a child for 6-8 hours in school. What they found was alarming:
  - 82 bacterial colonies and 4 mold colonies which transfer to surfaces. The child or adult touches after they touch, fiddle or mishandle their mask.
    - Thus, mask-wearing child is at imminent risk for harm caused by lung infections.
    - Based on reports in the medical community among emergency, pulmonology and infectious disease, an alarming explosion in bacterial pneumonias is being reported from emergency rooms and urgent care centers across the country.
- Peeters et al: (August 2020), Facemasks prevent the mirroring of facial expressions, a process that facilitates empathetic connections and trust between pupils and teachers. This potentially leads to a significant increase in socio-psychological stress. During childhood and puberty, the brain undergoes sexual and mental maturation through hormonal epigenetic reprogramming.
- Mental stress weakens the immune system
- Increase in anxiety and depression; anti-depressants since COVID, up 25%)
- Contamination of upper-respiratory system
- Increase incidences of headaches
- Negative affect on work performance
- Adversely affects respiratory physiology and function
- Hinders language and socio-development
- Lack facial and emotional recognition
- Use of salient visual speech cues is hindered
- Voices of teachers and other students are muffled, making learning more difficult.
- Lower blood oxygen level and raise CO2
  - Heart needs O2; harder heart works, more O2 is required. A heart attack occurs when the blood flow that brings O2 to heart muscles is severely reduced or cut off. Masks block air intake and decrease arterial oxygen. Hypoxia increases the risk of blood clot formation.
• Lower arterial O2, suppressing immune system
  ▪ Fletcher Et al: “The science clearly demonstrates that face masks cause CO2 rebreathing and hypercapria.”
• Objective evidence is demonstrated by Transcranial Ultrasound Doppler (TCUD). Increased CO2 partial pressures (PCO2) can be assessed by TCUD. Video demonstrates use of TCUD and HR variability to measure adverse effects of masking a healthy 9-year-old-child.
• Russel Blaylock, MD raises concerns that masks cause self-inoculation, increase viral load and increase severity of disease.
  o Particle rebreathing will increase viral load, thus overwhelming the innate immune system.
• SARS-COV-2 becomes more dangerous when blood O2 levels decline
• 70 doctors wrote an open letter to Flemish Education Minister, Ben Weyts.
  o “The face mask requirement at school is bad for children’s general well-being and should be abolished. Mandatory face masks in schools are a major threat to their development. It ignores the essential needs of the growing child.”
• **The Great Barrington Declaration**, signed by 4,051 medical and public health scientists and 7,247 medical practitioners:
  o “As infectious disease epidemiologists and public health scientists we have grave concerns about damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection. Thus, the compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus, through natural infection, while better protecting those who are at higher risk. We call that Focused Protection.”

There is still NO medical evidence that mask mandates have reduced the incidents of the disease.
The Case Against Masks Part II

I. Concerned parents sent six masks to the University of Florida Mass Spectrometry Research and Education Center. These masks were clean before they were worn 5-8 hours by students with ages ranging from 6-11. A control mask (unworn but laundered) as well as a shirt worn all day by a student was sent for testing.


a. Masks contained: bacteria, parasites, fungi, and 3 contained DANGEROUS pathogenic pneumonia causing bacteria.
b. They also contained meningitis, amebic encephalitis, E-Coli, diphtheria, Legionnaires disease, staphylococcus pyogenes serotype M3
   i. How can we mandate such Draconian policies without studying side effects, including the spread of harmful pathogens?

II. Department of Ethics Office: Basic Obligation of Public Service:

Part III: A few of the MANY doctors and professionals whom have weighed in on the topic of masks:

Dr. Harvey Risch, MD, PHD, Yale School of Health, epidemiologist
“Masks don’t work.”

Dr. Colleen Huber “Masks are Neither Effective nor Safe.” (42 supporting studies)

Dr. Jenny Harries, England’s Deputy Chief Medical Officer, has warned the public of the dangers wearing face masks.

Former Surgeon General, Jerome Adams: Based on a study that shows medical students who wear masks touch their face 23 times more often. “Wearing a mask improperly can actually increase your risk of getting a disease…pathogen density on masks grow exponentially after two hours of use.

Greg Schmedes, MD, New Mexico and member of the New Mexico Senate, had many videos on the dangers of mask wearing.

Zhou, Sivathondan, Handa study: Masks do not work for non-droplet particulates.

Marilyn Singleton, MD, former president of the Association of American Physicians and Surgeons, and former anesthesiologists.

Kristen Megan Kelly, Mask expert: The COVID-SARS-2 virus is 40,000 times smaller than the cross section of the fibers in a mask

Stephen Petty, Forensics, Exposure and PPE expert has a four-part series on masks and debunks the studies by which the CDC bases their policy.
Scott Adam Candidate for State House District 13

BOE Meeting Thursday May 5th 2022
Full board
Universal indoor masking in public schools

Oppose

My Name is Scott Adam, a candidate for State House District 13. I am writing you today to express my disapproval of the current Universal Masking rules that have been forced upon our children.
The decision to mask our children was one of the most damaging things the BOE could have done. There is zero clinical evidence that masks work for reducing the risk of SARS-CoV-2, and there is an abundance of clinical studies and peer reviewed papers about the mental, physical and developmental damage caused by wearing masks long term.

Ie: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072811/
https://www.acpjournals.org/doi/10.7326/m20-6817

Masking children is worse than non-protective: it is harmful, both medically and socially. In a small, uncontrolled study in Gainesville, Florida, regarding masks worn by children, 11 dangerous (non-COVID) pathogens were found, including Mycobacterium tuberculosis (causes tuberculosis), Neisseria meningitidis (meningitis), Borrelia burgdorferi (Lyme disease), and Escherichia coli (severe diarrhea), amongst others. It is shocking that a study of potential medical danger from face masks was not done by the CDC, NIH, or any government agency.

In addition to the lack of protection and the medical harm of masking children, there are other adverse effects such as impaired learning. Social psychologists tell us that body language, especially the face, is more communicative than verbal.

When we cover the faces of our children and their teachers, we impede communication and kids’ ability to learn. Mental health has clearly deteriorated from mandatory social isolation. Illicit drug usage is up. Suicides have increased, especially in teenagers.

Medical science proves that a face mask on a child is not protective, and worse, a face mask is harmful.
In addition, there is zero proof that children are more likely to spread SARS-CoV-2 and they are the least effected population. As a matter of fact it appears that adults living with children are less likely to have severe cases. It appears through studies that living with children actually increases your natural immune response.

https://www.medrxiv.org/content/10.1101/2020.11.01.20222315v1

The dangerous, irresponsible and criminal decisions made by this BOE should be considered child abuse, and I call for an immediate end to all mask mandates as well as a full investigation into the BOE, the pandemic funds channeled to the BOE, and the source of the information the BOE has been using to justify these decisions.

With the deepest concerns.

Scott L Adam

Scott Adam
Candidate for Hawaii House of Representatives District 13
Co-creator of Conscious San Jose Festival and the Phoenix Program
802-558-3192
www.instagram.com/scott_adam_hawaii_house_13/
https://gettr.com/user/scottadam4maui

State House District 13
"Integrity First"

A BOLD SERVANT OF THE PEOPLE
"Let's Go Maui"
*It's time for change*
DONATE to support our campaign

- Faith
- Family
- Freedom
- Medical Choice
- School Choice
- Anti-Corruption
- Tax Reform
- Election Integrity
- Affordable Housing
- Government Transparency
- Renewed Infrastructure
I strongly oppose your mandate to mask healthy children indoors. There is no scientific evidence to warrant such action, and it impedes their health and well-being. This is a means of abuse, and we demand that you stop asking this of our children.
May 4, 2022

State of Hawaii Board of Education,

This letter is being submitted in support of Mr. Keith Hayashi becoming the permanent State Superintendent of the Hawaii Department of Education. In the months that Mr. Hayashi has served as Interim Superintendent, he has demonstrated the knowledge, patience, and professionalism to effectively lead the field in providing the best public education possible for the students in the State of Hawaii.

As Interim Superintendent for nearly a year, Mr. Hayashi has kept his focus on keeping students in school and providing additional learning opportunities that may have been lost or missed, due to the pandemic. Under enormous pressure from a divided community, he was able to manage varying interests and still made the hard decisions when they needed to be made. Mr. Hayashi’s experience in working with a wide range of cultures, attitudes, and backgrounds has helped him stay grounded and be responsive to all stakeholders. He has demonstrated that he is able to lead during the most difficult of times. Mr. Hayashi has worked well with the staff he inherited from his predecessor and we are confident that more will be done once he is made permanent and allowed to choose his own staff (Deputy Superintendent, Assistant Superintendents and Complex Area Superintendents).

There is no other candidate with the same experiences in ALL levels within our state education system. Mr. Hayashi has led schools, complex areas, and state level teams with the dignity and integrity that is necessary for leading the Department of Education. He is well respected by educators in the field and we are ready to lead under his direction. Mr. Keith Hayashi has the qualifications and the perfect mindset to effectively represent our voices as the next State Superintendent. It is without hesitation that we support the appointment of Mr. Keith Hayashi as the permanent Superintendent of the Hawaii State Department of Education.

Respectfully,

Stacy Kawamura
Principal

Carl Matsumoto
Assistant Principal
To: Chair Payne and Members of the Hawaii State Board of Education  
From: Sean Wong, Principal, Roosevelt High School  
Meeting: General Business Meeting  
Agenda Item: IV.B. Issues relating to search for a Superintendent  
Position: In Support of Interim Superintendent Keith Hayashi  

I fully support Mr. Hayashi as the next superintendent for the Department of Education. I believe his track record and experience as a principal/educator makes him the right person for the position.

Mahalo,

Sean Wong, Principal  
Roosevelt High School  
1120 Nehoa Street  
Honolulu, Hawaii 96822  
(808)307-0500  

Educate and Empower  

This is a staff email account managed by Hawaii Department Of Education School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.
Ladies and gentlemen,
I am respectfully submitting testimony to request that the BOE drop the indoor mask mandate for Hawaii school children.

Hawaii is the only state in the union still requiring indoor masks at schools. Every state has been able to successfully drop this requirement without significant increase in cases or sickness. Some states have not required masks for months now.

There are numerous studies that confirm the detrimental effects of continued indoor mask wearing for children including:

1) teachers report masks make understanding students more difficult and impedes communication

2) teachers report better discussions without masks - wearing masks discourages dialog

3) studies indicate masks can cause a speech learning impairment, particularly in elementary age children- skills related to articulation and pronunciation are negative impacted by prolonged mask wearing

4) studies (and common sense) indicate that seeing the bottom half of the face is important for reading emotions, learning to speak and learning to read

5) studies confirm that mask wearing affects the accuracy and speed of the recognition of emotions - these basic nonverbal communication skills are vital for social and emotional development in children

6) studies continue to show the presence of elevated carbon dioxide levels from prolonged mask wearing

7) studies prove the the presence of various bacteria, fungus, and mold in masks wore for long periods - some very serious with the potential to cause pneumonia

I implore you to exercise your fiduciary responsibility as a guardian of our children's health and safety. It is beyond time to end the indoor mask requirements. Hawaii already falls on the low end of nationwide test scores and we need to give our students the best chance at learning. Long-term mask wearing impedes effective learning.

Our keiki deserve to breathe freely and grow up in an environment that gives them the best chance at success for learning and developing important social skills.

Covid is at most an extremely minimal risk to school age children. Studies continue to confirm this.

Please - if the rest of the U. S. can do this so can Hawaii. There is absolutely no valid reason to continue requiring our keiki to wear masks indoors while at school. They are not wearing them indoors in stores, churches, etc unless they choose to.

If an individual student or family wants to wear a mask, then by all means they are free to do this but there is no justification for a requirement for indoor masking. Governor Ige has ended the indoor masking mandate in Hawaii.

Please consider the health and well-being of Hawaii school children and end the requirement for indoor masking at schools. I appreciate your attention to this important issue.

Thank you,
Claire McGuire
I am submitting testimony OPPOSING the continued use of masks in schools. There is no evidence showing they stop or slow the spread. The masks are destroying the mental and emotional state of children and this seems to be done on purpose. Teachers are spending more time on "classroom management" rather than actually teaching children. Bullying has increased with children telling other kids they have "mask face" which means they're so ugly they should wear a mask to cover up their face. Medical professionals have noted in recent weeks that "micro plastics" are being found at an all time high in the lungs of children and adults wearing masks. How is that safe or effective? There is no scientific basis for why children are being masked at school and the BOE and individual schools seem to be punishing, ostracizing, and demeaning children that have mask exemptions. None of this is about science and it leads me to ask how much funding are the schools receiving for them to be masked.

Megan Pearl
Unmask our Keiki
5 messages

Gary Wong <wongg041@hawaii.rr.com>  
To: testimony.boe@boe.hawaii.gov  

I am asking you members of the Governing Board to please make and pass a motion to allow all students, families & staff at schools to CHOOSE for themselves whether or not to wear a mask. Only public school children and prisoners are being forced to wear masks - it is harming our children. Mask mandates have dropped across the nation - cities, states, airplanes, trains, stores, dance clubs, sports events, etc do not require masks and there has been no surge of sick and dying people. Recently there were over 6,000 people in the Stan Sheriff Center for the men’s volleyball game many of them not wearing masks. Individuals & families should be able to choose medical interventions rather than School administration choosing for them. What a great lesson to teach our keiki - that we eat can make our own choices when it comes to our bodies and their natural functioning.

Hawaii Schools get grant money to mask keiki - THAT IS NOT PONO!! Is it all about money? United Nations say ANY medical intervention (masks) MUST be of free will

Hawaii health dept. state schools do NOT amplify of COVID Charter Schools can choose for themselves and nearly 1/3 of Big Island Charter Schools and HPA - one of the largest private schools on island have made masks optional for a month now with no explosion of COVID cases. Christian Liberty Academy in Kea’au has also made masks OPTIONAL. Many children have been pulled out of public schools because of this unlawful mandate to go to a Christian school not requiring masks or to be homeschooled. Our children need to breath fresh air and to be able to see the faces of their community - it is crucial for Brain and Social Development!

Our Keiki have suffered long enough! There is NO Law that requires keiki to wear a mask! Masking our keiki is child abuse!

A very concerned taxpayer & grandparent
Rita Wong

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Gary Wong <wongg041@hawaii.rr.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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)  
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,  
Board of Education Staff

[Quoted text hidden]

Gary Wong <wongg041@hawaii.rr.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  

Testimony for:  
May 5, 2022 General Business Meeting  

Public Testimony on Board of Education ("Board") Agenda Items
Gary Wong <wongg041@hawaii.rr.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  

I was kind of unclear of what exactly I needed to identify what my testimony is related to?  
May 5, 2022 General Business Meeting  
Presentation on universal indoor masking in public schools.  
I hope this is sufficient what my testimony was in regard to.  

Thank-you  
Rita Wong

On May 4, 2022, at 10:10 AM, Testimony BOE <testimony.boe@boe.hawaii.gov> wrote:

[Quoted text hidden]

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Gary Wong <wongg041@hawaii.rr.com>  

Thank you for your prompt response. Your testimony will be included with the General Business Meeting agenda item VI. A. Presentation on universal indoor masking in public schools.

-Board Support Office

[Quoted text hidden]
General Business Meeting 5/5/22 – Universal masking policy

Aloha,

I’m testifying in opposition of the universal masking policy on behalf of myself & My daughter who is a kindergarten in Wailuku on Maui. She has suffered from a reoccurring rash around her nose & mouth all school year. She gets overheated and feels anxious & tired after wearing a mask all day. We finally got her a mask exemption and there have been days she came home in tears because some of her classmates don’t want to play with her because of that. She just turned 6 years old.

I’d like to start by thinking back. When the pandemic first started there were many unknowns. It was a scary time. We were told we needed to slow the spread, we sheltered in place, wore masks. Some eagerly waited for vaccines and others for treatment options. We learned more about the virus and who was at high risk. Now MORE than 2 years later we have done all of that. We know covid is not going away, but we have learned to manage it. Our hospitals are not overburdened, our vaccination rate is among the highest in the nation. We have completely 100% opened our state to the entire world. Cruise ships are back and tourism at an all-time high. We no longer have pre travel testing, dropped vaccine mandates, did away with contact tracing procedures & lowered the quarantine time all as part of getting back to a normal state….

EXCEPT for our KIDS, the youngest & lowest at-risk population continue to have the strictest covid guidelines because of the HI DOH & DOE. These two organizations alone have placed the sole burden & responsibility on our babies to so called protect the state.
Teachers have had ample time get vaccinated if they chose. Anyone has the right to wear a mask. If the push back is not coming from teachers, is it because of funding?? I honestly am at a loss why the DOE would allow, encourage & actually require these strict and downright unlawful policies. Other schools around the entire nation have figured out a way to move forward with optional masking, why hasn’t Hawaii?? How are we so far behind?? For as many studies saying masks are effective, there are just as many, that show they are not. Not only is the effectiveness questionable, there are risks associated with prolonged masking, especially for young children like my daughter. Where there is risk, there must be choice.

I’m an xray tech & have personal experience from working at the hospital. I have truly seen some of the worst of it. I have personally not heard or seen any child under 18 years needing admitted for covid. However, the emotional & psychological damage is real and it’s effecting our kids more than covid is!! That is 100% a fact.

So I’m asking WHAT else can we do to drop these unfair mandates for our children?? What are you all doing to ensure this does not continue next year?? I’m not sure what power the BOE has but please hear our cries. Hear the concerns and understand this is all for our children.

Aloha~ Christina
As an obstetric and pediatric nurse of more than 40 years, I can attest to the fact that children wearing masks over their nose and mouth not only does not prevent transmission of a tiny 0.1 micron (microscopic) virus, but it is also both physically and psychologically harmful to children ... children are being deprived of their God-given right to breathe fresh oxygenated air, rather than rebreathing their CO2 and other respiratory waste products. Children are the lowest risk age group for contracting Covid and other flu viruses due to their robust immune system ... and the few who may contract Covid, they have a 99.9% survivability rate. Therefore, one can only conclude that masking of children has a more nefarious purpose, rather than protecting their health or the health of others.

If you are still masking children two years into this pandemic (which is now being referred to as endemic), shame on you!!

Sincerely,
D. Waddell, RN

Get Outlook for iOS
Thank you for your prompt response. Your testimony will be included with the May 5, 2022 General Business Meeting agenda item VI. A. Presentation on universal indoor masking in public schools.

-Board Support Office
Dear Mr. Hayashi, DOE, DOH, BOE, whoever it may concern;

I am writing this testimony today on behalf of myself and my children, in regards to your current "mask policy" which I STRONGLY OPPOSE. I want to first point out that there are currently NO emergency orders, or mandates in place. When Covid started, my son was in kindergarten. At the time he was reading at or above 1st grade level. Fast forward now to second grade, his teacher continues to reach out to me about behavioral issues, trouble staying focused, and fine motor development deficits. All issues that never existed before. After 2 years of failed attempts at getting and exemption, I was finally able to get one for my son, and since he has shown tremendous improvement.

Masking our children indoors is completely unnecessary, inhumane, and frankly a violation of our civil rights. It has been proven that children are the least affected by this virus, it is also stated in the Department Of Healths guidance for k-12 schools that schools are NOT, as initially anticipated, amplifiers of Covid-19. (See page 1, paragraph 3) https://health.hawaii.gov/coronavirusdisease2019/files/2021/08/COVID-19-Guidance-for-Schools.pdf

Distance learning, social distancing, and masking has been and continues to take away from the quality of our childrens education. We’ve never got to watch my son perform a May Day, which I believe to be very important and enriching for children. Not to mention the importance of teaching our kids about the culture of Hawaii. He’s never got to have a field trip with his classmates.

In closing, I want to say that We have been very patient, and respectful over the past two years, but it is time to allow families to make their own choices for the health and well being of their children. The physical and mental effects of this nonsense, in some cases will be irreversible. You’ve taken away many valuable memories and learning opportunities from our children and enough is enough!

Sincerely, CW

Sent from my iPhone
May 4, 2022

Hawaii Board of Education Members:

Mahalo for your thoughtful consideration of the final candidates for Hawai‘i Superintendent of Education. I applaud Darrel Galera as an innovative leader who is worthy of consideration as one of the top three candidates, yet I believe that Keith Hayashi is the right choice for our haumana and system moving forward. He has been a servant in education in almost every capacity. He is accessible, understanding, and uses his various and plentiful experiences to make the tough decisions necessary to navigate through these very challenging times and circumstances. He has stepped up as Interim Superintendent for the second time and experience has provided him multiple perspectives and insights that make him the right candidate for this job.

Waipahu High School is a nationally recognized school and is evidence of his capacity to move schools and communities to excellence. He continues to impact future and current leaders through modeling, mentorship, and being present—we trust him. We are ready for a visionary leader who is in touch with and understands the complexities of our educational system, the kumu, the keiki, and the community at large. Please support his efforts to transform our system in support of our haumana, our future.

Na‘u me ka ‘oia‘i‘o,

Jamie M. Dela Cruz
Principal
Kaimukī High School
MAY 3, 2022

WRITTEN TESTIMONY TO THE HAWAII BOARD OF EDUCATION

Aloha Board Chair and Members of the Board of Education,

This testimony is submitted in support of Mr. Keith Hayashi for the position of Superintendent of Education. At this critical juncture where our global community is emerging from the one of the most challenging times in our recent history, public schools are faced with the resulting negative aftermath of the pandemic. We are striving to deal with unprecedented academic and social/emotional damage to our students. In particular, students in schools like the one I am privileged to currently serve in, are dealing with effects of trauma in their family and academic lives.

We need strong, thoughtful, and compassionate leadership from a superintendent who has personally navigated a school through this difficult time and understands the nuances of successfully collaborating with the wide variety of schools in our system to effectively address these critical needs.

As Interim Superintendent, Mr. Hayashi gave clear action priorities as we began to move out of the peak of the pandemic. His message of addressing students’ Academic, Attendance, and Social/Emotional needs, along with caring for the wellbeing of our entire staff showed us that he truly understands the greatest concerns of our schools at this time.

I respectfully urge you to select Mr. Keith Hayashi as our Superintendent of Schools.

Sincerely,

Glen Miyasato
Principal
Fern Elementary School
May 4, 2022

Chair Payne, Vice-Chair Uemura and members of the State Board of Education:

I strongly oppose the appointment of Carl Takamura to the State Public Charter School Commission. Takamura was previously the chair of the Charter School Review Panel (CSRP) until he resigned in 2012 after the BOE overruled a CSRP decision concerning Laupahoehoe Community Charter School. In his resignation letter, Takamura accused the BOE of disregarding “the hard work and long hours that the (review panel) put into investigating and deliberating on this complex issue.” He also wrote, “I am disappointed that the voices of the people who are most directly affected by the decision – the students, parents, teachers and staff of Laupahoehoe School – were not permitted to be heard during the appeals process.” He also told a Hawaii Tribune-Herald reporter, “They undermined our authority and credibility… I just found the situation to be untenable.”

A year earlier the school I directed until 2021, Connections Public Charter School (CPCS), filed a lawsuit naming Takamura as a defendant. The school objected to CSRP meetings held on July 21, 2011; July 28, 2011; and August 11, 2011 that were not properly or insufficiently agendized pursuant to Section 92-3, HRS. The published agendas did not provide sufficient opportunity to submit data, views, or arguments, or prepare and present oral testimony on any agenda item. The agendas were vague, too generalized and only listed broad categories.

On August 18, 2011 Takamura also sent a letter to the chair of the CPCS board demanding a response to six questions. He threatened that if the school failed to comply, the CSRP would take punitive actions against the school including challenging the schools continued viability by placing it on probation and/or revoking its Charter to operate. Takamura acted without the authority and approval of the CSRP. The CSRP never gave him the authority to make such demands. The State Public Charter School Commission does not need another board member that flaunts the authority of the BOE. It also does not need another board member whose actions border or cross the line of their legal authority.

I also oppose the appointment of Matthew Kodama to another term on the State Public Charter School Commission. Kodama has been on the Commission since January 16, 2020. He has witnessed the Commission’s development of Contract 4.0; charter schools having to fight for their legal authority to employ virtual learning; the withholding of funding for schools that did not comply with the Commission’s Virtual Guidelines; and many other questionable practices that do not align with national standards for authorizers or best practices. He has sat silently as the chair of the Commission has recently led a charge to discredit the recent BOE evaluation of the Commission. He has not supported solutions to the many dysfunctional actions recently taken by the Commission. His silent support has made him part of the problem.

Finally, I do support the nomination of Kama Hopkins. He has a good reputation in the charter school community and we look forward to his support for the implementation of the recommendations made in the BOE evaluation of the Commission. My only hope is that he can stand against the others, who like Kodama, sit quietly on the side as the Commission chair defies all attempts to reform a dysfunctional state agency.

Mahalo for your support!

John Thatcher
Brett Kulbis (Chair of the Honolulu County Republican Party but testifying as concerned citizen)
BoE Meeting May 5, 2022
Presentation on Universal Masking

STRONGLY OPPOSE the universal indoor masking in public schools.

Aloha Board of Education,

As you are no doubt aware, the Center for Disease Control (CDC), Hawai'i Department of Health (DHS), and the governor have made a strong recommendation that students and staff mask indoors. There is a world of difference between a law, mandate and a strong recommendation. The CDC strongly recommends that people not eat raw fish or under-cooked meat, and yet many people, especially in Hawai'i, choose to enjoy Poke and Sushi.

I strongly encourage the BOE/DOE to embrace the flexibility offered in this “strong recommendation” and remove the indoor masking—for all students effective immediately.

I believe the data is firmly on the side of this position. The policy response to COVID, particularly as applied to children, has been nefariously inept. We now have two years’ worth of data, and not to use that data to craft better policies and create better outcomes for our children would be simply wicked.

Contrary to Director Hayashi misleading statement in his letter of April 18, 2022:

- With extensive scientific literature supporting the effectiveness of masking to reduce COVID-19 transmission in schools and other settings, the state Department of Health (DOH) still highly recommends that masks be worn indoors at all times at schools and emphasizes layered mitigation measures to keep our schools, students and staff safe.

We now have two years’ worth of data that contradicts his opinion. Available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen recognized randomized controlled trials comparing face masks to no mask controls failing to find statistically significant benefit. Additionally, that data clearly tells a couple of key things. To wit:

- Masking is a psychological stressor for children and disrupts learning. Covering the lower half of the face of both teacher and pupil reduces the ability to communicate. In particular, children lose the experience of mimicking expressions, an essential tool of nonverbal communication. Positive emotions such as laughing and smiling become less recognizable, and negative emotions get amplified. Bonding between teachers and students takes a hit. Overall, it is likely that masking exacerbates the chances that a child will experience anxiety and depression, which are already at pandemic levels themselves.

- Mask mandates—especially in schools—do not reduce school or community transmission of any respiratory infections.

With these facts in hand, it becomes clear that if we are to continue masking children for COVID, there will be no logical point at which we can un-mask them. Using the arguments currently in vogue, the greater lethality of flu would counsel permanent masking to limit its spread.

Indoor masking of children, like outdoor masking, should be at the discretion of parents! Not elected or unelected bureaucrats, and especially not employees of the State Public School system.

It’s time to really do the right thing "for our keiki,” and not use those words as an emotional trigger to continue this bad policy.
Thank you for opening and reading this email, off to a great start. I am writing this testimony to show you the dangerous of excessive mask wearing and that it needs to stop for kids. I thought the Governor and Head of State Health Department is what we were waiting on and Hallelujah the mask mandate has been lifted!!! For everyone BUT kids? Can you help me understand why this is? The ones that have a .000038% chance of getting seriously affected by COVID. Not to mention all the studies showing the drastic drop in grade levels and increased depression and suicides. The drop in funding that will be seen next year when all these parents choose cohorts and homeschooling to escape the masks. I don’t understand how indoor masking is continuing only in Schools when the only science and proof with masking kids is showing it is harming them, there is no evidence showing they are beneficial. Some of our biggest spikes were when we were fully masked and fully vexed!?!

All my children and others are coming home daily stating that every day at school they feel sick and like they are going to throw up and have headaches and lack of energy. This is due to lack of oxygen and mask wearing. This is not sick from an illness, this is directly caused by the mask. Again the reason why their doctor and thousands of others have said this is very unhealthy for children, so why are we doing this to them? This is not just one concerned parent, this is thousands world wide and thousands in your state, all experiencing the same issues. I have attached studies for you to read for evidence of the harm the masks are doing to our children and teachers. This isn’t just about my kids this is about all kids. The videos and articles attached are quite bothersome and they are all backed.

Not only am I concerned for my child’s health but all children as well as the teachers. Children learning to read are learning sounds are reading lips, how can they do this with a mask on? Countless studies have shown the drop in test scores and academics due to this. Not to mention hearing them properly and seeing the expression on their face. I feel teachers need to be teachers and teach they way they know best and get best results. Have you looked into the suicides in youth and depression?? Again due to isolation and mask wearing.

This year for Science fair my daughter chose to do “Do Masks Restrict Airflow”. She wanted to do this because she knew they do restrict airflow as she comes home with headaches daily. She tested her Oxygen level with 3 different masks, cloth, disposable and N95. The results were disturbing. Normal levels are 99%, hers dropped down to 95, then 86 then 82. Does that seem healthy to you? Seem like a good idea to keep this going?? She also won FIRST PLACE!! Because her project was correct and backed by science! MASKS DO RESTRICT AIRFLOW AND DO HARM CHILDREN! I have also attached the data to support this.

Again there is a large number of parents that all have the same concerns and are asking to be heard. I am not asking for a no-mask policy, I am asking for the option. I know all parents are doing what they feel is best for their kids. If they feel safe in a mask then they should be able to send their child in one. But on the other end If parents feel it is causing more harm to send their child in a mask then they should be able to not have one on.

Articles and videos on Masks and Children below:


https://spectator.org/pediatrician-dont-facemask-your-child/

Please go to the link below and watch the video. It is only about 10 minutes and worth the watch.
I have to believe that you are all good people and care about your community and Children in it. Perhaps this is continuing because you are uninformed about the harm they are causing. I hope my email finds you well and you can now make a different decision based of the information you just learned.

I am looking forward to your response and working with you on this.

Have a wonderful rest of your week.

Thank you for your time.

Mahalo and Blessings,

Brandy Sawka
808-769-1755
The enforcement of these unlawful policies is an assault on our parental rights and on our children.

The forced masking and other covid policies are causing harm to the physical and emotional health of our children and families alike in the community. There are no long term studies to confirm that mask wearing on this level or to this extent is safe - however there are many to show the detrimental affects the masks are already having. This is an experiment which has been forced upon these innocent children during a crucial time of their development and without parental consent.

Most importantly to note is that the DOH updated their guidance from “masks must be worn at all times” when indoors to now say “masks are strongly recommended to be worn at all times” when indoors. The DOE has not followed this guidance - and instead they are requiring instead of strongly recommending the masks on children.

This dangerous policy exposes everyone of you to significant civil, criminal and professional liability - as it is not authorized or required by law especially being that there is no longer an emergency proclamation in place. By implying that individual schools “must follow these guidelines” - and without clarifying that it is actually optional for them to do so - you are exposing the teachers and principals within the DOE to significant liability as well - while they ignorantly hide behind you as the reason for enforcing these harmful policies. The lack of ethical or moral behavior of those of you in charge of this system is sickening.

I listened to over 6 hours of unproductive conversation in the last BOE meeting about how you plan to spend millions of dollars in federal funding meant to “help our children” overcome losses due to the pandemic. All while refusing to acknowledge the elephant in the room which is the root of the “problems” you claim to want to improve upon. It’s as if you have tied the feet of our children and are now spending millions of dollars trying to help them walk again - installing expensive equipment, paying for special tests and surveys, hiring extra helpers - basically doing everything except for cutting the ties on their feet. You can carry on spending those millions but you will continue to see the same unfortunate decline because you refuse to do the one thing that needs to be done. There is an obvious and simple solution to helping our children improve in all areas but it won’t help you spend that highly questionable funding - because it is FREE. You must make masks optional and REMOVE ALL COVID POLICIES IMMEDIATELY. I’m certain that you will see positive results follow - just like every other state in the country has seen after doing this.

Additionally, we are all exhausted with the repetitive lies about masks being necessary to keep kids in school by avoiding a most senseless quarantine alternative. We must acknowledge that the discrimination and segregation based on “vaccination” status that's been encouraged in our schools is not only ignorant but unacceptable. There is not a single reasonable or sensible explanation regarding the requirement to quarantine healthy unvax children after a vax student brings covid into a classroom. This has been a blatant attempt to coerce families into subjecting their children to an unnecessary experimental injection and you should all be ashamed of yourselves for participating in this horrendous agenda. You owe the children of Hawaii an apology for the abuse you’ve subjected them to for the last 2 years. I will say it again - ALL COVID POLICY must be dropped immediately.

I would request that the board put the end of all covid policies to a vote at the end of this meeting.
Testimony - May 5th General Business Meeting - OPPOSE MASK WEARING INDOORS AT PUBLIC SCHOOL

1 message

Mary LaGasse <mary808maui@gmail.com>  
To: testimony.boe@boe.hawaii.gov  
Wed, May 4, 2022 at 12:59 PM

Aloha,

Please take into consideration the CHOICE of masking indoors as an OPTION for all of our keiki in Hawaii Schools.

I am writing on behalf of the Keiki here in Hawaii who are still forced to wear masks in the classroom at school & asking that you... **LIFT ALL MASK MANDATES FOR OUR STUDENTS & SCHOOL PERSONNEL IMMEDIATELY.**

According to the Hawaii State Department of Health’s PDF document from [https://health.hawaii.gov/](https://health.hawaii.gov/) regarding Guidance for K-12 Schools, on page 2 of this document in the green box... it states "Schools that implement **optional** indoor masking policies after March 25th, 2022 should continue individual case investigation, contact identification, and quarantine of all COVID-19 exposures."

So basically the DOH the masking policy is an OPTION, not a recommendation, so my question is, why are we not allowing our children to make this choice as an option to mask?

*My question is why then do the schools on Maui & all of Hawaii think that allowing us to choose is NOT an option & that the DOH is making the recommendation to still wear masks indoors?*

I know many of the parents are outraged at this decision, especially when people all over the island are running around maskless, yet our children are still being forced to wear them in school & wondering what is your reasoning?

Also, if not now.... then when is the DOE planning on unmasking our children when tens of thousands of tourists are allowed to travel here & run around maskless on our island while are keiki are still forced to wear these masks, cruise ships are back again bringing tourists as well, ZERO children in Hawaii have died of Covid & there is a 99.99995% survival rate in keiki even though covid made its way through our schools even with the masks & whether you want to believe it or not, masks are harming kids physically, emotionally & psychologically.

I have seen multiple studies of the harmful effects of mask wearing & also doctors stating that the masks - **DO NOT WORK!!**

So what sense is this, what is your reasoning when the entire state has ZERO mask mandates? **Once again... parents are outraged at this decision.... WE SHOULD BE ALLOWED A CHOICE.**

What logic are you basing this decision on & what valid reasons do you have for continuing these mandates within our schools? I would also like to know, what science do you have to support your decision to keep these mandates in place when all of Hawaii is allowed to roam free maskless, but our children at school can’t? The decision to wear a mask **MUST** be optional... please let the parents, students & teachers decide for themselves.

As many private schools here on the island of Maui are making it an option to allow the children the choice to wear a mask, why are public schools still forcing our children in public schools to wear them, is this because of money? Parents want to know why!!! My son who goes to KIHEI CHARTER SCHOOL is even still being forced to wear a mask indoors, so the question again is... what is the reasoning behind this?
Parents have made the choice to vax their children & have the opportunity to do so, if they are still scared of Covid, then they can continue to wear the mask... let everyone make their own CHOICE!!!

I know there are parents all over the islands who are against this continuation of the indoor masking policy in schools & want to be heard... we just want the right to let our keiki CHOOSE to wear a mask or not.

Thank you for time & responding with more information as to why this policy is still being implemented in schools., this is a valid concern from parents in Hawaii as to why our keiki are still being masked, I would appreciate a response to this email as a concerned parent.

Mary LaGasse
Business Meeting May 5, 2022
Agenda item: Masking
Position: Oppose mandating in schools

Dear Board of Education,

As the founder of Hawaii Autism Foundation I interact with many parents whose autistic children have experienced an array of issues wearing masks, ranging from sensitivity problems to evidenced-based speech delays. Autistic children need to see facial expressions for development and well being.

Children with disabilities have an extended school year and with the weather getting hotter the masking will become more of an issue. Please allow mask choice so that children with issues can remove masks and the children and families that wish to continue can also choose to mask.

Thank you,

Julianne King
President, Hawaii Autism Foundation
Aloha,

Thank you for taking these testimonies.
Name: Valerie Lefort
Parent of 2 school children of HAAS in Pahoa
General Business Meeting
Agenda: Mask on children in school.
Position: I oppose any mask wearing of children of any age.

This is the testimony I provided for our school Governing Board Meeting recently:

I am here to request Governing Boards members to make changes to the current mask policy. Please allow mask wearing to be optional for students in the classroom, as well as staff and family members on site.

I had two children in school, my son is in 9th and daughter was in 6th grade, although she is transitioning to homeschooling now mainly because of the mask wearing.

Both my children have been cooperating with the mandates but not without struggles. My daughter has developed allergies which she never previously had. She also seemed very tired after school more often than not.

Both my children really feel that the mask wearing has also affected them socially and even academically.

My daughter has a very challenging time wanting to speak up when her mouth is covered, this affects her relationship with the teachers as much as her interactions with classmates.

Both my children were very disappointed when the mask mandates dropped but not for them in classroom. My daughter since has begged me to just let her go back to homeschooling because of this. Even with medical exemption she doesn’t want to stand out and be the only one in class with no mask, she is now out of school at this time until a change is made.

I really believe mask wearing at this point should be by choice as we have transitioned into freedom to unmask everywhere else, including movie theaters, libraries and even airplanes and other modes of transportation, all inclosed Spaces where people and children of all ages spend a considerable amount of time in enclosed quarters.

Considering that this is now a choice made by our schools and not mandatory, please make a change for the health of our children. It is time for them breathe and speak freely!

HAAS has been an amazing school for our children for years, please continue to empower our future generation.

Thank you

Sent from my iPhone
Dear Board of Education

Meeting: May 5, 2022

Agenda item: Masks

Upon reviewing the school policies, the State Constitution and the Health Department policies, I see “guidelines” and “recommendations” that the DOE could follow from the Department of Health. There are also “recommendations” from the CDC not mandates.

No place in these documents is there a sentence where it is lawful for either the Governor, the Board of Education’s Superintendent or the Department of Health to “mandate” instead of allowing a choice with masking.

Failing to clarify that this is a choice and not a mandate means operating currently outside the law of our State Constitution and outside any oath of office.

Saying that this will continue to the end of this school year as if it is logical shows lack of willingness to accommodate and great disregard to the students and to the families which are asking for a choice. It is putting the comfort of a teachers union staffing issue or a school staffing issue for which there is plentiful ESSER funding before the student.

Continuation of masks until the end of the school year has no logic, no upholding of our state’s constitution and no ability to understand that many students are suffering
to an extreme point, with rashes, speech and hearing issues, and dizzy spells.

The Board of Education is tasked with having a neutral and broad understanding with the pros and cons of an issue and needs to remove the mandate for mask. Long term masking has more cons than pros and the students need to be free to choose.

Mahalo,

Cynthia Bartlett
Chapter Chair, Moms for Liberty Honolulu County
Testimony for May 5th at 1:30 Meeting
1 message

Jen Schmitt <jennifer_13@hotmail.com> Wed, May 4, 2022 at 1:27 PM
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>, BOE Hawaii <BOE.Hawaii@boe.hawaii.gov>

Aloha this is my testimony for May 5th meeting about Face Mask.

I am a mother of 2 and I strongly disagree with masking our keiki. I strongly believe that it is an overreach of power. When the rest of the 49 states have ended face mask mandates for their schools and ours are still forced to wear them? How is there no "threat of covid" in the other schools and just Hawaii? That's correct. The pandemic is over. Our Governor, The President of USA, the CDC, and many other organizations has all ended the pandemic, but the DOE is still making its own rules... How? How is this allowed?

It also has been advertised that Keith Hayashi has SOLD our keiki’s state testing scores to Mark Zuckerberg? Is this real? Honestly, I believe it. In my opinion, Keith has yet to prove he is here for our keiki. Not once has he put them first. Not one time. This is all about politics, money, and not about the well-being of our keiki. How much is Keith getting paid? He needs to be fired and someone that has the heart and drive to fight for our keiki needs to replace him.

I have tried emailing and calling Keith Hayashi numerous times at this point. So much so that his secretary knows me by my first name. Have I received an email or phone call back from him? Not one time. It's been MONTHS of calling at this point and not one phone call or email. What are you doing Keith? Where are you? You are a public servant. It's time to SERVE the people. The keiki deserve better.

It's funny that now everyone is preaching "My Body My Choice" but yet our keiki are masked and required to get vaccinations and tests to live their lives. So does that phrase not include our keiki. They are not deserving of having a choice? Only the people with the big paychecks have a choice?

This all needs to end immediately. Your call to action is now. What are you going to do with it BOE?!

Concerned Mother,

Jen
Testimony on Masking Kids in School

4 messages

Cat Wilson <cwilson786@gmail.com>
To: testimony.boe@boe.hawaii.gov

Wed, May 4, 2022 at 11:42 AM

Hello,

My name is Cat Wilson and I have two children in elementary school. They have had to wear masks since the start of Covid. It has severely affected their learning and ability form relationships with other students. My daughter has speech classes and I feel that wearing the masks have hindered her ability move forward. I feel if we can do away with the masks it would aid in her learning and able to move forward in being able to pronounce certain letters that she has trouble with. I think our educators want to move forward with what is best for our children and the removal of masks will help in them becoming well educated adults.

Thank you,

Cat Wilson

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Cat Wilson <cwilson786@gmail.com>

Wed, May 4, 2022 at 12:24 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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff

Cat Wilson <cwilson786@gmail.com>
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

Wed, May 4, 2022 at 1:46 PM

General Business

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Cat Wilson <cwilson786@gmail.com>

Wed, May 4, 2022 at 3:30 PM

Thank you for your prompt response.

-Board Support Office
Testimony 
3 messages

Blaine De Ramos <undrcvrlvr94@gmail.com>  
To: testimony.boe@boe.hawaii.gov  
Wed, May 4, 2022 at 11:19 AM

Blaine DeRamos  
No mask for keiki  
General Business  
I oppose the mask mandate for keiki.  
Sent from my iPhone

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Blaine De Ramos <undrcvrlvr94@gmail.com>  
Wed, May 4, 2022 at 11:22 AM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the links to the most recent agendas for the Board's Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)  
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,  
Board of Education Staff  
[Quoted text hidden]

Blaine De Ramos <undrcvrlvr94@gmail.com>  
To: Testimony BOE <testimony.boe@boe.hawaii.gov>  
Wed, May 4, 2022 at 1:56 PM

General Business Meeting  
[Quoted text hidden]
Re: Regarding Your Request for a Board of Education Agenda Item

6 messages

Susan Hullerman <susan.hullerman@gmail.com>  Tue, May 3, 2022 at 10:30 AM
To: BOE Hawaii <boe.hawaii@boe.hawaii.gov>, testimony.boe@boe.hawaii.gov, Paul Kepka <pkepka@kamaile.org>, Info Kamaile <info@kamaile.org>, Attendance Department <attendance@kamaile.org>

To Department of Education, Board of Education, and Kamaile Academy PCS

LEGAL NOTICE – CEASE AND DESIST

The following is a formal demand that you and all those involved in policy making at all State of Hawaii schools immediately halt any and all Covid-19 related restrictions being imposed on our children. Scientific research has proven that rituals including masking 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 on campus or in classes 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, it is clear you are not looking out for the health of children and have been promoting OUR OUR OWN CHILDREN TO BE GUINEA PIGS. You praise the funds received to participate; however, YOU HAVE NO IDEA WHAT THE LONG TERM EFFECTS WILL BE!!!!! This is HORRIFYING as you continue to GROOM OUR CHILDREN TO SUFFER WHILE STRIPPING THEM OF THEIR GOD-GIVEN RIGHTS IF SOVEREIGNTY!

The following are 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. A group of parents in Gainesville, FL, concerned about potential harms from masks, submitted six face masks to a lab for analysis. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. No viruses were detected on the masks, although the test is capable of detecting viruses.
The analysis detected the following 11 alarmingly dangerous pathogens on the masks:

- Streptococcus pneumoniae (pneumonia)
- Mycobacterium tuberculosis (tuberculosis)
- Neisseria meningitidis (meningitis, sepsis)
- Acanthamoeba polyphaga (keratitis and granulomatous amebic encephalitis)
- Acinetobacter baumanni (pneumonia, bloodstream 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)

Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more.

6. 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.

7. 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.

8. 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.

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

11. The extremely low chance of any benefit for healthy children is exactly why pediatricians like Richard Malley, MD, of Harvard, and Adam Finn, MD, PhD, of the University of Bristol, have passionately written to not “use precious coronavirus vaccines on healthy children.” A recent editorial in *The BMJ* echoed this sentiment — an argument also eloquently articulated by Vinay Prasad, MD, MPH.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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. Aside from all this fear-mongering, MASKS IMPACT THEIR LEARNING! HOW CAN WE IGNORE THIS? OUR CHILDREN ARE AT SCHOOL TO LEARN, NOT TO BE STRIPPED OF THEIR FREEDOM, BREATHING, AND ENSLAVED TO AN ASSUMED MEDICAL DEVICE THAT HURTS THEIR HEALTH! My 10 year old daughter claims that she feels she cannot breathe while wearing masks in class. Our children cannot be alert and effective in learning if their brains are not getting enough oxygen! How can we train our children to do this?! This is no longer a safety issue and should be a choice, not a mandate to suffocating and suffer children!

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 settings. 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 HAWAII and it is time to ACKNOWLEDGE THE RISK IN MAINTAINING THIS TYRANNICAL 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 them from attending your schools; therefore affecting your school funding, as I believe for every 67 students withdrawn you will forfeit 1M in funding. It's time to put HAWAII'S CHILDREN FIRST! Its time to put the HEALTH OF OUR CHILDREN FIRST! It's time to strengthen our children in the CONSTITUTIONAL LAW OF THIS LAND! IT'S TIME TO TEACH THEM SOVEREIGNTY AND NOT UNCONSTITUTIONAL SLAVERY!

Signed,

Susan Hullerman

---

On Fri, Apr 29, 2022, 4:04 PM BOE Hawaii <boe.hawaii@boe.hawaii.gov> wrote:

Thank you for contacting the Board office, your request was provided to Board members and an agenda item regarding universal indoor masking in public schools was placed on the Board's May 5, 2022 General Business Meeting agenda. We understand that you requested that this agenda item be placed on the April 21, 2022 agenda, but there are timing issues that restrict the Board's ability to place items on the agenda with short notice. In accordance with law, the Board has to post its agendas 6 days in advance and cannot make significant changes once the agenda is posted. Further, agendas are usually set well in advance of the date of the meeting to allow for adequate time to prepare meeting material. You can access the agenda and information about testifying on the Board’s website at https://boe.hawaii.gov/Pages/Welcome.aspx.

---

Testimony BOE <testimony.boe@boe.hawaii.gov> To: Susan Hullerman <susan.hullerman@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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.
Mahalo,
Board of Education Staff

[Susan Hullerman <susan.hullerman@gmail.com>]
To: Testimony BOE <testimony.boe@boe.hawaii.gov>

130pm, universal indoor masking in schools, obviously

[Susan Hullerman <susan.hullerman@gmail.com>]
To: BOE Hawaii <boe.hawaii@boe.hawaii.gov>, testimony.boe@boe.hawaii.gov, Paul Kepka <pkepka@kamaile.org>, Info Kamaile <info@kamaile.org>, Attendance Department <attendance@kamaile.org>

Resending for the obvious agenda item in question

130pm, universal indoor masking in schools,

[Susan Hullerman <susan.hullerman@gmail.com>]
To: Testimony BOE <testimony.boe@boe.hawaii.gov>, Paul Kepka <pkepka@kamaile.org>, Info Kamaile <info@kamaile.org>, Attendance Department <attendance@kamaile.org>, BOE Hawaii <boe.hawaii@boe.hawaii.gov>

Obviously 130pm agenda item, universal masking indoors

[Testimony BOE <testimony.boe@boe.hawaii.gov>]
To: Susan Hullerman <susan.hullerman@gmail.com>

Thank you for your prompt response. Your testimony will be included with the May 5, 2022 General Business Meeting agenda item VI. A. Presentation on universal indoor masking in public schools.

-Board Support Office
Testimony BOE <testimony.boe@boe.hawaii.gov>

Mask at Schools
2 messages

Yuki Laliberte <yuki@luvarealestate.com>
To: testimony.boe@boe.hawaii.gov

Position:
TAKE OFF Masks from children

It has been 2 years. What we know now, masks don’t work and only restrict the learning and growth of children.

At this point Covid has turned into a mild cold. Let’s move forward and stop the torture of young children. They need to see the adults/teachers smile.

--

Yuki Laliberte REALTOR®
SALESPERSON & PARTNER • RS-74626

yuki@luvarealestate.com
808.769.1998  808.769.5111
yuki.luva-realestate.com
75-240 Nani Kailua Drive #8
Kailua-Kona, HI 96740

IMPORTANT: The contents of this email and any attachments are confidential. They are intended for the named recipient(s) only. If you have received this email by mistake, please notify the sender immediately and do not disclose the contents to anyone or make copies thereof.

Licensed in the State of Hawaii

This communication (and any information or material transmitted with this communication) is confidential, may be privileged, and is intended only for the use of the intended recipient. If you are not the intended recipient, any review, retransmission, conversion to hard copy, copying, circulation, publication, dissemination, distribution, reproduction or other use of this communication, information or material is strictly prohibited and may be illegal. If you received this communication in error, please notify us immediately by telephone or by return email, and delete the communication, information and material from any computer, disk drive, diskette or other storage device or media. Thank you.

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Yuki Laliberte <yuki@luvarealestate.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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.
Mahalo,
Board of Education Staff
[Quoted text hidden]
Indoor masking in public schools
2 messages

Rita Kama-Kimura <seeknfind@hawaii.rr.com>  
To: testimony.boe@boe.hawaii.gov  
Wed, May 4, 2022 at 11:20 AM

Members of Hawaii State Board of Education

I am in full support of “UNMASKING” our Keiki. I believe that from the beginning of this “pandemic”, children were always categorized as low risk. Never have I seen anything that indicated otherwise.

As mask mandates are being lifted everywhere nationwide, including here in Hawaii, it appears the objective of the Hawaii State BoE is to keep our children living in fear, teaching them that to hide behind a mask will keep them safe and to depend upon the government … I have never read anywhere that wearing a mask was healthy! In fact I have read that mask gave very little protection the wearer.

In closing I ask you reconsider this requirement. Let our children see the smiles and joy in the faces around them and to breath in the beautiful, fresh, sweet and healthy Hawaiian air.

Respectfully,
Rita Kama-Kimura

Testimony BOE <testimony.boe@boe.hawaii.gov>  
To: Rita Kama-Kimura <seeknfind@hawaii.rr.com>  
Wed, May 4, 2022 at 11:22 AM

Thank you for contacting the Board of Education. This email address is specifically designed to receive public testimony for upcoming Board of Education meeting agenda items. Attached please find the links to the most recent agendas for the Board's Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)  
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,  
Board of Education Staff  
[Quoted text hidden]
UNMASK OUR KEIKI NOW!!!! (This is a CRIMINAL Act against keiki!)

2 messages

Michelle Melendez <michelle@blossominnerwellness.com>
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>

This is horrendous! There is NO need to mask keiki! The mandates are over. Judges are ruling that masks are unconstitutional.

Keeping keikis masked is criminal and you will answer for your actions!

Sincerely,
Michelle Melendez
20-year Fitness and Wellness Expert & 4-time Award Winning Health Author

Michelle Melendez
Fitness and Wellness Expert Since 1996
Author Of The Best Selling and 4x 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

Testimony BOE <testimony.boe@boe.hawaii.gov>
To: Michelle Melendez <michelle@blossominnerwellness.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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Strongly oppose indoor masking mandate
2 messages

Margaret A. Nakoa <namahina1@gmail.com>  
To: "testimony.boe@boe.hawaii.gov" <testimony.boe@boe.hawaii.gov>  
Wed, May 4, 2022 at 8:33 AM

Good Afternoon,

I could submit a plethora of scientific research and studies that are proving more and more everyday that masks DO NOT PREVENT THE SPREAD of COVID-19 and are actually causing more harm than good. As a family, we attended a church function last year and wore our mask during the entire function and we still got covid.

At the Hawaii Prayer Breakfast on April 29, 2022, Kamehameha Schools children were all masked while our own Mayor and majority of other adults were not masked. If someone doesn’t look at this and think this is genuinely wrong then they need to open their eyes!

My line in the sand was when the outdoor mandates were lifted, my daughter was standing outside waiting for her class to start, all other kids and parents still had their masks on outside besides her. She kept tying to pull her sweatshirt over her face because she felt uncomfortable without her masks because the rest of her class still had their mask on, which broke my heart! Our kids need to see emotions and facial expressions and it is a shame so many do not realize the importance of this.

I always send my kids to school with a brand new masks everyday, one day my daughter came home with her masks wet and gross from sweating in it all day. This is unacceptable!

These masks mandates are causing distrust in the system for not allowing us as parents to have a choice, it is causing division and bullying because those that are still wearing them at all times are still being persuaded that having the government dictate their everyday lives is normal and accepted but we are in the United States where we are supposed to have freedom of choice and a law system that is followed. Which isn’t!

The HIDOE should be for the people and children not the government! Parents should have a say, be able to meet with superiors whenever needed, have town halls as stated in the by laws, get answers when they are seeking them. As stakeholders in the DOE, because we are parents of children that attend these schools and provide the numbers for income for the staff, the superintendent of the DOE shall be voted by the people and not appointed by the Governor.

Keith Hayashi and the BOE/DOE has failed us and our children, those in charge need to hear the voices of the people and be the change they want to see, not just followers. Ask questions yourself when something doesn’t make sense, in your position you should see all sides not just how your personal views.

Also I would like the military liaison to see if there are options for special needs/hardship moves due to this for parents who have no choice living here and sending their kids to the school in the DOE. This has caused depression/anxiety and hardships on our service members who are not living here by choice.
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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,

Board of Education Staff
I am against the mask for our children, you are damaging their immune system. All the science about mask show it does nothing against Covid. Stop this nonsense of mask in all schools. It should be the child’s choice and the parents decision that their child or like me children where a mask at school. We are the only state doing this. We are the lowest test scores in all America. I want Keith to step down from his role. He is not responding to emails for 2 years avoiding parents questions, we need better leadership. Again unmask our children.

Russell G.

Sent from my iPhone

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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Universal Masking
2 messages

Erin Lamay <erinlamay75@gmail.com>  
To: testimony.boe@boe.hawaii.gov  
Tue, May 3, 2022 at 10:16 PM

There is zero scientific data supporting the indoor masking policy. There are no studies that have been done about the longevity of mask wearing in children. Right now we know the short term and that’s speech and language delays, anxiety, depression, bacterial pneumonia, hypoxia, learning delays, comprehension delays, social and emotional delays, and the list goes on. Allow the parents to make healthcare decisions for their own kids. Keeping the kids masked to protect the kupuna is a bit absurd since there is no pandemic among the children (I’ve been told multiple times this is why you are forcing masks on the kids). You can’t speak for the kupuna, but I can speak on behalf of my 74 year old father who lives in our household. There isn’t anything more that he wishes for than seeing his grandson unmasked at school.
Your policy to “keep kids masked to keep them in school” is a horrible trade off you have imposed on families. To avoid quarantine and distance learning you have a made up policy, that doesn’t even need to be in place…if kids are masked you won’t contact trace, quarantine for close school contacts, no school missed, etc. That policy doesn’t need to exist. Hawaii schools is the only state holding on to these exaggerated Covid restrictions. Are you using the kids and forcing them to mask with EUA masks to continue to receive ESSER funding?
No one can answer questions regarding the mask policy- the DOE says to contact the BOE, the BOE says to contact the DOE, the DOE say they are following the DOH, the DOH says each individual school has the choice to go to mask optional, principals say the superintendent makes the policies and also HSTA. No one can give a straight answer and that’s because no one wants to admit what your are doing to the children is unethical and abusive.
Did you know you have several unmasked teachers making tiktok videos inside of their classrooms with groups of other teachers? This is violating the indoor mask policy you have in place. There’s videos of teachers unmasked enjoying food together inside teachers lounges talking and laughing. The children at my son’s school aren’t aloud to say a single word during lunch because they are unmasked and “talking could spread Covid”. The principal gave a webex presentation on how to reduce the spread of Covid and not talking during lunch was included in the presentation. Why are your teachers permitted to enjoy eating meals with colleagues on campus, indoors having great conversations and the kids aren’t not Aloud? This is disgusting. Why are the kids treated like inmates at a prison?
The only thing the BOE and the DOE is transparent about is not having the childrens best interest in mind. It’s very obvious and clear. You should be embarrassed and ashamed with the agenda that all of you are allowing to happen in Hawaii. Do the right thing. You know what that is. You are appointed officials who work for us, you are here to serve the community. There is supposed to be a collaboration and partnership and you have ignored that.

Sent from my iPhone
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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Here is an abundant amount of evidence as presented in the attached documents (full size charts/graphs) with documentation of the claims that clearly indicate, without any scientific doubt, masks (including N95s) do **not** have any statistically significant effect on inhibiting viral transmission or infection, and thus should not be required of any person anywhere, especially children, who suffer more negative effects from mask wearing than do adults (see included Alexander article and link to primary references).

There is only one Level 1 randomized controlled trial ("The Bangladesh Study") concluding that masks have any statistically significant effect on viral transmission or infection. That study is rife with poor methodology and statistical errors, as demonstrated in the attached paper by professor Norman Fenton, who wrote of the study finding:

To give a feel for just how ‘insignificant’ the 52% figure is - if you wanted to use it to conclude that the seropositivity rate is lower in people receiving the mask intervention than those who do not - then this would be much like flipping 201 coins, observing 101 ‘heads’ and 100 ‘tails’ and concluding that all coins are more likely to land on heads than tails.

Professor Fenton has written the journal Science that published the Bangladesh study and asked, in light of his analysis, that the paper be withdrawn or amended to show the true statistical correlations.
Your mask policy is unscientific and just plain wrong. There is no factual basis for it whatsoever. Why do you persist in enforcing such a meaningless and useless arbitrary and capricious order? Masks do not prevent viral aerosol transmission or infection. All the randomized controlled trials in various populations (general population, medical workers, etc.) show no statistical difference in infection between masked and unmasked groups (including the use of N95 masks). Stop the charade. Stop the theater. Stop the tyrannical absurdity. STOP HURTING THE CHILDREN!

One would have hoped with the massively bloated state bureaucracies that at some point during the past two years that someone somewhere would have been assigned to actually research all the published scientific information regarding all these issues (the efficacy and negative consequences of “lockdowns”, “social distancing”, “gathering size” limitations, limits on retail customers-per-square-foot, hand sanitizing, “distance learning”, etc.) including the effectiveness of masks in preventing viral transmission. The fact that no one did this is at the very least incompetence, and more likely intentional malfeasance. Unforgivable. Criminal.

Here is the conclusion from the CDC's own journal, *Emerging Infectious Diseases*, (with emphasis added), clearly showing that in a systematic review of 10 randomized controlled trials (the highest level of medical evidence) there was no statistically significant effect on transmission or infection of viral disease due to mask wearing.

Here is another peer-reviewed randomized controlled trial from 2021:
Results:

A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control; 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was −0.3 percentage point (95% CI, −1.2 to 0.4 percentage point; \( P = 0.38 \)) (odds ratio, 0.82 [CI, 0.54 to 1.23]; \( P = 0.33 \)). Multiple imputation accounting for loss to follow-up yielded similar results. Although the difference observed was not statistically significant, the 95% CIs are compatible with a 46% reduction to a 23% increase in infection.

There are literally thousands of graphs, charts and other data displays comparing various countries, states, provinces, counties, cities, etc. having different “mitigation measure” policies, clearly showing that none of the so-called “mitigation measures” make any difference, at all. Not for “cases”, not for hospitalizations, not for ICU admissions, not for deaths.

Since you continue the policy of required masking indoors, the only state in the entire United States that has not abolished such stupidity, or at least announced the near end of such ignorant bullying, you especially need to be held accountable for all the damage you have done and continue to do (not the least of which has been horrifically perpetrated on children’s learning, emotional, and developmental capabilities that will likely have lifelong effects). Hopefully you will be tried and convicted and sentenced to an appropriate punishment for your crimes against humanity, including advocating injecting citizens with inadequately tested drugs, without presenting any possible adverse event reaction information. Drugs that have many and common obvious serious short and long term adverse events, further harming citizens, especially children and young adults who are at virtually zero risk statistically of serious harm from SARS-CoV-2.
Here are only a very few of the comparisons of various sorts showing that masks have no effect on viral transmission or infection.

Ian Miller is the author of “Unmasked: The Global Failure of COVID Mask Mandates”, in which he lays out hundreds of pages of detailed and referenced published evidence confirming that masks are useless to prevent viral transmission.
Here's a peer-reviewed study re masks published three weeks ago (April 19, 2022) on the consequences of mask usage in 35 European nations:

**Correlation Between Mask Compliance and COVID-19 Outcomes in Europe**

Beny Spira

**Published:** April 19, 2022 (see history)

**DOI:** 10.7759/cureus.24268

**Cite this article as:** Spira B (April 19, 2022) Correlation Between Mask Compliance and COVID-19 Outcomes in Europe. Cureus 14(4): e24268. doi:10.7759/cureus.24268

**Abstract**

Masking was the single most common non-pharmaceutical intervention in the course of the coronavirus disease 2019 (COVID-19) pandemic. Most countries have implemented recommendations or mandates regarding the use of masks in public spaces. The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage.

**Conclusions**

While no cause-effect conclusions could be inferred from this observational analysis, the lack of negative correlations between mask usage and COVID-19 cases and deaths suggest that the widespread use of masks at a time when an effective intervention was most needed, i.e., during the strong 2020-2021 autumn-winter peak, was not able to reduce COVID-19 transmission.
Moreover, the moderate positive correlation between mask usage and deaths in Western Europe also suggests that the universal use of masks may have had harmful unintended consequences.

Not only do masks not work to protect anyone from being infected or infecting others, they are clearly harmful, especially to children, in a vast number of ways.

Here is a link to the following article, by Dr. Paul Alexander, which has the live links to all his dozens of primary source references:


Masking Children: Tragic, Unscientific, and Damaging

Paul E. Alexander

Summary: Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost benefit analysis is entirely different for adults and children – particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable – with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose.

How did this blue surgical mask and white cloth mask come to dominate our daily lives? Well, indeed, the surgical masks and white cloth (often homemade) masks have become the most contentious and quarrelsome symbol and reminder of our battle with SARS-CoV-2 and the disease it causes, Covid-19. The mask has become so politicized that it prevents rational consideration of the evidence (even across political lines) and drives levels of acrimony, invidious actions, disdain,
and villainy among wearers to each other who feel threatened by the individual who will not or cannot wear a mask.

But how dangerous is this virus? Based on studies done by Professor John PA Ioannidis of Stanford University, we know that we are dealing with a virus that has an infection fatality rate (IFR) of 0.05 in persons 70 years old and under (range: 0.00% to 0.57% with a median of 0.05% across the different global locations; with a corrected median of 0.04%). This compares quite well to the IFR of most influenza viruses (and even lower), and yet the draconian and massive reactions to SARS-CoV-2 have never been employed during influenza season.

Given this knowledge it is more than perplexing as to why our governments, at the behest of their public health advisors, have accepted as a fait accompli what we refer to as a ‘great deception’ or lie, convincing us of inevitable and severe consequences if anyone is infected with SARS-CoV-2.

Yes, the public was lied to and deceived from day one by governments and their medical advisors and the media medical cabal with its incessant messaging that we were all at equal risk of severe illness or death if infected, young and old. They subverted science. This caused irrational fear and hysteria and it has held on. This type of deception and the resulting unfounded fear has been driven by the media despite “a thousandfold difference in risk between old and young.”

We suggest that this has always been known, and yet this disinformation and related falsehoods were spread seemingly both willfully and knowingly by our leaders and the media. Such conflation of the risks between the young and the elderly population with comorbidities and at risk is wrong-headed and creates unnecessary fear for all. It is well known that there is a distinct stratified risk (strongly associated with increasing age and comorbidities).

Additionally, data now suggests (even though still nascent) that children not only have extremely low risk as mentioned above but also that they naturally have the capability of evading the SARS-CoV-2 virus due to the lack of the ACE-2 receptors in their nostrils. It escapes us as to why this deceit continues to be served to the public and has not been stopped forthwith.

What does the evidence show? Well, evidence is accumulating about the potential harms of mask use (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23). For example, the CDC’s own February 2021 double-mask study reported that masking may impede
breathing – which can trigger a variety of other problems including acute anxiety attacks in susceptible individuals. These harms are even more likely to occur to children, particularly smaller children.

The scientific evidence in total also suggests masks (surgical and cloth masks) as currently used are ineffective in reducing transmission (references 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25). Even if we tried to tease out ‘minimal help’ and say ‘they may help a little,’ these Covid-19 masks are largely ineffective. In many reports, conclusively so. As an example, a very recent publication stated that face masks become nonconsequential and do not function after 20 minutes due to saturation. “Those masks are only effective so long as they are dry,” said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.” As soon as they become saturated with the moisture in your breath, they stop doing their job and pass on the droplets.” In a similar light, there are indications that wearing a mask that has already been used, which is very common, is riskier than if one wore no mask at all. The evidence on mask mandates is also clear in that they are ineffective and do not work (references 1, 2, 3, 4, 5, 6) to prevent the spread of respiratory viruses like SARS-CoV-2.

We don’t have a wealth of scientific evidence on exactly when it is safe or not safe for children to be masked, but here’s a good rule of thumb. If you wouldn’t put a child in the front seat of your Prius without disabling the airbag – think twice before requiring an otherwise healthy child to wear a mask – or even forcing them to social distance in school.

On the dangers of masks generally, a recent mini-review reported “There are insufficient data to quantify all of the adverse effects that might reduce the acceptability, adherence and effectiveness of face masks.” We agree that the adequate primary type comparative effectiveness research is still not available but we do have strong anecdotal, reported, and real-world information as indicated above, along with some primary evidence, which we have judged appropriate to inform the discussion sufficiently.

During April to October 2020 in the US, emergency room visits linked to mental health problems (e.g. anxiety) for children aged 5-11 increased by nearly 25% and increased by 31% for those aged 12-17 years old as compared to the same period in 2019. During the month of June 2020, 25% of persons aged 18 to 24 in the US reported suicidal ideation. While some of this may be related to the pandemic, we suspect that it is largely a function of our response to the pandemic.
One of the most starkly revealing and troubling observations come from Dr. Margarite Griesz-Brisson MD, PhD, who is one of Europe’s leading neurologists and neurophysiologists focused on neurotoxicology, environmental medicine, neuro-regeneration and neuroplasticity. She has gone on record stating: “The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation.” There are neurons, for example in the hippocampus that cannot survive more than 3 minutes without an adequate supply of oxygen. Given that such cells are so sensitive to oxygen deprivation, their functionality must be affected by low oxygen levels.

Oxygen deprivation can cause metabolic changes and the metabolic changes that happen in neuronal cells are vitally important for cognitive functioning and brain plasticity and it is known that when drastic metabolic shifts occur in the brain, there are consequent changes of oxidative stress (cellular oxidative state) and these have a significant role in managing neuron functioning (we do not claim that masking would produce complete absence of oxygen of course).

The acute warning symptoms are headaches, drowsiness, dizziness, reduced ability to concentrate and reductions in cognitive function. Given that the development of neurodegenerative diseases can take years to develop, then what are the potentially deleterious effects of the use of masks, especially in children, when masks are used over the majority of their day? We and particularly parents, must consider this and weigh the benefits versus the harms. Are there benefits enough to warrant use relative to the potential harms? If the harms outweigh the benefits, then we cannot in good conscience advocate for mask use. Moreover, the continual and stressful impacts of masking (and school closures) will also have a known and deleterious impact on the immune systems in children (and adults).

Other medical harms relate to the notion that children and adolescents have an extremely active and adaptive immune system, a system that must be challenged in order to retain functionality. Yet by severely restricting children’s activities because of lockdowns and masking (physical activity/fitness exercises are almost impossible whilst wearing a mask), we are probably hobbling their immune systems. Evidence indicates that regular physical activity and frequent exercise enhance immune competency and regulation.

A child unexposed to nature has little defense against a minor illness, which can become overwhelming due to the lack of a primed ‘tuned-up’ and ‘taxed’ immune system. A robust immune system shortens an illness as a consequence of the presence of preprogrammed anamnestic
immunity. Preventing children from such interactions with nature and germs can and does lead to overwhelming infections and serious consequences to the health and life of a child. We might be setting up our children for future disaster when they emerge from societal restrictions fully and with no masks, to then be at the mercy of normally benign opportunistic infections with a now weakened immune system. This cannot be disregarded as we consider the consequences of our actions today in this pandemic and the questionable lockdowns, school closures, and mask policies.

A German-wide registry (not the optimal highest-quality study) used by 20,353 parents who reported on data from almost 26,000 children, found that the "average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/ Kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)."

Concerns are being raised regarding psychological damage and why a mask is not 'just a mask.' There is tremendous psychological damage to infants and children, with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs or those within the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blaylock states "the bottom line is that [if] you are not sick, you should not wear a mask." Furthermore, Dr. Blaylock writes, "By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain."

In sum, as mentioned, the optimal comparative research on harms has not sufficiently accumulated but what has been reported is sufficient to inform and guide us in our debate on the potential harms of mask use (surgical and cloth), especially in children. But we do have real-world evidence. While additional evidence will help clarify the extent of risk, the existing details are sobering enough and of tremendous utility as we consider the benefits versus the harms of mask use. Even the potential of minimal harm is enough to prevent justification of such use.

Remember, even Dr. Fauci told us in 2020 that masks are not needed and not effective as you may think it is (March 2020 with Jon LaPook, 60 Minutes). Para 'no need to walk around with one.' Dr. Fauci was indeed telling you the science then, and the science has not changed. His statement
“it is not providing the perfect protection that people think…” may have changed, but the science remains crystal clear on effectiveness, or lack of.

We call on parents to consider this and to carefully weigh the benefits versus the downsides/harms of masks to their children. This really is not an issue of the ‘science’ as kids do not spread the virus readily to kids, to adults, to teachers, or to the home. They do not get severely ill or die from this. Moreover, teachers are at very low risk of severe illness or death and the school setting remains one of the safest, lowest risk environments.

The science is clear and thus the question becomes, what is the benefit of masks for children? Is masking of children really more about seeming to be doing something even if it is ineffective or possibly harmful? If the possible harms outweigh the negligible and questionable benefit in such a low-risk group, then why must they wear masks indoors and outdoors at school? Masks in children with such near zero risk of transmission and illness from Covid is not necessary and illogical and irrational. This is similar to the need for vaccination of children, especially young children. Children were not part of the vaccine research and also the very low risk to children raises very troubling questions of why. A move to vaccinate children based on the existing risk evidence has no basis in science and there is no net benefit.

Why then did Dr. Fauci call for this? What is the benefit? Is this similar to when Dr. Fauci initially called for double masking, only to then retract the statement? An ‘assumption’ or ‘speculation’ or ‘supposition’ it may work is not science! Is a ‘children vaccine’ retraction coming from Dr. Fauci? Absolutely, children need vaccinations for measles, mumps, rubella etc. but not for Covid. Similar for masks, there is no benefit we can see.

To close, masking children is as absurd, illogical, nonsensical, and potentially dangerous as trying to stop ‘every case of Covid’ or ‘stopping Covid at all costs.’ Masks are not needed for children based on near zero risk in children. The risk of dying from Covid-19 is “almost zero” for young people. The issue of masks in children is really a risk management question for parents and any decision-maker. The science is settled.

Contributing Authors

Paul E Alexander MSc PhD, McMaster University and GUIDE Research Methods Group, Hamilton, Ontario, Canada elias98_99@yahoo.com
End the preposterous, useless and harmful-to-children mask mandates NOW!
Over the last year, Italy and France have maintained consistent mask mandates and added incredibly strict vaccine passports designed to limit the ability of unvaccinated individuals to enter indoor public areas. So why have they reported so many more deaths than Sweden?

I don’t know, docs took very elimilative

When California lifted its statewide mask mandate last month, Santa Clara County announced they would continue to enforce masks, while neighboring counties lifted their mandates. 2 weeks later, you can’t tell which line is which because mask mandates are so completely irrelevant.

During the winter/Omicron wave and subsequent decline, states with mask mandates generally have done worse than those without a mandate, and cases declined at the exact same rate regardless. There is absolutely no legitimate, data-based argument to justify mask mandates.

I wonder how that could be possible given we now know how important mask mandates are in slowing the spread of COVID.
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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Testimony for upcoming meeting:

Catherine Payne, as BoE Chair, has long been one of the shining examples of model education leadership. In light of that, hoping the rule of mask wearing would follow the science. Unfortunately, Cvd is a political football that pits mask / no mask into a contentious theater, forcing votes away from reason and education. Hoping for at least vote is mask optional so fearful parents don’t traumatize their kids further.

Kate here!
Kate Paine

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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Aloha,
Research shows proof of kids are the less to get seriously sick when infected by viruses, they are the less to die, research shows also mask are not providing protection!
I ask you to vote no the this senseless suffocating rule, kids need oxygen to help the development of their small brain!
I oppose this crime against our children and needs to stop!

Sent from the all new AOL app for iOS

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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
> Aloha,

>> I’m writing on behalf of myself & my daughter, a kindergarten at Puu Kukui Elementary on Maui. She has suffered from a reoccurring rash around her nose & mouth all school year. She gets overheated and feels anxious & tired after wearing a mask for 7 hours a day 5 days a week. She just turned 6 years old. She is greeted daily with masked staff & hand sanitizer. I have yet to step inside her classroom, see her desk, have a face to face conference with her teacher. We have had no school shows, holiday performances or open houses. Parents are strictly prohibited on campus. It’s been a really difficult first year of school to say the least.

>> I’d like to start by thinking back. When the pandemic first started over 2 yrs ago there were many uncertainties, so many questions & unknowns. It was a crazy & scary time. We were told we needed to slow the spread, we sheltered in place, many people waited eagerly for vaccines to become available, we sought out treatment plans & learned more about the virus and who was at high risk. Now MORE then 2 years later we have done all of that and more!! Our community level IS LOW. That is straight from the CDC, who is supporting communities to ease restrictions. Our hospitals are not over burdened, our vaccination rate is among the highest in the nation. We have completely 100% open up our state to the entire world. We no longer have pre travel testing, dropped vaccine passports, did away with many contact tracing procedures & lowered the quarantine time as part of getting back to a normal state…

>> YET our KIDS, the youngest & lowest at risk population continue to have the harshest and strictest covid guidelines because of the HI DOH & DOE. These two organizations alone want to place the sole burden & responsibility on our kids claiming it’s “protection”. Our kids our the LAST in the nation to have mandatory masking policies, our schools have the most extreme covid guidelines in the entire nation. I drove by King Kekaulike high school (my Alma mater) this last weekend and there was a big sign for a play they’re doing. The sign read in Big bold writing “VACCINE & MASKS REQUIRED”. How is this ok ??? How can a PUBLIC high school require a vaccine card for all attendees when NO other public places have vaccine passports any longer?? This is the public school system- for the public- for my daughter, for me. 

>> Why is the DOH & DOE encouraging and welcoming discrimination & segregation?? Teachers have had ample time get vaccinated if they chose, anyone can wear a mask- with no disrespect. If these guidelines are coming from the teacher unions, unfortunately it’s time for them to consider their career choice. Please hear me out,  I know first hand that struggle. I am a frontline worker (an X-ray tech at MMC).

>> If the push back is not coming from teachers, is it because of funding?? I honestly am at a loss why the DOE would allow, encourage & actually require these strict, extreme and downright unlawful policies. The DOH highly recommends masking but the DOE requires it. This does not make sense!! Other schools around the entire nation have figured out a way to move forward with optional masking, why hasn’t Hawaii?? How are we so far behind?? For as many studies and data saying masks are effective, there are just as many, if not more that show they are not. Not only is the effectiveness questionable, there is risks associated with prolonged masking, especially for young children like my daughter. Where there is risk, there must be choice.

>> Hawaii is no longer in a state of emergency. Working at the hospital gives me a lot of medical understanding & personal experience. I have taken care of many sick covid patients on Maui. I have truly seen the worst of it. I have personally never in the last 2 years heard or seen any pediatric patient, that’s ZERO, under 18 years of age admitted to Maui Memorial because of covid. If our community level is currently low, WHAT else can we do to drop these unfair mandates for our children?? What are you all doing to ensure this does not continue after this school year. The emotional & psychological damage is absolutely real and it’s effecting our kids more then covid is!! That is 100% a fact. It is happening and it needs to be stopped. Please please review these policies and put an end to public school discrimination immediately. My final plea is to finally put an end to the unethical universal FORCED MASKING policies that continue to plague our public school children. Thank you for your time and I really hope that we can move forward and make up for the years our children have missed out on.

>> Aloha, Christina Miller
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 Meetings scheduled for Thursday, May 5, 2022. Please identify what agenda item your testimony is related to or it will not be listed as public testimony.

May 5, 2022 Human Resources Committee Meeting (hawaii.gov)
May 5, 2022 General Business Meeting (hawaii.gov)

Mahalo,
Board of Education Staff
Date: May 3, 2022

To: Board of Education

From: ‘Aha Kauleo, Council of Hawaiian Language Schools
       Advisory to the Office of Hawaiian Education, Department of Education (DOE)

Re: Item G, General Business Meeting, Board of Education (BOE)

In 1987, the BOE made a monumental decision to approve the “Hawaiian language immersion program”, marking the first time in 90 years that Hawaiian was used as a medium of instruction in Hawai‘i’s public schools. The Hawaiian language was outlawed as a medium of instruction in 1896 through Act 57, an English only law, proclaimed by the Republic of Hawaii.

The “Hawaiian language immersion program” started with two Kaiapuni pilot schools, one at Keaukaha Elementary on Hawai‘i island and the other at Waiau Elementary on O‘ahu. The ‘Aha Kauleo was established three years later in 1990 by the BOE to advise them on issues related to Hawaiian language immersion schools. Today, the ‘Aha Kauleo represents 27 Kaiapuni public Hawaiian language schools and advises the Office of Hawaiian Education.

As the Board of Education considers the selection of the new superintendent of the HIDOE, we would like to provide the following guidance and questions.

The HIDOE includes two language pathways, Hawaiian and English. The State of Hawai‘i has a constitutional mandate to provide equal educational resources for Hawaiian language and education as outlined in Article X, Section 4 of the Hawai‘i State Constitution. This is related to competency 7, “Has a deep understanding of Hawaii’s history, culture, and values, including the key role that Kaiapuni education plays, and has incorporated this understanding in leadership decisions, actions, and style.”

The HIDOE serves diverse social, economic and ethnic communities who should be reflected and respected in all levels of education including curriculum, assessment and school culture. This is exemplified in competency 1, “Demonstrates commitment to developing a culturally responsive, internationally competitive, student-centered education curriculum and instructional program for all students and families.”
Ultimately, the superintendent must be capable of transforming our educational system in order to more intentionally and effectively reflect the diversity of our communities and students. We propose the following question that focuses on equity for our schools, community and people.

1. How would you transform the HIDOE to increase equity and accountability for the Hawaiian language pathway and Hawaiian language immersion schools in the following areas?
   a. Standards
   b. Curriculum
   c. Assessment
   d. Teacher recruitment and retention
   e. Facilities
   f. Organizational structure

The ‘Aha Kauleo represents teachers, parents and school administrators as well as partners from the University and community organizations who serve as experts in the field of Hawaiian language immersion education. We invite the new Superintendent to engage in the important work that addresses the current conditions of Hawaiian language schools and to engage new strategies in order to provide equitable learning experiences for our Kaiapuni students.

He ʻoia mau no ka pono o ka lāhui i ka naʻauao Hawaiʻi.